

2021-2022  
INNOVATION ANNUAL REPORT

MENTAL HEALTH SERVICES ACT

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CONTRA COSTA  
HEALTH

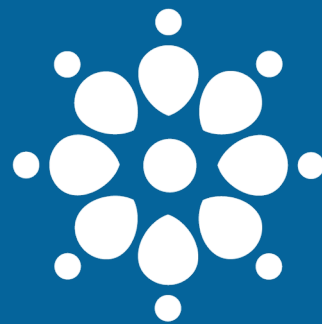




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## INNOVATION INTRODUCTION

Innovation is the component of the Three-Year Program and Expenditure Plan that funds new or different patterns of service that contribute to informing the behavioral health system of care as to best or promising practices that can be subsequently added or incorporated into the system. Innovative projects for CCBHS are developed by an ongoing Community Program Planning Process that is sponsored by the MHS Advisory Council and its Innovation Committee.

New Innovation Regulations went into effect in October 2015. As before, Innovative projects accomplish one or more of the following objectives: a) increase access to underserved groups, b) increase the quality of services, to include better outcomes, c) promote interagency collaboration, or d) increase access to services. While Innovation projects have always been time-limited, the Innovation Regulations have placed a five-year time limit on all projects.

## APPROVED & UPCOMING PROGRAMS

The following programs have been approved, implemented, and funds have been allocated for Fiscal Year 2021-22:

- 1) **Room to Overcome Achieve and Recover (ROAR)**. Formerly known as Center for Recovery and Empowerment (CORE), the ROAR Project is an intensive outpatient treatment program for adolescents recovering from mental health and substance use issues. Services are provided by a multi-disciplinary team, and include individual, group, and family therapy, independent study and credit recovery, vocational support, youth enrichment activities, as well as linkage to community services. The ROAR project began implementation in FY 2018-19.
- 2) **Cognitive Behavioral Social Skills Training (CBSST)**. Many consumers spend years residing at County augmented Board and Care (B&C) facilities with little or no mental health treatment provided, and little or no functional improvement taking place. Often this lack of progress results in multiple admissions to the County's Psychiatric Emergency Services and other, more costly, interventions. Cognitive Behavioral Social Skills Training (CBSST) is an emerging practice with demonstrated positive results for persons with severe and persistent mental illness. The CBSST Project applies this therapeutic practice to the population of individuals that have been placed in augmented Board & Care facilities. The CBSST Project includes a clinical team, consisting of a licensed clinician and peer support worker, to lead Cognitive Behavioral Social Skills Training groups at Board & Care facilities. Adults with serious mental illness learn and practice skills that enable them to achieve and consolidate recovery-based skills. The Cognitive Behavioral Social Skills Training in Board & Care project began implementation in FY 2018- 19.
- 3) **Psychiatric Advance Directives (PADs) - Upcoming**

In the Spring of 2022, Contra Costa County began the process of joining the existing Multi-County Psychiatric Advanced Directives (PADs) project, with an official start date was July 1, 2022. A PAD is a legal document that can help someone living with a mental illness to gain autonomy in decision-making toward their mental health care supports and services in the event of a behavioral health crisis. The multi-county project is intended to accomplish the following deliverables through a community collaboration process: Create a standardized PADs template and "tool kit," evaluate the process and success in engaging clients and stakeholders (such as first responders and hospitals), and incorporate the use of cloud-based technology. The collaborative includes the following counties: Contra Costa, Fresno, Mariposa, Monterey, Orange, Shasta and Tri-Cities.

## PROGRAM ALLOCATIONS

Project	County/Contract	Regions Served	Target Annual Number Served	MHSA Funds Allocated FY 21-22
Room to Overcome Achieve and Recover (ROAR)	County Operated	West	80	\$1,180,936
Cognitive Behavioral Social Skills Training	County Operated	Countywide	240	\$400,403
*Overcoming Transportation Barriers	County Operated	Countywide	Phased out in Fall 2021	\$106,856
*Partners in Aging	County Operated	Countywide	Phased out in Fall 2021	\$133,072
Administrative Support	County	Countywide	Innovation Support	364,363
<b>Total</b>			<b>320</b>	<b>\$2,185,630</b>

***\*Projects phased out at the beginning of FY21-22. Final reports were submitted last year.***

The above concepts have been recommended by the Innovation Committee for development and submittal to the Mental Health Services Oversight and Accountability (MHSAOAC) for approval. Detailed project descriptions were submitted to the MHSAOAC for approval in a separate document. These concepts have been discussed by stakeholders in this year's Community Program Planning Process and are consistent with stakeholder identified priorities.

The Mental Health Services Act (MHSA) states that five percent of MHSA funds will be used for Innovation Projects.

PROGRAM: ROOM TO OVERCOME ACHIEVE AND RECOVER (ROAR)

The ROAR Program (formerly known as Center for Recovery and Empowerment or CORE) is an intensive outpatient treatment program located in West Contra Costa County for adolescents with co-occurring mental health and substance use disorders (SUD). ROAR provides a multitude of full-day services to youth that include individual therapy, family therapy, group therapy, social skills training, high school education support, adventure therapy, youth development, vocational support, transportation, and healthy meal and nutrition education. Services are provided by a multi-disciplinary team including: Clinical supervisor, licensed therapist, substance use counselor, community support worker/peer, teacher and vocational specialist.

- a. **Target Population:** Adolescents between the ages of 14-17 with co-occurring substance use and mental health challenges.
- b. **Total MHSa Funding Limit for FY 2021/22:** \$1,180,936
- c. **MHSa-funded Staff:** 5.0 Full-time 1.0 Part-time equivalents
- d. **Target Number served:** For FY 21/22: 40 individuals
- e. **Targeted Outcomes:**
  - Reduce symptoms of mental illness and decrease substance use
  - Increase academic success
  - Reduce the need for (or return to) in-patient treatment
  - Improve quality of family relationships

PROGRAM: COGNITIVE BEHAVIORAL SOCIAL SKILLS TRAINING IN BOARD & CARES (CBSST)

The CBSST project will involve having a team designed of one Mental Health Clinical Specialist (MHCS) and one Community Support Worker (CSW) whose primary responsibility will be to lead CBSST groups at Board and Care's (B&C's) that house Contra Costa County behavioral health consumers. CBSST is a combination of Cognitive Behavioral Therapy (CBT) Social Skills Training (SST) and Problem-Solving Therapy (PST). This differs from traditional CBT because it not only includes the general concepts of CBT, which focus on the relationships between thoughts, but works with improving communication skills through SST and basic problem-solving skills through (PST). The project brings a new intervention to the existing behavioral health system and currently has only been implemented in private hospitals or universities.

