RBEST

Recovery
Based
Engagement
Support
Teams

Final Report

Mental Health Services Act Innovation Project

SAN BERNARDINO COUNTY
Behavioral Health

Table of Contents

Introduction

ORIGINAL PROJECT QUESTION: How do we address a population that, as a result of their mental illness, is unwilling or unable to stay engaged or effectively engage in outpatient services?

In typical public behavioral health service models, most services require the client to leave their everyday environment for services. The settings where these therapies occur often resemble a medical clinic or doctor's office and may not be accessible for those with transportation challenges. When "mobile" services are available, mobile engagement and outreach programs tend to focus on specific populations, especially homeless (Daiski, 2005; Tsemberis & Elfenbein, 1999, Wasmer, 1998) or youth (Schley, Yuen, Fletcher, & Radovini, 2012). These target populations tend to be demographic-based (e.g., gender, age, etc.), and few engagement models provide innovative ways to engage with a population whose commonality is described as "resistant" to treatment. Current evidence-based, field-centered practices tend to target consumers and families already willing and motivated for treatment. Recent Medicaid-funded studies aimed at identifying high-need disengaged individuals living with serious mental illness only focused on those who had previously been in treatment (Schley, Yuen, Fletcher, & Radovini, 2012). Many current evidence-based, field-centered practices, by design, target consumers and families already willing and motivated for treatment; these programs require the individual suffering from mental illness to be ready to be an active participant. Within these models, the descriptor of resistant is applied to those that do not voluntarily participate, often without a comprehensive examination of why they might be "resistant" to treatment and what treatment readiness services might be needed. Traditional outpatient care and treatment is voluntary, individuals cannot be forced into care or treatment. Any additional activities to "engage" individuals living with mental illness and in need of services prior to a mental health assessment that establishes medical necessity are not reimbursable under Medi-Cal guidelines, creating a lack of resources to provide them.

Therefore, the San Bernardino County Department of Behavioral Health (DBH) looked for innovative solutions to identify and activate community members living with severe and persistent mental illness who were "resistant" to treatment. The Recovery Based Engagement Support Teams (RBEST) were designed to create mobile teams to activate individuals into care and treatment and provide support to their families. Ideally, we would also learn what provider behaviors

(interventions) "work" to activate the consumer into care successfully. This program aimed to adapt these strategies for a new population: the non-compliant, resistant to treatment, and "invisible" consumer (i.e., individuals with serious mental illness but no involvement with the mental health system of care).

What is the Recovery Based Engagement Support Teams (RBEST)?

RBEST was approved in March 2014 by California's Mental Health Services Oversight and Accountability Commission as an Innovation project under the Mental Health Services Act (MHSA). The Innovation component's primary function is to design and fund short-term projects for learning purposes. RBEST's primary goal was to examine the viability of providing a different type of outreach and engagement service to community members who are living with chronic mental illness, are currently inappropriately served, and in some cases, are not served at all. The objectives of RBEST included:

- Increasing the quality of services, including better outcomes.
- Activating individuals in the community into necessary psychiatric care.
- Empowering families and caretakers to continue providing care for their loved ones in their community-based environment.
- Reducing the frequency and duration of psychiatric hospitalizations without outpatient follow-up in the community.

The RBEST Innovation project was a voluntary, client-centered project which provided community engagement and support (field-based) services that were not structured around any specific model of insurance benefits to individuals with undertreated or untreated mental illness to activate them into appropriate treatment. RBEST was not a treatment model and did not intend to provide endless mobile services to identified consumers. The program was "non-clinical" in its orientation with a primary focus on the needs and goals of the consumer and helping that consumer meet those goals, while eliminating obstacles through appropriate mental health treatment. RBEST was multi-

disciplinary, allowing the teams to present a holistic approach to the needs of the consumers. Additionally, teams were highly flexible by being unencumbered by traditional limits of services organized around insurance benefit structures. In a flexible, field-based environment, RBEST's approach provided an opportunity for shared decision making when presenting treatment options to consumers and families, by encouraging deliberation, and eliciting care preferences within "what is possible." This philosophy was central to the RBEST approach. RBEST staff utilized the Listen, Empathy, Agree, and Partner (LEAP) model to activate consumers into treatment. RBEST services included outreach, engagement, linkage to services, advocacy, case management services, family education and support, and family therapy.

RBEST served a diverse adult population, age 18 and older, who were:

1) Untreated living with severe, chronic and/or persistent mental illness, and either not active or successful in seeking and receiving necessary psychiatric care.
2) Not engaged and known to the public mental health system, as well as those who were not known to the system but known to the community or resources with which they intersect daily.
3) The "invisible" client who was being cared for by family members and not known to the public mental health system, was without the benefit of psychiatric or related services, and utilizing resources in their community that did not meet their needs or the needs of their families.
4) High users of psychiatric crisis or hospitalization services, defined by the repeated use of treatments at points in the public mental health system that did not deliver the right level of care in meeting the specific psychiatric needs of the individual.

Referrals for RBEST came from various agencies in the community, including crisis services (police, crisis walk-in centers, psychiatric hospitals, and emergency departments), health plans, County health and human services departments, Superior Court, family members and friends, and self-referrals.

Disruptive innovation is defined by an approach creating a "new" market that eventually goes on to disrupt an existing market or value network. The term is used in business and technology literature to describe innovations that create a new market by applying a different set of values, which ultimately, and unexpectedly, overtakes a currently existing market. Since the populations described in this project currently exist within established markets of care, this proposal aimed to "disrupt" those current markets of care through disruptive innovation.

Our hypothesis was that through the creation of a different set of values in approaching individuals who need psychiatric care but were not yet successfully active in receiving care due to lack of insight into their mental health condition, we would create a new "market" in which consumers would be "activated" in the care system, rather than being labeled as resistant, or remain invisible.

In exploring this hypothesis further, complications or barriers found throughout the project due to a lack of "customer activation" in the public mental health or other appropriate systems were noted. The disruptive innovation of this project was aimed at eliminating, if possible, the existing environment of barriers due to non-activation

and creating a new environment of "activation" for this population. This would then create a "new market," consisting of different behaviors on the part of providers and consumers to activate consumers and their support systems and eliminate barriers leading to "non-activation."

Multidisciplinary Engagement Teams

The four regional RBEST outreach teams were designed to be comprised of a Mental Health Specialist, a Clinical Therapist, and two Alcohol and Drug Counselors. In addition, two licensed Vocational Nurses would be available to respond to the needs of all four teams. Having bilingual team members was a priority as well. A psychiatrist/medical doctor would also be available to consult with the teams and in some circumstances provide direct treatment if needed.

All members of the teams were charged with building rapport and helping to instill trust and provide resources. To complement the diverse community, diverse teams were created and staffs' strengths matched with the needs of consumers and family members and to have the option of speaking to the staff they could best relate to. The importance of including team members with diverse lived experiences and professional expertise were considered when designing the multidisciplinary teams. The Mental Health Specialist on the team served as the lead engagement specialist.

The lead established lines of communication between the client/family member and the Department or other needed resources. Additionally, they assisted and supported the client in immediate situations, if needed. The Peer and Family Advocate, functioned as an individual team member to advocate for and relate to individuals on a peer level. Individuals in this position also have lived experience with mental illness and/or substance use and can relate with consumers and/or family members on this shared level. Although this program was "non-clinical" the Clinical Therapists on the team provided assessments and evaluation of individuals in need of mental health services as well as provided guidance, support, psychoeducation and therapy for the families. The Alcohol and Drug Counselor (AOD) specialized in assisting and providing guidance to individuals in need of substance use services. Individuals with a dual diagnosis, a mental health and substance use condition, have complex and unique needs. AODs can provide the needed support during recovery. The Licensed Vocational Nurses on the team provided basic medical assessments and were able to provide case management and advocate with medical health care providers for physical ailments that many clients experienced. In addition to these team members, the four RBEST teams were led by a Clinical Supervisor who served as the lead for each of the individual teams. The Clinical Supervisor managed the deployment of the teams, as well as reviewed all cases.

The Learning

Overall, the RBEST project sought to learn about the population described in this narrative, in an effort to identify ways to disrupt current service practices, create and test new service practices, determine what is most effective in the new service practices through evaluation of the project, and determine how new practices can continue as the new "service market," or as adaptations to existing DBH service markets.

With the establishment of RBEST, the learning goals were to determine if:

1. Disruption of the existing system will occur through utilizing engagement

and outreach strategies that traditionally target individuals who are currently activated in psychiatric care to instead target the non-compliant and resistant to treat individuals.

2. Individuals who are high users of inpatient services will have fewer inpatient admissions and/or fewer psychiatric hospital days and/or more frequent activation in psychiatric interventions following the offering of an incentive.
3. Families of individuals living with a mental illness will acknowledge having increased understanding and knowledge regarding mental illness as well as improved and increased strategies to care for their loved ones living with mental illness as a result of care provider-initiated activation strategies.

This learned information can benefit the way outreach and engagement services are structured and improve the quality of services provided, including individual, family, and community outcomes.

Evaluating the Project

The goal of every Innovation project approved under the Mental Health Services Act is learning. The following methods were used to evaluate the outcomes from the three learning goals:

Service Utilization before RBEST Engagement Compared to After RBEST Engagement (Two-Tier Analysis)

The two-tiered utilization methodology analyzes hospitalizations, and outpatient services before and after RBEST engagement timeframes. The purpose of this type of analysis is to determine how RBEST interaction changed the consumers' use of services. The analysis looks at 90, 180, and 365 days before and after the intervention.

Initially, the project plan outlined a three-tier analysis framework that analyzed hospitalizations, outpatient services, and crisis utilization. Upon further review, crisis utilization was removed from the analysis because there was ambiguity in what a change in crisis service utilization means for consumer outcomes. Based on learning from this project, there are plans to look at crisis service utilization as it relates to consumer outcomes with a variety of tools and statistical models in future Innovation projects.

Family Experience Interview Schedule (FEIS)

The FEIS is a questionnaire tool that evaluates both the objective and subjective impact of a consumer's behavioral/mental health symptoms on their caretakers and family members. The FEIS was completed by family members and/or caregivers of RBEST consumers. The FEIS measures family experiences around caregiving through various points in their journey.

Focus Groups

As part of the evaluation process, RBEST family members and staff participated in separate guided discussions about RBEST services. The discussion questions and topics included family satisfaction of engagement strategies, effectiveness of the LEAP training, barriers to treatment, and the family's satisfaction with consumer readiness treatment and the system of care.

Journey Scroll Event

The Journey Scroll Event was an opportunity for RBEST family members, and later RBEST staff, to reflect on the ways that RBEST impacted their lives. This information communication was through art and focused on a more relational way of interacting with

project outcomes outside of the normal statistical data that is collected. This way of collecting information (i.e., data) supports a more conversational style that is more representative of the fluid and flexible approach that is the center of all RBEST interactions with family and consumers.

Surveys

Surveys were used to collect family members' self-reported experiences. Surveys examined family engagement and satisfaction with RBEST as well as their experiences in the Connecting Families groups.

Consumer Interviews

Consumer interviews were used to study the experiences, views, or beliefs of an individual on a specific topic. Interviews provided a deeper understanding of social trends as compared to the data collected using quantitative methods such as questionnaires.

Program Supervisor & Manager Interviews

In addition to conducting focus groups with program staff, individual interviews were done with RBEST supervisors and management. Topics and questions covered overall program learning, system adaptation of lessons learned, and areas of program success and growth.

Evaluation Design Considerations

Various qualitative approaches to data collection were included primarily to ensure equity throughout the evaluation process while simultaneously increasing rigor in evaluation processes and results through methodological triangulation, as well as to ensure that the evaluation design both reflected and embraced program values.

Through the use of various approaches to data collection, primary stakeholders are able to share information in their own way about how things impacted them, from their perspective, offering the pieces they want to share and that were important for them to convey. Given the program emphasis on consumer-centered care, the evaluation methodology centered consumer and family member input, in a way that reflected both program flexibility and the culture of mutual positive regard and respect. The value in adopting a mixed-methods approach and including both qualitative and unstructured data also increases the rigor in evaluation processes and results by employing multiple data collection methods (surveys, service utilization trends, interviews, focus groups, observations, images) with various data sources (staff, family members, consumers, management, evaluation staff), providing opportunity to see which themes are salient enough to repeatedly surface across various methodologies and sources. Assuming that those structuring the evaluation will be able to design data collection inquiries that account for impacts a program might have is a serious limitation on the diversity of what is able to be shared and gathered when those both receiving and providing the services have the ability to contribute to the structure and content of data feedback directly.

How is RBEST Different from Previous Models

On the surface, RBEST may look similar to case management and Assertive Community Treatment (ACT) engagement models. Evidence has indicated that ACT is more effective than case management (Meyer & Morrissey, 2007; Scott & Dixon, 1995), making ACT the model to improve upon. Further, the Sainsbury Centre for Mental Health (1998) argued for the use of assertive engagement for individuals with serious mental illness who are not engaged in services. However, there is evidence that for some clients the benefits only last as long as mobile services continue. (Assertive community treatment, 2011; Burns, 2010). RBEST differs as it was not intended as a treatment model and did not intend to provide endless mobile services to identified consumers. Rather, the goal was to contact and engage consumers in the field with similar practices in order to activate them into traditional treatment models within the established DBH system of care.

The Institute for Healthcare Improvement defines patient activation as, "Actions that people take for their health and to benefit from care." More specifically, it is defined as the "understanding of one's own role in the care process and having the knowledge, skills, and confidence to take that role."

Wherever engagement takes place, the emerging evidence is consumers who are actively involved in their health care achieve better outcomes and have lower health costs than those who are not actively involved (Vahdat, Hamzehgardeshi, Hessam, and Hamzehgardeshi, 2014).

A number of engagement articles place the onus on the care providers to "meet consumers where they are, and build on their often limited capacity to engage," noting that many individuals struggle

Success Stories

"Dillon" is a 58-year-old male living with a psychotic disorder. He was experiencing homelessness, had symptoms of paranoia, and appeared to be resistant to services for years. He frequently used walk-in clinics for assistance but failed to follow-up with appropriate services. RBEST staff was able to contact and establish a relationship with him successfully. Initially, he declined crisis housing assistance. RBEST staff was able to bring him into a DBH clinic and later to a Clubhouse where he was able to shower and wash his clothes. At first, his symptoms interfered with his ability to bathe but later, once trust in the RBEST team was established, he acknowledged that his hygiene had caused ample problems for him. He reported being rejected by everyone and was unable to enter mainstream society and complete tasks such as going to the store. He scheduled ongoing appointments with a DBH clinic, and arrangements were made to include intensive case management as part of service delivery.

He referred to RBEST staff as "my angels," added that "no one has treated me like a human," and is expressing hope for a better future.

to understand even basic health information, and call for a "health literate care" approach that would combine strategies with the known Chronic Care Model (Meyer & Morrissey, 2007; Scott & Dixon, 1995; Assertive community treatment, 2011; Burns, 2010). Providers also encounter difficulties in providing engagement services to activate consumers as this is an activity not funded under the insurance plan (Medi-cal) accepted by DBH. The RBEST model did not have this limitation because of the use of MHSA Innovation component funding which does not have the same limitations as funding provided by insurance plans.

Therefore, core to RBEST's success is the use of Innovation funding to provide unlimited engagement activities that seek to understand the support that every individual may need to understand their healthcare conditions and/or how to navigate the benefits offered by their healthcare plan. This knowledge gap is not unique to those suffering from behavioral health issues because the complexity of the healthcare system challenges everyone. But individuals who suffer from persistent and serious mental illnesses are at greater risk of disappearing into the existing gaps within our healthcare infrastructure or at risk for medical decision making to be made without their active and informed consent. The RBEST model and staff began to see this as a primary reason that many consumers were labeled as "resistive" by the healthcare system.

This reality makes it imperative that any engagement model that seeks to activate individuals from this population lead with an engagement model that supports shared decision making. For this reason, RBEST encouraged deliberation, and elicited care preferences within what was possible as a central engagement approach. RBEST engagement placed emphasis on the "what is possible" part of the decision-making process. Stakeholder feedback during the design phase of the project strongly suggested that much of the dissatisfaction with previous behavioral health treatments stemmed from unmet expectations or unfulfilled "promises." Demonstrations of this in physical health care environments have already shown that fully informed consumers often choose less invasive and lower-cost treatments when given the opportunity and provided effective communications about care. However, research revealed a wide-spread belief among individuals that more expensive care is always better, but that conversations about health costs were uncomfortable and not appropriate in the context of health care discussions (Blendon, Brodie, Benson, Altman, and Buhr, 2006). A new way of implementing shared decision making is shifting individual and providers' beliefs and attitudes about reasonable discussions about health care costs, insurance coverage, low and high cost care, and was an element of learning for this project as we track mainstream research and apply some of those notions to a behavioral health population.

Per the Business Medical Journal, "Expertise in health and illness lies outside as much as inside medical circles and that working alongside individuals, their families, their communities, and experts in other sectors is essential to improving health," and will be a central theme in attempting to disrupt the current service market for those populations defined in this project.

An Alternative to Assisted Outpatient Treatment

Creation of the RBEST project was originally an innovative response to community stakeholder inquiries on how the Department of Behavioral Health (DBH) intended to address AB 1421, Assisted Outpatient Treatment (AOT). DBH conducted extensive stakeholder work groups regarding the implementation of this law, as well as numerous other stakeholder meetings which focused on community mental health and general treatment needs. Based on an analysis of the elements of AOT law and the different models of care, DBH determined to address the spirit and intent of the law by creating a voluntary, client centered project that would address the issues associated with individuals who are not participating in effective psychiatric care. These concerns included increasing access to mental health care, quality of services, addressing the needs of families and support systems of the chronically mentally ill, and early identification and intervention with these individuals including community collaboration.

Prior to RBEST implementation, existing DBH services primarily offered traditional therapies requiring the consumer to leave their living environment and go to a behavioral health clinic for services, and while specific field services were available, there were still consumers who were not activating into care. Additionally, current evidence-based, field-centered practices targeted consumers and families willing to engage in treatment. AOT would require adapted strategies for County residents who had been inappropriately served, underserved, or unserved and suffer from untreated, severe, chronic, and persistent mental illness. This includes historically "resistant" and "invisible" consumers who primarily receive care through their families and are not known to the public mental health system but become more vulnerable as caregivers age or other challenges arise. These consumers and families would not be served with existing DBH services and field-based strategies.

Based on an analysis of the elements of AOT and different models of care, DBH determined that the spirit and intent of the law could be addressed by creating a voluntary and client centered project that would address the issues associated with individuals who are not "activated" in effective psychiatric care.

As such, we are trying to find an alternative that seeks to improve individuals' motivation for seeking treatment versus the use of penalties to force treatment adherence. For jurisdictions that penalize, the recommended use of leverage for treatment adherence was discontinuation of subsidized housing, criminal sanctions, and financial penalties. (Involuntary outpatient commitment, 2008). While these are important to consider, the recommendations are still aimed at those individuals already in some sort of behavioral health treatment.

Success Stories

In December 2015, the RBEST staff began working with "Bill." Initially, Bill was not interested in any assistance or treatment that was offered by RBEST. At the time of initial contact, Bill had been homeless for several years within the San Bernardino County community, along with his wife "Mary." Bill was known for being disruptive, and both he and Mary had many encounters with law enforcement. Many of these encounters began as concerns from community residents about the many shopping carts full of belongings that Bill and Mary kept with them. When asked, both Bill and Mary were reluctant to abandon any of these items, many of which were valuable to them for sentimental reasons, which resulted in several citations.

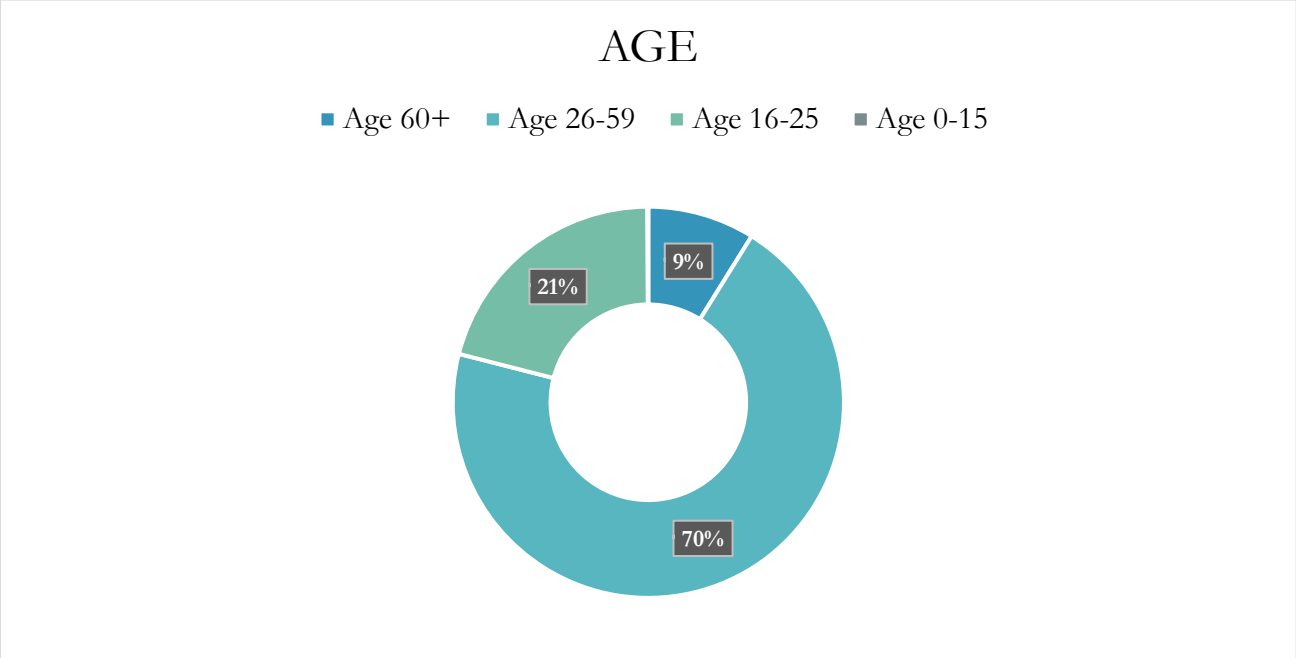
Over the next two and a half years, RBEST staff members continued to engage both Bill and Mary with offers of unconditional support and assistance. In the beginning, Bill remained uninterested and dubious of RBEST's proposals. Mary, on the other hand, was receptive to the idea of mental health services. RBEST staff was able to link her to the needed treatment and services, and she was able to make additional connections through a local DBH Clubhouse, which is primarily run by adult consumers of mental health services.

Bill continued to remain resistive to the RBEST offers of assistance. Because Bill is an older man who experiences a psychotic disorder with paranoia and delusional thoughts, the RBEST staff knew that building trust was going to be vital in helping Bill find a resolution to his and Mary's homelessness.

Based on the positive work that RBEST staff was able to accomplish with Mary and the consistent and unconditional offers of support and assistance, Bill began to trust RBEST staff. In his own words, he even became "fond" of the team members. Once that trust was established, Bill and RBEST completed the application process for Bill to begin receiving Social Security Benefits based on his age and previous work history. RBEST was also able to assist Bill in completing the required paperwork that would allow Bill to utilize the medical benefits afforded to him through the US Department of Veterans Affairs to seek both medical and behavioral health treatment. In the end, RBEST was able to transition both Bill and Mary to supportive housing and outpatient care successfully.

RBEST Consumer Demographics

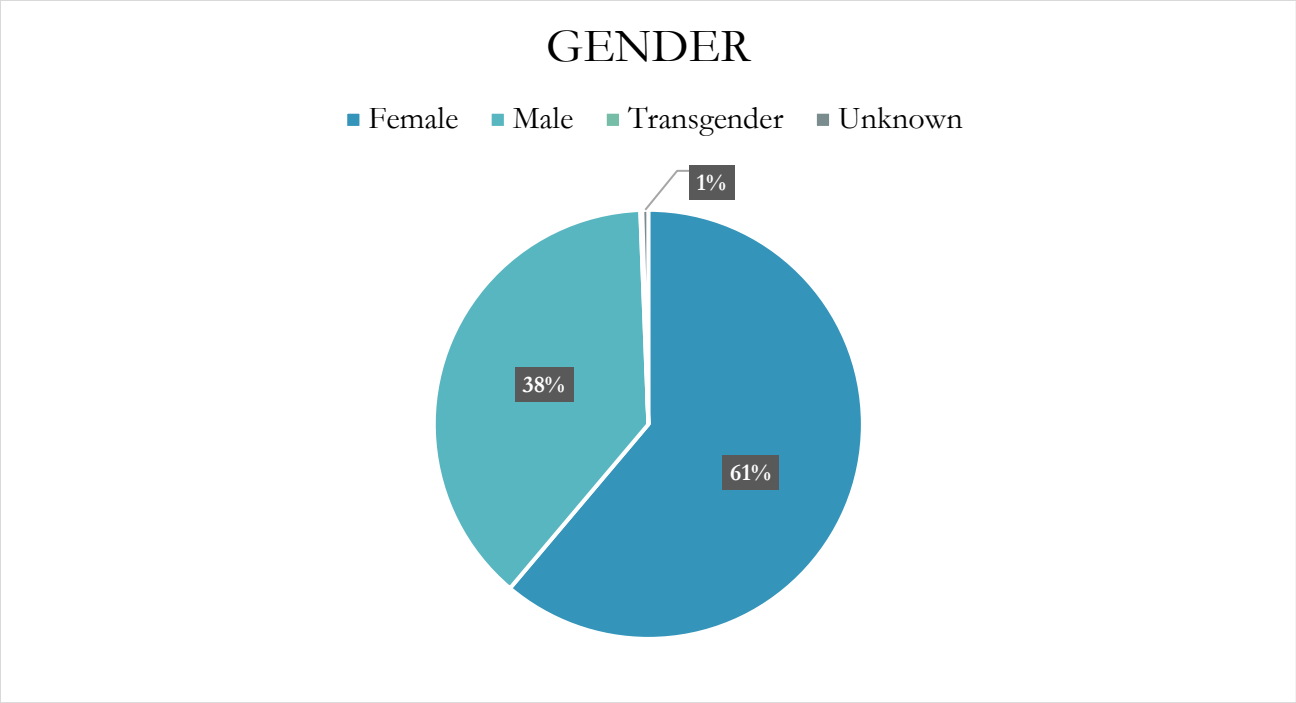
There were 1,332 consumer participants in the RBEST Innovation program from October 2014 through June 2019.



Source: San Bernardino Information Management Online Network (SIMON), N=1,332

Age Group	Count
60+	118
26-59	934
16-25	279
0-15	1

By design, participants were all adults over 18 years old. The largest group were adults from 26-59 years of age (70%), 21% were transitional aged youth 16-25 years, and 9% were older adults over 60 years of age.

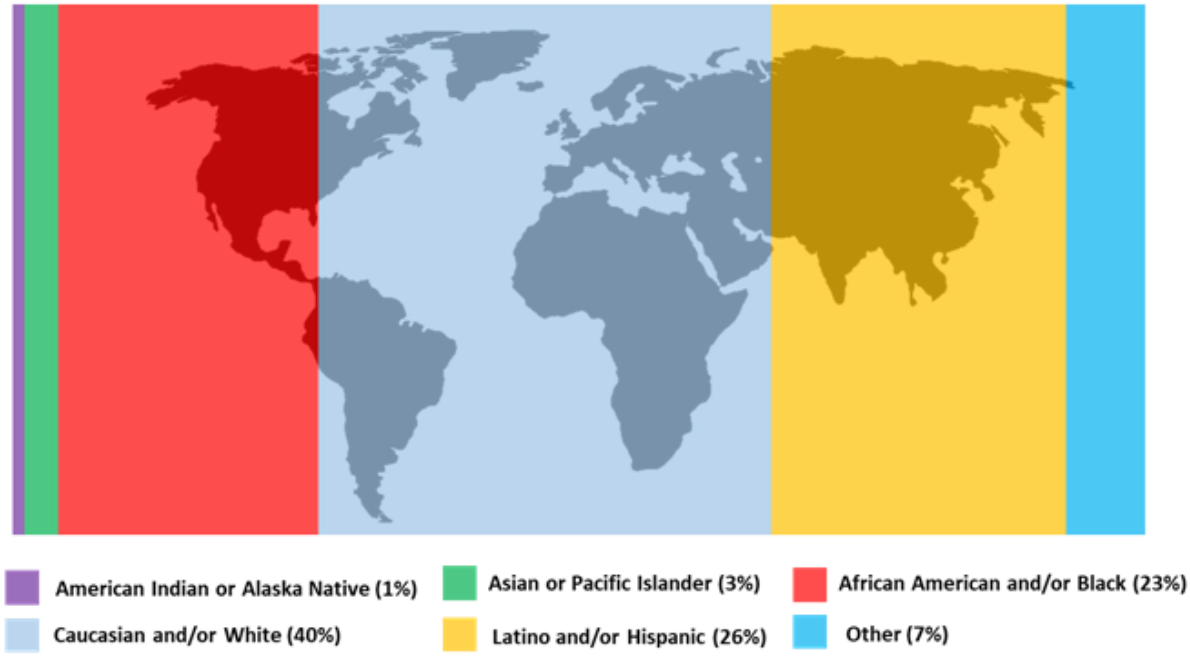


Source: San Bernardino Information Management Online Network (SIMON), n=1,332

Gender	Count
Male	814
Female	509
Transgender	3
Unknown	6

Sixty-one percent of RBEST consumers identified as male, 38% identified as female, and 1% identified as transgender or did not have their gender identity recorded.

