

INNOVATION PROJECT STAFF ANALYSIS:

Psychiatric Advance Directives (PADs) – Phase 2

Contra Costa County

Name: Psychiatric Advance Directives (PADs) – Phase 2 – Contra Costa County

Total INN Funding Requested: \$1,438,411

Duration of INN Project: 4 years

Review History

Public Comment Period: February 28, 2025-March 27, 2025

Behavioral Health Board Hearing: May 21, 2025

Board of Supervisors Approval: June 24, 2025

County Final Submission Date: July 22, 2025

Statutory Requirements

WIC Section 5830(a)(1)-(4): The primary purpose of this project is to increase access to mental health services to underserved groups, promote interagency and community collaboration related to Mental Health Services, supports for outcomes, and increase the quality of mental health services, including measured outcomes.

WIC Section 5830(b)(2)(A)-(D): This Proposed Project meets INN criteria by introducing a new practice or approach to the overall mental health system, including, but not limited to, prevention and early intervention.

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Project Introduction

Psychiatric Advance Directives (PADs) are used to support treatment decisions for individuals who may not be able to consent to or participate in treatment decisions because of a mental health condition. They generally are used to support individuals at risk of a mental health crisis where decision-making capacity can be impaired. PADs allow an individual's wishes and priorities to inform mental health treatment. Like their general health care counterpart, a PAD can also allow an individual to designate proxy decision-makers to act on their behalf in the event the individual loses capacity to make informed decisions.

Contra Costa is seeking approval to use innovation funds to join Fresno, Shasta, Orange, Alameda, Tri-City, Mariposa and Monterey Counties in Phase Two of the Psychiatric Advance Directive (PADs) Multi-County Collaborative. This project will perform live testing and evaluation of the use of a digital Psychiatric Advance Directive utilizing the web-based platform. The overall goals of Phase Two will focus on engagement, collaboration, training, testing, evaluation, and transparency.

PADs Phase One Background

The first cohort of the Psychiatric Advance Directive (PAD) project was approved by the Commission on June 24, 2021, for a total of four years and is set to conclude on June 25, 2025. Partnering counties consisted of Fresno, Contra Costa, Mariposa, Monterey, Orange, Shasta, and Tri-City.

The overarching goal of Phase One was for participating Counties to work in partnership with various contractors, stakeholders, peers with lived experience, consumers, and advocacy groups to provide resources related to PADs training, a toolkit, as well as the creation of a standardized PAD template and a PADs technology-based platform to be utilized voluntarily by participating Counties.

Phase One will achieve the following goals:

- Develop standardized PAD template language for incorporation into an online and interactive cloud-based webpage, created in partnership with Peers and first responders

- Create a PADs facilitator training curriculum that will utilize a training-the trainer model for facilitation

- Create easily reproducible technology that can be used across California while maintaining sustainability

- Advocate for legislation and policies that create a legal structure to recognize PADs

- Evaluate the development and adoption of PADs, the understanding of PADs, and the user-friendliness of PADs with measured outcomes

The goals for Phase Two are to take achievements from Phase One and test them in a live environment following training on the use and completion of PADs.

BHSA Alignment and Sustainability

This project will focus on individuals with behavioral health needs who may be unhoused and need housing and supportive services, who receive services from Full-Service Partnerships, and other individuals who are in the behavioral health system of care, including but not limited to: Veterans, justice-involved, recently hospitalized in emergency room departments or inpatient units, and those with co-occurring substance use disorders.

The project also aligns with the current Commission Strategic Plan goals of advocacy for

system improvement, supporting universal access to mental health services, participation in the change in statutes, and promoting access to care and recovery (see Appendices for Alameda and Tri-City, pages 56-69, for detailed information).

On April 23, 2024, the Commission was asked to support Assembly Bill 2352 (Irwin) which seeks to build out a legal framework for PADs in California that will work with Counties currently participating in Phase One of this project. Support of AB 2352 was granted with the stipulation that work will continue with disability rights groups to ensure that the bill empowers peers and supports recovery. *PADs Phase Two has outlined efforts to collaborate and partner with Peer Support Specialists, Painted Brain, Disability Rights of California, NAMI California, and many others (for complete list of collaborating partners, see pages 18-22 of the project plan).*

Regarding sustainability, PADs Phase One efforts have received support from current legislation (AB 2353, Irwin), and it is the hope that Phase Two will also be supported in part by future legislation. Phase Two intends to show the need and the utility of PADs, with the overarching goal of securing ongoing funding from various agencies.

What is the Problem

As outlined in Phase One of the PADs project, there is widespread support for the use of PADs to empower people to participate in their care, even during times of limited decision-making capacity. PADs can improve the quality of the caregiver-client relationship and improve health care outcomes. The Joint Commission on the Accreditation of Healthcare Organizations recognizes the value of psychiatric advance directives for treatment decisions when an individual is unable to make decisions for themselves (JCAHO, Revised Standard CTS.01.04.01).

