



County of Fresno

DEPARTMENT OF BEHAVIORAL HEALTH
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Advance Directive for Psychiatric Care-Supportive Decision Making Innovation Project Brief

Introduction

Innovation Plans in the Mental Health Services Act (MHSA) were intended to be transformational in nature. As such, they are designed to allow time and funding to test out and develop systems, processes, programs and services which can change the overall system of care to better serve our community and individuals who may need services. An opportunity has arisen that will allow for counties to provide greater individualized person driven care for individuals with a serious mental illness. If successful, this new effort can change how individuals are cared for in California.

Fresno County learned of an opportunity for researching and developing an Advance Directive for Psychiatric Care through Supportive Decision Making model. An Advance Directive for Psychiatric Care, much like those designed for end of life care, allows for an individual to identify, proactively, how they would like to be treated when they are in a psychiatric crisis and unable to make decisions for themselves. Fresno County, its stakeholders, and advocates see development of an Advance Directive for Psychiatric Care using Supportive Decision Making as empowering individuals, families and advocates in equitable and individualized treatment options for those with a serious mental illness. Fresno County is seeking approval to commit \$950,000 of Innovation funds over the next three years to fund a multi-county innovation project around determining the feasibility and practicality of implementing an Advance Directive for Psychiatric Care.

Primary Problem

California is one of many states that have put legal recognition in place for advance health care directives. The current approach, established under Probate Code Section 4701, allows an individual to set instructions for his or her own care in advance of the need and/or to assign power of attorney for health care. The assignment or instructions under existing California law are triggered by a person's primary physician that the person is unable to make his or her own health care decisions.

Utilization and awareness of this option is low, however, despite the federal Patient Self-Determination Act, which requires hospitals serving Medicaid (Medi-Cal) or Medicare clients to inform all adult patients of their right to make advance health care directives.

There are 27 states which explicitly authorize the use of specific Psychiatric Advance Directives for persons living with a serious mental illness. Surprisingly, California, which is generally on the

forefront of transformative mental health practices, does not have a process that uses supportive decision making model. California's existing design does not seem to be well-adapted to addressing circumstances where a person's mental health status has significantly impaired his or her capacity to make health care decisions, particularly in mental health crises.

Currently, Fresno County is engaged in a sustained effort to become a wellness and recovery focused mental health plan, including all services (county-operated and contracted) as well as all administrative processes. To that end, we have developed Guiding Principles for Care Delivery (attached), have implemented the Reaching Recovery Tools in our electronic health record, and are in the midst of working with Resilience, Inc. to integrate peer support specialists throughout our system of care. We actively train in and use the Wellness Recovery Action Plan (WRAP) model with both our staff and our clients including the Crisis Plan component. However, the WRAP Crisis Plan component is not a legal document and has no standing outside of the individuals whom the person has shared it with, and who choose to follow it. An Advance Directive for Psychiatric Care could transform this client driven process by creating a legal process to ensure a client's wishes are incorporated into their care during a psychiatric crisis. Further, the project will explore ways to ensure that the document is accessible to the providers/caregivers of the person in crisis.

Proposed Project

Fresno County DBH proposes to contract with the Saks Institute For Mental Health, Law, Policy and Ethics, conditional on MHSOAC approval of a multi-county collaborative proposal currently under development with a cohort of counties and the Saks Institute, for a pilot effort to establish the development of an Advance Directive for Psychiatric Care tool for use in California based on a supportive decision-making model.

Working with other counties and the Saks Institute, the project will develop a tool for Advance Directives for Psychiatric Care for California and implement the tool using the supportive decision making model. The tool will be used to guide specific directives such as, but not limited to: a person's preferred medication, willingness to participate in electroconvulsive therapy, type of treatment preferred in a mental health emergency, or whom the person delegates to make decisions regarding care during times the person is incapable of directing their own care. In collaboration with the other counties and the Saks Institute, the legal and behavioral health aspects of such a project can be developed.

The project will seek to pilot the effort in Fresno and other participating counties. The project will assess a variety of variables with respect to the Advance Directive for Psychiatric Care, including how these tools are deployed, whether they are used in real-time practice, what are barriers and/or challenges exist regarding their use, and any related legal implications,.