ETHNICITY

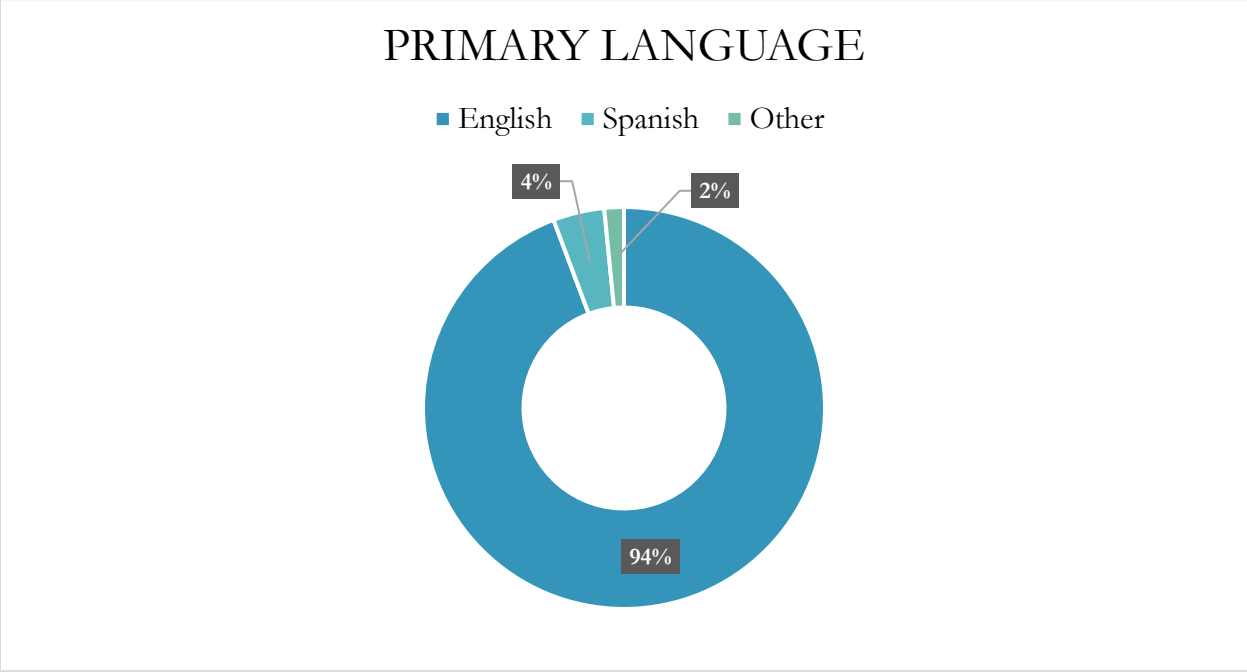


Source: San Bernardino Information Management Online Network (SIMON), n=1,332

Forty percent of RBEST consumers identified as Caucasian/White, 26% identified as Latino/Hispanic, 23% identified as African American/Black, 3% identified as Asian, 1% identified as American Indian or Alaska Native, and 7% identified as being part of another ethnic group.

Ethnicity	Count
American Indian or Alaskan Native	16
Asian or Pacific Islander	42
African American	309
Caucasian	531
Latino and/or Hispanic	348
Other	86

This population breakdown closely represents the ethnic breakdown of San Bernardino County.

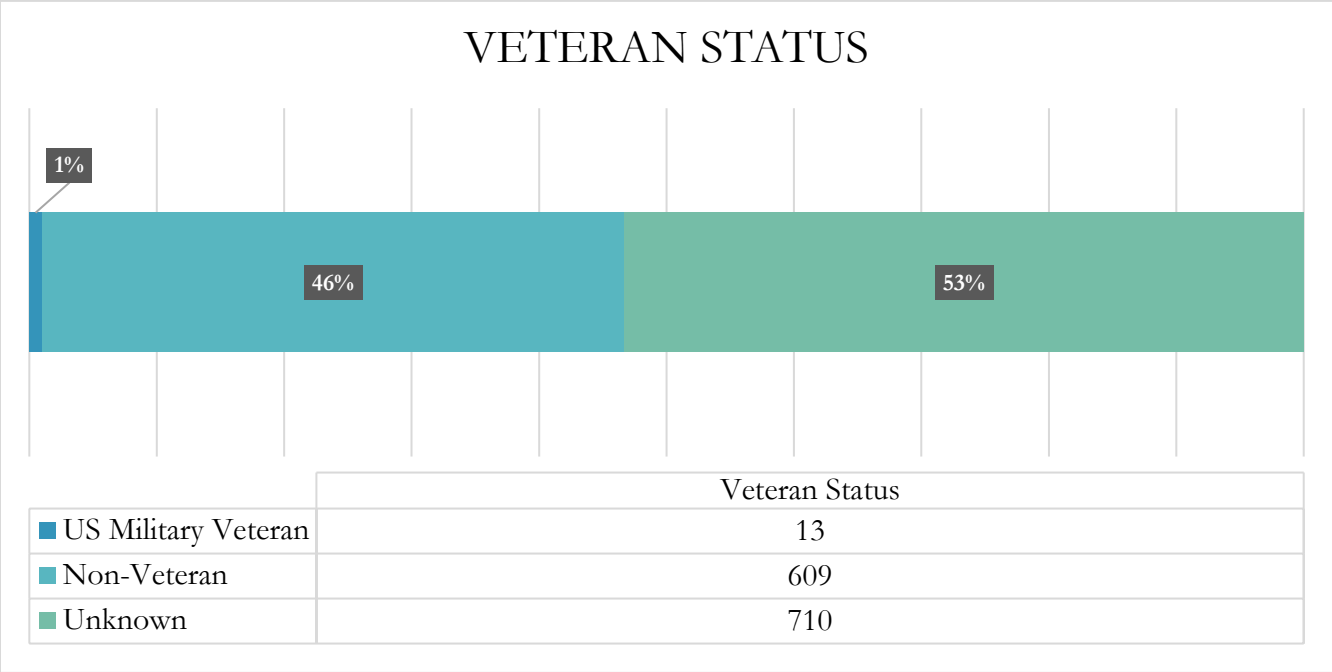


Source: San Bernardino Information Management Online Network (SIMON), n=1,332

Language	Count
English	1,256
Spanish	55
Other	21

Ninety-four percent of participants spoke English as their primary language, 4% identified Spanish as their primary language and 2% spoke other languages.

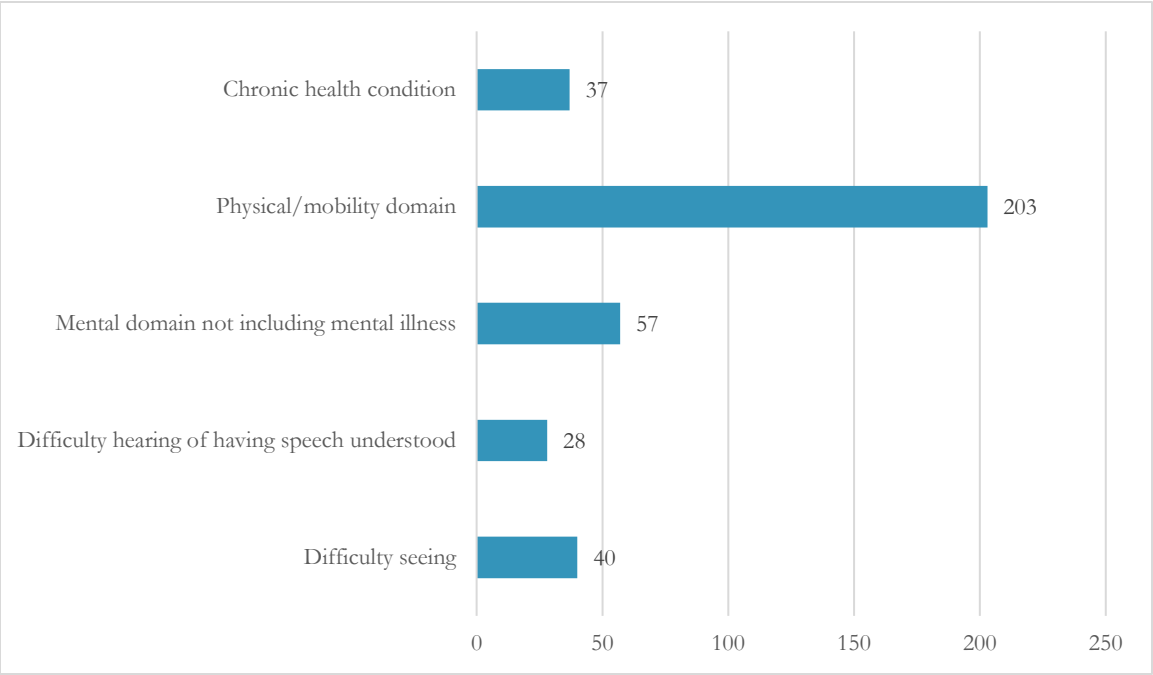
Participants who identified as being a U.S. Military Veteran made up 1% of RBEST consumers, 46% of RBEST consumers reported not being veterans, and 53% of RBEST consumers have an unknown military status.



	Veteran Status
US Military Veteran	13
Non-Veteran	609
Unknown	710

Source: San Bernardino Information Management Online Network (SIMON); n=1,332

DISABILITY STATUS



Source: San Bernardino Information Management Online Network (SIMON); n=410

Participants were asked if they had any disabilities that were not considered a mental illness and if so, what type of disability they had. It is important to note that participants could make more than one selection.

Of the 365 responses provided:

- 55% reported having a physical/mobility disability.
- 15% reported having disability in the mental domain (not including mental illness).
- 11 % reported having difficulty seeing.
- 11% reported having a chronic health condition.

Success Stories

"Miguel," a young man living with co-occurring psychotic and substance use disorders, was referred to RBEST. This individual was sleeping in his sister's car overnight due to paranoia. RBEST staff were able to engage with him utilizing the Listen, Empathize, Agree, Partner (LEAP) method. He eventually agreed to treatment. RBEST staff also were able to provide care coordination that resulted in him consenting to and obtaining medication shots, increasing the likelihood of sustained stabilization. This is significant, as he had a history of not consistently taking his medications.

RBEST engaged with "Natalie," a woman with a history of mental illness. She was experiencing extreme anxiety and had a previous diagnosis of schizoaffective disorder. Her long-term psychiatrist retired, and she ran out of medication. Her mental health symptoms became overwhelming, but she had difficulty due to the severity of her illness, and she also had trouble accessing mental health services. Natalie had recently moved and had difficulty with transportation. RBEST staff was able to link her to psychiatric services successfully and facilitated the process of obtaining ongoing transportation through the Americans with Disabilities Act (ADA) Ride. Her quality of life greatly improved, and she stated, "I don't know what I would have done without you. Thank you."

Understanding the Target Population

Originally, the RBEST project defined the target population as adults over the age of 18, who have historically refused services when offered, and were often resistant to treatment efforts, or have been non-compliant with prescribed treatments. The families and caretakers of these individuals had relied on law enforcement and crisis services (emergency rooms, inpatient services) as the primary means of psychiatric care for their loved ones. The institutional understanding was these individuals were seeking psychiatric or related services at points within the health care system that did not deliver the needed level of care in meeting the psychiatric needs of the individual or they were refusing recommended treatment plans.

RBEST was designed to receive new consumers one of two ways:

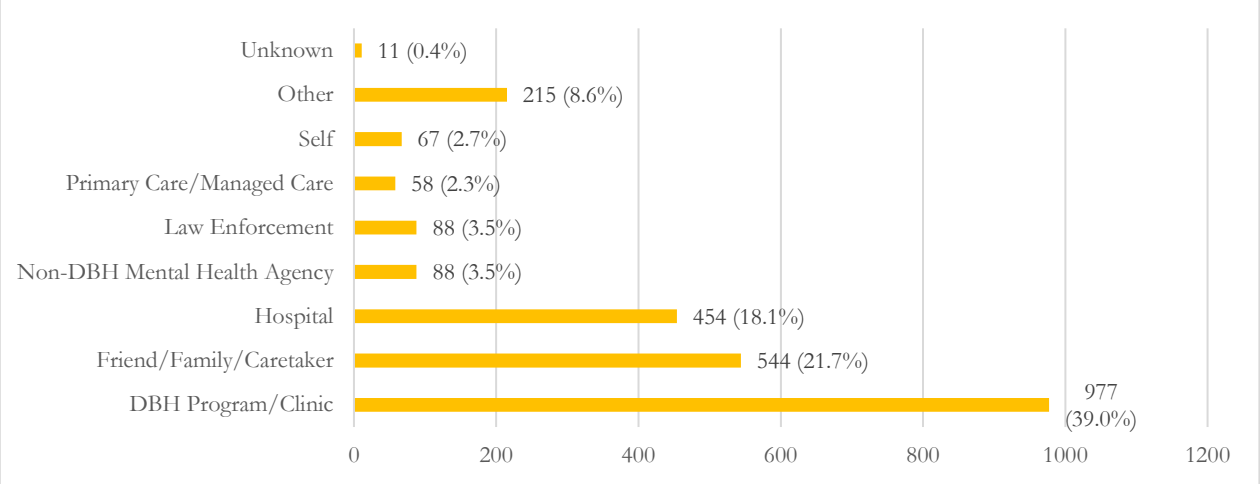
1) Referrals: Received from outside agencies, community partners, hospitals, County health and human services, County mental health plan, Superior Courts, family members and friends, and self-referrals
2) The "Top 50" report: Provides information on the individuals, known to the DBH system of care, who are high users of emergency and/or crisis services

Early in project implementation, it was determined that the use of a "Top 50" report was ineffective. Individuals on this list were inappropriate for the RBEST engagement model because:

1. Individuals were using the emergency department as part of a larger pattern of substance use. The RBEST model was not intended as an activation model for individuals with a primary diagnosis of substance use disorder. The LEAP model of engagement was determined not to be effective in activating these individuals into treatment (see the LEAP section for more information).
2. Individuals were using the emergency department as temporary shelter when other shelter services were not available. This was most common in the more remote parts of the county.

3. Individuals were using emergency services for the treatment of complex physical health needs and not psychiatric needs as first hypothesized. While behavioral health services were needed, these services were secondary to medical stabilization.

Figure 1: RBEST Referral Sources



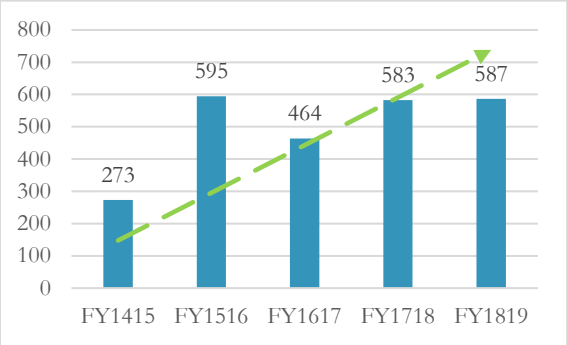
Source RBEST Program Data; n=2,502

This initial learning demonstrated a misunderstanding of what the individuals on the "Top 50" report needed for treatment because it was believed that these individuals were either not connected to the system of care or were inappropriately using emergency services for the purpose of ongoing psychiatric care. This was not the case.

Referrals

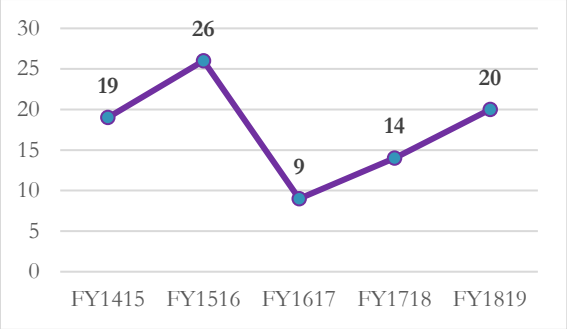
With the discontinuance of the "Top 50" report, RBEST became a solely referral-based project. Over the course of the project referrals came from a wide selection of agencies and community partners (See Figure 1). Most referrals came from providers that already existed within the current system of care (i.e., DBH Program/Clinic). The second largest referral group is the Friend, Family, and/or Caretaker group. The large number of family referrals is the direct result of RBEST's intensive outreach efforts within the community. Outreach efforts included providing education to family members that focused on providing alternatives (i.e., a referral to RBEST from a family member) in lieu of calling local law enforcement to resolve conflicts with their loved one. Referrals from other programs, some of whom were embedded in Law Enforcement agencies were 3.5% (88 referrals) of the total referrals received. While this may seem low, given the designated population, the low percentage is in accordance with the project's goal of a reduction of crisis service involvement. A reduction in referrals directly from law enforcement (See Figure 1), as compared to no such reduction in other DBH programs such as ACT, can indicate that those consumers and their family members no longer have to solely rely on law enforcement (e.g., calling 911) in crisis situations.

Figure 2: Number of Referrals Received per Fiscal Year



Source: RBEST Program Data; n=2,502

Figure 3: Referrals from Law Enforcement



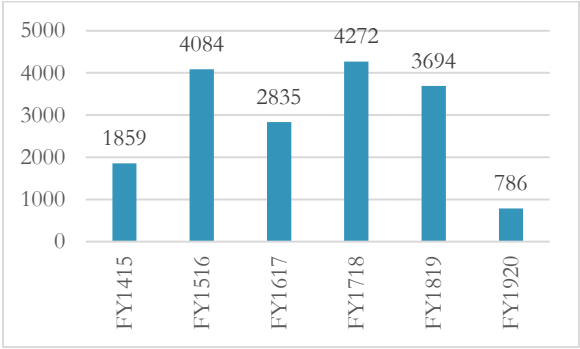
Source: RBEST Program Data; n=88

The increases in law enforcement referrals from fiscal year 2015-16 and fiscal year 2018-19 include referrals to RBEST on behalf of individuals experiencing homelessness. These referrals were not family members calling 911 for crisis service help. Referral data collection did not contain a means to identify a 911 call referral from law enforcement versus a law enforcement referral on behalf of an individual experiencing homelessness. This analysis is based on RBEST report-outs and reflections at team meetings.

Encounters

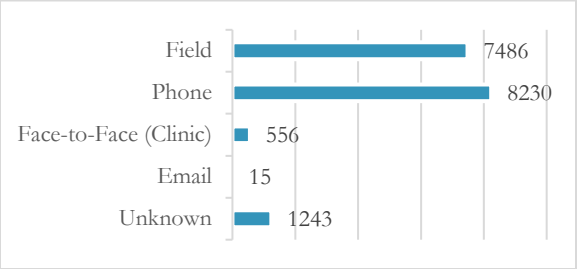
During the five-year project, RBEST received 2,502 total referrals. From those referrals, RBEST staff members had 17,530 encounters with consumers. When looking at only those encounters that lead to a successful linkage to other services, it took an average of **19.8 ENCOUNTERS** before a successful linkage was achieved. A successful linkage was identified as five outpatient service visits by the consumer. This is an important piece of learning from this project. When informally surveyed, DBH staff from other areas within the system of care indicated that five encounters should be enough to link a consumer with services, with each subsequent encounter increasing the likelihood of that consumer being labeled as "resistant to treatment." Because of the disconnect between the number of encounters that it takes to successfully link a consumer and the number of encounters that staff *thinks it should take* to gain a successful linkage, an opportunity for system education was identified.

Figure 4: Number of Encounters by Fiscal Year



Source: RBEST Program Data; n=17,530

Figure 5: Types of Encounters



Source: RBEST Program Data; n=17,530

In the beginning of the RBEST project, contact and encounter types were not uniformly labeled leading to some discrepancy in how the numbers for encounters and contacts were calculated. The numbers presented are based on the best data collection and grouping possible. Issues identified include:

- Some entries were listed as "phone or email" indicating what the contact/encounter was specifically, while some entries were labeled as "phone/email" which made it difficult to determine which method was used or if both were attempted.
- There were entries stating "Administrative" or "Administrative Note" without indicating whether consumer contact was attempted therefore these entries were not used in the above counts.
- There was no distinction made in most cases as to whether the contact/encounter was an attempt or a successful contact.

As the RBEST project continued the above issues were noticed during data collection and adjustments were made to ensure more specific data entries were being made. From this learning, future Innovation Projects will have entries made through drop-down lists or checked boxes rather than being typed to reduce the variation in entry and to make data collection easier.

Consumers

The original project plan projected 300 new unique consumers would be served per year. During this project, RBEST served 1,432 unique consumers. This was only 68 consumers shy of meeting the 1,500-goal stated in the original project plan, the original project plan did not anticipate the length of time that a consumer may be with the RBEST program. On average, it took 19.8 encounters for a successful linkage with an RBEST consumer. Each year, after the first year, RBEST maintained several continuing consumers in addition to the new consumers gained annually. These groups together made up the RBEST caseload. The RBEST caseload is a better represented by the number of consumers actively working with RBEST per fiscal year; even though an individual consumer may appear in multiple years (i.e. producing duplicates in the overall consumer count). When looking at the total caseload, RBEST served, on average, 368 consumers per year; thus, surpassing the original of 300 served per year.

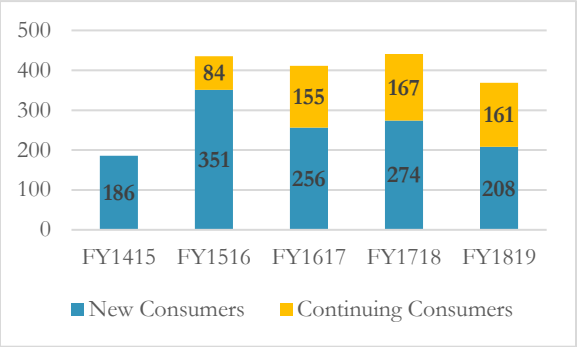
Table 1: Projected vs. Actual Consumers Served

Fiscal Year	Projected No. of Consumers Served	No. of Unduplicated Consumers Served
2014 -15	300	186[1]
2015 -16	300	351
2016-17	300	256
2017-18	300	274
2018-19	300	208
2019-20	75[2]	157

[1]RBEST project was not fully implemented until the last quarter of Fiscal Year 2014-15, so only a partial year is reported; [2]Projected number of consumers served for FY 2019-20 was prorated to account for the sun setting of

RBEST as an Innovation Project; Source: RBEST Program Data

Figure 6: Total Number of Consumers Served per Year



Source: RBEST Program Data; n=1,842

Table 2: Population Break Down

Population Type	Percentage Breakdown
Individuals who access treatment at points in the health care system that do not deliver the appropriate level of care in meeting their psychiatric needs	**12.8%**
Unable to engage in traditional treatment models and are known to the public mental health system	**43.8%**
The client who is being cared for by family members and not linked or known to the public mental health system	**31.6%**
Other/Unknown	**11.8%**

Source: RBEST Program Data; n= 1,432

The original categories of the target populations established in the project plan are listed in Table 2. The learning that established the six "new" categories did not coalesce until Year three of the project based on staff interviews and report-outs.

As the working caseload of RBEST grew, so did the understanding of the target population. What became apparent was the terms "in denial," "resistant" and "non-compliant" did not accurately describe the mindset of the consumers. These terms imply the individual is making an informed decision to actively refuse care and treatment recommendations. Through RBEST engagement, activation, and evaluation, DBH learned these terms are usually inaccurate and stigmatizing. Those referred to this project generally wanted help and services, but often had significant barriers to accessing resources, including lacking the skills to know how to find the help needed. Even referrals where individuals were labeled "resistant" by the referring agency followed the same pattern. An analysis found a better way to describe the RBEST target population using the following categories:

1. Not active because of previous unsuccessful attempts in seeking and receiving necessary psychiatric care. These individuals usually had attempted to seek appropriate behavioral health care in the past, but external barriers prevented success.
2. Known to the community and other safety net programs, but not known to the public mental health system. These individuals may be receiving benefits from Social Security and/or the Transitional Assistance Department but had not sought services from DBH.
3. Individuals who access treatment at points in the healthcare system that do not deliver appropriate long-term psychiatric care in meeting the psychiatric needs of that individual. This population included individuals who were provided mental health care via a physical health care provider but

required additional services to be successful in recovery.

4. "Invisible" clients who are being cared for by family members and not linked or known to the public mental health system. Often these were individuals whose only experience with healthcare was through private insurance and had difficulties finding the level of needed services through a Medi-Cal provider.
5. Resistant to traditional engagement strategies due to not self-identifying as living with a mental illness.
6. Unable to navigate the behavioral health system of care to obtain appropriate treatment.

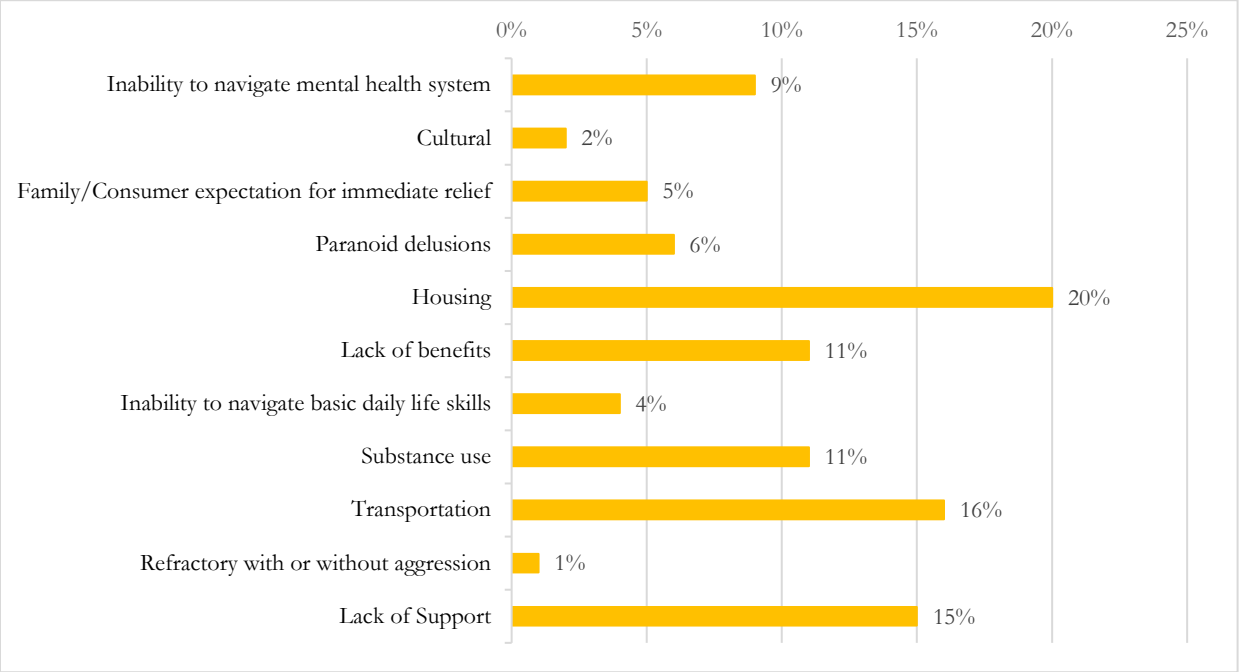
The RBEST target population has traditionally been considered one of the most challenging to work with regarding getting the individuals to accept treatment. However, after working with this population the term "resistant" is not an accurate description of what is truly happening with this population. In fact, the findings suggested that barriers to treatment, lack of self-identifying as having a mental illness, the approach taken by mental health professionals, and/or the type of support system available to an individual had played a larger role in the lack of treatment than the individual's perceived resistance.

For RBEST consumers, housing, transportation, and lack of support were the primary (51%) barriers that prevented or delayed access to treatment services. Based on consumer interviews, removal of these barriers also became goals that consumers and RBEST staff worked on together.

Some consumers shared what they experienced in order to receive services and engage in treatment goals. One consumer rode his bicycle to his medication appointments, as this is his primary access to transportation. One day, he rode his bike to his appointment in the rain, got a flat tire, had to walk the rest of the way, but still made it to his appointment on time only to then walk his bike back home in the rain. Another consumer shared that he would walk over a mile each way in order to attend his Alcoholics Anonymous meetings.