- a. **Target Population:** Adults aged 18 years and older who are currently living in a Board and Care Home, diagnosed with a serious mental illness, and receiving services at a County-operated Behavioral Health Clinic.
- b. **Total MHSF Funding Limit for FY 2021/22:** \$400,403
- c. **MHSA-funded Staff:** 2.0 Full-time equivalents
- d. **Total Number served:** For FY 21/22: 34
- e. **Targeted Outcomes:**
  - Patient Health Questionnaire (PHQ-9) and Generalized Anxiety Disorder (GAD-7) will be given to all group participants.
  - Additional measuring tools would include the Recovery Assessment Scale (RAS) and the Independent Living Skills Survey (ILSS).
  - Client Satisfaction Survey
  - 5150's will be tracked for pre/post data and length of hospital stay.



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**INNOVATION PROJECT ANNUAL REPORTING FORM**

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**FY: 21-22**

**PROJECT NAME: Room to Overcome Achieve and Recover (ROAR)**

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Services Provided:

The Room to Overcome, Achieve and Recover (ROAR) Project is an intensive outpatient day treatment program located in West Contra Costa County for adolescents with co-occurring substance use (SUD) and mental health disorders. ROAR provides a multitude of full-day services to youth that include individual therapy, family therapy, group therapy, independent living skills, high school education support, adventure therapy, connection to community recovery services, transportation, and healthy meal and nutrition education.

Referrals to the ROAR program are made by psychiatrists, social workers, school counselors and nurses, probation, Kaiser, John Muir Behavioral Health Center, community-based organizations, or caregivers/self. Referrals are initially screened over the phone by the Program Supervisor or other dedicated staff and then the client and/or family member are asked to come to the center for an assessment. To be accepted into the project, clients need to meet an appropriate mental health diagnosis, SUD level of need and willingness/ability of client and family (if appropriate) to participate in program. Once admitted, program enrollment and on-site treatment begin.

Day program schedule is as follows:

1. Transportation provided by van pick-up
2. Check-in with teacher for Golden Gate School Program
3. School
4. Lunch and social skills integration
5. Individual therapy – clients are pulled from milieu twice a week, or as needed throughout the day.
6. Group therapy: Cognitive Behavioral Intervention for Substance Use (CBI-SU), Rehabilitation Groups such as Cooking, Expressive Art Therapy, Games and Outdoor Activities, Substance Use Psychoeducation, and gender specific Support Groups.
7. Adventure Therapy – ecotherapy, mindfulness, and recreational activities for youth individually, in a group using the nearby natural environment, and Adventure Outings

such as hikes, kayaking and geocaching.

8. Family therapy – Family therapy is conducted 1x/week per client and as needed in the late afternoon or evening. Focus of family therapy is often around family conflict resolution, psychoeducation of mental health and substance use disorders, and integrating interventions in the home environment.
9. Vocational Support - Youth meet with a vocational specialist for assessment of occupational strengths, needs, and interests. Youth are encouraged to seek some type of employment or volunteering as academic performance allows. Youth are connected to local agencies which specialize in hiring young people such as Youthworks and East Bay Regional Parks.
10. Integrative Education - Youth are offered the opportunity to participate in independent study in partnership with Golden Gate Community Schools, who provides a full-time Accredited Teacher. The program specializes in one-to-one and small classroom instruction with tailored subject matter towards credit recapture. Youth have access to Chromebooks, an online platform to access coursework and upload assignments, one-to-one tutoring, with the option of weekly meetings with the ROAR Teacher via Zoom.

#### Service Impact from COVID 19:

During FY 20-21, the ROAR program provided a hybrid curriculum for the majority of the year. In-person services included adventure therapy (bike rides and other outdoor activities), while education support through Golden Gate Schools, YPAA (12-Step) meetings, and individual therapy were offered via Zoom. By the spring of 2021, the remaining three staff members left their positions, which made the program impossible to continue in its current state. A decision was made to temporarily close the program due to staffing shortages and loss of enrollment and conduct an extensive re-design. The six existing clients were transferred to the West County Children’s Clinic where they were offered the opportunity to continue clinical and case management services. The ROAR program began its re-design phase immediately and a workgroup was developed to guide this process throughout the 21-22 fiscal year.

#### Lessons Learned:

In 21-22, Behavioral Health Services leadership seized the opportunity to re-design the program in order to better meet the needs of the community. This began with the implementation of a ROAR Workgroup made up of key staff from both Mental Health and Alcohol and Other Drugs (AOD). Initial tasks included interviewing former clients, parents/caregivers, and staff to determine what worked well and what should change. Valuable feedback was received, including the following suggestions: adopting a harm reduction framework to be less punitive and more welcoming, revising some of the recovery curriculum to be more orientated toward a cognitive behavioral framework, providing substance use disorder (SUD) training to staff, hiring an SUD counselor as part of the multi-disciplinary team, and incorporating more youth development opportunities. Other goals for ROAR include providing more direct clinical and



administrative support and oversight, as the program is in a stand-alone location. Workflows and policies were reviewed to allow for greater enrollment and program completion and success.

In the spring of 2022, we started hiring new staff, beginning with the Program Supervisor. She worked very hard during her first six months to study the initial objective and structure of the program, fully staff her team, re-brand and publicize the program in preparation for the re-opening of the program in August 2022.


### Project Changes:

The ROAR program was very difficult to transition to a virtual platform. Staff attempted to provide telehealth services for individual therapy, and academic support to the extent clients were able to engage. They did deliver grocery bags to clients' homes, which was helpful for families who were struggling to make ends meet during the pandemic, particularly before a vaccine was available. As many families were experiencing economic hardship, some teens were forced to work to help support the family. Focusing on individual school and treatment became a luxury many could not afford. Vital elements of the program were shut down during the pandemic including sober social events and the physical space to connect with peers in a recovery-oriented environment.

In the spring of 2021, the supervisor and remaining three staff members all left their positions. A decision was made to put the program on hiatus due to extremely low enrollment and logistical problems operating the program during COVID. Stakeholders were informed. A workgroup was developed to focus on the ROAR Re-Design. The group is led by administrators from Children's Behavioral Health and Alcohol and Other Drugs (AOD). During the workgroup's initial phase, they took the opportunity to speak to former staff, clients and family/caregivers through interviews and focus groups. It was determined that multiple improvements could be made to make the program more responsive to community needs and accessible. These included embracing a harm reduction framework (vs. abstinence only) to prevent youth from being dismissed from the program for a relapse or in the event a family member used drugs or alcohol (which is out of their control) and increasing staff training and youth development opportunities.

