DRAFT

2022-23
INNOVATION ANNUAL REPORT

MENTAL HEALTH SERVICES ACT

Mental Health Services Act (MHSA) | Contra Costa Health (cchealth.org)

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INNOVATION INTORDUCTION

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 mental 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 Mental Health Advisory Council (formerly CPAW) through its Innovation Committee.

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 PROGRAMS

The following programs have been approved, implemented, and funds have been allocated for Fiscal Year 2022-23:

1. **Room to Overcome Achieve and Recover (ROAR), formerly known as CORE**. CCBHS recognizes substance abuse/dependence in adolescence as it negatively affects physical, social, emotional and cognitive development. Early onset of alcohol or other drug use is one of the strongest predictors of later substance dependence. This is a priority because CCBHS does not have a coordinated system of care to provide treatment services to youth with substance use and co-occurring mental health disorders. The ROAR Project is an intensive outpatient treatment program offering recovery orientated supports and programming for youth. Services are provided by a multi-disciplinary team, and include individual and group therapy, educational supports, youth development activities, as well as linkage to community services. The ROAR project was funded through the Innovation component from 2018-2023.

2. **Cognitive Behavioral Social Skills Training (CBSST) in Board and Care Homes**. 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 and 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 and 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 project was funded through the Innovation component from 2018-2023.

3. **Psychiatric Advance Directives (PADs)**. PADs is a Multi-County Collaborative Innovation Project approved by the Mental Health Systems Oversight and Accountability Commission (MHSOAC). PADs are used to support treatment decisions for people who are experiencing a mental health crisis. The project will offer standardized training on the usage and benefits of PADs, development of a peer-created standardized PAD template, provide a training toolkit (in 9 languages) and implement a customized cloud-based technology platform to access and utilize PADs. Unlike an electronic health record, the technology will not be used to store HIPAA protected data.

4. **Supporting Equity through Grants for Community Defined Practices (CDPs).** The newest Innovation project, approved by the Mental Health Services Oversight and Accountability Commission (MHSOAC) in March, 2023, addresses the problem of equitable access to behavioral health supports for underserved and unserved communities including Asian American/Pacific Islander (AAPI), Latino/a/x, Black/African American, LGBTQ and others. Through a competitive RFP process, community organizations may apply for grants that support community-defined practices and other forms of outreach, engagement and treatment not offered within the existing Contra Costa County Behavioral Health System of Care.

PROGRAM ALLOCATIONS

Project	County/Contract	Regions Served	Annual Number Served	MHSA Funds Allocated FY 22-23
Room to Overcome Achieve and Recover (ROAR)	County Operated	West	80	734,181
Cognitive Behavioral Social Skills Training (CBSST) in Board and Care Homes	County Operated	Countywide	240	424,788
Psychiatric Advance Directives (PADs)	Contracted	Countywide	NA	503,680
Supporting Equity through Grants for Community Defined Practices	Contracted	Countywide	TBD	250,000
Administrative Support	County	Countywide	Innovation Support	416,351
Total			**320 +**	**$2,329,000**

The above concepts have been recommended by the Innovation Committee for development and submittal to the Mental Health Services Oversight and Accountability (MHSOAC) for approval. Detailed project descriptions were submitted to the MHSOAC for approval in a separate document. These concepts have been discussed by stakeholders in the most recent 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.

INNOVATION PROJECT ANNUAL AND FINAL REPORTS

CONTRA COSTA HEALTH

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INNOVATION PROJECT ANNUAL REPORTING FORM

FY: FY 22-23 Final Report
PROJECT NAME: Room to Overcome Achieve and Recover (ROAR)

Background and Summary:

The Room to Overcome Achieve and Recover (ROAR) Project was initially approved by the MHSOAC as an Innovation project in 2017 (under the name of Center for Recovery and Empowerment aka CORE). Services began in the fall of 2018 and as the program was beginning to approach full operation in early 2020, the global pandemic began. The program had to cease all in-person operations. Over the course of the following year, services were offered virtually and outdoors, to the extent possible. However, enrollment dropped significantly and the program struggled with critical staffing issues. It was ultimately closed in 2021, and Behavioral Health Administration took the opportunity to develop a multi-disciplinary workgroup to conduct client and family interviews, review and modify curriculum and ultimately re-design the program to be more welcoming and create low-barrier access for this vulnerable young population. ROAR re-opened in fall 2022 and has been thriving in its latest iteration of the program. This report contains information on its final year under the Innovation component. The program continues to exist under the Children's System of Care.

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, nurses, probation, inpatient facilities , 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 have an appropriate mental health

or substance use disorder at a high level of need and willingness/ability of client and family (if appropriate) to participate in the program. Once admitted, program enrollment and on-site treatment begin.

Through the final reporting period several alterations have been made to strengthen the program. These are the extension of hours, the addition of clinical interns, a growing roster of empowerment and enrichment programming, integration of incentives (The ROAR Store), and the implementation of safety protocol per evaluation and review.

Day program schedule is as follows:

1. Transportation provided by van pick-up or HopSkipDrive
2. Check-in Group led by BHS Staff
3. Independent Study and/or Individual Therapy and/or Individual Rehab Session
4. Lunch and Social Skills Integration
5. Independent Study and/or Individual Therapy and/or Individual Rehab Session
6. Group Treatment: Dialectical Behavioral Therapy (DBT) Rehabilitation Groups such as Photovoice, Cooking, Expressive Art Therapy, Games, Outdoor Activities, Substance Use Psychoeducation
7. Adventure Therapy – ecotherapy, mindfulness, and recreational activities for youth (individually or in a group) using the nearby natural environment, and outings such as hikes, kayaking and geo-coaching.
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 participate in independent study with Golden Gate Community Schools, which 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, and the option of weekly meetings with the ROAR Teacher via Zoom.
11. Enrichment Programming: For the 2023-2024 cohort, ROAR has launched several new and exciting enrichment opportunities with the following partners:
    a) **UC Berkeley's Master Gardener Program**: Horticultural and agricultural education via a group Session 1x/month
    b) **Pathways to College**: Career and education planning via group Session 1x/week
    c) **Richmond Police Activities League (RPAL):** Justice system prevention programming

via group session 1x/week

d) **Empower Ed**: Provides standalone seminars on specific health and wellness topics relevant to youth including Sex Ed and Fentanyl Awareness
e) **Community Outings**: ROAR has engaged in successful outings to the Exploratorium, African American History Museum, Library of Oakland, local restaurants and cinemas, fishing trips, and college tours.

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 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
- 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 hard during her first six months to study the initial objective and structure of the

program, fully staff the team, re-brand and publicize the program in preparation for the re-opening in August 2022.

Responsivity:

Care was taken during the re-building phase of the program to determine strengths and challenges of original program design. There was a focus on responding to the needs of the community and trying to meet people where they are. Valuable feedback was obtained through interviews with past participants and family members.

Strengths 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 through 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.

In addition, several areas of the program were identified as challenging. These included: a strict referral, assessment, and enrollment model that included panel interviewing; active and sober participation of the whole family system; and a relapse and attendance policy which impeded participation in treatment for any significant length of time. Areas of change regarding 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 youth who were not willing to engage in treatment in one area to still have 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 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 the pandemic. Post-pandemic, 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. For the 22-23 year, we saw a steady increase in referrals and enrollments accumulating in a full cohort of 19 youth for the beginning of the 2023 school year. Enrollment numbers have since been stable around 15-19 youth enrolled in the full day program. In reflecting on lessons learned during the 21-22 year, this increase in service capacity is in line with the desired program changes identified from the rebranding and workgroup phase of design. This was accomplished via the name rebranding and with a revised referral system which as designed was flexible and adaptive.

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:

Demographics of Referrals Received 7/1/2022 - 12/31/2023 ROAR

Total Referrals Received during this period: 37

Ages	
Yrs	Total
13	5
14	4
15	7
16	11
17	6
18	1
19	3
Total:	**37**

Gender	
Male	20
Female	15
Non-Binary	2
Transgender	0
Total:	**37**

Race/Ethnicity		
	Total	Percentage
Hispanic	25	67.57%
Black/African American	6	16.22%
White/Caucasian	3	8.1%
Asian	2	5.4%
Unknown	1	2.7%
Total:	**37**	**100%**

Diagnosis at Intake		
	Total	Percentage of Referrals
Substance Use Disorder ONLY	0	0.0%
Mental Health Disorder ONLY	22	59.46%
1 + Mental Health Disorder	19	51.35%
Both Substance Use & Mental Health	12	35.29%
No Diagnosis	0	0.0%

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

Outcome of Referral		
	Total	Percentage
Opened to Program	23	62.16%
Not Opened	14	37.84%
Total:	**37**	**100%**

**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*

Take-Aways from comparing the above data for the 21-22 and 22-23 reporting periods:

- **Age**: Age 15 and 16 make up the majority of youth referred in both periods.
- **Race/Ethnicity**: There was a noticeable increase in Hispanic referrals from 52.94% of referrals in 21-22 to 67.57% in 22-23.
- **Gender**: The ratio of male to female referrals received from increased from 35.29% of referrals in the 21-22 period to 54.05% of referrals in the 22-23 period.
- We are seeing an increase in youth that identify as non-binary.
- **Diagnosis**: Percent of referrals identified at intake as having only a substance use disorder flatlined. We have received no referrals during the 22-23 period which were singularly identified as substance abuse only. Percent of referrals that indicated mental health or co-occurring mental health and substance abuse remained relatively stable.
- **Outcome of Referral**: Successful admissions increased from 58.82% of referrals received to 62.16%
- **Overall**: There was an overall increase of referrals received between reporting periods 21-22 and 22-23 of 45.95%.

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. ROAR refers youth and parents to the following:

- West County Child & Adolescent Services (WCCAS) Behavioral Health
- West Contra Costa Unified School District (WCCUSD)
- WCCAS outpatient SUD
- Psychiatric Emergency Services
- Seneca Mobile Response Team and Seneca START
- Kaiser Chemical Dependency Recovery Program (CDRC)
- John Muir Behavioral Health
- East Bay Young People in Alcoholics Anonymous (EBYPAA)
- Young People Narcotics Anonymous
- REACH
- Hanna Boys Center (residential but not primarily SUD)
- Rebekah House (residential but not primarily SUD)
- RYSE Center
- MISSEY, Inc. (for sexually exploited youth)
- Golden Gate Schools/County Office of Education - Alternative Education
- Contra Costa County Child & Family Services (CFS)
- First Hope – Early Psychosis Program
- 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.

MHSA INNOVATION PROJECT ANNUAL REPORTING FORM

FY: 22-23 – Final Report
PROJECT NAME: Cognitive Behavioral Social Skills Training (CBSST) in Board & Care Homes

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 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 & Cares 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 concept of offering CBSST groups within the Board and Care setting was approved by the Mental Health Services Oversight and Accountability Commission (MHSOAC) in 2017. Program implementation began in 2018 and operated under the Innovation component through 2023. During this time, many changes and modifications took place, primarily due to the COVID-19 pandemic. During the FY 22-23 year, the team was able to rebuild following a period of hiatus during the pandemic. In early 2023, the program hired two new clinical positions, resumed in person groups, and expanded the number of B&C homes served. It has since been incorporated into the Behavioral Health Adult System of Care and is operated by the Housing Services Team.

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 22-23, the project provided the following services:

- Number of clients served: 24
- Number of client contacts (January – June): 430
- Services provided at five different board & care homes

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 was 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 are key and take 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 for approximately three years during the pandemic. New staff members were hired in early 2023, at which time the program was able to resume in person services at full capacity. The CBSST team is now housed under the 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 were 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.

At the end of FY 22-23 after the program resumed full operations, a total of 16 surveys were collected from program participants. Average scores are reported below, indicating an overall favorable client response.

Survey Questions *N=16*	Average Response
Q1: CBSST has given me tools that improve my overall quality of life	4.31/5
Q2: CBSST has taught me skills that help me live more independently	4.06/5
Q3: CBSST has helped me maintain a stable living environment	4.06/5

Client Comments

"Thank you for all your support and help. I really enjoy our groups weekly. I really am progressing."

"Keep up the outstanding work!"

"We really love the people and group is wonderful."

"Clinicians are prepared and provide value to our treatment.."

CBSST Profile of a Female Group Participant: Ms. M.

By Andrew Smith, Ph.D. 6/15/23

Ms. M. is a woman in her late twenties diagnosed with Schizoaffective Disorder, Bipolar Type, and Cannabis, Amphetamine, and Alcohol Use Disorders in Remission. She began exhibiting psychotic and mood symptoms in her mid-to-late adolescence culminating in her first acute inpatient hospitalization at age seventeen for self-injurious behavior of cutting and jumping

from a moving car. A year later she came close to jumping from a second story building, but did not follow through. An assault on a family member in her early 20s in response to auditory and visual hallucinations and mood instability resulted in another acute inpatient hospitalization, as did a threat to kill a roommate in an outpatient treatment setting. At age twenty-five Ms. M. was hospitalized again, and upon discharge went missing before finally being reconnected with mental health services.

Ms. M.'s symptoms center around grandiose delusions of being the daughter of high officials and royal dignitaries, sometimes with accompanying visual hallucinations of the current or past Presidents, auditory hallucinations, and hypomanic and manic states. In contrast to her grandiose delusions, Ms. M.'s auditory hallucinations may be devaluing, telling her that she is worthless and "'in the wrong place.'" Uncontrolled symptoms contributed to physical and verbal aggression in the past with many people in her environment. Drug use, including crystal methamphetamine from ages eighteen to twenty-six also further exacerbated her symptoms and erratic behavior.

Beginning at age twenty-five Ms. M. lived for about one-and-a-half years in large and small residential treatment programs before arriving at her current board and care placement where she has resided for the past ten months. The Community Support Worker (CSW) who co-leads the Cognitive Behavioral Social Skills Training (CBSST) group was there when Ms. M. arrived in mid-Summer, 2022. She began introducing Ms. M. and the other residents to CBSST concepts in a group setting. In those early months the CSW noted how frequently Ms. M. verbalized delusional ideation and how inconsistent was her group attendance. Records also indicated that Ms. M. required a psychiatric emergency visit for tactile delusions about animals touching her within the first month of her placement at her current board and care home.

Ms. M.'s relatively recent progress has been noted by her caretakers in her board and care, by County Mental Health staff, and as assessed from objective measures. Many factors probably have contributed to Ms. M.'s progress, and may include 1) her current, comfortable, supportive board and care home in a suburban environment; 2) her two prior outpatient residential treatment programs; 3) her innate intelligence which appears to make Ms. M. inquisitive and able to learn fairly easily; 4) the support on Sundays of her paternal grandparents who take her to church; 5) a reasonably sound early education; 6) medications; and 7) the physical and emotional maturity that may come from nearing the end of one's twenties. However, CBSST training also has been ongoing throughout this period of significant improvement with the most consistent group schedule held from January up to the present (June) of 2023.

A full complement of CBSST staff was established in January 2023 and included the CSW along with a Mental Health Clinical Specialist (MHCS). Ms. M. attended seventeen of eighteen sessions of the weekly, seventy-five minute group for the past five months, and is committed to continuing it into the future. Ms. M. is a pleasure to have in the group, and appears to be benefitting a lot. Her consistent attendance is one factor, but she also seems to grasp CBSST concepts quickly, is able to articulate these sometimes complex ideas well, and to apply them to her life. A core feature of the CBSST group is to set a goal which the participant very much

wants to achieve. In the beginning of the year Ms. M. began to develop her goal of obtaining her driver's license for the first time. She methodically gathered the materials with help from staff and began studying them. She feels close to being ready to take the written exam after which, if passed, it would allow her to practice driving on a permit with an experienced driver, possibly her brother or grandfather.

Of her progress in CBSST so far she said at various times over the past few months, "Before now I wasn't able to do a lot of things mentally [or] physically as well. I've achieved a lot of my goals." She pointed to a sixty-five pound weight loss which began after she became clean and sober two years ago. "I am celebrating my sobriety, because before I didn't have any willpower," she said, and described herself as "my sober-self" now. In addition to improvements in insight and judgment into past substance use, Ms. M. has developed more insight into her mental health problems. In March 2023, for example, she said, "I notice that depression is when I'm hearing my 'voices.'" She responds to the support and frequent praise, freely given by staff, inherent in the CBSST group model. "When you complement me on anything I do, it makes me feel loved and happy," she said recently.

Ms. M. took the Recovery Assessment Scale-Revised (RAS-R), a self-report test which measured mental health recovery, twice in the past six months. She endorsed "strongly agree" to all 24 items supporting robust progress in her mental health recovery, including, "I'm hopeful about my future," "I have my own plan for how to stay or become well," and "My symptoms seem to be a problem for shorter periods of time each time they occur," among others. At the time of the two test administrations, the current CBSST group cycle was in its third and fourth months (April-May 2023) suggesting that these positive outcomes may reflect the added confidence and coping skills generated from the weekly CBSST groups. On a short screening test for anxiety (GAD-7), Ms. M.'s test scores indicated a progression from a state of anxiousness, nervousness, or of "being on edge" "More than half the days" in April 2023 to experiencing these problems "Not at all" one month later in May. In contrast, a brief screening tool for depression (PHQ-9) that was negative for all symptoms in April 2023 indicated that Ms. M. had difficulty falling asleep, staying asleep or with sleeping too much "More than Half the Days" the following month in May 2023. However, both of these more recent administrations of the PHQ-9 screen for depression were a marked improvement over a 2/14/17 record on file from six years ago indicating multiple depressive symptoms "Nearly Every Day."

