

# Help@Hand: WellScreen Monterey Evaluation Final Report

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## Executive summary

### Introduction

This report provides a mixed methods evaluation of Monterey County's behavioral health initiative to develop and implement Help@Hand (<https://www.calmhsa.org/help-hand/>) in Monterey County, CA. The purpose of the Help@Hand interactive, technology-based mental health demonstration project is to increase access to mental health care and promote early detection of mental health symptoms. Monterey County's Help@Hand demonstration project (2021-2023) is called WellScreen Monterey (<https://wellscreenmonterey.crediblemind.com/>). The WellScreen Monterey planning and development phase was from 2021-2022. The WellScreen Monterey website launched in November 2022.

University of California, Berkeley's Health Research for Action served as the local external evaluator for the Help@Hand Monterey County initiative, working closely with Monterey County Behavioral Health (MCBH), California Mental Health Services Authority (CaMHSA), and CredibleMind, Inc. on this Monterey County Help@Hand evaluation. This report summarizes the evaluation of the WellScreen Monterey website implementation and includes the following data sources, described below:

- 1) MCBH ACCESS program's de-identified data from the electronic health record (EHR) system (Avatar) to examine trends in the program's triage, assessment/evaluation, linkage/brokerage, and mental health services use before and following the launch of WellScreen Monterey;
- 2) The de-identified WellScreen Monterey user data set (dashboard, website data) to assess user demographic and behavioral health characteristics, how users learned about WellScreen Monterey, pages and links viewed by the users, and user satisfaction with the resources.
- 3) Key informant interviews that explored the process for the planning and development phases, the launch of WellScreen Monterey, what worked well, what were the challenges, and suggestions for the next steps.
- 4) Community member interviews that explored community perceptions of WellScreen Monterey website overall, its self-screening/assessment process, results page, resources page and information about how to access resources, and discussed community preferences for outreach and communication.

### Data Sources and Key Findings

#### 1) MCBH EHR data comparing pre-implementation to post-implementation data

MCBH EHR data from before and after the implementation date were analyzed using autoregressive integrated moving average (ARIMA) modeling to detect any deviations from predicted month-to-month trends based on EHR data from July 1, 2018 to November 15, 2022, in comparison to data from November 16, 2022 to June 30, 2023. This ARIMA technique allowed us to use the pre-post EHR utilization data to model the complex patterns of data occurring across time prior to the implementation of WellScreen Monterey. We then compared the predicted course of the time series from the pre-implementation period with the actual post-implementation course of the time series, assuming different potential impact patterns.



We had several findings of interest using this ARIMA model that are suggestive of an association of changes with the implementation of the WellScreen Monterey as follows:

#### *Service Provision Impacts*

- Triage: There was a statistically significant, but short-lived rise in the proportion of services devoted to triage (90% confidence).
- Assessment/Evaluation: There was a statistically significant, but short-lived drop in the proportion of services devoted to assessment and evaluation (94% confidence).
- Linkage/Brokerage: There was a slight reduction in the proportion of services in the linkage/brokerage category (with approximately 90% confidence).
- High-Risk Clients: There was a statistically significant rise in the proportion of services devoted to assessment and evaluation of high-risk clients (95% confidence).
- Prescribing and Non-prescribing providers: There was an increase in the proportion of licensed prescribing providers who provided services and a decrease in the proportion of unlicensed non-prescribing providers who provided services (95% confidence).

#### *Average Cost per Patient*

- Triage: There was a statistically significant, but slowly decaying decrease in the average cost of triage services (95% confidence).
- Assessment/Evaluation: There was a statistically significant, but slowly decaying decrease in the average cost of assessment and evaluation (95% confidence).
- Linkage/Brokerage: There was a statistically significant, but slowly decaying decrease in the average cost of linkage/brokerage services (95% confidence).
- All Services: There was a statistically significant, but short-lived decrease in the average cost of services when all services are included (95% confidence).

However, some expected or hoped for changes were not seen in either descriptive analysis of EHR data or by using the ARIMA modeling to look at change over time.

#### *Referrals to Beacon/Carelon*

- There was not a statistically significant change in referrals to Beacon/Carelon (95% confidence).

#### *Non-billable Services*

- There was not a statistically significant impact of the implementation on the proportion of non-billable services (95% confidence).

Additionally, other descriptive changes of potential interest include the following changes that may be of note:

#### *Race Distribution*

By race, the proportion of clients identifying as White showed a decrease from 33.2% in the pre-launch period to 28.8% in the post-launch period. The percentages for clients of "Other Race" and "Black/African-American" increased slightly, while "Asian," and other race categories experienced relatively minor fluctuations. Nevertheless, the change in Race distribution between pre-post-launch periods was statistically significant ( $p < 0.001$ ) in a bivariate/descriptive analysis..

#### *Hispanic Ethnicity Distribution*

The percentage of Hispanic clients remained relatively stable, slightly decreasing from 53.4% pre-launch period to 52.1% post-launch period. The pre-post-launch period change in Hispanic ethnic origin distribution was small but statistically significant ( $p < 0.001$ ).

### *Source of Health Insurance*

Overall, there were increases in client proportions covered by Medi-Cal and Medicare Part B insurance sources, while Self Pay and Private Insurance proportions decreased from pre- to post-intervention. The change in the insurance status distribution from pre- to post-intervention period was significant ( $p < 0.001$ ).

### 2) WellScreen Monterey user data set (dashboard, website data)

We also examined WellScreen Monterey website/application utilization data and metadata on use from CredibleMind. Data on WellScreen Monterey website events covered dates from the launch of the website on November 15, 2023, to July 31, 2023, and assessment data covered dates from the website launch to September 6, 2023.

### *Young User Pool*

Many of those coming to the WellScreen Monterey website were under age 16 (though were not able to use the screeners). Nearly half of users were under the age of 18 (48.7%), followed by people between the ages of 18 and 34 years. There was a small percentage of users over the age of 65 utilizing the WellScreen tool, which could be due to older groups tending to have less digital literacy compared to younger groups.

### *Low Usage by Spanish-speakers*

Based on the WellScreen Monterey website/platform data from CredibleMind, there were very few Spanish language users. However, CredibleMind noted there would be no way of knowing if people have set a browser to auto-translate websites into Spanish.

### *Most effective marketing approach*

Multivariate regression models identified Google paid ads and referrals as the most effective marketing approaches to persuade individuals in Monterey County to complete mental health assessments.

### *Reaching the target audience for MCBH*

Many WellScreen Monterey website users were from outside of Monterey County. Based on the Credible Mind Dashboard Data, 2,877 users were from within Monterey County. Our analysis of website data identified 552 potential new clients for MCBH. These were individuals who lived in Monterey County, had moderate-to-severe mental health conditions, were covered by Medi-Cal, and reported they were not currently being treated by MCBH.

### 3) Key informant interviews of planning and launch processes

We conducted interviews with 14 key stakeholders involved in the planning and launch phases of the Help@Hand project from Monterey County Behavioral Health, other community service agencies in Monterey County, and the Help@Hand Technology Development Partner. Interviews were conducted from May 26, 2023, to August 23, 2023.

Most key informants celebrated planning and launch successes. Some of these include: collaboration between teams working on the Help@Hand project, engagement and collaboration with community partners, intentional and extensive reviews and assessments, responsiveness to feedback, outreach efforts, transparent communication, adherence to timelines, and trust-building with community partners.

Many key informants also reflected on planning and launch challenges, such as staffing shortages, the need for better outreach to Spanish-speaking communities, time frame delays for the website launch and marketing/outreach due to administrative or COVID-19 factors, communication difficulty between different service agencies and organizations or with community partners, and recruitment of users.

Key informants shared suggestions for improvements, for example, representatives from each team working on the Help@Hand project could improve collaboration, add community outreach by radio or in churches and local markets, and improve resource-sharing between agencies in the community and then sync these resources with WellScreen Monterey.

#### 4) Community member interviews about WellScreen Monterey website

Two focus groups were conducted from August 8, 2023, to September 9, 2023. There were seven participants in the English language focus group. There were two participants in the Spanish language focus group. Participants in both focus groups shared details about WellScreen Monterey website functionality and ease of use.

Overall, focus group participants found the self-assessment, resources, and results as well as the English and Spanish language options on the WellScreen Monterey website to be very helpful. Many participants shared that the website was useful and effective for receiving mental health information and resources. Most participants found the website to be organized, easy to understand, and detailed. Some participants explained that the website was a convenient, private, and time-efficient method of gaining access to curated resources. Some participants complimented the photographs and animations on the website.

Some focus group participants commented on challenges of the website which included the long length of the self-assessment, reintroduction of trauma due to some of the questions in the assessment, and long wait times for the chats or phone lines that were linked as resources.

Several focus group participants discussed suggestions for improvements to the website, for example, more attention to the framing of questions to make the self-assessment more user friendly, reduction in the length of the assessment, and inclusion of additional resources available in Monterey County on the website.

### **Conclusion and Recommendations**

The Help@Hand Monterey County initiative was a success in a number of ways. Overall, the project outcomes exceeded Monterey County Behavioral Health's expectations. During the course of a year, over 30,000 people visited the WellScreen Monterey website which greatly exceeded the last reported fiscal year's service count (F.Y. 2021-22, n=13,150). The project also highlighted a large need for more behavioral health resources among youth – nearly half of users who accessed the screener were 18 and under. As a result, MCBH is continuing the Innovative Project beyond the end of their involvement in the Help@Hand program using Prevention and Early Intervention funds at least until June 30, 2025. The principal reason for this is to continue to improve access and engagement to a free mental health resource that is available for community members in English and Spanish.

As documented under *Data Sources and Key Findings*, there were observable differences in impacts on service provision and average cost per patient that occurred after launch of the website in November 2022. In particular, a higher proportion of services were devoted to triage

and a lower proportion of services were devoted to assessment and evaluation. One of MCBH's concerns at the beginning of the project was that the amount of time being devoted to assessment and evaluation was impacting productivity and efficiency of service delivery in the county, and this reduction in the proportion of time devoted to assessment and evaluation is a positive outcome.

Another observable difference is that the average cost per patient for all services decreased. While this is promising, this study design did not allow us to make a clear linkage or conclusion of causality. While this finding from the time series analysis suggests that WellScreen Monterey was likely one reason that these changes in service delivery and average cost occurred, there were other differences in which the project implementation may have had a clearer impact.

Overall, collaboration between teams on the Help@Hand project as well as with community partners including communities of color, outreach and communication efforts, and use of feedback-response cycles were strengths for the Help@Hand initiative. Recommendations include appointing a representative from each team to improve communication channels, increasing county staff working on the initiative, and engaging in more community-based outreach at local community gathering places.

Higher percentages of people of color suggested a positive effect of the implementation - this positive impact included a shift to more Medi-Cal recipients as MCBH had hoped. On the other hand, direction of change for triage was not consistent with expectations and no changes could be detected from the EHR data on Beacon referrals or on non-billable services. It is possible that this is due to either the low use noted for actually reading resources from the web platform, or the possible missing connections between the screening data from the website and the MCBH intake/triage processes.

Strengths of the WellScreen Monterey website include the calm, informative website design, straightforward assessment experiences, and functional, effective results page. Recommendations include having additional Monterey County specific resources, reducing the length of the assessment(s), and adjusting the user interface to improve ease of use. From the WellScreen Monterey site assessment data we identified 552 individuals who lived in Monterey County, were moderate-to-severe acuity for at least one or multiple (comorbidities) of the following conditions, were covered by Medi-Cal, and were not currently being treated by MCBH: Anxiety (354), Depression (367), PTSD (163), Bipolar (238), Eating Disorder (284), Substance Abuse Any (233) and Psychosis (26). In this initial period, several people brought in their screening results from WellScreen Monterey site to ACCESS program visits, as indicated by the *Alias 10* field. As more people access WellScreen Monterey site and this process becomes integrated in the ACCESS clinic workflow, there will be more linkages of screening results.

In conclusion, the key recommendation is the need for more seamless transfer of website screening data for people seeking services at MCBH. Interoperability of data across apps, devices, and EHRs is a persisting issue in the U.S. and there was no difference here from many other experiences in pre-screening of people on devices/internet who then seek services. However, the addition of tablets during intake that can go onto the WellScreen Monterey website to retrieve user data during that initial patient-provider process seems very valuable to pursue in the future. Having data called in through a RESTful API or other HIPAA-protected process for transfer of data could be a new pathway for importing screening data if MCBH chooses to work on that linkage. Automatically transmitting assessment information between WellScreen Monterey site and Avatar in an interoperable format (e.g., results can be added in a usable data format that can be accessed within the EHR) is an important suggestion.

## Introduction and background



Monterey County Behavioral Health (MCBH) and California Mental Health Services Authority (CalMHSA) are leading a Help@Hand Monterey County initiative in the development and implementation of an interactive technological, evidence-based Help@Hand virtual mental health screening app/tool, accessible through a website or smartphone, to expand the capacity and reach of MCBH to county residents in need of behavioral health services or seeking information and resources about mental health and wellbeing. The purpose of Help@Hand is to increase access to mental health care and support, and to promote early detection of mental health symptoms.

MCBH and CalMHSA collaborated with CredibleMind, Inc., a company that provides wellness-oriented digital platforms to support health organizations with client engagement, communication, and outreach, on this innovative county behavioral health initiative to develop and implement Help@Hand in Monterey County. University of California, Berkeley's Health Research for Action served as the external evaluator for the Help@Hand Monterey County initiative and worked closely with MCBH, CalMHSA, and CredibleMind, Inc. on this Monterey County Help@Hand evaluation.

The Help@Hand interactive technology-based mental health demonstration project in Monterey County is called "WellScreen Monterey" (<https://wellscreenmonterey.crediblemind.com/>) and is intended to increase the capacity and reach of the MCBH ACCESS program and behavioral health programs across Monterey County as well as to facilitate their screening and referral services. The WellScreen Monterey planning and development phase was from 2021-2022. The WellScreen Monterey website then launched in November 2022.

MCBH serves people of all ages in need across Monterey County, starting at pregnancy/early childhood services and going through senior years. MCBH works with children, youth, adults, and families to be able to screen for a broad array of mental health disorders, and to refer individuals to the appropriate levels of care within the local mental health services system or to the appropriate self-care resources for mental health and well-being. The WellScreen Monterey screening app/tool is intended to be easily accessible to individuals of age 16 years old and older seeking mental health services, as well as family, friends, or caregivers supporting individuals experiencing symptoms of mental health disorder(s). The app/tool maintains confidentiality standards, screens for a broad range of mental health conditions, and categorizes assessments as ranging from no risk/low risk to severe risk.



The development of the evidence-based Help@Hand screening app/tool, WellScreen Monterey, included using existing, previously validated instruments for mental health screening (e.g., depression, anxiety, etc.), many of which had existing Spanish translations. Where that was not the case, they contracted with Spanish translation agencies and supervised the translation of the English version of the validated instruments into Spanish language. CredibleMind, Inc. developed the screening app/tool following validity checks and item-response theory. CredibleMind, Inc. also completed a community needs assessment and conducted usability testing during the developmental phase to collect input from local providers, clients, and community members.

The purpose of this evaluation was to assess the impact of the Help@Hand screening app/tool, WellScreen Monterey, on MCBH ACCESS program's screening and referral services. The evaluation plan consisted of process evaluation, outcome evaluation, economic evaluation, assessment of general functionality and ease of use of the tool, and impact evaluation pertaining to the development and implementation of WellScreen Monterey. The launch of WellScreen Monterey was in November 2022.

Evaluation plan components include:

1. Conduct process evaluation to establish a baseline evaluation and identify potential cost-effective and improvement areas via provider interviews and community member focus groups.
2. Conduct an outcome evaluation of the application to assess efficiency and accuracy of referral connections, in collaboration with a cohort of County staff, community-based service providers, and other key informants.
3. Conduct an economic evaluation to assess the cost associated with self-assessments pre-post implementation of the mental health screening application and comparing cost of existing in-person screening to the virtual approach of the screening application.
4. Conduct general functionality and ease-of-use study through web analytics, web-based self-administered surveys, community focus groups and user testing with those using the application to determine usefulness of application for connecting targeted audience to resources.
5. Conduct impact evaluation of application with participating agencies/clinics as well as a cohort of community members
6. Work collaboratively with CalMHSA and Monterey County to modify and refine the mental health screening application after input from the evaluation has been received.

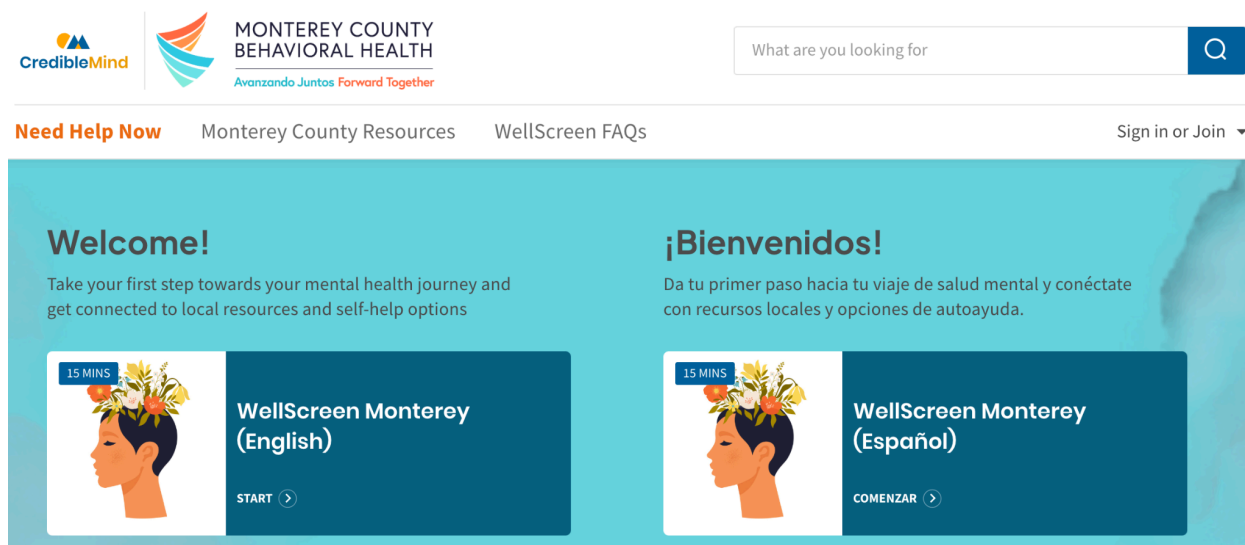
Please see Appendix A for Methodology details.

A key part of the evaluation report focuses on quantitative evaluation components of MCBH ACCESS program's de-identified data from the electronic health record (EHR) system (Avatar) and examined trends in the program's assessment/evaluation, linkage/brokerage, and mental health services and costs before and following the launch of WellScreen Monterey. Post-only de-identified WellScreen Monterey user data set (dashboard, website data) and the user demographic and behavioral health characteristics, how users learned about WellScreen Monterey, and the pages and links viewed by the users and their satisfaction with them were also examined.

The qualitative evaluation components with key informant interviews explored the process for the planning and developments phase, the launch of WellScreen Monterey, what worked well, what were the challenges, and suggestions for the next steps. The qualitative community member interviews explored community perceptions of the WellScreen Monterey website overall, its self-screening/assessment process and results page, its resources page and

information about how to access resources, and community preferences for outreach and communication.

## Process and impact of Help@Hand's WellScreen Monterey from planning to launch



This section reports on the key evaluation findings of the Help@Hand's behavioral health, innovative technology initiative, WellScreen Monterey, from the planning phase to the launch phase, and examined the process, outcome, economic, and impact evaluation components. These findings compare the Monterey County Behavioral Health ACCESS program's client demographic characteristics, screening services (triage, assessment/evaluation), referral services (linkage/brokerage), and mental health services (mental health counseling services) during pre-intervention and post-intervention periods of WellScreen Monterey. This section also reported on the successes, challenges, and suggestions for improvement during the planning and launch/intervention periods of WellScreen Monterey.

### Pre-post-launch phase evaluation

#### **Impact Assessment for WellScreen Monterey using data from MCBH Electronic Health Record System (Avatar)**

To determine the impact of the WellScreen Monterey application, we applied interrupted time-series analysis (ITSA). The "interruption" in ITSA refers to a policy or program change that has a well-defined time of onset.<sup>1</sup> This approach was taken because we have no formal comparison group data, such as another County Behavioral Health organization that did not implement a similar website but was otherwise similar. The lack of comparison group data is a common occurrence in applied evaluation research and the particular ITSA method used here is designed to address the lack of a comparison group.

Since the population is the unit of interest (the population of individuals using various services at Monterey County Behavioral Health), and the interruption has a well-defined time of onset (we

know the exact date that the WellScreen Monterey tool became available), we are able to model the time series prior to the implementation of the website in a statistically rigorous manner using the autoregressive integrated moving average (ARIMA) technique.<sup>1</sup> The ARIMA technique allows us to model the complex patterns of data occurring across time prior to the implementation of WellScreen Monterey. We then compare the predicted course of the time series with the actual post-implementation course of the time series, assuming different potential impact patterns (4 different patterns, including a pulse (an immediate pulse that then immediately returns to normal), decay (an immediate change that then decays over time back to normal), a step (an immediate change that is sustained), or smooth (a slower change that is sustained)). To the extent that the actual course of the time series differs from the predicted course of the time series, assuming any of the potential impact patterns, the well-defined interruption is likely the cause of the difference, assuming no other changes occurred at the same time. Thus, we expected a smooth pattern. Nevertheless, we examined all possible patterns for purposes of completeness.

In the current case, the evaluation is of the implementation of the website and accompanying dissemination strategy. Note that it is entirely possible that some proportion of any increase in the demand for MCBH services due to the implementation of the website and accompanying dissemination strategy may come from individuals exposed to the advertising for the website but who never used the website.

ARIMA requires us to have approximately 50 observations prior to the website introduction.<sup>1</sup> We obtained MCBH monthly electronic health record (EHR) data from July 2018 to July 2023 showing client services delivered over the pre-post time period. The WellScreen Monterey website was implemented November 15, 2022. Thus we have 52 months of client level data prior to implementation of the WellScreen Monterey website, and 8 months of client level data after the implementation of the website.

We examined the following outcomes using the MCBH monthly data:

*I. Service Provision*

1. Mental Health Counseling (individual counseling, group rehabilitation counseling; in-person or telemedicine)
2. Linkage/Brokerage Services (grouping: linkage/brokerage; in-person or telemedicine)
3. Assessment/Evaluation (grouping: assessment and evaluation; in-person or telemedicine)
4. Triage (grouping: triage assessment; in-person or telemedicine)
5. Other Mental Health Services (grouping: assessment in lockout facility, case management in lockout facility, collateral, crisis intervention, family therapy, group psychotherapy, individual psychotherapy, psychotherapy, lockout, medication support, mental health rehabilitation, non-billable activity, plan development, telemedicine, other)

*II. Non-Billable Services*

*III. Risk Severity (definition: adults coded as high-severity by clinician)*

*IV. Costs for Service Provision (Inflation-adjusted to constant 2023 dollars)*

1. Total Cost Per Patient
2. Total Cost of Mental Health Counseling Per Patient
3. Total Cost of Linkage/Brokerage Per Patient
4. Total Cost of Assessment/Evaluation Per Patient
5. Total Cost of Triage Per Patient

*V. Proportion of Visits Referred to Beacon/Carelon*

*VI. Proportion of Services Delivered by Licensed Prescribing Providers*

*VII. Proportion of Services Delivered by Licensed Non-Prescribing Providers*



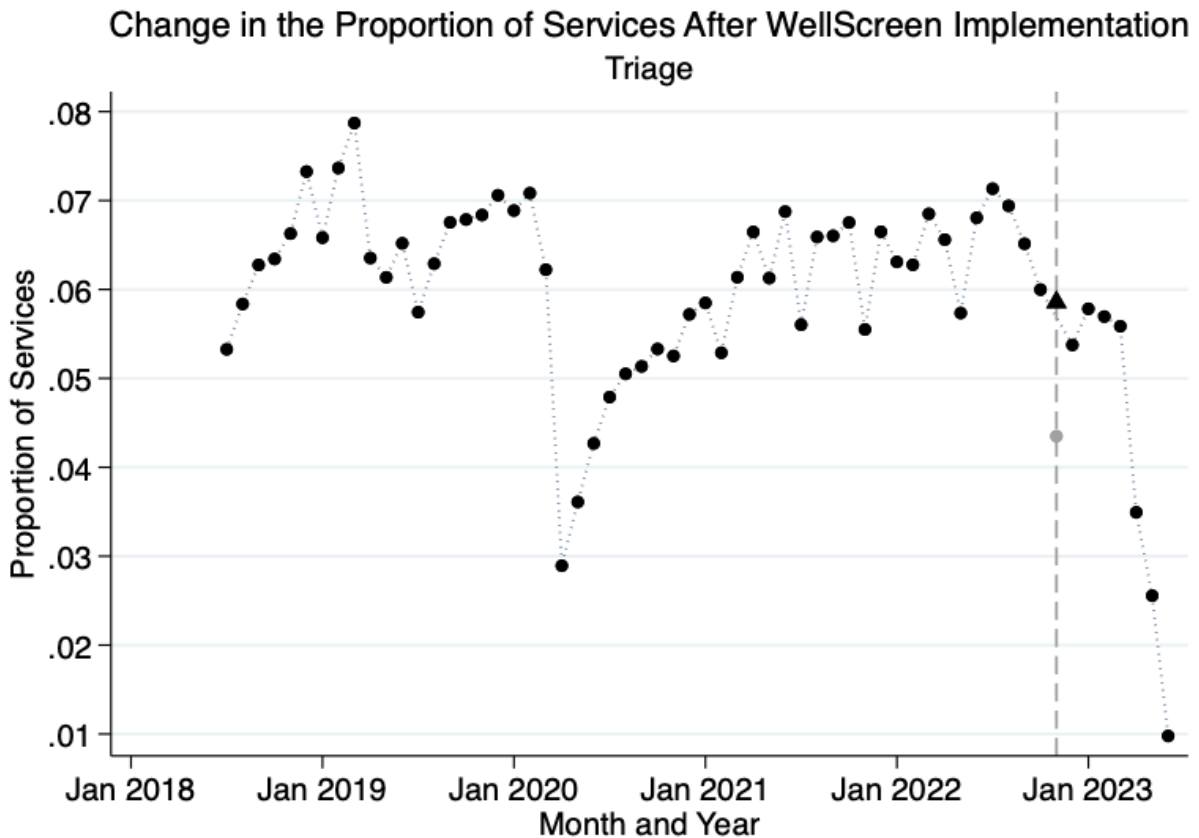
We show figures for results of each of these time series analyses, including the pre-implementation time series (actual time-series data); and the post-implementation time-series, including both the actual time-series data and the values predicted by the model. We also indicate the type of impact found in each case (pulse, decay, step, smooth) and whether there was a statistically significant difference between the actual post-implementation time series and the predicted post-implementation time series.

## Triage and assessment/evaluation measures

### Service Provision Impacts

There was a statistically significant, but short-lived rise (pulse) in the proportion of services devoted to triage (90% confidence).

FIGURE 1

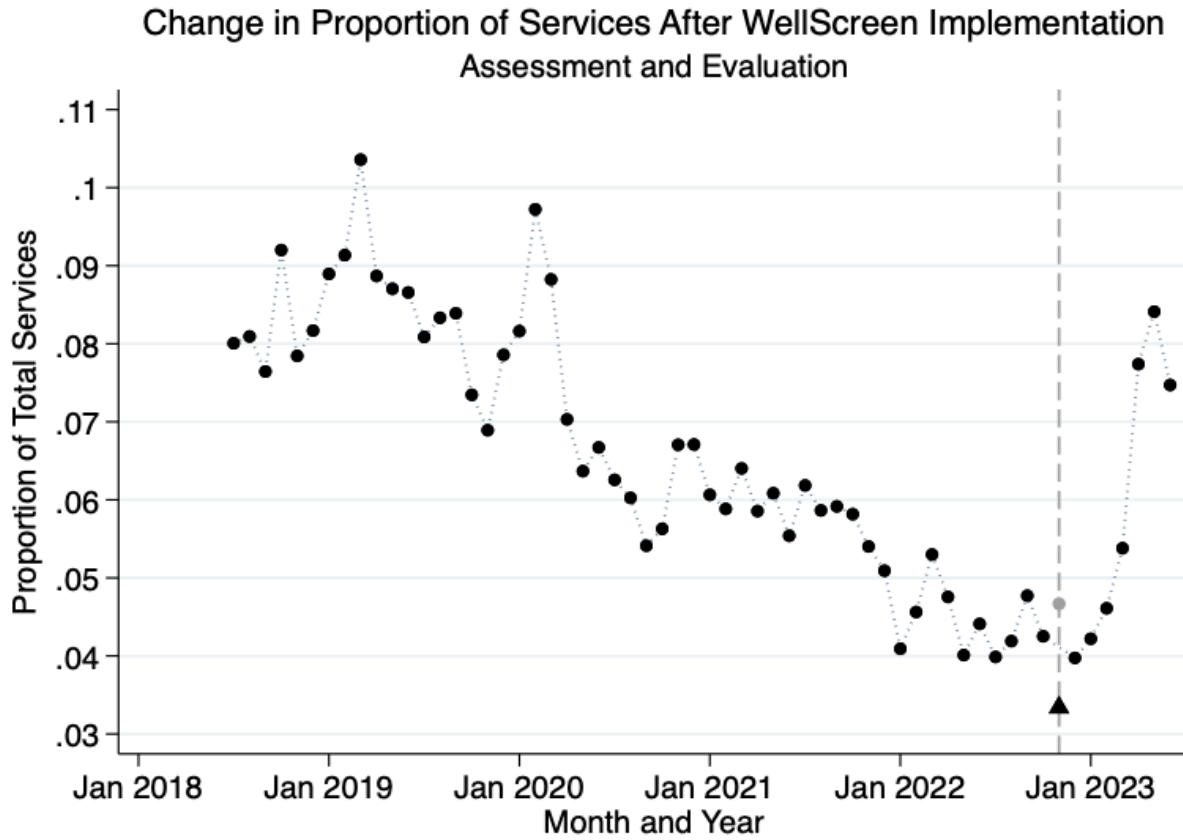


Notes: Data are from Monterey County Behavioral Health Electronic Health Record system. In the pre-intervention period, black circles represent actual data points. The gray dotted line represents the implementation of WellScreen (November, 2022). The black triangles present actual post-implementation data points. The gray circles represent expected data points based on the statistical modeling applied to pre-intervention data points.

### Service Provision Impacts

There was a statistically significant, but short-lived drop (decay) in the proportion of services devoted to assessment and evaluation (94% confidence).

FIGURE 2

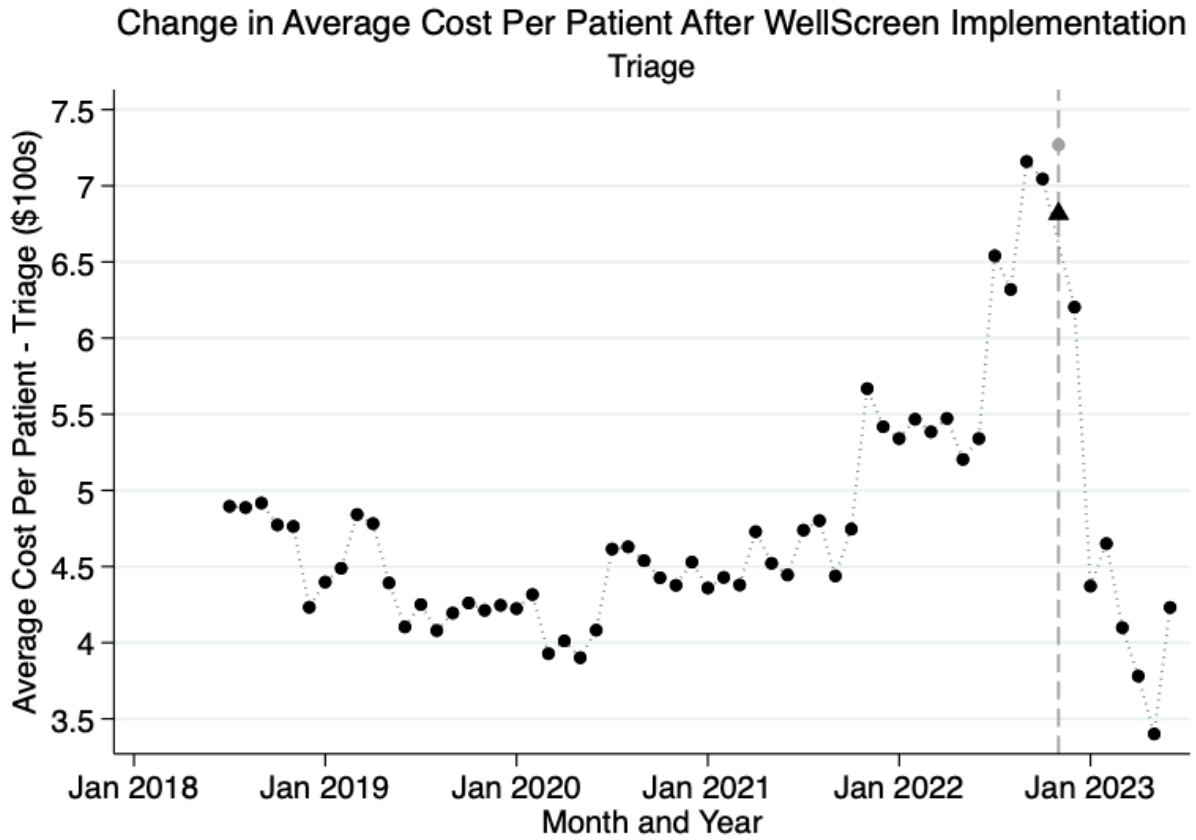


Notes: Data are from Monterey County Behavioral Health Electronic Health Record system. In the pre-intervention period, black circles represent actual data points. The gray dotted line represents the implementation of WellScreen (November, 2022). The black triangles present actual post-implementation data points. The gray circles represent expected data points based on the statistical modeling applied to pre-intervention data points.

Service Provision Impacts

There was a statistically significant, but slowly decaying, decrease in the average cost of triage services (95% confidence).

FIGURE 3

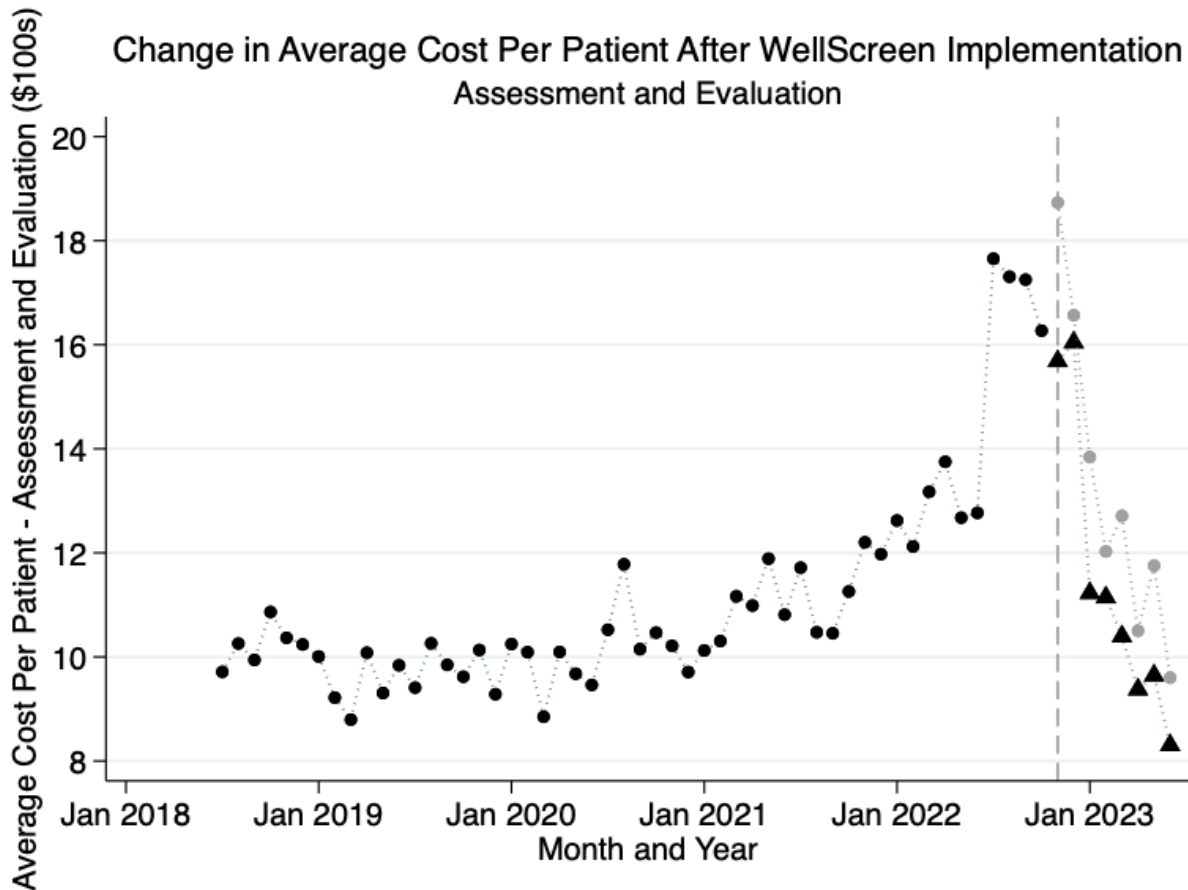


Notes: Data are from Monterey County Behavioral Health Electronic Health Record system. In the pre-intervention period, black circles represent actual data points. The gray dotted line represents the implementation of WellScreen (November, 2022). The black triangles present actual post-implementation data points. The gray circles represent expected data points based on the statistical modeling applied to pre-intervention data points.

### Service Provision Impacts

There was a statistically significant, but decaying decrease in the average cost of assessment and evaluation services (95% confidence).

FIGURE 4



Notes: Data are from Monterey County Behavioral Health Electronic Health Record system. In the pre-intervention period, black circles represent actual data points. The gray dotted line represents the implementation of WellScreen (November, 2022). The black triangles present actual post-implementation data points. The gray circles represent expected data points based on the statistical modeling applied to pre-intervention data points.

### Interpretation

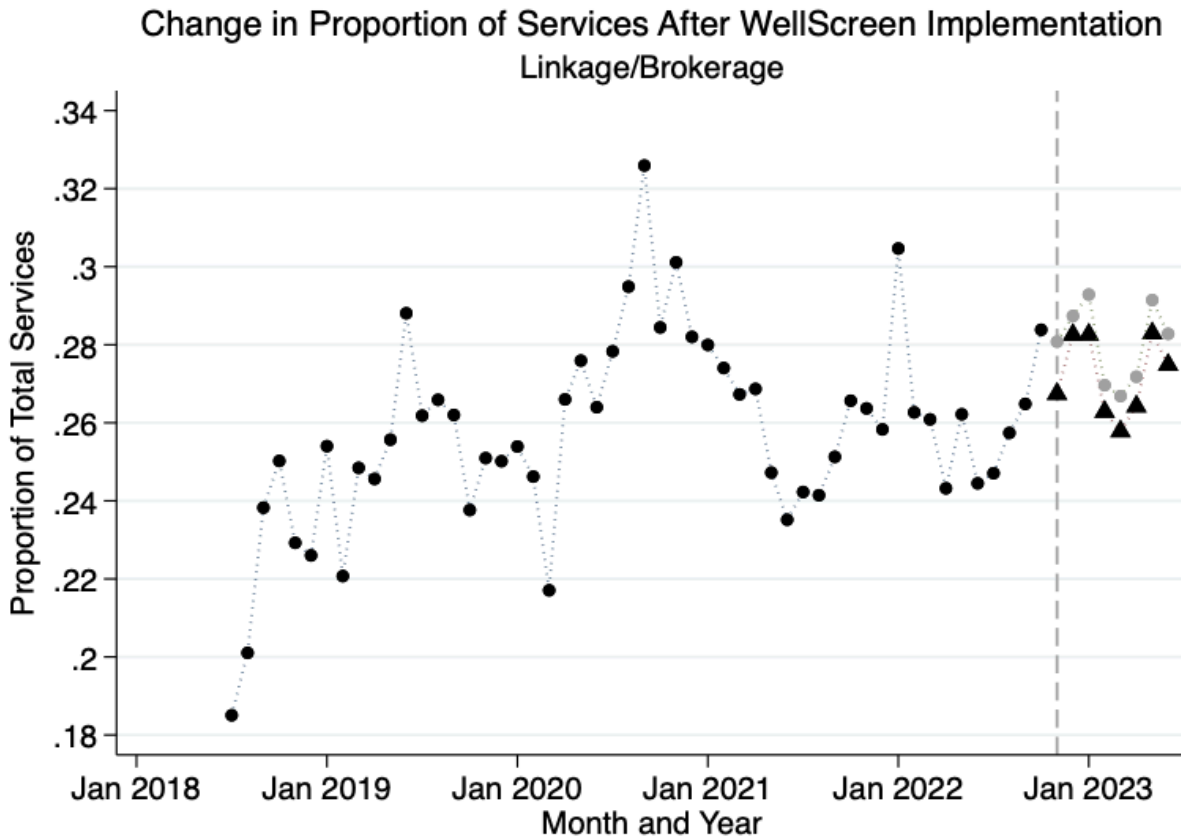
Triage services increased consistent with a corresponding decrease in assessment and evaluation. The costs of triage, and assessment and evaluation, both decreased, likely driven by the increase in efficiency of triage activities.

## Linkage/brokerage, referral measures

### Service Provision Impacts

There was a smooth reduction in the proportion of services in the linkage/brokerage category (with approximate 90% confidence).

FIGURE 5

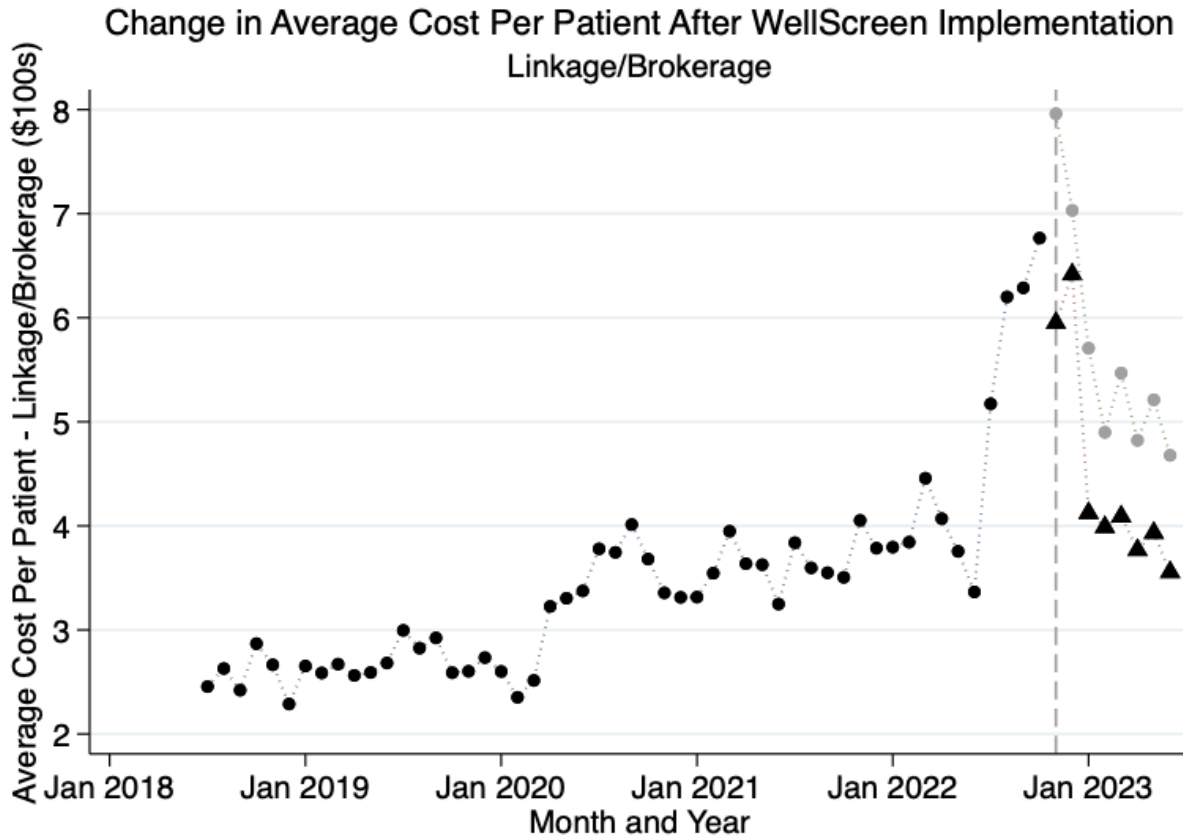


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### Service Provision Impacts

There was a statistically significant, but slowly decaying decrease in the average cost of linkage/brokerage services (95% confidence).

FIGURE 6



Notes: Data are from Monterey County Behavioral Health Electronic Health Record system. In the pre-intervention period, black circles represent actual data points. The gray dotted line represents the implementation of WellScreen (November, 2022). The black triangles present actual post-implementation data points. The gray circles represent expected data points based on the statistical modeling applied to pre-intervention data points.

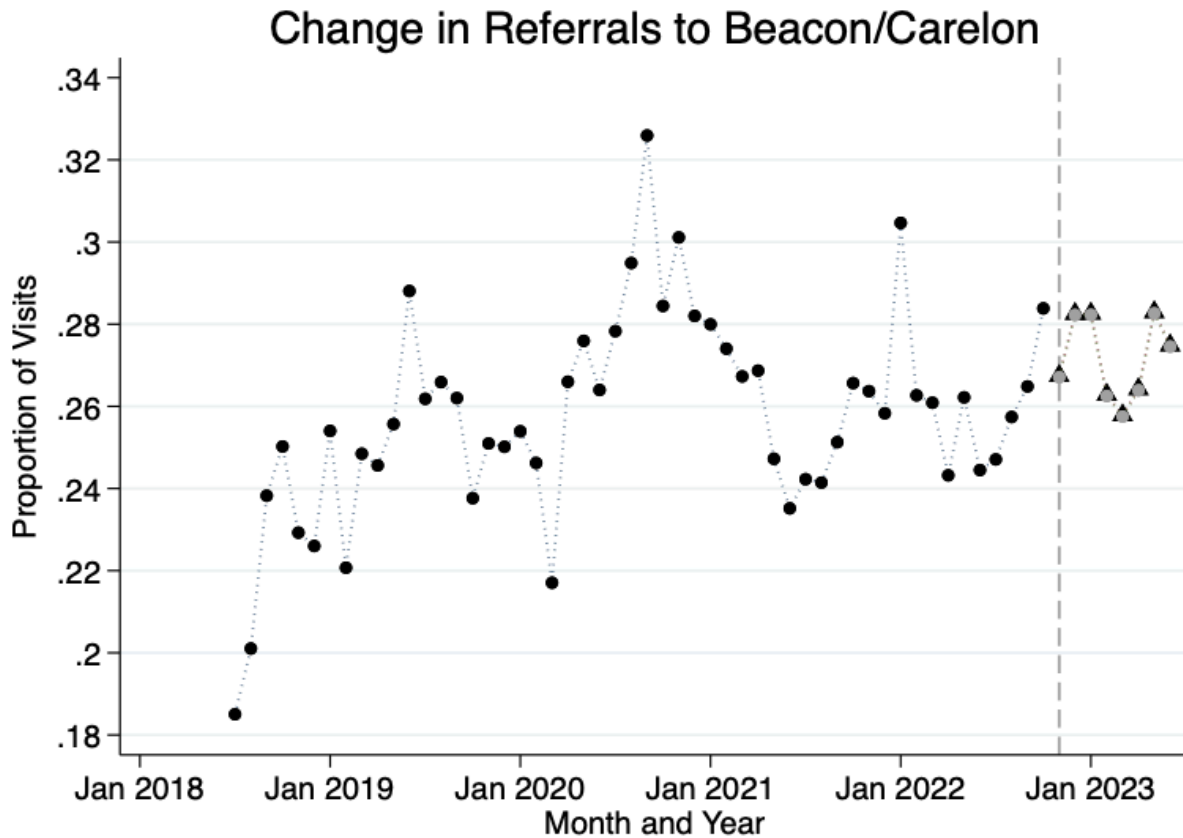
### Interpretation

Linkage/brokerage services and costs decreased consistent with the corresponding decrease in assessment and evaluation services and costs.