### Responsivity

Care was taken during the initial review of the prior program to determine strengths and challenges of original program design with a focus on responding to the needs of the community. Strength of the program included, several services being offered in one place in a tranquil setting, improved integration of substance use and mental health treatment, improved access to a higher level of care than the traditional outpatient BHS clinic, and offering of a multi-modal treatment approach not typically extended to youth insured via Medi-Cal, Contra Costa



Health Plan (CCHP), or via limited or no insurance at all. This was accomplished via a high staff to client ratio, a structured day treatment model and successful integration of several community partners including La Familia, East Bay Youth Alcoholics Anonymous, White Pony Express, CCHP Psychiatric Nursing, and West Contra Costa County School District.

Several areas of the program however, presented challenges including a strict referral, assessment, and enrollment model that included panel interviewing, active and sober participation of the whole family system, a strong desire on the part of the youth to commit to treatment, and a relapse and attendance policy which impeded participation in treatment long-term. Areas of change in regard to responding to community needs, therefore included lightening the participation burden on both the youth and family in order to attend. Changes to programming included adoption of a 'buffet' model service, where youth may agree to attend one, few, several, or all aspects of program (i.e., education, substance abuse treatment and mental health). This new structure allowed for referrals to be considered for youth that may not be co-occurring, but evidence severe functional impairments as the result of either a substance use or mental health disorder. The 'buffet' model also allowed for a youth who may be co-occurring but not willing to engage in treatment in one area, access to integrated behavioral health services. A youth no longer needs to present in the preparation or action stage of change nor acknowledge a severe mental illness in order to be admitted to treatment. Youth only attending the school portion of the program still meet the criteria either for a severe substance use or mental health disorder but may decline therapy or substance use counseling at the present. They may also have outside providers which they wish to continue with while attending the school. All youth would engage in some level of behavioral health services in the form of linkage, collateral, and short-term case management. The distinction in program participants was indicated on record as Part-Time (attending school and a low level of case management), and Full-Time (attending school and either one or more specialty aspects of the program such as individual therapy or group). Youth also now had the option of remaining at their current school for instruction while attending a group or individual treatment services.

The most noticeable benefit of these strategic changes to the referral, assessment, and enrollment model is evidenced by a predicted increase in capacity and improvement in accessibility and timely access to specialty behavioral health care. The objectives of increased service capacity, while not original to the programs design, became more and more a desired outcome of care following COVID. Post-COVID the state of California has seen a growth in the demand for behavioral health services within the landscape of an unprecedented shortage of behavioral health providers across the state as many health practitioners left county programs to provide telehealth services from home.

## Harm Reduction Model

Harm Reduction was adopted as a treatment model in response to provider feedback and in line with an intention to be more inclusive to youth in various stages of change. This model adapts a cognitive behavioral approach with a focus on reducing the most harmful behavior without a commitment to abstain. Harm Reduction allows for an individualized treatment approach which normalizes relapse as part of recovery and places equal emphasis on reduction of use and relapse prevention. A Harm Reduction framework has the advantage that it can be leveraged by multiple disciplines including those that are non-clinical such as peer providers and recovery coaches.

## Staff Training of Evidence Based Practice (EBP)

The previously used Modal Recognition Therapy (MRT) was seen by providers and participants as relatively limiting in that it seemed to equate substance use and mental health conditions with a life of crime. The workbook being used at the time featured a prison cell with the title, “How to Escape your Prison.” (A Moral Recognition Therapy Workbook” by Gregory L Little, PhD and Kenneth Robinson, PhD). Per the title page, this manual was last updated in 1997. During the late 1990s, the predominant treatment approach to treating youth with substance use disorders was a “Just Say No,” approach made popular by the D.A.R.E (Drug Abuse Resistance Education) Program. Since that time, youth treatment has been more often focused on strength-based approaches, an understanding of systemic factors, and the development and application of many evidenced based practices.

For the county’s relaunch of ROAR, a modality developed by the University of Cincinnati was adopted. Cognitive Behavioral Intervention for Substance Abuse combines CBT, Motivational Interviewing, and DBT interventions so youth can engage in problem solving for settings and situations that are meaningful to them. This model can be offered as a group or in an individual setting as most if not all of its sessions can be offered in a stand-alone context. Fidelity to the model is none the less encouraged to achieve the best outcome, and the manual for this treatment is highly scripted and structured. In June of 2022, this training was provided to newly hired staff including Program Supervisor, Substance Use Counselor, Community Support Worker, and 5 additional staff from behavioral health. This training was conducted in person in the course of one week by an instructor from the University of Cincinnati.

## Outcomes and Program Evaluation:

**Assessment Tool.** This project used the Teen Addiction Severity Index (T-ASI) to measure many of its outcome goals upon enrollment and at discharge. The T-ASI can be defined as a semi-structured interview tool that was developed to fill the need for a reliable, valid, and standardized instrument for a periodic evaluation of adolescent substance abuse. The T-ASI uses a multidimensional approach to assessment and is an age-appropriate modification of the Addiction Severity Index. It yields 70 ratings in seven domains: chemical (substance) use, school

status, employment/support status, family relations, peer/social relationships, legal status, and psychiatric status.<sup>1</sup>

**Demographics.** During FY 21-22, ROAR served a total of 6 youth (5 male, 1 female). No new enrollments were made during the FY because of the severe impact of COVID on the program viability. The program typically serves low income and/or low resourced BIPOC youth from west county. On May 1<sup>st</sup>, 2022 the program began receiving referrals again looking forward to an August 1<sup>st</sup> 2022 re-opening date. During this time period, the program received 17 referrals from a variety of sources, resulting in 10 open cases.

**Demographics of Referrals Received 5/1/2022 - 6/30/2022 ROAR**

<b>Ages</b>	
Yrs	Total
13	0
14	1
15	2
16	5
17	5
18	4
19	0
<b>Total:</b>	<b>17</b>

<b>Gender</b>	
Male	6
Female	11
<b>Total:</b>	<b>17</b>

*No one in this sample identified as Non-Binary or Transgendered.\**

<b>Race/Ethnicity</b>		
	Total	Percentage
Hispanic	9	52.94%
Black/African American	6	35.29%
White/Caucasian	1	5.9%
Unknown	1	5.9%
<b>Total:</b>	<b>17</b>	<b>100%</b>

<b>Diagnosis at Intake</b>		
	<b>Total</b>	<b>Percentage</b>
Substance Use Disorder	1	5.9%
Mental Health Disorder	9	52.94%
Both	6	35.29%
Neither*	1	5.9%
<b>Total:</b>	<b>17</b>	<b>100%</b>

*Referrals meeting neither the criteria for a substance use or mental health disorder were linked to appropriate resources but did not enter the program.\**