During data collection with consumers and family members, many used the idea of a bridge as a metaphor for RBEST assistance in overcoming barriers. Especially barriers associated with a lack of support and appropriate communication techniques that prevented consumers and their family members from developing a cooperative, recovery-focused partnership. RBEST was described as instrumental in paving the way for consumers and family members to better communicate and express themselves to each other in ways that were both respectful and genuine. RBEST staff also regularly transported one consumer, each week, to visit and spend time with his father, an important activity for both. In these ways, RBEST staff helped to preserve, repair, and maybe deepen connections between consumers and their families in a way that ensures family members can continue supporting each other, even after RBEST engagement.

Figure 7: Barrier to Treatment – Consumer Identified



Source: RBEST Program Data; n=1,705

Notably, the LEAP method aided in creating an environment of trust and partnership, which was found to be key in identifying an individual's barriers and providing the needed assistance to the consumer in overcoming them. As one Clinical Therapist stated, "It's worth so much spending the time up front, establishing a relationship, [talking] to them and [attempting] to get through the barriers that they put up…they don't have basic resources sometimes (housing, food, safety) and when we work on the things that are necessities it creates a stronger bond...and they are actually looking forward to our visit."

This is not to say RBEST did not find consumers that met the original definition of "resistant," only that these individuals were in the minority of consumers referred and served.

As the project progressed, the understanding of the individuals within the target population grew. This included the identification of existing barriers within our own system preventing individuals from receiving the treatment needed and made it appear as if they were resistant to treatment. Barriers within the system were identified as housing, transportation, and expectations prior to treatment. The identification of expectations prior to treatment was unexpected since this is not an area/category usually associated with system barriers. But upon analysis, this category reflects a need for standardized system training, for both staff, consumers, and loved ones.

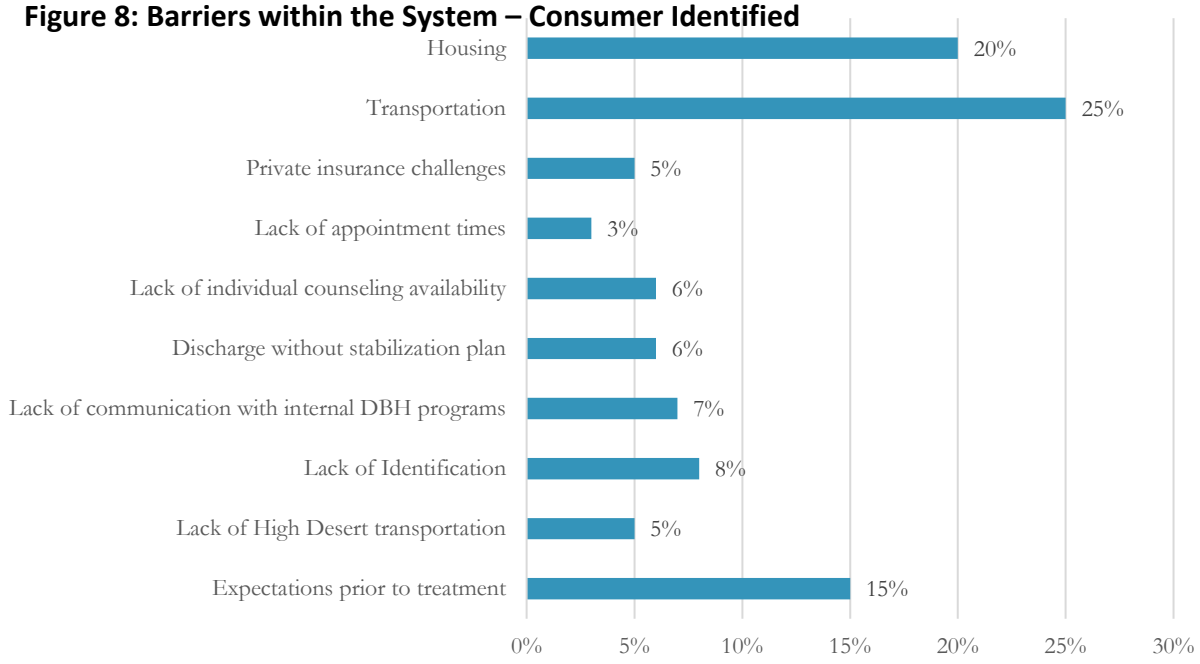
When speaking about system barriers a Peer and Family Advocate provided the following clarification: "There are some clients where clinics won't take them without an ID, so we go with them and we are the identification, until we can help them get it. And that's within our own system as a barrier. Most of our clients don't have IDs." A Mental Health Specialist added, "It seems like the nature of our clientele is not congruent with the services we provide. Like you said, you must have an

ID to get services. If I've been sleeping on a mattress behind a dumpster for a month, I'm not going to have an ID and that's not a priority. My [consumer's] priority is eating."

In addition to identifying the barriers to treatment, an evaluation of services accessed by RBEST consumers indicated that, in fact, they were accessing behavioral health services at various points within the healthcare system, but the points of access were not providing the level of service required for the effective comprehensive treatment (both mental and physical) of the RBEST consumer. Most often consumers were using local emergency rooms for their complex physical health needs but did not receive diversion services or discharge instructions that would have assisted with the linkage to the appropriate behavioral health services. In many cases, consumers would indicate that mental health issues were discussed with emergency department staff but that was not the primary reason for admittance. Some consumers also expressed a level of comfort with emergency room staff and often thought of the emergency room as the primary place to receive care. In these instances, a general lack of trust in the larger "faceless" system of care prevented the necessary linkages to behavioral health treatment. Other consumers found the quick access behavioral health urgent care provided as needed assistance, but the consumer lacked the knowledge to navigate the larger system of care to receive the needed follow-up and linkage services.

At project design, it was assumed that a primary barrier to seeking treatment would be transportation. San Bernardino County is the largest county in California with much of the territory consisting of non-connected rural communities that lack conveniently located behavioral health treatment locations. For this reason, it was determined that bus passes could be used as an incentive for RBEST consumer to remain in treatment. Bus passes as incentives were not utilized as expected because once linked to services (via managed care providers) clients had access to transportation services that were more convenient and direct. Additionally, in non-urban areas of the County the transportation system is under developed.

Figure 8: Barriers within the System – Consumer Identified



Source: RBEST Program Data; n=1,705

Success Stories

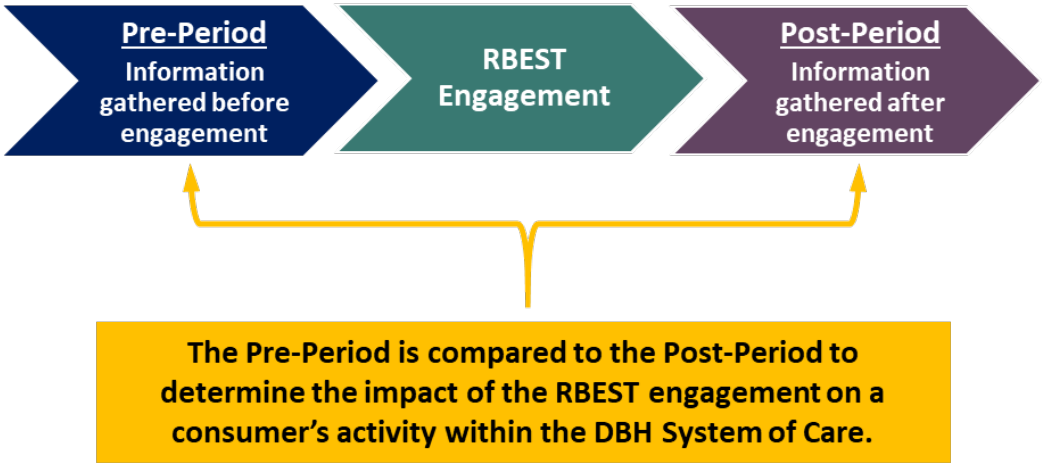
"James," a homeless male living with a psychotic disorder, was referred by his family. He was not taking his prescribed medication and was not linked to services. Due to RBEST's engagement, James acknowledged he wanted to be close to his brother and his first place of residence in Long Beach. RBEST was able to link him to Mental Health America: The Village, where he was provided with mental health services and housing. He has continuously improved to the point where he recently became employed. He contacted RBEST staff to provide an update regarding his progress and was particularly excited about the fact that he is growing increasingly independent.

Evaluation Methodologies and Outcomes

Two-Tier Utilization Analysis

The two-tiered utilization methodology analyzes hospitalizations, as well as, outpatient services in the pre-and post-RBEST engagement (i.e., intervention) time period.

Figure 9: Two-Tier Utilization Analysis



Visual Representation of the Three-Tier Utilization Analysis

Comparing psychiatric hospitalizations, and routine outpatient activity a year before RBEST engagement to the year after RBEST engagement demonstrates the impact RBEST had on consumer outcomes. Yet a method for interpreting psychiatric hospitalizations, and routine outpatient activity DURING RBEST engagement, has not yet been developed, in part because the length and process of engagement is different for each consumer. Further analysis and interpretation of what happens DURING program engagement was examined through retrospective consumer interviews, focus groups, and the Journey Scroll process. These evaluation activities led to greater understanding of consumers' process in BECOMING engaged in behavioral health services and can inform future projects.

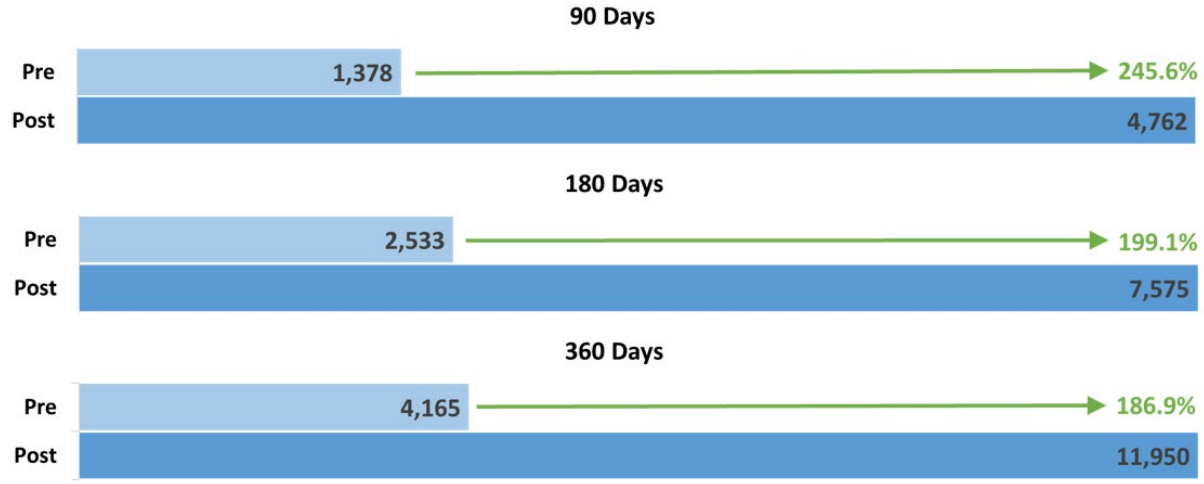
For the purposes of the following data, the following terms are defined as:

- Successfully Engaged-A consumer who had five or more successful engagements with the RBEST team.
- Successfully Linked-A consumer whose RBEST case was closed because there was a linkage and hand-off from RBEST to another program/service.
- Please note the categories of Successfully Engaged and Successfully Linked are not mutually exclusive and many consumers were both. Being in either group indicates meaningful engagement with RBEST and are therefore grouped together for program evaluation purposes.

Routine Outpatient Services

RBEST consumers that were either successfully engaged with RBEST, successfully linked to other outpatient services via RBEST engagement, or both, saw improved outcomes (e.g., increased access to routine outpatient services.) Improved consumer outcomes can be seen at 90 days with a 254.6% increase in service utilization, at 180 days 199.1% increase, and at 360 days 186.9% increase.

Table10: Use of Routine Outpatient Services



Source: San Bernardino Information Management Online Network (SIMON); n=500

The increase in Routine Outpatient Services includes the following:

- Medication Support Services:
  - 126.9% increase at 360 days post RBEST engagement,
  - 164.4% increase at 180 days, and
  - 219.2% increase at 90 days.
- Individual Therapy:
  - 190.4% increase at 360 days,
  - 195.8% at 180 days, and
  - 259% increase at 90 days.
- Rehab/ADL services:
  - 944.7% increase at 360 days,
  - 669.2% at 180 days, and 569.1% increase at 90 days

Medically Necessary Hospital Days and Admissions

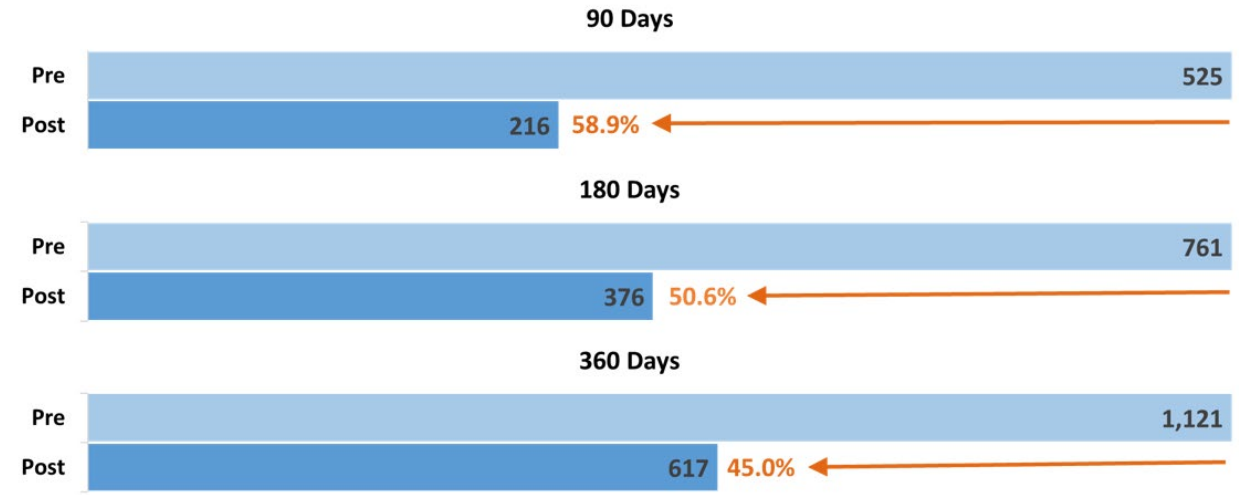
RBEST was successful in improving consumer outcomes by lowering the amount consumers used psychiatric hospitalizations. Once successfully linked and/or successfully engaged in routine outpatient services, many RBEST consumers no longer used psychiatric hospitalization as their primary source of mental health care. This can be seen in the decrease of medically necessary hospital utilization (both the number of psychiatric hospitals days used and by the number of psychiatric hospital admissions) that occurred after RBEST engagement. Only medically necessary

hospital days were analyzed; Administrative days where transfers were pending, bad weather prevented discharge were not included.

Decreases in medically necessary hospital days occurred post RBEST engagement. Within 90 days after RBEST engagement there was a 51.3% decrease, within 180 days there was a 44.6% decrease, and there was a 38.4% decrease at 360 days post RBEST engagement.

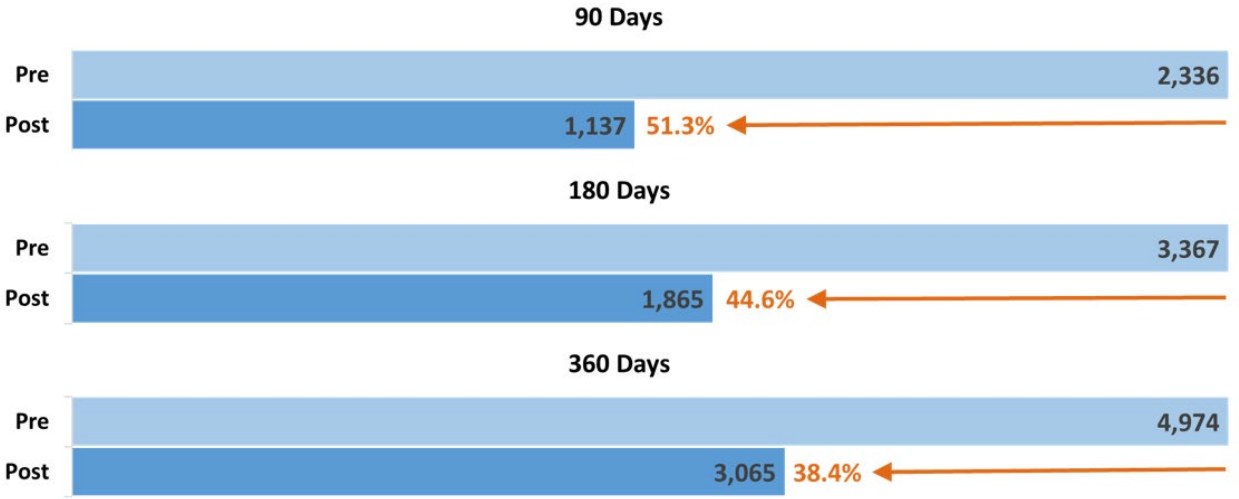
Decreases in hospital admissions, occurred within 90 days with a 58.9% decrease, at 180 days with a 50.6% decrease, and at 360 days with a 45% decrease.

Table 11: Number of Psychiatric Hospital Admissions



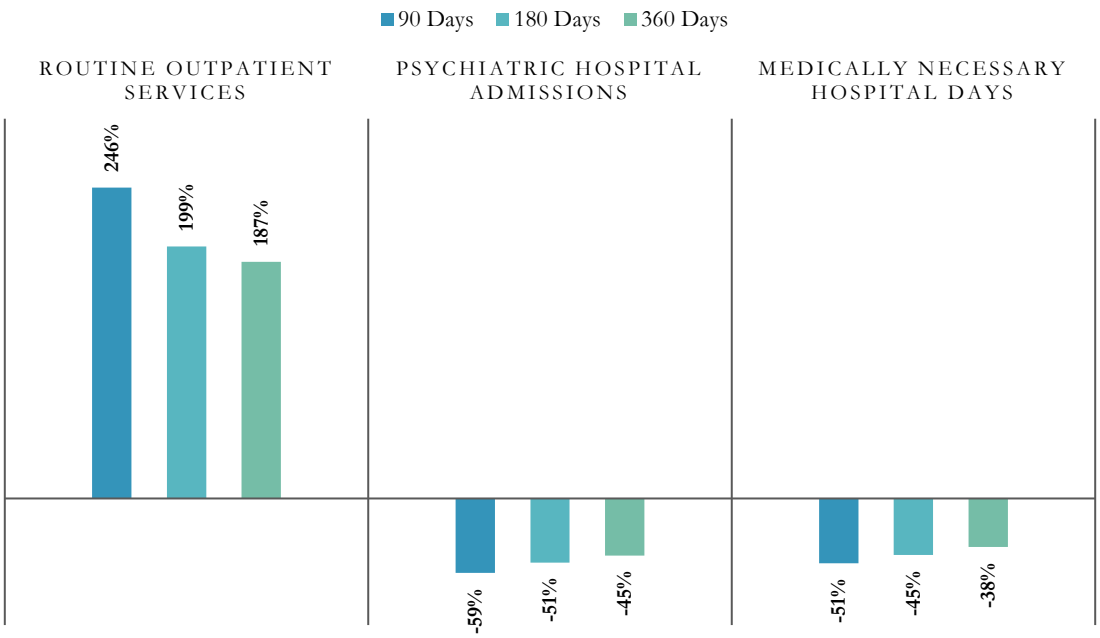
Source: San Bernardino Information Management Online Network (SIMON)

Table 12: Number of Medically Necessary Hospital Days



Source: San Bernardino Information Management Online Network (SIMON)

Figure 13: Three Tier Analysis Graph



Source: San Bernardino Information Management Online Network (SIMON)

These positive consumer outcomes after RBEST engagement demonstrate the RBEST model achieved the goal of consumers having fewer inpatient admissions and psychiatric hospital days, as well as higher utilization of routine outpatient services.

Family Experiences Interview Schedule (FEIS)

Research on family/caregiver experiences can produce information leading to improved family outcomes and is a valuable tool to use in evaluating programs and treatments. Additionally, conducting family research can reveal the type of relationships and support a consumer has at home to assist in directing care and providing proper support. The FEIS is a questionnaire tool that evaluates both the objective and subjective impact of a consumer's behavioral/mental health symptoms on their caretakers and family members. The FEIS was completed by family members and/or caregivers of RBEST consumers. The FEIS measures family experiences around caregiving.

The FEIS questionnaire used for the RBEST project was a condensed version with questions selected to measure several areas of family experience, including:

- Benefits and Gratification
- Financial Expenditures
- Assistance in Daily Living
- Supervision or Control of Bothersome Behaviors
- Impact on Daily Routines
- Attitudes Towards Professionals
- Affective Response
- Stigma

In addition to the selected standard FEIS measurement questions, additional questions were asked to evaluate the caregiver's opinion of the quality of mental health services being provided.

Family members and/or caregivers completed the initial FEIS survey at the beginning of their participation with RBEST and then completed follow-up surveys later in their participation with RBEST. There were 64 questions on the FEIS used by RBEST, and results from the Family Evaluation Measures are displayed in the following charts in order to highlight the impact RBEST had on family satisfaction with the behavioral health system.

Family Focus Groups

As part of the evaluation process, RBEST family members and care givers were invited to participate in a guided discussion about RBEST Services. RBEST staff advertised the two focus groups and encouraged all those who could participate to attend. The focus groups were held in the evenings and dinner was provided. These focus groups focused on creating a better understanding of family/caregiver experiences navigating and interacting with the behavioral health system of care as well as caring for their loved one.

Focus group participants included family member and care givers; they were encouraged to share their honest viewpoints and opinions regarding both past experiences as well as the effectiveness of the program, even when a perspective conflicted with other shared opinions. Focus group participants were provided the opportunity to privately share critiques of the program, if they did not feel comfortable discussing the topic with the group.

Family Outcomes

The following section includes both FEIS results and family focus group feedback. The illustrations in each section represent the improvement seen on individual FEIS items, and the comments following these illustrations provide further insight into these changes by referencing relevant feedback provided at the family focus groups.

Figure 13: How satisfied were you with the services [your family member or loved one] received?

Source: Family Experience Interview Schedule (FEIS), Interviews conducted pre and post RBEST engagement during the Innovation project.

After working with RBEST, 88% of families reported being satisfied with the services their loved one received, which is an improvement from the 38% who reported they were satisfied prior to their engagement with RBEST. This is a 50% improvement. Improved satisfaction reported on the FEIS related to services provided while RBEST was still engaged. FEIS data was not collected to determine if family members remained satisfied after all RBEST services were discontinued. However, family focus groups included family members at all stages within the RBEST program, including some who were no longer receiving consistent services.

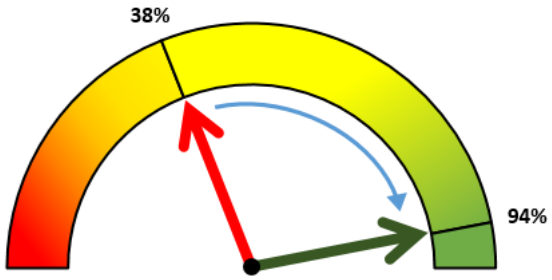
In contrast to the satisfaction reported in the FEIS, family members at focus groups shared

disappointment with the mental health care system outside of RBEST, as it currently exists, and provided insight into the facets of their own feelings of dissatisfaction, including helplessness, despair, and frustration. Multiple family members spoke to experiencing challenges navigating the system of care sharing that "before RBEST we were really confused about how to seek help for our son," and another sharing that "There are resources, but the pathways are kind of vague and disconnected." One individual commented, "My assessment of the whole system is that it's broken, it's still broken." Another individual that worked for law enforcement called the crisis center during an episode with their loved one because he had worked with them before, but did not get a call back. He shared that he would never call again, personally or professionally. Later, when this same individual was able to connect with the crisis center, they commented, "I was pretty discouraged when they said bring her right in and we will have her talk to a doctor on Skype. I thought you've got to be kidding me. She doesn't want to go there in the first place, now that she gets there, she is going to sit in front of a TV and talk to a guy on TV?"

Similarly, there was shared frustration regarding loved ones not receiving counseling during times they were hospitalized sharing that they, "had a psychiatrist talk to her once a day," and "That's it, no counseling, nothing. I expected counseling."

There was also additional dissatisfaction with appointment rules at counseling centers and how the structure of needing appointments to come in is not geared toward helping this specific population who needed to come in during the moments they are willing, knowing those moments can be few and far between.

Figure 14: How satisfied were you with how RBEST responded to your concerns about [your loved one]?



56% Increase in Satisfaction

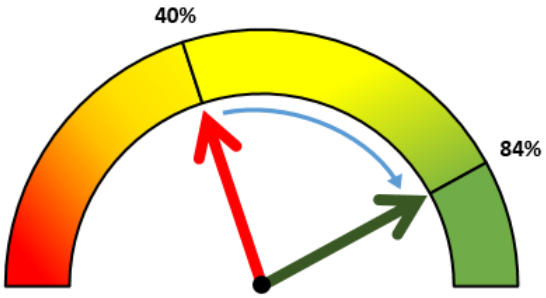
Source: Family Experience Interview Schedule (FEIS), Interviews conducted pre and post RBEST engagement during the Innovation Project.

When asked whether family members felt RBEST recognized the burden experienced by families dealing with loved ones suffering from mental illnesses many shared that the staff communicated understanding noting that "they understood this cycle, these walls that we keep hitting and hitting and hitting. And they understood." One family member commented that, "The first time they came to our home [staff] shared that dealing with a family member, it can tear families apart. [Staff] said we're here for you as much as for your [loved one] …we're here to see what we can do to help. And it's like, thank God!" It was also stated that "With RBEST I finally felt like I had someone that was on my team who understood what was going on." Providing family support and having a counselor on the team specifically there to support the family members was an integral part of families feeling supported, with one family member stating "The first day they showed up with two counselors, and one was for me! Wow! They actually brought somebody for me." Another family member echoed this sharing "It was the best thing ever...finally something is helping me." Another significant piece of feedback was the value family placed on RBEST staff having

similar and shared life experiences, whether that was struggling with behavioral health challenges themselves or having family members dealing with behavioral health challenges. One family member shared "[staff] obviously has had a background or experience to know what that's like. So, I think that's extremely helpful."

As measured by the FEIS, family satisfaction with mental health professionals responding to their concerns improved from an average of 38% prior to their engagement with RBEST to 94% satisfaction after RBEST engagement and family education. This was a 56% improvement.

Figure 15: How satisfied were you with the mental health services available versus the services that you believed were needed?

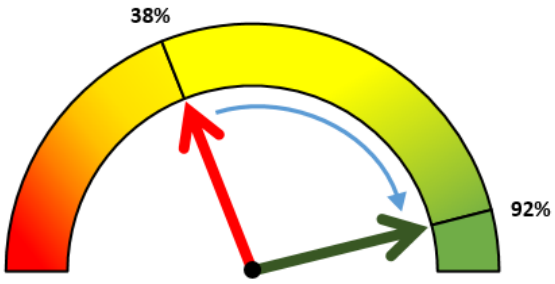


44% Increase in Satisfaction

Source: Family Experience Interview Schedule (FEIS), Interviews conducted pre and post RBEST engagement during the Innovation Project.

After working with RBEST, 84% of families reported being satisfied with the mental services available, which is an improvement from the 40% who reported they were satisfied prior to their engagement with RBEST. This is a 44% improvement in satisfaction.

Figure 16: Were you satisfied with the amount of information received from RBEST about what to do in a crisis with your loved one?



54% Increase in Satisfaction

Source: Family Experience Interview Schedule (FEIS), Interviews conducted pre and post RBEST engagement during the Innovation Project.

Ninety-two percent of families reported being satisfied with the amount of information received from RBEST, which is an improvement from the 38% who reported they were satisfied with the amount of information about their love one's behavioral health challenges prior to their engagement with RBEST. Satisfaction with the account of information received from RBEST was also a theme that emerged in the family focus groups.

Family members with loved ones suffering from mental health disorders spoke about their experience attempting to manage episodes prior to their involvement with RBEST. Many mentioned having to call 911 numerous times in order to get control of the situation. One family member shared "I don't believe in calling the police on my son, but I got to the point where I had to and I started having to do it on a regular basis, especially after he became homeless." A few family members shared that law enforcement responded very well, while others described less than positive experiences. Some felt that law enforcement who had background and training in mental health did much better at

assessing and managing the situation stating, "The police were trained, and we were actually [hosting] a support group and they'd come in and talk. They've been trained on how to deal with mentally ill people and we've had nothing but good response from the local police." Another family member never wanted to call 911 because they worked for law enforcement, [and] had some idea on what to expect and wanted to avoid that potential scenario.