### Service Provision Impacts

There was no statistically significant change in referrals to Beacon/Carelon (95% confidence).

FIGURE 7



Notes: Data are from Monterey County Behavioral Health Electronic Health Record system. In the pre-intervention period, black circles represent actual data points. The gray dotted line represents the implementation of WellScreen (November, 2022). The black triangles present actual post-implementation data points. The gray circles represent expected data points based on the statistical modeling applied to pre-intervention data points.

### Interpretation

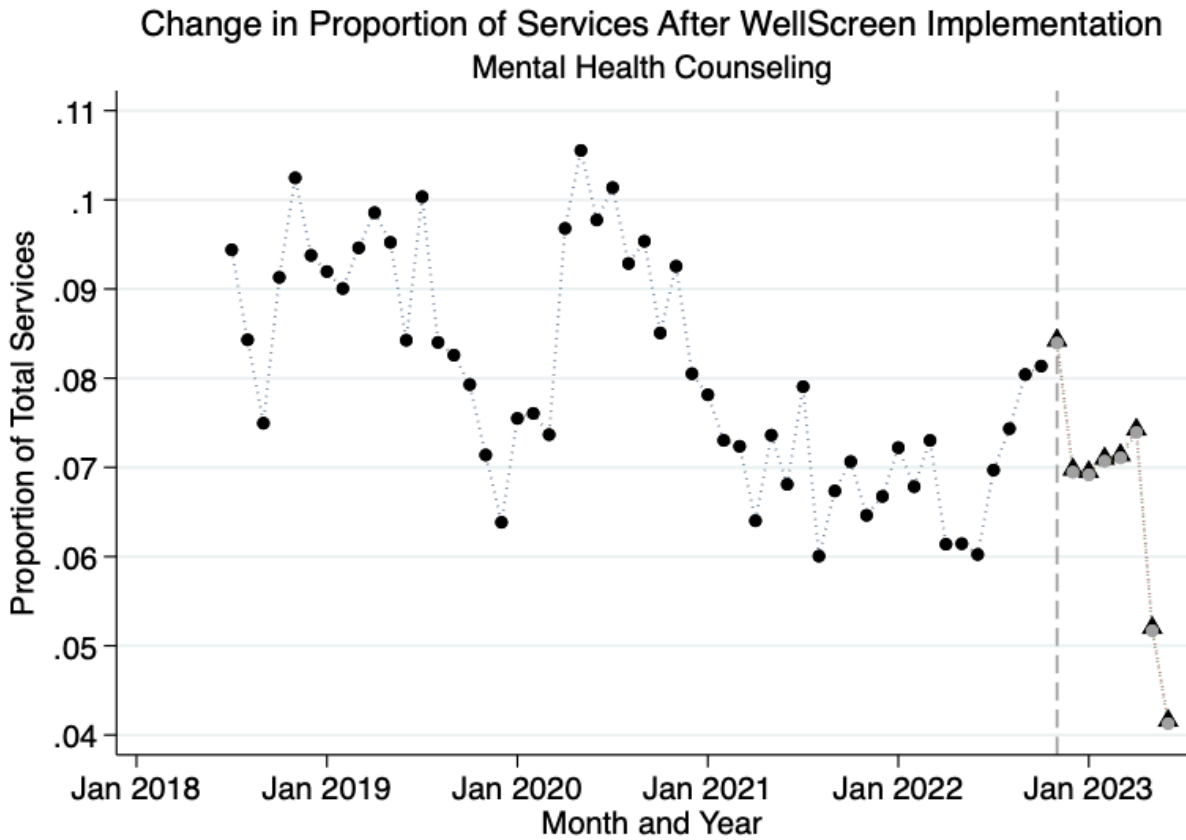
Referrals did not change, which simply means that the proportion of individuals inappropriately seeking care at MCBH rather than Beacon/Carelon did not change.

# Mental health counseling services

## Service Provision Impacts

There was no statistically significant impact on the proportion of mental health counseling services.

FIGURE 8



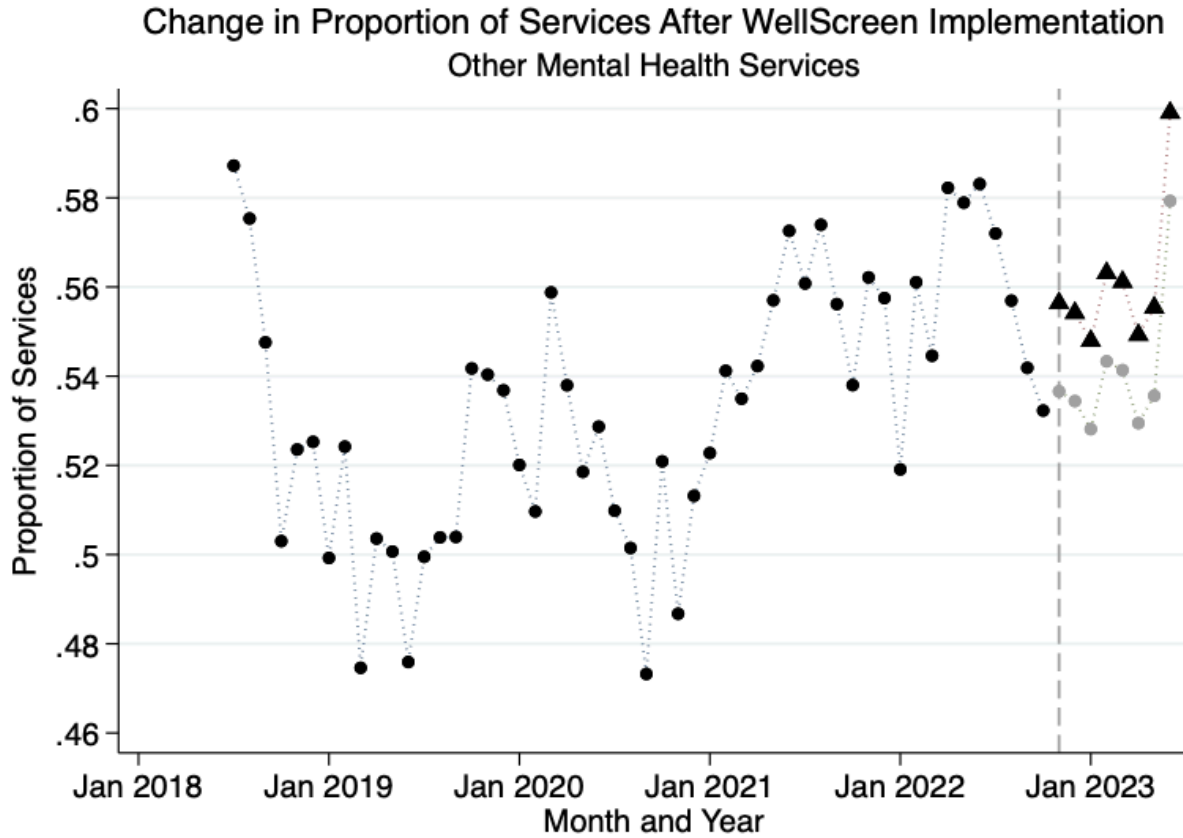
Notes: Data are from Monterey County Behavioral Health Electronic Health Record system. In the pre-intervention period, black circles represent actual data points. The gray dotted line represents the implementation of WellScreen (November, 2022). The black triangles present actual post-implementation data points. The gray circles represent expected data points based on the statistical modeling applied to pre-intervention data points.



### Service Provision Impacts

There was no statistically significant impact on the proportion of other mental health services.

FIGURE 9

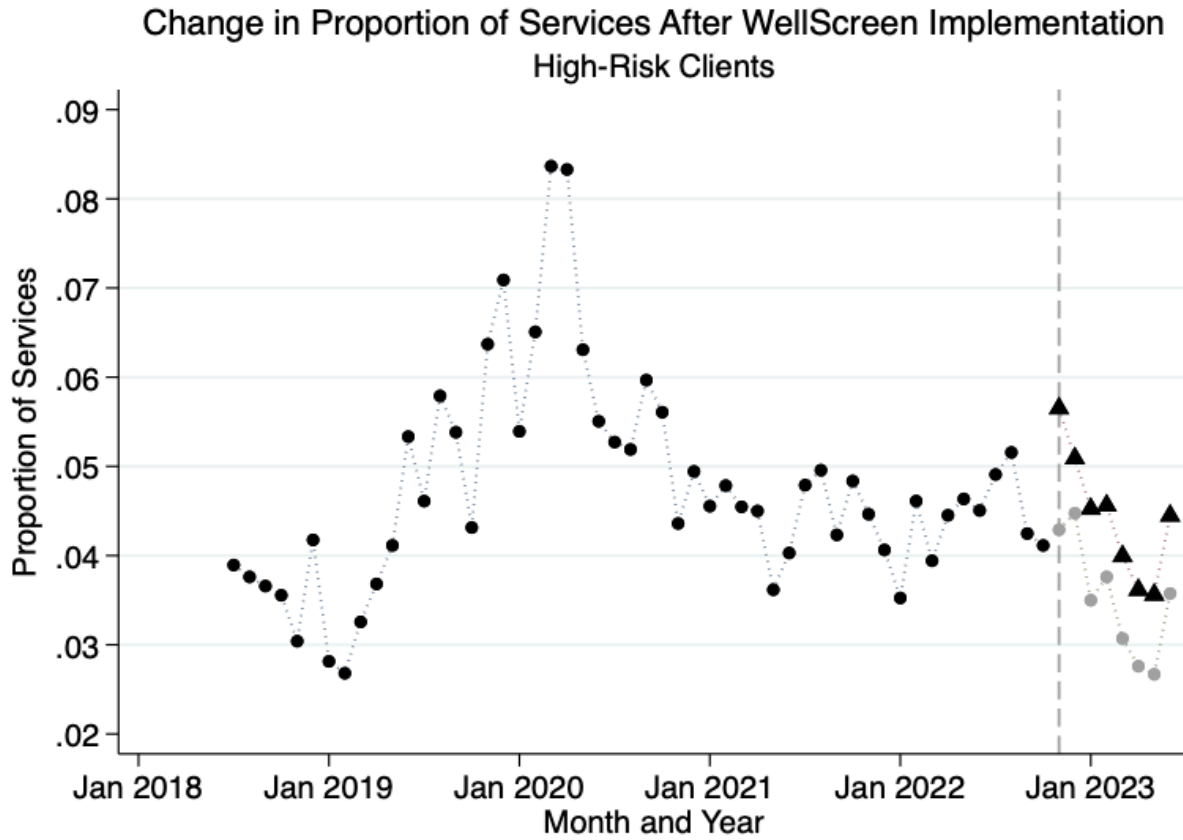


Notes: Data are from Monterey County Behavioral Health Electronic Health Record system. In the pre-intervention period, black circles represent actual data points. The gray dotted line represents the implementation of WellScreen (November, 2022). The black triangles present actual post-implementation data points. The gray circles represent expected data points based on the statistical modeling applied to pre-intervention data points.

Service Provision Impacts

There was a statistically significant smooth rise in the proportion of services devoted to high-risk clients (95% confidence).

FIGURE 10

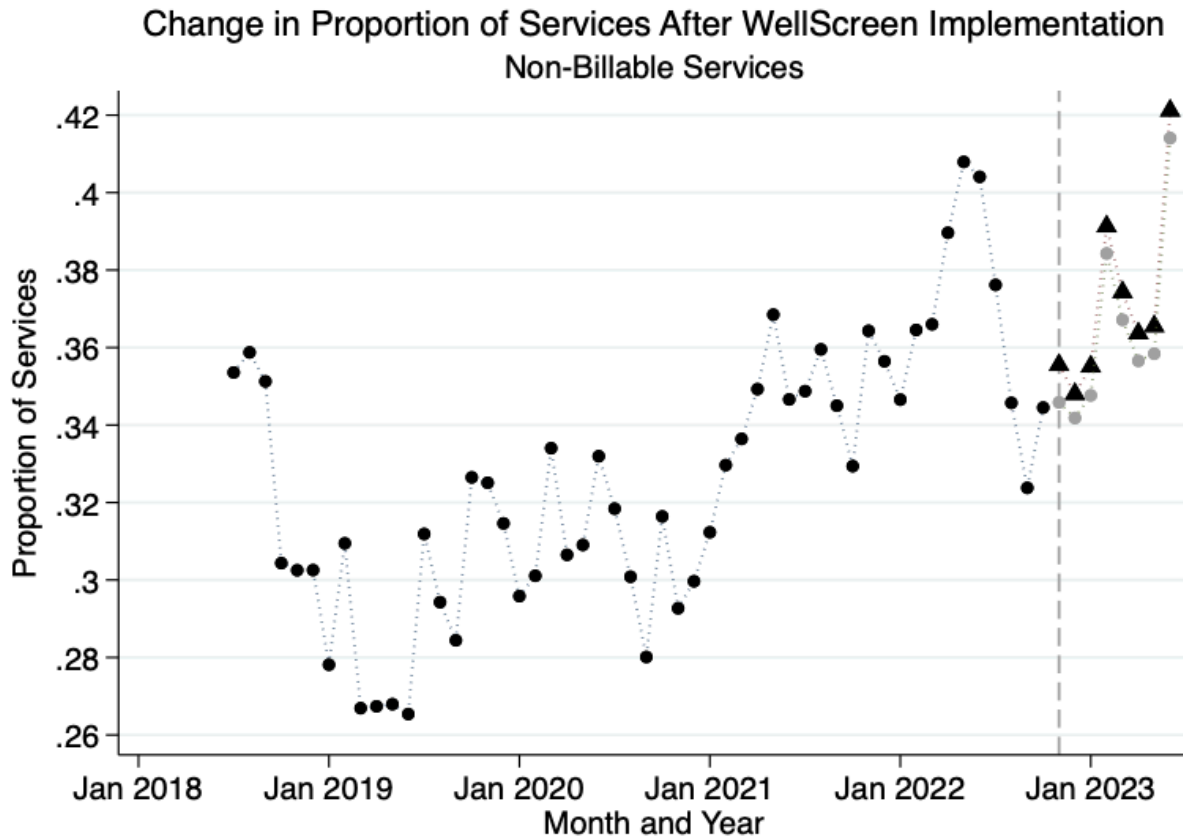


Notes: Data are from Monterey County Behavioral Health Electronic Health Record system. In the pre-intervention period, black circles represent actual data points. The gray dotted line represents the implementation of WellScreen (November, 2022). The black triangles present actual post-implementation data points. The gray circles represent expected data points based on the statistical modeling applied to pre-intervention data points.

### Service Provision Impacts

There was no statistically significant impact on the proportion of non-billable services.

FIGURE 11

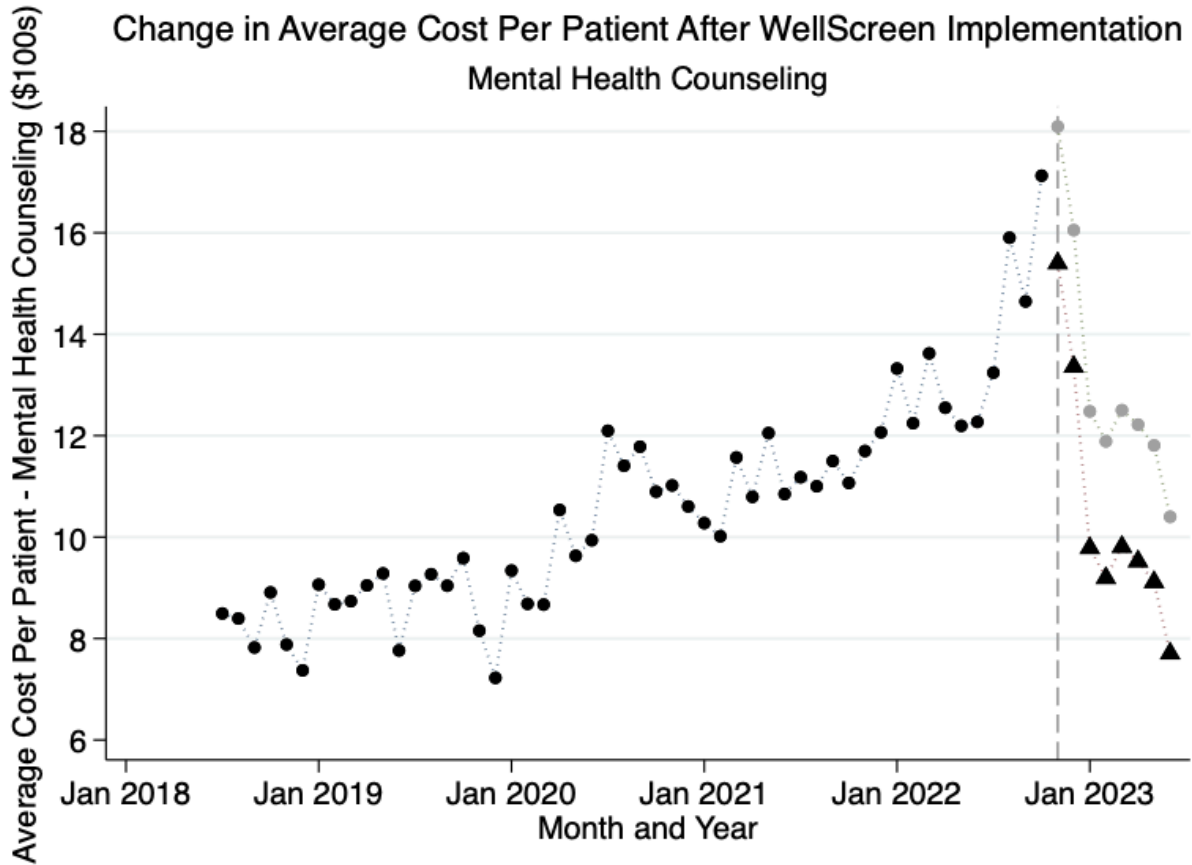


Notes: Data are from Monterey County Behavioral Health Electronic Health Record system. In the pre-intervention period, black circles represent actual data points. The gray dotted line represents the implementation of WellScreen (November, 2022). The black triangles present actual post-implementation data points. The gray circles represent expected data points based on the statistical modeling applied to pre-intervention data points.

Service Provision Impacts

There was a statistically significant, but seemingly permanent decrease (step) in the average cost of mental health counseling services (95% confidence).

FIGURE 12

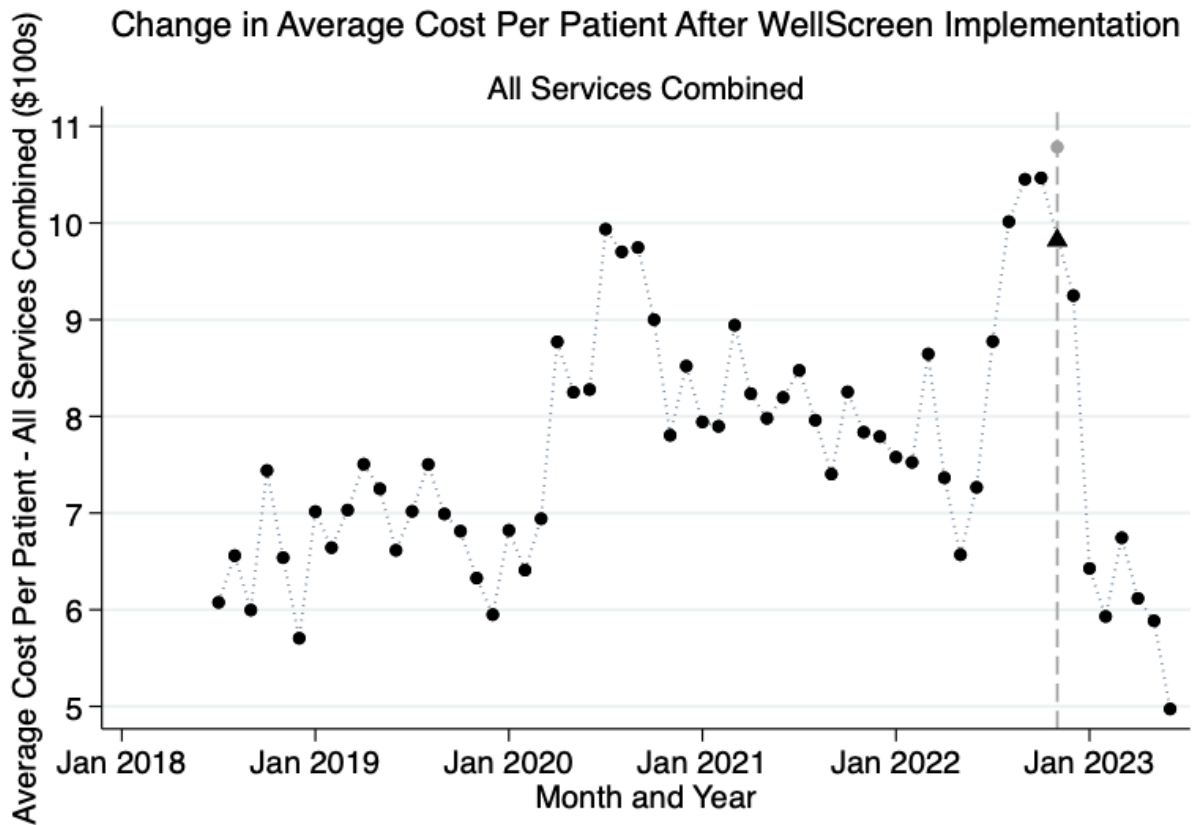


Notes: Data are from Monterey County Behavioral Health Electronic Health Record system. In the pre-intervention period, black circles represent actual data points. The gray dotted line represents the implementation of WellScreen (November, 2022). The black triangles present actual post-implementation data points. The gray circles represent expected data points based on the statistical modeling applied to pre-intervention data points.

### Service Provision Impacts

There was a statistically significant, but short-lived decrease (decay) in the average cost of services when all services are included (95% confidence).

FIGURE 13

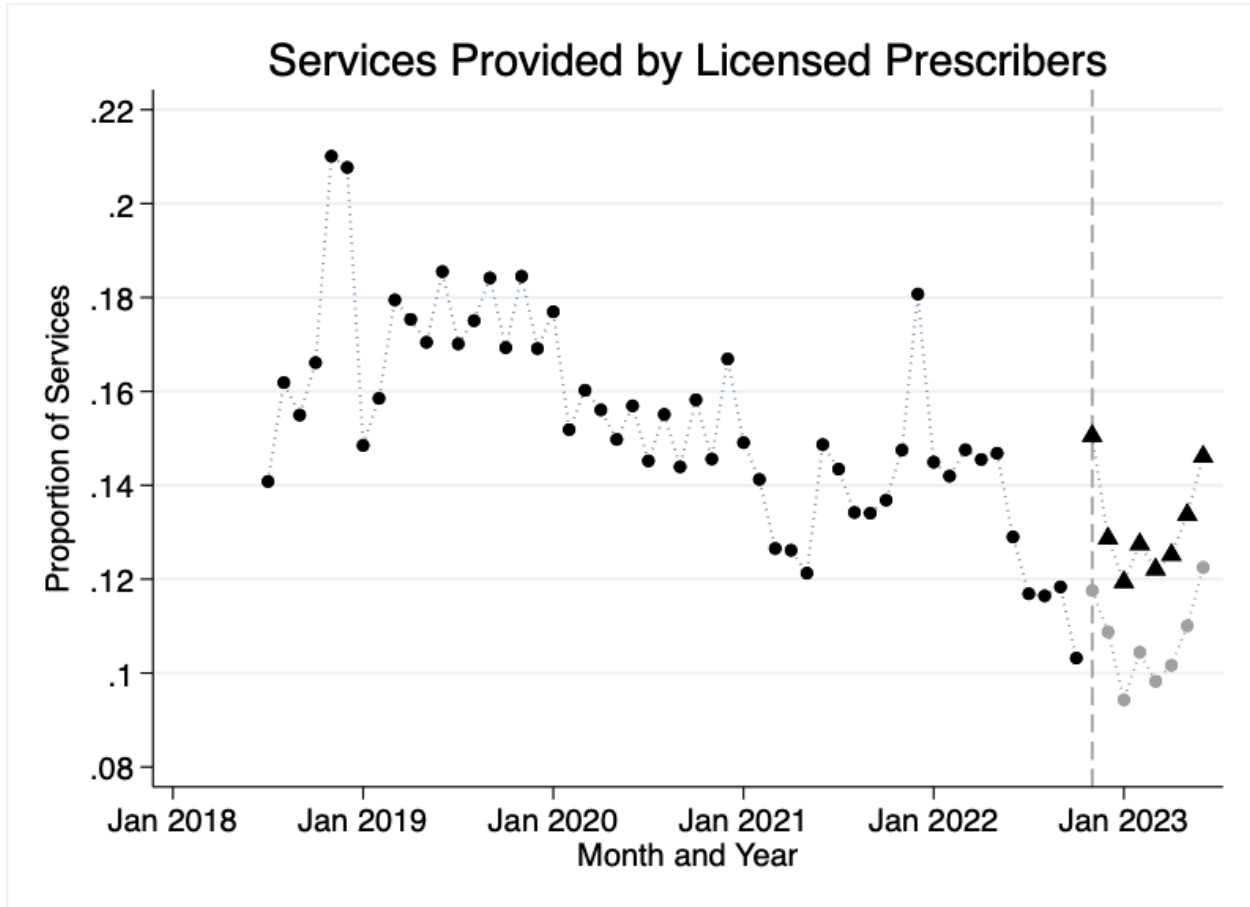


Notes: Data are from Monterey County Behavioral Health Electronic Health Record system. In the pre-intervention period, black circles represent actual data points. The gray dotted line represents the implementation of WellScreen (November, 2022). The black triangles present actual post-implementation data points. The gray circles represent expected data points based on the statistical modeling applied to pre-intervention data points.

### Impact on Licensed Providers Providing Services by Prescribing Status

There was a statistically significant smooth increase in the proportion of licensed prescribing providers who provided services (95% confidence).

FIGURE 14

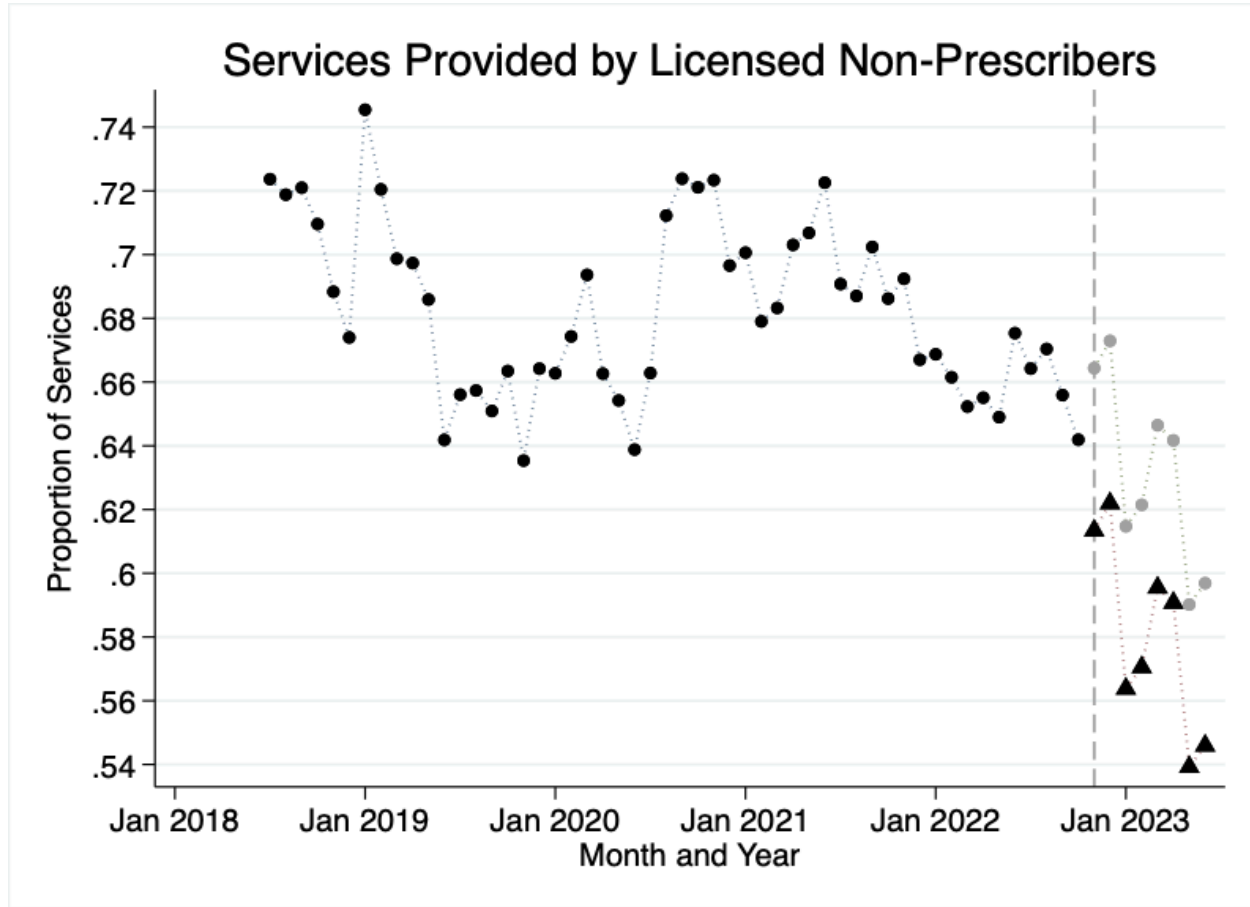


Notes: Data are from Monterey County Behavioral Health Electronic Health Record system. In the pre-intervention period, black circles represent actual data points. The gray dotted line represents the implementation of WellScreen (November, 2022). The black triangles present actual post-implementation data points. The gray circles represent expected data points based on the statistical modeling applied to pre-intervention data points.

### Impact on Licensed Providers Providing Services by Prescribing Status

There was a statistically significant decrease (step) in the proportion of licensed non-prescribing providers who provided services (95% confidence).

FIGURE 15



Notes: Data are from Monterey County Behavioral Health Electronic Health Record system. In the pre-intervention period, black circles represent actual data points. The gray dotted line represents the implementation of WellScreen (November, 2022). The black triangles present actual post-implementation data points. The gray circles represent expected data points based on the statistical modeling applied to pre-intervention data points.

### Interpretation

There was an increase in the proportion of high-risk patients, which is consistent with a change in the mix of providers away from non-prescribing providers and towards prescribing providers. The lack of a change in the mix of services allocated between mental health counseling services, other mental health services, and non-billable services, combined with an overall reduction in the average cost of the services, suggests that prescribing providers were able to efficiently serve these high-risk patients resulting in lower average costs.

### **Mental Health Conditions Assessed by Help@Hand and Potential MCBH Clients**

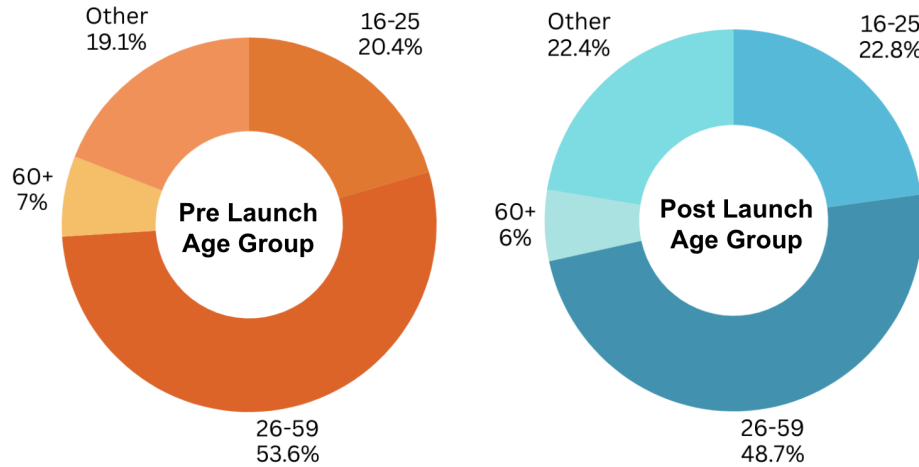
The following statistics are based on Help@Hand data from launch to September 7, 2023, and reflect 21,243 users of whom 9,509 lived in Monterey County and 2,228 completed an assessment. Multivariate logistic regression models found that Google paid advertisements and referrals were the most effective marketing strategies to attract Monterey County users (26.4% and 20.4% more effective than simple web search, respectively). Email and social media were no more effective than simple internet searching at bringing in individuals from Monterey County who go on to complete assessments.

Not all assessments were relevant for all individuals. Of the 2,228 individuals in Monterey who completed assessments (some individuals took tests more than once, which we accounted for), only a subset, 552, lived in Monterey County (based on their reported ZIP code), were rated moderate-to-severe for at least one of the following conditions, were covered by Medi-Cal, and were not currently being treated by MCBH: Anxiety (354, 64.1%), Depression (367, 66.4%), PTSD (163, 29.5%), Bipolar (238, 43.1%), Eating Disorder (284, 51.4%), Substance Abuse Any (233, 42.2%) and Psychosis (26, 4.7%). This represents 552 different individuals when comorbid conditions are taken into account. Percentages do add to more than 100% due to comorbid conditions.



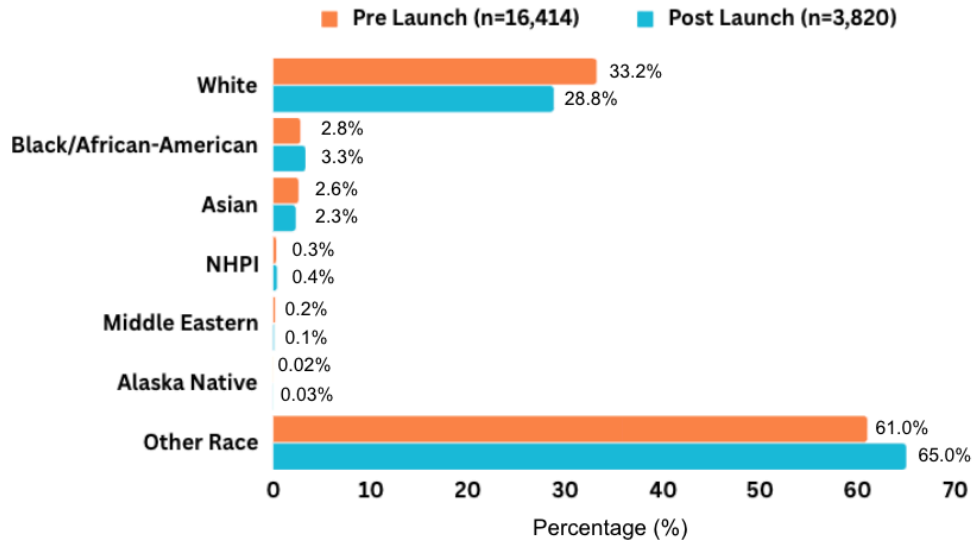
# Monterey County Behavioral Health ACCESS Program demographic characteristics

FIGURE 16. Clients by Age Group



The percentage of clients in the 16-25 age category increased from 20.4% in the "pre" period to 22.8% in the "post" period. Conversely, the 26-59 age category experienced a decrease, with the percentage declining from 53.6% to 48.7%. The pre-post changes were not significant ( $p=0.187$ ).

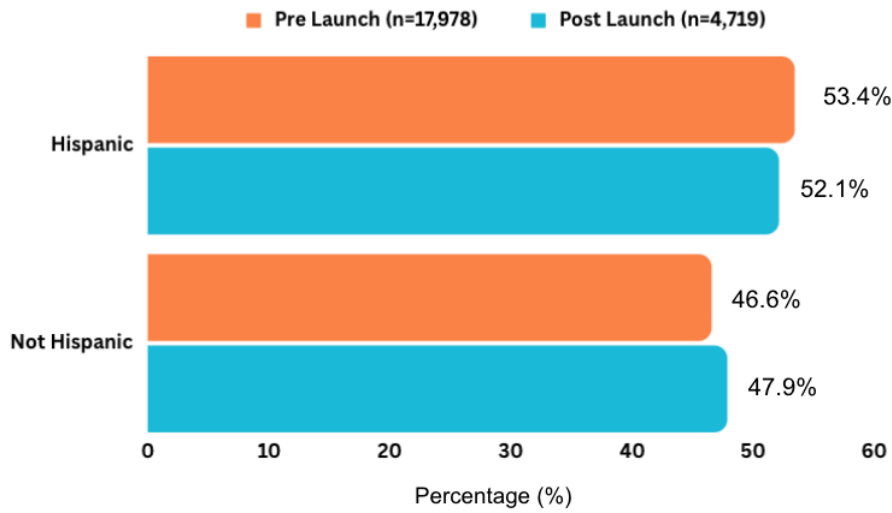
FIGURE 17. Clients by Race



Note: Patients with No Entry responses were removed from this visualization. (Number of clients with No Entry response - Pre: 3, Post: 1)

By race, the proportion of clients identifying as White showed a decrease from 33.2% in the pre-launch period to 28.8% in the post-launch period. The percentages for clients of "Other Race," "Black/African-American," "Asian," and other categories experienced relatively minor fluctuations. The change in Race distribution between pre-post-launch periods was significant ( $p<0.001$ ).

**FIGURE 18. Clients by Ethnicity**



Note: Patients with No Entry responses were removed from this visualization. (Number of clients with No Entry response - Pre: 7, Post: 3).

The percentage of Hispanic clients remained relatively stable, slightly decreasing from 53.4% pre-launch to 52.1% post-launch. The pre-post-launch period change in ethnic origin distribution was significant ( $p < 0.001$ ).

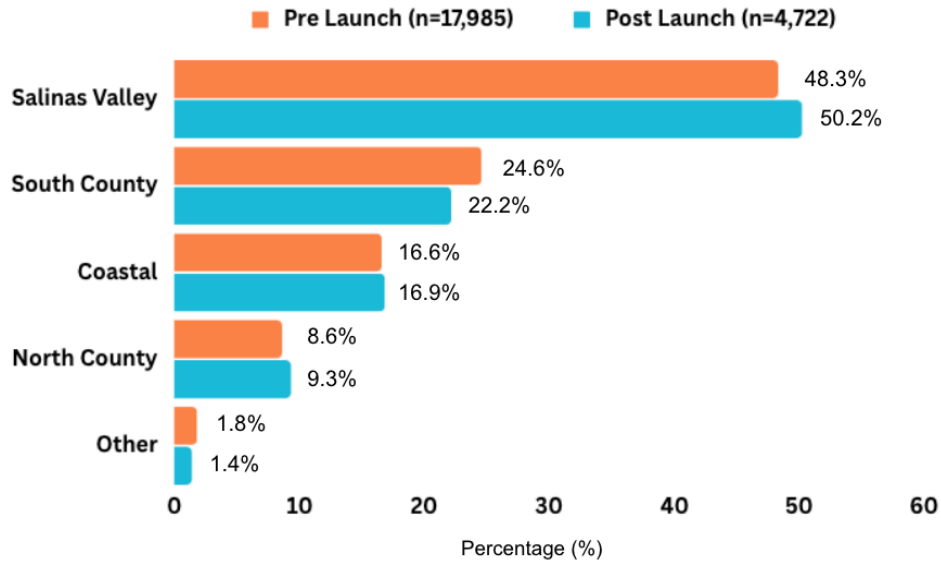
**FIGURE 19. Clients by Type of Health Insurance/No Insurance**

	Pre Launch (% of clients served)	Post Launch (% of clients served)
Medi-Cal (Medicaid)	73.5%	77.6%
Medicare Part B	5.4%	7.4%
Private Insurance	7.4%	6.6%
Self Pay/Other	13.3%	7.8%
Others	0.4%	0.6%

Data are from MCBH Electronic Health Record System.

The table displays the percentage of clients with different types of insurance coverage (or lack of insurance) in the pre- and post-intervention periods. Overall, there were increases in client proportions covered by Medi-Cal and Medicare Part B, while Self Pay and Private Insurance proportions decreased from pre- to post-intervention. The change in the insurance status distribution between the pre-post-intervention period was significant ( $p < 0.001$ ).

FIGURE 20. Clients by Monterey County Regions



The above graph indicates that the proportion of clients from the Salinas Valley Region increased slightly from 48.3% in the pre-intervention period to 50.2% in the post-intervention period, while the South County region experienced a modest decrease from 24.6% in the pre-intervention period to 22.2% in the post-intervention period. The percentages for the Coastal, North County, and Other Regions remained relatively stable between the two time periods. The pre-post-change in the regional distribution was significant ( $p < 0.001$ ).

## Planning processes

Key informant interviews were conducted with 14 key stakeholders involved in the planning phase of the Help@Hand project and included informants from Monterey County Behavioral Health, other community service agencies in Monterey County, and Help@Hand Technology Development Partner. Interviews were conducted from May 26, 2023, to August 23, 2023. The following qualitative findings are organized into sections (successes, challenges, and suggestions), and then subsections (MCBH Key Informant Perspectives, Non-MCBH Provider Perspectives, or Help@Hand Technology Development Partner Perspectives).

**Table 1. Key Informant Interview Participants (n=14)**

Key Informant Agency Type (n)	Job Titles
Monterey County Behavioral Health (n=4)	Behavioral Health Services Manager, Assistant Bureau Chief, Services Manager II Over Quality Improvement, Management Analyst/Innovations Coordinator
Community Service Agencies in Monterey County (n=5)	Deputy Director, Social Services Manager, Peer Outreach/Advocacy Coordinator, Program Coordinator, CEO/Consultant
Help@Hand Technology Development Partner (n=5)	Customer Success Manager, Director of Content Operations, Research and Aata Coordinator, Chief Technology Officer, Senior Product Advisor

## Successes

### **MCBH Key Informant (KI) Perspectives**

*“The planning went well and I think we had the right people in place to help support this. In particular, having our ‘ACCESS to Treatment’ managers available for the [planning and] implementation process, because a lot of times, our clients come through our ACCESS [program] doors.” - MCBH Administrator*

*“In the planning phase, I think what I feel really went well is the [digital technology development] team was very responsive to needing to be flexible and needing to hear from us about our community needs and then making those adjustments [to the design].” - MCBH Administrator*

Monterey County Behavioral Health (MCBH) key informants shared that the key facilitators that made the planning phase for WellScreen Monterey digital platform/website successful included: (1) the partnership between the MCBH program managers and the mental health- and wellness-oriented digital technology development organization and evaluators in the planning and design process and the project team’s flexibility and responsiveness to the County stakeholders’ needs and priorities in the planning and design of the WellScreen Monterey website, (2) the community needs assessment which welcomed a variety of stakeholders input and identified the key community preferences for accessing and using the website content and format, (3) the testing and validation of the behavioral health assessment measures and scales

to ensure their accuracy and usability, and (4) the full transparency and open communication of the planning team which cultivated the trust and facilitated the productivity in the planning and design process of the website between CalMHSA, MCBH administrators and providers, the digital technology development team, and the evaluation team.

*“I think the [development] team, and really the [state] CalMHSA team, was good in keeping us on track and identifying weaknesses in our approach. So I think that was well done as well.” - MCBH Administrator*

Most MCBH KI participants shared that the collaboration between MCBH program managers/providers, state of California Help@Hand program (CalMHSA), and the Help@Hand partners (digital technology development and evaluation teams) was successful during the initial planning phase of WellScreen Monterey to facilitate the ongoing progress of this initiative. Half the participants also mentioned that the MCBH partners during the planning phase were very responsive and flexible to the needs of the county behavioral health agencies and community stakeholders. In addition, half of the participants indicated that each of the project collaborators brought the respective skills and capacities needed (e.g., mental health, program management, digital technology development, evaluation) which led to a well-developed initial technology innovation proposal that got awarded, team members being engaging and responsive to each other’s feedback in the planning phase, and scope of work activities progressed in a productive manner and being fully executed. Further, one participant indicated that all design and development ideas and decisions were also openly discussed and transparent among all the team members during the planning phase and made the coordinated efforts more integrated and seamless. Another participant also indicated the planning phase process was productive.

*“When myself and some other [MCBH] folks doing the work and really understanding the workflow and the needs of our community,...the feedback that we provided led to some adjustments from those initial impressions. And I always felt like that they were very responsive to that and wanted to make it make sense for the work and for the community. So I think that was a huge strength of the process.” - MCBH Administrator*

*“I think [digital technology development team] did a really good job with their focus groups and all of that to kind of get more clinical and peer perspectives on what the tool should screen for.” - MCBH Administrator*

During the planning phase, the development team conducted a community needs assessment phase that included key informant interviews and focus groups with key stakeholders that included community, clinical, MCBH agency, and external provider perspectives. Half the MCBH participants stated that the key informant interviews from MCBH, other behavioral health serving agencies, and the mental health- and wellness-oriented digital technology development organization, were quite effective to inform the Help@Hand planning phase such as the design of the virtual screening measures and selection of the validated scales. One participant explained that the development team was very responsive to the feedback from Monterey County regarding the needs that the community stakeholders shared and validated scales that the Monterey County clinical team suggested to use in the self-assessment on WellScreen Monterey for the end users.

One participant also found the testing and review of mental health screening measures that occurred during the planning phase of WellScreen Monterey to be comprehensive and helped the accuracy of the assessment screening. Additionally, the participant explained that WellScreen Monterey became a community-facing screening tool to provide resources and

better understanding of mental health needs for individuals, rather than a direct linkage to behavioral health services due to feedback from the MCBH administrative and clinical teams. This adjustment helped ensure WellScreen Monterey would supplement the work of a Monterey County clinical team to make the countywide assessment screening processes more efficient and be able to extend the reach to provide an earlier indication of mental health needs to address.

*“I remember [technology development staff] did a really comprehensive dive into vetted assessments to try to use those assessments in the screener tool itself. To pinpoint the mental health issues that may be existing for somebody and for that to be accurately determined by the screening tool. And she did a really comprehensive dive into those various... What's the word? Validated measures.” - MCBH Administrator*

### **Non-MCBH Provider Perspectives**

Among non-MCBH providers in the community, one participant shared that the planning phase was intentional in welcoming a variety of stakeholder perspectives and feedback, including youth perspectives.

### **Help@Hand Technology Development Partner Perspectives**

Help@Hand technology development partners key informants shared that key facilitators which made the planning phase for WellScreen Monterey digital platform/website successful included: (1) coordination and collaboration between project teams, (2) adherence to project timelines and responsiveness to any delays, (3) clear goals, measures, and outcomes for the project, (4) community needs assessment to gather important guidance and feedback from community members, (5) clinical site visits to engage and discuss with clients on-site at clinics in Monterey County clinics, (6) efficient administrative processes, and (7) marketing preparations and planning.

*“We had a very open, [experienced] and informed team. [O]ur project management with [CalMHSA team] went really well. We also spent a lot of time collaboratively thinking about the problem[-solving], and from my perspective, trying to apply technical workflow or a user experience and workflow that would suit the constituents that we were trying to reach” - Help@Hand Technology Development Partner*

Half of the Help@Hand technology development partners shared that the coordination between the collaborators Monterey County (MCBH), state of California (CalMHSA), and the technology development team were quite successful throughout the planning phase. Some of these participants commented on the success of the coordination between the various workgroups (e.g., research/evaluation, technology design, marketing) of the development team and MCBH that facilitated the technical development of WellScreen Monterey platform. A participant also mentioned that the CalMHSA was quite an effective mediator and made the joint planning between MCBH and the development team quite productive. Another participant highlighted the productive planning process was due to the abundance of professional experiences and expertise of individuals across the collaborating Help@Hand team of MCBH, CalMHSA, and the partners (development and evaluation teams).