<b>Outcome of Referral</b>		
	<b>Total</b>	<b>Percentage</b>
Opened to Program	10	58.82%
Not Opened	7	41.18%
<b>Total:</b>	<b>17</b>	<b>100%</b>

*Reasons for unopened referrals include 1) No Client Response, 2) Referral Withdrawn from Provider, 3) Does Not Met Criteria/Medical Necessity, and/or 3) Client or Parent/Caregiver Declines Services*

Linkage and Follow Up:

ROAR provides an extensive intake process upon enrollment. If the program cannot meet the needs of the client, they may be referred out to various other services. Besides residential SUD, ROAR refers youth and parents/providers on behalf of youth to the following:

- WCCAS (West County Child & Adolescent Services) Behavioral Health
- WCCAS outpatient SUD
- Psychiatric Emergency Services
- Seneca Mobile Response Team and Seneca START
- Kaiser CDRC
- John Muir Behavioral Health
- EBYPAA
- Young People Narcotics Anonymous
- REACH
- Hanna Boys Center (residential but not primarily SUD)
- Rebekah House (residential but not primarily SUD)

- RYSE Center
- MISSEY (for CSEC youth)
- Golden Gate Schools/County Office of Education - Alternative Education
- Contra Costa County Child & Family Services (CFS)
- First Hope
- James Morehouse Project
- Behavioral Health Access Line
- West County Health Center
- Richmond Works Program
- West County High Schools Health Centers
- Monument Crisis Center
- Familias Unidas
- La Familia
- Latina Center
- Access Mental Health and Substance Abuse Line
- East Bay Regional Parks
- Contra Costa Health Services - Public Health
- Wellness in Schools Program (WISP)

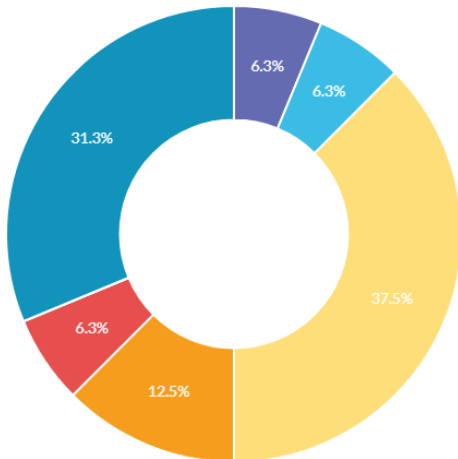
If a client is enrolled in the program and needs additional services, they may be referred to activities such as sports, art, dance, summer jobs and other similar programs. There is no lapse in referral time therefore this is not a measured outcome.

#### Valuable Perspective:

As part of data gathering on directions to move forward, a sample of 54 referring providers were administered a survey to gather general opinions. The majority (57%) of the sample were providers that either referred a participant to the original program and/or had knowledge of the program prior to closure during COVID. Of note, the majority of providers indicated a need for a more streamlined and referral process with bilateral communication, expansion the program criteria in order to admit more qualifying clients, and a preference for certain evidenced based therapies. Respondents indicated that the Adventure Therapy and Family Engagement were valuable aspects of the original program design, and suggested a preference for including Multi-Family Group Treatment and Expressive Arts Therapy into the re-launch model. Secondary interest was in development of mindfulness based and motivational enhancing/relapse prevention-based programming. 37.5% of respondents indicated the greatest barrier to recovery for their clients was a general lack of desire to be sober, suggesting the value of a harm reduction versus an abstinence approach.

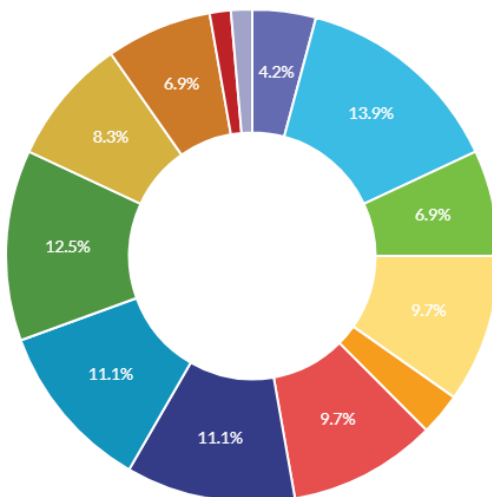
The results have been summarized in these data sets.

Q1 In your experience working with youth with co-occurring disorders what do you think is the most difficult barrier in getting them to attend an intensive outpatient program or day program? 🗲️ ^  
Multiple Choice



Choice	Total
Program doesn't meet their needs	1
Transportation getting to/from the program is too difficult/non-accessible	1
Conflicts with other obligations (work, care taking, free-time)	0
Lack of desire to be sober	6
Distrust of providers or systems of care	2
Lack of parental involvement	1
Lack of interest in program	0
Other	5

Q2 What treatment groups would you like to see offered at CORE? (Select up to 5)  
Multiple Choice



Expressive Art Therapy	10
Music/Movement Therapy	5
Recreational/Adventure Therapy	7
Seeking Safety	2
Process Group	7
Mindfulness Based Stress Reduction	8
Motivational Enhancement/Relapse Prevention	8
Multi-Family Group	9
AA/NA	6
DBT	5
I have no opinion	1
Other	1

Q3

Think about your experience with completing a referral. What is important to you when completing a referral? (Please rank from 1-6 with 1 being the most important.)

Form

Date	How long it takes to complete the referral; I prefer a referral form I can complete quickly	That there is enough space, so that I can be as detailed as possible	That the referral criteria is understandable	Receiving timely feedback that my referral was recieved	Receiving direct feedback on the status/outcome of the referral	Referrals available in a variety of languages
May 26	-blank-	-blank-	X	-blank-	-blank-	1
May 26	2	5	1	6	4	3
May 26	1	1	1	1	-blank-	1
May 26	1	2	3	4	5	6
May 26	3	4	5	2	1	6
May 26	1	5	4	3	2	6
May 26	1	5	6	2	3	4
May 26	1	2	5	3	4	6
May 26	1	5	1	1	1	1
May 26	4	6	1	2	3	5
May 26	-blank-	-blank-	I don't do referrals	-blank-	-blank-	-blank-
May 26	-blank-	-blank-	I don't do referrals	-blank-	-blank-	-blank-
May 26	3	4	1	2	6	5
May 26	6	1	5	2	3	4
May 26	2	3	1	5	4	6
May 26	6	2	1	3	4	5
May 26	6	1	2	5	3	4



Q4

Think back to when CORE was initially opened: What worked well in your opinion?  
Essay