Family members also shared their frustration with the criteria for 5150 involuntary holds. One individual was disheartened and bewildered with the crisis team and police when they were unable to involuntarily hospitalize their loved one unless they were danger to self, danger to others, and/or gravely disabled. They felt that the crisis team and police were always nice, but never able to provide any actual assistance. Another family member commented that if their loved one was "not voluntarily willing to go... [CCRT or police] are not going to come out and help you. There is nobody to help you. You're on your own." Overall, family members felt frustration, disappointment, and discouragement with existing facets of the system. One family member commented, "there are some people who do want to help and [CCRT is] a great resource, but it seems like it is for that select few, who do want the help" and/or when treatment is voluntary. The family member added, "Research shows the vast majority are not going to be voluntary. Yeah, it might help a few. But the vast majority that need the help, [CCRT is] not catching them." Someone else shared how frustrating it was for their loved one to hit rock bottom in order to meet 5150 criteria, "She's probably going to do something violent or hurt herself…why are we waiting for this?"

Part of the education provided to RBEST family members is how to deal with crisis situations particularly the criteria for a 5150 hold. This managed expectations and can be seen in the satisfaction with the information family members received about what to do if there were to be a crisis improved from an average of 38% prior to their engagement with RBEST to 92% satisfaction after RBEST engagement and family education. This was a 54% improvement as measured by the FEIS.

Figure 17: How satisfied were you with how "easy" it was for your loved one to use services provided by DBH?

Source: Family Experience Interview Schedule (FEIS), Interviews conducted pre and post RBEST engagement during the Innovation Project.

Satisfaction with how convenient (i.e., "easy") it was for them to utilize mental health services improved from an average of 46% prior to their engagement with RBEST to 86% satisfaction after RBEST engagement and family education. This was a 40% improvement as measured by the FEIS.

Through the Family Focus Group additional themes were present but did not necessarily fit in with any of the FEIS questions. Many family members spoke about RBEST being a lifeline for them when they were in a desperate situation in their lives, with one family member sharing that RBEST was "something to grasp onto in terms of hope."

The field-based component of RBEST was an essential factor for families, as was the "whatever it takes" motto of RBEST staff, with one individual sharing "I like that they keep coming back. That was the best thing; that they come to you. It's not me trying to get him in the car to go to the psychiatrist…missing appointments…being late…all those things." Family members also discussed the knowledge they gained working with RBEST staff along with connections to resources, which in turn led to greater feelings of empowerment when navigating the system with their loved one. One family member shared "I feel more capable because they [provided information and education]" and another echoed "I feel in a better place to be able to handle it all."

Family members shared gratitude for the care and compassion that RBEST staff expressed, with one commenting "I never met people who cared as much as they care. This was new to us and it was a godsend. Not just for us but for my son. It took the load off us…they really cared." Family members also remarked on RBEST staff's ability to connect with their loved ones in ways that preserved their autonomy and strengthened their trust, with one family member sharing "He [son] started to feel like someone really does care and they're not trying to take me away somewhere…he began to develop trust with them…and now he's in treatment."

When asked about what family members would like to see improved within the RBEST program, they asked that RBEST expand the number of existing positions to lower caseloads in an effort to increase the frequency of visits that RBEST staff can attend with family members and their loved ones.

FEIS Considerations

This examination of family satisfaction and experiences demonstrate the RBEST model achieves the learning goal of families having increased understanding and knowledge regarding mental illness as well as improved strategies to care for their loved ones as a result of provider-initiated activation strategies.

Even though the FEIS questionnaire demonstrated families had improved outcomes from their engagement with RBEST we learned administering the survey was challenging. RBEST staff reported the FEIS was time consuming and felt overwhelming to participants, and a shorter survey may have been more appropriate and better received. Even though they were using an abbreviated version of the FEIS, it still had 64 questions. Although the FEIS is designed to measure the family experience, it still did not capture the nuance of how family members' lives changed through their engagement with RBEST, thus, it was decided to add the Family Focus Groups, and later on the Family Journey Scroll event.

Staff Focus Groups

As part of the evaluation process, RBEST staff were assembled to participate in a guided discussion about the RBEST project. The discussion questions and topics included staff feedback related to engagement strategies, effectiveness of the LEAP training, impact of program culture, barriers to treatment, and perceived consumer readiness for treatment.

In order to create a better understanding of the impact of RBEST, staff focus groups were conducted to ensure that project efforts, successes and growth were captured from a qualitative perspective. The purpose of the study was to understand staff members'

experiences in working for the RBEST project. Focus group participants were encouraged to share their honest viewpoints and opinions regarding the effectiveness of the program, even when a perspective conflicted with other shared opinions. Focus group participants were provided the opportunity to privately share critiques of the program, if they did not feel comfortable discussing the topic with the group. The staff focus group results are presented in the following pages. Participants in this focus group included staff members who have been working with RBEST for at least one year.

Program Approach: "Whatever it Takes"

A significant theme that was discussed in the staff focus groups centered on the RBEST program approach. It was repeatedly emphasized that the field-based, relationship-centered, and "whatever it takes" approach is essential to the relationship building process, as is the flexibility of the program design, with a staff member noting "its field-based and there isn't a timeframe to fix the person so to speak, but more of an approach where you could take your time and work with them and meet them where they are at." The heart of the program model, doing "whatever it takes" to build relationships, and having the freedom and ability to take a relational approach to engagement, whatever that looked like for each consumer and family member, was key to program success. One staff member shared, "it became about heart, it became about connections and how to build relationships" with another adding, "I think it is also the creativity…If something doesn't work we go back to the drawing board and say okay let's bring food next time, or let's do a vision board or a hope box or color or play games, pizza, watch the game or go to the movies, dominos, so many different things that you can't do in other programs. Because there's no universal tool for the client." Leading with consideration of consumers in mind and showing this consideration in action was a primary part of building relationships. One staff member illustrates this with an example, sharing, "I have clients that live up in the riverbed and up there in the desert its 110 degrees and they are walking to meet me somewhere so we can talk and I'll bring them an ice-cold drink and that means everything to them. Everything."

Unconditional Support: Building Relationship

Providing that unconditional support to consumers while also partnering with family members was another crucial component of RBEST that led to its success as a program. One staff member shared "in RBEST, families are getting as much as clients. They're getting surrounded as well and are getting worked with on a whole different level, that's theirs." Another staff shared about unconditional support of the consumer saying, "We do have boundaries there, but we show them unconditional support…we are still partnering with them even if there is no 'outcome' but they know that they have a relationship." This consistent and unconditional approach to building relationships and engagement is key to building rapport as one staff shares "people usually come around to help them only in a certain period of time or under certain conditions and then they go away…[but] they start to trust us because we are coming back even after they've already rejected us. That helps a lot."

Addressing Hierarchy of Needs

For some RBEST consumers, the RBEST staff were the only supportive and reliable relationships that they had in their lives. Many of these consumers didn't have access to basic services, requiring a significant amount of case

management on the front end with one staff member noting, "they don't have basic resources sometimes (housing, food, safety) and when we work on the things that are necessities it creates a stronger bond [between] us and they are actually looking forward to our visit...investing all that time up front saves a huge amount on the back end." Another staff member shared "sometimes we get there, and they are sitting in their home with no lights, no water, and no gas. They need a reason to want to try again…then they learn a good way of navigating a system that they just couldn't do earlier. They depend on us. They really do depend on us to get them started." Another staff member echoed "if they're hungry, I'm not going to talk to them about anything until I have a way to feed them so that we can have a conversation…I can't talk to you about getting and taking your meds if you haven't eaten in five days." The importance of tending to the hierarchy of needs before attempting other types of engagement was emphasized throughout the staff focus group. It was also noted that this type of support in getting basic needs met, was a primary driver of building rapport and relationships with consumers. Another helpful component in building rapport with the consumers was the shared lived experience that many RBEST staff members had with consumers, with one staff sharing "my personal experience with recovery, it tends to [open] the door a little bit more…[we] get so much more done when they find out my personal experience with mental health."

Flexible Team-Centered Approach

Supervisor and manager support of field staff doing whatever it takes to engage with consumers and family members was also a critical piece of RBEST success, as was the team centered approach to the work with one staff commenting, "there's a lot of overlap with us. We all have our strengths but are willing to acknowledge others...we aren't so regimented and stuck in our roles that we can't hear and be open to other people." A lot of the situations staff bear witness to are difficult to see and process. Staff were encouraged by supervisors and managers to take the time they need with each other to process and debrief about these experiences. One staff member shared that "a lot of what we walk into is...rock bottom" situations, and "it takes a lot of time to help with those types of situations. And it is sad to see and to watch." The flexibility afforded to staff was integral to avoid burnout and ensure staff wellness which promotes ongoing quality of services provided to consumers and family members, as well as long-term program sustainability and success. One staff member shared, "there will be days I can't do anymore" on those days "we can go and do paperwork." Staff know that they had the "option to go into the office, make phone calls, and do paperwork" when they encounter challenging situations that require taking a step back. Staff have the self-awareness to take the option as they share some situations are "so sad" that literally takes their breath away. Empathy also contributed to the staff's success with engaging consumers, "We just don't take it personally...They're going through a lot...and you need to understand their mental state of mind, what they're going through socially, financially where they're at...that empathy gets you to come back after the no. You get why they are saying no. You get why they are being...challenging. You [understand]."

Cultivating a Program Culture of Care

The family-oriented, strengths-based, program culture of care that was cultivated by the supervisor, manager, and the staff, was essential and continues to be vital to the

ongoing success of the program. The supervisory approach to providing unconditional support to staff so that they might provide this same support to consumers in return is foundational to the program's structure. One staff expressed gratitude at supervisor ability to support in this way sharing that "it works well that the supervisor is willing to get down in the trenches with us, I think that makes a huge difference," and another adding the supervisor is "supportive when we run into barriers…and is a huge proponent of self-care, huge." The team-based approach and support of each other is also at the heart of this program. Staff shared that "we're family…the love is there, and we genuinely care about each other and want to see the other thrive, so we all check in with one another." This way of being in community with each other, naturally extends to the work staff does with consumers and their loved ones, establishing good relationships, trust, respect, and unconditional positive regard.

Consumer Interviews

One-on-one informal, conversational interviews were conducted with some of the RBEST consumers in order to allow an understanding of how the program worked from the consumer perspective.

Interviews were conducted with RBEST consumers as the project was ending to discover the impact, if any, that RBEST may have had on their lives. The initial evaluation design did not include methodology geared toward collecting feedback directly from consumers. Given the nature of the RBEST program and its emphasis on relationship-building and consumer culture, this qualitative interview methodology was designed and implemented with the help of both RBEST, Office of Innovation, and Research & Evaluation staff, to ensure that consumer voice had a central place within the evaluation findings and report-outs.

The consumer interviews were not formally structured because of the desire to afford consumers the opportunity to share what they wanted to share about their experience. There were questions, yet consumers also had the ability and space to diverge from the questions and share whatever they felt was most relevant to them at that time. Many times, lessons were learned about program impact that could not be collected using the established quantitative data collection process (e.g., a more in-depth understanding of the populations RBEST served.)

Consumers interviewed were recommended by RBEST staff members. The primary concern was consumer wellness and comfort. When determining which RBEST consumers to interview, evaluation staff acknowledged not every consumer was in a place where they felt comfortable talking or even meeting a new person, much less disclosing personal information about their journey with recovery. In the interest of preserving existing consumer relationships with RBEST staff as well as prioritizing consumer wellness, only consumers who RBEST staff felt were ready and, in a place, where they were able to share, and for who doing so would not compromise their current stability, were interviewed.

Fourteen consumers were asked the following eight questions:

1. What has your experience been like working with RBEST staff?
2. What have your experiences been getting behavioral health services in your local community?
3. What have your experiences been around getting general services in your local community?

4. What resources, if any, have you become linked with as a result of RBEST?
5. What goals or achievements have you worked on with RBEST staff?
6. Where do you see yourself today and is it different than it was before you started working with RBEST?
7. What does health represent or mean to you? When you think about health, what does that look like?
8. What are you most proud of right now?

The purpose of these questions was to discover what impact, if any, RBEST staff may have had on each consumer.

These interviews provided learning about the depth of relationship established with RBEST staff, the needs and challenges of the consumer, and made key discoveries about who consumers are and the role(s) they play in their communities.

The following section presents the common themes that emerged from these interviews and conversations with consumers. The themes include RBEST as a lifeline, bridging the gap, unconditional support and improved quality of life.

Theme #1: RBEST Staff as a Lifeline

The most prevalent and significant theme that repeatedly arose from these interviews is the role of RBEST staff as a lifeline. For certain consumers, this theme carries a literal quality to it, in that they credit RBEST staff with saving their lives, sharing, "the whole time I'm saying help me, no one sees this, no one sees this…so with them (RBEST), they do see it, and they communicate with me," with another disclosing "things would have been really bad without RBEST," and "If I didn't meet them…I wouldn't be here…I'd probably be dead." One consumer shared that RBEST "helped me when I was at my lowest," and another consumer echoed "they are the best people you could ever meet. I owe them a lot, they helped me a great deal – I didn't think I was going to make it, I really didn't…I credit [them] for being alive." Other consumers spoke to this theme sharing "I'm glad [RBEST staff] didn't give up on me because I don't know what I'd be doing right now," and "life can get really hard it makes you want to give up. It really does, and here, there's hope."

RBEST staff was also a lifeline to consumers by being active connectors to basic and essential services needed for survival. Many of the stories provided by RBEST consumers highlight this theme by illustrating how RBEST staff provided linkages to food, housing, and access and transportation to critical doctor appointments. They also formed deep and unique relationships with each consumer, while providing encouragement, instilling hope, boosting self-confidence, and teaching independent living skills.

RBEST staff were also seen as a type of life guidance counselor, another form of a lifeline, where they taught consumers about recovery and provided direction on next steps to take on their recovery journey. One consumer commented that they now "have a path to follow," while another shared that "they taught me…there's more to life than what you're going through."

Theme #2: RBEST Bridges the Gap

Consumers seeing RBEST staff as a "Bridge to Service" is an important theme because it provided insight into the systemic barriers consumers faced when attempting to access much needed services. RBEST staff have bridged a service gap and been pivotal in helping many of the consumers get linked to both general community as well as behavioral

health services. Many consumers stated they are now able to access the help needed, having been linked with various behavioral health providers and supports including RBEST staff themselves, other peers, clubhouse members, therapists, and psychiatrists.

Consumers were made aware of and connected to Crisis Walk-In Clinics (CWICs) to get medication dosages leveled out and increased stabilization support. Additional linkages included DBH Clinics for outpatient mental health care, including services such as psychiatric care and medication support. One consumer who was linked to Full-Service Partnership shared that it "saved [them]." Other consumers were connected to Clubhouses, and for some, this ended up being an initial lifeline for them in their journeys toward recovery. One consumer described his local DBH Clubhouse as "awesome and real nice," while others described it as a place where they could connect with individuals going through similar life experiences, who provided guidance and support. Another consumer was also made aware of the Screening Assessment and Referral Center (SARC) for substance use residential treatment and was working on calling every day to check for vacancy.

System navigation was another bridge provided by RBEST staff since a known barrier to treatment is the inability to navigate the system of care or not having a system resource that would make accommodations for the symptoms caused by mental illness. One consumer commented that it was "sort of odd" how different/inconsistent various programs can be and another shared frustration with being "handed off without so much as an introduction." Another consumer who suffers from agoraphobia discussed additional barriers experienced as a result of being homebound. While being homebound she was linked to a provider who was unable to sustain the connection and she is now paying out-of-pocket for in-home, web-based and trauma-informed care. This is but one example of how challenging navigating the system of care can be, even after appropriate connections and linkages have been made. Consumers also shared dissatisfaction with the approach to care they received within the system, a desire for the system to emphasize more consumer-centered care, and frustrations over not feeling heard sharing they don't "really sit down and listen to how I feel."

One consumer had been obtaining many of these services within involuntary and/or intensive settings for most of his life, having difficulty navigating these systems once released. Some consumers were homeless and in need of food and clothes. The behavioral health system of care was not the only system that was challenging to navigate. Consumers reported confusion and frustration in trying to access everything from veteran services to housing to food support. These interviews reinforced that many consumers lacked basic essential resources (e.g. income, housing, food, transportation, medical, behavioral), and that most systems were incredibly difficult to navigate on their own. One individual had difficulty obtaining services due to agoraphobia, while another had tried to obtain veteran medical services multiple times to no avail.

Consumers shared that the linkages RBEST made to essentially needed services were vital to their health and overall wellness. One consumer shared that it's been "night and day" in terms of getting the services needed, while another knows he can turn to RBEST staff when he needs support accessing basic

needs saying "I can just call him and he'll help me out."

RBEST staff also assisted consumers with various miscellaneous, but many times equally important needs. Along with connecting consumers to behavioral health, medical health, veteran services, food, housing, and income needs, there were an array of other linkages and services RBEST staff helped support as well. This included everything from helping consumers to obtain an identification or license to assisting to resolve legal issues by straightening out tickets at court. One consumer summarizes it with, "it's not always…forms to fill out or how to navigate the system, sometimes it's about where to find the cheapest socks." Additionally, RBEST connected consumers with many other different community resources, such as St. John of God, The Salvation Army, the Rescue Mission, and other local churches. Two individuals who struggled with substance use were connected to Alcoholics Anonymous (AA). RBEST staff also aided one consumer with obtaining additional schooling resources, and supported consumers in finding employment opportunities and volunteer work in the community, as being of service was a central goal for many RBEST consumers.

Theme #3: Unconditional Support

Many consumers identified unconditional support as an important feature of RBEST. This was expressed in many ways throughout consumer stories, illustrating the deep and unique relationships staff forms with each consumer. Consumers describe RBEST staff as consistently supportive and enduring companions, "walking side by side through the whole process." This unconditional support and relationship are evidenced by RBEST staff consistently checking in on them, visiting often, being reliable, with one consumer saying, "They always do what they say," and provided food to share during the holidays. It is from these repeated experiences of support that the strength of a trusting relationship is formed. One consumer who initially did not welcome RBEST staff shared about their tenacity and unconditional support saying "He never quit, he kept coming like all the time…he stuck in there, two years he has been there," later sharing that [RBEST staff] has been supportive, "because he never gave up, he never got an attitude with me. I've got an attitude with him a couple of times…he's been aces." Another consumer spoke to the unconditional support of staff in their willingness to sit and talk with him sharing "[they] will sit and talk for hours…so I appreciate that," and another shared the importance of "having people you can go to…anyone in your corner," and how meaningful that is to them.

Certain consumers highlighted their ability to work on contributing to the community around them as a treatment goal that was supported by the RBEST team. For some it was important to find ways to support their family. For example, one individual was beginning work on his mother's trailer. For others it was about getting better in general so they could contribute to the community. Many of them touched on getting back to being a "productive member of society" or "trying to get back into the working scene" or becoming involved in the community through volunteering at local food banks. All these goals, which may not be seen or supported within traditional models of care and treatment, were embraced and encouraged through the RBEST practice of offering unconditional support and truly consumer-centered care.

Theme #4: Improved Quality of Life due to Staff

Along with linking consumers to vital care, essential basic services, and other community resources, as well as building a relationship based on unconditional positive regard and support, RBEST staff also improved consumer quality of life in other ways. Prior to meeting RBEST staff, there were themes of desperation, despair, and hopelessness, "I just couldn't take it…had already given up," and "was doing [really] bad and now I'm doing [really] good…from 50 to 100." One consumer shared his story about losing his house, being homeless for about six years, living in his truck, and having "no one to depend on." Others had no connection to a psychiatrist or therapist and were not receiving any medication or therapeutic support to help with their functioning.

The RBEST project was noted for the positive impact staff had on consumer lives, with a consumer saying "It's a big improvement…I'm back to my normal self now," and "I'm doing superb, I'm doing great…the best I've ever done before!" One consumer shared that they were proud to just be "able to sit here and talk to you guys" while another noted "means more than anything in this world to be around [family] and have my mind right, it is the most amazing thing on this earth." With companionship and support from RBEST staff, consumers' quality of life was greatly improved with many now holding hopeful plans.

Consumers also reported learning and developing positive coping skills from RBEST staff, such as practicing self-care, being more aware of ego and regulating it, and feeding the mind good things. One individual commented that even though certain symptoms were still present (negative voices), he was learning with the support of the community how to better cope with them sharing that he is "learning to ignore them." This is such an important concept as certain experiences consumers go through may never completely cease; however, they can learn how to utilize internal and external strengths to help regulate the discomfort that comes when the experiences are happening.

Consumers also reported increased internal resilience with statements such as, "I have a lot more willpower," "I have a more positive outlook," "I am a calmer person," and RBEST staff "helped me to stand up and be stronger." There was greater independence and increased self-esteem and self-confidence, with one individual sharing "I'm…happier, cheerful. I feel great, calm, cool, collected…I can conquer the world."

Consumers also felt more confident in themselves and their abilities, noticing a "great deal of progress." One individual discussed wanting to begin employment again, "I want to start working again. I didn't think I could, BUT I CAN!" This may be attributed to RBEST staff believing in this individual and as a result of this external belief, the consumer shifting his internal expectations about what he was capable of accomplishing. With his expectations around support being defied through relationships with RBEST staff (this consumer never expected that he would ever receive any type of support), his own internal belief structure about what he is capable of accomplishing can also begin to shift with it.

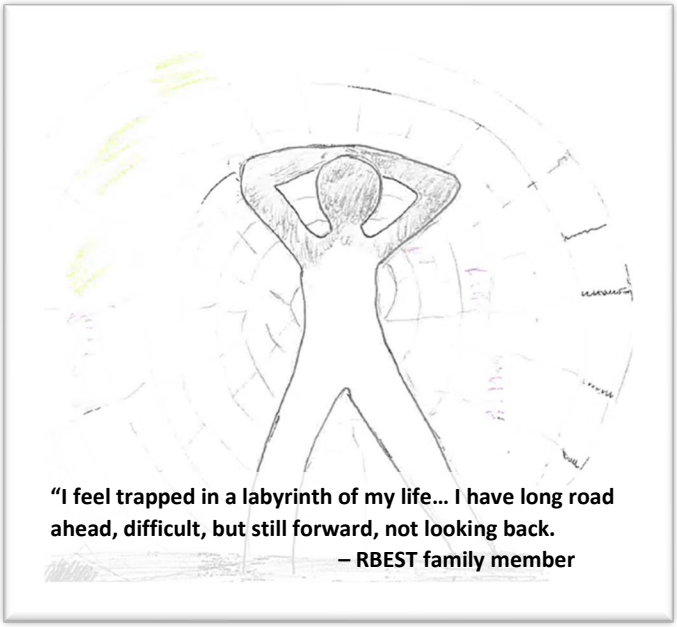
Consumers also expressed a substantial amount of motivation and momentum to continue enhancing their wellness. One individual shared the desire to continue improving and making progress. Another consumer discussed having a different

perspective now because of the way RBEST staff was able to reach out to them using positive communication approaches. He felt that before RBEST, no one was able to see him or to see him suffering, but RBEST staff is able to see him and where he is at, and are capable of communicating with him in the way he needs in those vulnerable moments.

Consumers also reported increased social support and increasing their socialization with the support of RBEST staff. When asked what they are most proud of right now, consumers pointed to increased independence, housing, connections with family and community, resilience and perseverance, and increased self-awareness as sources of pride for them. One consumer shared "I'm proud of everything I went through and that I'm still here," and another shared "looking back then to now…it's like night and day." They are proud that they now "have a normal life…normal daily routine," are "able to function in society," or "able to go to market and shop for relaxation," activities that many would take for granted. One consumer was proud that they were able to apply for and receive their first credit card. Another consumer with agoraphobia stated at first that she was not proud of anything because she still felt stuck in the same situation, but after some prompting shared that she was proud of her baking endeavors and continuing to build this skill.

Journey Scroll Activity

"Never think you're not as important as you are...you're special...we're not alone."



These interviews and stories present a culture that is woven with an unrivaled resilience, an enduring empathy for those who are suffering, and a deep sense of care for others and the world around them. DBH consumers persevere in the face of adversity, refusing to abandon themselves, or others throughout the journey. They give back to their communities, they support their families, and they not only survive, but also find meaning even in the grimmest of circumstance. They believe in themselves and their ability to contribute to those around them in a way that lifts each other up and centers on everyone's unique strengths and ability. Many of them see and understand the gifts that they bring to their communities and are finding ways to channel those blessings in ways that benefit themselves and others. These individuals have taught the staff working on this project so much about who they are as consumers and what they must give. From this learning,

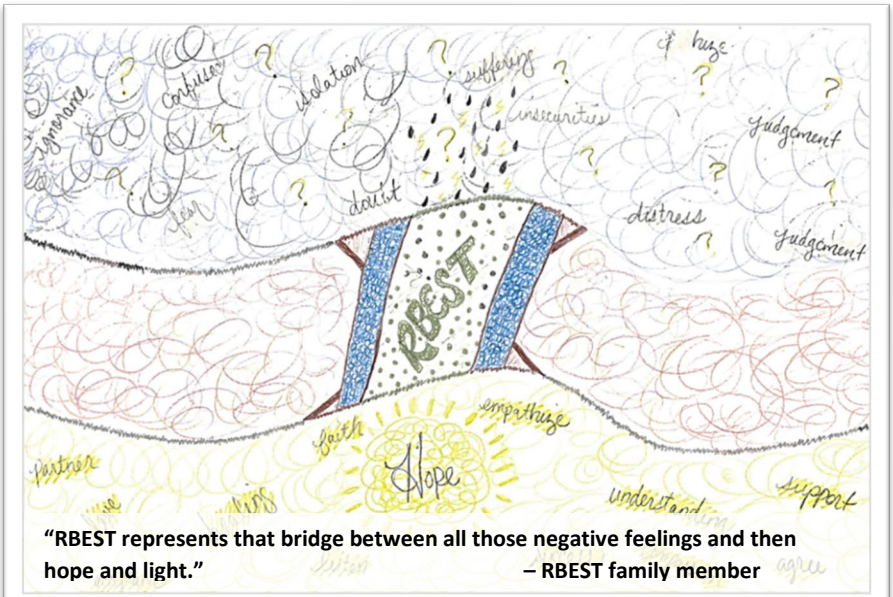
staff can in turn, continue to improve the approach to caring for these communities in ways that understand, value, and center who these consumers are and the gifts that they carry.

What is a Journey Scroll Activity?

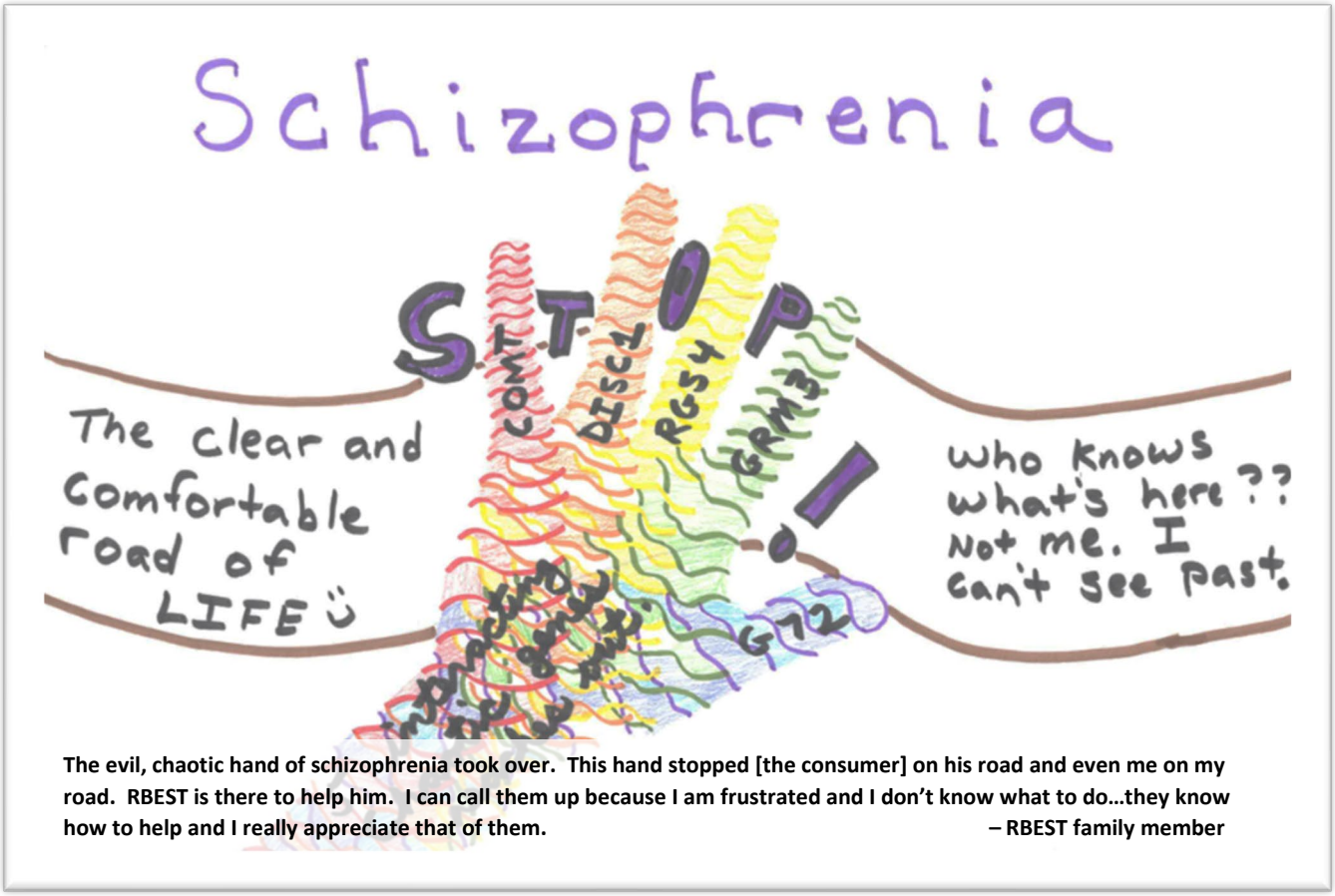
There are many ways to communicate information about the human experience. In the interest of ensuring a diverse and rigorous methodological approach to the RBEST evaluation, a creative participatory component, the "Journey Scroll", was designed to capture the unique experiences of family members and RBEST staff while working with the RBEST program. Imagery was chosen as a medium for data at these events as art is sometimes a more efficient and effective conductor of conveying a story, especially the emotion and feeling of an experience, than words or numbers alone. This way of collecting information (i.e., data) supports a more conversational style and power-sharing approach to evaluation that mirrors the focus on relationships that is the center of all RBEST interactions with family and consumers.