*“This is a seven-figure project, and every...deadline was actually met, except, I think we delayed the launch a little bit. But every major deadline along the way was met because there was a clear process in place, review, mock-up review, agile development process with sprints,*

*and keeping things moving along. So I think, overall, I was very happy with the work of coordinating the original design, developing the product, and also just the flexibility of the team along the way..." - Help@Hand Technology Development Partner*

Some participants shared that they stayed on track and met project deadlines throughout the planning phase. Almost every deadline was met due in part to a clearly set process with feasible tasks and associated timelines. For those project deadlines that were delayed, they were in part due to the need to await external feedback before being able to complete the set milestones. Some also mentioned that project management tools they used were quite useful and effective with setting milestones, tasks, and deadlines for the development team.

Some participants detailed that the scope of work parameters were clearly defined and realistic as they pertained to the goals, measures, and outcomes. This made each of the planning stage milestones set quite feasible to accomplish by the deadlines and led to the development team consistently making good progress.

*"The most helpful information and also criticism of the system came from providers and community partners. Youth community members had a lot of good insight as well. It seems like the youth are a little more connected or...aware of what's available and what's not. They had some good feedback [about] the general state of mental health in the county." - Help@Hand Technology Development Partner*

*"Having the opportunity to actually interface with the people that might be impacted or interacting with the project. The final result of the project was really helpful. Going through a formal process of recruitment and interviewing, surveying, extracting our [community assessment] findings from that data reporting back out...that was positive." - Help@Hand Technology Development Partner*

Some participants expressed the community needs assessment was quite useful for the planning process as it engaged and sought input from a variety of stakeholders about what they wanted and preferred for a new technology platform for mental health screening and resources. One participant shared that, in particular, mental health providers and community informants provided the most helpful guidance and feedback to the design of the Help@hand platform. In addition, this participant indicated that youth community members contributed very good insight as they were more connected and aware of mental health resources available to them and their general state of mental health. Another participant appreciated the comprehensive nature of the community assessment process which consisted of key informant interviews, focus groups, and surveys with mental health providers, community members, and MCBH partner organizations in the community.

*"For validation [of the self-assessment tool] we did do a [MCBH clinic] site visit so that we could compare, so that we could reach people who were physically going into the ACCESS program clinics and then be able to compare the results of their [in-person] triage and intake process and our [virtual] screening process... it was definitely helpful to be there physically and be able to talk to people, explain to them directly what we're doing." - Help@Hand Technology Development Partner*

One participant also indicated that the development team conducted MCBH ACCESS program clinical site visits to engage and discuss with actual clients on-site at the Monterey County clinics. During these site visits, the development team was able to compare the in-person triage and intake processes at the clinic to the virtual WellScreen Monterey self-assessment screening



process. This participant also mentioned that it was quite helpful to be able to explain the new WellScreen Monterey website to clients of MCBH directly in the clinic and ask for their input on how to make the online self-assessment and the associated resource linkages easier to use. Most clients they reached out to in-person showed interest in sharing feedback on the usability of the WellScreen Monterey website.

In addition, one development team participant shared that the administrative process for the contracts were well-aligned with the proposed scope of work, and invoices were completed promptly by the accounting teams. Further, one participant commented that contract revisions or contract change requests were completed efficiently on all sides.

*“I think what went well is that we were able to [prepare ahead of time to] get everything out there with some ads on the day of launch. And we did the initial ads internally and so we were able to put those together as a team and they did pretty well.” - Help@Hand Technology Development Partner*

One participant discussed the effectiveness of the preparations for the initial marketing and outreach process for the WellScreen Monterey launch during the planning phase. Discussions with online marketing strategies (e.g., Google, Facebook) and in-the-community outreach strategies (e.g., TV/radio, bus ads, flyers) occurred concurrently during the planning of the WellScreen Monterey launch.

*“Google continues to be the best performing tactic based on conversions, and we are defining conversions by anybody who actually completes the survey.” - Help@Hand Technology Development Partner*

One participant shared that Google has been a very successful avenue for assessment screening completions, while Instagram and Facebook have been successful for overall impressions and views.

## Challenges

### **MCBH Key Informant Perspectives**

Monterey County Behavioral Health (MCBH) key informants shared that the key challenges for the planning phase for WellScreen Monterey digital platform/website included: (1) staffing transitions and need for more county staff, (2) earlier planning for marketing, (3) delays and task prioritization that affected timing, and (4) administrative processes and limitations of resources to prepare as well as integration of WellScreen Monterey results with the electronic health records.

*“There's just a couple of us, myself included, trying to figure this out before the rubber met the road with CredibleMind. And then even once CredibleMind came on, they had lots of good input. So we're [considering that] would've been great to think about two years ago.” - MCBH Administrator*

One participant shared that the main challenge to the planning phase of WellScreen Monterey was related to staffing of Monterey County Help@Hand program. Transitions in county leadership and agreements between cross-county partners that varied in involvement affected the timeliness of the guidance from county leads about Help@Hand initiative to the county staff



to work on this initiative and led to some delays during the planning phase. They also indicated that more county staff was needed to carry out the Help@Hand initiative before and after connecting with the development team, as well as more county staff to conduct training sessions before the WellScreen Monterey launch.

Two participants stated that earlier strategizing on marketing, as well as more outreach would be beneficial.

*“...we had [another county] in the mix for a while. They were going to partner, they weren't really like an active partner, they're more fiscal...And then COVID hit, put a pause on everything. And then during the RFP process,...having this silent partner really slowed things down. And I feel like it put us into this current relative time crunch to pilot the project.” - MCBH Administrator*

Two participants discussed the timing challenges during the planning phase of WellScreen Monterey. Delayed start, task prioritization, and proposal and contract set up were aspects that impacted the timing. Determining county partnerships and adapting to COVID-19 also introduced challenges into the planning phase. One participant shared that ideally, the evaluation of WellScreen Monterey could be over three years rather than ten months.

*“The failure to launch the project was more of an internal ability to provide the resources to get it done. And then the prioritization of those resources, there's always something that seems to come up that seems to be more important. And it wasn't until we finally prioritized this than other projects that it kind of shook everything loose and now we're going.” -MCBH Administrator*

Two participants described challenges from administrative processes including ability to provide resources during the planning phase to prepare for the launch phase, and limitations where the WellScreen Monterey assessment screening results could not be automatically entered into the electronic health records.

### **Non-MCBH Provider Perspectives**

Non-Monterey County Behavioral Health (Non-MCBH) key informants shared that the key challenges for the planning phase for WellScreen Monterey digital platform/website included: (1) not reading the focus population due to education and language barriers, (2) need for more staff such as someone who had experience with being on air, and (3) timing challenges due to meeting coordination, budget discussions, and staffing.

*“I just worry that [WellScreen Monterey website] might be a little bit too sophisticated for some people and actually very kind of middle class centric. What we have here is a giant population of people who do not have a bachelor's degree and who are working in the fields and who are typically Spanish speakers.” - Non-MCBH Provider*

One participant shared concerns that WellScreen Monterey is not reaching the focus population since many do not have college degrees and typically speak Spanish. Another participant discussed challenges of staffing, where a person could not be identified to do an on-air advertisement interview with a local radio station.

*“There's one other component that we have everything set for, but it's just a matter of time and resource for the team, for the Monterey County team.” - Non-MCBH Provider*

Two participants spoke about timing challenges, related to coordination of meetings, budget discussions, staffing. Difficulties finding meeting times that worked for everyone, as well as discussions about budget which introduced some delays. Additionally, due to lack of staff, there were delays in collecting advertisements and distributing in the communities.

### **Help@Hand Technology Development Partner Perspectives**

Help@Hand technology development partners' key informants shared that the key challenges for the planning phase for WellScreen Monterey digital platform/website included: (1) collaboration challenges that could benefit from a designated representative from each team to improve communication, (2) need for more feedback especially from MCBH clinics on design of the website before launch, (3) challenges with recruitment for feedback from Monterey County communities, and (4) communication between teams and stakeholders as well as administrative challenges such as goals that were not as clear.

*"One challenge...was that our main point of contact for [Monterey County] was not a clinical person. So when it got to determine...fit in the clinical workflow, we had to communicate,...get those people on the phone, or not on the phone. In meetings or through email...It definitely was a little more back and forth, not having a direct contact who was a clinician or a part of the clinical processes." -Help@Hand Technology Development Partner*

Three participants discussed challenges related to team collaboration during the planning phase. Two participants shared that having a designated county representative would be helpful for the planning process. One participant commented that it was challenging to involve the large number of agencies and organizations that were part of the desired reach of WellScreen Monterey.

*"There's so many different agencies and organizations we wanted to [reach]...the 800 number that people call, the actual MCBH clinics, making sure they were involved early on. We did an okay job at it, but it was a bit of a challenge because they're busy and they're seeing clients, and we had to come and intrude a bit." -Help@Hand Technology Development Partner*

One participant shared that they would've liked to see more feedback on the design process prior to launching the website. Another participant discussed challenges with ensuring MCBH clinics were involved early on. Many of the clinics were so busy serving clients.

*"Because [technology development partner] is completely virtual...and we don't live in Monterey County...[or] worked with Monterey County before, we didn't necessarily have the direct connections to the people that we needed to talk to...it was really on us from afar and virtually to do a lot of the recruitment [and create linkages] ourselves." -Help@Hand Technology Development Partner*

Two participants brought up difficulties when recruiting and creating linkages. One participant described difficulty from usability recruitment and another participant discussed difficulties making direct connections and linkages with Monterey County. Everything was done through CredibleMinds from afar. The participant stated it would have been helpful to have a researcher reach out to the most visited clinics in the county.

*"Some of the requirements from the statement of work were designed and developed at such an earlier date that there were some shifts and changes. And, while we were able to make some modifications along the way through mutual agreement, it was a little challenging to understand*

*how to best suit [MCBH] based on what they had originally decided to position themselves to do. And then, what they might've wanted to do at the time we started to do our design work.”*  
-Help@Hand Technology Development Partner

One participant discussed timeline delays due to challenges with stakeholder communication; This resulted in the launch being delayed and not having enough time to fix website design before the launch. Another participant discussed challenges from requests and requirements made by Monterey County throughout the design process.

Two participants expressed administrative challenges. One participant discussed the challenges of understanding triage, specifically what happens when a person seeks services at clinics that have high demand and limited capacity and access Medi-Cal recipients but refer others out, and the difference between walk-in clients, and other clients. One participant shared that the goals were loosely defined, leading partners to create parameters.

## Suggestions

### **MCBH Key Informant Perspectives**

*“Again, making sure that our Hispanic community have that resource, [WellScreen Monterey]. Sometimes it could be a QR code at their church or at our local carnicerías, or meat markets, where people go and are familiar with and not just a website that sometimes our families don't know how to navigate or our community doesn't know how to navigate...having more outreach efforts would still be beneficial for people to know about this tool.”* - MCBH Administrator

One participant suggested public announcements such as radio advertisements and QR codes in churches or local carnicerías (meat markets) would be helpful to reach Spanish-speaking communities and to reach people and families who may not be as familiar with navigating online resources.

### **Help@Hand Technology Development Partner Perspectives**

One participant suggested having a clinician as a co-lead, and another participant suggested having a person dedicated as county-lead of WellScreen Monterey.

## Launch processes

Key informant interviews were conducted with 14 key stakeholders involved in the launch phase of the Help@Hand project and included informants from Monterey County Behavioral Health, other community service agencies in Monterey County, and Help@Hand Technology Development Partner. Interviews were conducted from May 26, 2023 to August 23, 2023. The following qualitative findings are organized into sections (successes, challenges, and suggestions), and then subsections (MCBH Key Informant Perspectives, Non-MCBH Provider Perspectives, or Help@Hand Technology Development Partner Perspectives).

## Successes

### **MCBH Key Informant Perspectives**

Monterey County Behavioral Health (MCBH) key informants shared that the key facilitators that made the launch phase for WellScreen Monterey digital platform/website successful included: (1) beta testing and gradual launch of WellScreen Monterey, (2) trust building between the community and the website, and (3) administrative success of no fiscal impacts from workflow changes in the MCBH ACCESS program.

*“...This is a community facing screener...being on the ground for them and seeing that A, what our workflow is and B, what the waiting room or lobby experience for a client looks like. I think that was a good way to see things firsthand. I also think that helped.” - MCBH Administrator*

One participant shared successes from beta testing and the soft launch for WellScreen. Beta testing of the screener allowed CredibleMind to understand the workflow within MCBH ACCESS. Including a soft launch portion for WellScreen’s launch allowed for an opportunity to hear community feedback and see how the community utilized the screener.

*“The trust in the community [and] in our services in the community is a big part of why we're able to deliver services robustly in South Monterey County. It's taken years of us being present in South Monterey County to develop a relationship with the community...And a lot of why people continue to come through our doors is because they have heard that it's safe to do so. So they've heard from their neighbors, their family members, their church congregants, those types of things like these are good people and it's a safe place to go.” - MCBH Administrator*

One success for WellScreen is the trust between the community and the website. One participant explained how building trust between community members and MCBH ACCESS is what allows MCBH ACCESS to deliver its services so robustly in Monterey County. Currently, mostly younger users are accessing WellScreen Monterey.

*“We had set up a process for if somebody were to self-identify in our offices, like, “Hey, I did this screener.” We have a workflow in place for that...we have the ability to view those results and then utilize those results...So I don't know what the data says in terms of how many people in the community are going to the website and doing the screener, but we haven't seen it to the extent that I thought we would in our clinic sites.” - MCBH Administrator*

With the launch of WellScreen, some administrative successes include the integration of WellScreen results into MCBH ACCESS workflow and no negative fiscal impacts on programs. One participant shared that MCBH ACCESS has a system in place for clients who bring in WellScreen results. Additionally, since the launch of WellScreen, there have been no fiscal impacts on the program of workflow within MCBH Access.

### **Help@Hand Technology Development Partner Perspectives**

Help@Hand technology development partners key informants shared that the key facilitators that made the launch phase for WellScreen Monterey digital platform/website successful included: (1) collaborations, training, and coordination between teams working on the launch, (2) product positioning and technical details of WellScreen Monterey website, (3) gradual launch of WellScreen Monterey, (4) sufficient funding and marketing.

*“It was actually a very smooth release, and it worked out really well. I think that, what went well was that we were technically ready. And, we had product positioning ready and workflow, and we were also pretty well-trained and coordinated with the [MCBH] team. And so, all of those areas went really well.” -Help@Hand Technology Development Partner*

Two participants discussed success in collaboration between all teams (county, state of California, technology development partner, and evaluator). One participant shared about satisfaction with the number of people taking the assessment and using the website during the early launch period. Moving forward, the county team is considering which aspect to prioritize first: website traffic, or the number of people who complete the assessment. One participant discussed the success of the technical side and product positioning of the website, as well as the training and coordination between teams throughout launch.

*“I think the soft launch was...good...there was a little bit time to work out some kinks before there were too many eyes on it or before it got into too many public hands, there were things that it could live and exist and breathe a little bit and people could provide some feedback of those who were seeing it as before we really pushed it in a big way through marketing and things like that.” -Help@Hand Technology Development Partner*

One participant shared the positive impacts of having a soft launch for the WellScreen website. The soft launch allowed feedback opportunities and time to make improvements before reaching a wider audience.

*“On the financial side, I think, it was coordinated through, from [development] side, our executive sponsor and so forth. And then, the piece where the financial money came in was through CalMHSA. And, Help at Hand was administering that. And then, also through Monterey County. And so, we had a couple of individuals at Monterey County that were responsible for the financing.” -Help@Hand Technology Development Partner*

Another success in the launch was the admin access portal and funding. One participant thought the project was financially well funded. Another participant noted that the financial side was coordinated through CredibleMinds and the executive sponsors. The funding came from CalMHSA which was administered through Help@Hand.

*“Bringing on [marketing] was a success. It took a while. It took probably longer than it should have to go through all of the marketing things that Monterey wanted to do. And it was mostly on Monterey to figure out what's in the budget 'cause they wanted the word to get out...” -Help@Hand Technology Development Partner*

The introduction of the marketing team aided in the launch of WellScreen. Two participants discussed how onboarding the Ku Collective took longer than expected and occurred after the launch of WellScreen. The onboarding process had discussions surrounding marketing ideas and budget details. Some marketing ideas include radio, bus, and TV ads.

## Challenges

### **MCBH Key Informant Perspectives**

Monterey County Behavioral Health (MCBH) key informants shared that the key challenges for the launch phase for WellScreen Monterey digital platform/website included: (1) need for more training and engagement with WellScreen Monterey website from providers, need for more bilingual staff in the county particularly staff who speak Indigenous languages, (2) trust building between the community and the website especially among older populations and



Spanish-speaking communities, (3) time delays and administrative challenges from the need for more staffing, allocation of all the funding granted, and marketing contracts.

*“An outstanding one is having all of our community providers fully aware of the tool. I think some more could be done there so they're all aware of it to use it as they wish or recommend it or just be aware in case somebody comes in with a results code...right now, we haven't heard anything from people, other agencies [if people have come in with a results code]. I just think that engagement across all the providers, I think that would be good.” - MCBH Administrator*

*“There's a huge need in being able to speak Spanish and we're seeing an increased need to be able to speak Indigenous languages, particularly Triqui and...Indigenous languages from the state of Oaxaca, which we don't have the capacity to, and it's very hard to find good translation services for those languages as well. So that's an internal challenge that we have.” - MCBH Administrator*

One challenge discussed was the lack of training and engagement with the website from the providers. One participant shared that clinics are unable to adapt their workflows to integrate the new screening code due to a lack of training. Two participants also discussed the need for more bilingual staff in the county, especially those who speak Indigenous languages; There is currently miscommunication or lack of communication between clinical staff and community members. One participant shared that all teams collaborating on WellScreen Monterey are engaged in mitigating these challenges.

*“There's a lot of undocumented folks out in South Monterey County, a lot of people that don't necessarily feel comfortable interacting with government agencies, which we are. And so it's taken a lot of time to really embed in a way that fosters trust. And so a lot of people come through the doors because they are seeking those individuals that they've heard are trustworthy.” - MCBH Administrator*

*“A website might not have that level of trust for the older than the younger. So I don't mean older, but if younger people are interacting with the website, then those that are 30 plus or whatever the number is, they may be continuing to want to seek a person that they have heard is trustworthy or an agency that has actual human beings working there that they can trust.” - MCBH Administrator*

One participant discussed challenges interfacing with older populations and Spanish-speaking communities. They explained the technological difficulties the website may impose on older populations and those who are not as familiar with technology. Additionally, they explained the importance of building trust within Spanish-speaking communities. Building trust between WellScreen and older and Spanish-speaking communities will help to increase the usage of the screener.

*“On the [MCBH] team at least, we are getting Q of I. ...a lot of our clinical lead. They are so strapped for time as well because we just have a lot of vacancies and I feel like they're putting out fires a lot too with their jobs. So I think that's a barrier to get all of the people in the room that should be there and put their brains into it.” - MCBH Administrator*

*“The timing lined up with CalAIM implementation across the state and with our county. And the CalAIM implementation includes a screening tool, adult and youth screening tool, which makes the determination of level of care.” - MCBH Administrator*

Two participants discussed the difficulty with the timing of the launch. One participant shared how there are not enough staff, resulting in their clinical leads being strapped for time. Another participant shared that WellScreen Monterey's launch coincided with CalAIM's implementation.

*"For the financial, I feel like it's kind of just all green lights with that, just innovation funding...at least at the county, we really feel a lot of pressure to spend innovation dollars. And so yeah, I just feel like it's easy to throw money at things. Because if we don't then we have to give it back to the state...at the end of the calendar year." - MCBH Administrator*

*"One of the financial goals...around launching the WellScreen was...to eliminate additional assessment time for our clinicians and be able to really use that as a tool to incorporate into their writeup or their assessment. So I don't know if that's been evaluated now,...[if] by having this tool response available to them so that [clinicians] can skip a portion, certain questions from the assessment and just use whatever was entered on the WellScreen." - MCBH Administrator*

Administrative challenges discussed include spending budget, lack of staff, and marketing contracts. One participant shared that there is difficulty spending all the funds that were granted. If the funds are not spent, they will have to be returned to the state. Another participant stated that there was a lack of staff and providers on the administrative level. One participant shared that one of the goals of WellScreen was to eliminate additional assessment time done by MCBH clinicians. However, they do not know if this has been evaluated.

### **Help@Hand Technology Development Partner Perspectives**

Help@Hand technology development partners key informants shared that the key challenges for the launch phase for WellScreen Monterey digital platform/website included: (1) integration of WellScreen Monterey with clinics, (2) collaboration between teams due to the amount of stakeholders and perspectives involved, (3) feedback was provided over long periods of time, (4) tight timelines for marketing and launch, and (5) budget considerations for different launch components and where to spend the funding granted.

*"We thought that the project would also involve integrating the screener into the regular processes and we'd have tablets in the clinics and people could take it and then their provider would be able to see results and talk about their results alongside with the client. And that just hasn't happened... the whole kind of clinical integration, access integration has been very messy, complicated." -Help@Hand Technology Development Partner*

One participant shared that the integration of the screener with clinics was messy and complicated, and did not go according to the original plan; They thought the screener would be integrated into the regular processes and tablets in the clinics—Clients would take the screener at the clinics and providers would see the results alongside the clients. Another participant discussed difficulty in the collaborative process between CredibleMind and Monterey County due to the amount of stakeholders and perspectives that had to be considered. The participant also noted that the county had many goals and gave feedback in pieces over long periods of time. They also suggested having a representative from Monterey County for CredibleMind that has expertise and connections to help better understand where information needs to go within the community.

The participants discussed challenges with the tight timeline for the marketing and launching WellScreen. One participant discussed having to add more scope and time due to having a two part launch and marketing process. They also noted that January was a big month for WellScreen users, but it has gone down since; in June the user activity went back up. Another participant, discussed

how the team was still able to execute and deliver a site that gained good user traction and had a positive impact on specific populations despite the tight timeline.

*“...There's been the challenge of figuring out how best to spend some of the marketing budget because you can pay money that's going to get people to come directly to the site and the screener, and that's great, but you can also pay money to get just brand awareness out there. So if, in the future, someone needs a screener, they know it's there. And that's much harder to measure the impact.” -Help@Hand Technology Development Partner*

The participants shared challenges with figuring out how to spend and divide the marketing budget for the two-part launch. One participant discussed how the two-part launch was not a part of the original contract, the budget had to be figured out as they went on with the planning process of WellScreen. Another participant stated how it was difficult to balance the budget while deciding the best advertising methods when targeting different communities. Two participants discussed the difficulties when keeping track of how much money was being spent, and how to spend the money on efforts that will have the biggest impact on the launch. One participant noted that although there were budgeting difficulties, the administrative side of the project went well.

## Suggestions

### **MCBH Key Informant Perspectives**

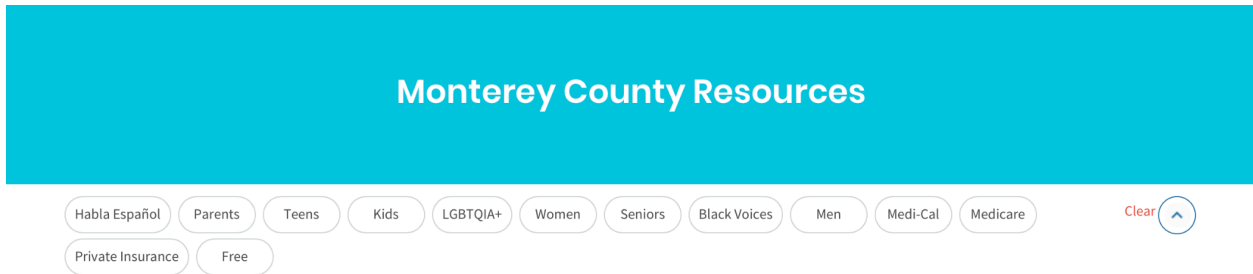
Suggestions from MCBH key informants included more training and engagement with the WellScreen Monterey website from providers, more bilingual staff in the county particularly staff who speak Indigenous languages, increased trust building between the community and the website especially among older populations and Spanish-speaking communities, and more efficient budget and funding decisions and administrative processes.

### **Help@Hand Technology Development Partner Perspectives**

Suggestions from Help@Hand technology development partners key informants included integration of WellScreen Monterey with clinics, improved collaboration between teams especially with all stakeholders and perspectives involved, sharing feedback in a shorter timeframe to improve timeliness of the launch, and considering budget for different launch components.



# WellScreen Monterey website: functionality and ease of use



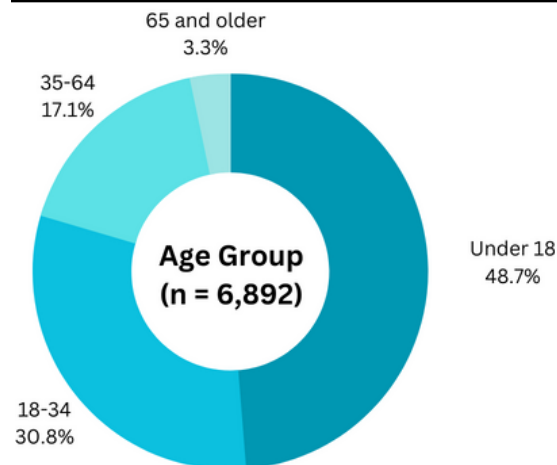
## WellScreen Monterey demographic characteristics

These data were gathered from the dashboard which has been built for the screening app/tool, WellScreen Monterey, with the goal of assessing post-implementation usage to better serve providers, clients, and community partners. The WellScreen site was launched on November 15th, 2022, and the visualizations below are from the implementation date until October 24th, 2023. There have been a total of 28,879 users during this period with 35,998 sessions. A user is defined as a unique person, and a new session is counted each time a person interacts with the website (so cumulative visits to the site are counted with each new interaction counting as a new session after 2 hours have passed).

### Traffic Changes and Traffic by Source

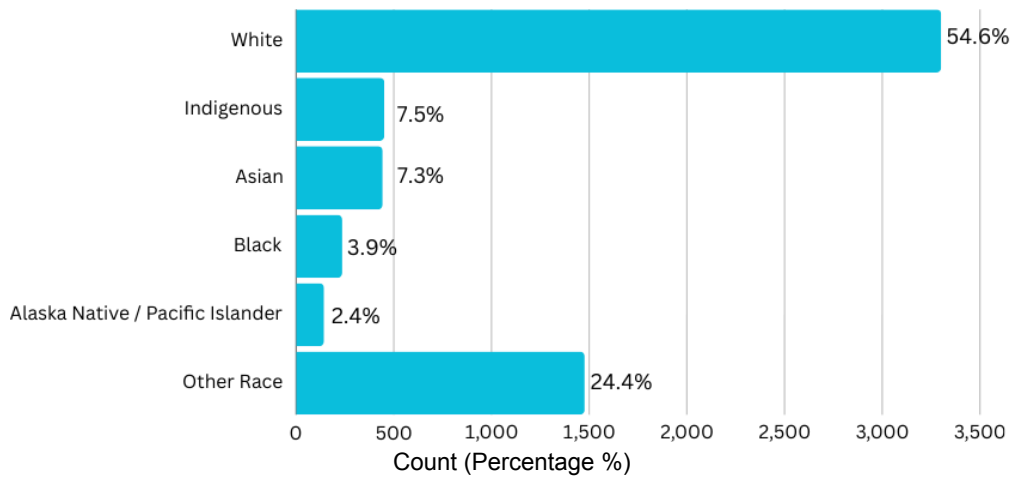
Google Paid ads were the most useful in increasing traffic to the WellScreen tool, as seen with implementation dates of ads and accompanying spikes in usage. Social media was the second most successful source for promoting traffic, with spikes in usage occurring shortly after Facebook and Instagram ads were implemented. Direct/Email methods were next after social media, and usage tended to rise and fall with social media traffic.

**FIGURE 21. Mental Health Assessment Users by Age Group**



Almost half of users are under the age of 18, followed by people between the ages of 18 and 34 years. There is a small percentage of users over the age of 65 utilizing the WellScreen tool, which could be due to older groups tending to have less digital literacy compared to younger groups.

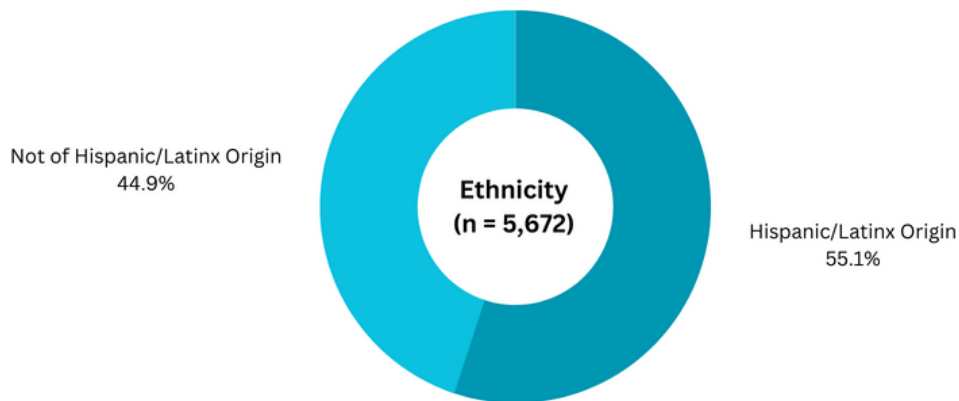
**FIGURE 22. Mental Health Assessment Users by Race**



**Note:** All racial groupings are shown as was given by the CredibleMind dashboard and WellScreen tool. Typically Indigenous may be Native American/Alaska Native, but here the pulldown mixed Alaska Native with Pacific Islander.

The majority of users identified as White, followed by “Other Race”. The races that fall into the “Other” category were not listed by the Credible Mind dashboard or WellScreen tool. The Indigenous category is the 3rd most common self-identified race through this tool.

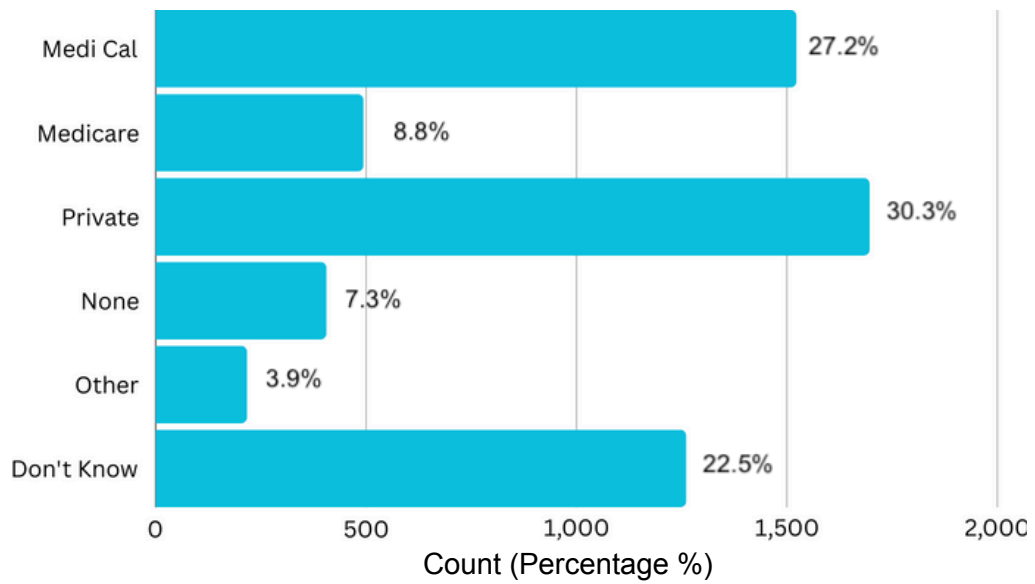
**FIGURE 23. Mental Health Assessment Users by Ethnicity**



**Note:** Ethnicity options are shown as given on the WellScreen tool. We do not have a way of disaggregating which groups of hispanics are fluent spanish speakers vs. non-fluent spanish speakers.

The majority of users identified as being from Hispanic/Latinx origin.

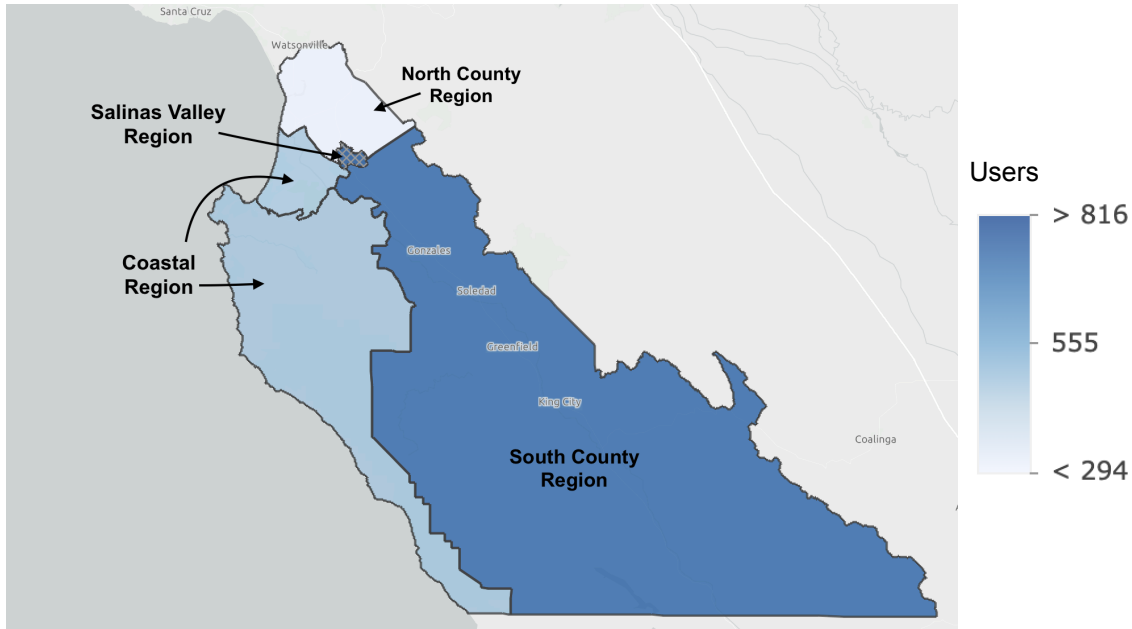
**FIGURE 24. Mental Health Assessment Users by Type of Health Insurance/No Insurance**



Note: Categories listed as presented on Credible Mind dashboard and WellScreen tool

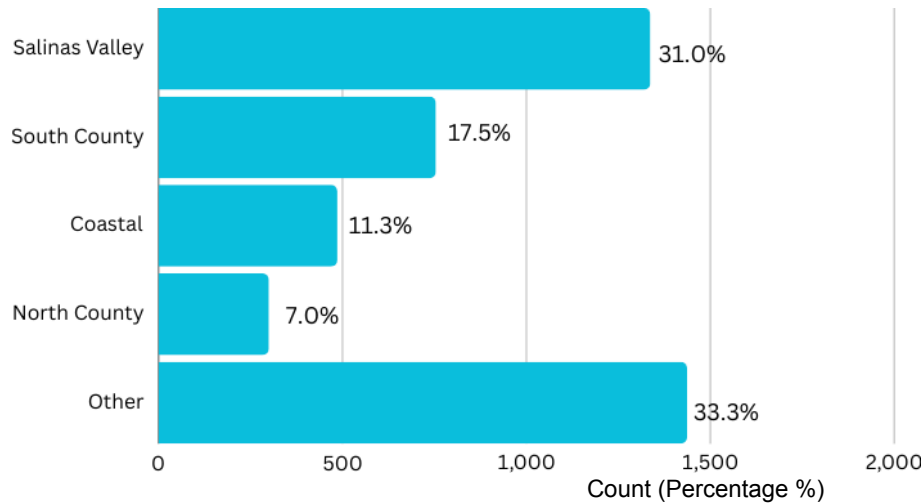
The most common health insurance Help@Hand users had was private insurance followed by Medi-Cal. Another large percentage of users do not know their health insurance which could be due to the large number of younger users who used the tool, who may not know the source of their insurance (if any).

**FIGURE 25. Users by Monterey County Regions**



**Note:** These are only the regions within Monterey County. The responses recorded and shown are only from those persons that are 16 years old and older.

**FIGURE 26. Users by Region including Other Counties**



**Note:** Other regions are regions that were outside of Monterey County. The largest contributors to “Other” were Santa Cruz County (users = 330), San Benito County (users = 278), and Santa Clara County (users = 267).

The largest region was in the “Other” category which included any users that were outside Monterey zip codes and region breakdowns. The largest contributors to this were Santa Cruz County, San Benito County, and Santa Clara County. The Salinas Valley region was the second most common reported region for users.

Use of Help@Hand has been relatively steady, with a small increase occurring between the launch date of November 14, 2022 to present. The lowest traffic period was in the beginning of January 2023, but this picked back up after the implementation of Facebook Ads on January 11, 2023. Google ads were the most used source of traffic coming to the site, with the peak occurring in June 2023 after implementation of more Google Ads. The second most popular traffic source was from social media, followed by direct email. Those under 18 years of age make up almost half of the age distribution, with quite a lot of users reporting being 15 years or younger according to dashboard data. This indicates great need in this group but also the better digital literacy in younger cohorts of the population.

The greatest self-identified race group served was White, with the majority of users reporting their ethnicity as Hispanic or Latino/a/x origin. Most users identified their primary language as English, with a very small percent reporting a language other than English or Spanish. The most common health insurance type for Help@Hand users was private insurance. Most zip codes for users were within or nearby Monterey County, but there were some zip codes further out like Sutter and Los Angeles County.

## Overall

Key informant interviews were conducted with key stakeholders involved in the WellScreen Monterey website of the Help@Hand project and included informants from Monterey County Behavioral Health, other community service agencies in Monterey County, and Help@Hand Technology Development Partner. Key informant interviews were conducted from May 26, 2023 to August 23, 2023. Two focus groups were conducted from August 8, 2023 to September 9, 2023. There were seven participants in the English language focus group. There were two participants in the Spanish language focus group. The following qualitative findings are organized into sections (overall, self-assessment, results, resources, and outreach and communication), and then subsections (content and design, and needs of vulnerable populations) by MCBH Key Informant Perspectives, Non-MCBH Provider Perspectives, Help@Hand Technology Development Partner Perspectives, English Focus Group Perspectives, and Spanish Language Focus Group Perspectives).

**Table 2. Community Focus Group Participants**

<b>Focus Group Recruitment Source</b>	<b>Setting</b>	<b>Language</b>	<b># Participants</b>	<b>Date of interviews</b>
MCBH Listserv	Virtual	English	7	08/08/2023
MCBH Listserv	Virtual	Spanish	2	09/09/2023

### Content and design

#### Successes

#### **MCBH Key Informant (KI) Perspectives**

*“It’s a good tool as a starting point to get clients quickly screened,...not necessarily assessed, but as far as their level of need, if it’s mild, then they have some resources or some tools that they could use immediately. If it’s moderate to severe, then they’re prompted with the local*

*clinics that are available based on their zip code or where they're at that moment. So it gives them an immediate resource based on their needs or level of needs.” - MCBH Administrator*

*“...It's more of a community resource than it is for an informative screener for our work...for that individual being open to conversation or being able to have dialogue around something that they're truly coming in to look into.” -MCBH Administrator*

The participants discussed their experiences when using WellScreen Monterey. Two participants thought that the screener was easy to complete and navigate, and was reasonable in length. One participant emphasized the need for improvement when connecting clients to resources. Two participants pointed out that the tool is a good starting point for clients looking to get quickly screened and not assessed; It is a good resource to help clients become open to conversations surrounding their specific area of concern.

### **Non-MCBH Provider Perspectives**

*“...Love that it's user-friendly. I really appreciate that it explains things without any jargon...it really is straightforward and it has the linkage to resources. I really love that it had places where you can go. You can actually see a description. And just like immediate resources, even just hotlines that you can call directly and immediately get connected with some resources for your results... The summary portion at the end after the tool, after the test, it definitely was enlightening...to see the areas you're doing well and the areas of some concern, and...resources...to help.” -Non-MCBH Provider*

*“The blue is a very welcoming color, a very calming color, so I thought that was good because if someone's in crisis or they're getting to that point, you want them to be calm as possible. The imagery is really nice...This part, where it has little icons, that's nice...it does help catch the eyes more, so people focus more on what's written. Same with above, too.” -Non-MCBH Provider*

One success from the launch of WellScreen was the positive reactions to the website. Three participants appreciated the website's user-friendliness, particularly favoring its consideration for monolingual Spanish speakers, the assessment question wording, the summary section, and the resources and recommendations. One participant shared the thought process behind the layout of the results and recommendations pages; originally, it was in the format of landing pages, but that decreased the number of people taking the survey.

### **Help@Hand Technology Development Partner Perspectives**

Help@Hand technology development partners key informants shared that key facilitators that made the WellScreen Monterey digital platform/website successful included: (1) layout of the website and flow from home page to assessment to resources, (2) positive user experience, easy-to-understand language level, and simple navigation of the website on different types of devices.

*“It's been a really powerful tool...I think someone pointed out that the screener has now served more people than MCBH clinics have in the same time period, way beyond. So we're able to get people to resources that were not before finding them. So I think that's a huge success, and I think we're finding it of value in the community, and the data we're getting back is also of high value as well.” -Help@Hand Technology Development Partner*

Most participants discussed positive aspects of the layout of the WellScreen website. One participant discussed the importance of considering how the homepage directs users to the screener and resources. Two participants liked the resources that appear after the user completes the assessment. Additionally, two participants discussed the value of the data being reviewed from the activity occurring on WellScreen Monterey. The screener has now served more people than MCBH clinics in the same time span and 90% of users find value in using the tool. Looking at the data, one participant pointed out how analyzing the scores of users from the assessment can point us in a specific direction when looking for resources for community members. Additionally, they pointed out how it is less often that people taking the assessment actually click through the resources that are suggested to them.

*“We did, I believe, try to make the reading level low enough so that most people can take the assessment and understand it.” -Help@Hand Technology Development Partner*

*“The user experience, I think it's a pretty simple sort of interface to use. You go on the website,... you either take it or...explore resources or the “need help now” page. But otherwise the screener is the main call to action. I think the workflow could be better, but it isn't terrible. I think it works pretty responsively in mobile and we are actually improving the UX of our assessment questions...we don't have a lot of people falling off once they've started. So to me that kind of is a sign of, it's not that bad of an experience actually taking the assessment...”  
-Help@Hand Technology Development Partner*

Many participants discussed positive user experience from the simplicity of WellScreen. Two participants noted that many people are taking and finishing the assessment. Three participants think that the tool is simple and easy to manage. Another participant discussed the thought process behind the creation of the assessment. The technology development partner tried to make the reading level of the assessment low and used adaptive testing and branching logic to keep the assessment as simple and organized as possible. One participant also pointed out that the screener works well on a mobile device and there are current improvements on the user experience of the assessment questions.

### **English Language Focus Group Participant Perspectives**

*“So I found resources slash phone numbers and chat very helpful as well besides the assessment, because assessment, you take it if you need the help, you have time to do it, you think there's an issue, but sometimes in case you need to contact somebody right away, you have all the contact information. So that was helpful for me.” - English language focus group participant*

Three participants reported accessing the WellScreen Monterey website using a computer, similarly, three participants used a smartphone or mobile device, and two participants did not share any information. About half of the participants' first instinct was to click on the WellScreen Monterey Assessment to learn more about Mental Health Resources. Many focus group participants found the resources and assessment helpful and a good way to seek immediate assistance during a crisis.

### **Spanish Language Focus Group Participant Perspectives**

*“[Participants] like it a lot because it is straightforward and [because] it gives you the exact information you need. [And] when you look at it using a computer or a phone, it always has the same outline and [functionalities]” - Spanish language focus group participant*



One participant reported accessing the WellScreen Monterey website via in person through a library, and one participant accessed WellScreen Monterey website online via Google searching/advertisement. Both found it to be a useful and effective tool for receiving mental health information and resources. Participants described it as a tool they could use for themselves and others to help them begin their mental health care.

## Challenges

### **Non-MCBH Provider Perspectives**

*"...I do like this part, too, especially the share your results, because if I did take this...and it was saying, "Maybe you have something serious, like one of the serious mental illnesses," then I would definitely want to share that with my spouse. So sharing the code or copying the results link to let them know..." -Non-MCBH Provider*

*"I like the way that the results are done because it tells you what you're doing really well at that. Then it shows you what it is that you need to work on and how to work on it, who to go to..." -Non-MCBH Provider*

One participant discussed challenges with delays in response time and dealing with the reintroduction of trauma. The participant stated that those using the chat may experience slow response times depending on the time of day they are seeking for help. Additionally, sometimes crisis lines may have delayed response times. The participant also pointed out how the screener may be difficult for some clients to complete because it asks about the trauma they may have experienced.

### **Help@Hand Technology Development Partner Perspectives**

*"There was a technical issue where, if you automatically have your site translated... using your browser...the design is a little weird...And so we didn't catch that until maybe a month or so after launch, but we did fix it. So now we can detect if your browser is translating and then switch it to our version of Spanish instead of the browser's attempt at translating the site. But we've gotten, so far, 9 to 10% of users are using the site in Spanish. Fewer are taking the assessment..." -Help@Hand Technology Development Partner*

*"...We did hope that these screening results would be more used in an intake process. So the user takes the screener, they see the 800 number, they call [MCBH ACCESS], they get an appointment, they show up at a clinic, they give their access code, and the clinician actually uses the results of the screener. That just has not happened very much...there's just workflow that people have been too busy and we haven't had the time to integrate it." -Help@Hand Technology Development Partner*

There is difficulty when tracking the effectiveness of user activity on WellScreen due to automatic Google translations, having loose target populations, and lack of clients using results code with ACCESS clinics. Two participants discussed the lack of screener results being used in ACCESS clinics. One participant discussed how some websites are automatically translated to Spanish by Google, without using the toggle design; thus it cannot be tracked by CredibleMind. Another participant expressed how the large and loose population target of WellScreen makes it difficult to track the effectiveness of the website. Narrowing down the target population could aid in making the website more intentional.



## **Needs of vulnerable populations**

### **MCBH Key Informant (KI) Perspectives**

Monterey County Behavioral Health (MCBH) key informants shared that the key challenges for the WellScreen Monterey digital platform/website included: (1) need for adaptations to the website for Spanish-speaking and Indigenous people such as an audio tool for navigating the assessment, (2) language and technology barriers, and (3) measurement of number of Spanish-speaking users.

*“Sometimes if [WellScreen Monterey is] not translated into a language that that community speaks, then they can't complete it. If that particular community can only speak it but not write it, that's going to be an issue...so I don't know how some of our communities, especially our Indigenous community, would go about completing that if they don't have either an interpreter available physically completing it with them. We may be missing a chunk of our population.” - MCBH Administrator*

*“If there's a way to create an audio tool so that it prompts them like what to complete, and then once they answer, it'll jot down their response.” - MCBH Administrator*

Three participants discussed the challenges Latino and Indigenous users face when accessing WellScreen Monterey. One participant shared concerns about the translation of the website for Indigenous speakers, and the adoption of an audio tool to better support this population. If the website was not translated into the language the community speaks, they will not be able to complete the assessment. Another participant commended the design of the website but noted that the website won't be able to reach communities who don't speak Spanish or don't have written languages.

*“At least from our metric so far, we do see people who access the Spanish website is very low, a few people. But the people who access the English website, I think more than 40% are either Hispanic or bilingual Spanish speakers.” - MCBH Administrator*

Two participants expressed that the website has many barriers that make it hard to reach some clients. This includes language barriers, access to digital devices, and incompatibility with users who can only speak but not read Spanish or users who can only speak Indigenous languages. One challenge discussed was the difficulty in measuring the number of Spanish-speaking users. Participation from Spanish-speaking clients may be low because some may be bilingual speakers.

### **Non-MCBH Provider Perspectives**

Non-Monterey County Behavioral Health (Non-MCBH) key informants shared that the key challenges for the WellScreen Monterey digital platform/website included: (1) language needs of Spanish-speaking and Indigenous people when accessing the website, (2) cultural stigma and prejudice around mental health, and (3) need for audio tools, cost and insurance information, and improved front page design.