Date	↓	Answers
May 26		I knew a program was available unsure what the program was about.
May 26		i wasn't here then
May 26		I don't have an opinion at this point. I'm still learning about it.
May 26		Transportation was provided.
May 26		Availability to accept referrals
May 26		The outdoors activities.
May 26		I did not have a good experience in the past so I am looking forward to the new beginning!
May 26		Not much. Couldn't seem to get anyone there and heard next to nothing about the program
May 26		I believe having a family therapy component is very important. I also appreciated that the program accessed client information from CC link without having to include assessment ect as part of referral packet.
May 26		nothing
May 26		I didn't fully understand the focus and goal of CORE.
May 26		Unsure/NA
May 26		That there was not a long waiting list...
May 26		I was not involved in the initial opening, so n/a for me
May 26		n/a
May 26		N/A

Q5 What would you like to see different about CORE as it re-launches?  
Essay

Date	Answers
May 26	I would like to know the purpose; population serve and the supports in place to attain the purpose.
May 26	n/a
May 26	We need in that team people who understands substance abuse experience, take good care of themselves, understand the youth and family experience and include the family in the process. We compassionate and professional staff.
May 26	More collaboration
May 26	Collaboration with clinicians
May 26	Less stringent criteria
May 26	An acceptance and warm-ness to all! I want to see it be easily accessible for clients and parents.
May 26	Way more collaboration!
May 26	Nothing I can think of at this time
May 26	Actual services
May 26	Understand the purpose and to collaborate more.
May 26	More family engagement, easier referral process
May 26	To be able to offer them the AOD services promptly.
May 26	more community knowledge about the existence of CORE
May 26	not sure wasn't here when it was open
May 26	N/A

Q6

In your experience working with youth and families, what has been most successful for you to engage the whole family? (Please rank these options from 1 -9 where 1 has been the most successful and...

Form

Date	Providing Resources to met the needs of the youth	Providing Resources to met the needs of caregiver	Flexible Appt Times	Community Engagement Events	Tangible incentives such as gift cards or food	A good overall therapeutic rapport	Delivery of timely services	Delivery of culturally responsive services	Other
May 26	8	8	8	10	10	9	10	10	N/A
May 26	1	7	6	5	8	2	4	3	9
May 26	Invest a good buch of time learning about the youth and the family. Who they are, what they like, what they need to be different.	Yes. Helping the family reduce their stressors definitely helps the youth as well	Yes.	Yes. Definitely	Food. Always food for families.	Yes.	Yes.	Of course.	N/A
May 26	6	7	1	8	5	2	3	4	9
May 26	1	2	6	7	8	3	5	4	9
May 26	8	7	1	6	5	4	3	2	9
May 26	5	6	4	7	9	1	3	2	0
May 26	1	7	2	5	6	3	8	4	9
May 26	1	1	1	5	5	1	1	1	9
May 26	9	8	7	6	1	5	4	3	Cannot rate tbh
May 26	8	8	8	8	10	9	9	10	n/a
May 26	5	6	2	7	8	1	3	4	9
May 26	1	2	3	4	5	6	7	8	9
May 26	4	3	2	5	6	1	7	8	9
May 26	3	4	5	6	8	1	7	2	9
May 26	6	7	8	5	3	1	4	2	9

Q7

If you were to re-name the CORE program what would you call it?  
Essay

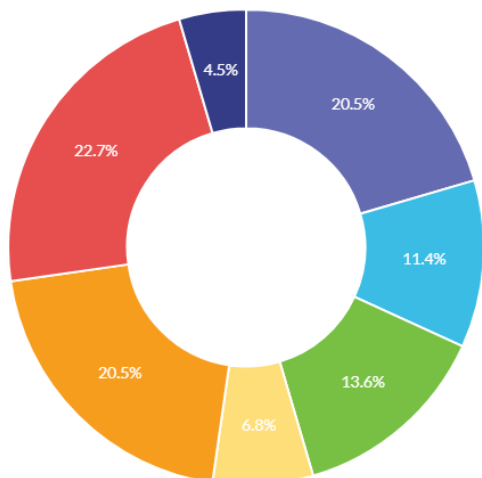
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Date	↓	Answers
May 26		I'm not able to think of a name.
May 26		hmmmm have to think about that. Uplift? Hope? Youth Rising up? ask the kids!
May 26		N/A
May 26		Thrive
May 26		Same
May 26		No feedback
May 26		I do not have an exact name idea and it would be nice if it did not include AOD in it
May 26		?
May 26		Sorry, I don't have feedback
May 26		no clue
May 26		Not enough time to provide a reply.
May 26		Unsure
May 26		CORE
May 26		no ideas yet
May 26		Not sure
May 26		N/A

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Q8

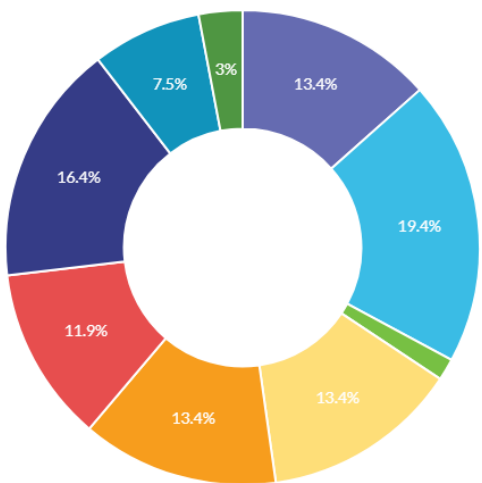
What Outings would you like to see CORE offer to the youth? (Please check up to 3)  
Multiple Choice



Choice	Total
Academic Outings: libraries, museums, colleges	9
Youth Development/Employment related	5
Volunteering/Service Learning	6
Art Inspired: Galleries, Poetry Slams, Movies, Concerts, Workshops	3
Outings to Natural Environments; Muir Woods, Beach, etc...	9
Outings Promoting independent living skills; such as, cooking classes, riding the bus, etc...	10
Other	2

Q9

What type of incentives would you like to see offered to the youth for participation in the program? (Please check all that apply.)  
Multiple Choice



Choice	Total
Gift Cards	9
Special Outings	13
Completion of program at a sooner date	1
Incentives tied to employment opportunities or trainings	9
Special Events such as Pizza Party, Taco Tuesday, or Ice Cream Social	9
Small items such as; games, notebooks, markers, cell phone cases	8
Participation in a Peer-to-Peer program for alumni	11
One-on-one staff engagement	5
Other	2

Q10 Any additional comments or questions?  
Essay

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Date	↕	Answers
May 26		N/A
May 26		YOU're doing a great job! good luck with the launch! We support you.
May 26		N/A
May 26		None at this time
May 26		Not at this time
May 26		I needed more time.
May 26		Thank you!
May 26		none at this time
May 26		N/A