Without the availability of an Advance Directive for Psychiatric Care for someone who is living with a serious mental illness, there is no opportunity for the individual to provide direction for

their own course of treatment when they are incapable to make those decisions. Decisions regarding care and treatment made by well-intended crisis and emergency services providers may not be aligned with an individual's preplanned Wellness Recovery Action Plan/Crisis Plan or their desires, nor with any input from the individual.

Every individual has a legal right to determine their own care when capable, and or to designate who they would like to have make their treatment/care decisions in instances when they are not capable to do so on their own. However, this right fails to extend to individuals in our community who have a serious mental illness during times of psychiatric crisis. The use of an Advance Directive for Psychiatric Care would create an opportunity to ensure this right and provide support for the wellness of the individual members of our community with a serious mental illness.

There has been limited research into the use of supportive decision making regarding Advance Directives for Psychiatric Care for individuals with a serious mental illness. There has also been limited research on the risks and benefits of such a tool and process and limited research on the impacts on clinical care, outcomes, and wellness and recovery. The limited research available indicated that without an advance directive, individuals in a psychiatric crisis can experience a disruption in community based services, can be removed from their communities, and they are more likely to end up in criminal justice settings as a response to a crisis situation. None of these are optimal outcomes. It is hypothesized that the use of an Advance Directive for Psychiatric Care would allow the individual to have a reduced incidence of these negative outcomes of a crisis.

In order to assess how an Advance Directive for Psychiatric Care could effectively be implemented will require a coordinated process which ensures that the advanced directive is available to be shared with hospital emergency departments, first responders, Crisis Stabilization Centers, Community-Based Treatment Providers, and others. In spite of some progress with sharing of electronic health records between providers and the efforts to develop a statewide shared information database, no such tool or process yet exists in California for psychiatric care. This project would explore the possibility of using an existing database in California, used for advance directives for end of life care, as a system for communicating the Advance Directive for Psychiatric Care.

This project will focus on both the development facets and the actual application of the Advance Directive for Psychiatric Care with individuals served, to create a tool and process that can improve how those with a serious mental illness are treated and cared for in California.

Innovative Component

The innovation component of this project, aside from bringing together several different disciplines (county behavioral health departments, legal experts, health care, law enforcement

and academic researchers), is that the proposed pilot program address the following Innovation criterion;

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

Advance Directives for Psychiatric Care are being used in some states, but have not been used in the mental health system of care in California. The approach of supportive decision making has been used in other settings, primarily for those who may have a cognitive impairment. Cognitive impairments tend to be a more permanent status, unlike a mental illness where an individual can have periodic episodes where they may not be able to make decisions for themselves, but can return to higher levels of wellness and fully capacity for personal care decisions. This project will seek to create a process for the development of an Advance Directive for Psychiatric Care to be used in California. This project meets the Innovation regulatory requirement and is supported by the identified criterion.

This proposed statewide pilot innovation plan will address the following primary purpose required for all innovation plans.

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

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

This program, if effective, can restore the rights and abilities of individuals with a serious mental illness to direct their care at a future time when they would otherwise be unable to make decisions. An Advance Directive for Psychiatric Care tool, created through a supportive decision making model can reduce disruption of services, mitigate further crisis episodes, reduce criminal justice involvement, increase the involvement of advocates and family members in the care of individuals and can be measured in all aspects.

Secondly, this pilot shall foster collaboration between agencies (including participating county behavioral health departments and the MHSOAC), across different disciplines (legal, health care, patients' rights advocates, law enforcement and first responders), and, importantly, those with lived experience, to work together to develop a tool, foster an application model based on wellness and a person-first approach to care. This project will address a significant gap in our current system of care which will improve the lives of those with a serious mental illness.

Learning Goals/Project Aims

The learning goal of this project is to determine if we can assist individuals to preplan for their desired care in the event of experiencing a future psychiatric crisis. Another learning goal is to determine if individuals who have used the to-be-developed tool for an Advance Directive for Psychiatric Care actual receive the type of care that their predetermined plan outlined.

This project can allow counties to establish a validated tool which can be used across multiple systems (health, behavioral health, law enforcement, etc.) to ensure the rights, individual preferences, and wellness of those living with a serious mental illness are protected.