The Journey Scroll was also a way of power-sharing and uplifting equity in evaluation as it allowed both family and front-line staff to share whatever pieces they were comfortable sharing. There were no direct questions posed, only a general prompt to share about their journey within the RBEST program. In this way, they are generating the data themselves and simply sharing their story in their way, with their images, described with their words, without the confines of strictly defined questions. This allows organic themes to emerge outside of what those designing the evaluation expected to see. Two Journey Scroll events took place; one Journey Scroll event was held for RBEST staff and the other was held for family members of RBEST consumers. The RBEST staff Journey Scroll event was attended by the RBEST staff, Office of Innovation staff, and Research and Evaluation staff. RBEST staff are crucial to the RBEST program and vital in supporting consumer wellness and health. They are conduits between consumers and services, and intermediaries between consumers and family members. In being tasked with such a significant role, it is important and of value that their RBEST journey be documented to illustrate what it takes to do this work and the impact service like this has on the individuals who undertake it.

The family member Journey Scroll event was attended by family members, RBEST staff, Office of Innovation staff, and Research and



"RBEST represents that bridge between all those negative feelings and then hope and light." – RBEST family member



The evil, chaotic hand of schizophrenia took over. This hand stopped [the consumer] on his road and even me on my road. RBEST is there to help him. I can call them up because I am frustrated and I don't know what to do…they know how to help and I really appreciate that of them. – RBEST family member

Evaluation staff. The family members shared a meal and talked with each other before engaging in the imagery portion of the event, when family members were asked to share their story through an illustration or an image that they feel conveyed what their journeys have been like, both before and after RBEST. Note that all the artwork and quotes presented throughout this section were provided by RBEST staff and family members who attended Journey Scroll events; names have been omitted to protect privacy.

Learning Goal Findings

Disrupting the System

One of the learning goals of the RBEST Innovation project was to see if, by utilizing traditional outreach and engagement strategies typically used on individuals activated in psychiatric care on a population that is considered to be noncompliant or resistant to treatment, there would be a disruption to the existing system of care. RBEST demonstrates that the system must look beyond traditional methods and strategies for those who seem to be too far to reach, especially when a consumer may lack insight into their mental illness or symptoms.

It is proposed, however, that RBEST did cause some disruption in the overall system of care by demonstrating that a population that was believed to be noncompliant and resistant to treatment can, in fact, be engaged and can be worked with successfully. It is because of the willingness of RBEST staff and management to be creative, flexible, and open-minded to a variety of methods, some unconventional, that we have learned how crucial it is for outreach and engagement to be relationship-oriented, adaptable, and

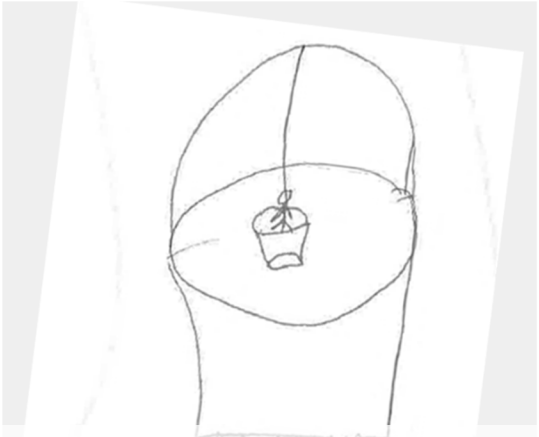
individualized to each consumer and their unique situation.

The Journey Scroll events provided the opportunity to see what some of those outreach and engagement methods looked like through the eyes of RBEST staff and family members of RBEST consumers. First and foremost is the inclusion of family members as a part of the team and providing them the support they need to be able to help their loved ones. Family members spoke on this:

"[RBEST staff member] has supported me in my efforts to support my grandson. Family members need help too. We need to be able to talk with someone who understands and can provide us with feedback on how our behavior can affect the quality of life for our loved ones."

"They [RBEST staff] stepped in to help take care of him [son] and let me be his mom and be myself. Such an amazing support system for us."

"The RBEST team has a way of making everything alright and getting us to the resources needed. They allow me to vent and get out what I need to. The team has been a blessing."



Leaving the well where I found myself. If has been a relief to know RBEST… to get the help I needed to help my son who found himself in the darkness.
– RBEST family member

"It's a partnership, RBEST works with us to teach us how to work with our loved ones and it works. I can't do it alone; my grandson can't do it alone. We need support and we need people to meet us where we're at, support us, RBEST does that."

In order to engage with both the consumer and their family members, staff were willing to provide support in a variety of situations and settings. During the Journey Scroll event, family members shared how staff would reach out and come to them in their homes, in hospitals where consumers were admitted, to doctor appointments, and even in courtrooms to offer guidance and support when and wherever needed. RBEST staff assisted in simple ways that were very meaningful and lessened the burden on family members such as taking consumers to school or appointments when the family member was unavailable. Sometimes this meant staff would go with consumers or family members to where resources were to assist with those processes. Several family members expressed the importance and impact of staff continually reaching out and being able to make those tailored efforts:

"[RBEST] checked on my son all the time...we formed a tremendous relationship from that point. They went to the hospital and they

My son attempted suicide, jumped off a building two times… [We] never got the right help. [My son trusted] the RBEST team… I don't know what we will do [without RBEST.]
– RBEST family member

came by the house. They took him to his appointments."

"A lot of people with mental illness cannot reach out, they can't do it. That's what is so great about RBEST. You guys [RBEST staff] reach out to them, to us."

Staff members shared as well on the importance and impact of taking the initiative to reach out to families, especially when a consumer is involved who is not engaged in the system or is not active in psychiatric care. One staff member noted, "A lot of families and consumers need hope that life can get better and to know that there are people who

I was dealing with her on my own not knowing what to do or how to fix things or cope… I was up against a brick wall and under a very dark cloud. I'm not alone anymore and there is progress for my daughter. RBEST – Thank you!
– RBEST family member

care." Another staff member stated, "I have seen the power that genuinely caring can have. I have seen what the power of persistence can do."

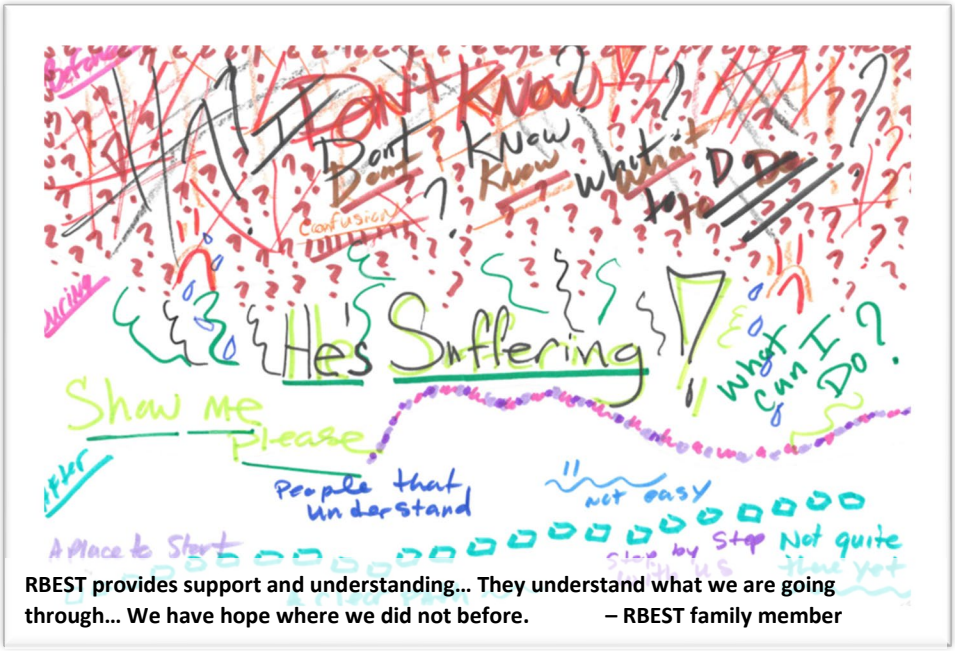
– RBEST family member

RBEST has made a name for itself through the larger system of care, as well as in other departments, for their emphasis on building relationships with consumers in order to forge a partnership that will lead to treatment. Through the outreach and engagement mentality of "meet them where they are at" and doing whatever is reasonable to work with consumers and their families, RBEST has been commended throughout the County and is now gaining popularity for their use of LEAP (Listen, Empathize, Agree, Partner) techniques and the dedication to their consumers. For more information on LEAP, please see the LEAP section of the RBEST Final Report. Family members describe the importance of the relationships built and how RBEST is different than what they have previously experienced:

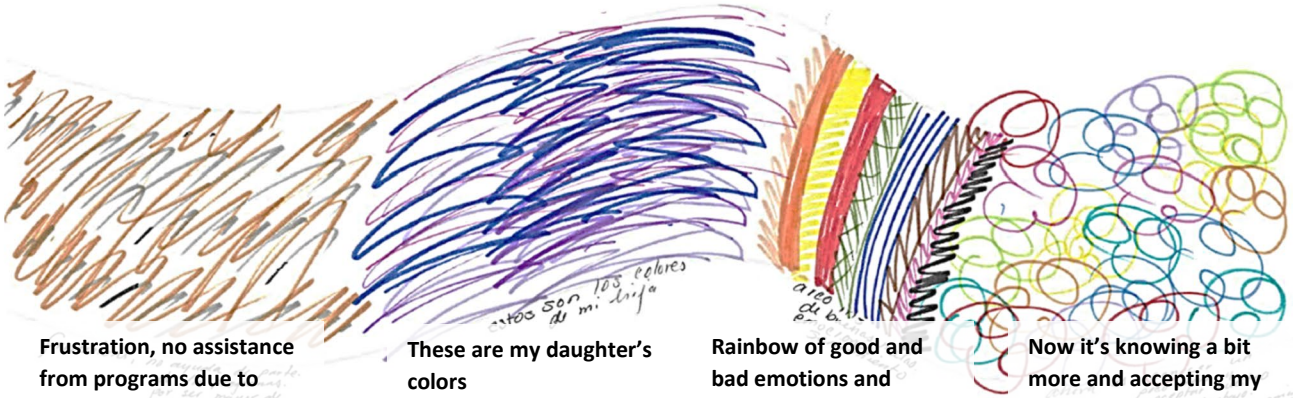
"This program [RBEST] is so different than walking into a mental health clinic and sitting in a chair, it's a partnership."

"LEAP- the listening, empathizing, and partnering, what a concept! That's what he [consumer] needed."

"We're finally going to get the help that we need...we're just very thankful for RBEST and the support. The



RBEST provides support and understanding… They understand what we are going through… We have hope where we did not before. – RBEST family member



Frustration, no assistance from programs due to being over 18 years old.

These are my daughter's colors

Rainbow of good and bad emotions and feelings.

Now it's knowing a bit more and accepting my job as a mother.
– RBEST family member

family support and support for him [consumer], it was amazing."

"They [RBEST staff] have been so wonderful, like a family. He [consumer] trusted them so very much."

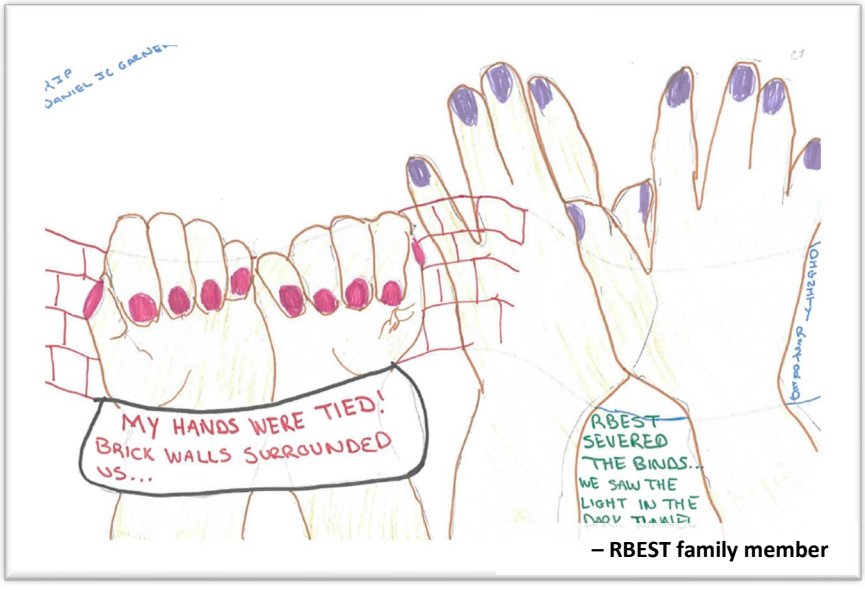
"He [consumer] trusts the RBEST team. It's the only help he will accept [help]."

RBEST staff agree that being present and building a relationship and partnership sets RBEST apart from previous environments they have worked in. Staff talked about the effects of building relationships and partnerships in RBEST:

"I see the power in listening and empathizing [referring to LEAP]."

"We were able to knock down many barriers together…engaging clients into treatment and linking them to places like clubhouses."

"Being out there together and actually walking with clients through the experiences of initiating services and staying connected with them through barriers and frustrations has improved my efficacy."



– RBEST family member

Use of Services and Compliance

A learning goal of the RBEST project was to see if participation in RBEST would result in fewer inpatient admissions, fewer hospital days, and/or more frequent regular psychiatric services for the RBEST target population. The quantitative data from the two-tier analyses previously discussed show

that the result was "yes" to these questions. The Journey Scroll events gave a clear picture of the impact RBEST had, extending beyond the use of services, on whole person and family wellness. Stories shared speak to the changes seen in treatment and medication compliance as well as the level of stability felt in the home and within the family unit.

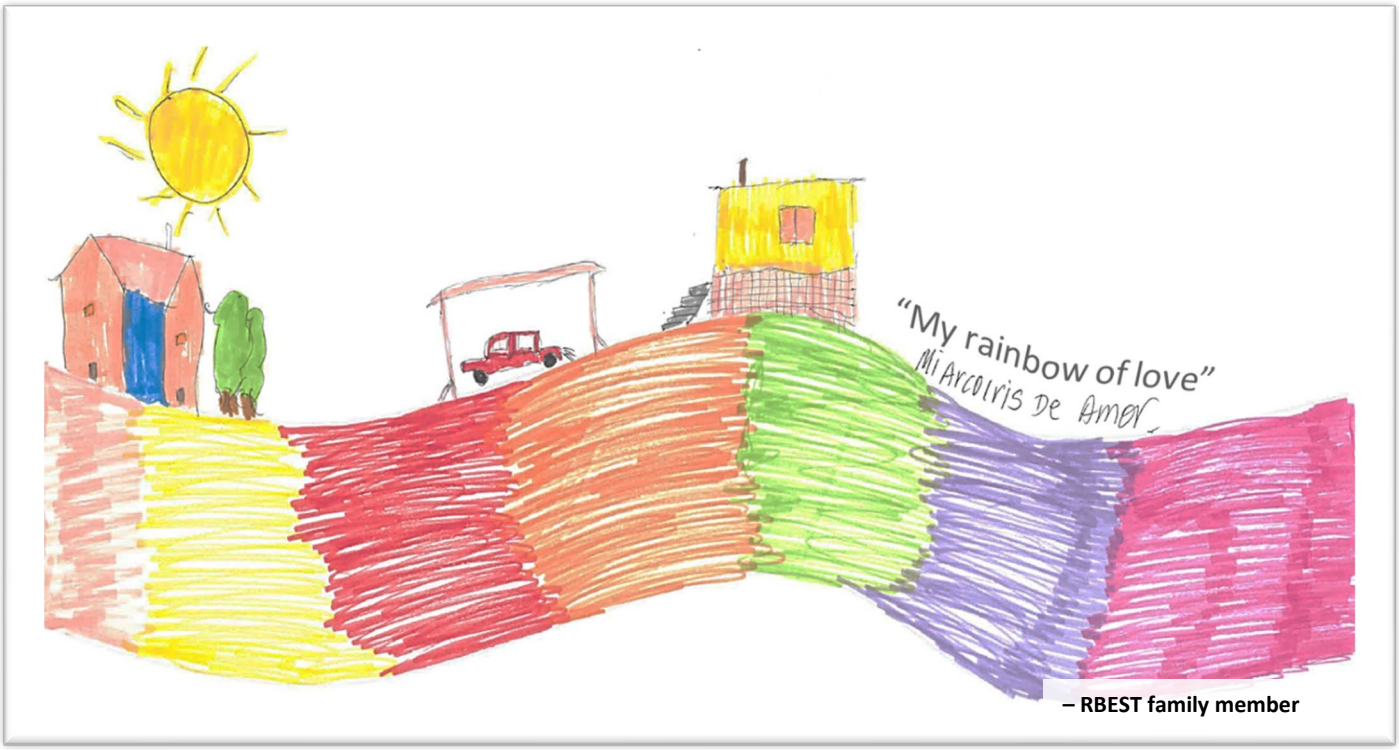
RBEST families shared story after story of how they and their loved ones (consumers) were often in a state of crisis prior to their participation in the RBEST program and how through the support and assistance of RBEST staff they were able to find some stability.

"I just knew that there had to be a better way and that there was something out there…this [RBEST] is what he [consumer] needed. He is now in the rehabilitation program and addressing his mental health issues. It is such a relief and it's changed our lives, literally."

"RBEST is a bridge from all the negative things going on and all the chaos in our life to the serenity and hope that we're clinging to now. We see the light and he [consumer] is on his medications and he's doing fine."

"RBEST came in and they saved his [consumer's] life. He was non-compliant, dealing with physical and mental [health] issues. He didn't believe he was ill. They [staff] were able to talk to him and get him to do things. He trusted them."

One mother shared that her son experienced a "severe psychotic breakdown" and that there had been involvement from law enforcement when he had threatened to take his life. She spoke of his many hospital admissions, missed psychiatric appointments and the desperate state their family was in until RBEST stepped in. "They checked on [consumer] all the time." The consumer's mother explained that RBEST was able to build a relationship with her son and get him to comply with



– RBEST family member

medication and went with him to make sure he followed through with his appointments.

"After a long and terrible time, I could feel help from RBEST. With their help I began to see and feel a part of my life returning to me and my family. Now things are much better. My daughter came to receive and accept her treatment and medication…We are more stable than we were before…Now we are in the process of betterment."

"He [consumer] is in a program now and we were able to get him there, it was with RBEST's help that we were able to do that."

Another family experienced crisis on multiple occasions, including their loved one attempting suicide twice and several situations that required involvement from law enforcement. A family member commented that they [consumer], "never got the right help," until they were linked with RBEST. Now, their loved one is involved in the Clubhouses and is accepting help. The family attributes this success to participation in the RBEST program, "If he doesn't continue with RBEST, I don't know what we will do."

Knowledge and Understanding

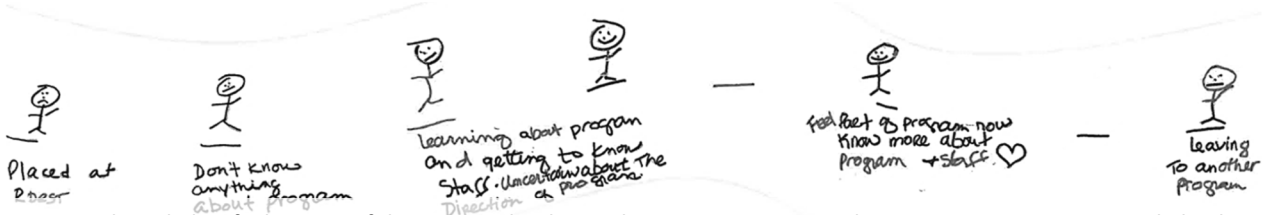
Another learning goal was to determine if family members would have increased understanding and knowledge regarding mental illness as well as improved and increased strategies to care for their mentally ill loved ones as a result of the RBEST program. Here again, family members gave testimonies through art and discussion on what they gained through participation in the RBEST program:

– RBEST family member

"[Before RBEST] I was in a depression…I didn't want to get up…I didn't want to do the things I needed to do…[RBEST] has helped me so much with how to work with my daughter who has schizophrenia...how to treat her illness. Little by little I am getting out...I know how to move forward."

"We were lost, scared...our son was clearly suffering. We did not know what to do or how to help him. [RBEST] helped us to understand and make a clear path to partner with him to get him the help he needs to live a meaningful life...They continue to help and give us options we never knew about."

"[I had] a lot of questions about where to go, what to do, who to ask for help, what type of medication to use, or how to speak with my



Growing in knowledge, feeling part of the program has been a learning experience and a growing experience. I am glad to have had the experience… glad the program is staying.

– RBEST staff member

daughter. Now I know about the illness she [daughter] has...now I have a better understanding…"

"[RBEST] taught me how to set boundaries. That's what I needed, and I know that's what I was afraid of doing. She [staff member] has held my hand through it."

In addition to evaluating learnings goals from the Journey Scroll events many other themes emerged through the artwork and testimonies provided by RBEST staff and family members.

Staff Themes

Barriers

The depiction of barriers was a theme that was present in the images. Barriers were often presented as brick walls in front of people who were shown to be in distress. Other barriers were obstacles to navigate around depicted by road signs indicating things such as 'wrong way,' re-creating the sense of chaos consumers and family members so often experience in their attempt to get some assistance. Another way barriers were depicted were mountains to climb up or over in order to reach a better place.

Growth

A prevalent theme presented in the images from the RBEST staff journey scroll event is that of growth, growth of the program, as well as professional and personal growth. This has been such meaning-laden work and the amount of personal growth RBEST spurred for staff is significant and emerges as a theme in both the images and in the narratives. This personal growth goes together with professional satisfaction and a deep resonance of meaning that these individuals experience with their service to the community through RBEST.

Many RBEST staff illustrated their development of characteristics such as compassion, empathy, resilience and teamwork. Images communicate the centrality of growth through illustrations that show carefully planted seeds, roots extending into the soil, budding trees, and blossoming flowers.

The journey has been amazing and the leadership from our supervisor must be replicated… I am so grateful and blessed to be part of a team that strives to change the lives of others and in turn has changed mine.

– RBEST staff member

A budding rose with thorns signifies how RBEST has helped me grow into a better person. RBEST helped me grow not just professionally, but it helped me find my voice. I've grown to be more empathic and understanding, but also have a thicker skin and [can] be a better advocate. – RBEST staff member

Staff members not only saw the development of themselves throughout the life of the Innovation project but also the continuous development of the RBEST program itself. "RBEST began as an idea (a seed) and grew and grew. RBEST matured and then bore more seeds that have started new growth."

Darkness to Light

Another important theme that is seen in the images is from darkness to light. Descriptions of the images and the narrative accompanying them point to both professional transitions that working for RBEST initiated and personal transitions that they were supported through while working for RBEST. Also, RBEST staff as the bridge from darkness to light for the consumers and family members is emphasized in the images as well. Many of the images depict this theme by demonstrating positive messages about helping consumers find help and hope, supporting them into a better place. Images representing darkness to light from the drawings almost exclusively are shown as emerging from a storm, into the sun.

Love

RBEST staff displayed a genuine love for the program they worked for and the opportunities working there afforded them. One staff member summarized this in their image narrative sharing, "The love and passion for the program and the population displayed by this team is immeasurable." RBEST staff portrayed this theme in their illustrations by using the word "Love" in a central way within the image and drawing representations of love such as hearts and people helping and connecting with each other.

LEAP

It is clear from the images the centrality that LEAP (Listen-Emphasize-Agree-Partner)

The love and passion for the program and the population displayed by this team is immeasurable. I look forward to what's ahead. I move forward with a positive outlook. – RBEST staff member

holds in the lives of those who work within RBEST. LEAP is a central theme in many of the images and is often written along a road indicating its importance in staffs' own journeys within the RBEST program. In the images, LEAP is represented in a very positive light, with the letters depicted next to hearts, roads (symbolizing progress), and smiling faces.

High Professional Levels of Satisfaction

A theme that emerged from the narratives was notably high levels of professional satisfaction working for RBEST, holding true for staff who were assigned to and/or inherited supervision of the program and didn't necessarily choose it. There were three separate cases where this was mentioned and they all shared initial hesitation about a new program, but that they came to love working with the RBEST team. It seems that the program culture of care is so positive and has so much momentum that even those who initially have reservations or were indifferent about being assigned to the program, soon came to love the program and have become as inspired as the rest of the staff. The positive

I really feel like before coming to RBEST I wasn't growing and felt sad. After, I changed, I grew, and I blossomed into a better version of me with the help of an amazing program and team. I helped create something that changes lives and that is an experience of a lifetime.

– RBEST staff member

program culture seems to be contagious in this way. Several staff talked about coming from jobs that were unfulfilling, where they felt that their ability to help others was limited, and how much RBEST transformed this for them.

Grateful for the experience of RBEST

Overall, RBEST staff have shown that they deeply value the opportunity to be part of such an impactful program that has helped to enrich the lives of so many clients. One RBEST staff member shared "I am very grateful and blessed to have been a part of this project." The RBEST staff show gratitude for the opportunity to not only transform and change their own lives, but also the lives of the consumers and family members, who are now on the road to wellness.

Gratitude for Program Continuing

Several RBEST staff expressed gratitude for the program continuing with one staff member stating, "I could not be happier that RBEST is permanent." Another staff member expressed enthusiasm at the fact that the RBEST program was becoming permanent exclaiming "I am especially glad that DBH has agreed to let this unit live on!!! I cannot wait to see what the future holds for this unit!!!"

Conclusion

The Journey Scroll activity provided RBEST staff the opportunity to share through image and story, what the impact of working for RBEST has had on both their personal and professional lives. The images and narrative give the distinct message that working for this program is fulfilling a deep sense of life purpose and generating a great deal of meaning in staffs' lives. This is best summarized by this staff member's words, "My service, love, hope, and joy grew and complimented my service of my fellow human beings…my life is about sharing my experience in life and sharing the hope with those who are struggling along the paths I have. RBEST is the program that all the experience of loss, struggle, pain, hopelessness, can become a tool of hope, trust, joy, and kindness."

Family Themes

RBEST as Bridge from Darkness to Light: Harbingers of Hope

The most persistent theme that emerged from the RBEST Family Journey Scrolls was that of RBEST being a bridge from darkness to light. Many of the images depict themes that shift from dark to light and show how this transition happened once RBEST staff began connecting with the families and their loved ones. Before RBEST, many of the families described being in situations of despair, overcome by feelings of hopelessness, helplessness and isolation. This darkness is represented by various objects drawn in the images ranging from dark skies filled with clouds, dark colors, rain, and chaotic shapes. There are also words conveying a deep sense of distress written in amidst these images. Many of the family members describe RBEST staff as being harbingers of light, bringing hope to both the families and their loved ones.

As I started with RBEST and became a part of the team I began to really enjoy myself. I felt I was helping people.