*“For Spanish speakers, again, I feel like it's...potentially too sophisticated. If it could be broken down into very more easier to understand I think would be good...Yes, terminology...Many people that we work with here at the hospital don't even have a basic understanding of that their heart is pumping blood around in their body.” -Non-MCBH Provider*

A challenge raised by many key informants was increasing access to WellScreen Monterey for Latino and Indigenous individuals by accounting for language needs. One participant expressed concerns surrounding the terminology used on the website. The terminology may be too sophisticated. Some participants expressed mindfulness of language barriers. One participant suggested making the Spanish version more prominent on the website. Another concern was the comfort surrounding having a translator. One participant explained how some people may not be as open to answering questions through a family translator. Lastly, one participant mentioned that it was difficult to find WellScreen when browsing through the Monterey County Behavioral Health website due to the language barrier. The MCBH website does not have a Spanish translation.

*“...One of the things that we thought about when creating the campaign and the language around the marketing campaign was that typically, especially in Spanish culture too, there's a stigma against mental health issues or anything, like reaching out for help is something that people have a hard time doing initially. So, getting them to get here in the first place is just such a huge step...” -Non-MCBH Provider*

*“A lot of people don't even know that there's access services that are available for free, but it's really buried. So, I know your evaluation is on the tool itself, but I think that that just contributes to the difficulty in getting people there.” -Non-MCBH Provider*

Challenges to the utilization of WellScreen Monterey include the visual format, language, and prejudice pose challenges for Latino/Indigenous clients to access WellScreen. Two participants discussed the challenges for Indigenous speakers (Mixteca and Oaxacan native speakers) and the stigma and prejudice surrounding mental health in Spanish culture. One participant suggested adjusting the visual format of the website. One participant mentioned difficulty accessing WellScreen Monterey directly through the MCBH website, noting that it is hard to find when browsing the MCBH Website.

*“Some of my Spanish-speaking monolingual clients are not literate in Spanish. Everything they do is oral, so that might be an issue, too... maybe an option for an audio version.” -Non-MCBH Provider*

*“[Users should be able to] go directly to the resource page without [the share information] popup. Having everything listed, that's awesome. Being able to select by category, that's great, too... On each little thumbnail, [add] the cost of the services, or basically how the person would pay for services... because a lot of the people here are concerned about cost. People who are receiving Medi-Cal are on low income. They're fixed income, people who are undocumented. Most of them have no income, and they need services. We're one of the few resources they can access at this point.” -Non-MCBH Provider*

Some suggestions for making WellScreen more user-friendly include incorporation of an audio tool, providing cost and insurance information, and improving on front page design. One participant expressed that having an audio version will make the website more accessible to those who may be visually impaired or are non-literate monolingual Spanish speakers. Another participant suggested keeping the terminology used on WellScreen as simple as possible. One participant suggested making improvements to the front page of the website. This includes, providing more context to the purpose of the assessment, moving information regarding the website to the top of the website, and editing the translate buttons to be larger and more apparent.

## **Help@Hand Technology Development Partner Perspectives**

Help@Hand technology development partners key informants shared that the key challenges to reach vulnerable populations regarding the WellScreen Monterey digital platform/website included: (1) budget and language constraints for increasing access to different types of communities, (2) identifying if the Spanish version of the website was being accessed by Spanish-speaking communities or if most users were bilingual and opted for the English-language version of the website, and (3) barriers to access including lack of internet and device access.

*“I think that we could have gone a little further perhaps with a larger budget or with technology that may not have been available but might become available...to support other languages. We also could have involved more subject matter experts in that area...I know that there was some intention around that, and some exploration, but it does occur to me that we could have done more.” -Help@Hand Technology Development Partner*

The participants discussed budget and language constraints when serving Indigenous communities. One participant mentioned that when serving Indigenous communities, the language used should resonate with different types of communities. Another participant shared that although feedback regarding Indigenous Mexican languages was already discussed, CredibleMind only offered resources in Spanish; If the assessment were to be translated to Indigenous languages then that would require a change in the project scope. One participant stated that a larger budget would've allowed for more experts on the subject matter to help mitigate the language barrier. However, there is no cost-effective methodology allowing for Indigenous languages to be translated on WellScreen.

One participant discussed the efforts CredibleMind went through to ensure comfortability for Spanish-language speakers by manually translating everything on WellScreen Monterey to Spanish. Another participant acknowledged the attention to anonymity but was unsure if that factor affected Latino and Indigenous populations.

*“55% of people who have taken the screener identified themselves as of Latino or Hispanic origin, but about 10% of people are using the [website] in Spanish. So I think that means...a lot of people they're just used to speaking English,...even though they're of Latino origin... But I think we've also found, with Google especially, it did not seem to reach a Spanish-speaking audience. It's hard to tell about the demographics there. So I think obviously a challenge with all the migrant workers and the other things, a lot of them share phones. They don't necessarily all have smartphones.” -Help@Hand Technology Development Partner*

The participants discussed the difficulty in identifying whether the Spanish version of the website is being accessed by Spanish-speaking communities. One participant shared that if users click on Spanish ads, they will be directed to the Spanish site. The participant also shared that Salinas is very bilingual compared to other cities in Monterey County and contains the majority of the Latino population. The participant noted that most bilingual users seem comfortable interacting in both English and Spanish versions.

*“Some of the more rural populations that may not necessarily have access to internet 24/7, there are some barriers there. I think that's probably one of the biggest things. But [MCBH] is launching the [tablets] in the community so that if people don't have a cell phone or they don't have access, there are opportunities for people to be able to take the assessment on a shared device, which I think is going to be really helpful.” -Help@Hand Technology Development Partner*

Barriers to assessing WellScreen include the lack of broadband/internet access and lack of phone access 24/7. Two participants discussed the potential for community members to run into internet

access and wifi issues; One of the participants mentioned difficulties with internet access for those living in rural populations. The other participant pointed out the importance of making sure WellScreen is also accessible using cellular reception and not just wifi. Another participant discussed the challenge of reaching migrant families because they usually all share phones and do not all have a smartphone. One participant commented that the introduction of community tablets would increase access and give people the opportunity to take the assessment on a shared device.

### Suggestions

#### **MCBH Key Informant (KI) Perspectives**

Suggestions for improving Latino and Indigenous Communities' access to WellScreen include creating an audio tool and increasing access to digital devices. One participant discussed the possibility of creating an audio tool that allows users to listen to the assessment and jot down their responses. Another participant suggested partnering with health workers within Latino and Indigenous communities and equipping them with tablets, increasing digital access to WellScreen.

#### **Non-MCBH Provider Perspectives**

Some suggestions for improving access to WellScreen Monterey for Latino and Indigenous individuals include providing costs and insurance information for each resource, allowing for direct appointments from WellScreen, providing an audio version of the website, and having more outreach efforts. Two participants suggest making outreach and marketing efforts through social media platforms (Facebook, Instagram, Tiktok, etc)), public service announcements (TV, radio stations, etc), printed collateral, and ads on buses. Some participants suggested improving the WellScreen website to include more information regarding the assessment's purpose, making the Spanish version more prominent, and including an audio option of the website.

#### **Help@Hand Technology Development Partner Perspectives**

One participant shared some suggestions that would've helped to improve the productivity of the launch phase for CredibleMind. This includes Monterey County providing richer feedback and perspectives on the website earlier on, Monterey County having more narrow and precise goals, and Monterey County providing a representative from the county. The participant described how having a representative from Monterey County would've helped CredibleMind gain a better understanding of where information needed to be distributed within the community.

## **Self-Assessment**

### **Content and design**

#### Successes

#### **Non-MCBH Provider Perspectives**

*"I thought it was a really good website. Great design...When I was taking it, I was thinking, "...What if I were super anxious...?" I thought the way it was laid out, very good, very simple. The results were really good, very clear. Having that contact information also helped."*

*-Non-MCBH Provider*

Four participants described the WellScreen assessment to be easy, straightforward, and easy to complete. They also liked the length of the assessment. Another participant shared that the website has a good design and is a good resource for those questioning their mental health.

### **English Language Focus Group Participant Perspectives**

*“I think that the design is really straightforward....I'm actually using the [MCBH] services myself. And I've taken a lot of assessments online before. And so far this is the most understandable one. I've noticed that any other assessment I take, I'll sit here and spend 5 to 10 minutes wondering what the question exactly means and I think about it too much. But with this one it's really just straight to the point. I can answer it without thinking too hard about it and I find that super helpful.” -English Language Focus Group Participant*

Most participants found the website pleasant, clean, organized and easy to read and understand. According to many participants, the assessment contains an appropriate amount of necessary information. Several participants found the questions effective and comprehensive. They think the questions are well-crafted, thoughtful, and legible. Although a few participants in the group found the assessment slightly lengthy, according to two participants, the assessment's length is justifiable since diagnosis needs to be given upon learning about all the symptoms a person is experiencing. Both appreciated the multiple choice and lack of open-ended questions which could take longer to answer. Many participants shared that they would recommend the assessment or have family members take the assessment as well. Two other participants shared some concerns with the length of the assessment, stating that someone going through a crisis would not have the capacity to answer all questions effectively.

### **Spanish Language Focus Group Participant Perspectives**

*“The questions themselves are short, direct, and easy to understand...It doesn't make [users] read too much or understand everything to do the screening, as it's offering a screening where [people] can diagnose [themselves].” -Spanish Language Focus Group Participant*

Many participants found the website's photographs, animations, and Spanish language options especially attractive. Additionally, the participants found the total time spent to complete the self-assessment adequate, even when the assessment took longer due to secondary follow-up questions. According to both participants, the questions are easy to understand and answer; they are relevant for people seeking mental health care.

*“It's perfectly fine. I wouldn't improve anything about it. It's direct, it's easy to use. It's not too crowded. I think that when sites have a bunch of text and information, it may be too much for people who are trying to ask for help, especially when it comes to mental health.” -Spanish Language Focus Group Participant*

*“When you are going through a mental crisis, sometimes you don't know if it is temporary or if you should look for a psychiatrist, a psychologist, or a specialist. [The self-assessment allows you to] know if your symptoms are serious because, since one is not a doctor, one can get pre-diagnosed, so to speak.” -Spanish Language Focus Group Participant*

Both participants explained that when a person is going through a crisis, the number of questions they need to answer and how the questions are framed matters. Additionally, they found that having access to the self-assessment privately is an excellent feature. They found the tool to be convenient, time efficient, and an easier method for sharing the results and



resources with family members for their own use. One participant stated that currently the website:

*"It's good, I like it because you can do it for someone else, for example, someone who doesn't know how to use the computer, let's say, my mom. If you are doing this survey about how you are feeling, you can do it privately at home without having to do it in public. I like it because we can have all kinds of mental problems. For example, I have a cousin who is schizophrenic. My sister is bipolar, I suffered from depression, and now anxiety for a while." -Spanish Language Focus Group Participant*

One person reiterated liking the privacy of the websites and its option to allow registered participants to go through the questions for someone else who may not have access or knowledge on how to use a computer.

### Challenges

#### **MCBH Key Informant (KI) Perspectives**

*"...[WellScreen Monterey is] not a diagnostic tool...I've had a few requests to inquire with [technology development partner] to recalibrate those little meters on the results page, which I did. And [technology development partner] basically was like well that's kind of going off of the validated assessment so it is what it is. And I tend to agree with them on that." - MCBH Administrator*

One participant asked about the recalibration of the self-diagnosis results. They shared that people have submitted requests that the online assessment may be too sensitive. Two participants believed that the screener was overly lengthy, noting that individuals completing it tend to respond thoughtfully initially but may become less thoughtful as they progress through it. Another participant suggested having a separate screening for those experiencing substance abuse disorders. They also suggested discontinuing the pop-up option "call behavior health" as the default resource. This resource can ultimately cost the client and clinical staff time and energy when they don't necessarily always need Monterey County Behavioral Health help. Instead, the participant would like to see a second option if a client gets mild or moderate results.

#### **Help@Hand Technology Development Partner Perspectives**

*"I can speak to the overall user workflow. The length of the assessment is pretty long...We talked about from a user experience perspective, "Could the length be shortened even more...?" It does use branching logic and things like that to keep it as short as possible...So, I think that, there's some opportunities there." -Help@Hand Technology Development Partner*

Some participants discussed the length and workflow of the WellScreen website. Three participants thought the length of the assessment was very long. Some people will start the assessment and not finish it. One participant added that those who are serious about seeking help will find the assessment length to be manageable. Two participants touched on the workflow of the website and emphasized the importance of constantly tuning the website.

### Suggestions

#### **English Language Focus Group Participant Perspectives**

One participant suggested that the developers add more animations or something “catchy” to attract new users or continue engaging current users. A few participants suggested shortening the assessments to accommodate people going through mental health crises, since, according to a few participants, the person is not capable of focusing in the same manner. One participant suggested the website contains an introduction message where the person learns about the effectiveness or usability of the website. In terms of the “What are you looking for..?” feature, one found it confusing since the participant was not sure what to ask in the blank.

### **Spanish Language Focus Group Participant Perspectives**

*“Once. Rarely, once a year. Sometimes, more than yearly to monthly--”. Where it says, “Sometimes. more than yearly to monthly”. Sometimes is occasionally. “More than yearly”. I think that, if we are referring to the entire year, I would say, “Several times a year”, without, “Monthly”. It doesn't make sense at all in Spanish.” -Spanish Language Focus Group Participant*

*“Those parts weren't translated properly, in terms of translating and what they wanted to express. That was translated by a literal translation. It's not translated by the feel of what you wanted it to portray, what you wanted people to feel, or the point, to the point, if that makes sense.” -Spanish Language Focus Group Participant*

Some plausible areas for improvement identified included the following, modifying the pronouns by using the word “Usted” since it is a gender-neutral word used for communicating with individuals in a formal manner. One participant suggested performing a secondary revision of the self-assessment questions to identify an appropriate translation since some questions have been translated using a literal translation. Additionally, a participant suggested using words understood by lower grade levels or more common vocabulary among the Monterey County communities since it could be difficult for some people to understand some words.

### **Needs of vulnerable populations**

#### **Help@Hand Technology Development Partner Perspectives**

*“...Create the linkages so...either [people helping] to translate for [community members] into Spanish or into English or just increasing their familiarity with the tool, so that they can either take [the assessment] on other people's behalf,...or they can just use the site as a way to either upload resources... and/or search for resources that are going to be relevant for that population. [While this is intended as] a community tool, it can be a real help to professionals who are interfacing with people as a way that they can look up information and the resources and local things that are available to the people that they're helping.” -Help@Hand Technology Development Partner*

*“We have seen that the number of people coming to the site that say that Spanish is their first or primary language or are finish taking the assessment in Spanish is pretty low.” -Help@Hand Technology Development Partner*

Two participants discussed the low statistics of Spanish-speakers accessing the website and finishing the assessment. One participant shared that Indigenous and Latino populations currently do not see much benefit from using the WellScreen website. The participant suggested creating linkages within the community through translation, increasing familiarity with the tool, and providing resources that are relevant to Indigenous communities.

# Results

## Content and design

### Successes

#### **MCBH Key Informant (KI) Perspectives**

*“...it does a good job with...linking the person to the appropriate level of resources...So I think that alone...is good to have to present immediately as soon as somebody's completing that information because sometimes if there's a delay..., then it might never get done later on. So if they're completing the screening now and then they get resources the following day, it might be too late. That person was really interested in getting screened and possibly help at that moment. So I think having that immediate feedback is important.” - MCBH Administrator*

The way results are reported on WellScreen gives users a good variety of resources depending on their results. Three participants think the description and language used in the results section is good. One participant pointed out that the results are meant to give users psychoeducation by providing descriptions of mental health risks and resources that may help users with self-help or link them to community organizations that could further make a diagnosis or risk determination. One participant liked how resources were suggested based on severity level. Mild results receive self-help resources, Moderate to severe results receive information on a local clinic based on their zip code. Another participant discussed the positive aspects of having a results code; it is a good place to start for a clinical visit.

#### **Non-MCBH Provider Perspectives**

Two participants complimented the design and layout of the website and results page. One participant liked how the results page pointed out areas a client is doing well in and areas they need help in. Another participant liked how the results are broken down into smaller sections making it less overwhelming. Additionally, the participant liked the ability to “share results.”

#### **Help@Hand Technology Development Partner Perspectives**

*“If someone records their score and we have a lot of prompts to say... “Remember to keep your results code or copy it or have it emailed to you, have it texted to you.” I think that's great to encourage people to retain that information so that they can reference it again later. But again, I think the information can be overwhelming, but it's also about using it as a psychoeducational opportunity as well as a referral and linkage opportunity. So, we don't want to underplay it. So, it's tricky.” -Help@Hand Technology Development Partner*

There were overall positive reactions surrounding the way results are reported on the WellScreen website. Three participants pointed out positive aspects of the results code. They liked how it allows users to revisit their results at a later time with or without a provider and creating an account. Two participants liked how the results and resources are presented. Two participants discussed how the results may make the user feel like they are being diagnosed and may be overwhelming for some people, but this requires a careful balance of information and support. One participant appreciated how the results table allows people to click and jump through the results. Another participant liked the ability to filter through different county resources on the resources page.



## English Language Focus Group Participant Perspectives

*“To be honest with you, I was impressed by the results page for so many reasons. First of all, let's say that I'm taking the assessment and I answer all the questions the correct way. It will give you detailed results about each condition. You have something about anxiety, you have something about depression, you have something about mania. So it's very detailed. And for me, maybe because I have a background, I would really like to see details about each one of these conditions. Especially people, who might have more than one case. So it's detailed, I like that.” -English Language Focus Group Participant*

*“It's a really perfect design because I like the fact that it's visible. It shows... Immediately you get to the page, you see the whole screen and what it's all about. I think for me that's what really caught my attention and what I love about this particular page. And it has so many different icons that you can click on, you have the Planned Parenthood and I think for me having a wide range of options here is just what makes this page perfect.” -English Language Focus Group Participant*

Many participants are impressed with the results page and resources given within the results page. They find the results page effective and comprehensive. The results page according to most participants is perfect with only small modifications needed if the resources changed. Seven of eight participants had positive comments, stating that it does not need improvements in the design, content, and features. One participant suggested that more information is needed for the results page to be complete, however, the information given is good. The same participant found the addresses listed on the resource page useful for identifying the locations and distances from the client's home or current location.

## Spanish Language Focus Group Participant Perspectives

*“What I liked is that at the end of the survey, depending on whether you have private medical insurance, Medi-Cal, or you do not have insurance, it gives you options to seek help” -Spanish Language Focus Group Participant*

Focus group participants found the results page particularly useful for identifying ways to improve their mental health. It allowed them to learn about different diagnoses and how to prevent further complications or how to seek immediate assistance for more severe cases. One participant stated using the results page for self-identifying their severity and seeking mental health using the resources page. The same participant found the “For more help” section very helpful. Although one participant was not able to receive care through Monterey County due to health insurance issues, the participant was able to continue to use the website for other family members in their home who qualified for Medi-Cal.

*“When I did it, more than anything else, the results they gave me at the time revolved around depression. Depression and anxiety. What I found and what also helped me was, for example, socializing. They told me that depression is also caused by isolation, which happened to all of us with COVID when we were isolated and locked up at home, everything was virtual.” -Spanish Language Focus Group Participant*

*“The format is great. I like that it has the categories on the top part, including the “Habla Español” one; that's huge for a lot of people. The colors are easy to look at; they're not too flashy but neutral, and the logos are there; everything is correctly laid out. None of it looks pixelated or anything like that.” -Spanish Language Focus Group Participant*

Spanish speaking participants found the results page especially helpful for identifying new or different ways to treat mental health symptoms at home and to find different ways to help themselves

in conjunction with professional care as needed. The results page of the WellScreen Monterey website allowed one participant to approach their mental health treatment plan with deep base knowledge. One participant appreciated the design of the results page because it gives specific results, definitions, and because survey respondents are not obligated to answer questions that do not apply to the person. Both participants liked the design of the resource page. It is visually easy to see and it includes a Spanish language, which is extremely helpful for people who do not speak English.

## Challenges

### **MCBH Key Informant (KI) Perspectives**

*“One of the challenges...is around that disconnect with our systems where...the client completed it, but unless the client gets a printout or saves their QR code response so that they could look at later or the link to where it sends them the responses,...we won't have that information if the client comes in. Sometimes if our clients have pretty severe symptoms and didn't save the email or the link, it doesn't exist. We can't get to that screening that they completed already.” - MCBH Administrator*

Two participants discussed the disconnect between agency systems and WellScreen Monterey. Users have not been bringing the codes to the clinics. One participant believes this is due to the lack of printouts and information regarding the WellScreen Monterey code. Additionally, since both WellScreen Monterey and CalAIM are competing in all aspects (length, plan, implementation idea), the implementation of WellScreen is less applicable for MCBH ACCESS usage. Another participant discussed how the lack of WellScreen code usage may be due to the high number of incomplete assessments on WellScreen; if a client took the assessment but didn't save the email of the link then their results wouldn't exist.

### **Non-MCBH Provider Perspectives**

*“But I can imagine the anticipation of, oh, what are my results? And just anxiety of it all, like what is it going to... and it's not a diagnosis, but I can understand how some folks may feel like, oh, kind of worried about what is it going to say about me, that type of feeling.” -Non-MCBH Provider*

*“When I got to the [question] about PTSD, like, “Have you experienced some trauma or whatever?” I did select yes. It was really the only question I ever saw with it. But then, at the end, it was like, “Hey, you may have PTSD,” which is, I felt, a little too general. I don't know. I feel like if it's going to say, “Maybe there is PTSD,”...if there is PTSD, maybe there should have been more questions about it. I don't know.” -Non-MCBH Provider*

Four participants discussed the challenges with anticipation and oversimplification of results on the WellScreen website. One participant pointed out how some users may feel anticipation when taking the screen and waiting for their results. Another participant felt that the assessment deduced trauma symptom results based off only one trauma question and the end result was too general. Another challenge discussed were the resources that were not included on the resources page. This included OMNI/Interim and three digit resource numbers. One participant expressed that the current resource and results pages need to be reorganized and the size of resource buttons needs to be resized; The current format of the results page makes it difficult to focus on relevant information and to know what to do next with the results code. There were mixed reactions to the summary/results section. One participant disliked the design. Whereas another participant thought the results page was nice because it reassures the user that there is support. One participant pointed out how online resources

may be accessed more than in-person resources depending on the time of day. The participant also suggested including friendly faces on WellScreen to encourage the youth to seek services.

### **Help@Hand Technology Development Partner Perspectives**

*“One of the things someone mentioned in a meeting was it's great that we have a number that you can call, but for some of the younger people who may be coming onto the site and taking it, there may be some hesitation to actually call a phone number. I think younger people tend to feel a little bit more comfortable if someone were to actually call them. So maybe adding in some capability for users to opt into having someone reach out to them might be something that could be helpful, rather than them having to take the action to call the phone number, which for some people could be hard to do that.” -Help@Hand Technology Development Partner*

One participant discussed the hesitation from youth to reach out for help. One participant pointed out the small number of people signing up for an account on WellScreen Monterey, even though there are many people accessing the website. Additionally, they mentioned how only 60% of users complete the assessment all the way through.

### **Spanish language focus group**

*“On the page, maybe give different options, for example, give you the option to enter your health insurance, perhaps with your membership number, and from there immediately redirect you to your provider. For example, provide the option to enter here, for example, I have UnitedHealthcare, and from there, redirect you to the pages. Ideally, they would send you to a psychiatrist or psychologist who is taking new clients. Because that is another obstacle, the problem is that you are unwell, you are anxious, depressed, and it is like a lot of work to still have to seek help.” -FG3 - Participant 1*

*“I think that was a little confusing to me because I didn't know what to do after that. I didn't get it. I thought, “Okay, do I not feel well? Or do I feel well? Is this what I have? But what do I do after this?” -FG 2 - Participant 1*

*“I like [the resource page] because it also has, for example, Medi-Cal. If you have Medi-Cal, it takes you to the Medi-Cal page. Private medical insurance, it's good, because although maybe there aren't as many options, at least they give you options there.” -FG3 - Participant 1*

According to one participant, a challenge associated with the results page was the uncertainties about the next course of action. They recommended the website incorporate a section on the results page specifically dedicated to providing a clear set of “next steps” and include a description of how the “results code” is supposed to be used. One participant never reviewed the resources page because they did not see the tab at the top, it was visually difficult for them to see it. Upon reviewing the information, the participants felt it would have been useful when they were seeking treatment. One participant suggested expanding the website to include more sections or further capabilities to identify if there are any resources for people with other health insurance aside from Medi-Cal.

### **Suggestions**

### **Non-MCBH Provider Perspectives**

*“...If you scroll down, areas you're doing well, areas of concern, what to do next, but I think there's just so much going on in that what to do next. It does have to come from here, but it's probably just has to be reorganized so it's very clear.” -Non-MCBH Provider*

Some suggestions to improve the functionality and ease of use of WellScreen includes adding peer faces to the website, including more resources, and reorganizing the results page to be more clear and simple. One participant shared that adding peer faces to the website may increase the number of youth seeking services. The participant explained that for youth, an in-person connection may be needed as encouragement and support to make the next step towards receiving mental health services. Two other participants suggested adding three-digit resources and OMNI/Interim to the resource page. Another participant recommended reorganizing the results page. This will help the clients know what to do after taking the assessment.

### **Help@Hand Technology Development Partner Perspectives**

*“Ways to redesign our assessments broadly and one thing that has come up is having more collapsible sections. So, you might see the condition and your score on it, and then you'd have to press a carrot to open it and close it to see that section, instead of just having right now, again, in that table...Besides that, I'm not sure, because sometimes it's better to just show a lot of information, instead of forcing people to click on a lot of different things, because then the more times the person has to click, sometimes the less that they'll do so.” -Help@Hand Technology Development Partner*

One participant suggested adding an option for providers to reach out to the user. Another participant shared that the technology development partner had been working on collapsible sections in the website design to make WellScreen Monterey more organized. One participant shared the extensive process that went into deciding what outcomes made it onto the results page. Another participant wanted clinicians' point of view on WellScreen Monterey to learn if it is optimized for them.

## **Resources**

### **Content and design**

#### **Successes**

### **MCBH Key Informant (KI) Perspectives**

*“...just the community facing availability of individuals being able to look for their own resources and get a sense of their own possible severity of need...this could be complimentary in terms of helping people self-identify their actual severity of need and where is the right door to go to look for the help that they're seeking.” - MCBH Administrator*

*“The work done by [technology development partner] and others to identify the resources that are available to the community at the end of the tool were good. It was pretty exhaustive. They kind of helped us organize our own self, in getting those resources lined up, getting the contact information correct.” - MCBH Administrator*

One of WellScreen Monterey's successes is its resources (self-help, community resources, psychoeducation) around mental health and wellness. One participant explained that MCBH ACCESS received many referrals who did not meet their level of care. WellScreen directs people toward resources that match their needs. Two participants commented that the website's design and questions are good and easy to navigate.

#### **Challenges**

## Non-MCBH Provider Perspectives

*“There's just so many different reasons why people find themselves needing mental health services. And so I guess that is one of the things that I worry about, that if people take the screening, I'm looking at all of these resources that are up on the website, which are great, but then when people start calling around and trying to get help, they're often told, oh, your insurance won't work here. Or sorry, we have a four-month waitlist.” -Non-MCBH Provider*

There were challenges associated with accessing mental health providers. A participant mentioned that in cases where clients are referred to their clinic, they would need to reroute them due to the absence of a psychiatrist on site. Another barrier discussed was long wait times and difficulty getting people to the right services, resulting in many people in the county lacking a mental health provider. One participant also pointed out that some people won't have a provider in times of need because many clients typically reach out once they are in a crisis. Another challenge is getting clients to the right resources. One participant explained that a hospital is not a community organization or agency and that people should know when to access hospital services. To address the resources barriers, another participant suggested listing Interim as a top resource since Interim does not require referrals.

## Help@Hand Technology Development Partner Perspectives

*“A very small percentage of people have clicked on a resource. Part of it, as a team we've talked about maybe people just want to know what's going on with them and they don't really care about anything else. They know what's going on. They can read more about these conditions and...maybe that's all they wanted to do. So yeah, so we're just trying to see now that we're getting more eyes in this more robust marketing space. We'll see if behavior changes or anything like that.” -Help@Hand Technology Development Partner*

One participant shared that although they have not gotten experience feedback on what users are clicking on, they noted that very few users are utilizing the resources page after taking the assessment. The participant discussed that some users may only be interested in screening their symptoms, thus they are not clicking on the resources available. Additionally, the participant pointed out incorrect information on the WellScreen Website that was discussed during a linkage-feedback commissioners meeting.

## Suggestions

### MCBH Key Informant (KI) Perspectives

*“After the screener, it narrows it down to what might be most appropriate for somebody...So I think this is going to take some pretty constant monitoring in order to ensure that the information is up to date and accurate and that the agencies still exist and that the programs that they're showing on here are applicable to that individual.” - MCBH Administrator*

In order to maintain the functionality of WellScreen, resources must be updated frequently. One participant discussed how frequent updates to resources will ensure that clients are directed to the correct resources. The outreach manager may be the appropriate person to be responsible for resource monitoring. Additionally, this will also help to narrow down resources based on what results the client gets. The participant also shared suggestions for which resources should be directed at which clients: local resources for users with eating disorders results even if mild,



initially offering local help to clients with moderate results, initially offering self-help resources to clients with mild results, and including Carelon and Interim as a resource for those with Medi-Cal. One participant reported receiving requests to update the sensitivity of the meters on the results page. One participant recommended having a distinct screener for substance use disorder (SUD) and mental health. This may be helpful for those trying to gain a better understanding of SUD. Another participant suggested recalibrating the sensitivity of the meters on the results page.

### **Help@Hand Technology Development Partner Perspectives**

One participant suggested adding the capability to have providers reach out to users about seeking services. Another participant recommended creating an exhaustive list of resources that highlights the most important information first, and if users are interested in psychoeducation, they can find that on another page. Additionally, the participant suggested prioritizing showing local community in-person resources on WellScreen.

### **English Language Focus Group Participant Perspectives**

*“Adding more languages. Another thing that may be helpful is adding something on there, some kind of link for those who may need help with reading the website or...pointing them to the nearest office or being able to translate it. I know most computers have something like that, like voice to text nowadays or text to voice. But if there's anything for visually impaired people or maybe taking into consideration colorblind people...Other than that I personally think that the website looks great, I think that it's well put together.” -English Language Focus Group Participant*

The participants' suggestions included adding the costs of the services if there is a cost, labeling it as free, or adding the insurance eligibility. Another participant suggested adding the insurance eligibility in the resource page and/or sliding fee scale if available for the services. One participant mentioned adding a Spanish language capability, for the function to be visible since English speakers might be bilingual and could identify better in one of the various languages they speak. Additionally, if the resources listed could have the languages they speak at the location would be beneficial for the person seeking treatment. One participant followed up by suggesting that the website should include a visually impaired or technical assistance feature for people with disabilities. Lastly, one participant suggested the Seaside Village Project be added to the resource page.

## **Outreach and communication**

### Successes

### **MCBH Key Informant (KI) Perspectives**

*“Digital advertising has gone well and...social media...And...bus ads that have gone out...And then all the stuff that we're trying to do right now with getting tablets out into the world or I guess we've done the advertorials and other stuff. I just don't have the data to show if it's worked or not. Yeah, it's just hard to track. And the print materials are often hard to track. So most of us are on computers all the time, so I think the digital Google ads is pretty good.” - MCBH Administrator*

The digital marketing strategies were effective in fostering engagement and interaction on the website. Two participants shared that the current outreach efforts (GoogleAds, Bus ads, TV features, printed collateral) have been good. One participant made the distinction that since bus ads and printed materials are hard to track and most people use computers, digital ads are essential. One participant thought that the teams are very well-engaged and collaborative to better reach county residents.

*“More could be done there so [community providers] are all aware of [WellScreen Monterey] to use it as they wish or recommend it or just be aware in case somebody comes in with a results code.” - MCBH Administrator*

*“Part of the process is go on this countywide tour to all these agencies and drop off print materials and have that direct engagement would be good.” - MCBH Administrator*

*“One thing that I was expecting to see that I didn't see would be some pamphlets or posters that we could put in our clinic lobbies...having some more visibility in our clinic sites, in primary care physician clinics, that's where I think that would be helpful in terms of visibility and actually getting the word out that this is something that's available to any community member.” - MCBH Administrator*

Four participants commented on engagement and outreach between WellScreen Monterey with users, providers, and agencies. One participant shared that having community providers and agencies familiar with WellScreen one. He is very beneficial. Some concerns that arose included getting input from all providers since everyone's schedules were very busy, as well as getting all providers trained in the purpose and knowledge regarding WellScreen Monterey. One participant they're giving out printed materials to different providers in agencies would be helpful for direct engagement, and posting pamphlets and posters in clinic lobbies since WellScreen Monterey would have more visibility among community members in primary care clinic sites. The participant also recommended that better infrastructure for community planning processes would increase the audience of the website. For community residents, outreach is going well and the number of clients coming into clinics is increasing; this is ideal in terms of increasing opportunities for feedback and improvement of the website and resources. For individuals who are already clients, a participant suggested that they should still be made aware of WellScreen Monterey. One participant shared concerns that some people may not know how to navigate the Internet or a smartphone, or read English or Spanish.

*“We got trainings done with our clinical staff, our frontline staff at the desks and everything. We got that completed in time before the launch and we were all eager for it...I feel like that went pretty well of just getting it out there.” - MCBH Administrator*

One participant discussed the success of clinical staff engagement with WellScreen. The clinical and front desk staff received training and were eager to use the website.

### **Help@Hand Technology Development Partner Perspectives**

*“It's really nice to see all of the different types of outreach that we're doing beyond just some of the digital advertising, like Google Ads and Facebook, which I think is going to be really beneficial to reach some of the other community members that may not necessarily have access to a computer or internet. So it's exciting.” -Help@Hand Technology Development Partner*

*“We know Google Ads is going to bring people who want to take the screener, whereas Facebook is going to bring just more curious people. And now we've just started running bus ads and the other things.” -Help@Hand Technology Development Partner*

The participants discussed success in outreach and communication through the usage of GoogleAds and printed collateral in both English and Spanish. Four participants explained how using GoogleAds has increased the activity on WellScreen website. Prior marketing efforts through Facebook brought people who were curious about WellScreen, but did not intentionally search for mental health topics related to the county. One participant shared that onboarding the marketing team has expanded the marketing efforts beyond digital platforms. Two participants shared other marketing efforts such as mass emailing community providers and using bus ads. Another participant discussed the county efforts to minimize access and technological barriers to WellScreen through purchasing community tablets.

## Challenges

### **MCBH Key Informant (KI) Perspectives**

*“In some of our outreach efforts, and peer groups, and some of the community engagement efforts I was surprised at the relatively small number that have been participating. It's really odd to me considering that the number that have been using the tool, or at least accessing the tool, in the thousands, is that's a high number. Yet in our outreach groups, in our peer groups, and all that stuff, it's often less than 10 people. And I don't know how you make that better, but I think that's something that could be improved upon, is the outreach to get the feedback.” - MCBH Administrator*

One challenge discussed was the need for more outreach and marketing efforts. One participant mentioned that marketing was not emphasized during the launch phase. Another participant pointed out that there are high numbers of users utilizing the tool yet, in outreach and peer groups, often less than ten people sign up and usually no community members attend.

### **Non-MCBH Provider Perspectives**

*“I think the more places we can have it visible, whether it's at bus stops or on buses, or in different local agencies, having a standard flyer that we can all promote at our agencies would be really neat to include.” -Non-MCBH Provider*

*“I think we should have more public service announcements, I don't see many on TV anymore. I think we need to do more radio ads and utilize Instagram, utilize TikTok, utilize Facebook. Use what we have, media tools out there to get the word out.” -Non-MCBH Provider*

*“We would love to have them so we can post them up, give them out, all that...Any program or agency that is an entry point to the system should have this information to hand out...If you can send the flyers out by email to the service providers directly, they could make their own copies and everything. It's the people on the ground who are going to be getting the word out for you.” - Non-MCBH Provider*

Challenges in communication and outreach include the need for increased marketing efforts in the community using various platforms. Many participants suggested the promotion of public health information through social media platforms (ex.- Facebook, Instagram, Tiktok, etc.). One



participant suggested having more visible marketing efforts through the community through bus promotions, printed collateral for agencies, organizations, community centers, and college campuses to promote, and public service announcements through podcasts, radio stations, and TV ads. Another participant discussed the possibility of putting up community kiosks and computers that would allow those dealing with technological barriers to access WellScreen.

### **Help@Hand Technology Development Partner Perspectives**

*“What didn't go well...was knowing who to go to make it known throughout Monterey [County]; there's no general email list of all psychologists...or something so they could know that they could use this with their client.” -Help@Hand Technology Development Partner*

The participants discussed difficulty with outreach between agencies and the community. One participant expressed wanting to promote the screener through the 800 ACCESS number, but people within the agencies are too busy to create that kind of outreach. Another participant discussed not knowing who to go to when promoting in Monterey County; For instance, there are no generated lists of all the psychologists in the county.

### Suggestions

### **MCBH Key Informant (KI) Perspectives**

Three participants shared recommendations for enhancing user-friendliness in WellScreen, including audio capabilities and website format improvements to better streamline and simplify the information pages, along with effective outreach strategies tailored for Spanish-speaking communities and community feedback cycles.

### **Non-MCBH Provider Perspectives**

Four participants discussed the marketing budget and recommendations for community outreach strategies, including the use of printed collateral, public announcements, and enhancing outreach efforts in Spanish-speaking communities. Two participants suggested incorporating an audio option, providing information on cost and insurance types, updating resources continuously, and indicating whether referrals are necessary would contribute to a more user-friendly website.

### **Help@Hand Technology Development Partner Perspectives**

Three participants explained that the adoption of bus ads, posters, and use of audio and video websites were new approaches for increased community outreach. Utilization of Google Ads (Google AdWords) and the introduction of a marketing team was helpful, and recommendations include building brand awareness and setting priorities for marketing goals. Four participants recommended the enhancement of user-friendliness on all formats (laptop, mobile device, etc.) and the utilization of Facebook to promote WellScreen.

### **English Language Focus Group Participant Perspectives**

*“Go where people already go, YouTube, Instagram, Pinterest, and TikTok.” -Spanish Language Focus Group Participant*

*"I would say post it on the buses...[c]ommunity wards, clinics,...doctor clinics. I mean, I do a lot of outreach myself, so I usually go to high traffic areas. Could be bakeries. I don't want to say Starbucks, but a lot of people go there." -English Language Focus Group Participant*

*"I agree with everybody with the flyer thing. People can read it everywhere, but having organized seminars in these places, like community centers, maybe churches, schools, and get a laptop with that so people can hear and can experience that...when I see really what it is and when somebody explain to me....So somebody who can guide you verbally, that will be helpful." -English Language Focus Group Participant*

*"Have [flyers] at the county offices, like here in Seaside, Salinas. Have somebody with a laptop or a tablet, and have a booth with material when it comes to behavioral health, like a tablecloth. And then have people come over and if they need help finding the resources, have someone who's bilingual, or trilingual, or have access to a language line, and people can come up and say, "Oh, I have a question." They could actually help people find resources that way." -English Language Focus Group Participant*

*"I was thinking about something right now, like public libraries, that will be good... People go there, especially to the computers, to look up things, basically. So maybe having something there for them beside the flyers. Could be a bookmark on these public computers for them." -English Language Focus Group Participant*

*"I'm telling all of my friends, colleagues here to know about this website, because it's a really great tool that we should all of know and use, basically. And spread the word." -English Language Focus Group Participant*

Most participants suggested posting the WellScreen Monterey resources on bulletin boards in buses, supermarkets, community centers/other locations for the community, doctor clinics, libraries, churches, or any other place where there is a high volume of people or activity. One participant suggested that WellScreen Monterey should work with school therapists from all levels, especially with universities. Alternatively, one participant suggested having live seminars where people can use the tech (provided by staff) to learn and use the WellScreen Monterey services. Additionally, one participant mentioned incentives such as food as a method of attracting people to join seminars or workshops where people can learn about the services. A different participant followed up by suggesting that WellScreen Monterey partners with other organizations in the area that are interested in healthy lifestyles. Alternatively to having seminars, one participant suggested having a booth at different locations within Monterey County where people can learn more about the services through a one-on-one staff-guided introduction to the services on the webpage. A few participants suggested that this information be shared with close friends and family members. One participant who works with volunteers suggested posting the information on websites where low-income and Medi-Cal clients can see the information. Additionally, a participant suggested using apps. Overall, the website is serving focus group users well, most of them had positive comments and were very enthusiastic to share the tools with other people. Many participants have shared or will share the tool with immediate family members.

### **Spanish Language Focus Group Participant Perspectives**

*"For me there is no problem, I am used to copying it and putting it here, putting it there, because it is part of my job, it is what I do, I use the computer all day. I have to keep in mind that not everyone has, first, access to the internet, to begin with, access to a computer, access to a*

*phone with internet. The easier it can be, the better. Especially if most people do not have a computer at home, then use their cell phone as a computer. Make it easier to navigate, make it easier to-- If there's going to be code, copy it somehow. See how to make it more accessible to everyone.” -Spanish Language Focus Group Participant*

*“For example, with my providers I have an account that they make me create..., an account could be created with your name, address, and date of birth. On the page, you enter your health insurance, Medi-Cal, or whatever. From there, with that information, [MCBH] could send the information. Already having an account, they would already have access to the survey, and you could even enter your insurance information, and the member number.” -Spanish Language Focus Group Participant*

*“Maybe at the César Chávez library,...And El Gavilán, too, where you can find more Spanish speakers and babysitters that go there with children after school, they go there with the kids and they can see the flyers there. Maybe you could have-- Not like a workshop, but like an informative timing to inform people of what's out there. "If you're feeling that you don't know what you have, you don't have this. Try this link out. Give it a try and see if you can-- If it's beneficial.” -Spanish Language Focus Group Participant*

*“Sometimes it is good for a pop-up to appear so you can chat. There should be something in Spanish, because it goes, "Pop," that says, "Do you have any questions? Do you need help? Click here." It would be nice if there was a way to chat. I really like to chat.” -Spanish Language Focus Group Participant*

Focus group participants had many suggestions for disseminating the Wellscreen Monterey website, from making the information easier to understand, to asking healthcare providers to disseminate the information for Monterey County. One participant suggested the information be published via the primary clinics, posted in libraries, have information sessions, and distribute the information via the bilingual radio station. One participant suggested that there is better communication among medical and mental health providers, where they can share the results and relevant information via electronic health systems. Both participants suggested that this information be shared with close friends and family members, libraries, and supermarkets. One participant who works with volunteers suggested posting the information on websites where low-income and Medi-Cal clients can see the information. Additionally, a participant suggested using apps such as “Go where people already go, YouTube, Instagram, Pinterest, and TikTok.” (FG3). In terms of usability, one participant suggested the website incorporate a chat feature in Spanish since it is helpful for identifying where to locate certain information.

### **Needs of vulnerable populations**

#### **Non-MCBH Provider Perspectives**

*“Not everybody has a fast internet connection or any internet connection. Yeah, not something you guys can fix, but maybe make it available on multiple platforms...I don't know if it's something that can be put on our Spanish TV stations, like little public service announcements or it could be made into half an hour, 20 minute segments. I think that would be helpful.”  
-Non-MCBH Provider*

*“Yeah, on this website. So, once we had launched the campaign, I did provide them with a new banner to add here, which see, here it is. And they did have a banner before that was there, but it's difficult to read, it's difficult. Some of the other things that they have going on, it's hard to see*

*where you want people to focus. And then, if you were to click on get help, maybe.” -Non-MCBH Provider*

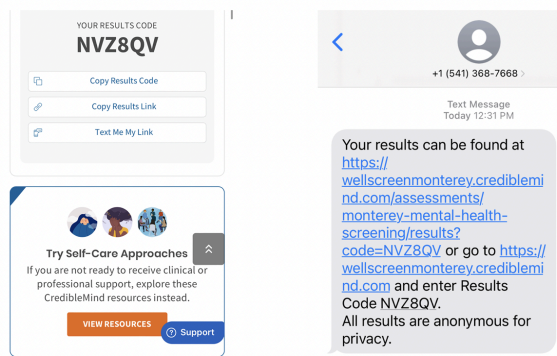
A challenge when increasing access to WellScreen Monterey for Latino and Indigenous individuals is the lack of outreach and marketing on different platforms. One participant suggested making the website announcements available on multiple platforms including Spanish TV stations and service announcements. Another participant suggested creating better banners and ads for the community.

### **Help@Hand Technology Development Partner Perspectives**

*“I think it's more about the avenues of marketing and not just the content of it that is going to be really important. Then something we talked about before during the needs assessment process is thinking about the population of monolingual Spanish speakers, you're likely looking at people who have less access to technology, smartphones, internet access, things like that.”  
-Help@Hand Technology Development Partner*

One participant expressed emphasizing marketing WellScreen towards monolingual Spanish speakers since those who speak both English and Spanish face fewer barriers. Additionally, the participant pointed out the importance of considering different marketing avenues since the population of monolingual Spanish speakers may have more barriers when accessing WellScreen. Another participant noted that GoogleAd marketing efforts did not seem to reach the Spanish-speaking communities.

## **WellScreen Monterey website: linkage/brokerage effectiveness**



Key informant interviews were conducted with 14 key stakeholders involved in the WellScreen Monterey website of the Help@Hand project and included informants from Monterey County Behavioral Health, other community service agencies in Monterey County, and Help@Hand Technology Development Partner. Key informant interviews were conducted from May 26, 2023 to August 23, 2023. The following qualitative findings are organized into sections (users and resources, results integration, users/clients and providers, additional resources), and then subsections by MCBH Key Informant Perspectives, Non-MCBH Provider Perspectives, and Help@Hand Technology Development Partner Perspectives.

### **Users and resources**

## **MCBH Key Informant (KI) Perspectives**

*“Well, [EHR System] integration doesn't really exist. I mean, we had to sort of land on a manual process, which is what it is. And I think what's also important for me to remember...is that this innovation project is to build this tool that could work in other counties and not all counties use Avatar for their electronic health record system...Manual stuff is easier to translate and do. Or just verbally share the information and then the receiving end looks it up and downloads it without any actual digital transfer of information. I think that's sufficient...” - MCBH Administrator*

*“I think [the resources are] effective. But right now, it's limited to what's in there and what's been uploaded by us and the [technology development] team. I think hopefully we can get some help from collaborating with United Way and their 2-1-1 database. And just having them be more of an active member to support this where the information is, basically we just have more resources listed and categorized. I think that would be good.” - MCBH Administrator*

One participant shared that the Avatar portal integration was not implemented and that potentially that may be sufficient since other counties do not use Avatar EHR System. Another participant liked that MCBH, Beacon, and Carelon are listed on the resources page. One participant shared thoughts on the resources that are offered depending on the user's results; People who score mild get coping skills and breathing exercises and those who fall under substance use disorder (SUD) get directed to local SUD services. Two participants think that WellScreen is easy to navigate and is good at linking users to immediate resources.

## **Help@Hand Technology Development Partner Perspectives**

*“We know the number of people who've taken the assessments. But we don't really know what they've done beyond that. We don't know if they've booked an appointment or called someone or took some type of action beyond taking the assessment, which in some ways, even just taking the assessment I think is a good step...But I think that is one of the challenges, is not knowing what people are doing after.” -Help@Hand Technology Development Partner*

*“I think the biggest marker of success would be just people going to other agencies because we're trying to reduce the burden on MCBH and MCBH often is filtering people out to other agencies. So, if we can get people to go there by themselves and not have to take that extra step of MCBH, that would be great. So, the only way to know if we're doing that though is tracking. I think that's the tricky part.” -Help@Hand Technology Development Partner*

*“We are finding users...give the assessment 90% plus thumbs up; they love it, but less than 20% of users are actually clicking on a resource,...it means they're happy just to have read their report, and it may be because they were low-risk or moderate-risk for everything...But I think there is still the challenge of how to do a better job of getting users to actually follow through with the resources.” -Help@Hand Technology Development Partner*

The participants expressed difficulty with gauging the effectiveness of the WellScreen website. One participant discussed that the effectiveness of WellScreen should be based on the amount of people going to other agencies with their results because the goal was to reduce the burden on MCBH. Two participants touched on portions of the website that are not used; One participant shared that the FAQ does not get used. Another participant stated that the users give the assessment a 90% thumbs up but less than 20% have clicked on a resource.