When she felt verbally threatened by a peer two months ago, Ms. M. successfully obtained the help of the board and care operator to whom she explained the situation, and the issue was resolved without further incident. This event stood in contrast to Ms. M.'s history of some physical violence, and coincided with her completion of the Social Skills module of the CBSST group on 4/25/23. The portion of this group developed skills for dealing with potential conflict in a calm manner, and emphasized clear communication and not blaming the other person. The sessions also involved weekly role playing to get better at expressing both pleasant and unpleasant feelings to others, and so appears to have contributed to recent conflict resolution.

The weekly, predictable structure of the CBSST group is a contributing factor to Ms. M's psychiatric stability as may be evident by a reduction in her psychotic symptoms, including delusional ideation, noted by her case manager who sees Ms. M. independent of the CBSST training. In addition to the weekly group, which takes place at the same time each week and in the same family room of the house, participants are encouraged to call CBSST staff if they are in need of any help. Ms. M. utilized this mode of support several times in the past three months. Ms. M. also has not required any psychiatric emergency visits for ten months which coincides approximately with the length of time the CBSST group has been in place as well as placement in her most current board and care.

In summary, Ms. M. is exhibiting a greater sense of direction and purpose by utilizing the goal setting, social skills training, cognitive understanding, and supportive group atmosphere offered by the CBSST group brought to her board and care each week by CBSST staff. She is exhibiting better reality testing and spending less time caught up in grandiose ideation. Her mood has been more stable, and skills for expressing oneself in the face of stressful situations, garnered from the CBSST role plays and materials have helped reduce to zero any incidents of aggression these past months. Ms. M.'s innately good intellectual functioning has been tested and focused with each week's concepts and CBSST materials. Ms. M. appears to be making steady progress and is cautiously expected to continue to improve.

Further Analysis

As part of the CBSST model, additional standardized 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

The below summary completed by clinical staff includes a detailed analysis of how questionnaires are applied and scored.

Preliminary Analysis of Pre- and Post-Group Effectiveness of Cognitive-Behavioral Social Skills Training (CBSST) on a Population of Adults Living in Psychiatric Board and Care Homes

The CBSST Team Housing Support Services*
September 27, 2023

INTRODUCTION

The Cognitive-Behavioral Social Skills Training (CBSST) staff within the Contra Costa County Behavioral Health Department, Housing Support Services, utilizes a small battery of tests and a self-report survey to help understand changes in mental health and behavior occurring within residents of five psychiatric board and care homes. The results of some of these tests were examined in the context of a review of the CBSST program within the fiscal year July 1, 2022 to June 30 2023. The CBSST program in Housing Support Services has been going on for approximately five years and consists of weekly seventy-five minute groups. The CBSST group is based on the book, *Cognitive-Behavioral Social Skills Training for Schizophrenia; A Practical Treatment Guide* by Eric Granholm (Granholm, et al., 2016). The group is divided into three Modules: Cognitive Skills Module, Social Skills Module, and Problem-Solving Skills Module, each with six sessions. The Modules may last longer than six weeks depending on the material covered each week, and generally the complete CBSST group lasts about five months. The groups are brought out to the board and care homes where psychoeducational resources may be limited and for clients who may not take advantage of CBSST and other groups offered in the adult outpatient clinics to which they are assigned.

The focus of this analysis is of a period of time within the 2022-23 fiscal year in which the CBSST team was fully staffed and in which the fact of the waning world-wide coronavirus pandemic allowed for more consistent and in-person CBSST groups to take place. The full complement of staff was resumed in December 2022 and groups in five board and care homes took place beginning in December-February. A test administration schedule was decided upon consisting of the General Anxiety Disorder (GAD-7), The Patient Health Questionnaire (PHQ-9), and the Recovery Assessment Scale-Revised (RAS-R) given to each participant at the beginning of the CBSST group, and at the end of each Module. The Independent Living Skills Survey (ILSS; Schizophrenia Bulletin, 2000) would be given at the beginning and ending of the entire CBSST group.**

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** For the purposes of this study, the ILSS may be examined separately at another time. The ILSS did not produce scores which could be compared in the way the other tests did, and it had sections on household duties and other responsibilities which some board and care operators and case managers did for the residents, and even prevented the residents from doing for themselves, such as food preparation, medication administration, and in the case of case managers, management of their own money. Other board and cares allowed for more responsibilities in these areas, but the fact that the items on the ILSS were not consistent across board and cares and that the scoring of Yes, No, Not Apply was more subjective all contributed to this measure being left out of this analysis for now.

This study is called *preliminary* for several reasons. Less consistent administration of the pre-test and a delay of the post-test past the Fiscal Year (2022-23) left the number of subjects for the period of interest, December 2022-June 2023, at only eight (8). The fact that the CBSST team present within the time period of this study just was becoming organized contributed to some inconsistencies in test administration. Tests were not always administered right at the beginning of the group or in a few cases not at the beginning at all; or the tests were not administered right after each CBSST module, but rather several weeks into the next module. Also, some test data for a given individual was missing, possibly due to the participant's absence on the day the tests were given. The post-test which was to be administered at the end of the CBSST's last module also was delayed, so that it fell just outside of the fiscal year 2022-23, thus technically making it ineligible for a study that purports strictly to examine the fiscal year.

The overall study is described as *preliminary* also because no guidance was found on how past studies of the measurements (GAD-7, PHQ-9, RAS-R) determined whether the difference between pre- and post-test scores were significant. As a result, the authors chose somewhat arbitrary cut-off scores for significance. In the case of the GAD-7 and PHQ-9, a two or more point difference in either direction conformed with what an objective observer might find meaningful, when examining either one of these tests for his or her client in an evaluation for anxiety and depression, respectively. The RAS-R measures recovery from mental health problems. It typically is broken into clusters of items, or *factors*, which may provide more meaningful interpretation of the data in this way:

Factor 1: Personal Confidence and Hope (sum items 7, 8, 9, 10, 11, 12, 19)
Factor 2: Willingness to ask for help (sum items 16, 17, 18)
Factor 3: Goal and Success Orientation (sum items 1, 2, 3, 4, 5)
Factor 4: Reliance on Others (sum items 6, 20, 21, 22)
Factor 5: Not Dominated by Symptoms (sum items 13, 14, 15)

However, as with the GAD-7 and PHQ-9, no cut-off scores for significance between pre- and post-test administrations were found in a cursory search on the internet. Instead, a score was considered significant based on what could draw a clinician's attention, when examining test results on the RAS-R, using the differences of one point up or down (pre- and post-test) between means from the scores on a given factor. Further studies of these tests gathered from future administrations given after CBSST modules and courses would be more meaningful if more established cut-off scores for significance could be established from the literature. The preliminary results of this study, however, still provide an opportunity to explore cautiously the test data and their meaning. Some tentative associations from the test data to the CBSST course may be proposed to broaden our understanding and help shape studies in the future.

Based on the foregoing discussion it appeared necessary to provide three different sets of analyses (Analysis #1, Analysis #2, Analysis #3) to make the most of what would be a relatively small group of nineteen (19) subjects who were in the group long enough to gather enough test data, and to use what data was obtained even if not strictly adhering in each analysis to the

time-line of the fiscal year 2022-23. For example, if the criteria for this study were rigidly applied and only data from December 2022 to May 2023 (the last set of test batteries administered before the end of the fiscal year, 2022-23) used, only eight of nineteen subjects could be evaluated. Using broader parameters, as described in Analyses #2 and #3, below, more subject data provides more information with which to ponder any changes in CBSST group members over the course of their participation in the group.

Also, for the purposes of this study and to simplify the analysis of the data, only the tests given at the *beginning* and *end* of the time frame of total test administrations for a given individual were used. As a result, some test administrations occurring at the end of a given CBSST Module will not be included in this study. The exception is for Analysis #1 in which the second test being analyzed is prior to the end of the Fiscal Year, even though for most of the participants there was a test administered in July 2023, after the Fiscal Year. Analyses #2 and #3 include the July 2023 tests.

The three different Analyses are as follows:

Analysis #1
This analysis model provides strict adherence to tests given within the Fiscal Year 2022-23. Each subject's pre-test and a follow-up test are at least three months apart. (Subjects N = 8.)

Analysis #2
This analysis model provides more leniency in the time frame so that a true post-test (i.e., after the entire group was completed) given in July 2023 may be used to compare with the pre-test, although this falls after the Fiscal Year 2022-23. (Subjects N = 6.)

Analysis #3
This analysis model allows for the fact that some participants in the analysis were not given the battery of tests until the end of Module 1. This would have been the earliest test, and no pre-test was given prior to the start of the group. It also includes a post-test in July of 2023, after the 2022-23 Fiscal Year. (Subjects N = 9.)

RESULTS of Preliminary Analysis #1

Raw Data Total Score Comparisons for the GAD-7 and PHQ-9

Pre- & Post-Tests within the Fiscal Year (FY; date of tests in parentheses) Analysis #1

Subject	**GAD-7** FY Early		**GAD-7** FY Late	Difference (> < 2 = significant)		
1	0	(1/30/23)	0	(4/24/23)	0	No
2	6	(1/30/23)	5	(5/8/23)	-1	No
3	5	(12/6/22)	1	(5/9/23)	-4	Yes*
4	17	(12/6/22)	15	(5/9/23)	-2	Yes*

5	0	(12/6/23)	0	(5/9/23)	0	No
6	0	(12/6/22)	2	(5/9/23)	+2	Yes*
7	8	(2/9/23)	7	(5/11/23)	-1	No
8	7	(2/9/23)	3	(6/20/23)	-4	Yes*

Subject	**PHQ-9** FY Early		**PHQ-9** FY Late	Difference (> < 2 = significant)	
1	0	(1/30/23)	0	(4/24/23)	0	No
2	3	(1/30/23)	2	(5/8/23)	-1	No
3	0	(12/6/22)	1	(5/9/23)	+1	No
4	12	(12/6/22)	15	(5/9/23)	+3	Yes*
5	6	(12/6/22)	2	(5/9/23)	-4	Yes*
6	0	(12/6/22)	0	(5/9/23)	0	No
7	11	(2/9/23)	8	(5/11/23)	-3	Yes*
8	10	(2/9/23)	16	(6/20/23)	+6	Yes*

Raw Data (Mean Comparisons Within Factors) Analysis #1

RAS-R Factors:
Factor 1: Personal Confidence and Hope (sum items 7, 8, 9, 10, 11, 12, 19)
Factor 2: Willingness to ask for help (sum items 16, 17, 18)
Factor 3: Goal and Success Orientation (sum items 1, 2, 3, 4, 5)
Factor 4: Reliance on Others (sum items 6, 20, 21, 22)
Factor 5: Not Dominated by Symptoms (sum items 13, 14, 15)

Subject	RAS-R Factors FY Early		RAS-R Factors FY Late	Difference (> < 1 = significant)	
1		(1/30/23)	(4/24/23)		
	Factor 1	4.86	4.29	-0.57	No
	Factor 2	2.67	5.0	+2.67	Yes*
	Factor 3	5.0	5.0	0	No
	Factor 4	4.75	4.0	-0.75	No
	Factor 5	2.67	3.67	+1.0	Yes*
2		(1/30/23)	(5/8/23)		
	Factor 1	4.7	4.1	-0.57	No
	Factor 2	4.0	4.3	+0.33	No
	Factor 3	4.4	4.4	0	No
	Factor 4	4.0	4.75	+0.75	No
	Factor 5	4.67	4.33	-0.33	No

3		(12/6/23)	(5/9/23)		
	Factor 1	4.14	4.29	+0.15	No
	Factor 2	2.4	4.3	+1.9	Yes*
	Factor 3	4.6	5	+0.4	No
	Factor 4	4.0	4.25	+0.25	No
	Factor 5	3.0	3.7	+0.7	No

Subject		RAS-R Factors FY Early	RAS-R Factors FY Late	Difference (> < 1 = significant)	
4		(12/6/22)	(5/9/23)		
	Factor 1	3.43	3.43	0	No
	Factor 2	3.33	4.33	+1	Yes*
	Factor 3	3.6	3.8	+0.2	No
	Factor 4	4.67	3.5	+1.17	Yes*
	Factor 5	3.67	3.67	0	No
5		(12/6/22)	(5/9/23)		
	Factor 1	5.0	5.0	0	No
	Factor 2	4.33	5.0	+0.67	No
	Factor 3	5.0	5.0	0	No
	Factor 4	5.0	5.0	0	No
	Factor 5	4.0	5.0	+1	Yes*
6		(12/6/22)	(5/9/23)		
	Factor 1	4.0	4.0	0	No
	Factor 2	3.67	3.67	0	No
	Factor 3	4.2	4.2	0	No
	Factor 4	4.0	4.0	0	No
	Factor 5	4.0	4.0	0	No
7		(2/9/23)	(5/11/23)		
	Factor 1	3.29	3.29	0	No
	Factor 2	3.0	3.0	0	No
	Factor 3	2.2	2.8	+0.6	No
	Factor 4	3.5	3.75	+0.25	No
	Factor 5	2.33	2.67	+0.34	No
8		(2/9/23)	(6/20/23)		
	Factor 1	3.14	3.29	+0.15	No

Factor 2	3.0	3.0	0	No
Factor 3	4.2	4.4	+0.2	No
Factor 4	4.0	3.75	-0.25	No
Factor 5	3.3	2.67	-0.93	No

DISCUSSION (Analysis #1)

The small sample size notwithstanding, Analysis #1 most closely resembles the study of CBSST participants within the Fiscal Year in question (2022-23) on three standardized tests, which had been the purpose of the study of the test results in the first place. The treatment team was in place, robust, and finally seeing clients *in person* after the pandemic. The team also adhered as closely as possible to the CBSST materials presented in the CBSST Consumer Workbook in *Cognitive-Behavioral Social Skills Training for Schizophrenia; A Practical Treatment Guide* by Eric Granholm (Granholm, et al., 2016). However, the last tests in the Fiscal Year were completed at the end of Module 2, Social Skills Training, and so do not represent an outcome of the CBSST group presented *in its entirety.* The team did not have time to give a post-test before the fiscal year, June 30 deadline, so it was administered as soon as possible in July 2023. (That more lenient review of the results will be examined in Analysis #2, below.)

The Recovery Assessment Scale-Revised (RAS-R) measures recovery from mental health problems and is a self-reported, 24-item test with five factors. Of the three tests given (GAD-7, PHQ-9, RAS-R), the RAS-R appears to have the most in common with the subject matter of the CBSST group. The third factor, "Goal and Success Orientation," has in its title a core tenet of CBSST, which is to consistently focus on a goal which the participant would like to obtain. "Personal Confidence and Hope," (1st factor), "Willingness to ask for Help" (2nd factor) and other factors also appear appropriate for trying to measure progress in the participant's life with which CBSST is meant to help. An increase in the factor would indicate some progress, and the cut-off score of significance was decided to be an increase or decrease of one point using the means of the given factor's scores.

Out of eight subjects, three showed increases on factor 2 (Willingness to Ask for Help), two showed increases on factor 5 (Not Dominated by Symptoms), and one showed an increase on factor 4 (Reliance on Others). Therefore, six of eight subjects saw a positive increase in the direction of health on a test measuring recovery from mental health problems and containing factors similar to some of the tenets of the CBSST group. Zero subjects showed a decline in these factors. The results may suggest that the CBSST group has been playing a positive role in increased progress in mental health for these individuals. If, for example, some group members are more comfortable in asking for help (factor 2), barriers in the areas of social interactions and insight into the need for help may have been reduced. It is assumed, however, that the CBSST group is just one therapeutic part of participants' lives and that other variables could have contributed to these measurements of progress. They could include the supportive milieu of the board and care, the outside attention a given participant may be receiving from friends or family members, interventions by case managers, psychiatrists, and medical staff, or any number of things in their lives.

With regard to measures of anxiety and depression, the GAD-7 and PHQ-9, respectively, were less consistent. Symptoms of *anxiety* had gone down in only three cases, and had gone up in one case in the five months under review in this analysis, whereas symptoms of *depression* had gone down in two cases and up in two cases. Symptoms of depression and anxiety may be helped by the weekly attention the CBSST staff pay to each person in a group context, but, as was suggested for the RAS-R, there may be other factors which also affect mood. Scores on tests of anxiety and depression may not be so directly affected by the CBSST group as scores on the RAS-R, because the group is not specifically for the treatment of disorders of mood. Nevertheless, it was informative that the GAD-7 and PHQ-9 showed a trend toward a reduction in the areas of anxiety and depression in more of the subjects in this group.