The development of the tool will include individuals who are currently in care, conserved, or who may have histories of episodes where their capacity to make decisions about their own treatment were severely limited. It is imperative that those who are living with a serious mental illness provide first hand consultation in the development of the tool and the process for its use.

Fresno County is interested in learning if the development of this tool and the accompanying process will result in reduced instances of crisis and improved quality of care for those with a serious mental illness.

Fresno County shares the Sak's Institute's long-term goal of *“establishing a psychiatric advance directive based on Supported Decision Making (SDM) to empower individuals in California by giving the ability, rights, and opportunity to plan their own care for increased treatment compliance, dignity, and fewer negative impacts to the community”*. We anticipate the creation of a new approach for those with a serious mental illness, including increased physical and mental health for the individual sustained over time, will improve their relationships and stability within their families, the ability to become (and remain) employed in accordance with their own wellness goals, and increase opportunities to contribute positively within their communities. Supportive Decision Making approach could be the foundation for what the Saks institute called a *“long-term empowered care with the patient as the architect of their own lives”* and Fresno County seeks to help bring that to fruition.

Envisioning Activities

Over the course of three years Fresno County envisions the development of an Advance Directive for Psychiatric Care tool, which can meet the needs and requirements of the people we serve, their families, advocates, legal and provider requirements, and will be used in conjunction with a supportive decision making model.

Once a tool is established, we envision the development of an implementation plan, which will include trainings for all aspects of completion of an Advance Directive for Psychiatric Care directive for participating counties. Protocols will also be developed to test and evaluate the effectiveness of the trainings. Fresno County is committed to ensuring that such training emphasizes that the development of an Advance Directive for Psychiatric Care shall be integrated into the care-delivery experience and aligned with a strengths-based, person-centered, and wellness and recovery oriented approach.

A key component of this pilot, after development of the tool, will be monitoring and evaluating the implementation of the tool with individuals living with a Serious Mental Illness and to assess its use, effectiveness, and challenges in real-time.

A critical activity is to establish a means to have completed advance directives accessible to hospital emergency rooms, crisis response providers, and first responders, and then to monitor the uses, accessibility and availability of the advance directive tools to the larger system of care.

Finally, the program will include assessing the progress, effectiveness, and fidelity of the effort with individuals, families and advocates.

Evaluation/Learning Plan

The evaluation of this pilot will need to be broad to ensure it is examining the numerous key components of this pilot. The evaluation needs to also be heavily focused on quantitative measures of understanding progress of the programs, establishing fidelity factors so the program can be expanded into other counties for trials and eventually be applied statewide.

Improved compliance –One of the areas Fresno County seeks to evaluate is whether providers are complying with the wishes and the directives of the individuals with an Advance Directive for Psychiatric Care. Secondly, we seek to assess whether an individual with an Advance Directive for Psychiatric Care improves their own adherence to their individualized wellness and recovery plans by having an Advance Directive for Psychiatric Care using a supportive decision making model.

Increase adherence to treatment requests- The project is specifically seeking to measure provider's adherence to the legal Advance Directive for Psychiatric Care and, if providers do not adhere, to identify the barriers and determine if there needs to be additional legal or legislative support of the tool.

Increase in individual wellness scores- Some early and limited research suggests that the use of supportive decision making approach, in developing advance directives to care, can improve the self-esteem of those participants, increase their understanding of their own recovery and improve outcomes. This can be measured through various screening tools. In Fresno County, the Reaching Recovery suite of tools provides a rating of the Recovery Need Levels (RNL) of the individual person served as well as measurements of recovery throughout the duration of their participation in services.

Reduction in incarceration/criminal justice involvement as result of crisis. A vital impact of this program is to better equip first responders, and especially the Crisis Intervention Teams (CIT), to understand the care preferences of a person experiencing a psychiatric crisis and provide care according to their wishes. If this yields a reduction in arrests/incarceration, that will equate to less disruption of services for the individuals in care, less trauma to the individuals experiencing a psychiatric crisis, a reduction in the utilization of jails for individuals who may be in crisis, and increases in opportunities for individuals to remain in their own community with their support systems after a crisis episode.