## Results integration

### **MCBH Key Informant (KI) Perspectives**

*"I don't know how good that is going to be, either now or ever. We don't have any example of somebody bringing the results in. And with all those visits to the site, and people actually took the screening tool, I would've thought just at some point somebody would have said, "Hey, I got this finding and here it is. And I need to talk to somebody."...I don't know if that has been the most effective component of the program." - MCBH Administrator*

The effectiveness of the results code was discussed amongst the participants. One participant thought the results code was reasonable. However, another participant did not know how effective the results are. They have not heard of any clients bringing their results code to a provider. To date, only eight people have brought their results to clinic visits.

### **Non-MCBH Provider Perspectives**

*"You know what would be really excellent? Is if a person could do that result code and click to make an appointment with Behavioral Health, if that's what they could do. Straight from that website, straight from that result. Or something that leads them. So there's the phone number...Say if they clicked on it, it would give them appointments." -Non-MCBH Provider*

*"And so then a lot of the questions will be answered through their WellScreen. If they have a QR code, the staff at the office would be able to look at and see what's kind of going on. Have a summary of how this person is feeling and experiencing since they got such detail in the WellScreen tool." -Non-MCBH Provider*

One participant expressed how they have no idea how to mitigate the problems surrounding finding a mental health provider in the county; There is a long wait-list to see a mental health provider and many people are in a crisis by the time they seek out a mental health provider. One participant discussed the possibility of sharing the received results from the self-assessment directly with an agency. Another participant pointed out the confidentiality topic concerning user results and questioned if users could opt out of confidentiality. One participant suggests including a button WellScreen that allows the user to send their results directly to a provider. Two participants suggested including action phrases so that users know what to do after receiving their results code.

### **Help@Hand Technology Development Partner Perspectives**

*"I think it would also really require more education of these organizations and MCBH professionals, because they're going to be the ones who need to actually request this information and create a language...of, "Hey, this is information that would be helpful for us." [This would help establish that] okay, this is something that we talk about, this is something that we seek out, this is something that we're prepared to receive. I think that would increase the user presenting with that information." -Help@Hand Technology Development Partner*

Three participants discussed the lack of usage with the results code. They had no suggestions on how to increase the amount of people using the code. One participant suggested putting in more marketing efforts to explain the results code to the user, and also educating organizations on the purpose of the code. Another participant pointed out that the usage of the results code may be difficult for clinic admin because of the unusual workflow it introduces.

## Users/clients and providers

### **MCBH Key Informant (KI) Perspectives**

*"If...there's an area for improvement, it's still just connecting people to the right resource...specifically, there's kind of always a default on the results page to call Behavioral Health Access...there's always the icon to call behavioral health. If it's mild to moderate, maybe don't have that icon there to click...I think that's just important because part of the problem we've had is everybody coming to ACCESS and ACCESS having to then refer out to a lot of different directions and it just eats up their time." - MCBH Administrator*

One participant pointed out that even though users are not bringing their results code to their providers, this does not mean that they are not taking the next steps to their wellness. Another participant suggested that MCBH providers ask for the results code in order to promote the usage of the code. Two participants suggested adjusting the resources recommended to users based on their results; One participant suggested those who have mild results to be directed towards self help resources and those who are moderate be directed to local resources; Another participant suggested that those who are moderate or mild not be directed to ACCESS but Carelon/Beacon instead.

*"I wonder if, as soon as somebody completes it and...generated a resource of our ACCESS clinic, could WellScreen also send an email to our main access line and be like, "Hey, this person, John Doe, completed this WellScreen and indicated they have moderate symptoms for depression. Can you follow up with them within the next 24 hours?" And include the phone number...I think that's where it would start through our ACCESS entry point." - MCBH Administrator*

To improve the connections between providers and users of WellScreen Monterey, one participant suggested including experience surveys for users to fill out. Another participant suggested that the screener be able to generate resources that are sent to ACCESS clinics from WellScreen Monterey when users have completed the WellScreen assessment.

### **Non-MCBH Provider Perspectives**

*"So from the provider side, I feel that need to set up for the QR code...Once someone calls and says 'I took the WellScreen,' or their QR code pops up or they give you their QR code. Once the provider gets the QR code, they can look at the results. And again, see what's going on with that person and they can then use what we have, what [is needed] to interface with that person where they're at." -Non-MCBH Provider*

*"...Providing them with a more clear way of getting in touch with somebody. And like you said, and having a more clear opportunity for providers to reach out to the people who have decided to take this to opt in to help potentially would be, is the missing piece." -Non-MCBH Provider*

One participant suggested including information such as referral requirements, cost of service, and Spanish-speaking service availability under each resource to strengthen the connection between users and providers. Another participant pointed out that providers should know what to do if a client walks in with a WellScreen QR code. Another participant suggested creating a form that agencies can fill out when they want to update their agency information. Lastly, a participant expressed wanting a more clear way of allowing providers and services to get in touch with users after completing the questionnaire.



*“...For our youth, [ providing] in-person connection,...let's say, they click on the OUR GENTE page, our LGBTQ youth support services program and they see a youth who is a peer and like, oh, visit The Epicenter on Thursdays, we have our drop-in hours, and seeing a face like, oh, this person looks like me, or this person may be able to provide that peer-to-peer support, it may be nice to have like a face to...can make it more personal, or personable.” -Non-MCBH Provider*

One participant suggested including testimonials and photos to encourage people to seek help. Another participant thought the current format of the results page makes it difficult to focus on relevant information. One participant stated that there are many resources on the MCBH website that are updated periodically and that it would be helpful if WellScreen Monterey could link back to that. They also pointed out that the Monterey County website does not include the WellScreen questionnaire.

### **Help@Hand Technology Development Partner Perspectives**

*“We've added that in [recently] for people to opt in to maybe be a part of some of those focus groups if they would like, which I know some people have started filling that out, which is great. So maybe we could continue doing things like that, if Monterey would like to speak to individual users.” -Help@Hand Technology Development Partner*

One participant suggested including options for opting in and out of things such as focus groups, and having someone reach out to users can aid in improving the connection between MCBH, Providers and users of WellScreen Monterey. Another participant suggested providing organizations with flyers and training to educate providers on WellScreen.

*“...Even though the Help@Hand project will end, I think they want WellScreen to be intact for beyond that. So probably once a year training. I'm sure there's also a lot of turnover. So there's probably already new people since November who, I don't know if they learn about it during training or if they even know what's going on. So yeah, I'd say maybe once a year or twice a year even. Kind of refresher on it.” -Help@Hand Technology Development Partner*

*“Well, again, it comes a little bit back to the workflow thing still. They need to integrate it in their workflow. If you arrive at the clinic and they're handed an [tablet] and said, "Go do this screener," that's going to make sure that they use it. I think also just general awareness of it...Even things just like little cards or something or flyers in the office, QR code posters that can be in the offices that are, "Scan this to assess your mental health," or things like that.”  
Help@Hand Technology Development Partner*

Five participants discussed improved linkages between the user and resources, as well as MCBH. For process improvement and continuation, two participants suggested conducting an annual training about WellScreen Monterey for new hires or as refreshers for providers. One participant explained that this would increase familiarity with the website among providers so that they can help users/clients take the assessment. The participant also suggested that MCBH complete an annual review to ensure that resources are active or updated accordingly. Another participant recommended that providers should be allowed to upload resources or search for resources within the website, as this would enable them to look up information about local organizations. One participant shared that the county may consider an end-user survey of users who registered at the end of the year to assess effects of WellScreen Monterey, including how the user felt when using the website, if the user learned anything new, and if the user used a resource. One participant discussed several approaches to integration and collaboration. They

suggested working with United Way 211 to maintain a database (on what? Check transcript) as well as sharing resources that WellScreen Monterey does not yet have listed. The participant also suggested integrating WellScreen Monterey results with MCBH Electronic Health Record System, so that results can be automatically uploaded to clinic systems, including MCBH clinics. They commented that the tablets for clients to take the screener, as well as cards, flyers, and QR codes in offices, were helpful to users. The participant also recommended increased follow-up with users who have completed the assessment to ensure that users know what actions they can take after completing the assessment. The participant shared that it would be helpful to highlight resources that are specific to user demographics and to help users under age 16 to access resources. Another participant reiterated that a better online workflow, connecting WellScreen Monterey with clinics, would build trust and a better connection with community members and would increase the number of people coming in for support.

## Additional resources

### **MCBH Key Informant (KI) Perspectives**

*“I am pretty sure it's on there, but the Carelon, I think that should be highlighted more just because they're a mild to moderate provider for Medi-Cal people. And so I think making them more prominent would be good. Besides that, it's more niche based on people's needs and demographics. So it's hard to say highlight one over the other.” - MCBH Administrator*

*“That's going to be Monterey County team that's going to have to do [update resources]...Because phone numbers change, and people change, and things change. So yeah, I don't know. Monterey County, what frequency? I would think every six months...putting that on somebody's calendar to make sure it gets done, we haven't done that.” - MCBH Administrator*

One participant gave suggestions on updating the resources list; The MCBH team should be responsible for updating the resources every six months. Another participant recommended that local resources for users with eating disorders be added to the resources page. Additionally, another participant pointed out that Carelon should be added to WellScreen as well.

### **Non-MCBH Provider Perspectives**

*“Listing of the food bank would be good on here for people that are struggling with food insecurity and then also an updated listing of all the places that people could receive a hot meal in our community, in our county. I think the other thing that's missing in terms of mental health for younger people is school districts across our region now have mental health professionals, licensed mental health professionals providing care for students in high schools, in all our comprehensive high schools. And it would be actually really good to list out all of the different schools and how to reach the licensed mental health professional on those school campuses for parents who are having issues with their kids.” -Non-MCBH Provider*

*“Maybe if you have an option for someone who, if they're on low bandwidth or their data plan's pretty low on their phone, maybe just a straight-up list that they can click on if they need that option instead.” -Non-MCBH Provider*

One participant suggests including DoortoHope, all-inclusive resources, BrilliantMinds, and including testimonials and pictures of peers on WellScreen. Another participant suggested including a list of various resources available at community colleges, school districts, food banks, clubhouses, resource centers, etc. One participant recommended having a cohesive list of all the resources on

WellScreen available in the case that someone loses their internet access and can no longer see the resources online.

### **Help@Hand Technology Development Partner Perspectives**

*“There are a lot of resources that we’ve developed nationally and internationally on our site, and they haven’t been necessarily integrated fully. But they haven’t been excluded either. There are self-help resources that are videos, and podcasts, and things like that. But, there are some larger virtual agencies that might be important to integrate a little bit more strongly.”*

*-Help@Hand Technology Development Partner*

*“I think maybe a good idea is to do an annual review to make sure, oh, if there’s any new ones or maybe something closed down or to update the information as well. I think we wanted to push put that on Monterey to do the updating and I’m not sure if they’ve designated someone to do that, but it’s definitely a lot to have to go through every year.”* -Help@Hand Technology Development Partner

One participant expressed that national and international virtual resources should be included on the WellScreen resource page. Another participant advocated for constantly updating information on local resources. One participant shared the idea of highlighting resources from the start of the assessment rather than after you finish the assessment.

## **Conclusion and recommendations**

The Help@Hand Monterey County initiative was a great success in a number of ways. Higher percentages of people of color suggested a positive effect of the implementation - this positive impact included a shift to more Medi-Cal recipients as MCBH had hoped. On the other hand, direction of change for triage was not consistent with expectations and no changes could be detected from the EHR data on Beacon referrals or on non-billable services. It is possible that this is due to either the low use noted for actually reading resources from the web platform, or the connections between the screening data from the website and the MCBH intake/triage processes.

From the WellScreen Monterey site assessment data we identified 552 individuals who lived in Monterey County, were moderate-to-severe acuity for at least one or multiple (comorbidities) of the following conditions, were covered by Medi-Cal, and were not currently being treated by MCBH: Anxiety (354), Depression (367), PTSD (163), Bipolar (238), Eating Disorder (284), Substance Abuse Any (233) and Psychosis (26). In this initial period, several people brought in their screening results from WellScreen Monterey site to ACCESS program visits, as indicated by the *Alias 10* field. As more people access WellScreen Monterey site and this screening process becomes integrated in the ACCESS clinic workflow, more people will bring their screening results to ACCESS clinic visits.

Strengths of the planning and launch phases included collaboration between teams working on the Help@Hand project as well as with community agencies and partners, outreach and communication efforts, and feedback-response cycles. In the perspectives of the key informants, the facilitators that brought success in the planning phase include strong partnerships between MCBH program managers and mental health technology development organizations, a well-developed community needs assessment, good testing and validation of behavioral health assessment measures and scales, and transparent and open communication

between the technology development teams in the evaluation team. Challenges in the planning phase include having limited staff when preparing for launch, facing language barriers between clients and providers, and timing issues such as delays in deadlines and coordination between teams. In regards to the launch phase, successes from the key informants' perspectives include having a gradual launch (soft and hard launch), beta testing, building trust between the community and website, collaboration between the teams, and having a good budget. Challenges that were encountered during the launch phase include a lack of integration of screeners within clinics due to lack of training and engagement amongst providers, lack of trust between the older population and using an online platform, timing delays, and administrative challenges.

Strengths of the WellScreen Monterey website include the calm and informative website design, straightforward assessment experiences, and functional access to results as well as effective presentation of the results page. Participants in key informant interviews and focus groups found the website feasibility and ease of use to be a success overall, in the self-assessment, results page, resources page, and for outreach and communication. Key informants discussed successes which include positive user experience, improvements to connecting clients with resources, the use of the website as a starting point, and the thoughtful layout and easy-to-understand content of the website. Focus group participants found the website to be a helpful tool for receiving mental health information and resources, to be effective and comprehensive, and to be well-designed. Key informants commented that challenges include timing delays, linkages of users using results codes at clinics, and disconnect and communication difficulties between agencies. Focus group participants discussed challenges that include needing more information on the results page, improving language access.

From the user's perspectives and experiences to the developer's feedback, in linkage/brokerage, we see the successes and challenges associated with the WellScreen Monterey website implementation. Informants feel a sense of connection and relief by having access to a tool that can guide them through their symptoms and diagnoses. Although much work is needed to create a clear path from the MCBH Assessment to the MCBH providers, users are seeing positive outcomes from using the website for themselves or their family members and friends. At this moment, it is uncertain why users are not leveraging all the website content, however, changes will be implemented to guide the users to find the resources within the website.

The key recommendation is a more seamless transfer of website results data if someone seeks services at MCBH. Interoperability of data across apps, devices, and EHRs is a persisting issue in the U.S. and there was no difference here from many other experiences in pre-screening of people on devices/internet who then seek services. However, the addition of tablets during intake that can go onto the WellScreen Monterey website to retrieve user data during that initial patient-provider process seems very valuable to pursue in the future. Having data called in through a RESTful API or other HIPAA-protected process for transfer of data could be a new pathway for importing the screening data if MCBH chooses to work on that linkage. In the qualitative findings, many participants discussed the benefits of results integration between WellScreen Monterey website and MCBH Avatar system. Automatically transmitting assessment information between WellScreen Monterey site and Avatar in an interoperable format (e.g., results can be added in a usable data format that can be accessed within the EHR) is an important suggestion.

Recommendations for the planning and launch phases are to appoint a representative from each team working on the Help@Hand project to improve communication channels, and to

engage in more community-based outreach at local community gathering places. Suggestions from key informants regarding the planning phase include having public announcements in areas where the communities gather (e.g., meat markets and churches) and having more people in leadership positions (co-lead) to provide more perspectives. Suggestions from the key informants for the launch phase include providing more training and integration within clinics using the screener, having more bilingual providers, building trust among Spanish-speaking and older communities, and receiving more feedback from stakeholders regarding the screening tool.

Recommendations for the WellScreen Monterey website are to include additional Monterey County specific resources, consider the length of the assessment, and make adjustments to the user interface to improve ease of use. Suggestions from participants in key informant interviews and focus groups include having an audio version of the website and additional language translation to better support language needs of different populations, increasing internet and device access, and reducing the reading level of the assessment. Additional suggestions include working inter-agency to update resources listed on WellScreen Monterey, adding information such as distances of locations and costs to the results and resources page, and increasing community-based marketing for better engagement and outreach (clinics, bakeries, churches, schools, county office community events, public libraries, word-of-mouth, and more social media).

## Next steps

### Summary of learnings and achievement of intended outcomes of the Innovation Project

*“That’s one thing where we didn’t necessarily achieve that outcome....The project has shifted too. From the time we got the plan approved to now, a lot of the world has changed.” - MCBH Administrator*

*“...Personally, I still think this tool’s done a lot of good, because it gets a lot of education out there. A lot of people are using it. It’s just...hard to measure.” - MCBH Administrator*

WellScreen Monterey has contributed greatly to educating the community. While measuring outcomes has been difficult, e.g. direct linkage is difficult to track, people using WellScreen Monterey to find services may not share their results code, the project has adapted successfully to the changing world with shifting expectations and external challenges such as COVID-19. One additional outcome that may be considered is measuring the preventive effects of WellScreen Monterey.

### Continuation of the Innovation Project: plans, funding, stakeholder involvement

*“Our public health department [is a] stakeholder in essence too. Our director [has] expressed interest in expanding the scope of [WellScreen Monterey], beyond behavioral health services...[and we will] factor that into our MHSA planning processes, because that’s really our opportunity window each year to assess needs, and talk to stakeholders to...let them know what’s going on, and then also to invite them to contribute to the decision making.” - MCBH Administrator*



*“We have a contractual relationship with United Way for other services, but that keeps us close, and so we’ll be in touch with them at that level. But then in terms of if we were to look to ever modify the product at all, we can leave room for this in our annual MHSA planning processes” - MCBH Administrator*

*“We’re going to continue [WellScreen Monterey], but likely under PEI funds...at this point we view the tool as developed and now it’s just a matter of maintenance...Currently we don’t have plans, concrete plans, to really modify significantly the product, we just want to maintain it.” - MCBH Administrator*

The Innovation Project continuation plan has been considered throughout the CalMHSA planning process and will continue under funding from CalMHSA for Prevention and Early Intervention Services (PEI). WellScreen Monterey, now fully developed, will require maintenance over time. There are currently no plans to make significant modifications. The county will continue to contract with United Way for different services and may reach out for support in maintaining WellScreen Monterey. County leadership has expressed interest in expanding the scope of WellScreen Monterey beyond behavioral health services.

#### Dissemination of Innovation Project results from County to stakeholders

*“Throughout the process of this, with our annual Innovation Reports, that’s always been included in our MHSA annual updates, or three-year plan.” - MCBH Administrator*

*“There’s 15 counties total, so 14 other counties. Then I know [State Admin 1] and I [have] done at least two or three presentations to that group.” - MCBH Administrator*

*“The...conference presentation [could also be included] as communication to stakeholders.” - MCBH Administrator*

*“...With the MHSOAC, they’ve tried a couple iterations of posting all the Innovation Projects, and PEI and CSS. But for Innovation alone, they’ve done a couple of iterations of trying to create a clearinghouse of information on their website, where you can search, see what’s been done. Because a part of this is with Innovation Projects, you don’t want to duplicate, and OAC doesn’t want people to duplicate what’s already been done.” - MCBH Administrator*

CalMHSA annual updates will disseminate information and results from the Innovation Project. MCBH will submit the final report to the Mental Health Services Oversight and Accountability Commission (MHSOAC), and MHSOAC will share the results with other counties. Each county may experience different benefits from the projects compared to other counties. The dissemination of it will also include presenting findings to other counties, including conference presentations with stakeholders. MHSOAC also posts all of the Innovation Projects on PEI and other platforms for people to read. The intention is so that other counties do not duplicate what has already been completed. MHSOAC has put efforts to share information, although more frequent updates and consistent information between state and county entities would be helpful. Considering previous evaluations that were not widely disseminated, a suggestion moving forward is to create an executive summary for each evaluation that discusses pieces of the evaluation that can be more easily disseminated and understood.

# Appendices

## Appendix A: Methodology

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- Quantitative Methodology: pg 82
- Qualitative Methodology: pg 86

University of California, Berkeley's Health Research for Action served as the local external evaluator for the Help@Hand Monterey County initiative, working closely with Monterey County Behavioral Health (MCBH), California Mental Health Services Authority (CalMHSA), and CredibleMind, Inc. on this Monterey County Help@Hand evaluation. This report summarizes the evaluation of WellScreen Monterey website implementation and includes the following data sources:

- 1) MCBH ACCESS program's de-identified data from the electronic health record (EHR) system (Avatar) to examine trends in the program's assessment/evaluation, linkage/brokerage, and mental health services before and following the launch of WellScreen Monterey;
- 2) The de-identified WellScreen Monterey user data set (dashboard, website data) to assess user demographic and behavioral health characteristics, how users learned about WellScreen Monterey, pages and links viewed by the users, and user satisfaction with the resources.
- 3) Key informant interviews that explored the process for the planning and development phases, the launch of WellScreen Monterey, what worked well, what were the challenges, and suggestions for the next steps.
- 4) Community member interviews that explored community perceptions of WellScreen Monterey website overall, its self-screening/assessment process, results page, resources page and information about how to access resources, and discussed community preferences for outreach and communication.

### **Quantitative Methods**

#### ***Pre-Post Comparison***

#### **ARIMA Methods**

#### **Dataset**

The Electronic Health Record System (Avatar) dataset, de-identified EHR data from MCBH, covers the period from July 1, 2018, to June 30, 2023.

#### **Variables**

We re-coded a few variables as follows:

- **Number of Patients**



- The total number of new clients was calculated by determining the distinct Patient Order Number count in the dataset.
- **Pre-Post Launch Dates**
  - The 'dates of service' designated before 2022-11-15 were classified as *Pre-intervention* and the rest of the data as *Post-intervention* period..
- **Race Value**
  - Asian: This category includes individuals identified as Asian Native, Chinese, Filipino, Japanese, Korean, Laotian, Vietnamese, Other Asian, and Cambodian. There is also a blended category called American Indian/South Asian. This appears to be an error in the system after checking with MCBH but for the purpose of categorizing data, we chose to call this the South Asian category, as it is more likely to represent South Asians as the higher number of people in the county.
  - NHPI - Native Hawaiian/Guamanian/Samoan: This category includes individuals identified as Native Hawaiian, Guamanian, and Samoan.
  - The rest of the categories remain unchanged (Alaska Native, Black/African-American, Hispanic, White, Middle Eastern, and Other Race). Typically American Indian would be grouped with Alaska Native populations as Indigenous people in the US. There did not appear to be a way to disaggregate from another category.
- **Ethnicity**
  - Hispanic: This category includes individuals identified as Cuban, Mexican/Mexican American, Other Hispanic/Latino, and Puerto Rican.
  - The rest of the ethnicity categories remain unchanged (Not Hispanic and Unknown)
- **Primary Language**
  - Other Non-English: This category includes individuals who reported their primary language as Arabic, Farsi, Japanese, Korean, Mandarin, Other Non-English, Portuguese, Samoan, Sign Language, Tagalog, and Vietnamese.
  - English and Spanish categories remain unchanged
  - Unknown: This category includes Unknown / Not Reported or No Entry responses

## WellScreen Monterey Website Data Methods

### Dataset

De-identified data from WellScreen Monterey user data (dashboard, website data) was examined to assess user demographic and behavioral health characteristics, how users learned about WellScreen Monterey, pages and links viewed by the users, and user satisfaction with the resources.

- Dashboard Data: WellScreen Website Dashboard data were examined from 11/15/22 to 10/23/23.
  - Sample
    - Number of Users: 28,879
    - Number of Sessions: 35,998
  - Variables: We re-coded a few variables as follows:
    - Primary Language:
      - Other Non-English: This category includes individuals who reported their primary language as Indigenous languages (e.g.

- Mixteco, Triqui, Chatino), Korean, Tagalog, or was referred to as “Other language” by the Credible Mind dashboard
      - English and Spanish categories used their original groupings
    - Gender:
      - Other: This category includes individuals who reported their gender as Questioning/Unsure, Transgender, Genderqueer, I prefer not to say, Other gender identity
      - Female and Male categories used their original groupings
- Website Event Data: WellScreen Website Event data were examined from 11/16/22 to 7/31/2023
  - Sample
    - Number of Users: 21,243
    - Number of Website Events: 165,670
  - **Variables**: We re-coded a few variables as follows:
    - **The topic associated with the event**
      - **Addiction and Recovery**: Addiction & Recovery, Alcohol Use, Cannabis, Loved One with Addiction, Gaming for Wellbeing
      - **Anxiety and Stress**: Anxiety, Stress, Ansiedad, Estrés
      - **Mental Health Awareness**: Mental Health, Depresión, Psicosis, Psychosis
      - **Mindfulness and Meditation**: Mindfulness, Mindfulness of the Senses, Body Scan Meditation, Meditation
      - **Mood Disorders**: Depression, Bipolar Disorder, Seasonal Affective Disorder, Postpartum Depression, Depression and Young Adults, Trastorno bipolar
      - **Personal Development**: Personal Development, Leadership, Happiness, Hope, Positive Thinking, Positive Psychology
      - **Relationships and Social Support**: Friendships & Social Support, Romantic Relationships, Loved One with a New Diagnosis, Loss of a Loved One, Grief & Loss
      - **Therapy and Mental Health Support**: Cognitive Behavioral Therapy, Dialectical Behavior Therapy, Therapy & Support Groups, Online Therapy, Mindfulness-Based Stress Reduction
      - **Wellness and Self-Care**: Self-Care, Physical Health, Nutrition, Exercise & Body Movement, Healthy Social Media Use, Sleep, Tai Chi, Yoga
      - **Other Themes**: 12-Step Alternatives, ADHD, Aging & Longevity, Anger Management, Attachment Style, Autism, Body Image, Borderline Personality Disorder, Boundaries, Bullying, Caregiving, Caring for Aging Loved Ones, CBD, Communication Skills, Community Building, Compassion, Compassion-Focused Therapy, Compassionate Behavior, Concentration & Focused Attention, Crianza de hijos, Dance, Death & Dying, Diversity, Equity, and Wellbeing, Doctors & Medication, Domestic Violence, Eating Disorders, Empathy, Enneagram, Fear, Financial Wellness, Flourishing or Languishing, Gratitude, Habilidades de comunicación, Humor, Hypnosis, Incarceration & Reentry, Living with Chronic Pain, Loneliness, Narcisismo, Narcissism, Naturaleza y al aire libre, Nature & The Outdoors, Neuroscience, OCD, Parenting, Personality Types, Relaciones Románticas, Resilience, Resiliencia, Retirement, Salud física, Salud mental,

Schizophrenia, Self-Esteem, Service & Volunteering, Sex & Intimacy, Sexuality, Spirituality, Trastorno bipolar, Trauma, Vulnerability, Work-Life Balance, Working From Home

■ **Region**

- California
- International
- Other (Includes all other US States)
- Not Reported

**Impact Assessment for WellScreen Monterey using data from MCBH Electronic Health Record System (Avatar)**

To determine the impact of the WellScreen Monterey application, we applied a set of quantitative methods that includes use of interrupted time-series analysis (ITSA). The “interruption” in ITSA refers to a policy or program change that has a well-defined time of onset.<sup>1</sup> This approach was taken because we have no formal comparison group data, such as another County Behavioral Health organization that did not implement a similar website but was otherwise similar. The lack of comparison group data is a common occurrence in applied evaluation research and the particular ITSA method used here is designed to address the lack of a comparison group.

Since the population is the unit of interest (the population of individuals using various services at Monterey County Behavioral Health), and the interruption has a well-defined time of onset (we know the exact date that the WellScreen Monterey tool became available), we are able to model the time series prior to the implementation of the website in a statistically rigorous manner using the autoregressive integrated moving average (ARIMA) technique.<sup>1</sup> The ARIMA technique allows us to model the complex patterns of data occurring across time prior to the implementation of WellScreen Monterey. We then compare the predicted course of the time series with the actual post-implementation course of the time series, assuming different potential impact patterns (4 different patterns, including a pulse (an immediate pulse that then immediately returns to normal), decay (an immediate change that then decays over time back to normal), a step (an immediate change that is sustained), or smooth (a slower change that is sustained)). To the extent that the actual course of the time series differs from the predicted course of the time series, assuming any of the potential impact patterns, the well-defined interruption is likely the cause of the difference, assuming no other changes occurred at the same time.

In the current case, the evaluation is of the implementation of the website and accompanying dissemination strategy. Thus, we expect a smooth pattern. Nevertheless, we examine all possible patterns for purposes of completeness.

ARIMA requires us to have approximately 50 observations prior to the website introduction.<sup>1</sup> We obtained MCBH monthly electronic health record (EHR) data from July 2018 to July 2023 showing client services delivered over the pre-post time period. The WellScreen Monterey website was implemented November 15, 2022. Thus we have 52 months of client level data prior to implementation of the WellScreen Monterey website, and 8 months of client level data after the implementation of the website.

We examined the following outcomes using the MCBH monthly data:

*II. Service Provision*

6. Mental Health Counseling (individual counseling, group rehabilitation counseling; in-person or telemedicine)
7. Linkage/Brokerage Services (grouping: linkage/brokerage; in-person or telemedicine)
8. Assessment/Evaluation (grouping: assessment and evaluation; in-person or telemedicine)
9. Triage (grouping: triage assessment; in-person or telemedicine)
10. Other Mental Health Services (grouping: assessment in lockout facility, case management in lockout facility, collateral, crisis intervention, family therapy, group psychotherapy, individual psychotherapy, psychotherapy, lockout, medication support, mental health rehabilitation, non-billable activity, plan development, telemedicine, other)

II. *Non-Billable Services*

III. *Risk Severity (definition: adults coded as high-severity by clinician)*

IV. *Costs for Service Provision (Inflation-adjusted to constant 2023 dollars)*

6. Total Cost Per Patient
7. Total Cost of Mental Health Counseling Per Patient
8. Total Cost of Linkage/Brokerage Per Patient
9. Total Cost of Assessment/Evaluation Per Patient
10. Total Cost of Triage Per Patient

V. *Proportion of Visits Referred to Beacon/Carelon*

VI. *Proportion of Services Delivered by Licensed Prescribing Providers*

VII. *Proportion of Services Delivered by Licensed Non-Prescribing Providers*

We show figures for results of each of these time series analyses, including the pre-implementation time series (actual time-series data); and the post-implementation time-series, including both the actual time-series data and the values predicted by the model. We also indicate the type of impact found in each case (pulse, decay, step, smooth) and whether there was a statistically significant difference between the actual post-implementation time series and the predicted post-implementation time series.

## **Qualitative Methods**

The qualitative evaluation in this report focused on the process evaluation and assessment of planning process, launch process, and website functionality and effectiveness. The data collection included 14 key informant interviews with Monterey County Behavioral Health (MCBH) administrators/providers, non-MCBH providers, and technology development partners. We also conducted two community focus groups in English and Spanish languages with 9 participants.

### **Sampling plan**

Inclusion criteria for the key informant interviews included: adults aged 18 years old or older and work as professionals to serve mental health clients and community members in Monterey County. Key informants were chosen from organizational contact lists and word-of-mouth via purposive and snowball sampling. Inclusion criteria for the focus groups with community members included: Spanish-speaking and adults aged 18 years old or older who have used WellScreen Monterey. Community focus group participants were recruited from a contact list generated from an interest survey on WellScreen Monterey website.

### **Data collection protocol**

Qualitative data were collected through virtual semi-structured in-depth individual interviews and focus groups conducted by the evaluation team. The interview instrument included the following domains and indicators: provider experiences with mental health screening and referrals,

barriers, facilitators, and suggestions for improvement with mental health screening and referrals, community mental health needs, overall suggestions with accessing mental health services, perceptions and concerns about the new virtual mental health screening tool. Community focus groups were conducted with youth and adult community members using an interview guide and included the following domains: experiences with mental health screening and referrals, barriers, facilitators, and suggestions for improvement with mental health screening and referrals, community mental health needs, overall experiences and suggestions for improvement with accessing mental health services, preferences for mental health information, perceptions and concerns about the new virtual mental health screening tool. Analyses included in this report were based on de-identified verbatim transcripts provided to HRA by CredibleMind, Inc.

**Table 1. Key Informant Interview Participants**

<b>Key Informant Agency Type (n=14)</b>	<b>Job Titles</b>
Monterey County Behavioral Health (n=4)	Behavioral Health Services Manager, Assistant Bureau Chief, Services Manager II Over Quality Improvement, Management Analyst/Innovations Coordinator
Community Service Agencies in Monterey County (n=5)	Deputy Director, Social Services Manager, Peer Outreach/Advocacy Coordinator, Program Coordinator, CEO/Consultant
Help@Hand Technology Development Partner (n=5)	Customer Success Manager, Director of Content Operations, Research and Aata Coordinator, Chief Technology Officer, Senior Product Advisor

**Table 2. Community Focus Group Participants**

<b>Focus Group Recruitment Source</b>	<b>Setting</b>	<b>Language</b>	<b># Participants</b>	<b>Date of interviews</b>
MCBH Listserv	Virtual	English	8	08/08/2023
MCBH Listserv	Virtual	Spanish	3	09/09/2023

**Data analysis plan**

Interview transcripts and notes were compiled and organized by interview type (key informant interviews, community focus groups) for qualitative analysis. The constant comparative method was used as a technique for the qualitative thematic analysis. This method develops codes, examines relationships and interactions across descriptive and thematic codes, and compares the major themes that emerged from the coding categories. Qualitative analysis probed for parallel themes regarding planning process, launch process, and website functionality and effectiveness. The final codebook consisted of descriptive and thematic codes common across the key informant interviews and community focus groups. Four research team members conducted the qualitative analysis and four research team members independently coded and then discussed together the coding for each of the transcripts from the key informant interviews

and community focus groups. Inter-rater agreement for the first two key informant interview transcripts and the first focus group interview transcript was determined to ensure consistency in coding. For each interview transcript, if 80% agreement in coding consistency was not reached, the researchers discussed potential issues that arose and reached consensus about these coding issues until consistency was reached. The coding of the transcripts was an iterative process with new codes added as they emerged. The codebook was updated with new codes as each subsequent transcript was coded. Coding consistency was recalibrated as part of this iterative coding process. Code categories were connected and grouped through thematic coding, and as the researchers identified major themes from the codes. The codebook was organized into thematic categories: planning process, launch process, and website functionality and effectiveness; each included subcategories organized by successes, challenges, and suggestions; and themes organized by key informant organizational affiliation (MCBH, Non-MCBH, and Technology Development Partner). Google Workspace software was used for qualitative data analysis.

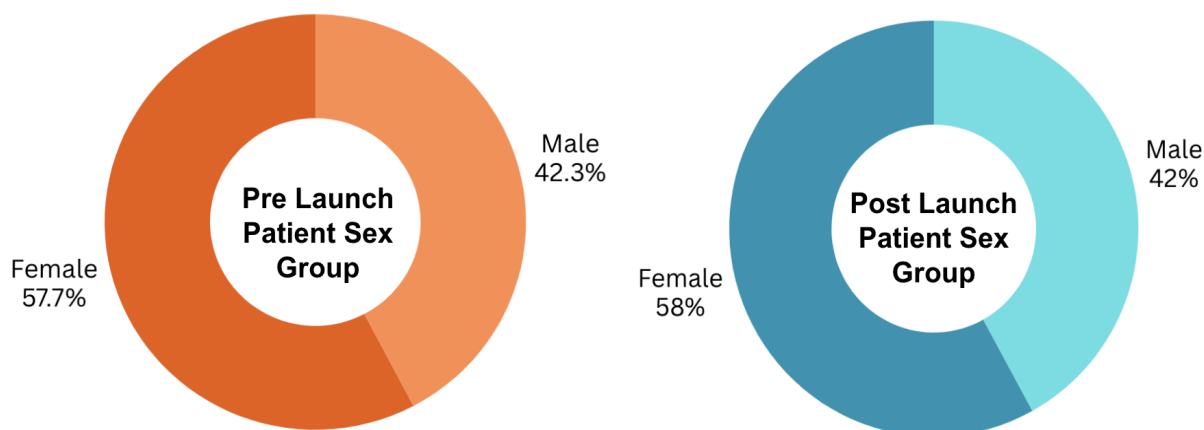
## Appendix B: Tables and figures

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### Overview of Monterey County Behavioral Health ACCESS Program Demographic Characteristics

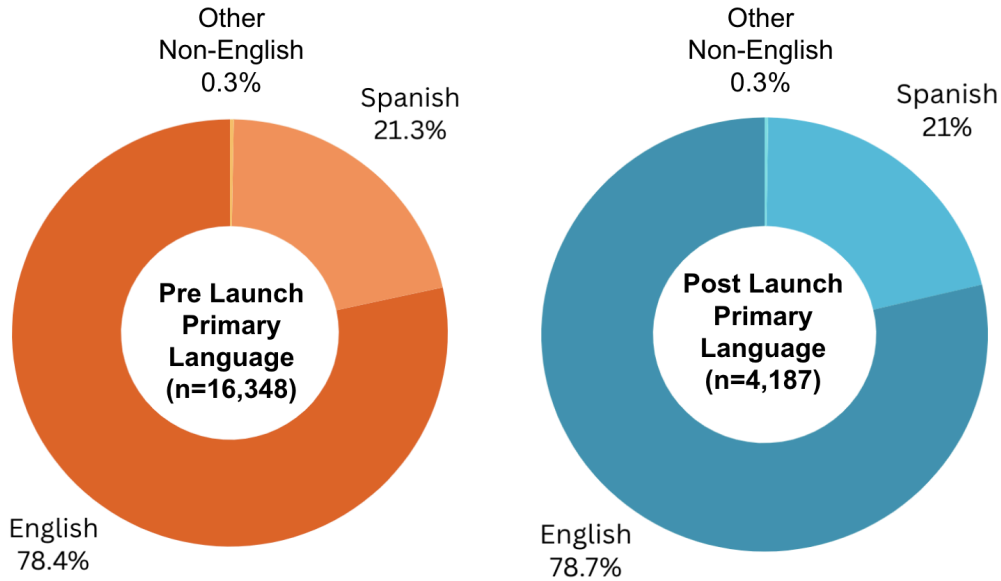
#### Clients by Sex Group



The proportion of female clients remained relatively stable, slightly increasing from 57.7% in the pre-launch period to 58.0% in the post-launch period. Conversely, the percentage of male clients demonstrated a minor decline. Overall, the client sex group distribution exhibited only subtle shifts between pre-post launch. However, it was statistically significant ( $p < 0.001$ ).

#### Clients by Primary Language





Note: Patients with Unknown responses were removed from this visualization. (Number of clients with Unknown response - Pre: 1637, Post: 535)

Most clients reported English as their primary language, slightly increasing from 78.4% in the pre-launch period to 78.7% in the post-launch period. Conversely, the percentage of clients preferring Spanish decreased slightly, dropping from 21.3% to 21.0%. The proportion of clients with other non-English language preferences remained constant at 0.3% in both periods. Overall, language preferences exhibited minimal changes between the two time periods. However, the pre-post-launch change was significant ( $p < 0.001$ ).

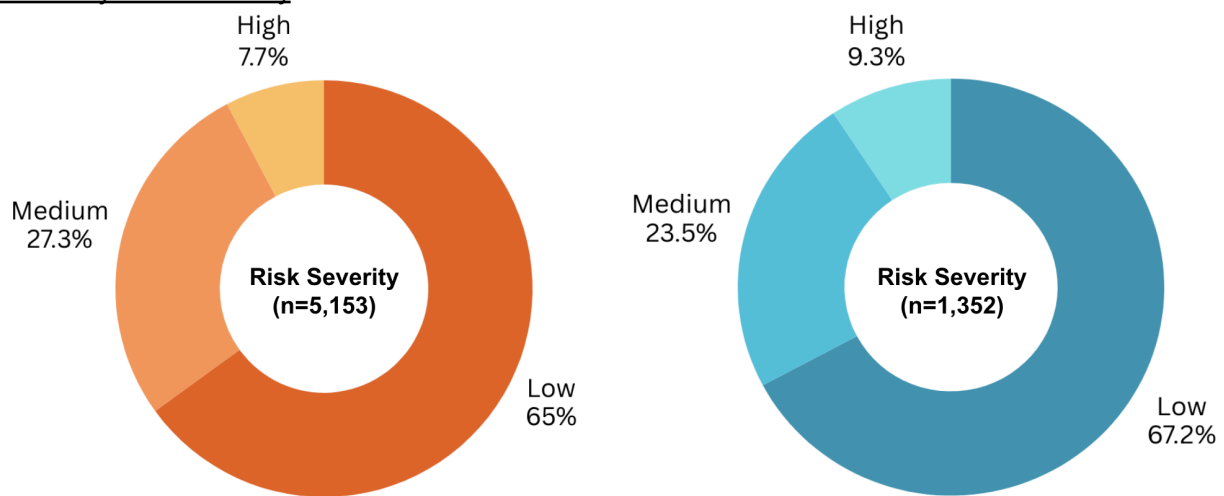
Clients by top 3 Mental Health Diagnosis Codes (exclusive of non-specific Z codes)

	Pre Launch (% of clients)		Post Launch (% of clients)
F30-F39: Mood [affective] disorders	26%	F10-F19: Mental and behavioral disorders due to psychoactive substance use	26%
F40-F48: Neurotic, stress-related and somatoform disorders	24.7%	F30-F39: Mood [affective] disorders	24.7%
F10-F19: Mental and behavioral disorders due to psychoactive substance use	24%	F40-F48: Neurotic, stress-related and somatoform disorders	24.7%

Note: Data are from the MCBH Electronic Health Records. The code is designed to filter rows where any of the three diagnosis codes (prim\_combined\_icd10\_code, sec\_combined\_icd10\_code, and ter\_combined\_icd10\_code) start with "F." If there are multiple occurrences of "F" codes in a row, only the first one encountered will be selected.

The table compares the top 3 mental health diagnosis codes between the pre- and post-launch periods. Notably, the percentage of clients diagnosed with mental health and behavioral disorders due to psychoactive substance use (F10-F19) remained relatively consistent, with a slight increase from 24.0% in the pre-launch period to 26.0% in the post-launch period, while its ranking changed from third to first. Additionally, there was similar stability in the diagnosis of mood affective disorders (F30-F39) and neurotic, stress-related and somatoform disorders (F40-F48) codes, with percentages going down only slightly, even though ranking numbers changed. The pre-post-change in the mental health diagnosis distribution was not significant ( $p=0.163$ ).

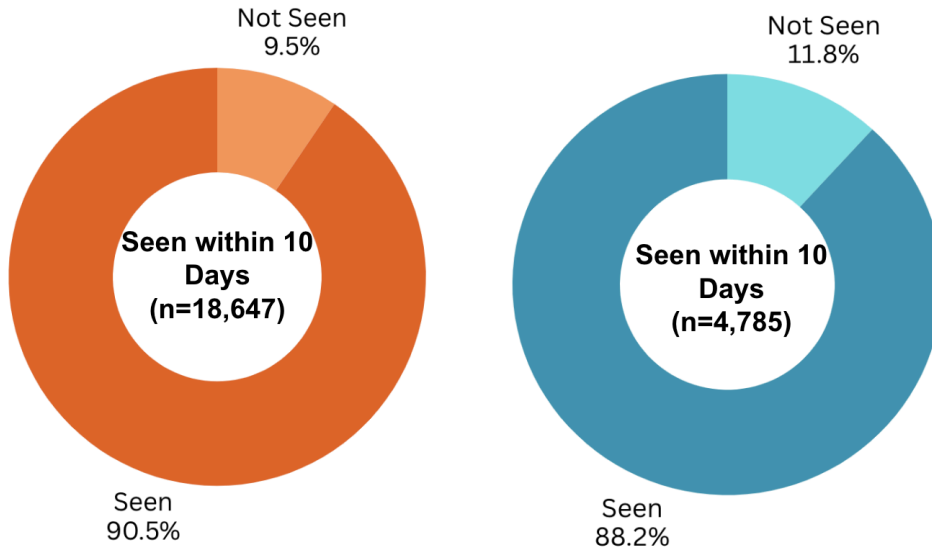
### Clients by Risk Severity



Note: Data are from MCBH Electronic Health Records. Missing values were removed from this visualization. (Number of clients with Missing response - Pre: 12,832, Post: 3,370)

The above plot indicates that the percentage of clients with low-risk severity increased slightly from 65.0% in the pre-intervention period to 67.2% in the post-intervention period. Clients with high-risk severity also showed a slight increase, rising from 7.7% in the pre-intervention period to 9.3% in the post-intervention period. Conversely, there was a decrease in the percentage of clients with medium risk severity, dropping from 27.3% to 23.5%. Overall, these changes suggest subtle shifts in the distribution of risk severity levels between the two time periods. The change in the risk severity distribution was significant ( $p<0.001$ ).

### Clients by Seen within 10 days after Referral



The plot indicates a slight increase in the percentage of clients not seen by a behavioral health provider within 10 days after the initial referral, rising from 9.5% in the WellScreen Monterey pre-launch period to 11.8% in the post-launch period. Conversely, the percentage of clients seen decreased from 90.5% (pre-launch) to 88.2% (post-launch). The change was significant ( $p < 0.001$ ).

Mental Health Service Type (Total Clients Pre: 17,985 Post: 4,722)

	Pre Launch (n=45,044)			Post Launch (n=9,511)		
	Number of Services	% of Total Service Minutes	% of Clients	Number of Services	% of Total Service Minutes	% of Clients
Triage	13,705	9.2%	23.6%	1,350	6.9%	13.3%
Assessment/Evaluation	14,882	17.7%	14.8%	1,862	17.9%	12.5%
Linkage/Brokerage	58,300	20.9%	25.2%	8,697	24.6%	29.8%
Mental Health Counseling	18,170	15.9%	3.4%	2,080	13.3%	3.7%
Other	120,161	36.3%	33%	17,901	37.3%	40.8%

Note: Data are from MCBH Electronic Health Record System. Case Management Service Type is not included in the above table due to small sample size (Number of Services (Pre-Launch) = 2, Number of Services (Post-Launch) = 0)

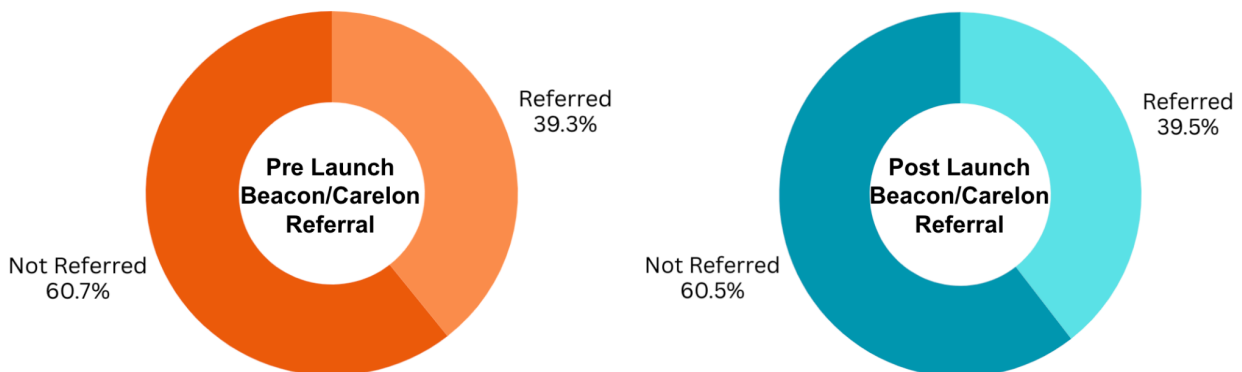
The "Linkage/Brokerage" service category demonstrated a significant increase in the percentage of total service minutes, rising from 20.9% in the pre-launch period to 24.6% in the post-launch period. Moreover, there was a notable uptick in the percentage of clients served for this category, increasing from 25.2% before the launch to 29.8% after the launch. Conversely, the "Assessment/Evaluation" services experienced a slight decline in the percentage of clients served, dropping from 14.8% to 12.5% from the pre-launch period to the post-launch period. The pre-post change in the service type distribution was significant ( $p < 0.001$ ).

## Overview of Costs

	Overall	Pre Launch	Post Launch
<b>Number of Clients</b>	20,453	17,985	4,722
<b>Total Service Value</b>	\$ 58,288,407	\$ 51,085,324	\$ 7,203,083
<b>Average Service Value per Client</b>	\$ 2,850	\$ 2,840	\$ 1,525

The table provides an overview of client statistics, comparing data from the pre- and post-launch periods. The average service value per client decreased, dropping from \$2,840 in the pre-launch period to \$1,525 in the post-launch period.