RESULTS of Preliminary Analysis #2

Raw Data Total Score Comparisons for the GAD-7 and PHQ-9

Pre- & Post-Tests within the Fiscal Year (FY; date of tests in parentheses) Analysis #2

Subject	GAD-7 FY Early		GAD-7 FY Late	Difference (> < 2 = significant)		
1	0	(1/30/23)	0	(7/17/23)	0	No
2	6	(1/30/23)	6	(7/17/23)	0	No
3	5	(12/6/22)	1	(7/18/23)	-4	Yes*
4	17	(12/6/22)	8	(7/18/23)	-9	Yes*
5	0	(12/6/22)	0	(7/18/23)	0	No
6	8	(2/9/23)	3	(7/20/23)	-5	Yes*

Subject	**PHQ-9** FY Early		**PHQ-9** FY Late	Difference (> < 2 = significant)		
1	0	(1/30/23)	0	(7/17/23)	0	No
2	3	(1/30/23)	3	(7/17/23)	0	No
3	0	(12/6/22)	0	(7/18/23)	0	No
4	12	(12/6/22)	10	(7/18/23)	-2	Yes*
5	0	(12/6/22)	0	(7/18/23)	0	No
6	11	(2/9/23)	5	(7/20/23)	-6	Yes*

RAS-R Raw Data (Mean Comparisons Within Factors) Analysis #2

Factor 1: Personal Confidence and Hope (sum items 7, 8, 9, 10, 11, 12, 19)
Factor 2: Willingness to ask for help (sum items 16, 17, 18)
Factor 3: Goal and Success Orientation (sum items 1, 2, 3, 4, 5)

Factor 4: Reliance on Others (sum items 6, 20, 21, 22)
Factor 5: Not Dominated by Symptoms (sum items 13, 14, 15)

Subject	RAS-R Factors FY Early	RAS-R Factors FY Late	Difference (> < 1 = significant)	
1	(1/30/23)	(7/17/23)		
Factor 1	4.86	4.71	-0.15	No
Factor 2	2.67	4.0	+1.33	Yes*
Factor 3	5.0	5.0	0	No
Factor 4	4.75	4.0	-0.75	No
Factor 5	2.67	3.67	+1.0	Yes*
2	(1/30/23)	(7/17/23)		
Factor 1	4.7	5.0	+.33	No
Factor 2	4.0	5.0	+1.0	Yes*
Factor 3	4.4	5.0	+0.6	No
Factor 4	4.0	5.0	+1.0	Yes*
Factor 5	4.67	5.0	+.33	No

Subject	RAS-R Factors FY Early	RAS-R Factors FY Late	Difference (> < 1 = significant)	
3	(12/6/22)	(7/18/23)		
Factor 1	4.14	4.29	+0.15	No
Factor 2	2.4	4.3	+1.92	Yes*
Factor 3	4.6	5.0	+0.4	No
Factor 4	4.0	4.25	+0.25	No
Factor 5	3.0	3.0	0	No
4	(12/6/22)	(7/18/23)		
Factor 1	3.43	3.57	+0.14	No
Factor 2	3.33	4.0	+0.67	No
Factor 3	3.6	3.4	-0.2	No
Factor 4	4.67	(factor omitted, did not do test item 22)		N/A
Factor 5	3.67	3.33	-0.34	No
5	(12/6/22)	(7/18/23)		
Factor 1	4.0	4.14	+0.14	No
Factor 2	3.67	3.33	-0.34	No
Factor 3	4.2	5.0	+0.8	No
Factor 4	4.0	4.25	+0.25	No
Factor 5	4.0	4.33	+0.33	No
6	(2/9/23)	(7/20/23)		
Factor 1	3.29	3.0	-0.29	No

Factor 2	3.0	3.0	0	No
Factor 3	2.8	2.2	-0.6	No
Factor 4	3.0	3.5	+0.5	No
Factor 5	2.33	2.67	+0.34	No

DISCUSSION (Analysis #2)

All of the subjects (N=6) in this Preliminary Analysis #2 were in Preliminary Analysis #1 (N=8), so one might expect a continuation of most of the results in the second study from that of the first study. Overall this was true, though with some differences. Analysis #2 found no subjects showing worsening symptoms on test items from the GAD-7 and PHQ-9 as compared to three subjects (1 on GAD-7, 2 on PHQ-9) showing worsening symptoms in the earlier Analysis #1 study. Thus, by the end of the group, it would appear that there were no Analysis #2 subjects showing worsening symptoms of anxiety or depression, and five subjects had shown a decline in those symptoms. The group may have been one variable that helped with this positive trend in the lives of the board and care group participants.

As noted in the earlier discussion, the Recovery Assessment Scale-Revised (RAS-R) measures recovery from mental health problems and is a self-reported, 24-item test with five factors, which may have particular relevance for what the CBSST group is trying to accomplish. An increase in the factor was seen as a person moving in a positive direction in the area represented by this factor. The results from this test had essentially the same outcome in Analysis #2 as in Analysis #1. Out of six subjects, three showed increases on factor 2 (Willingness to Ask for Help), one showed an increase on factor 4 (Reliance on Others), and one showed an increase on factor 5 (Not Dominated by Symptoms). This latter factor (5) had found significant increases by two subjects instead of one in the previous Analysis #1.

As was suggested in the previous discussion, most subjects (five of six) saw a positive increase in the direction of health on a test measuring recovery from mental health problems and containing factors similar to some of the tenets of the CBSST group. The results may suggest that the CBSST group has been playing a positive role in increased progress in mental health for these individuals. If, for example, some group members are more comfortable in asking for help (factor 2), barriers in the areas of social interactions and insight into the need for help may have been reduced. As noted before, it is assumed that the CBSST group is just one therapeutic part of their lives and that other variables could have contributed to these measurements of progress. They could include the supportive milieu of the board and care, the outside attention a given participant may be receiving from friends or family members, interventions by case managers, psychiatrists, and medical staff, or any number of things in their lives.

RESULTS of Preliminary Analysis #3

Raw Data Total Score Comparisons for the GAD-7 and PHQ-9

<u>Pre- & Post-Tests within the Fiscal Year (FY; date of tests in parentheses) Analysis #3</u>

Subject	**GAD-7** FY Early		**GAD-7** FY Late	Difference (> < 2 = significant)	
1	0	(4/24/23)	0	(7/17/23)	0	No
2	4	(3/15/23)	2	(7/19/23)	-2	Yes*
3	0	(3/15/23)	8	(7/17/23)	+8	Yes*
4	3	(3/15/23)	9	(7/19/23)	+6	Yes*
5	4	(3/22/23)	4	(7/19/23)	0	No
6	0	(4/5/23)	0	(7/19/23)	0	No
7	0	(4/5/23)	0	(7/19/23)	0	No
8	13	(4/5/23)	0	(7/19/23)	-13	Yes*
9	6	(3/16/23)	10	(7/20/23)	+4	Yes*

Subject	**PHQ-9** FY Early		**PHQ-9** FY Late	Difference (> < 2 = significant)	
1	0	(4/24/23)	0	(7/17/23)	0	No
2	3	(3/15/23)	0	(7/19/23)	-3	Yes*
3	2	(3/15/23)	9	(7/17/23)	+7	Yes*
4	3	(3/15/23)	4	(7/19/23)	+1	No
5	3	(3/22/23)	5	(7/19/23)	+2	Yes*
6	0	(4/5/23)	0	(7/19/23)	0	No
7	0	(4/5/23)	0	(7/19/23)	0	No

Subject	**PHQ-9** FY Early		**PHQ-9** FY Late	Difference (> < 2 = significant)	
8	3	(4/5/23)	11	(7/19/23)	+8	Yes*
9	6	(3/16/23)	6	(7/20/23)	0	No

RAS-R Raw Data (Mean Comparisons Within Factors) Analysis #3

Factor 1: Personal Confidence and Hope (sum items 7, 8, 9, 10, 11, 12, 19)
Factor 2: Willingness to ask for help (sum items 16, 17, 18)
Factor 3: Goal and Success Orientation (sum items 1, 2, 3, 4, 5)
Factor 4: Reliance on Others (sum items 6, 20, 21, 22)
Factor 5: Not Dominated by Symptoms (sum items 13, 14, 15)

Subject	RAS-R Factors FY Early		RAS-R Factors FY Late	Difference (> < 1 = significant)	
1		(4/24/23)	(7/17/23)		
	Factor 1	5.0	5.0	0	No
	Factor 2	5.0	3.67	-.33	Yes*
	Factor 3	5.0	5.0	0	No
	Factor 4	5.0	5.0	0	No
	Factor 5	5.0	5.0	0	No

2		(3/15/23)	(7/19/23)		
	Factor 1	5.0	5.0	0	No
	Factor 2	3.3	4.3	+1	Yes*
	Factor 3	5.0	5.0	0	No
	Factor 4	5.0	5.0	0	No
	Factor 5.	4.7	4.7	0	No
3		(3/15/23)	(7/17/23)		
	Factor 1	5.0	5.0	0	No
	Factor 2	5.0	5.0	0	No
	Factor 3	5.0	5.0	0	No
	Factor 4	5.0	5.0	0	No
	Factor 5	5.0	5.0	0	No
4		(3/15/23)	(7/19/23)		
	Factor 1	4.42	3.57	-0.8	No
	Factor 2	3.67	3.67	0	No
	Factor 3	5.0	4.6	-0.4	No
	Factor 4	2.75	3.5	+0.75	No
	Factor 5	3.67	4.0	+0.33	No

Subject	RAS-R Factors FY Early	RAS-R Factors FY Late	Difference (> < 1 = significant)	
5	(3/22/23)	(7/19/23)		
Factor 1	4.3	4.0	-0.3	No
Factor 2	3.0	3.0	0	No
Factor 3	4.2	4.4	+0.2	No
Factor 4	3.75	4.0	+0.25	No
Factor 5	4.33	4.33	0	No
6	(4/5/23)	(7/19/23)		
Factor 1	3.71	3.14	-0.56	No
Factor 2	2.0	2.0	0	No
Factor 3	4.6	2.8	-1.8	Yes*
Factor 4	3.0	1.75	-1.25	Yes*
Factor 5	2.67	2.67	0	No
7	(4/5/23)	(7/19/23)		

	Factor 1	5.0	5.0	0	No
	Factor 2	5.0	5.0	0	No
	Factor 3	5.0	5.0	0	No
	Factor 4	5.0	5.0	0	No
	Factor 5	5.0	5.0	0	No
8		(4/5/23)	(7/19/23)		
	Factor 1	4.0	4.0	0	No
	Factor 2	2.0	3.3	-1.3	Yes*
	Factor 3	4.2	2.8	-1.4	Yes*
	Factor 4	4.25	3.75	-0.5	No
	Factor 5	4.0	3.0	-1.0	Yes*
9		(3/16/23)	(7/20/23)		
	Factor 1	3.43	3.71	+0.28	No
	Factor 2	3.33	3.0	-0.33	No
	Factor 3	3.4	3.6	+0.2	No
	Factor 4	3.75	3.75	0	No
	Factor 5	3.0	3.0	0	No

DISCUSSION of Analysis #3 and CONCLUSIONS

The third study, Analysis #3, was completed in an attempt to glean information from a group of CBSST participants who had missed the pre-test for some reason. Some participants had not received a pre-test while the CBSST team was forming and less systematic in its administration of the tests. For example, using January 1st as an approximate starting date for the CBSST groups in the five board and care facilities, subjects in this study did not have tests until two or three months into the group. Because the first testing came so late, the tests administered *after* the fiscal year 2022-23 were used in order to analyze test results far enough apart to have merit in the study, and in which subjects had fully completed the CBSST group. Of necessity, the design of this study meant that the post-test was not given within the fiscal year 2022-23, but rather in July 2023. There were nine subjects in this group. It is important to note that all of the subjects in Analysis #3 *did* attend the group from the beginning and participated in it until its completion.

The fact that the results found in Analysis #3 in various ways seemed to contradict those results in Analyses #1 and #2 may speak to the very *preliminary* nature of these studies of the CBSST group in Housing Support Services. The trend towards a reduction in scores on measures of anxiety (GAD-7) and depression (PHQ-9) seen in Analyses #1 and #2 surprisingly were reversed in the Analysis #3 study. A lower score was seen as a reduction in anxiety or depression, depending on the test. Two subjects showed a significant decrease in scores on the GAD-7, whereas three showed a significant increase. Similarly, only one subject in Analysis #3 showed a

significant decrease on the PHQ-9 as opposed to three that showed an increase, a possible indication of more symptoms of depression by the end of the group.

Results in Analysis #3 on the Recovery Assessment Scale-Revised (RAS-R), RAS-R also followed this pattern. The RAS-R factors which would indicate progress or a lack of progress in recovering from mental health problems also mostly went in the opposite direction from the more favorable outcomes in the first two studies. Two subjects showed a significant decrease on factor 2 (Personal Confidence and Hope) and factor 3 (Goal and Success Orientation), and one subject each on factor 4 (Reliance on Others) and factor 5 (Not Dominated by Symptoms) showed a significant decrease. Only one subject showed an increase, on factor 2.

It was expected that the group helped in the areas of anxiety and depression, however in Analysis #3 there was not a corresponding improvement on the tests that screened for these disorders. In fact, if subjects from this group had been given the pre-test earlier, they may have been included in the previous (Analyses #1 and #2) studies, and possibly the more positive outcomes on the GAD-7 and PHQ-9 would have been diminished by inclusion of these subjects when averaged together. This might have indicated a sort of statistical 'wash' with participants doing about the same before the group as after the group. On the other hand, many anecdotal observations and reports of individual clients obtained by the CBSST group leaders suggest that the group is of real help to many of the participants.

It is not clear how to interpret the data from this third study. Could Analyses #1 and #2 be incorrect and Analyses #3 correct? Are there better tests that would measure progress or lack of progress in the specific areas on which the CBSST training is trying to make an impact? Do the three tests used for these studies really capture the progress which anecdotal evidence suggests is taking place in at least some of the participants. Furthermore, this entire report is not based on a very rigorous study. In addition to the shortcomings already outlined, for example, there was not a control group of subjects who did not take the CBSST group to compare with the group that did take the training. The tests are very short (seven items for two of them, 24 items for the RAS-R). The participants take them often enough that some may pay less attention to how they are responding. A few items on the RAS-R (see items 16 and 17, for example) having to do with symptoms being less of a problem also were scored low by some participants who may not admit that symptoms are *ever* a problem, and so do not want to endorse anything that implies they have symptoms, *improved or not*. This could have the effect of driving down scores on factor 2, *Willingness to Ask for Help,* which is made up partially of those items. As with the more positive outcomes of the first two studies, there may be variables outside of the group which are impacting scores on tests taken within the Analysis #3 subjects. Loss, changes in the board and care program, anniversaries of traumatic events, and adjustments in medications could be just a few of many variables impacting how an individual scored on the tests in the CBSST group.

In spite of its shortcomings, and that the statistical results in Analysis #3 contrasted with those in Analyses #1 and #2, this has been a worthwhile look at the data gathered so far. A more careful study, perhaps with different tests, a better design, and careful follow-through on the

timing of administration of tests to each person in the future may provide a clearer interpretation of the CBSST group in the areas of anxiety, depression, and progress in recovering from mental health problems.

CONCEPTS FORWARD CONSULTING

Multi-County PADs Innovation Project

Annual Report
Calendar Year 2023

Created by Kiran Sahota, President
Concepts Forward Consulting
Project Director

The Multi-County Mental Health Services Act (MHSA) Psychiatric Advance Directive (PADs) Innovation's project, with the seven collaborating counties of, Contra Costa, Fresno, Mariposa, Monterey, Orange, Shasta, and Tri-City Mental Health Authority completed two and a half years of the four-year project as of December 31, 2023. Please note, Fresno County began the project in 2019, and will finalize their participation in the Phase One build as of June 30, 2024.

The PADs project, initially approved by the Mental Health Oversight and Accountability Commission (MHSOAC) on June 24, 2021, continued the momentum of the previous year. The subcontractor timeline was followed to achieve a streamlined effort of activities and expectations of the participating counties. This was no easy task as there were many overlaying activities that had to happen simultaneously. In addition, many challenges arose throughout the year with the change of staffing in both the counties and within the subcontractors.

Though the project objectives remain the same, as with any innovative project, a realistic look at what can be accomplished has been part of the evaluation of accomplishments throughout the year. The proposed project, as originally written, will engage the expertise of ethnically and culturally diverse communities, threshold populations, consumers, peers with lived experience, consumer and family advocacy groups, and disability rights groups. The project proposes to meet several unmet needs throughout the state. These objectives continued as follows:

1. Provide a standardized level of training regarding PADS for both communities and stakeholders.
2. Standardize a statewide PADs template.
3. Allow PADs to be a separate recognized document from a medical advance directive.
4. Standardize a PADs training "toolkit" to be easily replicated from county to county.
5. Align behavioral health PADs with medical Advanced Directives so both physical and mental health needs are equally addressed.
6. Utilize a Learning Management System (LMS) for ease of county access to PADs training and materials.
7. Utilize peers to create PADs based on lived experience and understanding, which can lead to open dialog and trust.
8. Create infrastructure for a cloud-based data warehouse for ease of access to PADs in a crisis, providing mobility of PADs throughout the state.
9. Create legislation to enforce the use and acceptance of standardized PADs in California.
10. Create a continuous evaluation process that is outcome driven, evaluating training, PADs template ease of use, and PADs utilization.