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## MHSA INNOVATION PROJECT ANNUAL REPORTING FORM

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**FY: 21-22**

**PROJECT NAME: Cognitive Behavioral Social Skills Training (CBSST) in Board & Care Homes**

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### **Overview:**

Cognitive Behavioral Social Skills Training (CBSST) is an evidenced-based practice that combines Cognitive Behavioral Therapy (CBT), Social Skills Training (SST) and Problem-Solving Therapy (PST) into one treatment protocol. It has been effectively used around the world as a therapeutic, non-medication-based intervention for clients with serious persistent mental illness (SPMI) diagnoses. Contra Costa Behavioral Health Services (CCBHS) Innovation project uses CBSST to assist clients residing in Board & Care (B&C) homes. The intent is to offer a more service-enriched housing model by optimizing B&Cs with the goal of them becoming healing centers where residents are able to learn and proactive skills in the environment in which they live. B&Cs have historically served to house our most functionally impaired clients but offered little in the way of recovery services. The CBSST in Board & Care Project seeks to bring evidenced-based practical interventions to the settings where problems are most likely to occur and assist B&C residents in achieving practical goals to enhance wellness, self-sufficiency and improve overall quality of life.

The project involves a team consisting of one Mental Health Clinical Specialist (licensed therapist) and one Community Support Worker (peer with lived experience) whose primary responsibility is to lead CBSST groups at B&Cs that house CCBHS clients. Long term goals include expanding to include additional Clinician / Peer teams that can serve a greater geographical area. Unfortunately, goals have been severely impacted by the COVID-19 pandemic, as the project is intended to be conducted in-person and B&C operators were very concerned about allowing non-residents into their homes during the pandemic. Staffing shortages were another factor, as the clinician left her position early in the year. As a result, services were not able to be delivered to scale during this time.

FY 21-22 was a time period of effective hiatus, due to low staffing and inability to conduct in person services. For most of the year, there was only one direct-service staff member. In early 2023, the program was finally able to begin re-building by hiring two new clinical positions, resuming in person groups, and expanding the number of B&C homes served. This will be fully addressed in the 22-23 Final Report. The project began implementation in 2018 was approved for five years.

## Services Provided:

The CBSST project is designed to enhance the quality of life for those residing in B&Cs by incorporating meaningful activity and skills into their daily routines and increasing overall functional improvement. This involves both group and individual work provided by a licensed clinician and peer support worker team. During FY 21-22, the project provided the following services:

- Served 5 Board & Care homes in East and Central County
- Provided CBSST individual and group rehabilitation services to 34 individuals during FY 21-22
- Support to Board & Care operators (psychoeducation, partnering on goals utilizing CBSST framework and skills, consultation re: concerns/consumer needs)
- Support West County Adult Mental Health Clinic clients

## Lessons Learned:

- The *CBSST in Board & Care Homes* model works best in person. Despite attempts to conduct virtual sessions during the pandemic (and offer technology to make this more accessible), clients did not respond as favorably to this modality.
- Virtual sessions can be useful for individual work, but not for group sessions within this context.
- When fully staffed, the CBSST team will be able to administer surveys and questionnaires, as needed, at appropriate pre and post time intervals to gauge effectiveness of the interventions.
- Relationship and trust building with B&C operators and administrators is key and takes time to establish.
- CBSST skills, when adopted, help improve self-sufficiency and quality of life for vulnerable community members!

## Project Changes:

The project continued to be severely impacted by the COVID-19 pandemic during FY 21-22. The CBSST clinician left her position in 2021, and it remained vacant for the rest of the FY due to the healthcare workforce shortage and difficulty hiring during this time. New staff members were hired in early 2023, and this will be reflected in the FY22-23 Annual Report. The CBSST team is now housed under the newly developed CCBHS Housing Services Team, which provides a variety of services and supports to clients living in various types of Behavioral Health / MHSA funded housing.



## Outcomes and Program Evaluation:

### *The goals of the project are to learn the following:*

- 1. Will CBSST have a positive effect on the client's mental stability and growth? (e.g., decrease need for intensive clinic services, reduce 5150 holds, increase likelihood of compliance with mental health treatment, increase likelihood of reaching out voluntarily to mental health supports when needed)*
- 2. Will CBSST lead to a higher overall functionality and quality of life? (e.g. , increase engagement with community resources and social supports, increase independent living skills, increase self-reported life satisfaction)*
- 3. Will CBSST help clients develop skills to maintain a stable living environment?*

### Client Satisfaction Survey

In 20-21, we introduced a Client Satisfaction Survey, an additional tool to help gauge improvements in overall functionality and quality of life. The survey elicits direct feedback *from the clients' perspective* as to whether the project is having a positive impact. Questions relate to quality of life, independence, and ability to maintain a stable living environment. Surveys are intended to be administered annually. Due to very low staffing for the program during FY 21-22 and the departure of the clinician, only one survey response was collected. The team is fully staffed currently, so we expect to gather much more feedback to be reported in the FY 22-23 report.

Survey Questions	Average Response
<i>N=1</i>	
Q1: CBSST has given me tools that improve my overall quality of life	5/5
Q2: CBSST has taught me skills that help me live more independently	5/5
Q3: CBSST has helped me maintain a stable living environment	5/5

### Client Comments

*"I thought that group sessions have helped me stay stable and I've learned many valuable lessons. Thank you!"*

As part of the CBSST model, additional questionnaires may be utilized throughout the course of enrollment in order to measure depression, anxiety and community adjustment. These include:

- Patient Health Questionnaire – 9 (PHQ-9)

- Recovery Assessment Scale (RAS)
- Independent Living Skills (ILS) Survey

### **Valuable Perspective: CBSST CASE VIGNETTE**

#### **“Lucy”**

Lucy is a 58-year-old female, currently living in a 6-bed B&C in East County. She moved here during the pandemic and was completely unfamiliar with the area. Although she shared her unpleasant feelings, she utilized the skills she has practiced in CBSST and was able to get help and support she needed throughout the process of adjusting to a new home and neighborhood. She used problem solving and identified ways to investigate whether the thoughts were accurate or inaccurate. She has learned to independently manage her diabetes type II medication. During the rise of the pandemic, she continued to follow all protocols using cognitive and social skills. She made positive requests and advocated for herself to get the things she needed.

Lucy has been a huge part of CBSST. She contributes by role modeling for her peers, giving supportive advice and sharing experience that has worked for her. She now has taken such good care of herself with med management and food balance that her primary care doctor has significantly reduced her meds. Basically, she monitors her A1C-levels and manages on her own through healthy diet and exercise. Her doctor, family, and all in her life are extremely proud of her. Most of all, she is proud of herself, as she should be. It has been wonderful being part of her journey. I see her as an upcoming ambassador representative of CBSST.