## Beacon/Carelon Referral (Data from MCBH Electronic Health Record System)

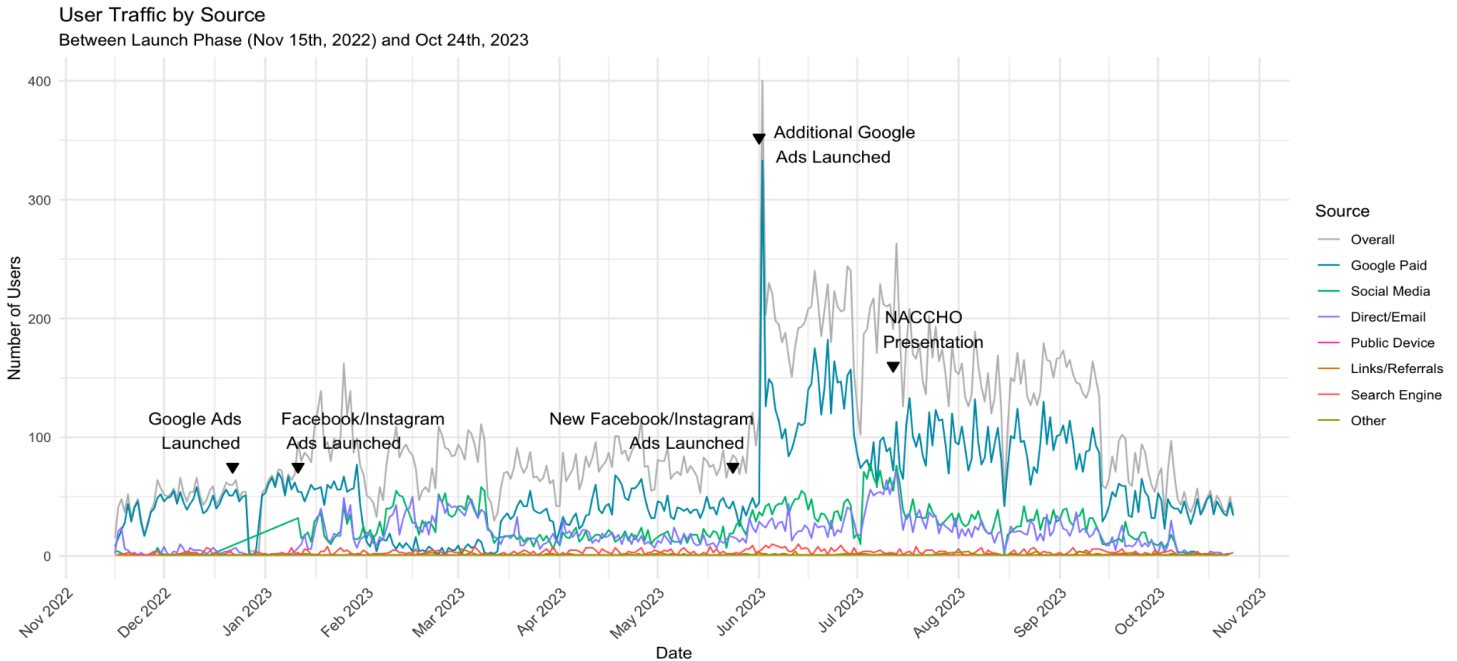


Overall, the distribution of client referrals from Beacon experienced only minor changes between the pre-post launch, which was significant ( $p < 0.001$ ).

## Overview of WellScreen Monterey Demographic Characteristics

These data were gathered from the dashboard which has been built for the screening app/tool, WellScreen Monterey, with the goal of assessing post-implementation usage to better serve providers, clients, and community partners. The WellScreen site was launched on November 15th, 2022, and the visualizations below are from the implementation date until October 24th, 2023. There have been a total of 28,879 users during this period with 35,998 sessions. A user is defined as a unique person, and a new session is counted each time a person interacts with the website (so cumulative visits to the site are counted with each new interaction counting as a new session after 2 hours have passed).

## Traffic Changes and Traffic by Source



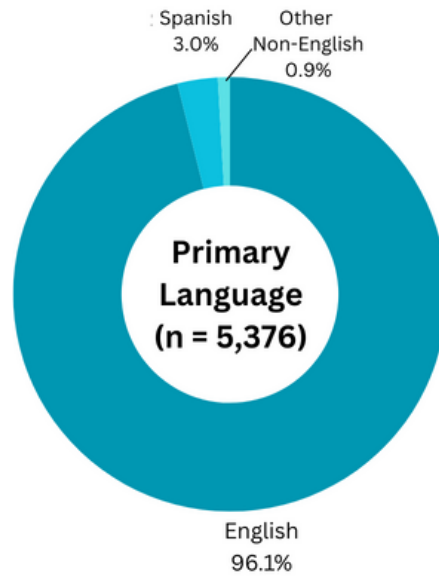
**Note:** Data are from WellScreen Monterey. A user is defined as a unique person, and a session is the number of times a person interacts with the website, with each new interaction counting as a new session after 2 hours have passed. NACCHO means National Association of County and City Health Officials. Since NACCHO is a national conference, usage may have increased due to increased trial by attendees, but not from actual users.

Google Paid ads were the most useful in increasing traffic to the WellScreen tool, as seen with implementation dates of ads and accompanying spikes in usage. Social media was the second most successful source for promoting traffic, with spikes in usage occurring shortly after Facebook and Instagram ads were implemented. Direct/Email methods were next after social media, and usage tended to rise and fall with social media traffic.

### **Mental Health Assessment Usage by Groups**

#### **Users by Primary Language**

- Other Non-English: This category includes individuals who reported their primary language as Indigenous languages (e.g. Mixteco, Triqui, Chatino), Korean, Tagalog, or was referred to as “Other language” by the Credible Mind dashboard
- English and Spanish categories used their original groupings

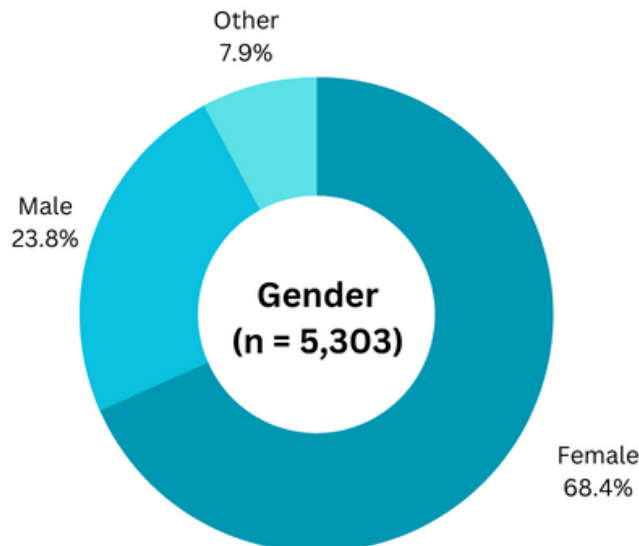


Note: "Other Non-English" languages are listed above

English was the majority of users' reports of primary language, with not many users identifying Spanish as their primary language. This was quite different from the MCBH pre-post comparison results. However, it is important to note that some users may have their browser automatically translate the WellScreen assessment into Spanish, which would not be picked up by the metadata. This is a limitation of these data percentages.

#### Users by Gender

- Other: This category includes individuals who reported their gender as Questioning/Unsure, Transgender, Genderqueer, I prefer not to say, Other gender identity
- Female and Male categories used their original groupings



Note: "Other" was grouped based on the gender identities listed above

Users identifying as Female made up the largest percentage of users (68.4%), followed by those identifying as Male (23.8%).

### Summary Tables

Source: The WellScreen Monterey assessment data from 11/15/22 to 9/6/2023

	<b>Overall (N=6,327)</b>
<b>Year_month</b>	
2022 November	204 (3.2%)
2022 December	600 (9.5%)
2023 January	719 (11.4%)
2023 February	146 (2.3%)
2023 March	474 (7.5%)
2023 April	691 (10.9%)
2023 May	714 (11.3%)
2023 June	787 (12.4%)
2023 July	916 (14.5%)
2023 August	901 (14.2%)
2023 September	175 (2.8%)
<b>Age</b>	
15 or younger	1,818 (28.7%)
16-17 years old	1,085 (17.1%)
18-20 years old	835 (13.2%)
21-24 years old	586 (9.3%)
25-34 years old	829 (13.1%)
35-44 years old	517 (8.2%)
45-54 years old	238 (3.8%)
55-64 years old	234 (3.7%)
65 or over	185 (2.9%)
<b>Anxiety</b>	
Mild	482 (7.6%)
Minimal	1,542 (24.4%)
Moderate	1,059 (16.7%)
Severe	1,427 (22.6%)
Missing	1,817 (28.7%)
<b>Depression</b>	
Mild	255 (4.0%)
Minimal	1,630 (25.8%)



Moderate	607 (9.6%)
Moderately severe	1,371 (21.7%)
Severe	647 (10.2%)
Missing	1,817 (28.7%)
<b>Are you pregnant or were you pregnant within the last 18 months?</b>	
No	6,016 (95.1%)
Yes	311 (4.9%)
<b>Postpartum_depression</b>	
Not currently pregnant or recently been pregnant	6,022 (95.2%)
None to Mild	42 (0.7%)
Moderate to Severe	263 (4.2%)
<b>PTSD Screener</b> <b>Sometimes things happen to people that are unusually or especially frightening, horrible, or traumatic. Have you ever experienced this kind of event?</b>	
No	2,264 (35.8%)
Yes	2,241 (35.4%)
Missing (Definition)	1,822 (28.8%)
<b>PTSD</b>	
No traumatic event experience	4,074 (64.4%)
None (No PTSD)	140 (2.2%)
Low to Moderate	991 (15.7%)
Moderate to Severe	1,122 (17.7%)
<b>Bipolar</b>	
None to Mild	2,833 (44.8%)
Moderate to Severe	1,677 (26.5%)
Missing	1,817 (28.7%)
<b>Psychosis</b>	
None to Mild	4,295 (67.9%)
Moderate to Severe	214 (3.4%)
Missing	1,818 (28.7%)
<b>Eating_disorders</b>	
None to Mild	2,370 (37.5%)
Moderate to Severe	2,139 (33.8%)
Missing	1,818 (28.7%)
<b>Substance_use_General</b>	
Under 21	3,738 (59.1%)
No use of any substances	1,027 (16.2%)

Use of substances in past 12 months	1,562 (24.7%)
<b>Substance_use_Tobacco</b>	
No use in past 12 mos	5,784 (91.4%)
Low	185 (2.9%)
Moderate	239 (3.8%)
High	119 (1.9%)
<b>Substance_use_Alcohol)</b>	
No use in past 12 mos	5,211 (82.4%)
Low	328 (5.2%)
Moderate	256 (4.0%)
High	532 (8.4%)
<b>Substance_use_Drugs</b>	
No use in past 3 mos	88 (1.4%)
No use in past 12 mos	5,450 (86.1%)
Low	299 (4.7%)
Moderate	123 (1.9%)
High	367 (5.8%)
<b>Substance_use_Prescription_medications</b>	
No use in past 3 mos	123 (1.9%)
No use in past 12 mos	6,082 (96.1%)
Low	44 (0.7%)
Moderate	25 (0.4%)
High	53 (0.8%)
<b>Youth_substance_use_General</b>	
21+	4,408 (69.7%)
Low	930 (14.7%)
Medium	314 (5.0%)
High	675 (10.7%)
<b>Youth_substance_use_Nicotine</b>	
21+ OR No nicotine use	5,821 (92.0%)
No to Low Risk	190 (3.0%)
Some Risk	281 (4.4%)
Missing	35 (0.6%)
<b>genderHelpAtHand</b>	
Female	3,011 (47.6%)
Male	1,060 (16.8%)
Genderqueer	54 (0.9%)
I prefer not to say	202 (3.2%)

Questioning/Unsure	60 (0.9%)
Transgender	65 (1.0%)
Missing	1,875 (29.6%)
<b>Are you of Hispanic, Latino, or of Spanish origin?</b>	
No	2,020 (31.9%)
Yes	2,487 (39.3%)
Missing	1,820 (28.8%)
<b>Race</b>	
Asian	208 (3.3%)
Black	95 (1.5%)
Indigenous/American Indian/Alaska Native	197 (3.1%)
Native Hawaiian or Other Pacific Islander	37 (0.6%)
Multi Race	1,531 (24.2%)
Other Race	3 (0.0%)
Not Reported	2,088 (33.0%)
White	2,164 (34.2%)
Missing	4 (0.1%)
<b>What health insurance do you have?</b>	
Medi-Cal or Medicaid	1,016 (16.1%)
Medicare	236 (3.7%)
More than one type of insurance	2,521 (39.8%)
No insurance	271 (4.3%)
Other	2 (0.0%)
Unsure	761 (12.0%)
Missing	1,520 (24.0%)
<b>What is your language of preference?</b>	
English	4,346 (68.7%)
Indigenous languages (e.g. Mixteco, Triqui, Chatino)	2 (0.0%)
Korean	6 (0.1%)
Spanish	122 (1.9%)
Tagalog	9 (0.1%)
Missing	1,842 (29.1%)
<b>Are you currently receiving treatment or services for mental health or substance use?</b>	
No	3,896 (61.6%)
Yes	606 (9.6%)
Missing	1,825 (28.8%)

<b>Are you currently taking any medications for mental health or substance use?</b>	
No	3,870 (61.2%)
Yes	636 (10.1%)
Missing	1,821 (28.8%)
<b>Are you currently receiving services or have you ever received services from Monterey County Behavioral Health?</b>	
No	4,269 (67.5%)
Yes	228 (3.6%)
Missing	1,830 (28.9%)

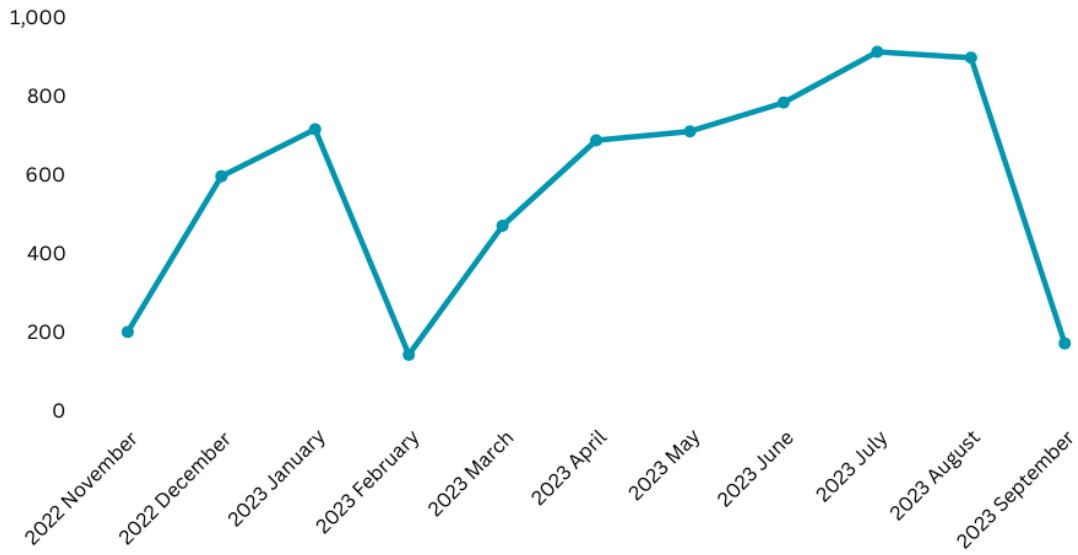
### Summary of Assessment Data

#### 1. **Demographic Overview:**

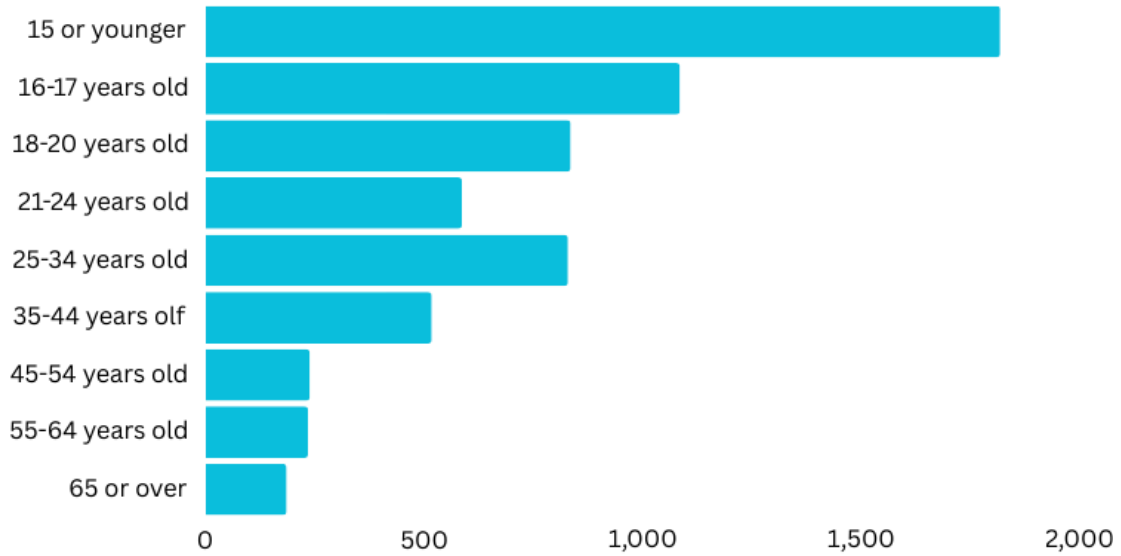
- The survey included 6,327 completed assessments between 2022 and 2023.
- Notably, 14.5% of the respondents were from July 2023, followed by 14.2% from August 2023.
- **Age Distribution:**
  - The age distribution shows a diverse range, with the largest group being 15 or younger (28.7%), followed by 16-17 years old (17.1%).
- **Mental Health Conditions:**
  - Anxiety levels varied, with 31.6% reporting severe anxiety and 23.5% reporting moderate anxiety.
  - Depression levels showed 30.4% experiencing moderately severe depression, while 14.4% reported severe depression.
- **Pregnancy and Postpartum Depression:**
  - A small percentage (4.9%) reported being pregnant or recently pregnant, while 86.2% of this group experienced moderate to severe postpartum depression.
- **Substance Use Patterns:**
  - Among those 21 and older, 59.1% reported no substance use in the past 12 months.
  - Notably, for alcohol, 82.4% reported no use in the past year, while 86.1% reported no drug use in the past 12 months.
- **Gender and Ethnicity:**
  - Gender distribution varied, with 70.8% female and 24.9% male.
  - Almost 55% identified as Hispanic or Latino.
  - More than half (51.1%) identified as White, followed by 36.2% as Multi Race and 4.9% as Asian.
- **Health Insurance and Language Preference:**
  - The majority (96.9%) preferred English as their language, followed by Spanish (2.7%).
  - In terms of health insurance, 52.4% reported having more than one type, while Medi-Cal or Medicaid covered 21.4%.
- **Mental Health Services:**
  - A significant portion (86.5%) were not currently receiving mental health services.
  - Similarly, 85.9% were not taking medications for mental health or substance use.
- **Monterey County Behavioral Health Services:**

- A majority (94.9%) had not received services from Monterey County Behavioral Health.

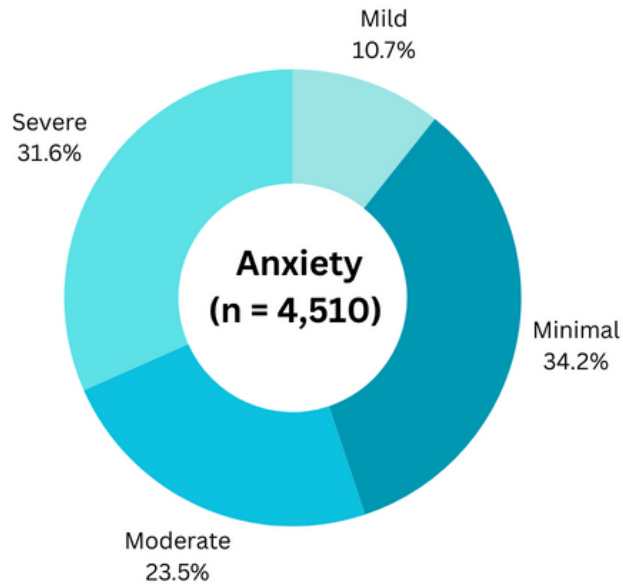
Year-Month Usage



Age Groups

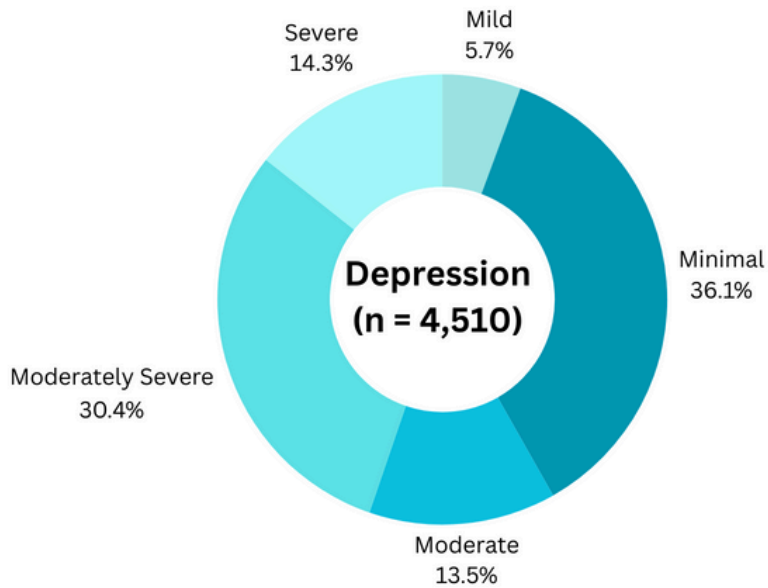


Users by Anxiety



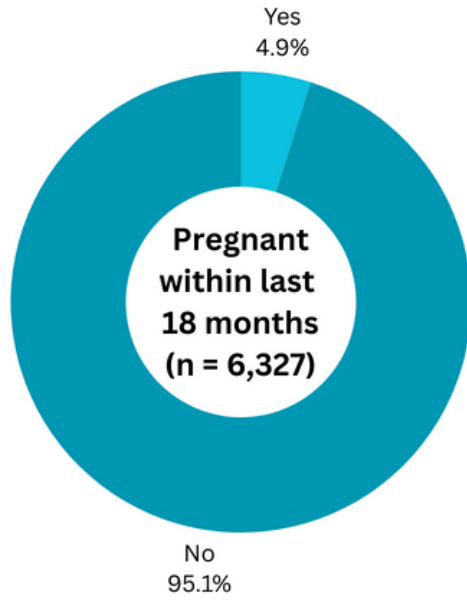
Note: Missing values were removed from this visualization (Number of users with Missing response - 1,817)

### Users by Depression

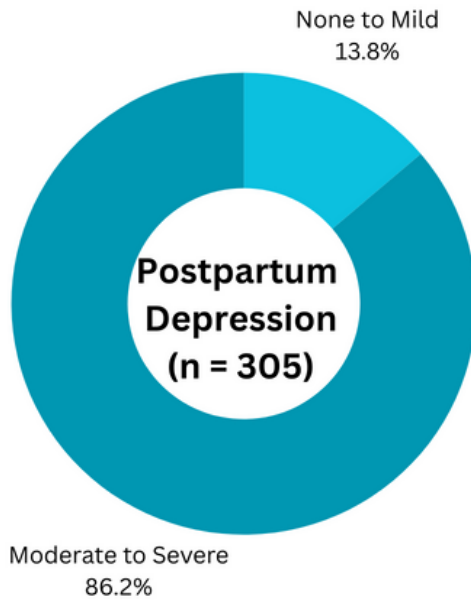


Note: Missing values were removed from this visualization (Number of users with Missing response - 1,817)

### Users by Pregnancy Status



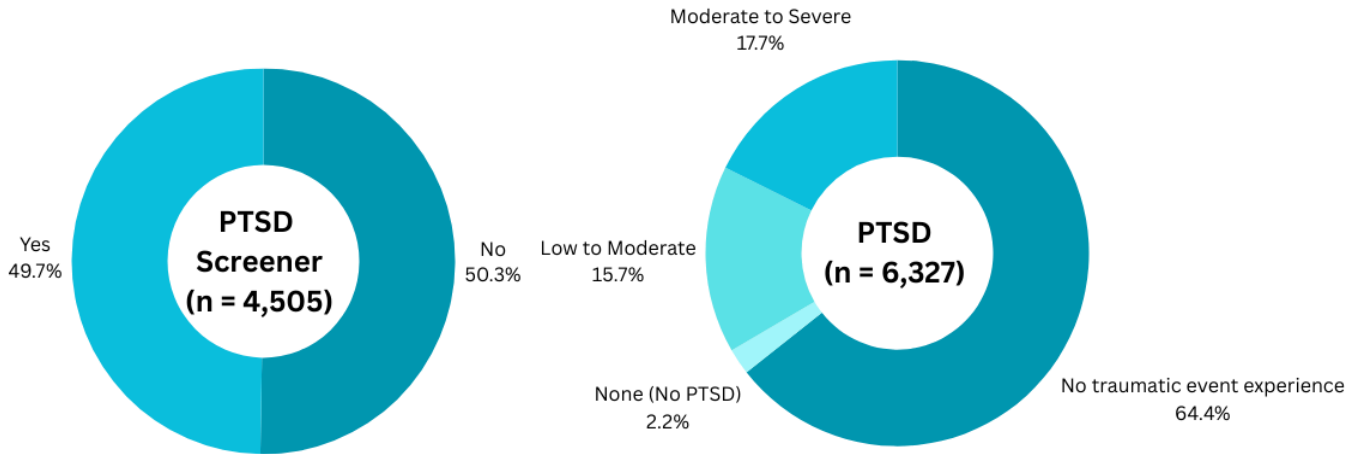
Users by Postpartum Depression



Note: Values indicating no past or recent pregnancy were removed from this visualization (Number of users with no current or recent pregnancy - 6,022)

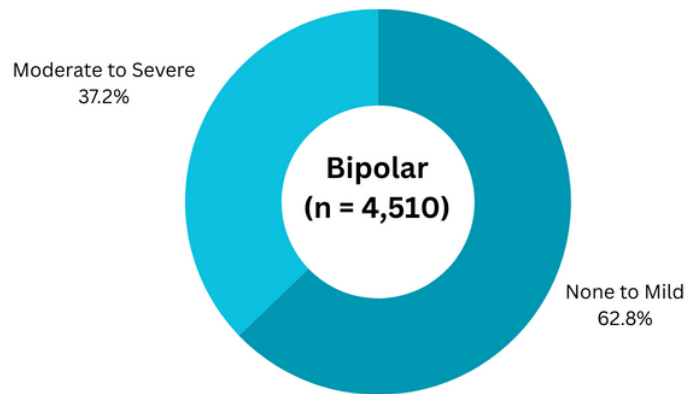
Users by PTSD Severity





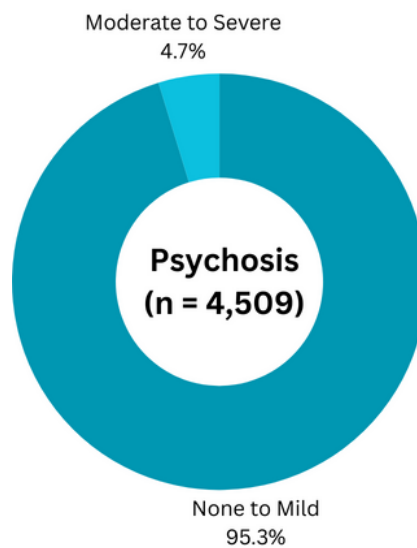
Note: Missing values were removed from the PTSD Screener Visualization (Number of users with Missing response - 1,822)

Users by Bipolar



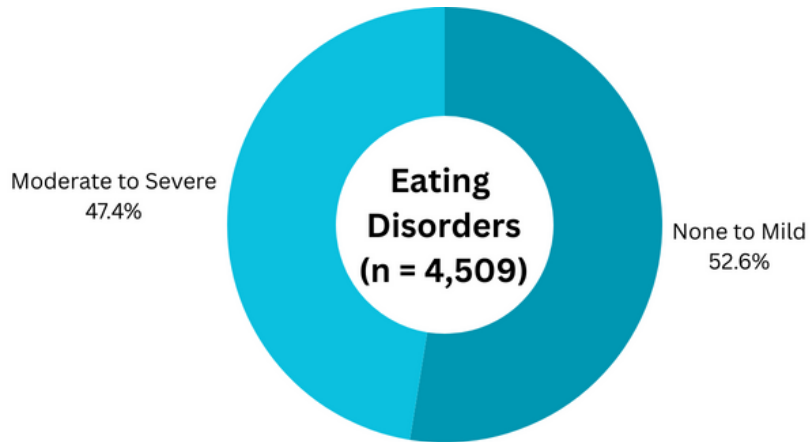
Note: Missing values were removed from the Bipolar Visualization (Number of users with Missing response - 1,817)

Users by Psychosis



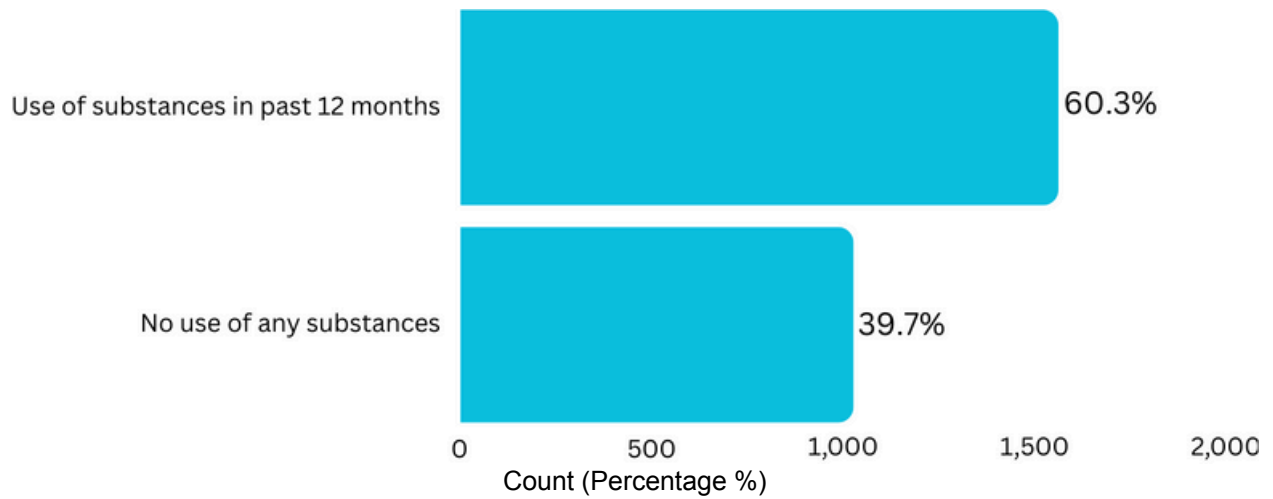
Note: Missing values were removed from the Psychosis Visualization (Number of users with Missing response - 1,818)

Users by Eating Disorder



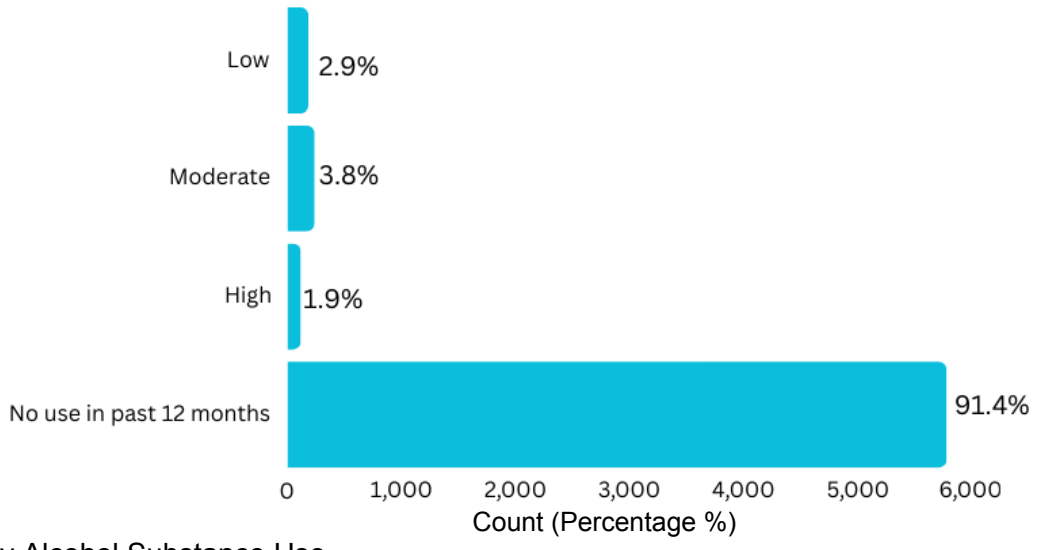
Note: Missing values were removed from the Eating Disorder Visualization (Number of users with Missing response - 1,818)

### Users by General Substance Use

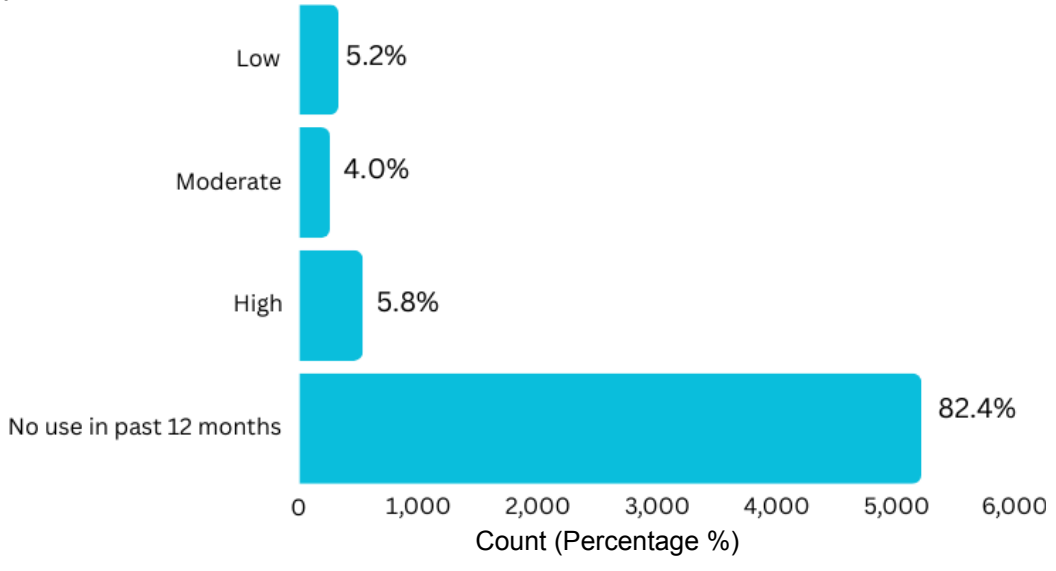


Note: Under 21 responses were removed from the General Substance Use Visualization (Number of users with Under 21 response - 3,738)

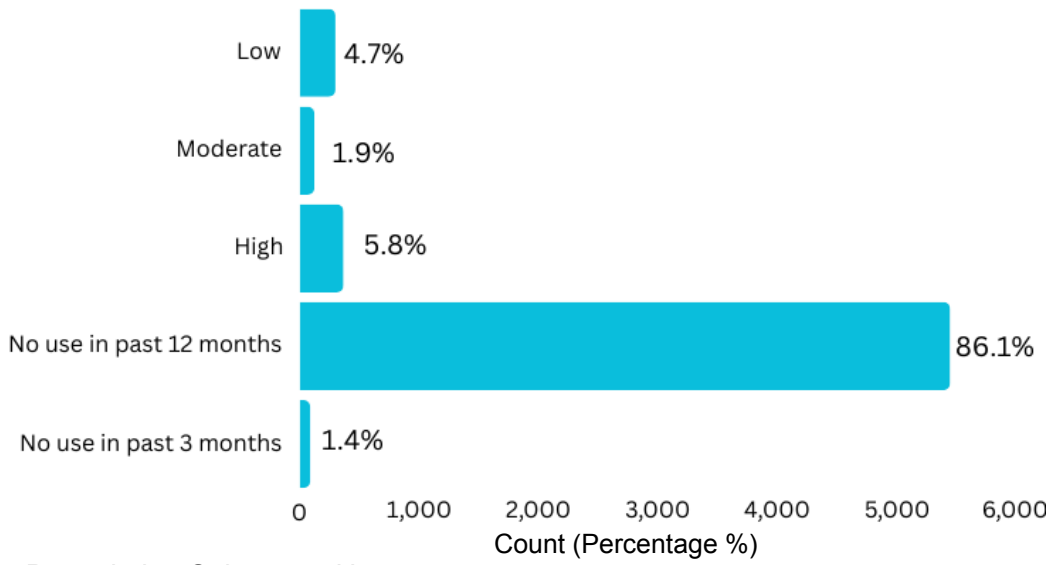
### Users by Tobacco Substance Use



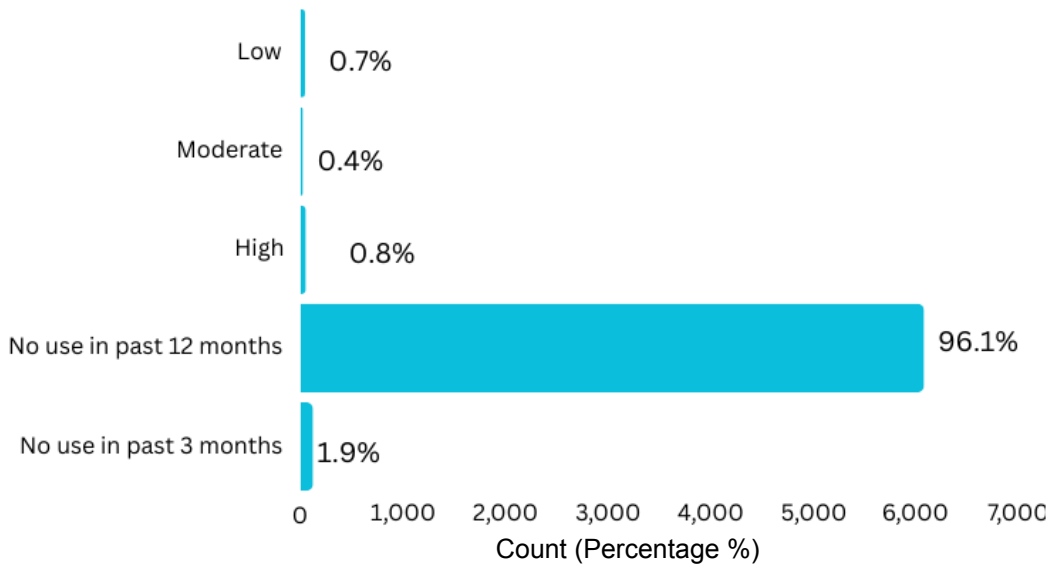
Users by Alcohol Substance Use



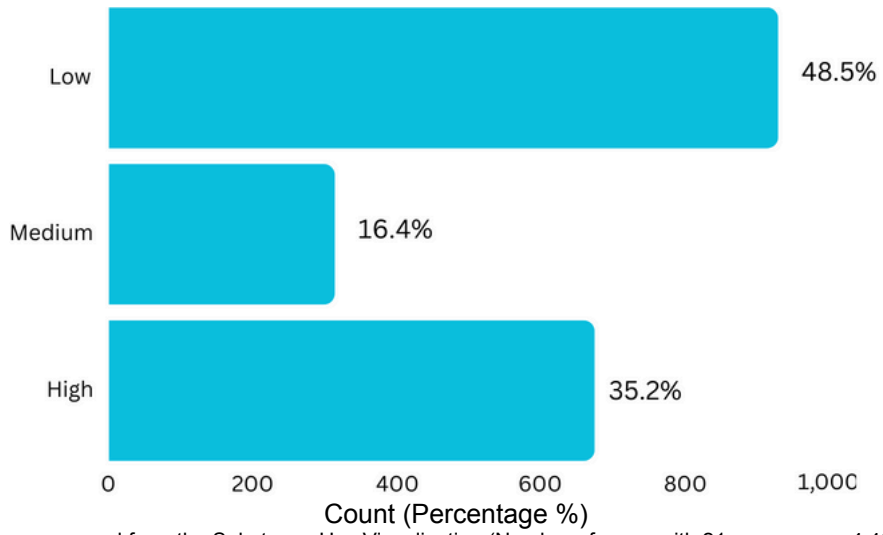
Users by Drug Substance Use



Users by Prescription Substance Use

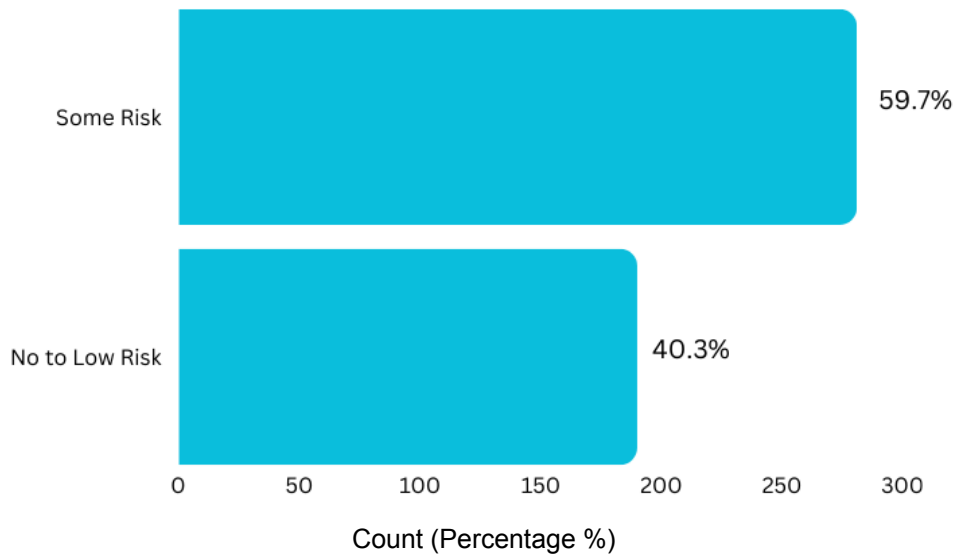


### Youth Users by General Substance Use



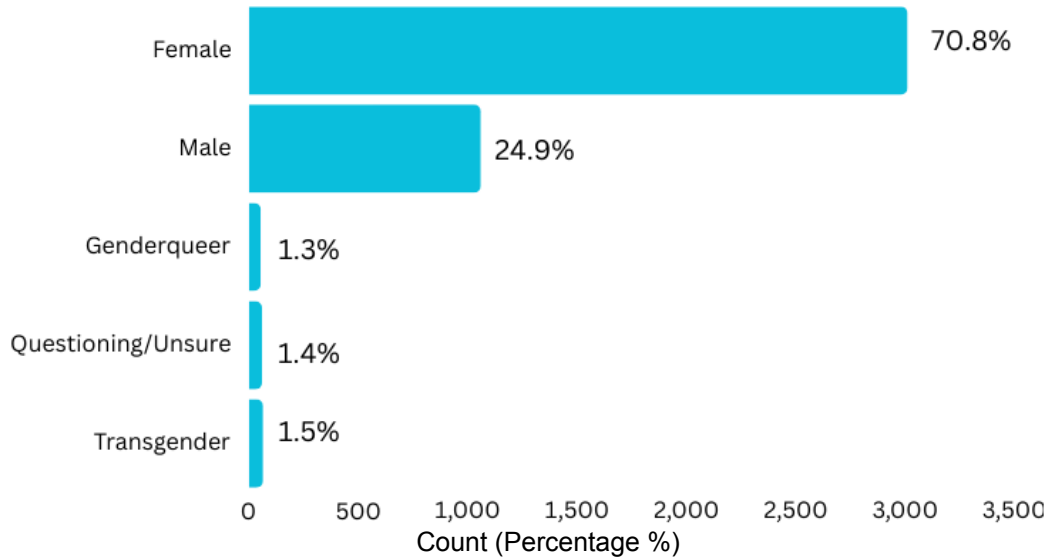
Note: 21+ values were removed from the Substance Use Visualization (Number of users with 21+ response - 4,408)

### Youth Users by Nicotine Substance Use



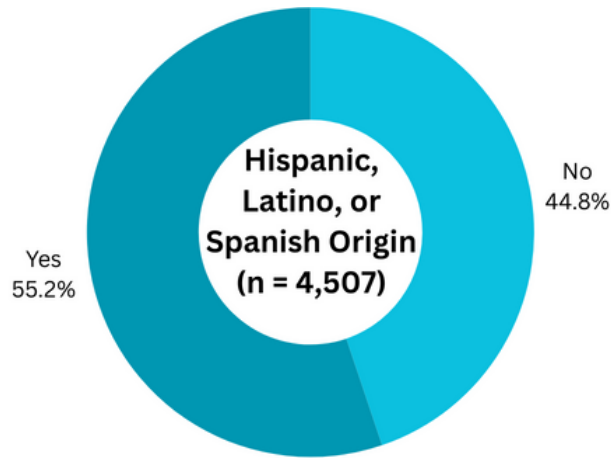
Note: 21+ and missing values were removed from the Nicotine Use Visualization (Number of users with 21+ and Missing response - 5,856)

### Users by Gender



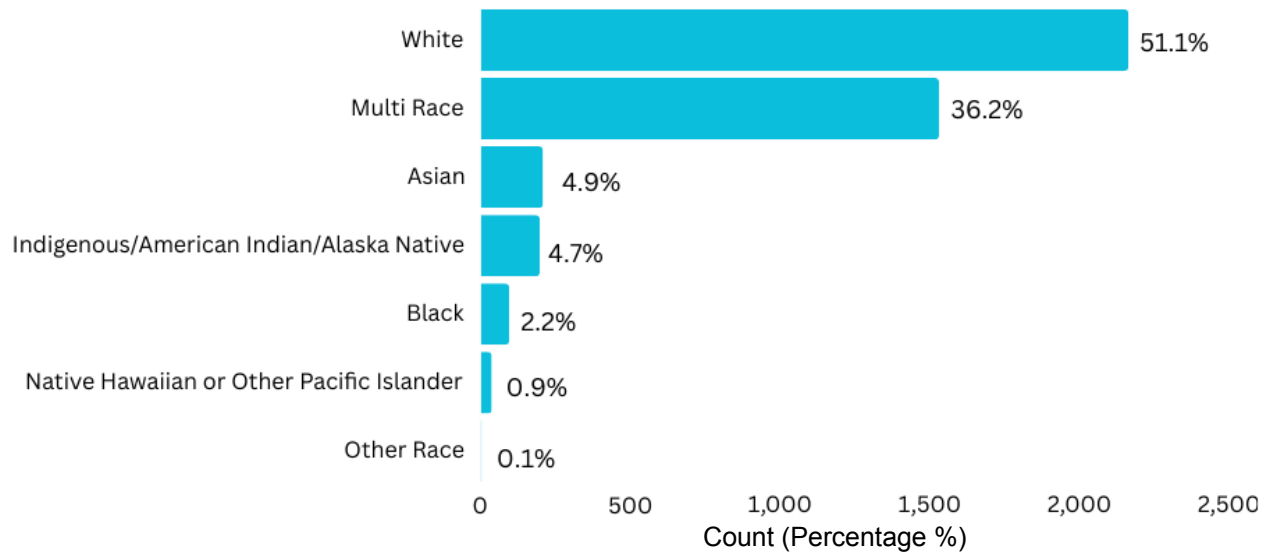
Note: Missing, unknown, and nondisclosed values were removed from the Gender Visualization (Number of users with no response - 2,077)