Reduction in long term hospitalization- Having an Advance Directive for Psychiatric Care may increase adherence to treatment by individuals and may also expedite their treatment which can return them to wellness sooner, and thus avoid long hospitalizations by applying treatment approaches which may be misaligned with the values, preferences, and strengths of the individual. An Advance Directive for Psychiatric Care may give crisis responders more options and guidance on how to best serve those individuals in order to assist them to return to wellness.

Community Planning

Fresno County DBH learned of the opportunity to participate in this project in early 2019. After discussing with the Saks Institute, Fresno County shared this opportunity through the annual update process. The Department added a summary of the proposed plan to the Summary of Changes portion of its Annual Update on May 1, 2019.

During the Public Hearing on May 15, 2019, Fresno County DBH staff specifically called out its desire to include the Advance Directive for Psychiatric Care-Supportive Decision Making statewide innovation project as an innovation plan. The proposed project was presented and discussed with the audience. Members representing NAMI Fresno came out in strong support of the County pursuing this Innovation project. Those members supported a process that will establish an Advance Directive for Psychiatric Care which will empower individuals with a serious mental illness and their advocates. There were no comments in opposition. Additionally, the Fresno County Behavioral Health Board approved the plan and the inclusion of this proposed project on May 15th.

On May 17, 2019 some of the Fresno County DBH staff participated in another call with the Saks Institute and other potential participants to explore the project moving forward.

The draft Annual Update plan is now on the County's website awaiting approval by the Fresno County Board of Supervisors on June 18, 2018.

Budget

Fresno County is requesting authorization to allocate up to \$950,000, over the next three years to this project to support the development, research, implementation and evaluation of an Advance Directive for Psychiatric Care using Supportive Decision Making with the Saks Institute and the MHSOAC.

Fresno County will allocate \$316,667 per year for three years, to develop an Advance Directive for Psychiatric Care using supportive decision making model.

Fresno County seeks to allocate \$50,000 per year for three years to an independent third party evaluation of this project. The total budget for evaluation will be \$150,000.

Fresno County is not adding personnel for this project, but will incur administrative/indirect costs related to participation in the innovation project. That cost is \$168,136 for personnel other costs at \$200,311 total.

The remaining funds will be used over the three years to work with the Saks Institute to develop the tools, process and implementation plan for \$631,864 funding.

Fresno County DBH will leverage its clinical and medical personnel to support portions of this program with no charge to this programs budget, allowing \$631,864 of the budget to go directly into the project development, and implementation.

BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY*: EXPENDITURES

PERSONNEL COSTS (salaries, wages, benefits)	FY 19/20	FY 20/21	FY 21/22	TOTAL
Salaries	\$37,375	\$39,244	\$41,206	\$117,825
Direct Costs	\$15,959	\$16,757	\$17,595	\$50,311
Indirect Costs				
Total Personnel Costs	\$53,334	\$56,001	\$58,801	\$168,136

OPERATING COSTS	FY 19/20	FY 20/21	FY 21/22	TOTAL
Direct Costs				
Indirect Costs				
Total Operating Costs				

NON RECURRING COSTS (equipment, technology)	FY 19/20	FY 20/21	FY 21/22	TOTAL
Total Non-recurring costs				

CONSULTANT COSTS / CONTRACTS (clinical, training, facilitator, evaluation)	FY 19/20	FY 20/21	FY 21/22	TOTAL
Direct Costs	\$50,000	\$50,000	\$50,000	\$150,000
Indirect Costs				
Total Consultant Costs	\$50,000	\$50,000	\$50,000	\$50,000

OTHER EXPENDITURES (please explain in budget narrative)	FY 19/20	FY 20/21	FY 21/22	TOTAL
	\$213,332	\$210,666	\$207,866	\$63,846
Total Other Expenditures	\$213,332	\$210,666	\$207,866	\$631,864

BUDGET TOTALS	FY 19/20	FY 20/21	FY 21/22	TOTAL
Personnel	\$37,375	\$39,244	\$41,206	\$117,825
Direct Costs	\$65,959	\$66,757	\$67,757	\$200,311
Indirect Costs	-	-	-	-
Non-recurring costs				
Other Expenditures	\$213,332	\$210,666	\$207,866	\$631,864
TOTAL INNOVATION BUDGET	\$316,666	316,667	\$316,667	\$950,000