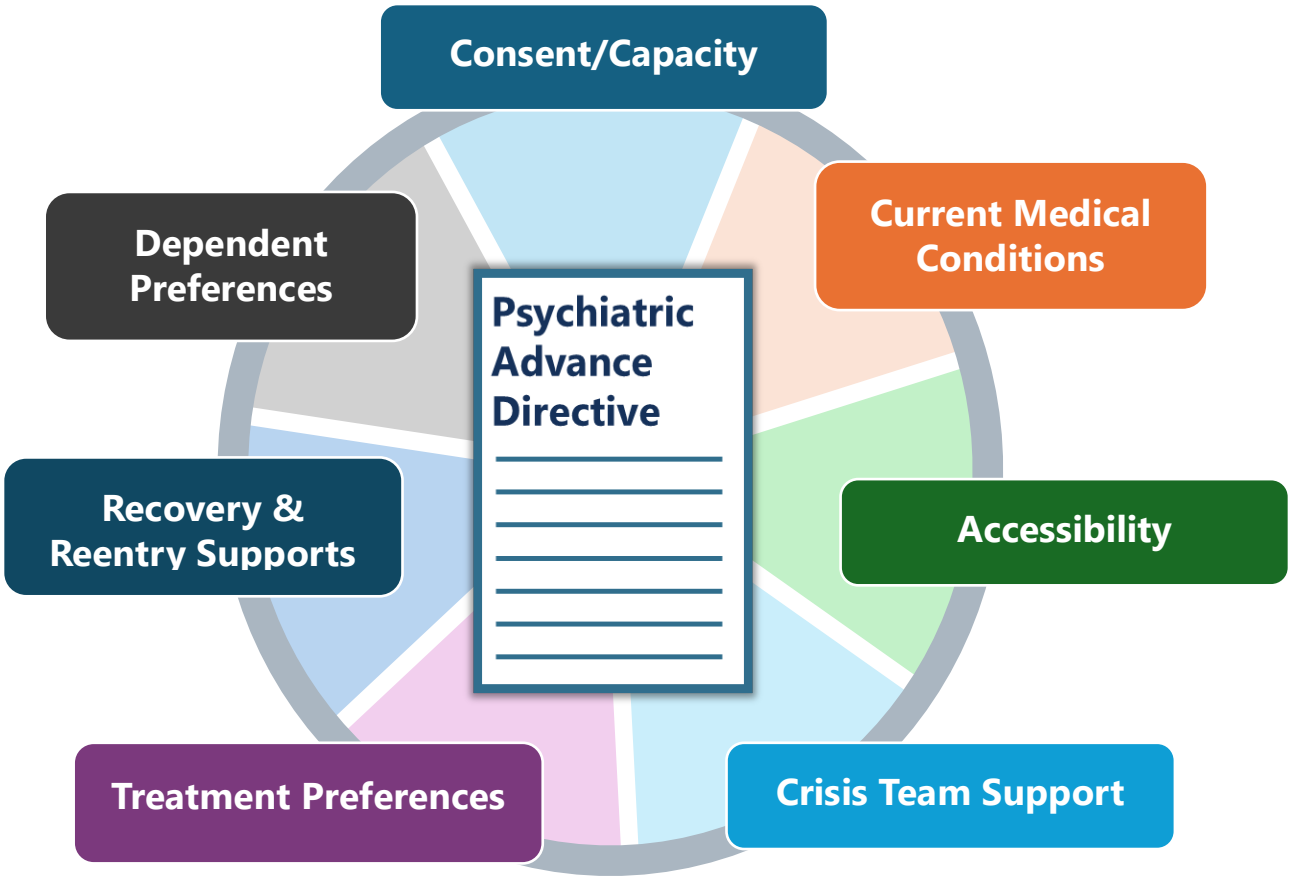
This annual report covers calendar year 2023, or fiscal years (FY) quarter three and four of FY 2022-23, and first and second quarter of FY 2023-24. The following is a recap of activities, with detailed subcontractor write-ups in the Appendix section at the of the report, with the fiscal intermediary review as concluding document.

In order to meet the requirement of ethnic and cultural diversity, the counties along with several subcontractors identified the need for ongoing translation and interpretative services that would fall outside of the scope of work and funding allocated by the counties. The project identified the ability to repurpose funding remaining from the previous FY. The company Alpha Omega was vetted and hired to create multi-lingual documents, interpretation, and interviews throughout the

project. Alpha Omega ensures the ability to address the multiple threshold languages identified within the participating counties.

Through the evaluation period it was clearly identified that this stage of the project is outlined as the technology platform build or Phase One PADs technology build. At no time during this phase of the project will the platform be “live” for access to the PAD in the public setting. The project's main priority continued with a build to streamline a PAD template/component(s) and move forward the components to be uploaded into the technology platform build.

Painted Brain and their subcontractor CAMHPRO worked with county peer support specialists, persons with a lived mental health condition, family member/caretakers and first responders in a series of listening sessions, ongoing workgroups, and cross-contractor collaboration. Painted Brain completed an exhaustive template review and submitted the components to Chorus for upload to the platform build. An idea of how the components will be address are as follows:



Their next step was to create a PADs facilitator curriculum to complement component understanding, digital literacy, and PADs within the platform. The curriculum was completed and submitted to counties for input. Once finalized, this curriculum will be part of the platform “toolkit.”

The template components once sent to Chorus allowed for the ability to build the infrastructure of the digital PAD. Parallel to the digital formation of the PAD, the flow of use, and Terms of Services were identified as areas to address. A county workgroup was created to work with the teams to identify appropriate language. This remains an ongoing workgroup.

Monthly participatory and community-centered stakeholder workgroups continued throughout the year, to discuss the technology build with county peer specialists, persons with a lived mental health condition, family member/caretakers and first responders. Chorus was able to create a mock design using “Richard” as a sample of how the PAD could look in the digital format.

Feeding into the design of the platform is the parallel layer of branding and marketing. Idea Engineering, worked through the Marketing Sub-Workgroup to identify a PAD logo, a logo that was easily identifiable by a person filling out a PAD or for a first responder, as identification and recognition of a PAD. With county peers and Peer Specialist as the prominent voice, the outcome was as follows:

Idea Engineering updated all print material, and the public facing website to highlight the efforts of the project and the unified voice of what the PAD means to those involved in the project.

Evaluation of the project fell to both RAND and the Burton Blatt Institute (BBI), which both had to delay their work in waiting for sections of the project to be completed. RAND developed and finalized the training evaluation protocol and workflow to enable a “two-level” evaluation with PADs platform users. It is expected that this evaluation will take place beginning in April 2024.

Though the BBI evaluation is managed by Orange County, it has been identified to represent the project in totality. Working with all seven counties, BBI used a qualitative research approach and conducted individual semi-structured interviews throughout the year. The evaluation framework will be looking at the direct and indirect benefit of a web-based platform, how the development of the PAD impacts the rates of homelessness, incarceration, and hospitalization of those that fill out the PAD, in this first phase of the project build. As this is the initial build phase, in theory, this will impact systemwide change.

As overall Project Director, Concepts Forward Consulting continued to move the project through each phase by allowing for input from all entities involved, but also setting appropriate boundaries with regards to potential “scope-creep” and finalization of decisions. The counties

have all agreed to provide their input within the period requested, and if they do not the project must move on regardless, to accomplish our projected goals.

The Project Director began the process of engaging legislation. A time-limited workgroup was created that included the support from the Painted Brain peer run services, California Hospital Association, State Psychiatric Association representatives, NAMI California, MHSOAC, California Behavioral Health Directors, and Patient Rights and Lanterman Petris Short act knowledgeable attorneys. Through this group it has been identified that legislation to move the PAD forward will take a legislative champion, which is currently the highest priority to achieve within the next calendar year. The idea will be to align PAD's language within the Probate and Welfare and Institution codes to create a streamlined PAD's statute, one that recognizes a PAD as a document of self-determination and autonomy.

Discussions were also held with law enforcement and Executive Officer Council on Criminal Justice and Behavioral Health California Department of Corrections and Rehabilitation, as the project sought to engage the Department of Justice in the investigation of the integration of the PAD's platform into the California Law Enforcement Telecommunication System (CLETS). This one connection would allow crisis teams, first responders and dispatch in-the-moment access to a PAD when dispatched to a call for service. This activity will continue into the next year.

Throughout the project the importance of in-person discussions, learning, and planning has been showcased in bi-annual convenings. During the FY, two in-person convenings were held. Monterey County hosted in the spring and Orange County hosted in the fall. Both convenings were showcased on the project website www.padsCA.org.

There is a certain depth of learning and momentum that takes place after a convening. The counties decided that the Spring 2024 convening needed to allow for more discussion and planning, and not just updates from the subcontractors. The counties opted for a two-day event to create time for learning and further development of the project goals or adjustments. Sharing the hosting responsibilities with all participating counties, Shasta County was chosen to host the next convening.

The project has not been without challenges. As with many employers in California, our counties and subcontractors encountered several staffing challenges throughout the year, this impacted the timeliness of goals. Some counties are small and have a small community of stakeholders, or a high staffing vacancy rate. The subcontractors experienced staffing turnover which created a domino effect as each layer of the project relies on each other. Staffing challenges also arose in the lack of peer staff. This is where the peer contract was invaluable to enlist the voice of the peer/person(s) with lived mental health experience throughout the project.

As this project is innovative, timeliness of goal completion was also a challenge. Aspects of the time needed to complete activities could not have been calculated in advance. This can be seen in the amount of work Painted Brain needed to cull through multiple nationwide PAD documents to create meaningful template discussion and present the components. When Painted Brain submitted the component questions to Chorus, it could not be anticipated that to create the digital PAD, each component question needed meaning attached to determine the best phrasing and digital location. The delay of the template components delayed the creation of the

PAD facilitator training curriculum, which in turn delayed the ability to provide and evaluate the training.

The project has met challenges as referenced above and throughout FY 2023, each project goal has been addressed, completed, or will continue to be shaped in the coming year. As we plan for 2024, the following prospective activities are anticipated.

- Two-day Spring convening in Shasta County.
- Facilitator Train the Trainer completed, edited, and finalized.
- County pilot populations test usage of the digital PAD.
- RAND and BBI to continue their evaluation efforts.
- Information videos created in multiple threshold languages.
- A legislative champion is identified, and legislative language moves forward.
- Investigate the feasibility of the CLETS integration.
- Fresno County sunsets their Phase One participation.
- Phase Two “live” roll-out and training planning and write-up finalized.
- Continued improvement to the platform Phase One build.

The counties all continue in the most collaborative nature, meeting multiple times a month and sending a variety of staff to the following meetings: individual county meetings with subcontractors, large full project meeting, county to county, sub- workgroups in template creation, technology, terms of service, and marketing. In addition, providing staff or county collaborators time for interviews with project evaluators. Overall, the accomplishments of calendar year 2023 outweighed the challenges. The project remains challenging in commitment and time, yet the reward of an innovated digital PAD is truly on the horizon and will be accomplished within this project Phase One build.

Appendix Section:

Alpha Omega- Translation/Interpretation
Burton Blatt Institute- Evaluation/Technology
Chorus Innovations-Technology
Idea Engineering- Marketing and Website
Painted Brain- Peer Voice
RAND- Evaluation/User experience
Syracuse University-Fiscal Intermediary

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Summary of activities for year 2023.

A. Summary of Activities and Accomplishments During the Reporting Period
B. Challenges Encountered and Resolved During the Reporting Period
C. Plans and Expectations for the Next Reporting Period
D. Attachments

A. Summary of Activities and Accomplishments During the Reporting Period

Customers:
Concept Forward
Idea Engineering Anthony

Translation of 73 document(s) from English (USA) to Arabic, Chinese, Farsi, Korean, Vietnamese for Idea Engineering
Service requested by Antony Del Castillo Schickram – **invoice I-06055**

Translation of 1 document(s) from English (USA) to Spanish for Idea Engineering
Service requested by Antony Del Castillo Schickram
Invoice **I-06228**

Translation of 2 document(s) from English (USA) to Arabic, Chinese, Farsi, Hmong, Korean, Vietnamese for Idea Engineering
Service requested by Jeanne Spencer
Invoice I-06214

Virtual interpreting from English (USA) to Spanish for Concepts Forward
Service requested by Kiran Sahota
Invoice I-06242

B. Challenges Encountered and Resolved During the Reporting Period

No challenges recorded. Customer expressed satisfaction with deliverables.

E. Plans and Expectations for the Next Reporting Period

Translation and interpretation projects as described in Master Contract.

A. Attachments

N/A

Report on Implementation of the Evaluation of Orange County Innovation Activities, with Particular Focus on Development and Outcomes of a PADs Technology Platform

Date Submitted: December 29, 2023

Period(s) Covered: January 1, 2023-December 31, 2023

Submitted by:
Gary Shaheen, Ph.D.
Project Director
Burton Blatt Institute
Syracuse University

Summary of the Qualitative Evaluation

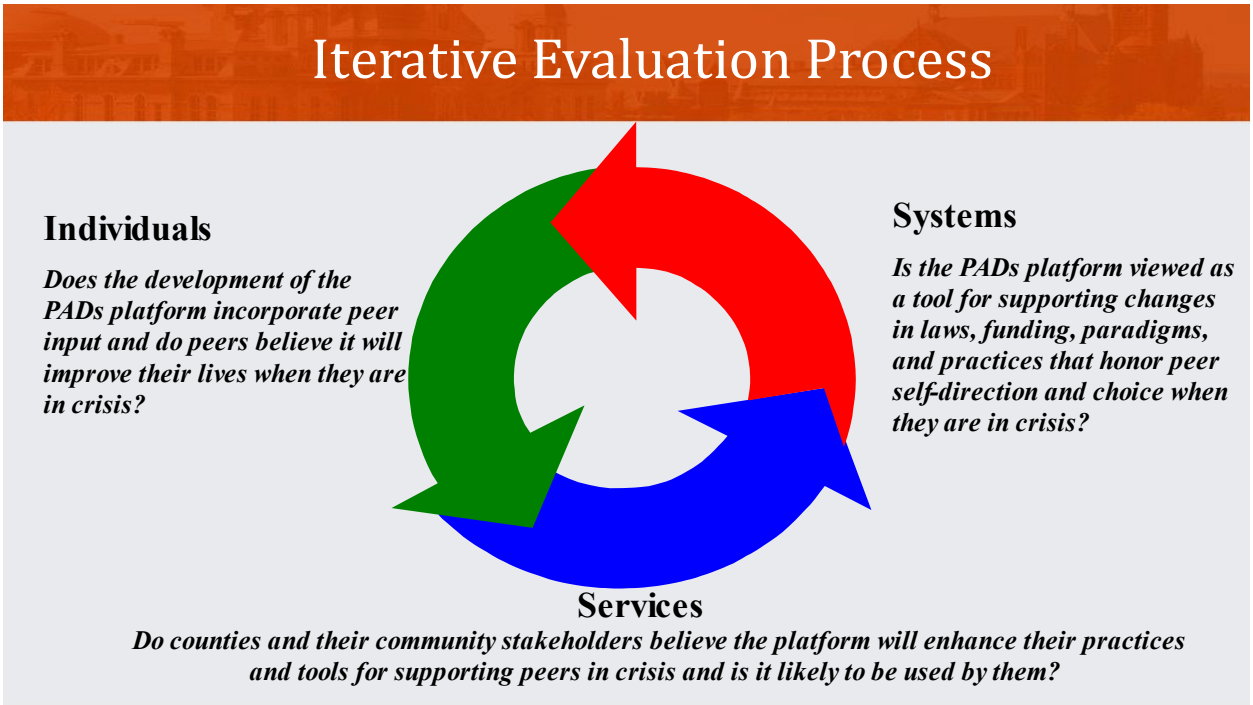
The Syracuse University (SU) Burton Blatt Institute (BBI) was tasked by Orange County, California to conduct a multi-year process and outcome qualitative evaluation of the web-based platform supporting Psychiatric Advanced Directives (PADs) implemented by 7 California counties. These 7 counties are Fresno, Mariposa, Monterey, Shasta, Tr-City, Contra Costa, and Orange counties who are using their Mental Health Administration Innovation Funds to support their efforts. BBI works directly with Project Manager Kiran Sahota, all 7 counties, and project subcontractors Chorus, Idea, Painted Brain, CAMPHRO, and Rand Corporation to obtain data supporting the evaluation. BBI also works with the Project Manager and SU's Office of Sponsored Programs to administer the requirements of the Orange County contract and for fiscal administration of County and Sub-Contractor sub-awards, including timely payments based upon submission and review of invoices. This Annual Project Report summarizes only the evaluation project activities implemented by BBI during the Project Year 1/1/2023-12/29/2023.

BBI uses a qualitative research approach. This included participant observations of in person and virtual meetings and workgroups, as well as conducting individual semi-structured interviews with PADS project County Managers, staff, and community stakeholders. The research objectives and methodological foundations are grounded in a comprehensive literature review focused on Psychiatric Advanced Directives for people with mental illnesses and disability studies. BBI collected data during the year by and by conducting participant observations and individual, semi-structured interviews with PADs Project County Mangers and staff, and with identified community project stakeholders who are participating in the PADs project

We have developed evaluation indicators framework (input, process and outcome) to document information at different stages of the project lifecycle. The indicators fall into three categories:

- Input indicators: to measure the contributions necessary to enable the program to be implemented (e.g., funding, staff, key partners, infrastructure).
- Process indicators: to measure the program's activities and outputs (direct deliverables of the activities).
- Outcome indicators: to measure whether the program is achieving the expected effects/changes in the short, intermediate, and long terms. BBI also gathers data on factors influencing adoption of the PADs web-based platform within county mental health departments and among staff who manage or support their county's PADs project.

BBI's evaluation framework is intended to describe the direct and indirect benefits of the web-based platform among county staff and Peers ("individual level"), its impact upon mental health and related services provided by agencies when they utilize PADs to support Peers who are in crisis ("services level"), and how the development and use of a PADs web-based platform influences public attitudes, policy, funding, law and regulations, and inter-agency dialogue and partnerships, as well as reduce the overall rates of homelessness, and incarceration among Peers ("systems level"). These dimensions are illustrated below:



We have also framed the development and use of the product as one element of a systems change process being articulated by the Project Manager. To measure these systems change dimensions, we have adopted the rubric for systems change developed by the Corporation for Supportive Housing:

Building Blocks of Systems Change: *(https://www.csh.org/resources/laying-a-new-foundation-changing-the-systems-that-create-and-sustain-supportive-housing/)*

"Achieving a real change in a system is different from making the system do something new. A real change in a system is one in which people habitually do the new thing, using resources, authority, technology, and ideas that are routinely associated with the new activity. You can recognize system change more easily when it is complete, or nearly complete, by these five signs:"

● **A change in power**: There are designated positions—people with formal authority—responsible for the new activity (not just committed or skillful individuals who happen to care about it).