### Users by Hispanic, Latino, or Spanish Origin



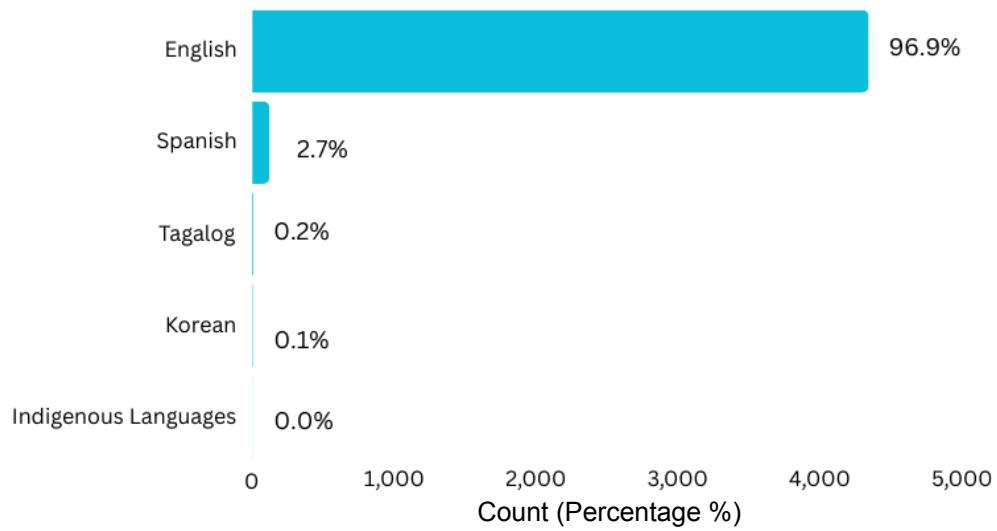
Note: Missing values were removed from the Hispanic, Latino, or Spanish origin Visualization (Number of users with Missing response - 1,820)

### Users by Race



Note: Missing and not reported values were removed from the Race Visualization (Number of users with Missing or non response - 2,092)

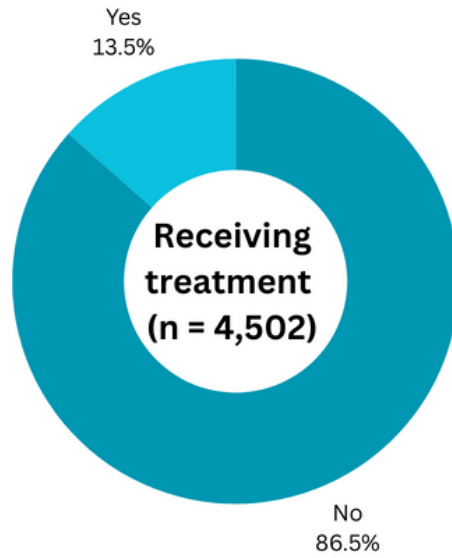
### Users by Preferred Language



Note: Missing values were removed from the Preferred Language Visualization (Number of users with Missing response - 1,842)

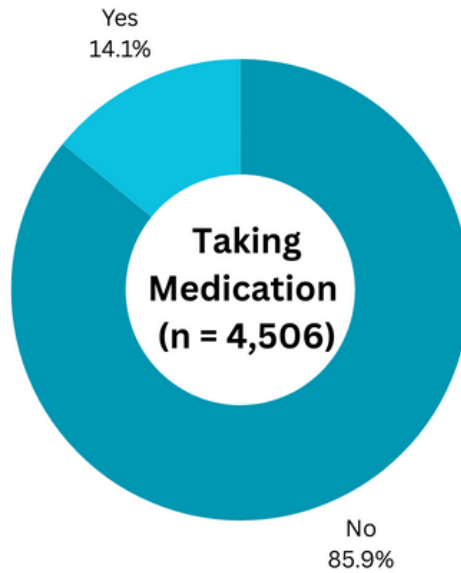


Users Who Are Receiving Treatment for Mental Health or Substance Use



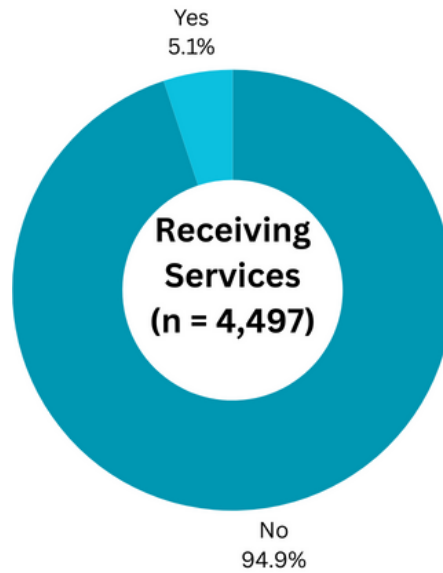
Note: Missing values were removed from the Treatment Visualization (Number of users with Missing response - 1,825)

Users Who Are Taking Medications for Mental Health or Substance Use



Note: Missing values were removed from the Medication Visualization (Number of users with Missing response - 1,821)

Users Who Have Received Services from Monterey County Behavioral Health



Note: Missing values were removed from the Services Visualization (Number of clients with Missing response - 1,830)

**Website data**

Mental Health Diagnosis

Source: The assessment data from 11/15/22 to 9/6/2023

Multiple response ones

<b>Have you been diagnosed for any of the conditions below by a professional, whether currently or in the past? Please check all that apply.</b>	<b>Counts of Users</b>	<b>Percentage (%)</b>
Anxiety disorder	1,612	17.8%
Depression	1,520	16.8%
Bipolar disorder	202	2.2%
Postpartum or perinatal depression	102	1.1%
Eating disorder	387	4.3%
Personality disorder	109	1.2%
Post-traumatic stress disorder (PTSD)	440	4.9%
Substance use disorder	134	1.5%
Schizophrenia	32	0.4%
I prefer not to say	329	3.6%
None of the above, I've never been diagnosed with a mental health condition	3,634	40.2%
Other mental health condition	541	6.0%

<b>Total Number of Responses (Includes Multiple Responses)</b>	<b>9,042</b>	
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Social Determinants Challenges

Source: The assessment data from 11/15/22 to 9/6/2023

<b>Are you currently having any significant challenges with the following items? Please check all that apply.</b>	<b>Counts of Users</b>	<b>Percentage (%)</b>
Housing (homelessness, being able to pay rent, or being able to stay in your current home)	497	5.7%
Physical health (chronic illness, pain, or disability)	805	9.2%
Job/employment (unemployment, finding a job, or keeping a job)	720	8.3%
School (missing school, being late to school, or maintaining good grades)	1,066	12.2%
Food insecurity (being able to pay for food or having access to healthy food options)	527	6.0%
Transportation	316	3.6%
Immigration	64	0.7%
Family instability	822	9.4%
None of the above	2,084	23.9%
Missing	1,818	20.9%
<b>Total Number of Responses (Includes Multiple Responses)</b>	<b>8,719</b>	

County Program Status

Source: The assessment data from 11/15/22 to 9/6/2023

<b>Do you receive or are you a client of any of the following services or programs? Please check all that apply.</b>	<b>Counts of Users</b>	<b>Percentage (%)</b>
Foster care or child welfare services	43	0.7%
The justice system	26	0.4%
CalWORKS	118	1.8%
Cal Fresh	442	6.9%
Other open case with the Department of Social Services	149	2.3%
None of the above	3,855	59.8%
Missing	1,818	28.2%

<b>Total Number of Responses (Includes Multiple Responses)</b>	<b>6,451</b>	
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Health Insurance Status

Source: The assessment data from 11/15/22 to 9/6/2023

<b>What health insurance do you have? Please check all that apply.</b>	<b>Counts of Users</b>	<b>Percentage (%)</b>
Medi-Cal or Medicaid	1,281	18.5%
Medicare	421	6.1%
Private insurance (either from your job, through Covered California, or as a dependent on someone else's insurance)	1,374	19.9%
No insurance	323	4.7%
Unsure	1,097	15.9%
Other	608	8.8%
Missing	1,818	26.6%
<b>Total Number of Responses (Includes Multiple Responses)</b>	<b>6,922</b>	

How Did You Hear About WellScreen

Source: The assessment data from 11/15/22 to 9/6/2023

<b>How did you find out about WellScreen? Please check all that apply.</b>	<b>Counts of Users</b>	<b>Percentage (%)</b>
A provider, counselor, or therapist who works for Monterey County Behavioral Health	51	0.73%
A mental health or substance use provider who does not work for Monterey County Behavioral Health	32	0.46%
Social media	794	11.39%
The Monterey County website	115	1.65%
An advertisement, flyer, or billboard in the community	70	1%
Friend or family member	152	2.18%
My primary care physician or other doctor or nurse	14	0.20%
School or work	45	0.65%
Google search	3137	45.01%
Other	2560	36.73%

<b>Total Number of Responses (Includes Multiple Responses)</b>	<b>6970</b>	
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**MCBH Practitioner Categories**

<b>Num</b>	<b>Category</b>
1	AMFT (Associate MFT)~INACTIVE
2	APCC (Associate PCC)~INACTIVE
3	ASW (Associate Social Worker)~INACTIVE
4	BHA (Behavioral Health Aide)~INACTIVE
5	LCSW~INACTIVE
6	LMFT~INACTIVE
7	LPCC~INACTIVE
8	LPHA
9	LPHA - Intern
10	Licensed Vocational Nurse
11	MFT (Marriage and Family Therapist)~INAC
12	MFT Trainee~INACTIVE
13	MFTI~INACTIVE
14	MHRS or equivalent~INACTIVE
15	MHS (Mental Health Specialist)~INACTIVE
16	MSW Intern~INACTIVE
17	Medical Assistant~INACTIVE
18	Mental Health Rehabilitation Specialist
19	Nurse Practitioner
20	Other Qualified Provider
21	Physician
22	Physician Assistant
23	Psychiatrist~INACTIVE
24	Psychiatry~INACTIVE
25	Psychologist
26	Psychologist (Waivered)~INACTIVE

<b>MDpsy</b>	Categories 1 to 19, excluding 20, 21, and 22 to 26
<b>PhDpsy</b>	Categories 1 to 24, excluding 25 and 26
<b>MApsy</b>	Categories 1 to 3, 5 to 9, 11 to 13, 14 to 16
<b>NPPApsy</b>	Categories 1 to 18, 19 to 20, excluding 21 and 22 to 26
<b>BApsy</b>	Categories 4, 10, 17, 18
<b>HSpsy</b>	Categories 2, 3, 6 to 9, 12 to 16, 19 to 26

	Pre Launch (% of clients served)	Post Launch (% of clients served)
MDpsy	17.2%	12.9%
PhDpsy	3.0%	2.3%
MApsy	60.4%	53.2%
NPPApsy	8.1%	10.2%
BApsy	35.2%	42.1%
HSpsy	0.9%	0.9%

Website Event Data

Summary Table

	Website Events (N=165670)
<b>Year-Month</b>	
2022-11	5946 (3.6%)
2022-12	16753 (10.1%)
2023-01	22824 (13.8%)
2023-02	7091 (4.3%)
2023-03	13515 (8.2%)
2023-04	19210 (11.6%)
2023-05	20164 (12.2%)
2023-06	29479 (17.8%)

2023-07	30688 (18.5%)
<b>If an email campaign, the assigned UTM source.</b>	
adwords	132755 (80.1%)
email	284 (0.2%)
facebook	21485 (13.0%)
Missing	11146 (6.7%)
<b>If an email campaign, the assigned UTM content.</b>	
Anxiety	7616 (4.6%)
Depression	3277 (2.0%)
General	5346 (3.2%)
Postpartum	867 (0.5%)
Substance Use	866 (0.5%)
Missing	147698 (89.2%)
<b>Whether the user is logged in when the event occurred.</b>	
Yes	9553 (5.8%)
No	156117 (94.2%)
<b>The user-selected language</b>	
English	159300 (96.2%)
Spanish	6366 (3.8%)
Missing	4 (0.0%)
<b>Whether the user is on mobile, desktop, or other device.</b>	
Desktop	18701 (11.3%)
Mobile	146965 (88.7%)
Other device	4 (0.0%)
<b>The most common sources of traffic, e.g. Google, Facebook, etc.</b>	
Bing	261 (0.2%)
Direct/Email	14952 (9.0%)
DuckDuckGo	31 (0.0%)
Facebook	12966 (7.8%)
Google Organic	2917 (1.8%)
Google Paid	132755 (80.1%)
Instagram	115 (0.1%)



Linkedin	34 (0.0%)
Links/Referrals	1542 (0.9%)
Other	4 (0.0%)
Twitter	82 (0.0%)
Yahoo	11 (0.0%)
<b>High level categories of traffic</b>	
Direct/Email	14952 (9.0%)
Google Paid	132755 (80.1%)
Links/Referrals	1542 (0.9%)
Other	4 (0.0%)
Search Engine	3220 (1.9%)
Social Media	13197 (8.0%)
<b>The user's region (state), from the IP address.</b>	
California	155757 (94.0%)
International	42 (0.0%)
Other US States	8948 (5.4%)
Not Reported	923 (0.6%)
<b>Found some kind of resource</b>	
Yes	16499 (10.0%)
No	149171 (90.0%)
<b>The topic associated with the event.</b>	
Addiction and Recovery	79 (0.0%)
Anxiety and Stress	8860 (5.3%)
Mental Health Awareness	222 (0.1%)
Mindfulness and Meditation	39 (0.0%)
Mood Disorders	57 (0.0%)
Personal Development	12 (0.0%)
Relationships and Social Support	9 (0.0%)
Therapy and Mental Health Support	16 (0.0%)
Wellness and Self-Care	31 (0.0%)
Other Themes	524 (0.3%)
Missing	155821 (94.1%)
<b>The user selected a client (external) resource or service</b>	

Yes	555 (0.3%)
No	165115 (99.7%)
<b>The user found a resource</b>	
Yes	15104 (9.1%)
No	150566 (90.9%)
<b>The user completed the Wellscreen assessment</b>	
Yes	5319 (3.2%)
No	160351 (96.8%)
<b>The user found something useful</b>	
Yes	15695 (9.5%)
No	149975 (90.5%)
<b>The user played a video or podcast / audio</b>	
Yes	486 (0.3%)
No	165184 (99.7%)
<b>The user read something (article, etc.)</b>	
Yes	90 (0.1%)
No	165580 (99.9%)
<b>The user used the search to find a resource</b>	
Yes	30 (0.0%)
No	165640 (100.0%)
<b>The user registered or signed in to the site</b>	
Yes	656 (0.4%)
No	165014 (99.6%)
<b>The user viewed a list of resources</b>	
Yes	15746 (9.5%)
No	149924 (90.5%)
<b>The user navigated using the navigation menu</b>	
Yes	818 (0.5%)
No	164852 (99.5%)

Summary Website Events Data

- **Website Events Overview:**
  - A total of 165,670 website events were recorded.
  - The data spanned across different months (Nov 2022 to July 2023), with June 2023 having the highest event count (29,479).
- **Traffic Sources:**

- Most events (80.1%) originated from Google Paid, while Facebook contributed 13.0%.
- Direct/Email and Search Engine traffic accounted for 9.0% and 1.9%, respectively.
- **User Engagement:**
  - About 5.8% of events occurred when users were logged in, and 96.2% preferred English as their language.
  - Mobile devices were the predominant platform, constituting 88.7% of events.
- **Geographical Distribution:**
  - Most events (94.0%) were from California, with Other US States events comprising only 5.4%.
- **Interaction with Resources:**
  - Users found something useful in 9.5% of the events.
  - During most events (90.9%), users did not register or sign in to the site.
- **User Behavior and Interaction:**
  - Notably, during 9.5% of the events, users navigated using the navigation menu.
  - Only during 0.3% of events were users recorded playing a video or podcast, and during 0.1% of events did users read an article.
- **Wellscreen Assessment:**
  - A relatively small percentage (3.2%) of events recorded users who completed the Wellscreen assessment.
- **Topic Association and Themes:**
  - Anxiety and Stress-related events constituted 5.3%, while other themes collectively formed 0.3%.
  - Most events (94.1%) had no specific topic or theme.

The following models measure the association of marketing modes (compared to simple internet search): Google paid ads, social media ads, e-mail, and referrals. The models look at the primary outcome of interest—a completed mental health assessment.

### Outcome Assessment Completed (All Users)

Logistic regression                      Number of obs            =       21,243  
    LR chi2(16)               =       4154.65  
    Prob > chi2                =       0.0000  
 Log likelihood = -8984.6513               Pseudo R2                =       0.1878

outcome_completed_assessment_mx	Odds Ratio	Std. Err.	z	P> z	[95% Conf. Interval]	
spanish_mx	.2208677	.0302069	-11.04	0.000	.1689344	.2887662
cellphone_mx	.9509166	.0557529	-0.86	0.391	.8476879	1.066716
email_mx	1.07955	.2112945	0.39	0.696	.7356	1.584323
google_paid_mx	11.66643	2.078244	13.79	0.000	8.228221	16.54131
referrals_mx	4.855779	1.387682	5.53	0.000	2.77334	8.501877
soc_media_mx	.7429618	.1480321	-1.49	0.136	.5027686	1.097905
dec22_mx	1.095655	.0984607	1.02	0.309	.9187148	1.306672
jan23_mx	.925461	.076811	-0.93	0.351	.7865213	1.088945
feb23_mx	.9660268	.1115937	-0.30	0.765	.7703	1.211486
mar23_mx	1.524313	.1395167	4.61	0.000	1.273989	1.823822
apr23_mx	1.556197	.1319238	5.22	0.000	1.31797	1.837484
may23_mx	1.585951	.1342481	5.45	0.000	1.343498	1.872158
jun23_mx	.4203168	.0335156	-10.87	0.000	.3595033	.4914175
jul23_mx	.7536741	.0602111	-3.54	0.000	.6444378	.8814266
Calif_mx	1.416645	.1193182	4.14	0.000	1.201069	1.670915
Monterey_County_mx	.9199631	.0351788	-2.18	0.029	.8535344	.9915619
_cons	.0402197	.0079493	-16.26	0.000	.0273024	.0592485

Note: **\_cons** estimates baseline odds.

### Outcome Assessment Completed (Monterey Users Only)

Logistic regression                      Number of obs            =       9,509  
    LR chi2(14)               =       1847.59  
    Prob > chi2                =       0.0000  
 Log likelihood = -3838.9648               Pseudo R2                =       0.1940

outcome_completed_assessment_mx	Odds Ratio	Std. Err.	z	P> z	[95% Conf. Interval]	
spanish_mx	.2493198	.0467921	-7.40	0.000	.1725854	.3601715
cellphone_mx	.9162604	.0800867	-1.00	0.317	.7720025	1.087475
email_mx	.8050178	.2473758	-0.71	0.480	.4407961	1.470189
google_paid_mx	7.544664	2.120251	7.19	0.000	4.349403	13.0873
referrals_mx	4.793384	1.920762	3.91	0.000	2.185528	10.51303
soc_media_mx	.5866721	.1767784	-1.77	0.077	.3250184	1.058968
dec22_mx	1.060939	.1454686	0.43	0.666	.8109229	1.388038
jan23_mx	.9797968	.1231796	-0.16	0.871	.765814	1.25357
feb23_mx	.8468118	.1462345	-0.96	0.336	.6036627	1.187899
mar23_mx	1.565917	.2125607	3.30	0.001	1.20012	2.043207
apr23_mx	1.427309	.1799524	2.82	0.005	1.114809	1.82741
may23_mx	1.598951	.2068871	3.63	0.000	1.240792	2.060495
jun23_mx	.2810925	.033717	-10.58	0.000	.2222018	.3555911
jul23_mx	.5871701	.070653	-4.42	0.000	.4638105	.7433397
_cons	.0943026	.028375	-7.85	0.000	.052288	.1700766

Note: **\_cons** estimates baseline odds.

Among all users, Google paid ads were the most effective, with referrals being effective, but less effective than Google paid ads. Among Monterey users, the findings were the same, however, we cannot measure a statistical difference between the effectiveness of Google paid ads relative to the effectiveness of referrals..

## Appendix C: Qualitative interview guides

### Table of Contents

- MCBH Key Informant Interview Guide: pg 122
- Non-MCBH Key Informant Interview Guide: pg 125
- CredibleMind Key Informant Interview Guide: pg 127
- MCBH English Language Focus Group Interview Guide: pg 131
- MCBH Spanish Language Focus Group Interview Guide: pg 138

KI ID#: \_\_\_\_\_

### **WellScreen Monterey Screening Website Post-Implementation MCBH Key Informant (KI) Interview Guide**

Date of interview: \_\_\_\_\_  
Start time: \_\_\_\_\_ End Time: \_\_\_\_\_  
Interview ID: \_\_\_\_\_  
KI organization and job title: \_\_\_\_\_

File Name: WellScreen Monterey\_KI#\_MCBH\_Date

#### INTRODUCTION AND INFORMED CONSENT

My name is [NAME] and I am with UC Berkeley Health Research for Action. I am a member of the evaluation team for the Monterey County Behavioral Health Help@Hand initiative and the WellScreen Monterey website.

WellScreen Monterey (<https://wellscreenmonterey.crediblemind.com/>) is a new virtual mental health screening website launched by Monterey County Behavioral Health (MCBH) in November 2022. The website allows individuals residing in Monterey County to self-screen themselves for mental health conditions, in the privacy of their own homes or community, and provide individuals information and resources about local mental health services or self-care resources available to them. MCBH has partnered with CredibleMind, Inc., a company that provides a wellness-oriented digital platform, to develop this website as part of the CalMHSA Help@Hand initiative. This website is intended for individuals ages 16 or older or for caregivers supporting those experiencing symptoms of mental health.

The purpose of this interview is to help inform and provide feedback on the planning and implementation of the WellScreen Monterey mental health screening and resources website and to help improve this new website to increase the reach of MCBH to support the growing needs of the Monterey County community.

We have invited you to participate in this interview today because of your MCBH expertise and experiences. We believe you can help share your experiences with the

planning and implementation of WellScreen Monterey, identify some of the challenges and successes MCBH experienced to facilitating the mental health assessment process and linkage to mental health services subsequent to the launch of the WellScreen Monterey website, and give suggestions moving forward for improving WellScreen Monterey outreach and communication to facilitate the mental health assessments and linkage to mental health services for clients across Monterey County.

Do you have any questions about the study before we begin? [If yes, answer questions.]

[Briefly go over the main points of informed consent.]

- Just a reminder, you can refuse to answer any questions and you can discontinue the interview at any time.
- We will make every effort to make sure that your name or other identifying information such as your job title and ethnicity is not associated with anything you say. Your name and other identifying information will not appear on the interview document or any written reports. However, there may be some risk that you could be identified.
- There is no direct benefit to you from taking part in the interview, but you may benefit others in the future.
- The interview will take approximately 45-60 minutes.

Now I would like to begin the interview.

*Key informant background*

*[We will first ask a few questions about your job.]*

1. What is your current job title?
2. What are your primary roles and responsibilities at your current position?

*Experiences with WellScreen Monterey planning and launch*

*[Next, we will ask you questions about your perspectives and experiences with the WellScreen Monterey planning and launch.]*

3. What are your thoughts about the planning phase for the WellScreen Monterey website?
  - a. What went well?
  - b. What were the challenges?
4. What do you think of the launch for the WellScreen Monterey website?
  - a. For the launch, what went well for that? And what were the challenges?
    - i. What are the major financial or administrative facilitators and challenges in supporting the launch of WellScreen Monterey?
    - ii. What are the major facilitators and challenges with MCBH interfacing with potential clients directed from WellScreen Monterey?

- b. Are there unique challenges (issues) for potential Latino or Indigenous clients to access WellScreen Monterey?

*Perceptions about WellScreen Monterey's self-assessment process and linkage to mental health services*

*[We will next ask you questions about your perspectives about WellScreen Monterey's self-assessment tool and information about the website's mental health resources]*

5. What are your thoughts about WellScreen Monterey's self-assessment tool?
  - a. What are your thoughts on the user experience for taking the self-assessment tool?
  - b. What are your thoughts on how the self-assessment results and the conditions are reported on WellScreen Monterey?
6. What are your thoughts about the effectiveness of the WellScreen Monterey website (e.g., code for viewing assessment results; Monterey resources page; Avatar portal integration) in linking users to mental health services and self-care resources?
  - a. What do you think are some ways that can help get the users to share their WellScreen Monterey assessment results to MCBH providers?
  - b. What do you think are some ways that can make it easier for MCBH providers to be able to interface with users of WellScreen Monterey?
  - c. What are the most important mental health resources not yet on the WellScreen Monterey website that should be included on the WellScreen Monterey resources page?
  - d. Do you have additional suggestions for improving the linkage between users of WellScreen Monterey and MCBH providers?

*WellScreen Monterey outreach and communication*

7. What did you think of the outreach and communication strategies for WellScreen Monterey?
  - a. What went well thus far?
  - b. What are some challenges?
  - c. What can we do to address these challenges?
  - d. Are there additional suggestions you have for improving outreach and communication of the WellScreen Monterey website to county residents?
  - e. Are there additional suggestions you have to make it more user friendly?
8. That is all the questions we have. Do you have any other comments you would like to share?

Interview Notes





KI ID#: \_\_\_\_\_

## WellScreen Monterey Screening Website Post-Implementation Non-MCBH Key Informant (KI) Interview Guide

Date of interview: \_\_\_\_\_  
Start time: \_\_\_\_\_ End Time: \_\_\_\_\_  
Interview ID: \_\_\_\_\_  
KI organization and job title: \_\_\_\_\_

File Name: WellScreenMonterey\_KI#\_NonMCBH\_Date

### INTRODUCTION AND INFORMED CONSENT

WellScreen Monterey (<https://wellscreenmonterey.crediblemind.com/>) is a new virtual mental health screening website launched by Monterey County Behavioral Health (MCBH) in November 2022. The website allows individuals residing in Monterey County to self-screen themselves for mental health conditions, in the privacy of their own homes or community, and provide individuals information and resources about local mental health services or self-care resources available to them. MCBH has partnered with CredibleMind, Inc., a company that provides a wellness-oriented digital platform, to develop this website as part of the CalMHSA Help@Hand initiative. This website is intended for individuals ages 16 or older or for caregivers supporting those experiencing symptoms of mental health.

The purpose of this interview is to help inform and provide feedback on the implementation of the WellScreen Monterey mental health screening and resources website and to help improve this new website to increase the reach of MCBH to support the growing needs of the Monterey County community.

We have invited you to participate in this interview today because of your expertise and experiences. We believe you can help share your experiences with the planning and implementation of WellScreen Monterey, identify some of the challenges and successes in facilitating the mental health assessment process and linkage to mental health services for potential clients subsequent to the launch of the new WellScreen Monterey website, and give suggestions moving forward for improving WellScreen Monterey outreach and communication to facilitate the mental health assessments and linkage to mental health services for potential clients across Monterey County.

Do you have any questions about the study before we begin? [If yes, answer questions.]

[Briefly go over the main points of informed consent.]

- Just a reminder, you can refuse to answer any questions and you can discontinue the interview at any time.
- We will make every effort to make sure that your name or other identifying information such as your job title and ethnicity is not associated with anything you

say. Your name and other identifying information will not appear on the interview document or any written reports. However, there may be some risk that you could be identified.

- There is no direct benefit to you from taking part in the interview, but you may benefit others in the future.
- The interview will take approximately 45-60 minutes.

Now I would like to begin the interview.

### *Key informant background*

1. What is your current job title?
2. What are your primary roles and responsibilities at your current position?

### *Experiences with WellScreen Monterey planning and launch*

3. Were you a part of the planning phase for the WellScreen Monterey website? (yes/no) [*If yes, go to 3a. If no, go to 3b.*]
  - a. What did you think of the planning phase for the WellScreen Monterey website?
    - i. What went well?
    - ii. What were the challenges?
  - b. How did you first learn about the WellScreen Monterey Website?
4. In general, what do you think of the new WellScreen Monterey website?
  - a. What do you like the most about it? And what can be improved?
  - b. What are the barriers or limitations of WellScreen Monterey to support potential users to understand mental health symptoms and resources?
  - c. What are the major facilitators and challenges with your organization/agency interfacing with potential clients directed from WellScreen Monterey?
  - d. What are the challenges for potential Latino or Indigenous clients to access WellScreen Monterey?

### *Perceptions about WellScreen Monterey's self-assessment process and linkage to mental health services (walk through the self-assessment page by page with the KI for a few minutes)*

5. What are your thoughts about WellScreen Monterey's self-assessment tool?
  - a. What are your thoughts on the user experience for taking the self-assessment tool?
  - b. What are your thoughts on how the self-assessment results and the conditions are reported on WellScreen Monterey?
6. What are your thoughts about the effectiveness of the WellScreen Monterey website (e.g., results code for viewing the self-assessment results; Monterey

resources page) in linking users to mental health services and self-care resources?

- a. What do you think are some ways that can help get the users to share their WellScreen Monterey assessment results to mental health providers?
- b. What do you think are some ways that can make it easier for mental health providers to be able to interface with users of WellScreen Monterey?
- c. What are the most important mental health resources not yet on the WellScreen Monterey website that should be included on the WellScreen Monterey resources page?
- d. Do you have additional suggestions for improving the linkage between users of WellScreen Monterey and mental health providers?

*WellScreen Monterey outreach and communication*

7. Are there suggestions you have for improving outreach and communication of the WellScreen Monterey website to county residents?
  - a. Are there suggestions you have to make the Website more user friendly?
8. What do you think WellScreen Monterey could do to help its users learn more about and access your organization's/agency's services?
9. That is all the questions we have. Do you have any other comments you would like to share?

Interview Notes

KI ID#: \_\_\_\_\_

**WellScreen Monterey Screening Website Post-Implementation  
CredibleMind Key Informant (KI) Interview Guide**

Date of interview: \_\_\_\_\_  
Start time: \_\_\_\_\_ End Time: \_\_\_\_\_  
Interview ID: \_\_\_\_\_  
KI organization and job title: \_\_\_\_\_  
(Credible Mind Staff)

File Name: WellScreenMonterey\_KI#\_CredibleMind\_Date

**INTRODUCTION AND INFORMED CONSENT**

WellScreen Monterey (<https://wellscreenmonterey.crediblemind.com/>) is a new virtual mental health screening website launched by Monterey County Behavioral Health (MCBH) in November 2022 by your organization, CredibleMind. As you know, the

website allows individuals residing in Monterey County to self-screen themselves in the privacy of their own home or community for mental health conditions and provide individuals information and resources about the local mental health services or self-care resources available to them. This website is intended for individuals 16 or older or for caregivers supporting those experiencing symptoms of mental health.

The purpose of this interview is to help inform and provide feedback on your experiences with the planning and implementation of the WellScreen Monterey mental health screening and resources website and how to continue to improve the website to meet the needs of MCBH and the community.

We have invited you to participate in this interview today because we believe you can help us identify some of the challenges and strategies in the screening and referral processes on the website and its linkages to resources and services as well as provide important recommendations for improving screening assessments and referrals for clients in Monterey County.

Do you have any questions about the study before we begin? [If yes, answer questions.]

[Briefly go over the main points of informed consent.]

- Just a reminder, you can refuse to answer any questions and you can discontinue the interview at any time.
- We will make every effort to make sure that your name or other identifying information such as your job title and ethnicity is not associated with anything you say. Your name and other identifying information will not appear on the interview document or any written reports. However, there may be some risk that you could be identified.
- There is no direct benefit to you from taking part in the interview, but you may benefit others in the future.
- Each interview will take approximately 45-60 minutes.

Now I would like to begin the interview.

*Key informant background*

*[We will first ask a few questions about your job.]*

1. What is your current job title and organizational affiliation?
2. What are your primary roles and responsibilities at your current position?

*Experiences with WellScreen Monterey planning and launch*

*[Next, we will ask you questions about your perspectives and experiences with the WellScreen Monterey planning and launch.]*

3. What are your thoughts about the planning phase for the WellScreen Monterey website?
  - a. What went well?
  - b. What were the challenges?
  
4. What do you think of the launch for the WellScreen Monterey website?
  - a. For the launch, what went well for that?
    - i. What are the major financial or administrative facilitators in launching WellScreen Monterey?
    - ii. What are the major facilitators with MCBH interfacing with potential clients directed from WellScreen Monterey? (After community members that may be potential clients are directed from WellScreen Monterey Assessments, how does MCBH connect with them?)
  - b. And what were the challenges?
    - i. What are the major financial or administrative challenges in launching WellScreen Monterey?
    - ii. What are the major challenges with MCBH interfacing with potential clients directed from WellScreen Monterey? (After community members that may be potential clients are directed from WellScreen Monterey Assessments, how does MCBH connect with them?)
  - c. Are there unique challenges (issues) for potential Latino or Indigenous clients to access WellScreen Monterey?

*Perceptions about WellScreen Monterey's self-assessment process and linkage to mental health services*

*[We will next ask you questions about your perspectives about WellScreen Monterey's self-assessment tool and information about the website's mental health resources]*

5. What are your thoughts about WellScreen Monterey's self-assessment tool for users?
  - a. What are your thoughts on the user experience for taking the self-assessment tool?
  - b. What are your thoughts on how the self-assessment results and the conditions are reported on WellScreen Monterey?
  
6. What are your thoughts about the effectiveness of the WellScreen Monterey website (e.g., code for viewing assessment results; Monterey resources page; Avatar portal integration) in linking users to mental health services and self-care resources?
  - a. What do you think are some ways that can help get the users to share their WellScreen Monterey assessment results to MCBH or other providers? (Why was the rationale behind the design of the codes for viewing the assessment results.)

- b. What do you think are some ways that can make it easier for MCBH or other providers to be able to interface with users of WellScreen Monterey?
- c. What are the most important mental health resources not yet on the WellScreen Monterey website that should be included on the WellScreen Monterey resources page? (What specific resources on the resources page should be highlighted?)
- d. Do you have additional suggestions for improving the linkage between users of WellScreen Monterey and MCBH or non-MCBH providers?

*WellScreen Monterey outreach and communication*

- 7. What did you think of the outreach and communication strategies for WellScreen Monterey (e.g., Google, Facebook)?
  - a. What went well thus far?
  - b. What are some challenges?
  - c. What can we do to address these challenges?
  - d. Are there additional suggestions you have for improving outreach and communication of the WellScreen Monterey website to county residents?
  - e. Are there additional suggestions you have to make it more user friendly?
- 8. That is all the questions we have. Do you have any other comments you would like to share?

Interview Notes



## WellScreen Monterey Screening Website Post-Implementation MCBH English Language Focus Group (FG) Interview Guide

Date of interview: \_\_\_\_\_  
Start time: \_\_\_\_\_ End Time: \_\_\_\_\_  
# of participants: \_\_\_\_\_  
Language: \_\_\_\_\_

### **Introduction and Informed Consent**

As participants log into the group video call, greet them. After an initial welcome, the moderator will briefly describe the purpose of the focus group.

[The participant's copy of the consent form was emailed/mailed before the focus group session.] Next, verbal informed consent will be obtained. **Read the consent form out loud.** [The preceding instruction is site-specific, depending on literacy and language anticipated for the group members.]

After reading the form, emphasize the following points:

### **Introduction and Informed Consent** (15 minutes)

*WellScreen Monterey (<https://wellscreenmonterey.crediblemind.com/>) is a new virtual mental health screening website launched by Monterey County Behavioral Health (MCBH) in November 2022. The website allows individuals residing in Monterey County to self-screen themselves in the privacy of their own home or community for mental health conditions and provide individuals information and resources about the local mental health services or self-care resources available to them. MCBH has partnered with CredibleMind, Inc., a company that provides a wellness-oriented digital platform, to develop this website. This website is intended for individuals 16 or older or for caregivers supporting those experiencing symptoms of mental health.*

*The purpose of this interview is to help inform and provide feedback on the implementation of the WellScreen Monterey mental health screening and resources website and to make sure we are meeting the needs of the Monterey community.*

*We have invited you to participate in this interview today because we believe you can help us identify some of the challenges and strengths of this website for mental health screening and referral processes and provide important recommendations for improving screening assessments and referrals for clients in Monterey County.*

At this point, ask participants if they have any questions. Once all questions have been answered, ask the participants to agree to the verbal consent form. Remind the participants that a copy of the consent form for their records was emailed/mailed to them prior to the focus group. Point out that should they have a question at any time following the focus group, they may contact the persons listed on the consent form.

After obtaining informed consent, give each participant a participant demographic survey link to complete. Depending on the group participants' characteristics, it may be desirable to have each participant complete the demographic survey as you read it aloud.

*We will be recording the session. We don't want to miss any of your comments. Only members of the evaluation team will have access to the recordings. If anyone is uncomfortable with being recorded, please say so. You are free to turn off your camera or leave the group video call if you would prefer. The recordings will be typed-up (transcribed) without any names or other identifying information and will be kept in a locked cabinet. Once the recordings have been typed-up, they will be destroyed. The typed versions will also be kept in a locked cabinet or password protected online server/computer. In any reports of the findings, we will not use anyone's name. We also ask that each of you keep what others say in this group confidential. Also, please do not identify any of our participants outside of this group. What is said here, should stay here.*

---

### **Ground Rules**

Following the introductions, the moderator will describe what is expected of participants in terms of the group discussions (e.g., the ground rules):

#### **Introduction**

Welcome & Thanks for coming  
General information about focus groups  
Audio and video recording  
Housekeeping - bathrooms, food, drinks, break  
Time - 1 to 1.5 hours

#### **Honest opinion**

No right or wrong answers  
You do not have to answer a question if you don't want to  
All opinions welcome  
Anonymity - your first name or an alias  
Confidentiality  
Moderator role - make sure everyone gets heard

---

### **Ground Rules**

*Before we get into our discussion, let me make a few requests of you. First, speak up so that everyone can hear you and let's try to have just one person speak at a time. Please say exactly what you think. Don't worry about what I think or others in the group might think. There are no right or wrong answers. Everyone's ideas and experiences are important. Everyone does not have to agree; we are interested in hearing all opinions.*

Can talk or respond to others in the room, not only me  
Speak clearly and loudly enough - hands up signal  
Speak one at a time  
Time out signal (when multiple people speak at the same time) - give the floor to person who first had the floor and work around room to all the people that want to speak  
Questions?

**Introductions**

To facilitate group interaction, the moderator will ask each participant to introduce him or herself using a name he or she prefers to be called. The moderator will also emphasize that they can use any name they choose (e.g., nickname, alias, initials, etc.). Each participant may choose to leave video off if preferred.

**Introduce WellScreen Monterey Website**

To facilitate group discussion, the moderator will ask the participants to review the WellScreen Monterey website on their own via their device for 5-10 minutes, sharing the main webpage link with them via Chat. The moderator will then take 5-10 minutes to go over step-by-step the major components of the WellScreen Monterey Website and how to navigate them using the Zoom Share Screen option. The moderator will walk through the homepage, the self-assessment screener, the results page with the assessment results summary and details with recommended resources for each condition, and the resources webpage.

**Focus Group Questions**

**Introductions**

*1. Please tell us your first name or the name you prefer to use. Please also tell us if you know a family member or friend who is feeling healthy and happy and why you think this family member or friend is feeling healthy and happy. (If you do not know anyone, please let us know why you are interested in health and wellness).*

**Introduce WellScreen Monterey Website**

*Before we discuss the new WellScreen Monterey Website, we want to ask you to please go onto the WellScreen Monterey website (share website homepage link in Chat) to review for 5-10 minutes . After that, we will also use Share Screen and go over the WellScreen Monterey Website together with you for a few minutes.*

**Focus Group Questions**

*Next, I would like to ask you a few questions about the WellScreen Monterey Website. (Share home page)*

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2. *How did you first learn about the WellScreen Monterey Website?*

*PROMPT: What device did you use to access the Website (e.g., mobile phone, computer)?*

3. *What do you think of the new WellScreen Monterey website in general?*

*PROMPT: What was the first thing you saw and clicked on when you got onto the main homepage on the website?*

*PROMPT: What have you found to be the most helpful or easy to use on the website?*

*PROMPT: What are the challenges you encountered with using the website?*

*PROMPT: What can be improved?*

4. *What are your thoughts about taking the WellScreen Monterey's self-assessment tool? (1st page of self-assessment, select random questions)*

*PROMPT: What are your thoughts about the design and length of the self-assessment tool?*

*PROMPT: What are your thoughts about the self-assessment questions? Were there any particular questions or sections you found that were hard to understand or respond to?*

*PROMPT: What are your thoughts on how the self-assessment results, the summary of the conditions, and the suggested resources are reported on WellScreen Monterey results page? (go to Results Page and show them the Results Page)*

*PROMPT: Were the suggested resources easy to browse and understand on the results page?*

*PROMPT: What can be improved?*

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5. *What are your thoughts about the results code for you or the provider to be able to view the self-assessment results? (Go to results code on results page on a separate tab)*

*PROMPT: What do you think you or other users can do with the results code on the results page?*

*PROMPT: What do you think are some ways that can help get you or other users to share their WellScreen Monterey assessment results with mental health providers?*

*PROMPT: What do you think are some ways that can make it easier for mental health providers to be able to connect with you or other users of WellScreen Monterey?*

*PROMPT: Do you have additional suggestions for connecting the users of WellScreen Monterey and mental health providers?*

6. *What are your thoughts about the WellScreen Monterey resources page? (Go to Resources Page)*

*PROMPT: What are your thoughts about the design and format of the resources page?*

*PROMPT: What have you found to be most helpful or easy to use on the resources page?*

*PROMPT: What are the challenges you encountered with browsing through the resources page?*

*PROMPT: What are the most important resources not yet on the WellScreen Monterey website that should be included on the WellScreen Monterey resources page?*

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	<p>7. <i>Are there suggestions you have for getting the message out about the new WellScreen Monterey website to county residents that may need it?</i></p> <p>PROMPT: <i>What venues should the information about WellScreen Monterey be posted or presented (e.g., Google ads, Bus ads, Grocery Store bulletin board, churches, health clinics,...)?</i></p> <p>PROMPT: <i>How can one make the WellScreen Monterey website more easily available? (e.g., social media, in-person via tablet,...)</i></p> <p>8. <i>Are there suggestions you have to make the information on the Website more user friendly?</i></p> <p>PROMPT: <i>What specific information have you found to be most helpful?</i></p> <p>PROMPT: <i>What information were you not able to find?</i></p>
OTHER TOPICS	<p>9. <i>Is there anything else you would like to talk about?</i></p> <p>PROMPT: <i>Are there additional suggestions you would like to share about your experiences with using the WellScreen Monterey Website?</i></p> <p>PROMPT: <i>Are there any other suggestions you have for improving mental health services in Monterey County that you would like to share?</i></p>
<b><u>Wrap-up</u></b>	<p><b><u>Wrap-up</u></b></p> <p><i>Before we end our group discussion, I'd like to know if there is anything you would like to add. Are there things that we didn't discuss that you think are important for us to know about how [WellScreen Monterey] can better serve your community?</i></p>

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*Thank you very much for taking the time to talk with us. Your input will be very helpful. Again, if you have questions at any time about this project, please feel free to contact the persons listed on your consent form.*

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## WellScreen Monterey Screening Website Post-Implementation MCBH Spanish Language Focus Group (FG) Interview Guide

Fecha de Entrevista: \_\_\_\_\_  
Hora de Inicio: \_\_\_\_\_ Hora de Terminar: \_\_\_\_\_  
# de participantes: \_\_\_\_\_  
Idioma: \_\_\_\_\_

### **Introducción y Consentimiento Informado**

Cuando los participantes inicien sesión en la videollamada grupal, salúdelos. Después de una bienvenida inicial, el moderador describirá brevemente el propósito del grupo focal.

[La copia del formulario de consentimiento del participante se envió por correo electrónico/correo postal antes de la sesión del grupo focal.] A continuación, se obtendrá el consentimiento informado verbal. **Lea el formulario de consentimiento en voz alta.** [La instrucción anterior es específica del sitio, dependiendo de la alfabetización y el idioma anticipado para los miembros del grupo.]

Después de leer el formulario, enfatice los siguientes puntos:

### **Introducción y Consentimiento Informado** (15 minutos)

*WellScreen Monterey (<https://wellscreenmonterey.crediblemind.com/>) es un nuevo sitio web virtual y evaluación de salud mental lanzado por Monterey County Behavioral Health (MCBH) en noviembre de 2022. El sitio web permite a las personas que residen en el condado de Monterey autoevaluarse en el privacidad de su propio hogar o comunidad para las condiciones de salud mental y proporcionar a las personas información y recursos sobre los servicios locales de salud mental o los recursos de autocuidado disponibles para ellos. MCBH se ha asociado con CredibleMind, Inc., una empresa que proporciona una plataforma digital orientada al bienestar, para desarrollar este sitio web. Este sitio web está destinado a personas mayores de 16 años o para cuidadores que brindan apoyo a quienes experimentan síntomas de salud mental.*

*El propósito de esta entrevista es ayudar a informar y proporcionar comentarios sobre la implementación del sitio web de recursos y evaluaciones de salud mental WellScreen Monterey y asegurarnos de que estamos satisfaciendo las necesidades de la comunidad de Monterey.*

*Lo hemos invitado a participar en esta entrevista hoy porque creemos que puede ayudarnos a identificar algunos de los desafíos y fortalezas de este sitio web para los procesos de evaluación y referencias de salud mental y brindar recomendaciones importantes para mejorar las evaluaciones y las referencias para clientes en el condado de Monterey.*

En este punto, pregunte a los participantes si tienen alguna pregunta. Una vez que se hayan respondido todas las preguntas, pida a los participantes que acepten el formulario de consentimiento verbal. Recuerde a los participantes que se les envió por correo electrónico/correo postal una copia del formulario de consentimiento para sus registros antes del grupo de enfoque. Indique que si tienen una pregunta en cualquier momento después del grupo de enfoque, pueden comunicarse con las personas que figuran en el formulario de consentimiento.

Después de obtener el consentimiento informado, entregue a cada participante un enlace de encuesta demográfica para que lo complete. Dependiendo de las características de los participantes del grupo, puede ser conveniente que cada participante complete la encuesta demográfica mientras la lee en voz alta.

*Estaremos grabando la sesión. No queremos perdernos ninguno de tus comentarios. Solo los miembros del equipo de evaluación tendrán acceso a las grabaciones. Si alguien se siente incómodo con ser grabado, por favor dígalos. Puede apagar su cámara o abandonar la discusión si lo prefiere. Las grabaciones se transcribirán sin ningún nombre u otra información de identificación y se mantendrán en un gabinete cerrado con llave. Las grabaciones serán destruidas. Las versiones transcritas también se mantendrán en un gabinete cerrado con llave o en un servidor/computadora en línea protegido por contraseña. En cualquier reporte, no utilizaremos el nombre de nadie. También pedimos que cada uno de ustedes mantenga confidencial lo que digan los demás en este grupo. Además, no identifique a ninguno de nuestros participantes fuera de este grupo. Lo que se dice aquí, debe quedarse aquí.*

### **Reglas**

Después de las presentaciones, el moderador describirá lo que se espera de los participantes en términos de las discusiones grupales (por ejemplo, las reglas básicas):

#### **Introducción**

Bienvenido y gracias por venir  
Información general sobre los grupos focales  
Grabación de audio y video  
Limpieza: baños, comida, bebidas, descanso.  
Tiempo - 1 a 1,5 horas

#### **Opinión honesta**

No hay respuestas correctas o incorrectas

### **Reglas**

*Antes de entrar en nuestra discusión, permítanme hacerles algunas peticiones. Primero, hable para que todos puedan escucharlo e intentemos que solo hable una persona a la vez. Por favor, diga exactamente lo que piensa. No se preocupe por lo que yo pienso o lo que otros en el grupo puedan pensar. No hay respuestas correctas o incorrectas. Las ideas y experiencias de todos son importantes. No todos tienen que estar de acuerdo; nos interesa escuchar todas las opiniones.*

No tienes que responder una pregunta si no quieres  
Todas las opiniones son bienvenidas  
Anonimato: su nombre de pila o un alias  
Confidencialidad  
Rol de moderador: asegúrese de que todos sean escuchados  
Puede hablar o responder a otras personas en la habitación, no solo a mí  
Hable claramente y lo suficientemente alto - señal de manos arriba  
Hablar uno a la vez  
Señal de tiempo de espera (cuando varias personas hablan al mismo tiempo): dé la palabra a la persona que primero tuvo la palabra y trabaje alrededor de la sala para todas las personas que quieran hablar  
¿Preguntas?