-Written by an CBSST Team Member

#### **“Erwin”**

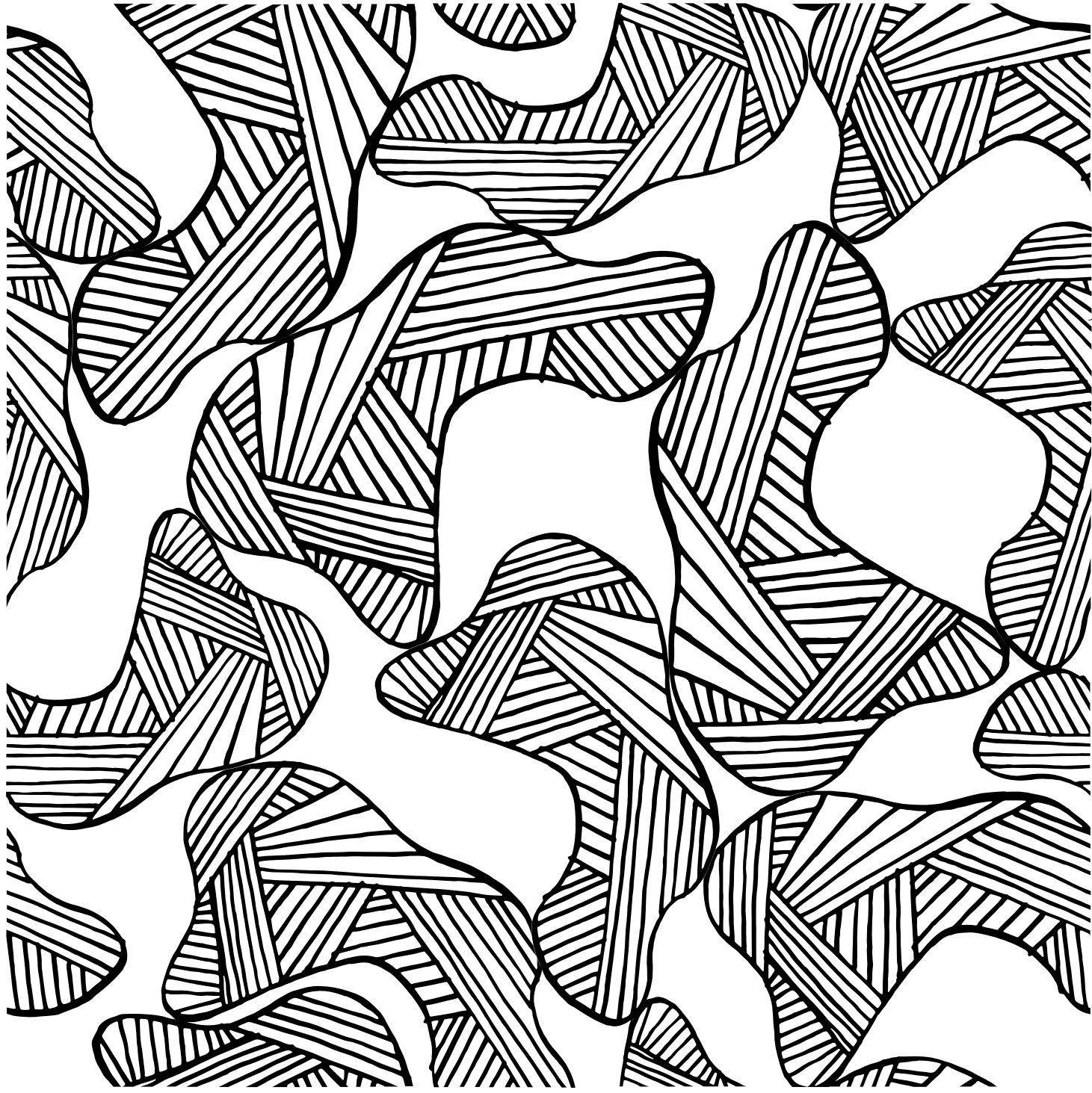
Erwin a 67-year-old male living in a 6-bed B&C in East County. Erwin has been participating in our CBSST groups consistently when he is in the home. I like to think of him as another Ambassador of the curriculum. He has been utilizing the skills to help him face the challenges of being admitted to the hospital over the past two years for medical emergencies with his health. Two times he was facing some “fearful” respiratory issues and he felt that using “catch it, check it, change it” really helped him identify with his health and problem solve around it.

Erwin has found ways in everyday life that help him problem-solve socially and cognitively. He sets goals and attains them. He is always willing to offer help and support to his housemates and even to the group leaders. He is a prime example of how well these CBSST skills work in real life.

-Written by an CBSST Team Member

**ROOM TO OVERCOME**

**ACHIEVE & RECOVER**



C-1



**R  
A  
R**

**ENGLISH**



## WHO WE ARE

Room to Overcome, Achieve, and Recover (ROAR) is an evidenced-based day program for youth (age 13-18) with co-occurring substance use and mental health disorders within Contra Costa County's Behavioral Health Services (BHS).

ROAR provides both a non-traditional school and a therapeutic environment where youth can work towards their health, wellness, and education goals. Youth may attend one or many parts of the program in order to succeed. The 3 main components of the ROAR program are: Education, Mental Health Treatment, and Substance Abuse Counseling.



## TREATMENT TEAM











- Program Supervisor
- Substance Abuse Counselor
- Individual and Family Therapist
- Graduate Interns in Counseling & Psychology
- Mental Health Specialist
- Office of Education Credentialed Teacher
- Vocational Specialists
- Adventure Therapist

## ADMISSION CRITERIA

- MediCAL insured or no insurance
- Youth ages 13 - 18 years
- Struggling with a substance abuse & mental health disorder

## HOURS



 Monday	 9:00 - 5:00 PM
 Tuesday	 9:00 - 5:00 PM
 Wednesday	 4:00 - 5:00 PM
 Thursday	 9:00 - 5:00 PM
 Friday	 9:00 - 5:00 PM

## WHAT WE DO:

EDUCATION, MENTAL HEALTH TREATMENT, SUBSTANCE ABUSE COUNSELING

- Peer Recovery Counseling
- High School/GED Credits
- Expressive Art Therapy
- CBI for Substance Use
- Adventure Therapy
- Individual Therapy
- Group Therapy
- Psychoeducation
- Nutritious Meals
- Family Therapy



Transit can be provided at no cost by Uber or Lyft with Contra Costa Health Plan (CCHP) 1-(855)-222-1218