● **A change in money**: Routine funding is earmarked for the new activity in a new way—or, failing that, there is a pattern of recurring special funding on which most actors in the system can rely.

● **A change in habits**: Participants in a system interact with each other to carry out the new activity as part of their normal routine—not just in response to a special initiative, demonstration, or project. If top-level authorities have to "command" such interactions to take place, then the system has not absorbed them, and thus has not yet changed.

● **A change in technology or skills**: There is a growing cadre of skilled practitioners at most or all levels in the delivery chain, practicing methods that were not previously common or considered desirable. These practitioners are now expert in the skills that the new system demands and have set a standard for effective delivery of the new system's intended results.

● **A change in ideas or values**: There is a new definition of performance or success, and often anew understanding of the people to be served and the problem to be solved. The new definition and understanding are commonly held among most or all actors in the system, such that they are no longer in great dispute.

Summary of the Evaluation:

Since formal data analysis and coding will not occur until 2024, BBI can only report on our assumptions of the emerging trends and issues. Many of these were included in a presentation we delivered at the September 2023 all-county convening event. A copy of our presentation detailing these assumptions is attached to this report (Attachment 1).

Project Implementation:

- BBI hired Dr. Nare Galstyan as Senior Research Associate and Ms. Isabel Torrence as Research Assistant to directly assist in implementing the evaluation.
- We scheduled and participated in regular teleconference meetings and e-mail exchanges with Concepts Forward Consulting, Chorus, Idea and Rand as needed to discuss and coordinate respective roles and deliverables.
- BBI submitted and received SU IRB approval to implement County Manager and community stakeholder interviews that were conducted throughout the year.
- We prepared presentation materials and participated in two PADs County and

Stakeholder in-person meetings in Monterey and Orange Counties that were held respectively on March 7, and September 12, 2023.

- BBI continued to add references to the comprehensive PADs Literature Review to strengthen the empirical basis for implementing BBI's evaluation.

- A summary of our observation and interview activities is provided below:
  - County – specific Subcontractor meeting observations: **63**
  - County Champions and other project meeting observations: **33**
  - Technology, PADs Template, and Marketing Workgroup observations: **70**
  - In-person Chorus – led County provider and partner on-site meetings: **12**
  - Interviews with County Managers, County-employed Peer Specialists and County Community Partners/Stakeholders: **34**
  - Annual Project Convenings: **2**

Preliminary Assumptions from the Research

Observation and interview data that we obtained throughout the year have yet to be coded and analyzed in order to report findings with empirical validity. Interviews with key community stakeholders including hospitals, law enforcement, other crisis and first responder agencies, and priority population providers were begun during the year and will continue during 2024. The data that was obtained and reviewed over the course of the year nonetheless allows BBI to present some emerging assumptions and concerns related to the process and outcomes associated with the design and implementation of the web-based PADs platform and address each component of the CSH Systems Change Framework.

- **Key Signs of Changes to Power**:

1) BBI observed that Peers from almost all participating counties were involved in meetings and workgroups from the start of the project, and their perspectives and input on the template, web-based platform and marketing were sought, valued and included in plans and products. They also helped ensure that the language, format, and intent of the web-based platform reflected perspectives gained from their lived experiences. Inclusion of the Peer voice was further strengthened by the addition of Peer-run advocacy organizations Painted Brain and Camphro as key project partners tasked with designing the PADs template upon which the platform will be based.

   Challenges: Peer participation in Technology and other workgroups has been primarily from county-employed Certified Peer Specialists. However not all counties have these staff. We note that in order for the project to be viewed as Peer -advised and enabled across all 7 counties, those counties without Peer representatives should consider how to make the voices of their Peer constituencies heard.

2) We also observe that development of the power to implement systems change is also being addressed by the active participation of some of the community agency stakeholders who would be likely to encounter peers in crisis when a PAD might be used. Our preliminary assumptions imply that including law enforcement, hospital staff, MH Crisis Teams and others in workgroups to share how they would access and use web-based PADs in their line of duty potentially empowers them and their sponsoring agencies to 'own' the product and may strengthen its potential for adoption and use.

   Challenges: Although most counties are represented in workgroups by law enforcement, hospitals, and other community partners and stakeholders, not all counties are so represented. Without stakeholder participation from all counties, varying levels of acceptance and use of the platform among community stakeholders, and/or delay in its testing while these issues are identified and resolved may emerge.

- **Key Signs of Changes to Money:**

1) A key feature of this project is its designation, use and incorporation of Mental Health Services Act (MHSA) "Innovation Funds" to support its development and implementation. County Managers talked about how the funding source allows them to exercise creativity and encourages them to develop the internal and external partners needed to address the myriad elements of the project. It also supports their allocation of time to the project in addition to their other responsibilities. It appears that having a dedicated funding stream used by all counties may also contribute to a shared sense of project-identity among counties, that BBI will explore more fully in its research.

2) BBI observes that the way that the PADs Innovation Funding as a funding source shared by 7 counties who pursue the same goals and outcomes and work with the same subcontractors may help to avoid the fragmentation and overlap that challenges many projects of this scale and scope. The project funding scheme also designates a single management and oversight entity, Concepts Forward Consulting that has been instrumental in ensuring that the project is implemented according to its goals, adheres to its timeline, and that all subcontractors and partners work closely with counties and each other as an integrated team,

   Challenges: Potential changes in the Mental Health Service Act could significantly impact the amount of funds counties have to continue programs. County staff often mention future funding as a concern in continuing and scaling up their PADs projects.

- **Key Signs of Changes in Habits:**

1) The PADs Innovation Project is somewhat unique in the experiences of counties who have generally implemented their own MH projects, but who have rarely participated with other counties to implement a joint initiative. Our preliminary assumption is that

regular zoom and in-person regular meetings as a group has begun to positively influence changes in habits among counties often heretofore pursuing separate initiatives. We are beginning to observe that they share a sense of project-identity, participate in regular cross county communication and knowledge exchange, and are developing a general familiarity with each other's challenges and successes that had not occurred previously.

2) PADs county MH Departments and their community partners and stakeholders appear to be developing a pattern of interaction across their respective services and systems. Ongoing communication with each other, primarily through Technology Workgroups includes discussions about embedding the web-based platform as component in the regular routines and operating procedures of law enforcement and hospitals. We note that the intent by county MH departments to reach out and involve these agencies and discuss how they can use the platform within their service systems represents another potential project innovation.

   Challenges: We observed varying levels of engagement among counties in providing input and feedback on the content, design, and marketing of the PAD's platform, with some counties demonstrating more active participation than others. This could also be due to the staff turnover among some counties, with new PADs Managers entering the project at various times in its development.

- **Key Signs of Changes in Technology and Skills:**

1) A key feature of the 7 county PADs Innovation Project in the opinion of the Project Manager and many County Managers is the development of its web-based platform. PADs in some form are being implemented across 27 states, and SAMHSA and its partner the American Psychiatric Association (APA) have developed and promulgated a web-based PAD application supported by a website, webinars and supporting materials. (https://smiadviser.org/padapp) BBI notes that many of the definitions and response fields developed for the SAMHSA/APA web-based PAD parallel those that are being developed in California. Both products could be accessible and used by Peers through their smart phone and using a QR code. However, the CA PADs project is also attempting to customize its product for Peers who may be challenged by diverse other conditions that may compromise their ability to develop and retrieve their data. These can include being homeless or being incarcerated, as well as having poor literacy skills and technology skills and for those requiring the App in languages other than English. Preliminary interview data suggests that these and other barriers are not only being recognized by CA PADs project partners, but efforts to consider how the app can be accessible to all Peer users are being seriously considered.

2) In addition to police officers and hospitals, we note that the platform is being developed within the context of CA Senate Bill 43 that establishes 'Care Courts' that would require counties to provide comprehensive treatment to the most severely impaired and untreated Californians and hold patients accountable to their treatment plan. Discussions about promoting the PADs web-based platform as a resource that Care Courts could consider when determining how to provide treatment that honors a Peer's preferences are also

occurring. Furthermore, preliminary efforts are being made to determine how the web-based PADs platform can be integrated into the CLETS system. This case identification technology is mandated for use by law enforcement and Crisis Teams among all counties.

Challenges: The SAMHSA/APA app as currently available requires Peers to have some familiarity with the use of technology and sufficient literacy skills to comprehend the instructions. Staff and partners we have interviewed identified three main barriers to the use of the PADs platform by peers. As the platform is tested and deployed, these barriers should be considered:

- Challenges with technology
- Reading comprehension
- The time it might take to complete a PAD.
- The availability of staff support to assist Peers in completing, accessing and updating their web-based PAD.

- **Key Signs of Changes in Ideas or Values**:

1) County Managers and staff, including Peer Specialists, community partners and stakeholders, and family members and others who have participated in workgroups articulate the belief that the web-based platform is a potentially valuable tool for ensuring Peer human rights and self-determination. Counties have identified a diverse range of conditions and circumstances affecting treatment and recovery of Peers. They may interact differently with MH services, legal authorities, personal support systems and these may also be influenced by the urban and rural communities where they reside. Chorus has been clear that the initial 'build' phase of the project will establish a foundation for future customization that directly applies to diverse Peer constituencies. While BBI will continue to gather data on this progress, we note that consensus about the ideas and values of self-determination is a foundation that guides project implementation.

   Challenges: The web-based platform is intended for use by Peers with diverse conditions and circumstances. Chorus implemented a series of county-level direct information sessions with agencies serving county identified Peer priority groups. However, it appears that more intensive efforts to obtain greater Peer priority population representation from all counties in the build and testing phases may be necessary.

Challenges Encountered and Resolved During the Reporting Period

- Dr. Galstyan took maternity leave from mid-September through mid-December. Dr. Shaheen and Ms. Torrence, assisted by other members of the BBI research team were able to continue to implement the evaluation and meet all deliverables during that time period.
- Identifying community partner agency, law enforcement and other stakeholders and obtaining their participation in interviews continues to be a challenge in some counties.
- Fresno ends its Phase 1 project by June 30, 2024. However, we have been challenged to

identify and interview community agency partners and stakeholders who also know enough about the project to provide useful data. BBI and Fresno PADs Managers will address this concern early in 2024.

Plans and Expectations for Calendar Year 2024

- We will seek approval from the SU IRB during the First Quarter of 2024, enabling BBI to schedule and conduct interviews Peers identified as county priority populations to obtain their insight into the access, use, and potential value of the PADs web-based platform.
- We will continue to update the BBI implementation plan located on the PADs share drive.
- BBI expects to participate in person at the April partners convening in Shasta.
- We will work closely with Fresno County PADs Managers to fast track their schedule of stakeholder and Peer interviews so that we can summarize their data for a brief report we will provide to them after July 1, 2024.
- BBI is preparing work plans and budgets to support the expected expansion of the PADs project to additional counties in 2024.

Chorus Innovations: Year End Project Update

Summary of Work Completed January - December 2023

1. Summary of Activities and Accomplishments

Chorus Innovations (Chorus) has embarked on a transformative journey over the past year, marked by a series of dynamic activities and notable accomplishments.

Participatory and Community-Centered Engagement Activities:

- Chorus, in partnership with Concepts Forward Consulting, Painted Brain, CAMHPRO, and the participating counties, started three monthly technology workgroups for peers, caregivers & family members, and first responders & services providers with participants across all of the seven counties. Chorus has maintained these monthly meetings throughout the year and used these workgroups to obtain valuable community feedback.

- In partnership with peers from the technology workgroups, Painted Brain, and CAMHPRO, Chorus created the user persona of Richard, whose story has been used to highlight the profound impact of the digital PAD. This persona has been utilized in multiple in-person workgroups with peers within the participating counties and in various presentations to the community about the PADs project.

- Chorus provided in-person community engagement sessions in Fresno, Shasta, Mariposa, Orange, Monterey, and Contra Costa counties to peers, caregivers and family members, and law enforcement. The purpose of these sessions was to obtain community feedback and build ongoing community relationships where participants can join Chorus' monthly technology workgroups in the future. In addition, Chorus staff participated in three ride along activities with law enforcement in Mariposa and Orange County to better understand how a PAD would be utilized by first responders in the field.

- In partnership with Concepts Forward Consulting and participating counties, additional presentations were provided to Orange County MHSA Planning Advisory Committee (PAC), Contra Costa Forensic Mental Health Team, and Shasta County's Mental Health Alcohol and Drug Advisory Board to share information about the PADs project to a larger community audience.

- In partnership with Concepts Forward Consulting and participating counties, co-led ongoing Terms of Service and Privacy Notice Workgroup meetings where a draft Terms of Service document is being developed and refined.

- In partnership with Concepts Forward Consulting, participated in an ongoing Legal and Legislative Workgroup where representatives from legal and psychiatric fields as well as from the California Behavioral Health Directors Association, Disability Rights California, Painted Brain, the California Hospital Association, Mental Health Services Oversight and Accountability Commission, NAMI California, and Patient's Rights San Diego have been present to discuss the PADs project.

Application Development and Design

- Over the course of the year, Chorus created and refined the product development process, eventually landing on a Hub and Spoke interface which centralizes the app experience to the Crisis Directives page. The Crisis Directives page, or the "Hub," acts as the primary touch point before branching out to other crisis and treatment related preferences within the PAD. The benefit to this approach includes the ability to adapt to a non-linear experience where completion of the PAD template has no bound sequence or order. As a result, Chorus is able to explore UX and design patterns that encourage both guidance and a voice to peers as they complete their PAD.

- In partnership with Painted Brain and CAMHPRO, Chorus assisted with reorganizing the PADs template into an app friendly format to be used in the build of the technology. So far, the following sections are in strong consideration to be incorporated into the full PAD:
    - Onboarding
    - My Profile (Crisis Directives)
    - My Support System
    - My Dependents & Pets
    - Supporting Me During a Crisis
    - Current Medications and Preferences
    - My Psychiatric Treatment Preferences
    - My Medical Conditions and Treatment Preferences
    - Gender Affirming Treatment
    - Sign and Activate my PAD

  The following sections are being considered but require more follow-up from other stakeholders. Chorus is working with these stakeholders to refine these sections as appropriate:
    - Reproductive Health
    - Recovery and Reentry Support

- Over the course of the year, Chorus continued to evolve the wireframes of the application and developed an initial prototype for the peer experience of the PAD based on insights and feedback received during the many technology workgroups. This prototype has been displayed to participating counties and subcontractors during the September PADs Convening in Orange County.

- Over the course of its development, the design of the application has undergone a remarkable transformation, evolving from its initial iteration into a more sophisticated and user-centric interface. User feedback from all of the collective workgroups played a pivotal role, illuminating areas for improvement and guiding the design towards a more intuitive user experience.

- Chorus began building v1 of the application, with the focus on the peer experience. The Crisis Directives are slated to be completed and ready for initial testing by January. The remaining Treatment Directives are anticipated to be completed by February.

2. Challenges Encountered and Resolved

Template Refinement

The PADs template required ongoing revisions as various stakeholders shared their feedback. As a result, Chorus worked closely with Painted Brain and CAMHPRO to restructure and reorganize the PADs template into a more app friendly format, with the focus on the Crisis Directives profile and putting a hold on other areas that require more stakeholder feedback.

Legal/Legislative and Terms of Service

Through discussions in the technology workgroups as well as in internal discussions, Chorus identified several compliance and risk issues that will need to be addressed in the terms of service/privacy policy created for the website application being developed. Several questions have also come up that pertain to the broader legal and legislative component of this project. In response to these questions, Concepts Forward Consulting convened an ongoing Legal and Legislative Workgroup, in which Chorus is participating. During these workgroups, concerns continue to be discussed and addressed to help move the PADs project forward. In addition, Concepts Forward Consulting and Chorus convened an ongoing Terms of Service/Privacy Notice Workgroup with representatives from all seven counties. This workgroup has led to a collaborative effort to create and review a Terms of Service draft document that is currently in the process of being refined and finalized.

3. Plans and Expectations for 2024

From January to December 2024, Chorus will plan for the following:

- Chorus to complete the peer experience build
- Begin testing of the web application with Painted Brain and CAMHPRO as well as peers involved with the PADs project to obtain feedback and iterate on the product design and functionality.
- Build out the full first responder/service provider experience in the web application
- Build out the healthcare agent experience in the web application
- Continue to host monthly workgroups to gather feedback
- Continue to engage in in-person community engagement activities with all participating counties
- Expand testing of the web application with the participating counties' priority population user groups
- Conduct tabletop exercises with all user groups present to simulate actual scenarios of web application usage
- Continue to iterate and improve on the product design and functionality
- Explore application and account access for all PAD users

4. Attachments

Richard's Story

WHO IT WILL SERVE

Meet Richard.

He's an uncle, an artist, and Dodger fan who experiences a mental health condition.

Like everybody else, sometimes he needs his community to support him.

Let's see how the platform will support him and the various service providers.

MHSA Psychiatric Advance Directive (PAD) | Multi-County Innovation Collaborative

ONBOARDING & SETUP

His decisions, His voice, His choice.

He's especially vulnerable when in a moment of crisis, so it's important that we understand him.

- Move from a 50-page medical form to a social media-like profile
- Ensure it's quick, personalized, and easy to comprehend
- Empowered with simple security and sharing preferences

RICHARD'S PHONE

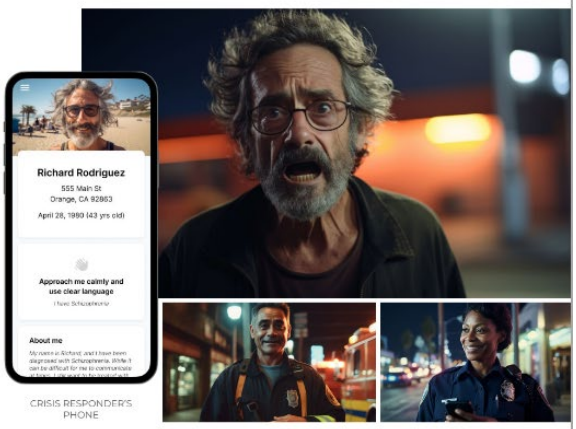
MHSA Psychiatric Advance Directive (PAD) | Multi-County Innovation Collaborative

CRISIS RESPONSE EXPERIENCE

Reduce harm to him in his time of need.