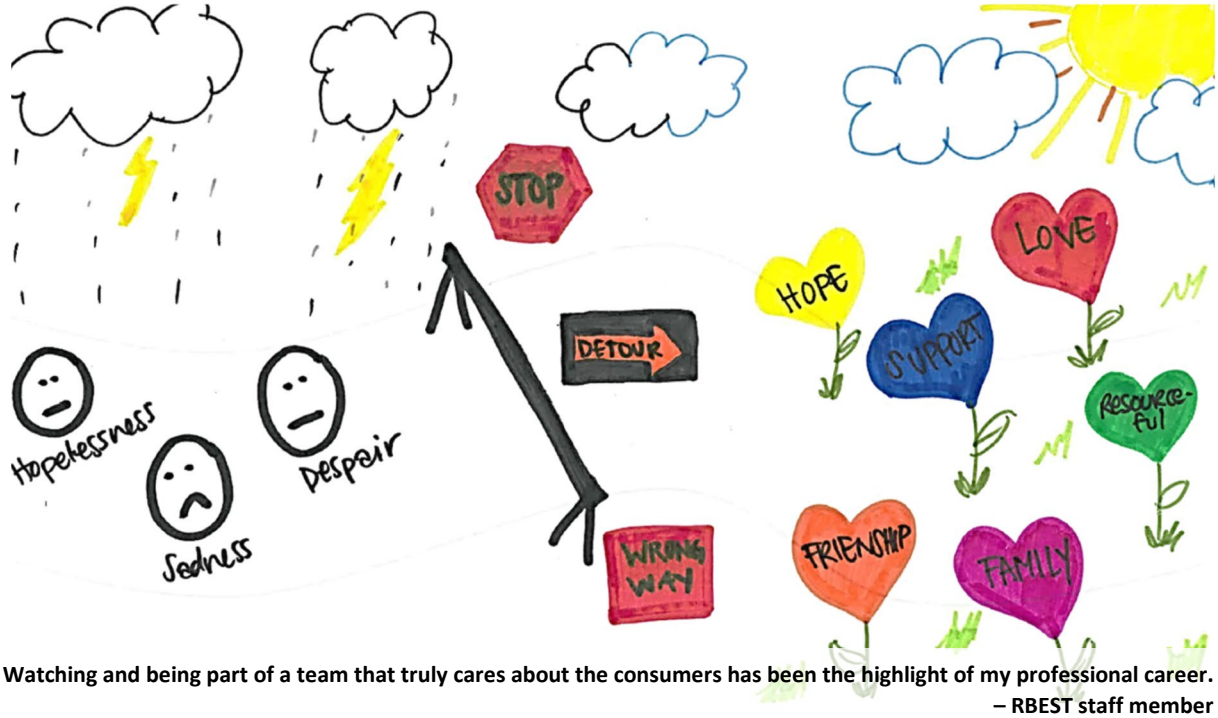
– RBEST staff member

Moving Forward Little by Little

Another theme that emerged in the images and participants' description was the slow-moving process of the journey. Several family members described obstacles in their initial journey to obtain help for their loved ones, with more than one family member describing the obstacles as a brick wall. Family members identified RBEST staff as helping to break down that wall between crisis and resources, despair and hope, and shared that progress moving forward is slow and steady. Multiple family members used the phrase "little by little" and "step by step" when describing the journey their image represents, sharing that the progress made so far is slow-moving, but also steady in that it continues to improve. Families shared that as a result of what they have learned with RBEST staff, they now feel more equipped to meet their loved ones where they are at.

Journey Scroll Evaluation Activity: Learning

An unexpected outcome of this evaluation activity was the participant-reported therapeutic impact that came about from taking part in the evaluation activity itself. RBEST families found inspiration through the



Watching and being part of a team that truly cares about the consumers has been the highlight of my professional career.

– RBEST staff member

RBEST has been a remarkable addition to my life both professionally and personally. My journey scroll begins with all the negativity/barriers with RBEST being a bringer of change that opened the door to positivity/openness to link to services, working together to open access. The principles of LEAP… guide my service and my LIFE!

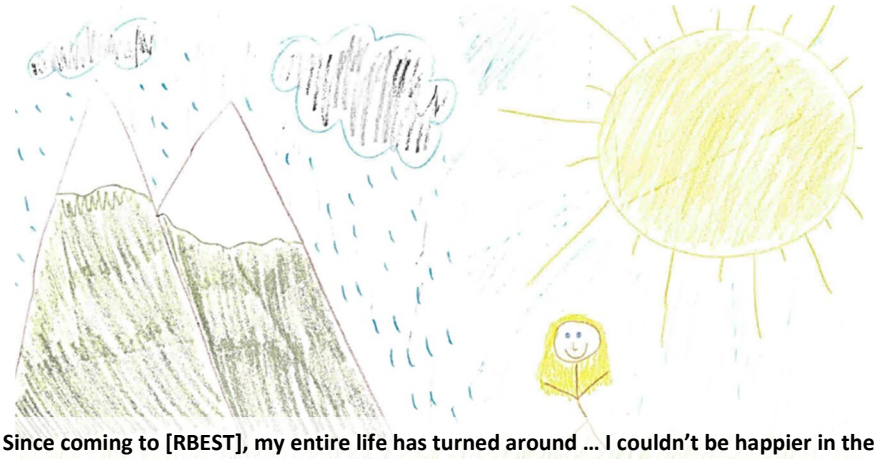
– RBEST staff member

stories of other RBEST families. There were some family members who had only recently begun to receive services from RBEST and family members who had been with RBEST for quite some time. The impact that the family members had on each other during this event was unexpected. For some family members, hearing about where different individuals were on their journey gave others hope that their journey may eventually get to a similar place of stability. Hope was the primary theme that emerged as the therapeutic value of this evaluation activity. One father shared "we're still here stopped…and although I can't see what's over here, I CAN HOPE like some of these people here [at Journey Scroll event] have shown me." This was shared by a family member who had been working through challenges with his loved one for over 15 years. Sharing and talking with other family members present led him to wonder and begin to hope. Another family member shared that at the Journey Scroll event "I

A lot of our families and consumers need hope that life can get better and there [are] people that care… [This picture] symbolizes hope, humbleness, kindness, and love.

– RBEST staff member

learned that I'm not the only one, there's other parents in the same situation that I am and maybe worse, and that taught me that there's HOPE." Another family member shared "All the families who have this new situation or this illness, we have to support each other and ourselves." As a result of the success and connections made between family members at this evaluation activity, various DBH staff came together to design and implement a family member support group called "Connecting Families."



Since coming to [RBEST], my entire life has turned around … I couldn't be happier in the decision I made to come to RBEST and can't wait to help change lives in the community no matter how big or small. – RBEST staff member

The Journey Scroll event was a good pilot, in the future, it would be wise to examine the role of having staff involved – for example, it was great to have staff involved because it made participants more comfortable quicker, which is important for a one-time, three-hour event, but they may not have been comfortable sharing about challenges or conflicts they had with staff since staff were there also. If we want to examine challenges or conflicts which can be important for continuous quality improvement and ongoing needs and strengths assessments, it may be advantageous to set up the event in a different way.

This activity gave family members the opportunity to showcase their own thoughts and feelings about their journey through the RBEST program. The Journey Scroll gave those providing a support system a way to freely express their own path and experiences about how RBEST impacted them, both as individuals and in their relationship with their loved one suffering from mental illness. Seeing the positive responses from the caregivers of RBEST consumers showed that the individuals who made up the support system also benefit from having a support system of their own to share their experiences with.

Connecting Families

The responses and positive feedback from caregivers during the Journey Scroll event led to the creation of a new friends and family support category of service within DBH's larger system of care, the Connecting Families groups. Connecting Families is an educational support group offered throughout the county designed for the loved ones of individuals living with severe and persistent mental illness. In its promotion, Connecting Families was described as a "group designed for the loved ones of individuals living with severe and persistent mental illness," noting, "Families can often feel overwhelmed and under-prepared when a loved one is living with a severe mental illness. This can lead to increased stress, anger, guilt, and shame for caregivers." Connecting Families was designed to be a support group that also educates family members on how to manage

the experiences and challenges they may face with their loved one through a curriculum designed to provide the tools necessary to feel empowered and prepared.

These groups were held in English and Spanish with sessions in the High Desert and East Valley regions. Connecting Families groups follow an eight-week curriculum, with each week containing a different topic of discussion. Thus far there have been two eight-week sessions with the first beginning in March of 2019 and the second in August of 2019.

Topics that are included during these group sessions include:

- LEAP Communication Technique
- Psychoeducation
- Strategies for Establishing Boundaries
- Setting Boundaries
- Medication
- Resources and System Barriers
- Self-Care Strategies
- General Support & Sharing of Ideas

Over 121 individuals have attended the Connecting Families sessions. Of the 121 individuals who attended 79 were RBEST family members and 42 of them were family members from outside of the RBEST program. After each meeting, participants were asked to complete a survey to determine the relevance of the material presented to them. The survey questions are:

1. How relevant is the psychoeducation information presented today for your life? (week 1)
2. How relevant is the psychoeducation information presented today for your life? (week 2)
3. How relevant are the communication strategies presented today for your life?
4. How relevant are the strategies for establishing boundaries for your life?
5. How relevant is the information on setting boundaries for your life?
6. How relevant is the information on medication for your life?
7. How relevant is the information on resources and system barriers for your life?
8. What were your main takeaways from today's lesson? How can the information from today help you in the future?

A preliminary analysis of the surveys showed that Connecting Families is having some influence in the way that family members can manage their experience with their loved ones. Some of the early findings are summarized in (Figure 19).

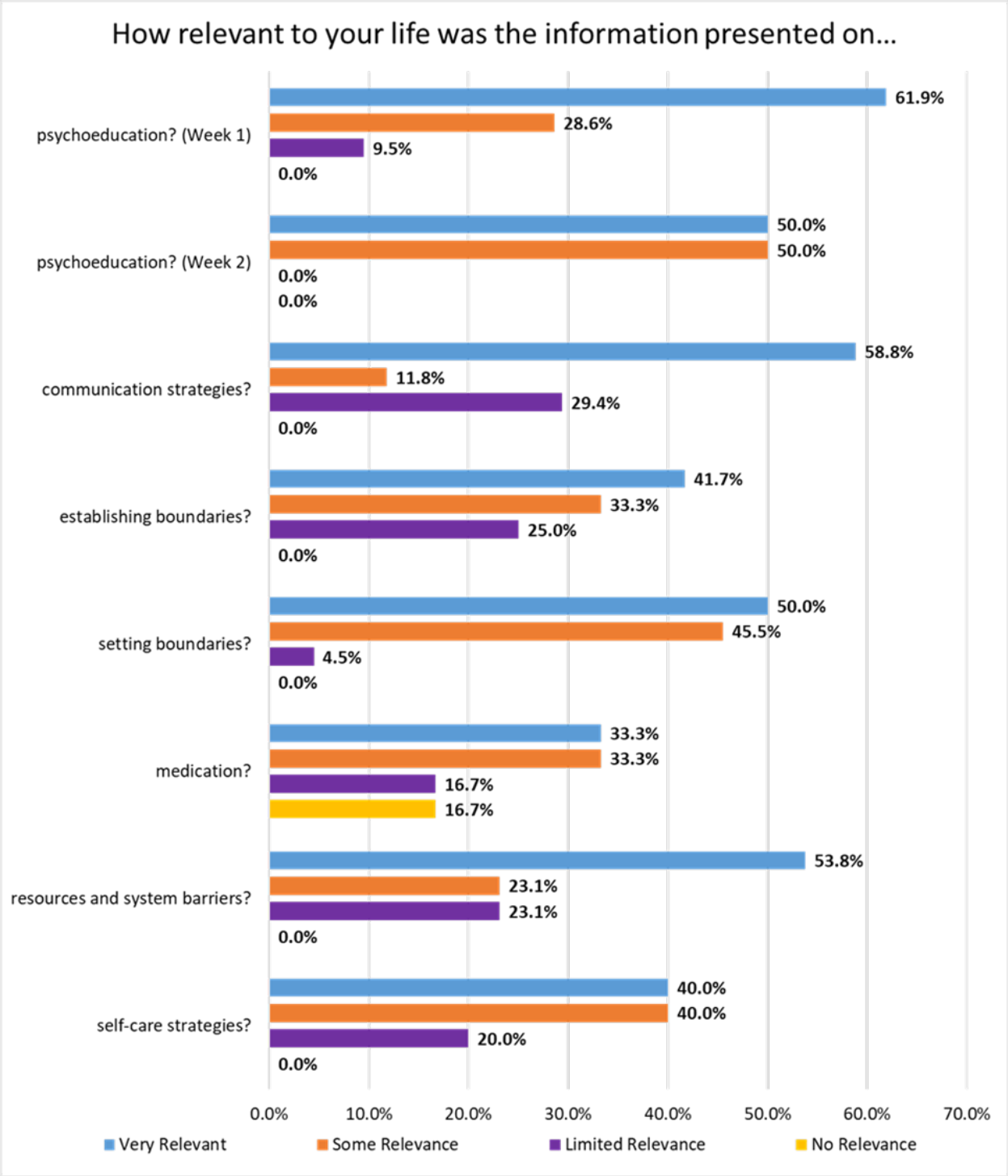
Since Connecting Families is in its early stages, the process for gathering consistent data is currently being worked out. Preliminary data show that having the support group is providing some relief and education for caregivers.

Based on the initial data collected, as shown in Figure 19, Connecting Families participants felt the topics covered in sessions were relevant to their lives. More than 80% of the total responses indicated that the topics were "Very Relevant" (50.5%) or had "Some Relevance" (30.8%). Figure 19 shows that the first week of psychoeducation had the most "Very Relevant" (61.9%) ratings and only the week about medication had any "No Relevance" (16.7%) ratings.

Surveys given for the first two groups to take these classes focused on whether the curriculum and content were of significant value to family members. Responses from the surveys given show that they are and because of this feedback future classes are being

planned. Future Connecting Families classes will have surveys distributed to participants before and after the full eight-week sessions to determine the effectiveness of the classes and the impact the information given has on the home and family dynamics. While data was collected regarding the educational component of Connecting Families, the support component of the sessions was also apparent. Relationships were established among families evident by participants engaging in group hugs, gatherings before and after class sessions as well as exchanging of contact information. The bilingual group was well received as it was apparent that there were concerns and experiences unique to Spanish speaking families. The most telling need for the support provided by Connecting families was the requests for continuance or the groups as it proved beneficial for participants.

Figure 19: Connecting Families Topic Relevance



Source: Connecting Families Surveys; n=111

Learning from the Engagement Model: Listen-Empathize-Agree-Partner (LEAP)

The selected engagement model for this project was LEAP (Listen-Empathize-Agree-Partner) because of the model's focus on transforming the relationship first. The LEAP model stresses that disagreements concerning treatment options cannot always be won based on the strength of the argument. Most often, and especially with the RBEST population, it is the strength of the relationship with RBEST staff that allowed consumers to accept treatment recommendations. The LEAP model can be broken down into seven LEAP Tools of Communication:

(L) Listen

LEAP teaches the principles of reflective listening, which include seeking to correctly understand what someone else is telling you and then being able to reflect that back to them without comment, judgement, and with genuine respect. LEAP also provides guidance to help break common habits that interfere with the ability to listen reflectively. The reasons reflective listening is important and why this can be hard to accomplish are also discussed in the training.

(E) Empathize

A technique that LEAP teaches is to focus on being able to express empathy strategically and when appropriate. Additionally, techniques are used to normalize an individual's experiences and feelings rather than contradicting, reality-testing, or correcting them which can lead to isolation and an adversarial relationship.

(A) Agree

LEAP stresses the importance of agreeing on those things you and the person you want to help CAN agree on and taking the focus off of the things you do not or cannot agree on, including knowing when to agree to disagree.

(P) Partner

Quickly form partnerships and move forward on areas of agreement to achieve common goals (ultimately linked to acceptance of treatment and services).

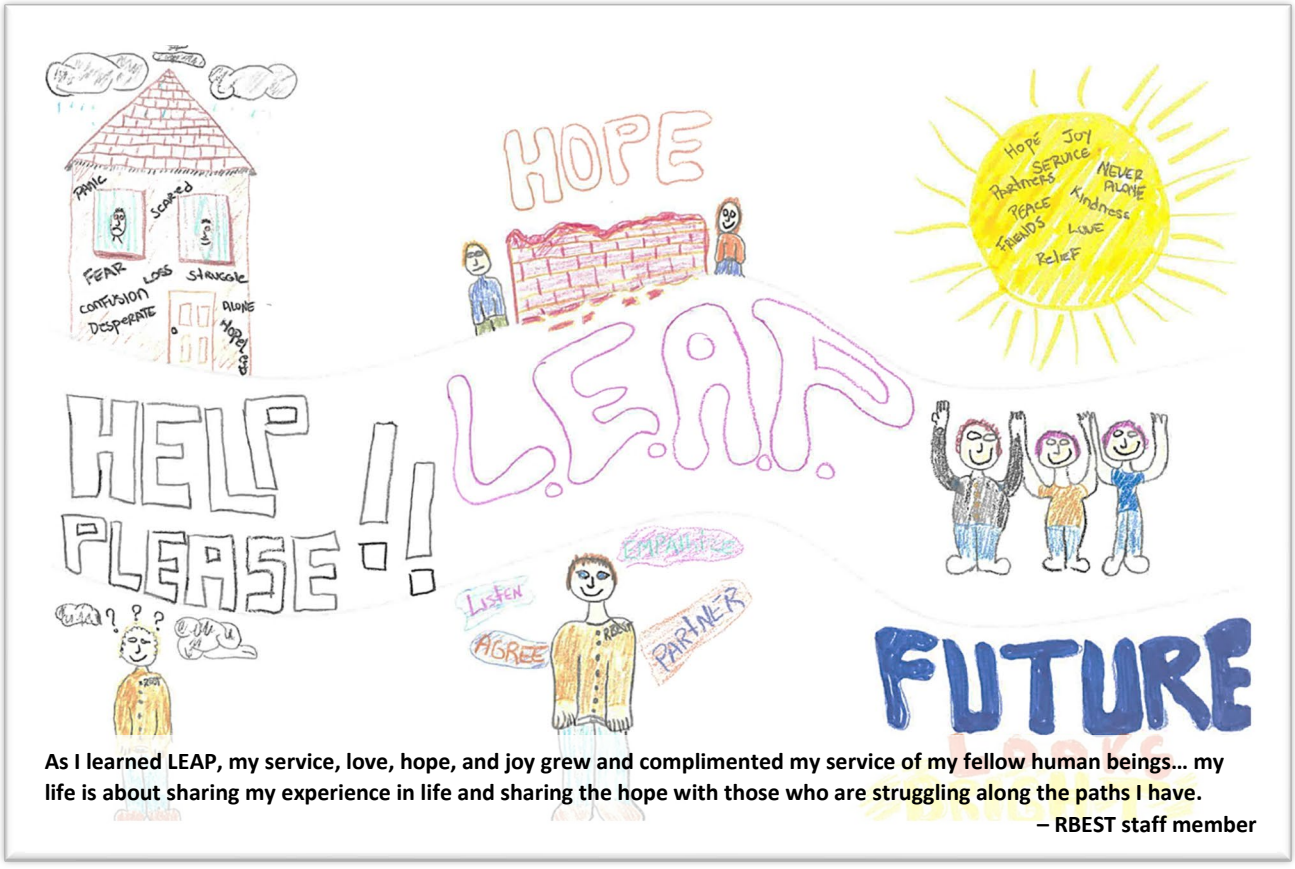
Delay

Respectfully delay giving contrary opinions and redirect conversation.

Opinion - 3 As: Apologize, Acknowledge Fallibility, Agree

Give recommendations and nonjudgmental opinions in a manner that communicates respect and results in trust. Never offer any opinion, especially a contrary one, without first apologizing, *"I'm sorry if what I say feels hurtful or disappointing,"* followed by acknowledging fallibility, *"Also, I could be wrong, I don't know everything,"* and ending agreeably, *"I hope that if you and I don't agree, that we can just agree to disagree."* The LEAP engagement model is designed to allow both clinical staff and non-clinical paraprofessional staff, family, and loved ones to interact with an individual experiencing mental illness to build a positive relationship in order to partner and work on mutual goals together. LEAP focuses on transforming the relationship first and provides the tools needed to partner with someone who lacks insight into the seriousness of their mental illness in order to accept treatment and services, and/or does not self-identify as having a mental illness

Using LEAP as a framework was essential to the RBEST project because "lack of insight" was not responsive to traditional treatment and education. Quite often, clinical attempts to educate and confront a person who may lack insight into their mental illness, or its symptoms will result in anger, alienation, and continued avoidance of treatment, which can



As I learned LEAP, my service, love, hope, and joy grew and complimented my service of my fellow human beings… my life is about sharing my experience in life and sharing the hope with those who are struggling along the paths I have.

– RBEST staff member

be common characteristics of the target population for RBEST. Due to the relational aspect of LEAP and the ultimate goal to "make a friend," paraprofessionals were trained to utilize and implement the technique.

LEAP's impact during the RBEST project

DBH knows that the support system already in place for an individual experiencing mental illness (friends and family members) is an important component to recovery. All RBEST staff members were trained in LEAP techniques. Additionally, training and mentoring in LEAP skills were offered to families and caretakers of RBEST consumers. Not only did LEAP allow for a more cooperative partnership between RBEST staff and the consumer, but the same experience was shared between the consumers and their family members.

Initially, LEAP training was only provided for a small group of staff who were anticipated to be working in the RBEST program. Staff members shared the skills and techniques they learned in LEAP training with family members of RBEST consumers to help them engage with loved ones in positive ways in their homes.

It became apparent that sharing LEAP techniques with a consumer's support system was imperative to the success of the family as a whole. Sharing LEAP with family members not only aided them in building a better relationship with their loved one but it also helped to create a partnership between consumer, family members, and RBEST staff, contributing greatly to the success of the consumer, their family, and the RBEST program as a whole.

– RBEST staff member

A combination of quantitative and qualitative data was used to demonstrate the effectiveness of utilizing LEAP techniques during the RBEST project and the impact LEAP had on consumers, family members, and staff. Quantitative data was collected via surveys, and questionnaires. Qualitative data was collected through interviews, focus groups, and the Journey Scroll events. All artwork shown was created by staff and family members during journey scroll events; names have been omitted to protect privacy.

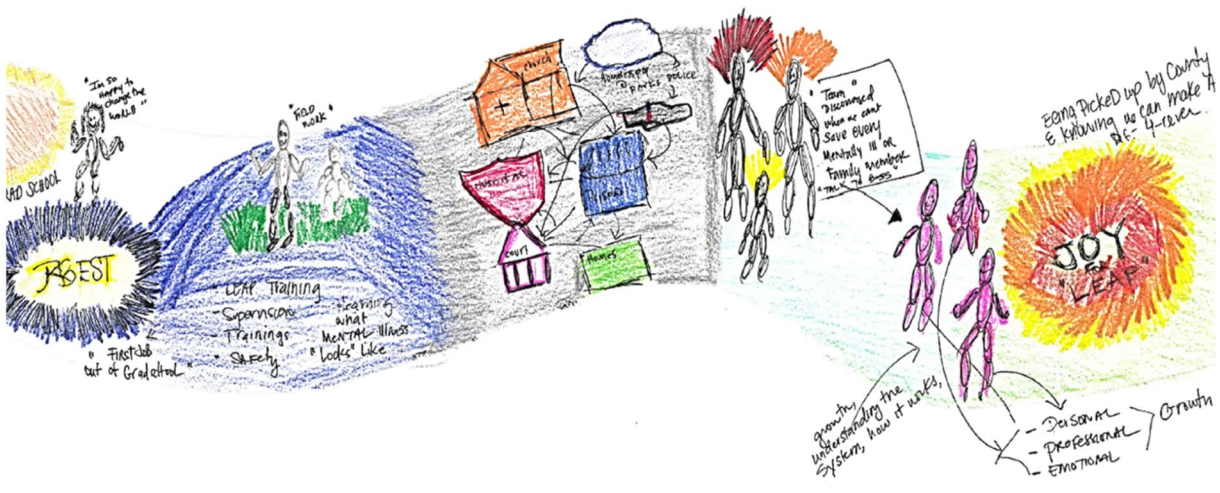
USING LEAP TECHNIQUES

RBEST staff and family members were asked to give their thoughts on the main techniques they learned in LEAP training (Listen, Empathize, Agree, Partner) and how they have been using them.

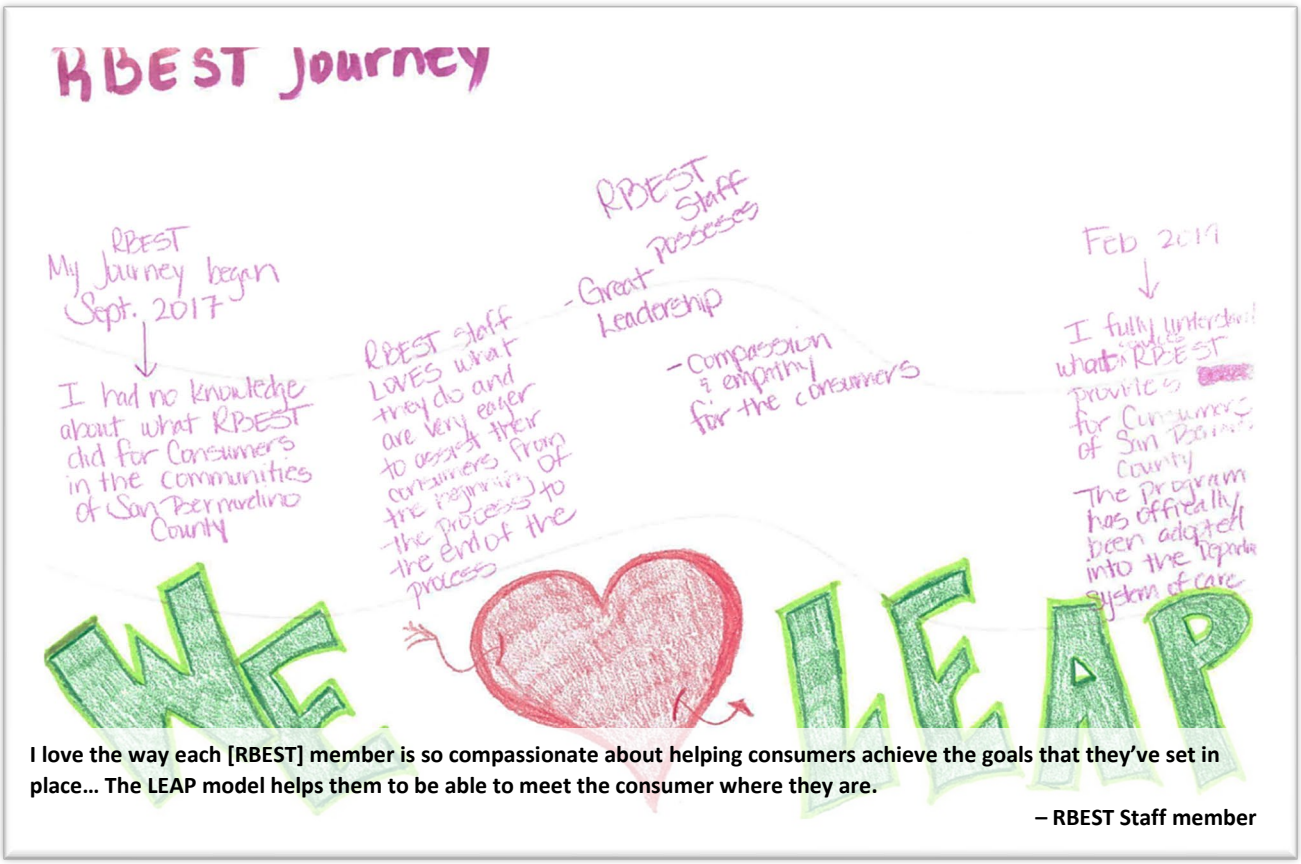
When asked whether family members used LEAP principles in everyday life, most responded that although it was not easy, many of them are now utilizing LEAP in their lives. One family member shared that, "It takes practice. It's a skill that you build." Another family member shared the importance of learning patience and that, "sometimes when you are running on empty, patience isn't what you have" but that by utilizing LEAP techniques, "it's changed our [interactions]."

Family members expressed that LEAP has helped them to build on skills they felt they already had, "I think I am more attuned to the listening part. I thought I listened, but I think it heightened my attention toward whether or not I was truly doing that." Another family member felt that LEAP helped them with, "being better at finding areas I can agree with them. It helps."

An Office Assistant noted that listening was significant and that for the clerical staff supporting the RBEST team, she said she primarily uses the LEAP listening technique. "There are clients that just want to talk to someone and they'll call…not necessarily to talk to their [staff] person, just to say hi…and have someone hear them…so it's just listening and acknowledging what they're saying...I use listening the most." Another staff member stressed the importance of, "acknowledging



I have grown mentally, emotionally, and professionally… I'm thankful for the opportunity to help others and help myself through LEAP.
– RBEST staff member



I love the way each [RBEST] member is so compassionate about helping consumers achieve the goals that they've set in place… The LEAP model helps them to be able to meet the consumer where they are.

– RBEST Staff member

that you understand what they are trying to say. Acknowledge that they are being heard and that what they're saying is important."