While psychiatric advance directives were first utilized in the United States in the 1990s, and have widespread support, research suggests their use is limited by lack of awareness and challenges with implementation.

Although 27 states have passed laws recognizing PADs, most PADs emphasize physical health. Adding to this, there is no standardized template for individuals, or their support systems, to access it when they might need it the most. With the increasing rates of mental illness and high rates of recidivism, steps need to be taken so that directives are in place in the event a person experiences a psychiatric episode.

Phase One explored the utility of PADs as a strategy to improve the effectiveness of community-based care for persons at risk of involuntary care, hospitalization, and criminal justice involvement. Phase Two will focus on the effectiveness of PADs with training and live testing.

How this Innovative Project addresses the problem

Given that the goals of Phase One have been achieved, Phase Two will focus heavily on the training and “live” use of PADs. At this time, Mariposa and Monterey are joining Fresno, Shasta, Orange, Alameda and Tri-City.

Phase Two goals include the following (see pages 5-6 of the project plan for details):

Engagement for new counties joining the project. Counties will work with first responders, behavioral health departments, courts, local NAMI chapter and peer organizations to better understand PADs and how to successfully utilize a PAD.

Collaboration amongst stakeholders will continue, advocating for legislative efforts that inform and enhance the use and access of a standalone PAD when tested in a “live” environment. Some partnering groups include, but are not limited to, county staff, peer support specialists, Painted Brain, Cal Voices, Disability Rights of California, local NAMI chapters, California Professional Firefighters, California Sheriff’s Association, California Hospital Association, Department of Justice, Patient Right’s attorneys, and others.

Training will be the main component of this project, and the use and accessibility of a PAD will be closely monitored throughout the project. Training modules will be provided for first responders, crisis intervention teams, CARE Courts for judicial staff, Peer training for Peer Support Specialists and peer supports within the court system, and counties who have identified their own priority population.

Testing will occur after training has been provided. The testing phase will occur in a live environment to determine the ease of use, number of PADs that have been completed, and the disposition of law enforcement and hospitals to assess if there was a reduction in the number of 5150s requiring hospitalization due to the availability and use of a PAD.

Evaluation of Phase Two will continue from Phase One; however, emphasis will be on the intersectionality of the use of a PAD combined with the technology platform. Evaluation will include data obtained through interviews and observations and will meet all Institutional Review Board (IRB) requirements.

Transparency of Phase Two’s progress will be provided through the project’s website: www.padsCA.org.

Community Planning Process

Contra Costa held their 30-day public comment period from February 28, 2025, through March 27, 2025, followed by their Behavioral Health Board hearing on May 21, 2025, receiving Board of Supervisor approval on June 24, 2025. The desire to continue the PADs Phase 2

Collaborative is the result of a community-identified need to prioritize crisis related services dating back to Fall 2021.

The County indicates there is limited knowledge surrounding the access, utilization, and storage of PADs. As a result, the County is working in partnership with other local agencies - the County's Office for Consumer Empowerment, staffed by individuals with lived experience, and the Consolidated Planning and Advisory Workgroup to promote coordination efforts to utilize PADs.

These community partners have identified that use of PADs would be helpful by:

- Promoting individual choice during a crisis
- Reducing rates of re-hospitalization and incarceration
- Providing opportunities for community collaboration and involvement of peers
- Offering tools and resources for first responders and local providers
- Providing training and understanding of a digital PAD to reduce rates of re-hospitalization
- Providing a voice for an individual who is experiencing a behavioral health crisis

Stakeholders, community partners, as well as consumers and family members, were welcome to provide feedback around innovation projects. Any feedback received during the public review period has been and will continue to be incorporated into the development and continued implementation of this project.

Contra Costa proposes to spend up to \$1,438,111 in Innovation funding towards this multi-county collaborative over four years.

Additional information on Contra Costa County's local community planning process can be found on pages 87-91 of the project proposal.

Learning Objectives and Evaluation

Burton Blatt Institute will continue their work on this project and be the primary subcontractor, working in collaboration with other subcontractors, to perform the evaluation based on the established learning questions during this testing and implementation phase.

The following **individual and service-level** questions have been identified as follows:

- (1) In the opinion of PADs county managers, did Phase Two counties achieve the outcomes they specified in their work plans to test and implement the PADs web-based platform with their priority peer populations and community-based stakeholders?

(2) In the opinion of mental health legislative advocates, did PADs and its web-based platform address the county's goals for mental health treatment and recovery and for reducing the frequency of involuntary hospitalizations?

(3) In the opinion of peers, did accessing and using the PADs web-based platform positively affect their lives over the three-year evaluation period?