Clarity of communication is crucial, as mishandling a peer's care during a moment of crisis could lead to harm or trauma.

- Remind crisis teams that the peer's current state is not representative of them at all times
- Provide a clear understanding of how one reacts during moments of crisis, and the best approach to support them
- Design a simple experience with the most important info at a glance



CRISIS RESPONDER'S PHONE

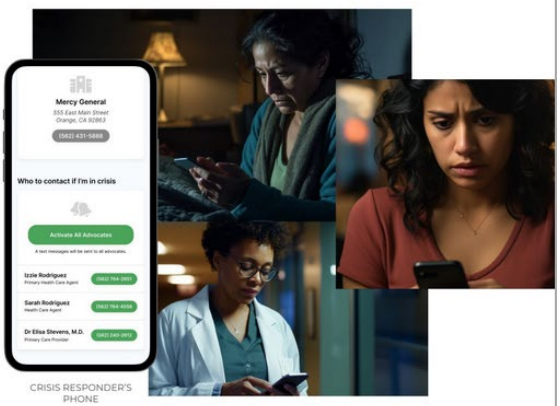
ACTIVATING ADVOCATES

Activate his community in one place.

By activating his chosen advocates with a simple push of a button, he will feel supported.

- Allow for the ability to notify all or select advocates to help everyone involved care for a peer in a well- informed and timely manner.

Richard Rodriguez is in crisis.
His Psychiatric Advance Directive has been activated, and he may need your support. Please reach out to Richard's advocate Izzy Rodriguez at (562) 764-2651



CRISIS RESPONDER'S PHONE

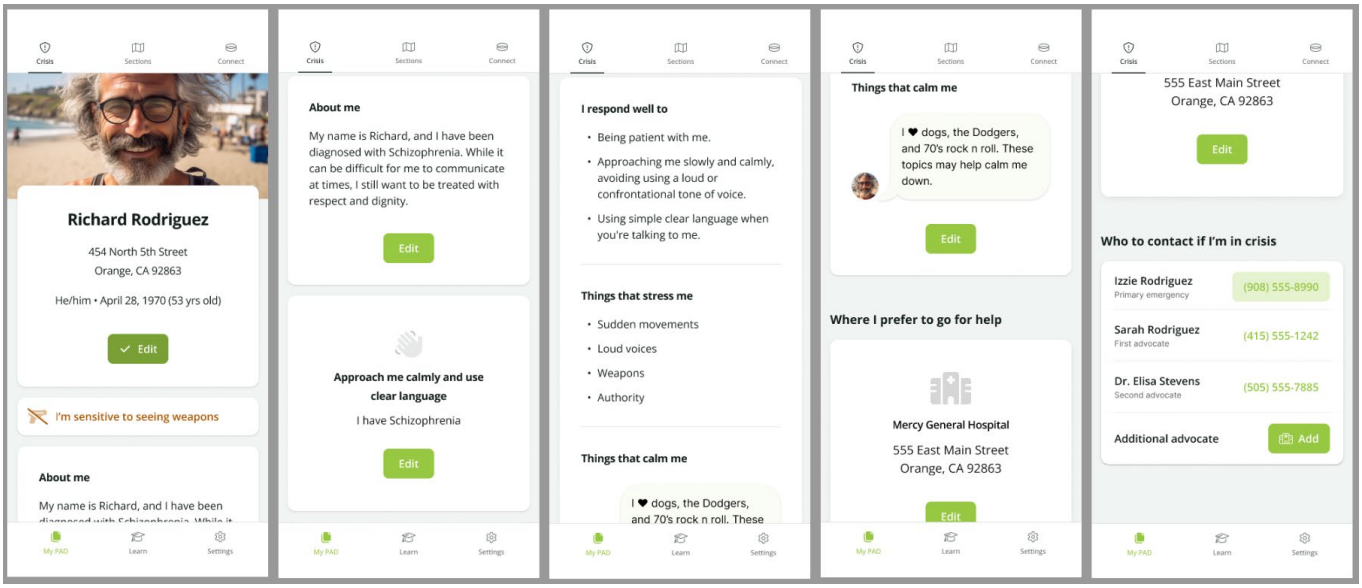
THE GOAL

His wellness, His community, His life.

The goal of the Psychiatric Advance Directive is to help him be the best version of himself.

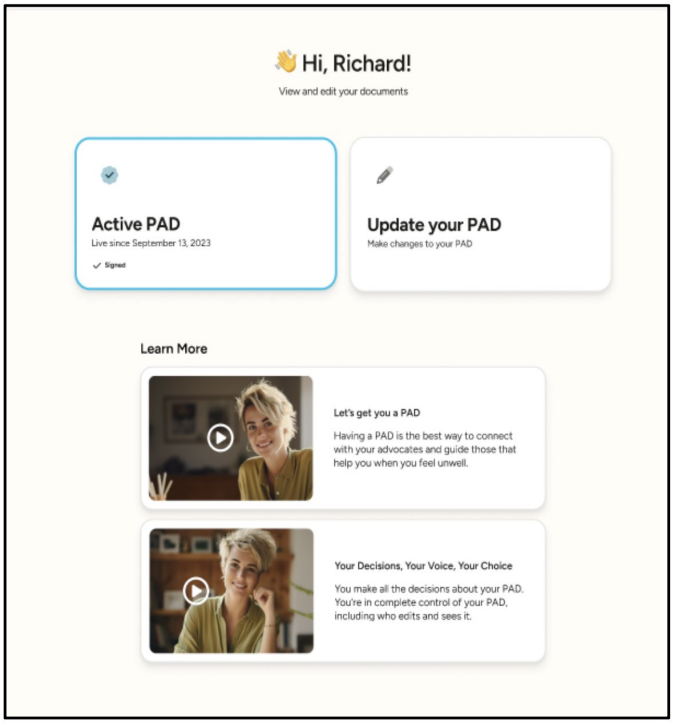
Thank you for helping him and making his voice heard.

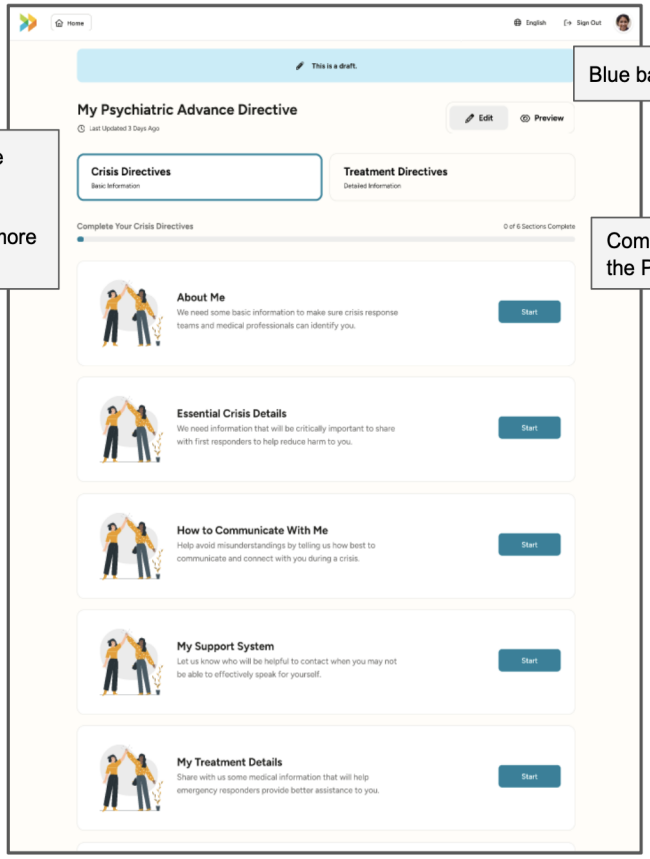
Wireframe Designs



Community Engagement in Mariposa County

Current App Designs



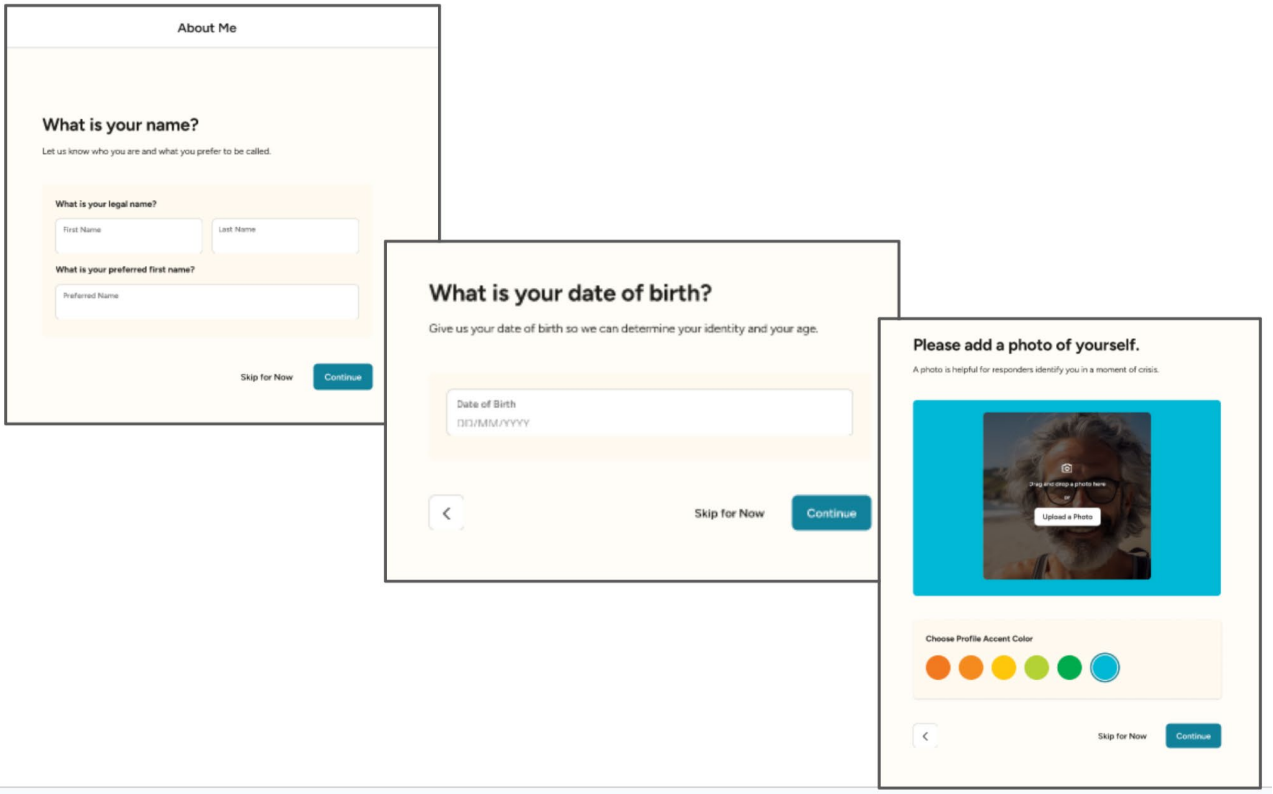


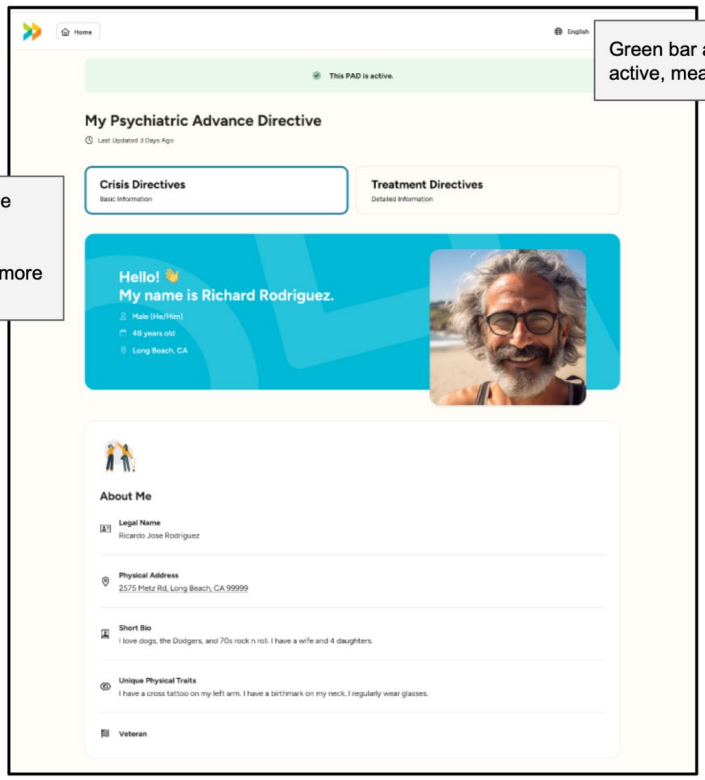
Crisis Directives - displays profile information

Treatment Directives - displays more detailed information

Blue bar shows the PAD is in draft

Completion bar shows how much of the PAD has been completed





Green bar and check mark shows PAD is active, meaning that is has been signed

Crisis Directives - displays profile information

Treatment Directives - displays more detailed information

Psychiatric Advance Directives 2023 Summary Report

Introduction

During 2023, Idea Engineering (IE) led the development of a unique brand identity for the Psychiatric Advance Directive (PAD) project. Extensive input from stakeholders led to a selection of a logo, tagline and branding direction, and updates to all communications materials with the new brand.

The introductory videos for the project were also in development during the year, with scripting, reviews, planning, filming and editing of three videos: English and Spanish versions for peers, family members and caregivers, and the general public, and an English version for first responders, healthcare and other service providers.

Collaborative Development

Throughout the year, IE participated in collaborative planning sessions with county staff and other subcontractors. They included convenings with representatives from all counties and subcontractors in Monterey County in March and Orange County in September. Monthly meetings included the full workgroup, subcontractors, "wrap" meetings with each county, marketing sub-workgroup meetings led by IE, and meetings with other subcontractors as needed. IE also visited tech and peer workgroups as needed to share logo, tagline and video concepts and request feedback from these stakeholders. The ongoing communication with shared perspectives and knowledge has contributed to the development of meaningful and cohesive branding and communications materials.

Marketing Sub-workgroup

Monthly meetings of the marketing sub-workgroup facilitated by Idea Engineering have provided valuable input as the branding and introductory videos developed. A focused group of county staff and subcontractors have reviewed communications materials in development before sharing with county leads for final approval. The marketing sub-workgroup will continue on an as needed basis going forward in 2024.

Psychiatric Advance Directive Branding

In 2023, logo and branding concepts were developed for the project, with ongoing input from key stakeholders including additional peer interviews, reviews at marketing and other meetings with county staff and subcontractors, and meeting with the Peer Template Workgroup and Technology Workgroups.

Branding

In the spring, a preliminary branding guidelines document was shared for review, with support agreed upon for the tone of the project, a balance of being "warm and inviting" with "professional and trustworthy." This and supporting language in the brand platform became the framework for developing and evaluating the logo and other identity materials as they were developed.

Logo

After initial exploration, the counties determined that the name would be "Psychiatric Advance Directive," to aid in building recognition for the phrase. Logo concepts included distinctive icons to aid in visual recognition when someone is in a crisis. The logo designs evolved during multiple rounds of feedback, then three options were shared via an online survey in English and Spanish. After a first round with input from peers and county outreach to priority populations and stakeholders, a second round of the logo survey was distributed online in collaboration with Chorus. The second round was narrowed to two logo options, and

audiences were targeted to include demographic gaps identified in the first survey. Alpha Omega reviewed both logo options with an eye to all upcoming threshold language needs and confirmed both options would work well across cultures. Upon review of survey results and recommendations from IE and Chorus, County representatives approved the logo design selection at the August Project Workgroup meeting.

Tagline
Tagline development was similar with multiple rounds of input and refining based on feedback, including reviews at Tech Workgroup meetings in September. At the Convening in September, County representatives voted to select "My Plan • My Voice" as the tagline for the project. The tagline provides a tone of personal power that supports the brand personality.

Branding
At the same Convening, IE shared initial options for visual directions for how the branding might extend to the website and other communications materials. The options were narrowed and revised based on input by peers and others from that meeting and following ones. In early November, county leads voted, selecting a branding design direction that includes engaging use of color, translucence and curves. IE began incorporating it across all materials and developing a brand guidelines document for use by all subcontractors and counties for unified messaging.

IE also drafted a shared Communications Guidelines document incorporating input from other subcontractors and disussions throughout the year, to support the goal of consistent written language for the PADs project. It includes a comprehensive list of key terms and phrases such as "peers" and "recovery" and style guidelines such as when to use the acronym "PAD." Initial feedback was received and will be incorporated with upcoming input from Painted Brain and CAMHPRO. Going forward, when agreed upon, all tems will be provided in both English and Spanish, and it will be shared with Alpha Omega for reference and for expansion to other languages as needed.

Stakeholder Engagement Promotional Materials

A standard PowerPoint template was developed for use by all subcontractors and county staff. Flyers were updated as needed, and expanded to additional audiences. They included a legislative advocacy sheet and a flyer for an informational session for Family Members & Caregivers. IE supported Painted Brain and CAMHPRO in customizing the PowerPoint presentation and flyers as needed.