Being able to effectively listen and empathize helped both staff and family members to find areas of agreement and opportunities to partner with RBEST consumers. A Mental Health Specialist emphasized the importance to "stop and listen first. Before we open our mouth...we are listening to what it is they are looking for then we can start to strategize…and if this doesn't work…keep coming back until [there is] a solution that is working." A family member highlighted, "Just being able to find those little nuggets of information that you can agree upon…it's about focusing on finding that little something you can partner with…it has helped our conversations with our son."

With LEAP, sometimes the most effective thing you can do in the moment to retain mutual respect and boundaries is to, "agree to disagree," one Peer and Family Advocate noted. A Clinical Therapist added to this saying that it's important "To be okay with it – it's not personal. Their opinion is valid and mine is too."

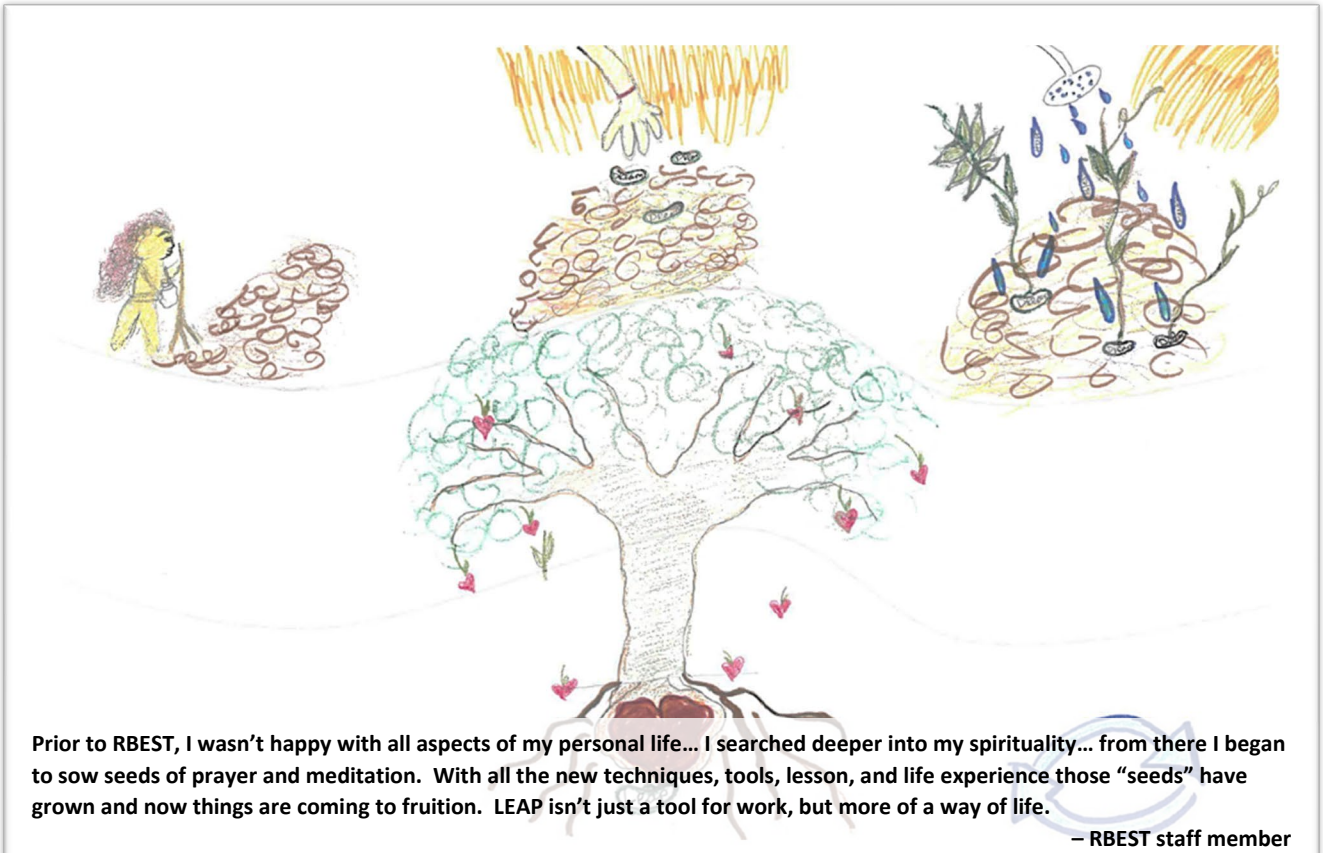
Staff mentioned that being able to partner with the consumer is not always what they imagined in terms of goals, that it can be much simpler than that. "Partnering is most important because to partner doesn't necessarily mean there's an outcome. It's just *I'm with you. No matter what.*"

One family member disclosed, "I could only get to the L [Listen] and E [Empathize]," demonstrating that LEAP is a process and that developing the different skills takes time and is learned at a different rate for everyone.

When staff were asked which LEAP, skills weren't used at all or were least effective, everyone agreed that "they're all connected" and that it would be "hard to separate [them] out." This was further explained by one individual stating, "we don't always succeed in every area immediately with every situation, but eventually just about every part of LEAP is touched upon with most clients" RBEST staff agree that LEAP techniques are valuable and highly "effective."

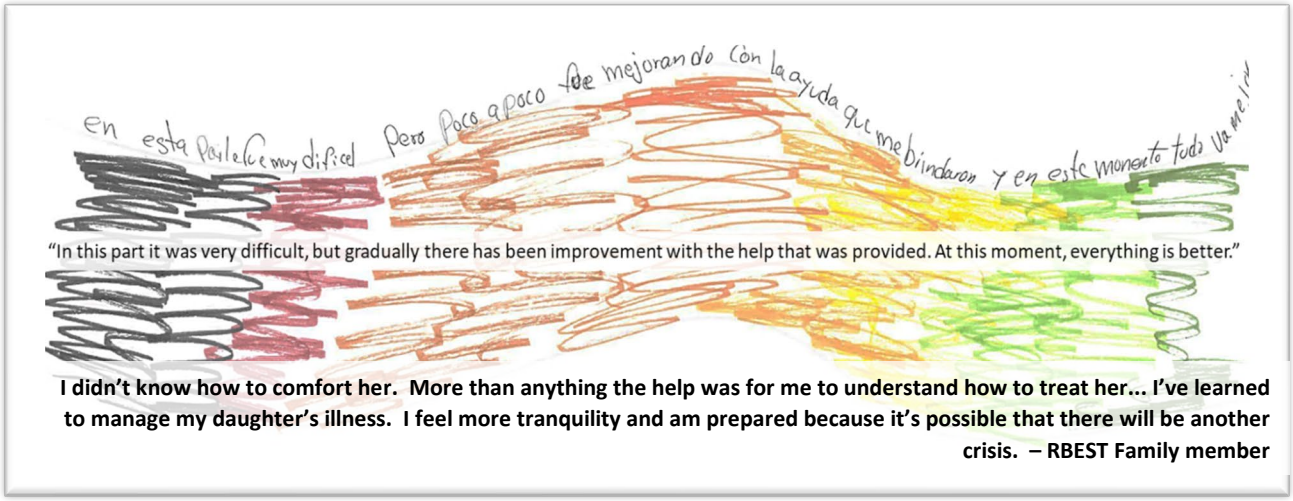
How LEAP changed relationships

When family members were asked how their interactions had changed with their loved ones as a result of LEAP, better communication was highlighted as one of the most significant changes. LEAP techniques helped to improve communication in relationships between family members and consumers. One individual explained that rather than an interaction being argumentative or confrontational, it has become a, "normal conversation." Another family member shared, "I believe it has helped form a different kind of communication bond with him [family member's loved one]." A family member talked about how the different communication approach due to the LEAP techniques they were taught, "really helped alleviate a lot of tension in the home," further demonstrating the positive shift seen in the dynamics between consumers and their family members during the RBEST project. The theme of LEAP communication strategies alleviating tensions within the home settings came up repeatedly and across various qualitative methodologies. One supervisor shared "for the family members that actually adopt and use the LEAP tools, overwhelmingly, the first thing that happens at home is that the tension goes down," with



Prior to RBEST, I wasn't happy with all aspects of my personal life… I searched deeper into my spirituality… from there I began to sow seeds of prayer and meditation. With all the new techniques, tools, lesson, and life experience those "seeds" have grown and now things are coming to fruition. LEAP isn't just a tool for work, but more of a way of life.

– RBEST staff member



I didn't know how to comfort her. More than anything the help was for me to understand how to treat her… I've learned to manage my daughter's illness. I feel more tranquility and am prepared because it's possible that there will be another crisis. – RBEST Family member

another echoing "Teaching LEAP, another way of communicating…doesn't bring perfection…but it brings down the tension in the home and it helps improve the quality of life and [made it] more likely for the consumer to be linked to behavioral health services. Families were able to move from a state of contention into being able to ally with each other, improving quality of life for not only the family members but their loved one experiencing mental illness, "[LEAP] helped us to understand and make a clear path to partner with him [consumer family member] to get him the help he needs to live a meaningful life."

Through RBEST and the LEAP model, family members also discussed now having a better understanding of their loved one's experience, with one family member sharing, "I have a better understanding. I know it's not her, I know it's not really her talking…I took everything personal before I understood it." Another family member commented on how the RBEST team has helped them with understanding what their loved one is experiencing and how to be more effective with utilizing LEAP skills, "It helped us get into a much healthier mindset with our son...it's a process of learning how to facilitate LEAP…the RBEST staff have been helping and just talking me through."

The centrality of tending to trust during the LEAP process was also mentioned by a PFA sharing that, "once we build trust and relationship with them, they trust…they ask us if we think they should take their medicine and listen to us sometimes and give it a try. If we meet them where they are and just listen to them. Trusting is such a big deal. LEAP in general is such a powerful model."

The LEAP model also impacted staff members on a personal level. Many staff members noted that, overall, its improved communication with their own family members. One person gave an example disclosing, "My mother had dementia and she would say the kids are in the backyard. My sister would [argue] that there were no kids in the backyard. We would just go around it. After I [got] this job and took LEAP training, I told my sister what if we say the [kids] are [in the backyard] but they're okay. Listen, Engage, Agree, and Partner. We were just doing the Agree part. We stopped fighting with her so much and it really made an impact on our personal lives." A Clinical Therapist added that "a lot of us have family members or know people with mental illness and the

majority of us are using [LEAP] and now it's become second nature, that's our form of communication." This was nuanced with the sentiment that "it just makes sense as long as they're not in harm's way." The importance of discernment was also emphasized and knowing when to "pick your battles."

Overall Feedback on LEAP

When asked to describe their opinions of the LEAP model, family member feedback was overwhelmingly positive. During interviews, comments such as, "the LEAP program has made a tremendous difference with us," and "it was helpful to give us a new way to [communicate]…it gave us a new perspective and new lens...a way to talk to him," were received. Family members were glad to have learned LEAP techniques through mentoring from RBEST staff and described this as the "biggest takeaway that we've had" from their experience with the RBEST program.

Family members commented that they were making the effort of utilizing LEAP principles regularly, saying that it "takes practice because it's hard, especially when you are in crisis or feeling [alone] or there is no answer," and "I have to remind myself when I get into the trying to fight back...I have to remember LEAP, but it works, it really does work." There was majority agreement on the LEAP model being helpful education centering on mental illness and communication with a loved one. Another family member commented on how working with LEAP and RBEST taught them "about forgiving yourself so I think that was impactful...I knew a lot of stuff already, but I did learn for [myself] how I could be better with my family members." We also asked RBEST supervisors/managers why the LEAP model and techniques were so effective after hearing overwhelming amounts of positive feedback from staff, families, and consumers alike. Part of the success was attributed to psychoeducation regarding individuals who lack insight into their mental illness, noting that many family members had previously experienced chronic frustration over their loved ones not taking medication or engaging in their treatment. "It's like hitting a brick wall and you have the frustration, the

- RBEST staff member

anger...you have a lot of police calls." Educating family members about the "lack of insight" many of their loved ones were experiencing as a symptom of their mental illness and assisting them in learning and utilizing LEAP techniques was a breakthrough and as one person stated, "really eye-opening," for many family members.

When RBEST staff were asked whether LEAP was an important component of the program the entire team agreed that training in LEAP and acquiring the tools were "pivotal, central," an incredibly influential component in the program process, culture, and success.

It should be mentioned that LEAP has proven to be an effective model of engagement for working with individuals experiencing mental illness, in particular those who lack insight into their illness, but has not been effective with consumers who have a dual diagnosis inclusive of a substance use disorder. During interviews with RBEST leadership it was stated that consumers with a primary diagnosis of substance use disorders were not responsive to LEAP as it was being utilized, and that the RBEST program was working to make adjustments and modifications to better connect with and serve this population (*Dual Diagnosis Consumers*, pg.85).

LEAP beyond the RBEST project

As RBEST became more integrated into the larger system of care the success of the program started gaining attention throughout

Figure 20: Individuals LEAP Trained

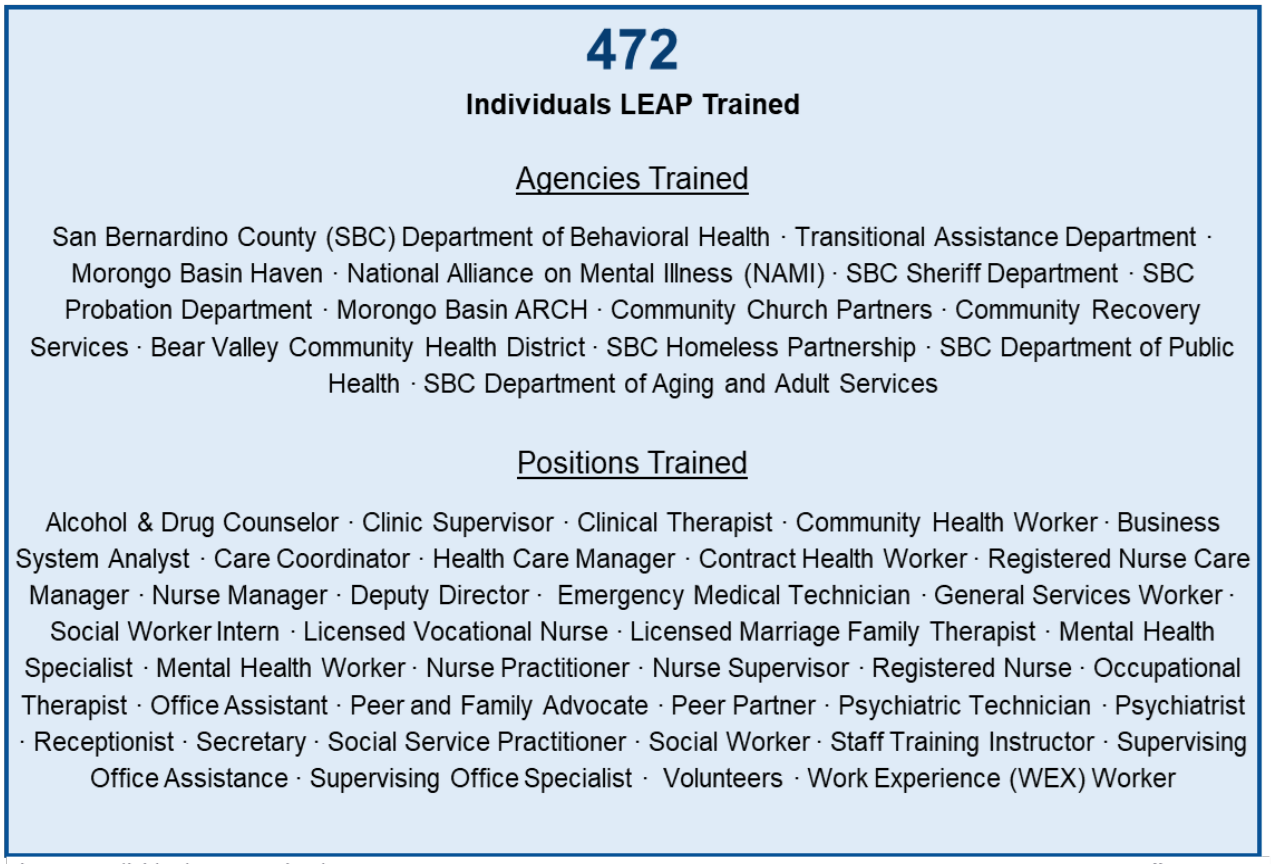


Figure 1- Individuals LEAP Trained ***SBC: San Bernardino County***

the department, so too did the positive effects LEAP techniques were having on consumers, family members, and staff. Requests for LEAP training began to come in from other County staff, community partners, and families outside of the RBEST program. In June of 2019, DBH provided training to 200 staff from various county departments. In addition, select staff members were offered the opportunity to become certified LEAP trainers in order to help spread LEAP training across the larger system of care including community partners and families requesting the training.

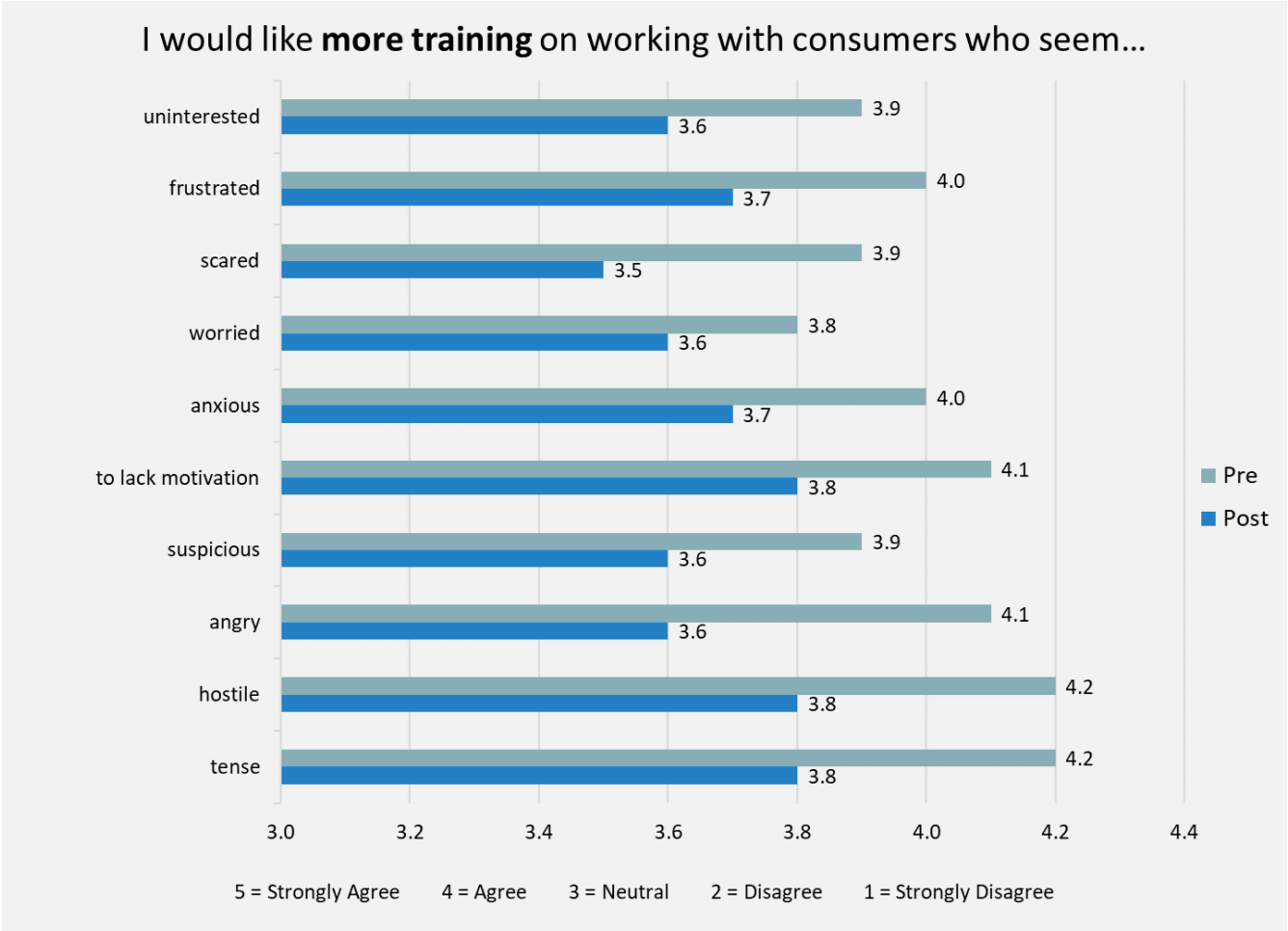
The LEAP Foundation certified a total of 22 county personnel. From June of 2019 to January of 2020, DBH LEAP trainers provided 30 training sessions, presenting to 472 individuals. A list of the various agencies as well as positions trained thus far by County LEAP trainers can be found in Figure 20: Individuals LEAP Trained.

Additional LEAP trainings are scheduled and expected to be held through the indefinite future with all incoming staff.

LEAP Training Analyses

Quantitative data was gathered via surveys from staff members who participated in the June 2019 LEAP training to determine the effectiveness of utilizing LEAP techniques across a variety of professional settings.

Figure 21: Staff Identified Needs



Source: DBH Workforce Education and Training Database

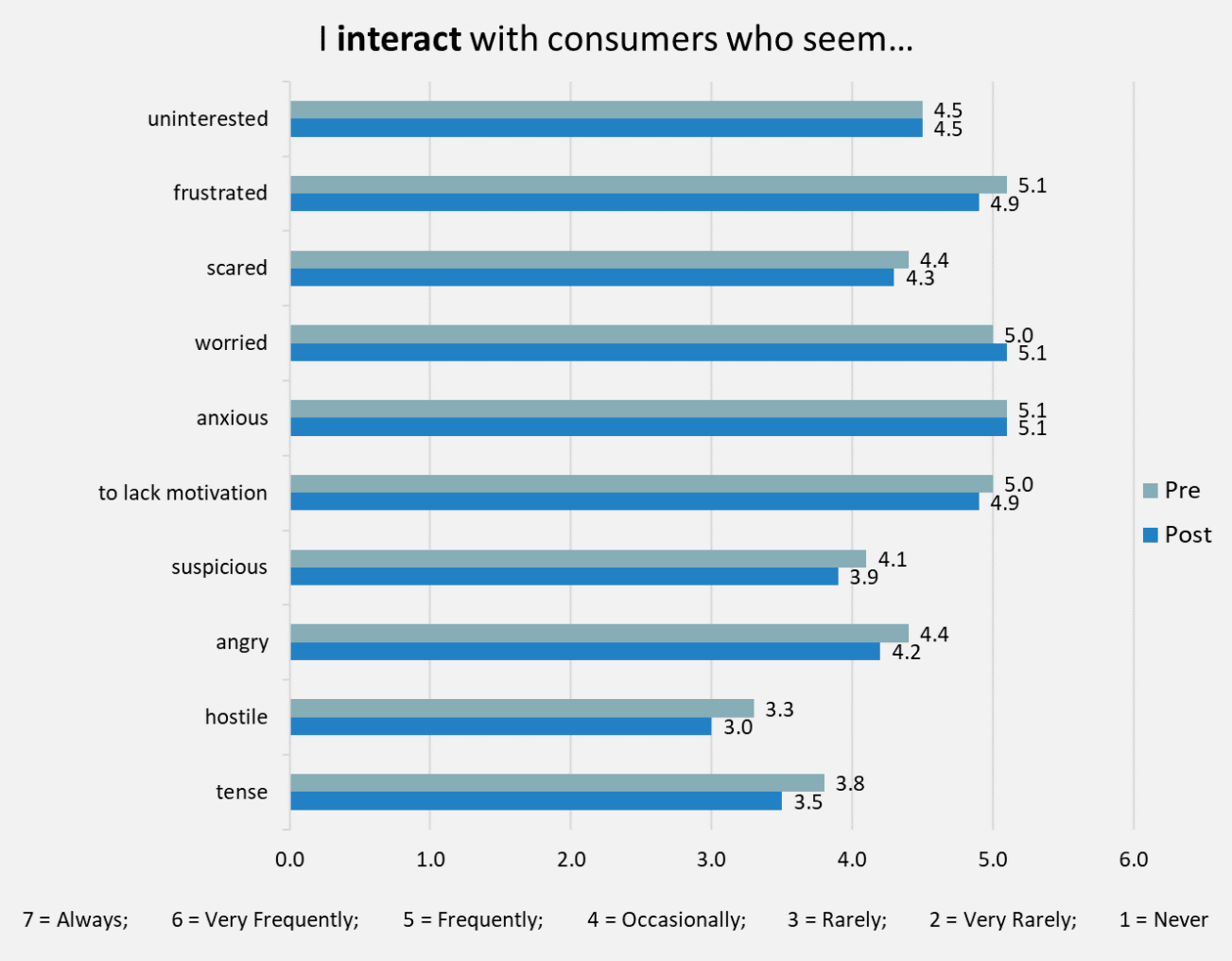
Qualitative data was collected through comments received from these same staff members to emphasize the impact of LEAP for a variety of professionals.

Initial LEAP surveys were completed by San Bernardino County staff participants before they took the June 2019 LEAP training in order to establish a baseline. This initial survey was completed prior to learning or implementing any LEAP training techniques. A total of 164 participants completed the initial survey. Two follow-up surveys were administered: a three-month shortened follow-up survey and a six-month full-length survey. A total of 73 participants completed the three-month follow-up survey and 52 participants completed the six-month follow-up survey.

The first follow-up survey was conducted after staff participants were LEAP trained and were three months into utilizing LEAP techniques with their consumers.

Survey questions were broken up into five groups. Questions asked were related to different types of feelings during interactions, staff confidence in their skill levels, personal or shared experiences between LEAP trained staff and consumers, training needs, and the

Figure 22: Staff/Consumer Interactions

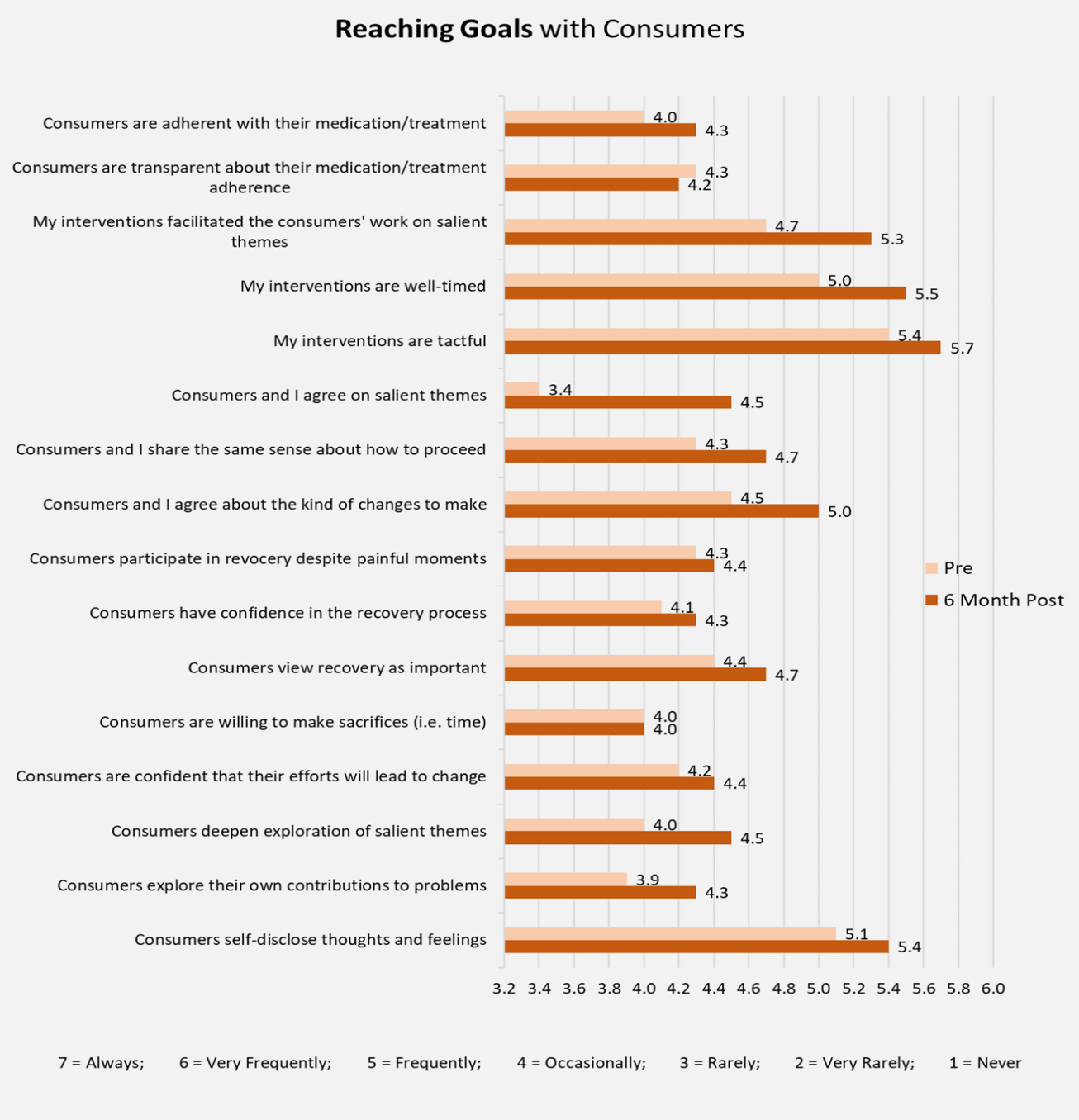


Source: DBH Workforce Education and Training Database

ability of staff to work on shared goals with consumers. The following charts show the findings for each group of questions. Average scores for each question are shown in each of the charts.