- a. Did they experience increased feelings of empowerment, self-direction, and hope for the future by creating a web-based PAD?
- b. Did they have better experiences with law enforcement, first responders, hospitals, and others when their web-based PAD was accessed and used when they were in crisis?
- c. Did using a web-based PAD decrease the length of time when they were in crises and could not make their own decisions?
- d. Did the use of a web-based PAD decrease the frequency of involuntary psychiatric commitments?
- e. Did they feel that having a web-based PAD improved the quality of crisis response services they receive from their mental health, homelessness, criminal justice, and other agencies who work with them?
- f. Was their crisis support system, including peers, family members, and stakeholder agency staff, strengthened by their use of a web-based PAD?

(4) In the opinion of community agency stakeholders, how did access and use of the PADs web-based platform positively affect how law enforcement, first responders, hospitals, and others serve peers when they are in crises over the three-year evaluation period?

- a. Did orientation and training on PADs and its web-based platform improve their understanding, acceptance, and capacity to access and use web-based PADs on behalf of peers when they are in crisis situations?
- b. Did they feel that accessing and using a peer's web-based platform improved their de-escalation, treatment, and support experiences when peers are in crisis situations?
- c. Was the PADs web-based platform sufficiently customized to address the capacity and technology infrastructure of law enforcement, first responders, medical and mental health care providers, and other stakeholders including Care Courts in accessing and using a peer's PAD?
- d. Did the PADs web-based platform affect the ways that Care Courts, law enforcement, first responders, medical and mental health care providers, and other stakeholders interact with and support peers in mental health crisis situations?
- e. Was access and use of the PADs web-based platform integrated into the services that mental health agencies, including Full Services Partnerships, and community stakeholders provide to peers in crisis situations?
- f. Were there indicators that access, and use of the PADs web-based platform could be sustainable and under what conditions?

The following **systems level** questions have been identified as follows:

- 1) Were Phase Two counties successful in aligning services, partnerships, funding, and systems in testing and demonstrating the effectiveness of the PADs web-based platform, including its acceptance and use by Care Courts?
- 2) Did the knowledge and experiences of implementing the PADs web-based platform in Phase One counties inform and improve the design, marketing, and use of the PADs web-based platform among Phase Two counties?
- 3) Were precepts of peer inclusion and methods of incorporating peer perspectives established during Phase One relevant and effective in accessing and using the PADs web-based platform by Phase Two counties' priority populations?
- 4) Were Phase Two counties able to establish a process and plan for sustaining and replicating the access and use of the PADs web-based platform by their priority populations, and community stakeholders?

Budget

Contra Costa County is requesting authorization to spend up to \$1,438,411 of Innovation funding for this project over a period of four (4) years. One-hundred percent (100%) of the project will be supported by Innovation funding. The breakdown by fiscal year and expenditure category is as follows:

Category	FY 25-26 (Year 1)	FY 26-27 (Year 2)	FY 27-28 (Year 3)	FY 28-29 (Year 4)	Total
Personnel	\$101,715	\$106,802	\$112,143	\$117,751	\$438,411
Contracts & Consulting	\$212,500	\$212,500	\$212,500	\$212,500	\$850,000
Indirect Costs	\$37,500	\$37,500	\$37,500	\$37,500	150,000
Total	\$351,715	\$356,802	\$362,143	\$367,751	\$1,438,411

Contra Costa is seeking to contribute \$1,438,411 of Innovation dollars to fund the PADs Phase 2 Collaborative as follows:

Personnel costs total \$438,411 (30.4% of the total budget) to cover county staff costs for this project, including benefits and salaries

A total of \$850,000 (59.0%) will cover consultant and evaluation costs.

Indirect costs total \$150,000 (10.4%) and cover county administrative costs.

This project will partner with the following contractors for the implementation, training, testing, and evaluation of this project (see pages 18-22 for additional details on contractors):

Concepts Forward Consulting – will be the assigned Lead Project Manager and will provide case management, full project oversight, financial oversight of sub-contractors, and will work closely with Commission staff.

Alpha Omega Translation – will cover translation and interpretation services.
Burton Blatt Institute – will perform the evaluation of this phase of the project.
Idea Engineering – will offer strategic consultation and creative direction as a full-service marketing agency (i.e. video direction and production, graphic design, translation, art production, and coordination).

Painted Brain - Peer organization selected by counties who participated in Phase One by providing input at stakeholder meetings representing the peer voice. Painted Brain will be instrumental in utilizing peers for this project, including outreach, education, peer representation, legislative advocacy, and training in the use of PADs platform.

Chorus Innovations, Inc - this consultant will continue from building the secure, private, and voluntary platform where individuals can store their PADs to now testing the live platform.

CONCLUSION

The proposed Psychiatric Advance Directive Innovation Project for Contra Costa County appears to meet minimum requirements listed under MHSA/BHSA Innovation regulations and align with the goals of the BHSA.