## HOW TO ENROLL

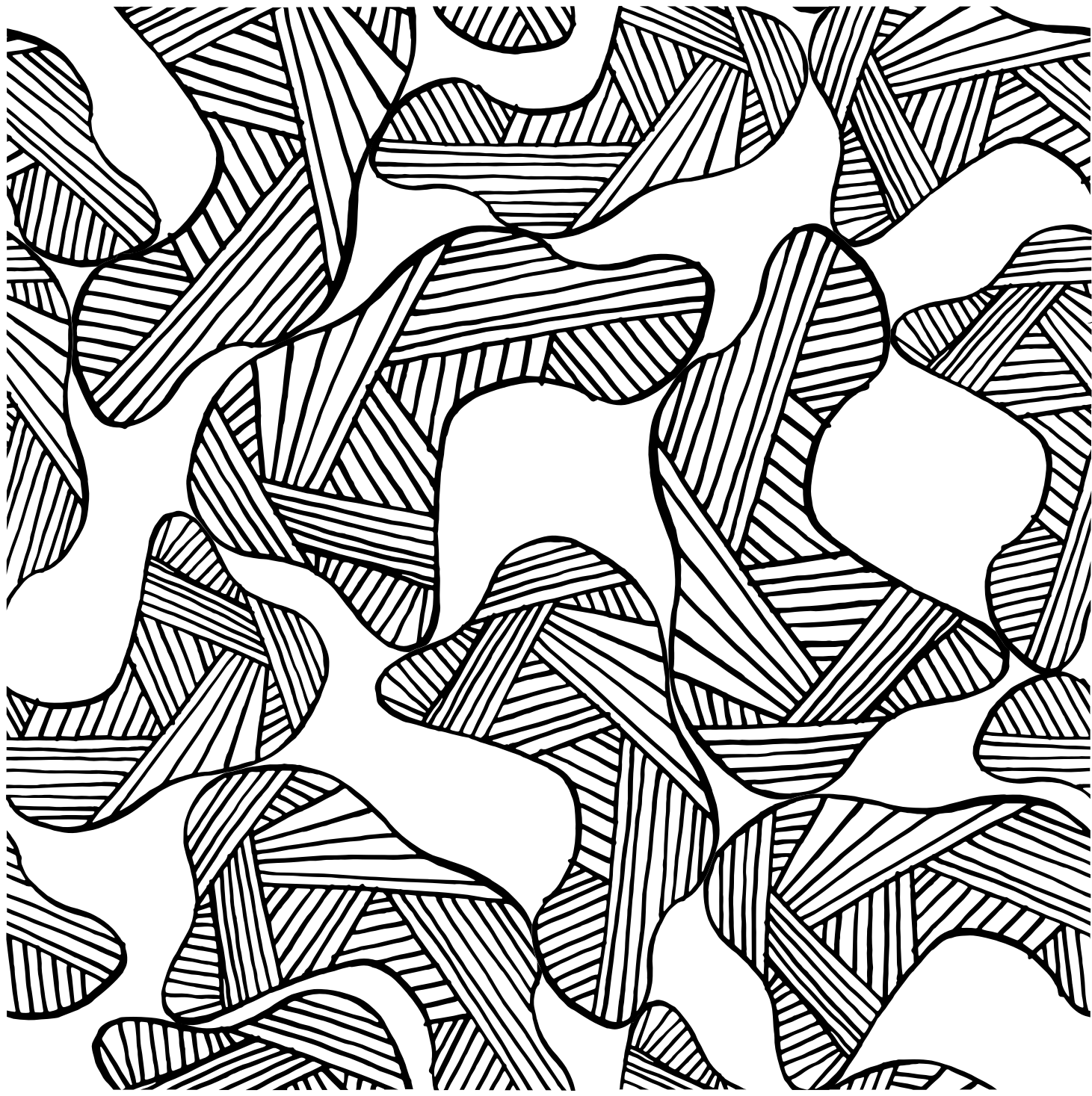
Contact us for admission, assessment, and screening:  
(925) 334-2289

or

Ask your Psychiatrist, Counselor, or Primary Care Doctor for a direct referral

**ESPACIO PARA SUPERAR**

**LOGRAR Y RECUPERARSE**



C-3



**R  
A  
R**

**ESPAÑOL**



## QUIÉNES SOMOS

Room to Overcome, Achieve, and Recover (ROAR) es un programa diurno basado en evidencia para jóvenes (de 13 a 18 años) con uso concurrente de sustancias y trastornos de salud mental dentro de los Servicios de Salud (BHS) del Condado de Contra Costa.

El Programa de ROAR proporciona tanto un Escuela no tradicional y un entorno terapéutico donde los jóvenes pueden trabajar por su salud para lograr sus objetivos de bienestar y educación. Los jóvenes pueden asistir a una o varias partes del programa para tener éxito. Los 3 componentes principales del programa ROAR son: Educación, Tratamiento de salud mental y Consejería Para el Abuso de Sustancias.



## EQUIPO DE TRATAMIENTO

- Supervisor de Programa
- Consejero de Abuso de Sustancias
- Terapeuta Individual y Familiar
- Pasantes graduados en Consejería y Psicología
- Especialista en Salud Mental
- Oficina de Educación Maestro acreditado
- Especialistas vocacionales
- Terapeuta de Aventura



## CRITERIOS DE ADMISSION

- MediCAL asegurado o sin Seguro
- Jóvenes de 13 a 18 años
- Luchando con el abuso de sustancias y trastornos de salud mental



## HORAS

Lunes	9:00 - 5:00 PM
Martes	9:00 - 5:00 PM
Miércoles	4:00 - 5:00 PM
Jueves	9:00 - 5:00 PM
Viernes	9:00 - 5:00 PM

## LO QUE HACEMOS:

EDUCACIÓN, TRATAMIENTO DE SALUD MENTAL, CONSEJERÍA SOBRE ABUSO DE SUSTANCIAS

- Consejería de recuperación de Compañeros
- Créditos de la Escuela Secundaria
- CBT para el uso de sustancias
- Terapia Expresiva
- Comidas Nutritivas
- Terapia de Aventura
- Terapia Individual
- Terapia de grupo
- Psicoeducación
- Terapia Familiar



El transporte puede ser proporcionado sin costo por Uber o Lyft con Contra Costa Health Plan (CCHP) 1-(855)-222-1218



## CÓMO INSCRIBIRSE

Contáctenos para la admisión, Evaluación y detección:  
 (925) 334-2289  
 o  
 Pregúntele a su psiquiatra, Consejero o médico de atención primaria para una referencia directa

	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neutral</b>	<b>Agree</b>	<b>Strongly Agree</b>
CBSST has given me tools that improve my overall quality of life.					
CBSST has taught me skills that help me live more independently.					
CBSST has helped me maintain a stable living environment.					