### **Introducciones**

Para facilitar la interacción del grupo, el moderador le pedirá a cada participante que se presente usando el nombre que prefiera que lo llamen. El moderador también enfatizará que puede usar cualquier nombre que elija (por ejemplo, apodo, alias, iniciales, etc.). Cada participante puede optar por dejar el video apagado si lo prefiere.

### **Presentar el sitio web de WellScreen Monterey**

Para facilitar la discusión grupal, el moderador les pedirá a los participantes que revisen el sitio web de WellScreen Monterey por su cuenta a través de su dispositivo durante 5 a 10 minutos, compartiendo el enlace de la página web principal con ellos a través del chat. Luego, el moderador tomará de 5 a 10 minutos para repasar paso a paso los principales componentes del sitio web de WellScreen Monterey y cómo navegar por ellos usando la opción Zoom Share Screen. El moderador recorrerá la página de inicio, el

### **Introductions**

#### **Moderator shares first -**

*1. Díganos su nombre o el nombre que prefiere usar. Díganos también si conoce a un familiar o amigo que se sienta saludable y feliz y por qué cree que este familiar o amigo se siente saludable y feliz. (Si no conoce a nadie, háganos saber por qué está interesado en la salud y el bienestar).*

### **Introduce WellScreen Monterey Website**

*Antes de hablar sobre el nuevo sitio web de WellScreen Monterey, queremos pedirle que visite el sitio web de WellScreen Monterey (comparta el enlace de la página de inicio del sitio web en el chat) para revisarlo durante 5 a 10 minutos. Después de eso, también usaremos Share Screen y revisaremos el sitio web de WellScreen Monterey junto con usted durante unos minutos. (Put link to website in chat)*

<https://wellscreenmonterey.crediblemind.com/>

el autoevaluación, la página de resultados con el resumen de los resultados de la evaluación y los detalles con los recursos recomendados para cada condición, y la página web de recursos.

**Preguntas de el grupo focal**

**Preguntas de el grupo focal**

*A continuación, me gustaría hacerle algunas preguntas sobre el sitio web de WellScreen Monterey. **START AT HOME PAGE, Click through options on home page***

2. *¿Cómo se enteró por primera vez del sitio web de WellScreen Monterey?*

*AVISO: ¿Qué dispositivo (electronic device) usó para acceder al sitio web (por ejemplo, teléfono móvil, computadora)?*

3. *¿Qué opina del nuevo sitio web de WellScreen Monterey en general?*

*AVISO: ¿Qué fue lo primero que vio y en lo que hizo clic cuando visitó la página principal del sitio web?*

*AVISO: ¿Qué ha encontrado que es más útil o fácil de usar en el sitio web?*

*AVISO: ¿Cuáles son los desafíos que encontró al usar el sitio web?*

*PROMPT: ¿Qué se puede mejorar?*

4. *¿Qué piensa acerca de tomar la autoevaluación de WellScreen Monterey? **(Go to the 1st page of questions on self-assessment, select answers to a few questions and move through a few pages of the self-assessment)***

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*AVISO: ¿Qué opina sobre el diseño y la duración del autoevaluación?*

*AVISO: ¿Qué opina sobre las preguntas de la autoevaluación? ¿Hubo alguna pregunta o sección en particular que encontró que fue difícil de entender o responder?*

*AVISO: ¿Qué piensa sobre cómo se informan los resultados de la autoevaluación, el resumen de las condiciones y los recursos sugeridos en la página de resultados de WellScreen Monterey? **(Go to results page here, it will also include some resources)***

*AVISO: ¿Los recursos sugeridos fueron fáciles de explorar y comprender en la página de resultados?*

*PROMPT: ¿Qué se puede mejorar?*

*5. ¿Qué opina sobre el código de resultados para que usted o el proveedor puedan ver los resultados de la autoevaluación? **(Go page where you will enter results code, also the home page, scroll down)***

*AVISO: ¿Qué cree que usted u otros usuarios pueden hacer con el código (clave) de resultados en la página de resultados?*

*AVISO: ¿Cuáles cree que son algunas formas que pueden ayudar a que usted u otros usuarios compartan los resultados de su evaluación WellScreen Monterey con los proveedores de salud mental?*

*AVISO: ¿Cuáles cree que son algunas formas que pueden facilitar que los proveedores de salud mental puedan conectarse con usted u otros usuarios de WellScreen Monterey?*

*AVISO: ¿Tiene sugerencias adicionales para conectar a los usuarios de WellScreen Monterey y los proveedores de salud mental?*

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6. *¿Qué opina sobre la página de recursos de WellScreen Monterey? (Go to resource page)*

*AVISO: ¿Qué piensa sobre el diseño y el formato de la página de recursos?*

*AVISO: ¿Qué ha encontrado más útil o fácil de usar en la página de recursos?*

*AVISO: ¿Cuáles son los desafíos que encontró al navegar por la página de recursos?*

*AVISO: ¿Cuáles son los recursos más importantes que aún no están en el sitio web de WellScreen Monterey y que deberían incluirse en la página de recursos de WellScreen Monterey?*

7. *¿Tiene alguna sugerencia para difundir (extender) el mensaje sobre el nuevo sitio web de WellScreen Monterey a los residentes del condado que puedan necesitarlo?*

*AVISO: ¿En qué lugares se debe publicar o presentar la información sobre WellScreen Monterey (por ejemplo, anuncios de Google, anuncios de autobuses, tablón de anuncios de supermercados, iglesias, clínicas de salud,...)?*

*AVISO: ¿Cómo se puede hacer que el sitio web de WellScreen Monterey esté más fácilmente disponible? (por ejemplo, redes sociales, en persona a través de una tableta,...)*

8. *¿Tiene alguna sugerencia para que la información del sitio web sea más fácil de usar?*

*AVISO: ¿Qué información específica ha encontrado más útil?*

*PROMPT: ¿Qué información no pudo encontrar?*

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OTROS TEMAS

9. *¿Hay algo más de lo que le gustaría hablar?*

*AVISO: ¿Hay sugerencias adicionales que le gustaría compartir sobre sus experiencias con el uso del sitio web de WellScreen Monterey?*

*AVISO: ¿Hay alguna otra sugerencia que tenga para mejorar los servicios de salud mental en el condado de Monterey que le gustaría compartir?*

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**Envolver**

**Envolver**

*Antes de terminar nuestra discusión grupal, me gustaría saber si hay algo que le gustaría agregar. ¿Hay cosas que no discutimos que cree que es importante que sepamos sobre cómo [WellScreen Monterey] puede servir mejor a su comunidad?*

*Muchas gracias por tomarse el tiempo para hablar con nosotros. Su entrada será muy útil. Nuevamente, si tiene preguntas en cualquier momento sobre este proyecto, no dude en comunicarse con [nosotros] las personas que figuran en su formulario de consentimiento.*

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## Appendix D: Qualitative quotes and summaries

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### Planning processes

#### Successes

##### MCBH Key Informant Perspectives

*“I always have the sense that things were happening, action items were being addressed, feedback was being listened to and responded to. And I think, and this goes back to the strengths of the process.” - MCBH Administrator*

*“The planning phase? Well, I think going way back, I thought the RFP that was developed was well done. That was in consultation with the CalMHSA team. I think we developed pretty good scope of work and some pretty good parameters within the RFP.” - MCBH Administrator*

##### Help@Hand Technology Development Partner Perspectives

*“And so I think having consistent meetings was great and good to help us move forward and make sure that we were on track.” - Help@Hand Technology Development Partner*

*“We had an abundance of experience and expertise related to planning all the pieces out and making sure that we were meeting our milestones correctly. And we had some regular meetings... Things really went swimmingly, in terms of a large-scale project.” - Help@Hand Technology Development Partner*

*“And so for the most part, every deadline we had planned, we met. The times where we didn't meet our deadline, it was usually due to, we were still waiting for feedback or something from stakeholders.” - Help@Hand Development Partner*

*“I think we had a very intentional needs assessment process that tried its best to involve community members in comprehensive ways. So, we had focused groups, surveys. We had a validation process that happened on the ground. We had one-on-one interviews and that was with people who were just lay people within Monterey County residents, but also with some of the organizations that we thought might be interfacing with the tool once it was created.” - Help@Hand Technology Development Partner*

#### Challenges

##### Non-MCBH Provider Perspectives

*"I think it's difficult to get everyone at the table to give their... So, I think just doing the meetings or finding a time where everyone can make it. Of course, those are challenges that can come up along with planning and making sure we get everyone, but I think that was one of the things that I've seen." -KI 3*

### **Help@Hand Technology Development Partner Perspectives**

*"I also think that Monterey County Behavioral Health had very loose goals. So, whereas that is a positive in some sense, it is a challenge in others because there is less direction around what exactly we are looking for, striving towards, and having to create those parameters for ourselves." -Help@Hand Technology Development Partner*

*"For the design, I think one thing we're kind of dealing with now after launching is we wished there had been a little more feedback on the design. I think it seemed like they were happy that we got something out there and it looks fine, but it definitely, there's some UX UI things that I pointed out before, but we just didn't really have time to fix them." -Help@Hand Technology Development Partner*

*"I think one thing that would've helped is if we could have had another researcher. So there were two of us and there are four clinics and so we were only able to be at most two...it still would've been nice to just have a third person be able to get as many people as we could." Help@Hand Technology Development Partner*

*"So the usability stuff, that was difficult. Getting names and people, just recruiting people. We got some information from, they do an annual survey and so some of the contacts we received came from that, but we also had to do our own recruiting through Craigslist. It's hard to know if the people that we reached out to would've been interested in something like this or they're just interested in participating in research and getting compensated and all of that." -Help@Hand Technology Development Partner*

*"And so for the most part, every deadline we had planned, we met. The times where we didn't meet our deadline, it was usually due to, we were still waiting for feedback or something from stakeholders." -Help@Hand Technology Development Partner*

*"I don't think we were too far behind. I think the original launch date was in September maybe. So we were only a couple months delayed, which compared to other delays we had throughout the project, I think that was pretty good." -Help@Hand Technology Development Partner*

### **Launch Processes**

#### **Successes**

#### **MCBH Key Informant Perspectives**

*"So I think that was smart to do a softer launch and then see what the community response would be and how it's utilized or if it's utilized by the community. And then if it is, then what community members are then bringing that to us in Monterey County Behavioral Health to see, to follow-up from after they've been screened." - MCBH Administrator*

*"And a website might not have that level of trust for the older than the younger...if younger people are interacting with the website, then those that are 30 plus or whatever the number is,*

*they may be continuing to wanting to seek a person that they have heard is trustworthy or an agency that has actual human beings working there that they can trust.” - MCBH Administrator*

*“I mean the tool would be a facilitator if people would go through the tool and decide to contact us.” - MCBH Administrator*

#### Help@Hand Technology Development Partner Perspectives

*“But I would say I was very impressed with how many users and assessment completions we got even during that initial soft launch. From my perspective, I think the Monterey team was really happy with the numbers that we initially got and are continuing to get. ...So it's really nice to see how many people are finding the site and taking the assessments.” -Help@Hand Technology Development Partner*

*“I mean, financially, it was well funded, and I think there's been the challenge of figuring out how best to spend some of the marketing budget because you can pay money that's going to get people to come directly to the site and the screener, and that's great, but you can also pay money to get just brand awareness out there. So if, in the future, someone needs a screener, they know it's there.” -Help@Hand Technology Development Partner*

#### **Challenges**

##### MCBH Key Informant Perspectives

*“...I feel like the barriers would again be more on the county side to be sure to adapt their workflows to ask for the results code. Because I know we've tested it a couple times where we call the clinics and say we have a results code and the person on the other line is kind of like, "What? What results code?" So that's not good. So I think just the frequent training of people and reminders...” - MCBH Administrator*

*“The trust in the community is a big part, or the trust in our services in the community is a big part of why we're able to deliver services robustly in South Monterey County. “ - MCBH Administrator*

#### Help@Hand Technology Development Partner Perspectives

*“Yeah, I think on Monterey's side, even though it's obviously been an extremely collaborative process with them, I guess the stakeholding, if that can be a word, is a lot more dispersed for them as opposed for us. CredibleMind is a fairly small team and we all have eyes on the project. For them, there's a lot of different people who have different perspectives or might have some weight to play in the different elements of it.” -Help@Hand Technology Development Partner*

*“I think it's similar to just the barriers that have been common throughout this process where the Monterey County representatives don't always have the expertise or connections that are needed to get to the people that we're trying to get to. So, I think we've created a lot of the material that will be helpful, but we really need to have someone from Monterey County know where that information needs to go, where the posters need to be posted, where the business cards need to be populated, things like that.” -Help@Hand Technology Development Partner*

*“I think one thing that we ran into was kind of the idea of a soft launch and phase two launch because Monterey wasn't ready to go out and we didn't have all the marketing stuff yet. And so*

*yeah, the idea of a two-part launch wasn't part of the original contract. And so it was something that we had to figure out as we went, but it ended up working out okay. I think it's just how do we define the first part and then how do we define the second part. What else?" -Help@Hand Technology Development Partner*

*"...I think we were a little delayed on possibly legal and insurance reasons, but we were pretty close to our dates, and we were running up against some backend dates, we really wanted to get it into place. So, these are pieces that are around the edges a little bit. And, certainly understandable. So overall, I'd say, it was pretty successful in terms of getting people to the site, and then also spinning up some great Google AdWord outreach and so forth, so that we really had some traffic on the site and some usage. And ultimately, we're helping some specific populations at pretty high volumes in the county. And that felt pretty good to see it utilized as well." -Help@Hand Technology Development Partner*

*"It's a challenge, but there's only so much money that's available. Obviously, the more money you have, the better, and the more you can spend on a lot of different types of outreach...I think there's been a great budget to work with, but I think it's just figuring out what makes the most sense for targeting different communities and different types of marketing collateral or digital advertising...It was more of just figuring out what makes the most sense with the budget that we do have. You're always going to have to work with the budget, so just making sure that it's all balanced and using the budget in the right way." -Help@Hand Technology Development Partner*

*"We've had conversations about do we want the number of people coming to the site to increase, or are we really focused..." If they're not taking an assessment, maybe that's not necessarily what we want. Maybe we should be focusing trying to get the people to come to the site and taking the assessment. So there's a balance." -Help@Hand Technology Development Partner*

## **Website**

### **Overall**

#### **Non-MCBH Provider Perspectives**

*"I like the way it was written. I like the types of words used to express what you guys were trying to say. It wasn't using the psychobabble that we have to use for billing. It's more when you're feeling this, how are you feeling this? So I know what it's leading to, but the questions are simple." -Non-MCBH Provider*

#### **Help@Hand Technology Development Partner Perspectives**

*"I think it's pretty simple. It's a question and handful of options, and you just hand-select. I think people are pretty used to taking questionnaires in this type of format, so I don't really see many issues with the way that it's laid out. We did, I believe, try to make the reading level low enough so that most people can take the assessment and understand it." -Help@Hand Technology Development Partner*

## **Challenges**

### **Needs of vulnerable populations**

### MCBH Key Informant (KI) Perspectives

*“...I think the product is done well to be fluent in Spanish and our marketing is equally Spanish as it is English. The Indigenous groups though, I think they'd be restricted. I know to my understanding, they don't necessarily speak Spanish and their languages aren't written languages. So that's definitely a hard-to-reach demographic.” - MCBH Administrator*

### Non-MCBH Provider Perspectives

*“I would suggest, maybe,...to have a primarily Spanish version of this website with everything translated, not just the Bienvenidos part there. If you've already completed it... I would make that a little more prominent. Instead of a dropdown menu, maybe buttons so someone can see it clearly and just click there.” -Non-MCBH Provider*

### Help@Hand Technology Development Partner Perspectives

*“When we did our assessment, we did get feedback on what about other Indigenous Mexican languages. And basically what we said was, “Well, we have some resources for that population, but the assessment itself won't be in those languages 'cause we're contracted for English and Spanish only”. And so if Monterey wanted us to add another language, then we could, it would just be a change in scope.” -Help@Hand Technology Development Partner*

*“I would say, for Latino and Indigenous clients, certainly we did some research into languages beyond Spanish, like Indigenous languages like Triqui and so forth. And, we didn't find a cost-effective methodology for allowing for additional Indigenous languages.” -Help@Hand Technology Development Partner*

*“...We're unsure whether if someone has their browser set to Spanish already. We're not able to tell. If someone has their browser set to Spanish, I believe that any website that they visit that can be translated is automatically translated. So, that means they're still getting an automatic translation experience of our website and not the human translation experience of our website. I do believe that our developers have been doing work to read if someone's browser is set to Spanish to make sure that they see our human-translated version of this website in Spanish. I think that's something we've achieved already, but I'm not 100% sure.” -Help@Hand Technology Development Partner*

*“So, one thing we've noticed is that we've done a lot of work to human translate the website into Spanish, and the homepage has separate buttons for starting the screener in English and Spanish to really overemphasize and encourage that you can access this website in a language that feels more comfortable for you.” -Help@Hand Technology Development Partner*

*“...we've had a lot of conversations about brand awareness and how the more often people are seeing the ads, whether they're digital or in person, they're constantly being reminded that that resource is there. So they may not need it in that moment. So they may not scan the QR code or click on the link, but the more they see it, they will remember that that's a resource for them when they are feeling in need of something like WellScreen.” -Help@Hand Technology Development Partner*

*“ I think just continuing to improve on and add some of the physical collateral to different partners and different areas of the community is going to be helpful and beneficial. We have the*



*bus ads that just started running, and I know we have business cards and rack cards and flyers that Wes just got in the mail. So just making sure that those are being distributed and people are being educated on what WellScreen is and how to talk about it so when they are handing out some of that physical collateral, people know what it's for and how to use it.” -Help@Hand Technology Development Partner*

*“...having non-online opportunities within the county as well can be quite important. I think that, there are many other groups that could be reached, like seniors and people who are a little less likely to be on web tools and a little more likely to just be communicating with agencies at the county, or texting, or things like that.” -Help@Hand Technology Development Partner*

*“So we were able to implement different sort of landing pages, catered to specific needs. So we have an anxiety one, depression, one postpartum depression one. So we could see what's getting the most hits or the most visits. But in terms of adjusting, I think there's still a little bit of learning that we're still doing...” -Help@Hand Technology Development Partner*

*“I know we've tried to make more amendments to the process on the mobile experience, but from my understanding, I would imagine most people would be taking this on the phone. That hasn't always been our focus, so there's probably some improvements that we could do there.” -Help@Hand Technology Development Partner*

*“I am in favor of constantly tuning. So, I would assume that there's some things that could be done there. And certainly, when you think about a mobile phone experience, or certain experiences, you might give someone an alternative. So you might even consider two workflows. So there's a lot that you could do from a workflow and technology perspective as well, where you would just allow for people to choose into their experience a little bit more.” -Help@Hand Technology Development Partner*

## **Self-assessment**

### **Content and design**

#### **Successes**

##### **Non-MCBH Provider Perspectives**

*“I believe I saw in there that it was around 50 or so questions, and depending on your response to... I think one of them, if it was related to any traumatic event, then, there would be additional questions. I think it's very thorough. I don't remember it being too long of a process to take, because it was multiple choice, so it was pretty straightforward.” -Non-MCBH Provider*

#### **Challenges**

##### **MCBH Key Informant (KI) Perspectives**

*“... at what point do you just start answering questions to get done and start... You might start thinking about things very considerably taking your time and how you're going to answer it. And at what point do you start jumping through it quicker so you can get to the end?” -MCBH Administrator*

##### **Help@Hand Technology Development Partner Perspectives**

*“I think it's pretty self-explanatory. I think the only barrier may be just the number of questions. We see there are some people who start the assessment and may not finish it. That could be for a variety of reasons. But I think this day and age, people have short attention spans. So maybe that is a slight barrier. But we've seen a large number of people coming to the site and finishing the assessment, so it doesn't seem like that's that big of an issue for people.” -Help@Hand Technology Development Partner*

*“I know it can be long, but I think if someone is at a place where they're feeling pretty serious about finding mental health support, then I think it is also a manageable length. It's not excessive and it's not something you're going to have to sit down and take an hour to do, though it might take a person that amount of time if they're really being thoughtful about their answers and they're also not digitally savvy, but otherwise, someone who has digital savvy and is being thoughtful can probably get through it in 20 minutes and some people get through it in less than 10 minutes. So, I think there is a barrier to the length of it, but I think the benefits outweigh that barrier so that people can actually get the information that they need. There's a lot of work done to narrow down and decide what screeners were going to be used, what scales were going to be used, and whether it's comprehensive enough or too short or too long. So, I think we struck the balance that was best for the setting.” -Help@Hand Technology Development Partner*

*“I can speak to the overall user workflow. The length of the assessment is pretty long. And so, that's something that we were aware of, and we talked about from a user experience perspective, “Could the length be shortened even more than it was?” It does use branching logic and things like that to keep it as short as possible. If you're not a woman, or you're not pregnant, there are certain sections of questions that you don't have to answer. So, I think that, there's some opportunities there.” -Help@Hand Technology Development Partner*

## **Results**

### **Content and design**

#### **Successes**

##### **MCBH Key Informant (KI) Perspectives**

*“So if the results are saying you're at higher risk of depressive disorder, then here's what that means and here's the resources that might help you be that self-help, be that psychoeducation or be that linkage to a community organization that could further make that determination or provide some support around that.” - MCBH Administrator*

*“I like the balance that we were able to come up to...Community resources and availability of those resources change a lot. And so I think for the health of the website and of the screening tool, being able to add accurately and adequately direct somebody to where they can go, especially if they want to follow up with some actual help. So if they're not wanting to just use self-help resources or just learn more about their diagnosis, but where if they want to go to us or go to a community-based organization.” - MCBH Administrator*

##### **Help@Hand Technology Development Partner Perspectives**



*“Well, I was highly involved in the design of it. And so, part of it is trying to step away and say, “Could this have been done differently or better? Or could it be done differently or better over time?” I think the number of resources available within the county and the ability to filter on them is quite impressive. It's a really nice set of resources. And it's really well organized from my perspective. But, it may or may not always be provided to the user at the right time...if there's any way to potentially look at what information is made available to users and try to simplify it down.” -Help@Hand Technology Development Partner*

## **Challenges**

### **MCBH Key Informant (KI) Perspectives**

*“And so every individual that's coming through our doors...anybody coming into initiating services with us is given this screening tool that the state has implemented, which very quickly scores the client and makes a determination whether or not the assessment should be followed up through the mental health plan, which is us or through the managed care plan, which is not us. So it lined up with something from that was being implemented by the state. And so I think that in some ways made it, the screener a little even less applicable to our workflow. Still a good use of for the community to have something community facing again, that points people on the direction of self-help resources or community resources or just psychoeducation around mental health and wellness. But in terms of our own practical usage of the results of the screening tool made it a little less applicable.” - MCBH Administrator*

### **Non-MCBH Provider Perspectives**

*“...if you scroll down, areas you're doing well, areas of concern, what to do next, but I think there's just so much going on in that what to do next. It does have to come from here, but it's probably just has to be reorganized so it's very clear.” -Non-MCBH Provider*

### **Help@Hand Technology Development Partner Perspectives**

*“I think the area, and this is something we're going to do in general at CredibleMind, which will help with this, is the questionnaires themselves are a little old school; the radio buttons and the things could be a little more Typeform-like, if you've ever done a Typeform survey, where things just float up and you answer them and they keep floating. Anyway, I think the UI could be improved there, but I don't think that's been a blockage to it being used.” Help@Hand Technology Development Partner*

## **Suggestions**

### **Non-MCBH Provider Perspectives**

*“We have so many three letter numbers. Not three, help with three letters or digits... But we're not telling people what these numbers are for...I think that stuff should be also included on here somewhere.” -Non-MCBH Provider*

*“Yeah. It's hard to say because it's very difficult... I think it might be difficult for our youth, like if they don't have that in-person connection, if they're taking a quiz, and then, seeing the resources, it may take some kind of like, I guess some encouragement to go and make that step, that next step. I think the first step is very difficult to receive mental health services, or to acknowledge that something, we may need some support.” -Non-MCBH Provider*

## **Resources**

### **Content and design**

#### **Successes**

##### MCBH Key Informant (KI) Perspectives

*"I think the questions, the series, the way it was set up, it was easy to navigate. And I like how, based on the responses, it generated immediate resources for somebody to use...I think it was pretty accessible." - MCBH Administrator*

#### **Challenges**

##### Non-MCBH Provider Perspectives

*"Well, most people don't have a mental health provider and it's really hard to get one in this county. Actually, in most counties, it's very, very difficult." -Non-MCBH Provider*

*"Actually, for my program in particular, Interim has a lot of programs, but mine is one of the few that does not require a referral to get in. We have a drop-in component. I think listing us as a resource on that final page that tells you the results, like, "Maybe you have this. This is the number you can call for access. Here are some community resources." I think that might be helpful." -Non-MCBH Provider*

*"Well, we're a hospital, so I think people know when to access the services. We're not a community provider, we're a hospital, so I don't think there's anything that they could do." -Non-MCBH Provider*

##### Help@Hand Technology Development Partner Perspectives

*"...other than that we don't, like some people are clicking on things but we don't really know what. No one has really let us know how the experience has been or if people are using it to look up services and stuff in their community." -Help@Hand Technology Development Partner*

#### **Suggestions**

##### MCBH Key Informant (KI) Perspectives

*"...I like the balance that we were able to come up to. One of the things that I think is... community resources and availability of those resources changes a lot. And so I think for the health of the website and of the screening tool, being able to add accurately and adequately direct somebody to where they can go, especially if they want to follow up with some actual help." - MCBH Administrator*

*"... In my view, I don't know if it needs to be improved. I was looking at one thing today though where there was a lot of, it's like 50% of people that have taken it have kind of signified having a mild risk for an eating disorder. I was like, that seems really high. But then again, I don't know. I'd have to look back at the questions. But in America, we're known for eating a lot. So maybe. Again that's the thing where it's like I'm considering myself relatively fit and healthy, but my BMI is above where it should be. So it's like, I don't know. Who am I to challenged the validated*

scale? I don't know. If as a group we wanted to say, "Hey let's recalibrate this to push that risk scale up higher so not so many people trigger being at risk for something that they feel are not." Sure, if it's a team decision, but I don't know. Yeah, I just don't know how much weight to put in those critiques." - MCBH Administrator

"It might be interesting to think about do we separate the SUD from the mental health? And I know we're not supposed to do that as we're moving towards more integration between substance use disorder and mental health treatment. But in terms of what somebody might want to get information on. Usually people that are using substances know that they are and they'll know what they're using and they'll know why they're using it. Now, if you were filling this out on behalf of somebody else, maybe that might be helpful for you to get an understanding... But for yourself, you tend to know what your problems are, whether or not you're willing to admit them or not. So it may be worth-" - MCBH Administrator

"What should be there is for Medi-Cal recipients should be what used to be called Beacon Health Strategies, which links to the managed care plan provider network. They're now called Carelon..." - MCBH Administrator

### **Outreach and communication**

#### **MCBH Key Informant (KI) Perspectives**

"The Google ads were surprisingly good. And in our last data review, we saw when they were turned down and then they got turned back up. It'll be interesting to hear the reaction of this other level of promotion." - MCBH Administrator

"Well, what I like about our approach is we're asking the experts to come up with their ideas. I'm not. So that's why it's good to talk to the communications and the outreach people. They know how to reach people better than I do. And so I like that part of the project, as we're asking the clinicians for clinician input, and we're asking the marketing people for marketing input. It's important to, not keep everybody in their lane, but listen to those who have the expertise over others." - MCBH Administrator

"It seems like the digital advertising has gone well and I guess the social media. And then that's kind of the extent of what's happened. And there's also the bus ads that have gone out... And then all the stuff that we're trying to do right now with getting tablets out into the world or I guess we've done the advertorials and other stuff. I just don't have the data to show if it's worked or not. Yeah, it's just hard to track... So most of us are on computers all the time, so I think the digital Google ads is pretty good." - MCBH Administrator

"In my view, I think the user consumption of the tool was pretty good. The user count just in that first month and a half was really good." - MCBH Administrator

"Well, part of it is we have the stock pile of print materials that need to go out and dropped off. And so I've been working with our prevention manager and getting input from others on where to drop those off. And I need to come up with basic communication plan for it too and do that like asap. But again, it's hard just because there's so many competing priorities. It's been hard me to get out the door and go do that. But I think that's probably part of the process is go on this countywide tour to all these agencies and drop off print materials and have that direct engagement would be good." - MCBH Administrator

*“One thing that I was expecting to see that I didn't see would be some pamphlets or posters that we could put in our clinic lobbies. So again, we're not advertising that somebody do it that's already our client, right? Or somebody that's already come in the door, but that doesn't mean that these individuals don't, shouldn't be made aware that it is available to them or to people that they may know. And so I think having some more visibility in our clinic sites, in primary care physician clinics, that's where I think that would be helpful in terms of visibility and actually getting the word out that this is something that's available to any community member.” - MCBH Administrator*

#### Help@Hand Technology Development Partner Perspectives

*“...things seem to be going very well with the different marketing that has been going on. It seems to be starting to really take life within the community. A lot of people are using it. A lot of people who go to the site are actually going through the screener. I think it's really successful that we've been able to do marketing in both English and Spanish and use a lot of different avenues to present that information.” -Help@Hand Technology Development Partner*

#### **Challenges**

##### MCBH Key Informant (KI) Perspectives

*“I think possibly not having the marketing dialed in yet, because we're going to do a two-phase approach. And I thought everything was going to be in place to do that... And so when I came back, nothing had happened. I was like, oh, thought we were going to have our hard launch by now. So I think if anything had gone wrong, I think it just would've been the marketing wasn't totally figured out yet.” - MCBH Administrator*

#### **Needs of vulnerable populations**

##### Help@Hand Technology Development Partner Perspectives

*“Also, I think a big thing is about marketing to people who are monolingual Spanish speakers, because at least the data shows, especially from my experience in Monterey County for a couple weeks during the validation process, there are a lot of Hispanic people that speak English there. So, that may be less of a barrier to them.” -Help@Hand Technology Development Partner*

#### **Users and resources**

##### MCBH Key Informant (KI) Perspectives

*“Some people, if this is their early step, they may not be ready to talk to somebody, but they'll go ahead and watch a video to try and help them through what they're dealing with.” - MCBH Administrator*

##### Help@Hand Technology Development Partner Perspectives

*“We are finding users...give the assessment 90% plus thumbs up; they love it, but less than 20% of users are actually clicking on a resource, I think it's higher in the separate resource area, but coming out of the screener. So it means they're happy just to have read their report, and it may be because they were low-risk or moderate-risk for everything...But I think there is still the*

*challenge of how to do a better job of getting users to actually follow through with the resources, so not only just click on them but call the phone number or whatever's needed there.”*

*-Help@Hand Technology Development Partner*

## **Results integration**

### **MCBH Key Informant (KI) Perspectives**

*“I don't know if anybody's going to walk in with their code number and say, "Hey, I'm here." We haven't heard it yet. You would think we would've heard it by now.” - MCBH Administrator*

### **Help@Hand Technology Development Partner Perspectives**

*“It would be nice if, I think, the Access Clinics were using the codes that people have a little bit more. I think that's been one of the challenges, is I think we expected that piece of it to go a little bit smoother than I think it has.” -Help@Hand Technology Development Partner*

*“So I think we tell users they could share their results code and that could be a way for whoever they're sharing with to see their results on their own time. So yeah, I think maybe it's a little tool tip help things... we don't really know what people are doing, what their results or what they're doing after. And so for the people who are sharing them, it would be good to hear how that process is and what made them want to share their results.” -Help@Hand Technology Development Partner*

## **Users/clients and providers**

### **MCBH Key Informant (KI) Perspectives**

*“I think if anything, if there's an area for improvement, it's still just connecting people to the right resource. I think that's still something we hopefully can iron out better before the time is up. And specifically, there's kind of always a default on the results page to call Behavioral Health Access... It seems like it's almost like a default thing of just there's always the icon to call behavioral health. If it's mild to moderate, maybe don't have that icon there to click...I think that's just important because part of the problem we've had is everybody coming to Access and Access having to then refer out to a lot of different directions and it just eats up their time and sort of stresses them. And so I feel like somebody goes through this thing and basically nothing comes up is moderate to severe and yet they're told to call Behavioral Health Access. I feel like it'd be nice if that wasn't the case.” - MCBH Administrator*

*“This is just my opinion, but I think if it's indicating anything above moderate, maybe there's a way to have it show the local help. But for where it's mild to or none to mild, maybe it should just show the self-help resources, if that makes sense.” - MCBH Administrator*

*“I think it would be fascinating for some of our user group, if you're able to talk to them, if they have some suggestions about what the experience is like at the end of the survey.” - MCBH Administrator*

### **Non-MCBH Provider Perspectives**

*“...Too many popups at this point. Sorry. I know it's very helpful for you guys, but yeah, I'm thinking about my clients trying to get to something...” -Non-MCBH Provider*



*“if you scroll down, areas you're doing well, areas of concern, what to do next, but I think there's just so much going on in that what to do next. It does have to come from here, but it's probably just has to be reorganized so it's very clear.” -Non-MCBH Provider*

*“There's so many resources that are listed on the Monterey County Behavioral Health website. There's so many opportunities where we could continually link back to this that just need to be updated.” -Non-MCBH Provider*

#### Help@Hand Technology Development Partner Perspectives

*“I think it would require more of a needs assessment around with those people and determining either what from our results page is the most relevant information to you. How can we get that to you more directly, or again, is it more just about you're happy that we're getting people to your front door and that's it and the results are not as relevant once they get there?” -Help@Hand Technology Development Partner*

*“We do have that thing that we've added recently for the focus groups, so we've added that in for people to opt in to maybe be a part of some of those focus groups if they would like, which I know some people have started filling that out, which is great. So maybe we could continue doing things like that, if Monterey would like to speak to individual users. We don't want people to like... Yeah, we want people to come to the site and be able to use it anonymously.” -Help@Hand Technology Development Partner*

*“... outreach is a really big part, certainly in education around the availability of this piece, the potential that someone could come across their doorway or call them and have already been using it. Or, someone could be given access to it on an [tablet] or something like that within that agency area.” -Help@Hand Technology Development Partner*

*“... I think it's just always about improving user experience as technology modernizes and making sure that we are just staying on top of new capabilities and ways that people use technology.” -Help@Hand Technology Development Partner*

#### **Additional resources**

##### MCBH Key Informant (KI) Perspectives

*“At the end of the day, end of the year, whatever, that's going to be Monterey County team that's going to have to do that. We talked about that way back when, at the early part of the project... Because phone numbers change, and people change, and things change. So yeah, I don't know. Monterey County, what frequency? I would think every six months. I think that's what we said before. But putting that on somebody's calendar to make sure it gets done, we haven't done that.” - MCBH Administrator*

##### Non-MCBH Provider Perspectives

*“...I think just an all-inclusive, not only it meets the needs of mental health services, but it can also help with housing or it could also help with other areas.” -Non-MCBH Provider*

*“I like the way that the results are done because it tells you what you're doing really well at that. Then it shows you what it is that you need to work on and how to work on it, who to go to. We*

*have so many three letter numbers. Not three, help with three letters or digits...But we're not telling people what these numbers are for...I think that stuff should be also included on here somewhere.” -Non-MCBH Provider*



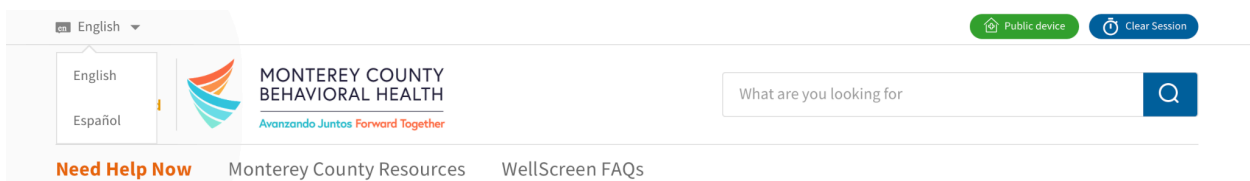
# Appendix E: WellScreen Monterey website photos and marketing materials

## Table of Contents

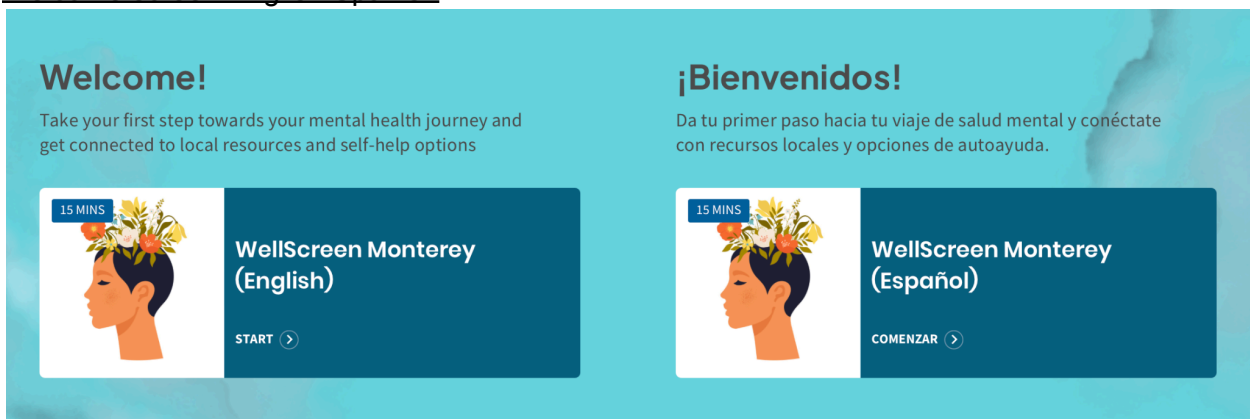
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## WellScreen Monterey website photos

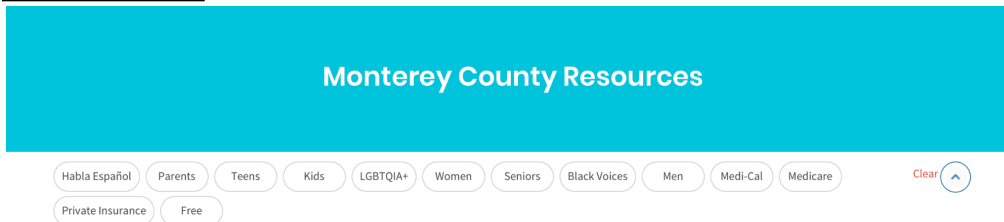
### Welcome screen header: English & Spanish Option, Public Device, and Clear Session



### Welcome screen English/Spanish



### Resource filters



## Feedback pop-ups on Results page

✕

Yes  No

**How did this resource help you today?**

I learned something

I gained a skill

I felt less alone

I felt better

Other

**SUBMIT**

✕

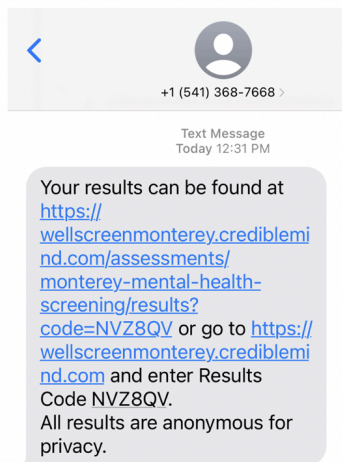
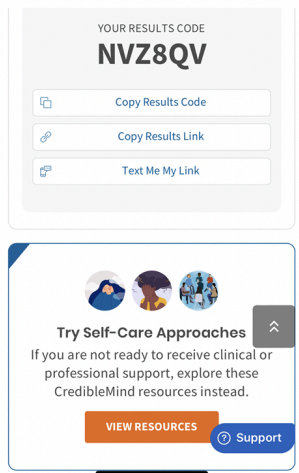
**Was This Assessment Helpful?**

Yes  No


348 out of 385 found this helpful


Don't Show This Again

## Text message example



## Accepts Medi-Cal Example



 Service

**Community Human Services Outpatient Counseling**

**Accepts Medi-Cal**

## Clinical Results View Example

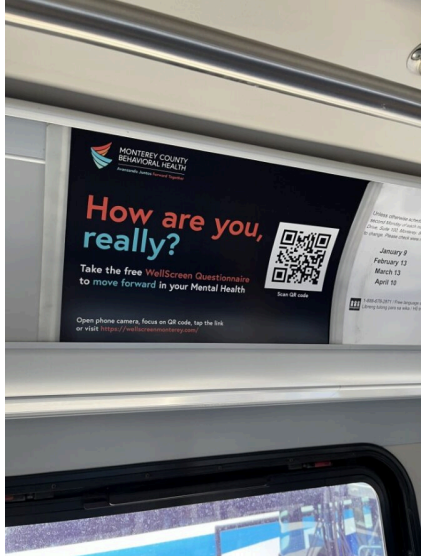
< User View Clinical Results View

Results Code:  [UPDATE](#)

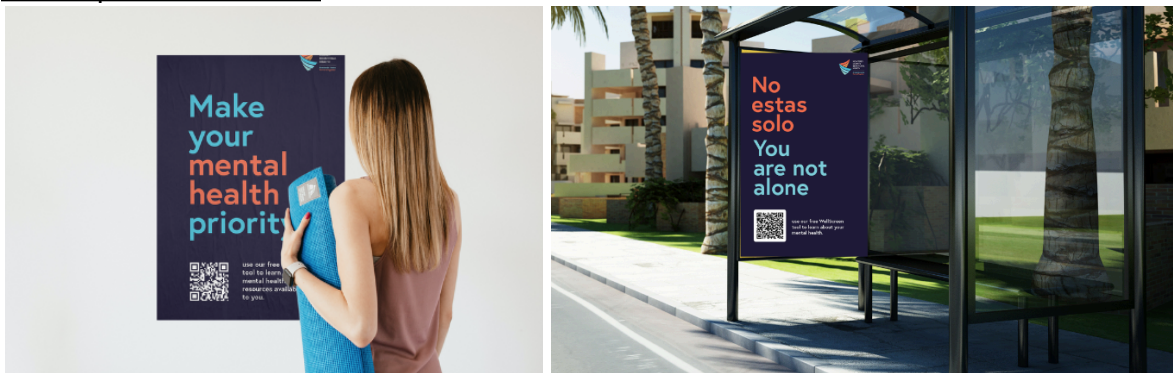
AREA OF FOCUS	SCORE	NEED FOR REFERRAL	RESPONSES
Bipolar symptoms	25 of 49	● Moderate to severe	<a href="#">View</a>
Eating disorders symptoms	2 of 5	● Moderate to severe	<a href="#">View</a>
Anxiety symptoms	2 of 21	● Minimal	<a href="#">View</a>
Depression symptoms	2 of 27	● Minimal	<a href="#">View</a>
Psychosis symptoms	7 of 64	● None to mild	<a href="#">View</a>

## Marketing materials

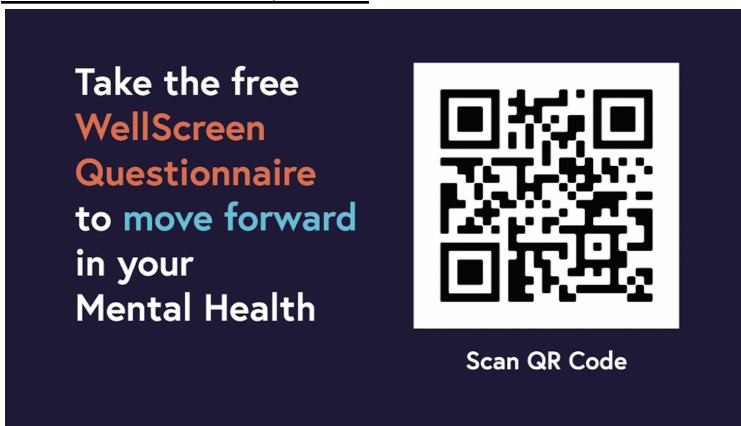
### Bus advertisements




### Mock-up advertisements



### Business card with QR code




Poster advertisements with phone QR code

 **MONTEREY COUNTY  
BEHAVIORAL HEALTH**  
Avanzando Juntos Forward Together

# How are you, really?

Take the free **WellScreen Questionnaire**  
to **move forward** in your Mental Health

Open phone camera, focus on QR code, tap the link  
or visit <https://wellscreenmonterey.com/>



 **MONTEREY COUNTY  
SALUD MENTAL**  
Avanzando Juntos Forward Together

# ¿Cómo estás, realmente?

Toma nuestro **Cuestionario WellScreen**  
gratis para **avanzar** en tu Salud Mental.

Abre la cámara del móvil, enfoca el código QR, toca el enlace  
o visita <https://wellscreenmonterey.com/>



County website advertisements



**CredibleMind**  **MONTEREY COUNTY BEHAVIORAL HEALTH**  
*Avanzando Juntos Forward Together*

## Looking for Confidential Mental Health Support?

Take WellScreen, our free and anonymous questionnaire, to get connected to local programs and online self-help resources.

**NEW!**

**START WELLSCREEN NOW**



**CredibleMind**  **MONTEREY COUNTY BEHAVIORAL HEALTH**  
*Avanzando Juntos Forward Together*

## Necesitas apoyo de salud mental confidencial?

Responde a WellScreen, nuestro cuestionario gratuito y anónimo, y te conectaremos con programas locales y recursos de autoayuda en línea.

**¡NUEVO!**

**COMIENZA WELLSCREEN AHORA**



Social media advertisements



# 6 Ways to Manage Anxiety

→

@montereycountybehavioralhealth



## Mental Health Reminder It's okay if you...

- 

Have a bad day
- 

Make mistakes
- 

Don't feel perfect
- 

Ask for personal space
- 

Put yourself first
- 

Take a break from everything

@montereycountybehavioralhealth



@montereycountybehavioralhealth

# It's okay to ask for help



Social media advertisements



CredibleMind MONTEREY COUNTY BEHAVIORAL HEALTH  
Avanzando Juntos Forward Together

# CHECK IN ON YOUR MENTAL HEALTH

TAKE YOUR FIRST STEP TODAY



CredibleMind MONTEREY COUNTY BEHAVIORAL HEALTH  
Avanzando Juntos Forward Together

# CHEQUEA TU SALUD MENTAL

DA HOY EL PRIMER PASO



# Make your mental health a priority.

TAKE YOUR FIRST STEP TODAY



CredibleMind MONTEREY COUNTY BEHAVIORAL HEALTH  
Avanzando Juntos Forward Together



# Haz de tu salud mental una prioridad.

DA HOY EL PRIMER PASO




CredibleMind MONTEREY COUNTY BEHAVIORAL HEALTH  
Avanzando Juntos Forward Together

Social media ad 1 (Facebook)

It's okay  
to ask  
for help

Take the free WellScreen Questionnaire  
to move forward in your Mental Health

[Learn More](#)

 MONTEREY COUNTY BEHAVIORAL HEALTH  
Avanzando Juntos  
Forward Together

This is a social media advertisement for Monterey County Behavioral Health. It features a dark blue background with the text 'It's okay to ask for help' in large, bold, orange and light blue letters. Below this, it says 'Take the free WellScreen Questionnaire to move forward in your Mental Health'. A prominent orange button with the text 'Learn More' is located in the bottom right. The Monterey County Behavioral Health logo, which includes a stylized wave icon and the text 'MONTEREY COUNTY BEHAVIORAL HEALTH Avanzando Juntos Forward Together', is positioned in the top right corner.

Social Media ad 2 (Facebook)

It's okay  
to ask  
for help

Take the free WellScreen  
Questionnaire to move  
forward in your Mental Health

 MONTEREY COUNTY BEHAVIORAL HEALTH  
Avanzando Juntos  
Forward Together

This is a social media advertisement for Monterey County Behavioral Health, similar to the first one but without the 'Learn More' button. It features a dark blue background with the text 'It's okay to ask for help' in large, bold, orange and light blue letters. Below this, it says 'Take the free WellScreen Questionnaire to move forward in your Mental Health'. The Monterey County Behavioral Health logo, which includes a stylized wave icon and the text 'MONTEREY COUNTY BEHAVIORAL HEALTH Avanzando Juntos Forward Together', is positioned in the top right corner.