The first topic asked about the staff member's need for training; the pre and post average scores for responses to each question are listed in Figure 21: Staff Identified Needs. In the pre-survey, staff members fell within the range of 3.8 to 4.2 (average for all questions

Figure 23: Goal Setting



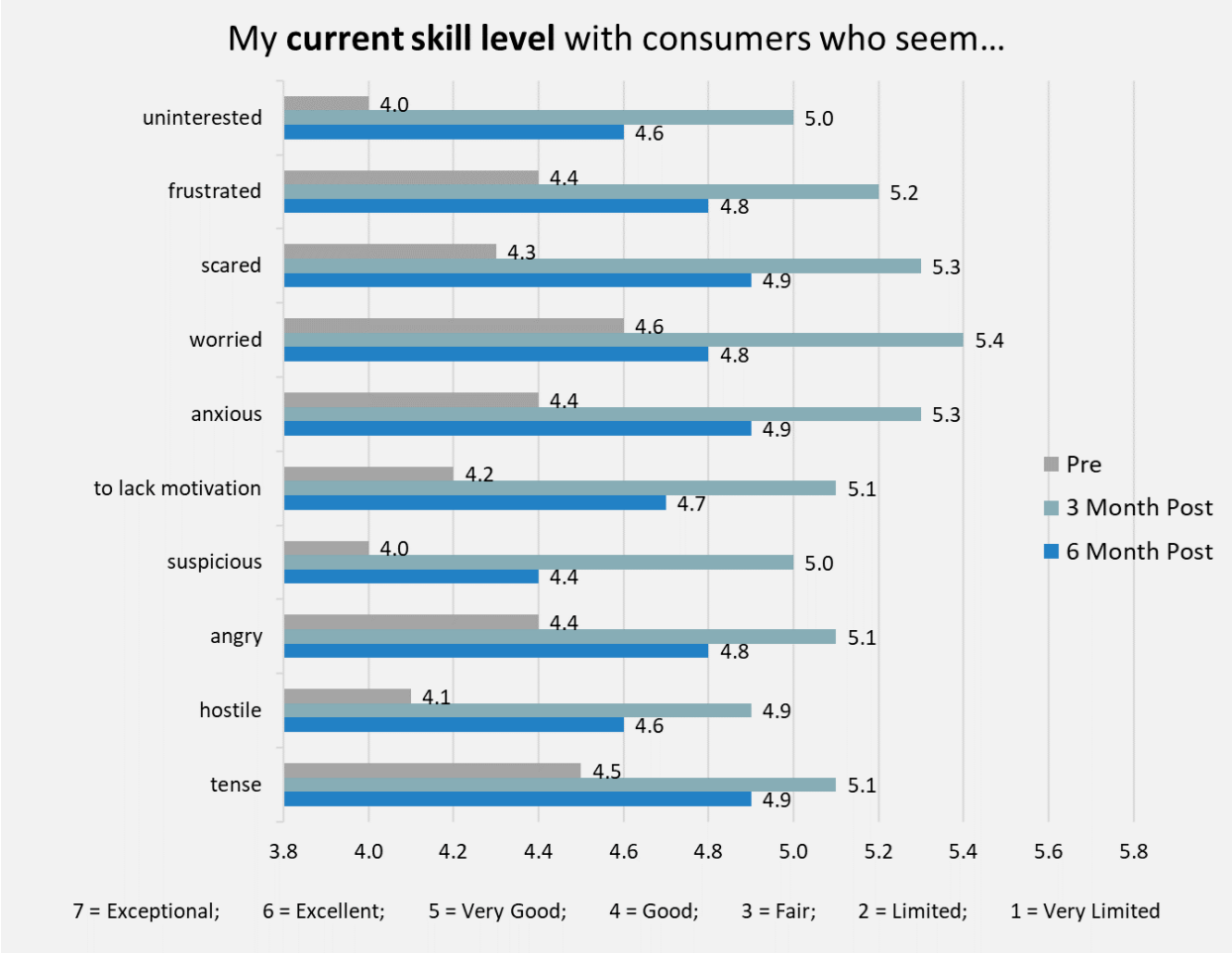
Source: DBH Workforce Education and Training Database

being 4.0), agreeing that they needed more training in the scenarios asked about. At the six-month follow-up, staff reported a range of 3.5-3.8 (average for all questions being 3.7), feeling close to neutral regarding needing more training. On a scale of 1-5, the average scores for all questions pre and post were 4.0 and 3.7, respectively. Staff felt an overall 6.0% decrease in their need for training.

The second survey topic asked staff about how interactions with consumers feel; the pre and post average scores for responses to each question are listed in Figure 22: Staff/Consumer Interactions. This set of questions were asked prior to LEAP training and at the six-month follow-up and was not a part of the short follow-up survey given at the three-month interval.

During the pre-survey, staff members fell within the range of 3.3 to 5.1 (average for all questions being 4.5), indicating that they occasionally to frequently had a variety of interactions that were challenging. At the six-month follow-up, staff reported a range of 3.0-5.1 (average for all questions being 4.3), indicating that they saw little change in the frequency they were experiencing challenging interactions. On a scale of 1-7, the average scores for all questions pre and post were 4.5 and 4.3, respectively. There was a slight

Figure 24: Staff Confidence



Source: DBH Workforce Education and Training Database

decrease of 2.9% but not a significant difference in how often staff were experiencing these challenging scenarios in their engagements when compared to the initial survey.

However, the specifics of these results are interesting as there was an increase in certain perceived primary emotions, such as worry and anxiety, where secondary emotions or emotions often caused by/following a primary emotion such as hostile, suspicious, angry, and tense, which are also emotions that are more-judgement laden than purely descriptive, showed slight decreases. This may imply that providers are employing more generosity and taking things less personally in how they perceive consumers/clients, affording them the benefit of the doubt and seeing them as anxious and worried as opposed to suspicious and tense.

The third set of questions asked about the staff member's confidence level with certain types of interactions and consumer dispositions; the pre and post average scores for responses to each question are listed in Figure 24: Staff Confidence. This set of questions were asked prior to LEAP training and at both the three month and six-month follow-ups.

During the pre-survey, staff members fell within the range of 4.0 to 4.6 (average for all questions being 4.3), indicating that they felt good about their skill levels with the certain types of interactions and consumer dispositions they were questioned about. At the three-month follow-up, staff reported a range of 4.9 to 5.4 (average for all questions being 5.1), indicating staff felt very good about their skill levels with the certain types of interactions and consumer dispositions they were questioned about. At the six-month follow-up, staff reported a range of 4.4 to 4.9 (average for all questions being 4.7), indicating that they felt between good and very good about their skill level with the types of interactions and consumer dispositions they were questioned about. On a scale of 1 to 7, the average scores for all questions pre, three-month post, and six-month post were 4.3, 5.1, and 4.7, respectively. Staff experienced a boost in their confidence by 11.5% from before LEAP training to three months post training and implementation, then their confidence fell by 5.8% between the three- and six-month post surveys. There was an overall increase in confidence from before LEAP training to six months post implementation of 5.7%. One possibility for the decrease seen between the three month and six-month survey is a recency effect, meaning providers and staff were utilizing the techniques more often immediately after they were trained and/or they were more cognizant of increasing confidence when utilizing these techniques in the first three months and after that it became more of a standardized confidence level so their perception of it leveled off somehow. Trainers are exploring the potential for creating a type of three-month LEAP refreshers to account for any decrease in confidence that might be occurring after three months due to lack of retaining the initial training information and technique approaches. Based on this and continued findings, the trainers will continue adjusting to ensure ongoing improvement.

The last set of questions discuss the topic of setting goals with consumers. The pre and post average scores for responses to each question are listed in Figure 23 Goal Setting. This set of questions were asked prior to LEAP training and at the six-month follow-up.

At initial questioning, staff members fell within the range of 3.4 to 5.4 (average for all questions being 4.3), indicating that a positive effort toward goal setting was occurring only occasionally. At the six-month follow-up, staff reported a range of 4.0 to 5.7 (average for all questions being 4.7), indicating that a positive effort toward goal setting was occurring frequently. On a scale of 1-7, the average scores for all questions pre and post were 4.3 and 4.7, respectively. Staff identified a 5.7% increase in the frequency of positive effort and cooperation toward goal setting with their consumers. These findings are still preliminary, and results will continue to be analyzed and updates made to training based on information from data collected.

LEAP training survey comments

Follow-up LEAP training surveys suggest that utilizing the LEAP techniques in a variety of settings has made a positive impact on staff/consumer interactions and relationships. Post analysis survey comments from staff offer some insight into the specific ways that they have incorporated LEAP techniques into their approach and what they have found most helpful so far:

How LEAP helped you in your practice…

"I know the overall, systemic impact of LEAP so far has strengthened my overall impact on [clients'] trust issues."

"Really listening to what the person is saying and not making my own assumption or conclusions."

"I really think all of the basic steps are helpful for me - Listening, having empathy, agreeing with, and partner."

"Building rapport with new clients"

"Listening and being able to delay my opinion."

"I use this in my daily interaction with my client's. Being able to listen and partner is very important."

"Showed me a different way of connecting with my clients, a more empathetic way."

What you find most helpful about the LEAP method…

"The reflection of what the consumer has said to ensure that you have heard them out thoroughly and that you understand and validate what they are feeling."

"I was very interested in the context of LEAP. This training IS A MUST for ALL clinicians in the field of mental health. Additionally, as something that is very prevalent in the field of mental health; this training assisted me in understanding family members that deal with mental health."

"The concept of partnering with the consumer on what we can. Not forcing our treatment goals."

"It served as a reminder to set aside personal thoughts and feelings about the client's circumstance, beliefs and thought processes. To simply focus on what the client presents to you as a challenge of theirs and to address that issue until able to address any other impairment that may or may not be apparent to the client."

Additional Comments

"This training should be a part of San Bernardino County New Employee Orientation or at least at the DBH and Human Services orientations as well as Crisis Intervention Training."

"LEAP is a great tool when used appropriately."

"It works"

"I use it every day, every engagement, but more training is always welcomed."

"It has helped me interview the clients prior to their having their hearings and when they contact us with complaints."

"Great training, I would like to continue to have updates."

"Very helpful"

"Paradigm shift!"

"I think this is a fantastic program that helped in my ability to engage clients with an approach which feels less judgmental and allows them to feel they are being heard. I would highly recommend the LEAP program"

"Great model"

Conclusion

Overall, there has been a decrease in the amount of training staff feel they need on interacting with consumers and/or interactions that bring a wide range of challenges. This could indicate that as a result of the LEAP training staff feel more confident in successfully building and maintaining relationships with the consumers they see.

The fact that there was modest change in the types of challenges seen during consumer/staff interactions shows that the scope of work did not change for those surveyed over the survey time period. Even though the challenges seen in their scope of work did not significantly change, the staff felt notably more skilled in how to handle these challenging interactions. This might imply that as a result of LEAP training, staff are better able to manage a variety of challenging situations and are experiencing improved short- and long-term results. Also, it is possible that after the LEAP training, staff interpret these challenges with a different lens than they did before so even when those negative or challenging interactions occur, staff feel more prepared and skilled in moving forward constructively.

It is worthy to note that when gauging their current, subjective skill level in interacting with consumers, staff felt an overall increase in confidence but they were much more confident during the three-month follow up than they were at the six-month follow up. This suggests that in order to empower staff in working with consumers, training should be administered regularly to strengthen and reinforce LEAP techniques. This also demonstrates that LEAP techniques are not a "quick fix" to the challenges that occur when working with individuals who suffer from mental illness. LEAP is a process and skill set to be practiced regularly in order to manage encounters with consumers and reinforces the intention behind LEAP, to build a relationship and partnership of mutual respect with consumers, over time, with a focus on moving toward reaching mutual goals.

In conclusion, LEAP training is empowering staff from a variety of disciplines and is allowing them to feel more confident when managing interactions and reaching goals with consumers, demonstrating the versatility of LEAP techniques. The changes in attitude from staff, and within the culture of the system of care itself have been positive. Although there is an increase in staff's current skill level during this six-month analysis, the slight drop from the three to the six-month analysis may highlight the importance of regular training and practice in utilizing LEAP tools and techniques to maintain and boost skill levels.

Project Conclusion

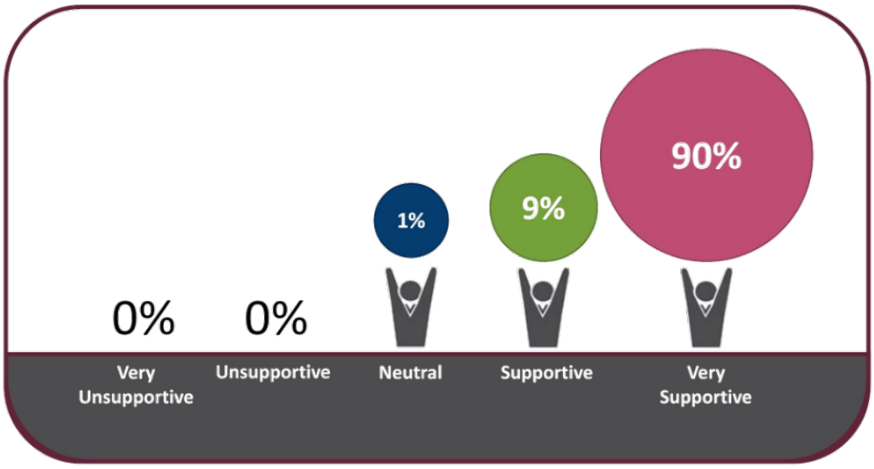
Recovery Based Engagement Support Teams (RBEST) ended as an Innovation project September 2019. Post Innovation project, RBEST was successfully transitioned and is funded under the Mental Health Services Act Community Services and Supports Component.

Project sustainability planning began in January 2018 when the preliminary outcomes from the project were presented at the DBH's Community Policy Advisory Committee planning meeting. This meeting is a permanent part of DBH's community program planning process. At this meeting, the RBEST leadership and Innovation teams presented the outcomes and challenges to date and asked stakeholders the following two questions:

•Based on the preliminary outcomes presented, how supportive are you of the continuation of the successful elements of the RBEST project into existing DBH services? (Figure 25)

•Based on the learning presented, how do you feel the successful elements of RBEST can be best integrated into the existing DBH system of care? (Figure 26)

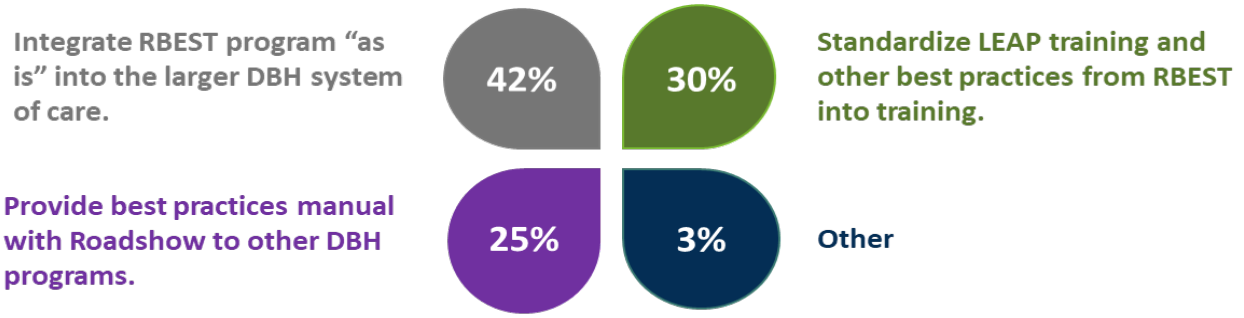
Figure 25: Support for Continuation of Successful RBEST Elements



Source: Jan 2018 Community Policy Advisory Committee Planning Meeting

There was an overwhelming 99% support for the continuation of RBEST into the existing DBH system of care. Most supported the idea of integrating the full program into the greater system of care rather than only best practices.

Figure 26: How Successful RBEST Elements Should Be Integrated



Source: Jan 2018 Community Policy Advisory Committee Planning Meeting

The responses to these questions guided the discussions that resulted in RBEST continuing, in its entirety, as a new program within the DBH system of care.

To conclude, RBEST found answers to the central question of how to address a population that, as a result of their own mental illness, is unwilling or unable to stay engaged or effectively engage in outpatient services. First, it was clear that the system did not understand this population's complexities as was assumed at project development. This project was provided a wealth of insight into the true barriers that prevent an individual from successfully engaging with the public mental health system. Not only was information gained about the target population, but also about family members and caregivers. The RBEST project determined that family became better partners in their loved one's journey to recovery if the system provides support as part of the larger system of care, not just as an ancillary service.

When asked if RBEST was a success the project manager and supervisory staff agreed that a primary driver of program success was the ability of staff to form meaningful and enduring relationships with both the consumer and family members, emphasizing "Relationships…guide everything." Staff tenacity and resilience in continuing to go back again and again, and their ability to understand the way consumers needed to be heard and seen, "to not be invisible anymore, to be able to be acknowledged for what they are and who they are…they were looking for something, for anybody to see them, we saw them," has been integral to program success. The flexibility in program design was also noted as a critical component to program success, as this allowed the "whatever it takes" approach that proved to be crucial in supporting the relationship-building between staff and consumers.

Success was based on the approach to individualized care, it was on a case by case basis. One manager commented, "A lot of our cases are unique." For some it's about immediate stabilization and for others it's about addressing basic daily pressing needs, like finding a place to live when they are currently homeless. Supervisors and management expressed this saying "the key thing is client-centered, quality of life and wellness is really an individual subjective thing…it looks different for everybody. For us rather than being directive and authoritative in that approach, just truly listening and actually respecting [them]." Achieving success is about knowing what to focus on first when RBEST staff were initially

interacting with the consumer and addressing overall quality of life concerns from the start of the interactions, getting to treatment options after basic needs had been addressed. "Their quality of life has improved, maybe they're still not receptive to medication, but now they're not homeless." These linkages to basic needs and resources needed to survive were key to enhancing overall consumer wellness. The multidisciplinary approach and "having the advantage of a variety of disciplines to address different issues, the whole person," were also cited as components of program success.

According to the manager, long-term success is found in the incremental steps consumers take toward wellness. "It might not be what you imagine...like perfection, where they're 100%...it might not look like that…so it might be more they're doing a daily task, like taking a shower, brushing their teeth, they're on SSI, now they can be in a room and board...and so maybe it's not where they're linked to mental health, but their quality of life has improved."

One influence on eventual program success was the incredibly selective process the program supervisor undertook when hiring each staff member. The manager shared "he used the term 'the spirit,' [potential hires] have to have the spirit…the spirit of wanting to help." The supervisor shared that it was because of the trust that management had in him that he was able to select the staff sharing that they "really empowered me when I went in and that was tremendous." He described prioritizing having a heart for the work over having years of professional experience and later added "having a foundation of staff…where the basic foundation is that [they] love helping people." The manager when asked about RBEST success stated that "without a doubt, [it was] getting the right people [staff] in." This resulted in an exceptional group of individuals making up the RBEST team, bringing to bear "engaging personalities, passionate, compassionate; with all that combined, I think that makes us successful."

Another important component of program success mentioned by supervisors and managers was the culture of care that was cultivated by the program supervisor(s), manager(s), and reinforced by program staff in the way they all related to and cared for one another. There was community in the workplace, and they looked out for each other, emphasizing each other's strengths and lifting one another up. This culture of care that was cultivated within the program and actively promoted by both supervision and management alike, is a central reason that staff were able to go to the lengths they did in building relationships with both consumers and their family members. This culture of care sustained staff doing the work so that they could continue to be present with the consumers in difficult situations, with their empathy and resolve remaining intact. Program supervisors and managers also conveyed to staff the value they placed on staff input, taking a more lateral and less hierarchical approach to the work. They paid attention to discerning staff needs and urged staff to prioritize self-care. It's important to mention that everything supervisors and managers discussed doing were also discussed and in staff focus groups, with staff affirming the culture of care created and the strengths-based, community-oriented approach to working within the program. Additionally, supervision and management also expressed high levels of professional satisfaction working for RBEST with one sharing "this is one of the professional highlights of my life…just to have a small part in this, has been tremendous." They also credited the innovative program design, "the program

design, it's absolutely amazing...in terms of multidisciplinary [approach], in terms of having the flexibility, in terms of engagement...LEAP is wonderful, I think that speaks volumes." This is an important piece of system learning and has already been used in the development of DBH's newest Innovation project, Innovative Remote Onsite Assistance Delivery (InnROADs).

Another factor of program success is the emphasis on including family members in the engagement approach. Having a "therapist that works with the family" ended up being an essential part of program success as "sometimes they have no one else that understands them…the family…sometimes they don't even understand it." Often, this would leave family members feeling isolated and alone which is why when RBEST staff show up to provide support, it's so impactful. "Numerous times…family members would start crying and say that finally someone is listening to me and understands what we are going through. The word that is used repeatedly is that now I have hope."

On a more macro level, managers and supervisors also saw success as disrupting the system by transforming the foundation of system culture. RBEST was described as "raising the bar and challenging the whole concept of client resistance, taking an honest look inward as a system of care to acknowledge that some things we can do better." Areas for system improvement were described as having more clarification for consumers coming into treatment regarding who meets criteria and a concern over how this is applied on a case by case basis. RBEST staff are now more often accompanying consumers to clinic assessments to help ensure complexities of their case are not overlooked, and a supervisor noted "you have to have accurate information and who would know better than this person that has been on the journey with them." One manager commented that success was seeing how LEAP training has transformed access to services and treatment made available to consumers, "I don't want any more blockades, and I want everybody to be able to accept our individuals." This manager further stated that she saw this as the beginning of a systematic change that would allow DBH to be seen as the place to go when behavioral health is needed because this system will have the reputation of always listening to the consumer. "My success would be implementing this [LEAP] through not just our department, but to anybody who works with the community." All of this considered, it is known that disruption of the system has never come without consequence for those causing the disruption and for those being disrupted. Difficult conversations took place between various programs throughout the duration of this project, but it was the willingness for staff and managers to have the difficult conversations and grow from those challenges that is enabling system-wide transformation and greater quality of care to take place.

In summary as measured and discussed above by several methodologies and across diverse sources, RBEST was successful under each learning goal.

Learning Goal #1: Disruption of the System

RBEST disrupted the system by transforming the approach to engaging and linking to care. The disruption is in providing support before clients are engaged in services because it's not funded under the insurance plan (Medi-cal) accepted by DBH and interrupting the cycle of inappropriate treatments (hospitalizations, etc.) that clients are seeking. RBEST was

found to be successful in implementing this disruption by learning and changing the concept and understanding of client resistance, taking an honest look inward as a system of care and acknowledging that sometimes there are barriers even within our own system. It was found that many clients display the qualities of being unable to seek services or navigate the system on their own due to lack of insight, resources, transportation, etc. and that resources and supports need to be funded and deployed as soon as possible to build trust and get individuals who need medical treatment and support engaged – especially since we know now that on average it takes 19.8 engagements before we have a successful linkage. The successful approach is in part due to bringing in paraprofessionals to make these connections with consumers and seeing how successful these staff are in engaging clients. Another way RBEST transformed the approach to consumer care was by identifying and addressing other barriers to care and treatment. Many of these individuals were very sick, making it very difficult for them to engage in services in a mental health clinic setting. Traditional mental health clinics are not designed with broad flexibilities, often because they are governed by a set of regulations and laws that set specific standards and restrictions. RBEST staff utilized their skills and resources to address the needs of their clients as well as guide them through the mental health system of care. Lastly, RBEST was able to introduce and implement LEAP as a new engagement approach to the DBH, as well as other County Departments, including embedding some elements into the County's Law Enforcement initial training.

Learning Goal #2: Increased Outpatient Services and Reduced Hospital Admission and Hospital Days

Increased Use of Outpatient Services

RBEST consumers that were either successfully engaged with RBEST, successfully linked to other outpatient services via RBEST engagement, or both, saw improved outcomes (e.g., increased access to routine outpatient services.) Improved consumer outcomes can be seen at 90 days with a 254.6% increase in service utilization, at 180 days 199.1% increase, and at 360 days 186.9% increase.

Decrease Number of Psychiatric Hospital Admissions

RBEST was successful in improving consumer outcomes by lowering the amount consumers used psychiatric hospitalizations. Once successfully linked and/or successfully engaged in routine outpatient services, many RBEST consumers no longer used psychiatric hospitalization as their primary source of mental health care. This can be seen in the decrease of medically necessary hospital utilization (both the number of psychiatric hospitals days used and by the number of psychiatric hospital admissions) that occurred after RBEST engagement. Only medically necessary hospital days were analyzed; Administrative days where transfers were pending, bad weather prevented discharge were not included.

Decrease Number of Medically Necessary Hospital Days

Decreases in medically necessary hospital days occurred post RBEST engagement. Within 90 days after RBEST engagement there was a 51.3% decrease, within 180 days there was a 44.6% decrease, and there was a 38.4%

decrease at 360 days post RBEST engagement.

Decreases in hospital admissions, occurred within 90 days with a 58.9% decrease, at 180 days with a 50.6% decrease, and at 360 days with a 45% decrease.

Learning Goal #3: Family will Acknowledge having Increased Understanding and Knowledge and Increased Strategies to Care for their Loved Ones as a Result of Care Provider Activation Strategies

The knowledge gained from this learning goal has had an impact on the DBH system of care leading to a new category of MHSA services labeled Family Support within the Community Services and Support Component. This new category includes RBEST and Connecting Families, the family support group that was created as a result of the success of the Journey Scroll event.

In addition to what was learned from the preset goals there was additional learning that occurred as the project progressed. These are the major themes included in the report.

- Unconditional support/whatever it takes – Similar to the philosophy and approach in Full Service Partnership treatment programs, RBEST staff learned early on and made it their motto to do "whatever it takes" to build the relationships needed with consumers for successful engagement. They were able to do so without the limits of timeframes established through outpatient care structures and provide the unconditional support RBEST consumers needed. We learned that it takes an average of 19.8 encounters to successfully link a consumer to services. This is very different to clinical programs and although clinicians are trained to build relationships with their clients, the clinical structure and client-to-staff ratio does not always allow for the amount of time and encounters it takes for hesitant consumers to gain the trust RBEST staff were able to build.
- Importance of the diverse multidisciplinary team – The variety of positions and experiences in the multidisciplinary team was critical in connecting and engaging with RBEST consumers and family members. Depending on the situation RBEST staff were able to connect with RBEST consumers on various levels. This strength-based approach allowed for RBEST staff, upon assessing the consumers' needs, to match the staff that would most likely make the necessary connection.
- The multifaceted nature of consumer's needs – RBEST staff found that many consumers needed health and basic needs services, as well as mental health services. The nursing staff on the RBEST team was utilized to provide insight into the medical needs and connections needed for clients. Nursing staff advocated for consumers in need of assistance in navigating the intricate healthcare system as well as providing support when attending appointments. Staff were critical in addressing the basic needs of consumers including accessing food banks and utility assistance. RBEST staff learned that consumers had more immediate needs

before even thinking about addressing their mental health issues.

- Challenging the terms "Resistant" and "Non-Compliant" – We learned not all consumers were "resistant" to getting mental health care. RBEST staff found that some consumers were willing to access care but had difficulty navigating the system of care. RBEST staff, through the relationships they built, were able to provide the added support consumers and family members needed to successfully access appointments, assessments and ongoing clinical care and treatment. Additionally, RBEST staff were able to support consumers that would normally be considered "non-compliant" with care. With this also came the notion of allowing the consumer to be ready for treatment. RBEST staff gave consumers the "space" to realize the benefits of treatment and medication. Then consumers were more willing to accept clinical care and treatment.
- The importance of LEAP training to the success of outreach and engagement activities – The Listen-Empathize-Agree-Partner method changed the way RBEST staff engaged with clients. This method also was taught to family members and care takers in order to improve the relationships that in the past had been strained and stressed due to lacking the skills necessary to support their loved one.

RBEST has been a project that has challenged the way we "think" mental health care should be provided. This holistic approach that includes the family and all aspects of the client's life is intense and takes a lot of man hours, however it is what is necessary for some.