Updates to all flyer and PowerPoint templates with the new branding were completed in December.

PAD Template Development

Idea Engineering participated in reviews of the template content and design at meetings led by CAMHPRO, Painted Brain and Chorus. IE and Chorus have met regularly to align development of the branding with the PAD template and technology platform.

PAD Introductory Videos

At the beginning of 2023, short, preliminary versions of the videos were proposed during planning meetings and filming was planned for February. Due to scheduling constraints, the preliminary versions were canceled before filming, and planning began for the videos as originally specified, 3-5 minute introductions to the project and what Psychiatric Advance Directives are for peers, family members, caregivers, and the general public, as well as a version for first responders, healthcare and other service

providers. The peer/general version will be delivered in eight threshold languages, and the complex planning for interpretation and translation needs included consultation with subcontractor Alpha Omega.

Scripts and storyboard concepts were developed to include a balance between short clips from peer, first responder and healthcare provider interviews with a narrator speaking while scenes illustrate the value of PADs. Planning was discussed and storyboards reviewed during meetings with county staff and subcontractors, at Marketing meetings and at Peer ad Professional Tech Workgroup meetings. The script was fine-tuned based on responses from peers and others during the process.

A key part of the videos are interviews with peers, first responders and healthcare providers. Recruiting and scheduling proved to be extremely challenging, with only one healthcare provider available, and first resopnders and Spanish peers being represented by actors. However, the three peers who participated provided valuable points of view, which will make the video extremely relatable and engaging.

Filming took place over multiple days, with interviews and actors speaking to the camera in October, and b-roll scenes in November. They included scenes of a peer in crisis, with first responders; and of peers with facilitators, healthcare providers, family members and by themselves, looking at their PAD on a variety of devices. The actors show diversity in race, age and gender, reinforcing the accessibility of PADs. Photos were also taken of key scenes for potential use in other communications materials such as the website and flyers. Editing is in progress for the English and Spanish versions with delivery anticipated in early 2024.

Website

The website www.padsca.org serves as the public facing online information portal for the project. During 2023, content updates included a new "For Peers" page with informational sessions listed, and a new "Technology" page featuring the advantages of a digital system, a technology overview, and updates from ongoing workgroup sessions, and a Contact page. IE continued to provide hosting and technical maintenance for the website, and monthly analytics reports.

In fall of 2023 a new website design was developed incorporating the new branding. The design was approved and programming is in progress, with content updates being incorporated based on input from the Marketing sub-workgroup. The new site is expected to go live in early 2024.

Upcoming

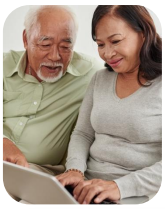
- In 2024, Psychiatric Advance Directive brand identity usage guidelines will be completed, as well as the shared Communications Guidelines.
- IE will continue developing PADs Toolkit promotional materials such as brochures, postcards and social media graphics.
- Stakeholder communications will include new handouts for Healthcare Agents and Family Members & Caregivers, with content currently in development by Painted Brain & CAMHPRO.
- The introductory videos in English and Spanish will be completed, and customized versions for the other threshold languages will be developed.
- The training videos are anticipated to begin development in summer 2024.
- The new website will go live, with ongoing content updates and technical support.

Psychiatric Advance Directive™

My Plan • My Voice

LOGO INPUT – RESULTS		
Psychiatric Advance Directive	Psychiatric Advance Directive	Psychiatric Advance Directive
• All: 75 • Peers: 43 • Chorus • Idea Engineering	• All: 73 • Peers: 41	• All: 25 • Peers: 6

Psychiatric Advance Directive™
My Plan • My Voice



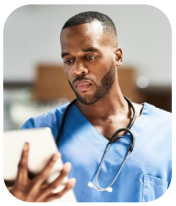
Title Text

Subtitle Text

Sample text.

Sample highlighted text.

Psychiatric Advance Directive™
My Plan • My Voice



Your Expertise & Input Are Needed

First Responders • Medical & Clinical Staff

When you encounter someone experiencing a mental health crisis, what would you need to know in order to best inform your ability to care, treat or provide resources? As a subject matter expert in your line of work, we are requesting your participation in one or more input sessions as we create a Psychiatric Advance Directive template in California.

If you are interested in helping develop this important tool, please contact:

, Title
rtment

OPTIONAL:
ADD COUNTY LOGO HERE

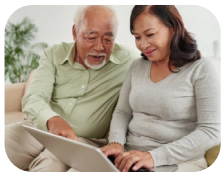
is a
iatric Advance Directive?

atric Advance Directive is a legal
nt allowing people with mental health
ns to identify their preferences for
nt in advance of a crisis.

Benefits include:

- Allowing individuals to take responsibility for their recovery
- Allowing an appointed person to assist in making decisions during times when the person's capacity is impaired

Psychiatric Advance Directive™
My Plan • My Voice



Your Voice is Needed

Peers • Family Members • Caregivers

In a mental health crisis, what would you want hospital staff or first responders to know about you or a loved one? We're looking for people who have lived experience with mental health and recovery. Individuals, family members, caregivers, your voice is needed.

We are requesting your participation in one or more input sessions as we create a Psychiatric Advance Directive template in California.
If you are interested in helping develop this important tool, please contact:

Name, Title
Department
Email
Phone

OPTIONAL:
ADD COUNTY LOGO HERE

What is a Psychiatric Advance Directive?

A Psychiatric Advance Directive is a legal document allowing people with mental health conditions to identify their preferences for treatment in advance of a crisis.

Psychiatric Advance Directives are a voluntary tool to help assist individuals in mental health crises to communicate in their own voices with first responders, hospital personnel and others.

Benefits include:

- Allowing individuals to take responsibility for their recovery
- Allowing an appointed person to assist in making decisions during times when the person's capacity is impaired
- De-escalating potential crisis situations
- Providing appropriate and supportive care

LEARN MORE: **www.padsca.org**

The Multi-County Psychiatric Advance Directives Innovation Project is funded by Mental Health Services Act.

Psychiatric Advance Directive™
My Plan • My Voice

How to Use Stakeholder Input Flyer Templates

Step 1: Replace Contact Information

Step 2: Add County Logo (Optional)

Delete placeholder county logo graphic.

To add your county's logo:
Windows: Select *Insert* > *Pictures* > *Insert Picture From This Device*
MacOS: Select *Insert* > *Pictures* > *Picture from File*
Navigate to the logo file, select it, and click Insert

Step 3: Replace or Delete Photo

To replace:
Windows: Right click on the photo, select *Change Picture* > *This Device*
MacOS: Right click on the photo, select *Change Picture* > *From a File*
Navigate to the new photo, select it, and click Insert

Step 4: Save as PDF

Select *File* > *Save As*
Choose the location to save the PDF
In the dropdown menu titled *Save as type (Windows)*
or *File Format (MacOS)*, select PDF
Select Save

Please note: Image in background will appear faded until saved as PDF.

The Multi-County Psychiatric Advance Directives Innovation Project is funded by Mental Health Services Act.

Psychiatric
Advance Directive™
My Plan • My Voice

Presentation Title Goes Here (Up to 3 Lines)

[Date]

Presented by
[Name, Organization]

OPTIONAL LOGO

OPTIONAL LOGO

Section Title

Page Title Here

Optional Subhead

- Lorem ipsum dolor sit amet, consectetuer adipiscing elit.
  - Maecenas porttitor congue massa. Fusce posuere, magna sed pulvinar ultricies, quis urna.
- **Bold text to highlight as needed**

Page Title Here

Optional Subhead

- Nunc viverra imperdiet enim. Fusce est. Vivamus a tellus.
- Lorem ipsum dolor sit amet, consectetuer adipiscing elit.
- **Bold text to highlight as needed**

Callout

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Bold text to highlight as needed

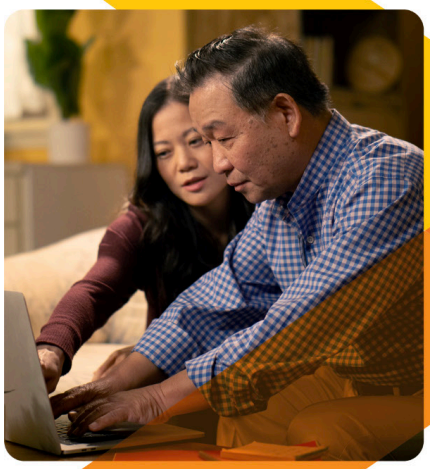
PowerPoint Template

HOME ABOUT TECHNOLOGY NEWS & UPDATES FOR PEERS COUNTIES SEARCH...

Digital PADs are coming in 2025. Contact us if your county is interested. >

Psychiatric Advance Directive™

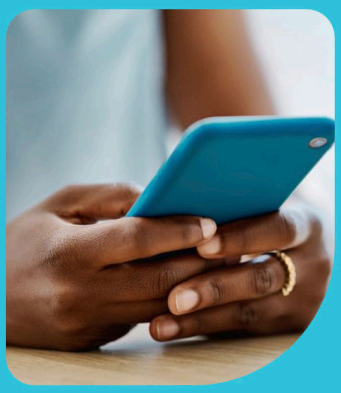
My Plan • My Voice



A multi-county collaborative has joined together in a Mental Health Services Act Innovations Project to develop and test the feasibility of Psychiatric Advance Directives in California.

Each county is identifying priority populations to focus on during this pilot project, such as foster youth, older adults, or people who experience homelessness. Priority populations are determined based on their robust stakeholder processes.

Learn More



Technology

A key part of this project is the development of a user-friendly and secure online tool for Psychiatric Advance Directives in California.

With this interactive app, people will be able to learn about, complete, and store their Psychiatric Advance Directives.

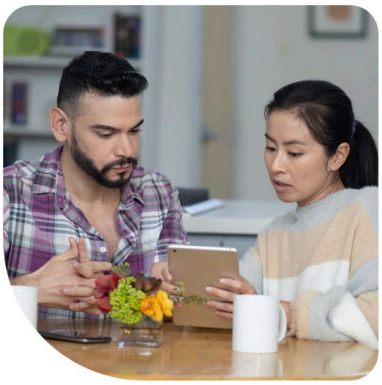
Learn More

Peers

Ongoing collaboration with peers, people with lived experience with mental health conditions, is integral to the development approach of this project.

A Psychiatric Advance Directive is a valuable tool empowering a person's voice and personal choices. The purpose is to assist in a quick recovery from a crisis situation. However, it benefits overall recovery as well, encouraging listening, being seen as a whole person, supporting self-direction and wellness.

Learn More



Website (in Progress)

Psychiatric Advance Directive™
My Plan • My Voice

www.padsca.org
All Traf c Overview

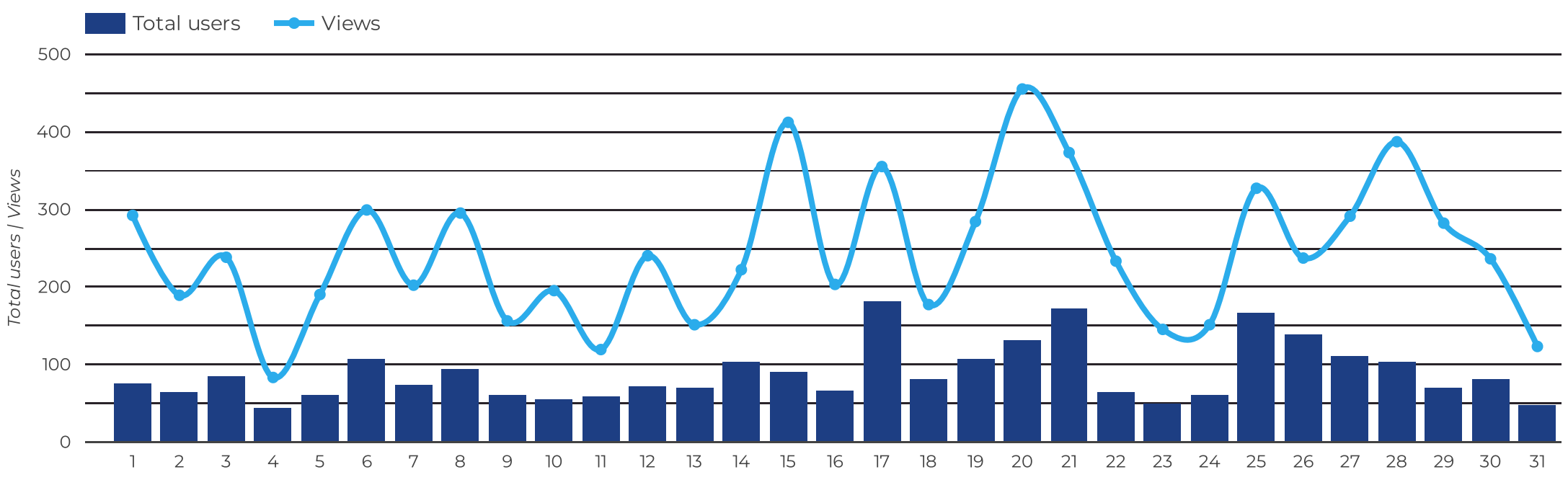
Jan 1, 2023 - Dec 31, 2023

Overview

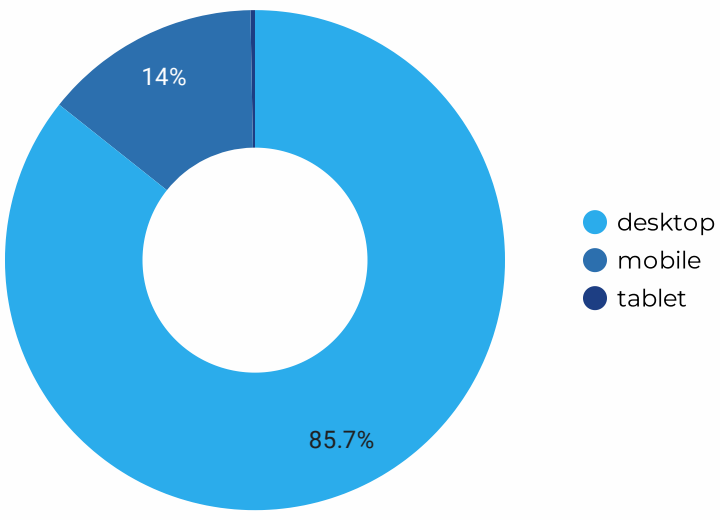
Total users	Active users	Views	Sessions
2,048	2,048	7,542	3,596
↑ 505.9%	↑ 505.9%	↑ 268.8%	↑ 479.1%

New users	Returning Users	Views per session	Average session duration
2,025	23	2.1	00:03:00
↑ 493.8%	↑ 866.7%	↓ -36.3%	↓ -24.4%

Daily Users & Pageviews

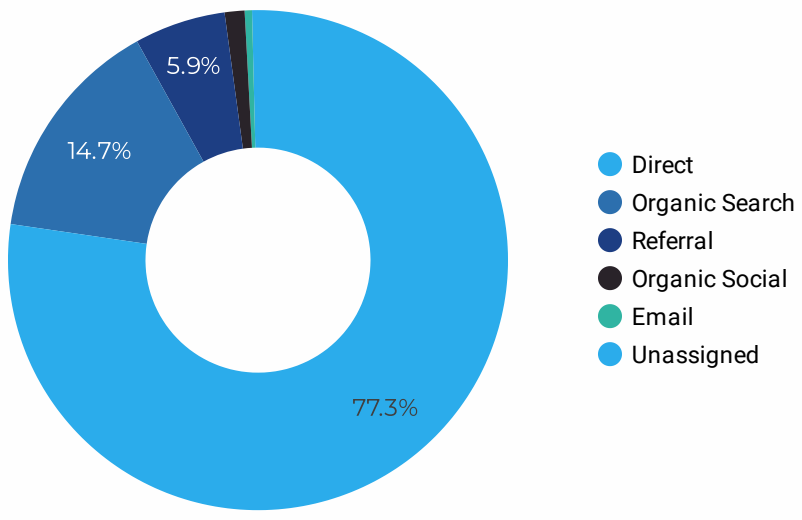


Users By Device Type



	Device category	Total users
1.	desktop	1,759
2.	mobile	288
3.	tablet	6
	Grand total	**2,048**

Users By Traffic Source



	Channel Group	Total users
1.	Direct	1,625
2.	Organic Search	308
3.	Referral	124
4.	Organic Social	27
5.	Email	10

User Location

	City	Views ▾
1.	Los Angeles	919
2.	Santa Maria	563
3.	Santa Barbara	532
4.	Goleta	400
5.	Oxnard	315
6.	Sacramento	287
7.	Cheyenne	277
8.	Moses Lake	276
9.	Undetermined	249
	Grand total	**7,542**

1 - 100 / 358

Users by Language

	Language	Views ▾
1.	English	7,538
2.	Spanish	3
3.	German	1
	Grand total	**7,542**

1 - 3 / 3

Top Page Views

	Page Title	Views
1.	PADs CA - Psychiatric Advance Directives	3,129
2.	Counties	791
3.	What is a PAD?	678
4.	News & Updates	531
5.	For Peers	508
6.	Technology	440
7.	Orange County	181
8.	Contra Costa County	120
9.	Shasta County	116
10.	Tri-City Mental Health Authority	107
	Grand total	**7,542**

1 - 10 / 44

Top User Engagement

	Page Title	Avg Time ▾
1.	About	00:04:44
2.	Technology	00:01:56
3.	Counties Testing	00:01:42
4.	What is a PAD?	00:01:13
5.	Technology	00:01:03
6.	For Peers	00:00:54
7.	Monterey County	00:00:47
8.	Fresno County	00:00:36
9.	Counties	00:00:35
10.	Planning Meeting in Orange County	00:00:33
	Grand total	**00:01:03**

00 01:40 03:20

1 - 10 / 37

De nitions

Total Users
Count of distinct visitors over a specific period, encompassing new and returning visitors.

Active Users
Number of unique recent visitors, indicating current user engagement.

New Users
Count of first-time visitors within a timeframe, reflecting marketing effectiveness.

Returning Users
Visitors who have interacted before, indicating user loyalty and retention efforts' success.

Views
Total instances a specific page or content is seen, providing insight into content popularity.

Views per Session
Average pages viewed in a single session, indicating user engagement depth.

Sessions
Total individual visits within a timeframe, starting upon access and ending with inactivity or exit.

Session Duration
Average time users spend on the site or app during a session, reflecting user engagement and experience quality.

Daily Users
Unique visitors accessing the website or app within a single day, indicating daily reach.

Pageviews
Total number of pages viewed, showing user engagement with content.

Users by Device Type
Categorizes visitors by devices (desktop, mobile, tablet) used to access, aiding in optimizing user experience.

Users by Traffic Source
Segments visitors based on channels (direct, search, social) they come from, assessing marketing effectiveness.

User Location
Provides geographic data (country, region, city) about visitors, enabling regional content customization.

Top Pages
Displays most visited pages, helping identify popular content and user interests.

Time on Page
Average duration users spend on a specific page, indicating content relevance and user engagement depth.

Disclaimer

This dashboard utilizes data from Google Analytics, a widely-used web analytics tool. While Google Analytics provides valuable insights, it may have limitations such as sampling, potential inaccuracies, and challenges in distinguishing bot traffic. Please be aware that the data presented here should be considered as estimates rather than precise figures. It's advisable to interpret the information in this dashboard with caution and to cross-reference it with other sources for a comprehensive understanding of your website's performance.

Painted Brain and CAMHPRO: Annual Report for MHSA's Multi-County Innovations Project

Over the contract year 2023, Painted Brain and CAMHPRO have exceeded contract deliverables for the MHSA Multi-County Psychiatric Advance Directive Innovations Project. Below is a detailed overview of the program outcomes, challenges and outlook for the year 2024.

A. Summary of Activities and Accomplishments During the Reporting Period

Listening sessions

- Painted Brain and CAMHPRO (PB & CAMHPRO) had two in-person listening sessions per county between the months of February to March. This totaled 14 in-person listening sessions. The purpose of these listening sessions was to gather information on what peers and community members thought of Psychiatric Advance Directives.
    - In Each County, over the course of 2 days PB & CAMHPRO had a virtual meeting for peers and a separate meeting for community members.
    - PB & CAMHPRO had an additional monthly virtual listening session which was open to peers and community members in all 7 counties.
- PB & CAMHPRO had one virtual listening session in October that focused on training curriculum development. PB & CAMHPRO received input from the county peers about what they would like to see covered in the curriculum.

Work Groups

- PB & CAMHPRO hosted monthly virtual Peer Template Workgroups, where peers from all 7 counties reviewed the PADs template together. These meetings took place from January-July of 2023.

Cross-Contractor Collaboration

- PB & CAMHPRO have been working closely with Chorus to support the development of language for the mock-ups and final version of the PADs Digital Platform website.
- PB & CAMHPRO have been working with RAND to support the development of the training survey to include recovery language and measurable peer values.
- PB & CAMHPRO attended a monthly Tech Workgroup facilitated by Idea Engineering and provided feedback on a variety of topics, including:
    - Marketing materials such as recovery language on flyers
    - Verbiage for the official PADs website
    - Feedback for the PADs website user interface
    - Other feedback as necessary.
- PB & CAMHPRO participated in the recording of promotional videos for Idea Engineering relative to the Innovations project. The peers shared their story and provided perspective on why PADs are important.

Milestones

- PB & CAMHPRO and the County Peers worked together to get the first draft of the PAD template sent to Chorus so they could begin implementing the template in the Digital PADs Platform
- PB & CAMHPRO successfully incorporated Peer Values into the PAD template and eliminated stigmatizing language
- PB & CAMHPRO incorporated the peer voices and feedback from all 7 counties into the train-the-trainer curriculum and PAD template
- PB & CAMHPRO presented about project at SHARE's Peer Workforce Conference "Bridging Research and Practice"
- PB & and Kiran Sahota presented with Health Management Association (HMA) on PADs for the CARE Act
- PB brought peer needs and concerns to the PADs legislative workgroup
- PB & CAMHPRO made significant progress on the Train the Trainer Curriculum
- PB & CAMHPRO met all deliverables
- PB & CAMHPRO have made the PADs template so exhaustive that it serves as a "tool-box" for individuals in a mental health crisis

B. Challenges Encountered and Resolved During the Reporting Period

1) Balancing the needs of all counties.

- Varying size of counties.
- Population size, diversity and resources vary.
- The amount of peers employed to send to work groups vary.
- Some Counties face unique transportation issues due to the rural setting.
- Some Counties face internet and technology inequity.

As a result the project began meeting with Counties on a separate basis so that we could assess and address the needs of each county.

2) There were several unanticipated challenges with getting feedback from the nine identified threshold language groups. Next year, we hope to focus on receiving feedback from target groups.

C. Plans and Expectations for the Next Reporting Period

- Complete Train the Trainer Curriculum and receive feedback from all 7 counties
- Train peers in all 7 counties to be trainer
- Develop peer advocacy groups to support the peer voice in PADs

D. Attachments

Attendance info:
https://drive.google.com/drive/folders/1LjubSb5Tja0bwEsQ5mXca3C_VAGucpIL

Convening Slideshow:
https://docs.google.com/presentation/d/1ZEC6_7t-h7Eb4EwsB1BKTZY52DSL9BiW/edit?usp=sharing&ouid=104331190930935840814&rtpof=true&sd=true

RAND – PADs Evaluation 2023 Year-End Summary

Summary of Activities and Accomplishments During the Reporting Period

RAND has attended ongoing meetings with subcontractors and/or counties in order to plan the evaluation and revise our approach based on the overall platform development. RAND has also met with Chorus and BBI on a 1:1: basis to discuss specific aspects of the proposed evaluation and to tailor the evaluations to reduce participant and/or county burden. RAND has also had monthly or bimonthly meetings with Painted Brain/CAMHPRO since May. These meetings have been used to discuss various aspects of the training evaluation, to learn more about the training curriculum under development, and to solicit feedback from Painted Brain/CAMHPRO on the evaluation survey with trainees.

RAND leads (Eberhart, Siconolfi) attended the September 2023 in-person convening in Orange County. RAND delivered a presentation on our work to-date and the proposed evaluation design for Peer Supporters (training evaluation) and Peers who completed a PAD (outcomes evaluation). The meeting also included group discussions and planning for a range of implementation and evaluation decisions.

Finally, the RAND team has continued biweekly internal team meetings for strategic planning between these larger, multi-stakeholder meetings.

Training evaluation

RAND developed and finalized the training evaluation protocol. This included a literature review to identify relevant constructs/measures, the development of a retrospective post-training survey and a post-training focus group protocol, and preparation of various logistics and administrative materials (e.g., recruitment materials, consent forms, info sheets, etc.). We submitted the training evaluation packet for Institutional Review Board (IRB) review/approval by RAND's internal IRB in December 2023.

Evaluation with Peers who completed a PAD

RAND also developed a workflow to enable a "two-level" evaluation with PADs platform users. The first level is a Mini Survey, an optional feedback form within the platform that elicits basic demographics, basic feedback on the PADs experience, and permission for future outreach by RAND. The second level is the "full evaluation" with PADs users. The sample for the full evaluation will be drawn from the Mini Survey participants who consented to outreach by RAND. We iterated the Mini Survey and its workflow (level 1) in consultation with counties and other subcontractors in 2023, and have finalized a working model. This aspect of the protocol was also submitted to RAND's IRB in December 2023. RAND is currently developing the remaining evaluation protocols (survey and/or interview/focus group protocols) for the Peer/PADs Consumer evaluation.

Challenges Encountered and Resolved During the Reporting Period

RAND has continued to adapt our originally-proposed evaluation to recent changes in the scope and focus of the innovation project.

RAND's evaluation activities inherently dependent on the development and implementation of the PADs Peer Supporter training and the launch of the PADs platform. In Fall 2023, RAND identified potential challenges to implementing the full evaluation within the remaining Phase 1 time (ending June 2025) if the launch of the training and/or platform was pushed back beyond early 2024. Our evaluation design includes longer-term follow-up windows (e.g., interviews/focus groups with trainees several months after they completed the training and have accrued "live" experience in the field facilitating PADs; surveys/interviews/focus groups with PADs consumers several months after they have completed their PAD). Further delays in the launch of the training and/or platform will shorten the period of time available for follow-up, because RAND will need time to analyze the data and prepare the final report before the project ends in June 2025.

We have communicated these potential challenges to the project coordinator and larger PADs Innovation group. As of December 2023, we believe we will still be able to implement the training and outcomes evaluations as-planned if the training and platform hit the launch targets of January/February 2024. Based on the degree of timeline slippage for training/platform launch beyond that target, we may need to shorten follow-up windows, or truncate some evaluation activities.

Plans and Expectations for the Next Reporting Period

The RAND team expects that data collection for its evaluation will begin shortly after the New Year.

RAND will also finalize the remaining evaluation protocols (survey and/or focus groups with Peers who have completed a PAD) and submit this for IRB review and approval. Following approval, we expect to launch this aspect of data collection in Spring 2024.

RAND will also begin working on analysis and reporting, following the implementation of data collection.

Anticipated accomplishments by end of FY2024

Based on the current overall project timeline, we anticipate that RAND will have launched and implemented training-related evaluation activities. We also expect that we will have developed and launched activities focused on the Peer-level impacts of PADs.

Fiscal Intermediary Updates for 2023

Overview

Syracuse University continued to serve in the role of Fiscal Intermediary for the Psychiatric Advance Directives (PADs) Project, which is a Mental Health Services Act Innovations Project involving the collaboration of multiple California Counties; namely, Contra Costa County, Fresno County, Mariposa County, Monterey County, Orange County, Shasta County and the Tri-City Mental Health Authority. In addition to the expertise and excellence in the programmatic areas of Disability Research and Advocacy that Syracuse University's Burton Blatt Institute brings forth to the PADs Project, Syracuse University has a dynamic research administration team that supports the world-class, top-tier research performed on campus and around the world. Syracuse University's Office of Sponsored Programs and Office of Sponsored Accounting provide the critical infrastructure to support the PADs Project contract(s) administration and fiscal oversight. Our offices primary functions are to facilitate the responsible and efficient stewardship of grant and contract funded projects from various external funding agencies. As a result of the significant federally funded research conducted by Syracuse University, we are required by federal policy, law, and regulations to have rigorous and well-documented fiscal oversight measures in place to responsibly administer these funds. Syracuse University routinely undergoes multiple audits from various agencies and external auditors with no material weaknesses noted in past years. Lastly, Syracuse University is a proud member of the Federal Demonstration Partnership (FDP), which is a cooperative of 10 federal agencies and over 200 research intensive institutions with the primary purpose to reduce the administrative burdens associated with research grants and contracts.

Why is this important to the PADs Project which is not federally funded? Syracuse University is able to leverage the best practices learned through its FDP membership to the benefit of all externally sponsored projects, including the PADs project. A prime example of this benefit is the University's enrollment in the FDP Expanded Clearinghouse which essentially provides a public facing organizational profile of Syracuse University, including audit and financial data that is regularly updated on an annual basis. To review Syracuse University's profile at any given time, simply navigate to this website (https://fdpclearinghouse.org/organizations/196) for the most recent information.

2023 Updates

Representatives from Syracuse University attended and presented at the PADs Project meeting held in Anaheim, CA September 11-12, 2023. Stuart Taub, Director, Office of Sponsored Programs, provided an overview presentation on Syracuse University's role, responsibility and financial update as the fiscal intermediary and fielded questions from the County representatives in attendance. Gary Shaheen, Project Director, Burton Blatt Institute, provided a presentation reflecting the Burton Blatt Institute at Syracuse University's progress on the Orange County Evaluation engagement with the PADs Project, and each fielded questions from County representatives following his presentation.

Seven (7) California Counties are actively engaged in funding the PADs Project, and with their authorization Syracuse University engaged subcontractors providing the necessary services for the PADs Project in the areas of Lead Project Management, Technology Platform Development, Marketing & Communications, PADs Advisory and Training, Peer Organization and Evaluation. During the 2023, with authorization from the Counties Syracuse University closed out the subcontract with Hallmark Compass and engaged Alpha Omega Translations.

Payment of subcontractor invoices continued in 2023 based on the proportional allocation distribution as originally established and each with approval from the Lead Project Manager. In **Table 1** below, we provide a fiscal status update of the PADs Project through December 31, 2023, on a County-by-County basis. Cumulatively across all counties, the project expenditures are tracking at 53.9% of the current **PADs Project** budget period which is from inception through June 30, 2025. **Table 2** reflects subrecipient spending to date. The "Obligated Amount" reflects each subcontractor's total budget for the period through June 30, 2024.

Please note, the time frames in which certain counties and subcontractors became engaged impacted the rates of expenditures shown. Contra Costa County's and Tri-City Mental Health Authority's involvement began months later that the other Counties. The largest portion of Mariposa County's budget is allocated to a Peer Organization for which Contra Costa County and Tri-City Mental Health Authority also include in their budgets but with subsequent start dates. The subcontract with Alpha Omega Translations was not executed until the summer of 2023. However, it is still expected the rate of expenditures for these counties will become more aligned with the overall allocation by the period ending June 30, 2024. Also, Fresno County's budget is compressed and scheduled to fully expend by June 30, 2024 compared to the others which are expected to end by June 30, 2025.

Table 1

Total Project Spending

County	Total Budget ending 6/30/24*	Actual Expenditures	% Expended
Contra Costa	**$1,211,136**	**$386,125**	**31.9%**
Fresno	**$863,087**	**$555,968**	**64.4%**
Mariposa	**$79,660**	**$61,650**	**77.4%**
Monterey	**$498,828**	**$256,606**	**51.4%**
Orange	**$9,545,470**	**$5,382,257**	**56.4%**
Shasta	**$207,735**	**$107,779**	**51.9%**
Tri-City	**$313,264**	**$104,355**	**33.3%**
PADS Project Sponsors	**$12,719,180**	**$6,854740**	**53.9%**

Table 2

Subrecipient Spending

Subcontractor	Invoiced through	Obligated Amount	Actual Expenditures	% Expended
Concepts Forward	11/30/2023	$656,181	$449,828	**68.6%**
Chorus	11/30/2023	$7,300,000	$5,491,665	**75.2%**
Idea	10/31/2023	$478,215	$302,435	**63.2%**
Rand	10/22/2023	$647,270	$137,310	**21.2%**
Painted Brain	7/31/2023	$296,593	$175,037	**59.0%**
Hallmark	06/30/2023	$73,440	$73,440	**100%**
Alpha Omega	8/31/2023	$206,607	$1,650	**0.8%**

MHSA INNOVATION PROJECT ANNUAL REPORTING FORM

FY: 22-23 New Project Summary
PROJECT NAME: Supporting Equity Through Community Defined Practices

Overview:

Contra Costa County recognized the problem of low access rates in Behavioral Health Services by underserved communities and communities of color. Through a community stakeholder process that began in 2022, a proposal was developed to address this problem by awarding grants to community organizations to serve these community members through culturally-defined practices. On March 23, 2023 the MHSOAC approved the following project: Supporting Equity Through Community Defined Practices. Total funding amount: $6,119,182 over four years.

Grants awarded under this project are intended for the following: supporting and increasing the number of cultural providers in implementing community outreach and engagement around mental health; implementing culturally responsive interventions and practices; increasing consumer satisfaction and help seeking behavior in Black, Indigenous, People of Color (BIPOC) communities. The project's goal is to reduce disparities in health care access for underrepresented populations through the provision of culturally-based initiatives and programs (e.g., traditional healing, life coaching, circles of care, mindfulness, radical inclusivity, and culturally and linguistically appropriate outreach) that are not currently offered in existing behavioral health care settings.

This Innovation (INN) Project is defined by the following general criteria:

___ Introduces a new practice or approach to the overall mental health system, including, but not limited to, prevention and early intervention.

___ Makes a change to an existing practice in the field of mental health, including but not limited to, application to a different population.

_X_ Applies a promising community-driven practice or approach that has been successful in non-mental health context or setting to the mental health system.

___ Supports participation in a housing program designed to stabilize a person's living situation while also providing supportive services on site.

This Innovation (INN) Project serves the primary purpose:

_X_ Increases access to mental health services for underserved groups.

___ Increases the quality of mental health services, including measured outcomes.

___ Promotes interagency and community collaboration related to Mental Health Services or supports or outcomes.

___ Increases access to mental health services, including but not limited to, services provided through permanent supportive housing.

In May, 2023, a contractor (Indigo Consulting) was brought on board to provide technical assistance and evaluation. A total of six meetings took place prior to the end of FY 22-23. The following topics were addressed: timeline, project launch, developing and defining the role of an RFP Workgroup.

Next Steps during FY 23-24:

- Continue RFP Workgroup meetings to finalize RFP
- Contractor to host 5 technical assistance (TA) workshops to assist interested parties in completing their applications
- Issue RFP
- Award and execute contracts with community organizations
- Contractor to develop an annual reporting template that suits the needs of the project
- Provide ongoing training and technical support