

Psychiatric Advance Directives

MULTI-COUNTY COLLABORATIVE

Mental Health Services Act Funded Project

Fiscal Years 2024-2029

Prepared by Kiran Sahota, President



CONCEPTS**FORWARD**
CONSULTING

Contents

Project Overview	2
Primary Problem	2
What has been done elsewhere to address the primary problem?	3
The Proposed Project	4
Project Overview	5
Phase One outcomes.....	5
Phase Two	10
Proposed Project Timeline:.....	10
Budget Narrative and Project Budget	17
Concepts Forward Consulting (CFC).....	17
Alpha Omega	17
Chorus Innovations, Inc.....	18
Idea Engineering	18
Painted Brain.....	20
Evaluation.....	21
Burton Blatt Institute (BBI).....	21
Sustainability.....	28
Communication.....	28
References	28
Budget	29
Appendices	30
Counties approved May 23, 2024 (Fresno and Shasta).....	31
Counties approved August 22, 2024 (Orange).....	38
Counties approved November 21, 2024 (Alameda, Tri-City MHA).....	56
Counties pending approval April 24, 2025 (Mariposa, Monterey, Orange update)	70

Project Overview

Primary Problem

Since the 1990s, psychiatric advance directives (PADs) have been a part of the California patient rights statute embedded in the probate code. However, despite their existence, there is a significant lack of knowledge about PADs, such as how to create one, who can create one, how a PAD is stored, and who will access the PAD in case of need. Despite subsequent legal statutes, such as Assembly Bills (AB) 1029, 2288 and Senate Bill (SB) 1338, the concept of a standalone PAD remains unclear.

Demonstrating the power of collaboration in addressing behavioral health challenges. The collective effort of several counties, including Contra Costa, Fresno, Mariposa, Monterey, Orange, Shasta, and Tri-City, partnered in 2021. They united to create a standardized PAD template and a web-based platform and provide first responders, crisis teams, and hospitals with in-the-moment access to the PAD. This project was initially approved as a Mental Health Services Act (MHSA) Innovations Project, (Concepts Forward Consulting, 2021). This portion of the project is now identified as “Phase One.”

Phase One of the Multi-County PADs Innovations Project will sunset on June 30, 2025. Per the Phase One approval on June 24, 2021, the following is expected to be accomplished.

- Partnership with Peers and first responders to standardize PAD template language for incorporation into an online and interactive cloud-based webpage.
- Create a PADs facilitator training curriculum and present a training-the-trainer model for facilitation.
- Create sustainable technology that is easily reproducible and can be used across California.
- Legislative and policy advocacy to create a legal structure to recognize PADs.
- Outcomes-driven evaluation of the development and adoption of PADs, including ease of use and understanding of PADs.

As the Phase One accomplishments are projected to be fully completed by June 30, 2025, the next steps would be to test the technology or web-based platform in “live” time and evaluate its success and challenges. To create the blueprint but not utilize this truly innovative and one-of-a-kind technology would be a disservice to all who live with a behavioral health condition, along with those who dedicated time to the Phase One project. Testing the PAD technology and training those who access and use the PAD is the natural next step of the standalone PAD.

The current project request, or “Phase Two,” seeks to solve questions arising from the initial project, which cannot be answered without in-depth testing and evaluation. Phase Two will be completed through the “live” testing of a digital PAD and the web-based platform. Some of the outstanding questions to identify will be: does the training of first responders and hospital staff result in follow-through with accessing and utilizing the PAD in a behavioral health crisis; how does using a trained facilitator enhance access, use, and completion of the PAD; do training first responders and hospitals reduce recidivism in the jail or hospital settings; do healthcare advocates assist in reducing unnecessary incarcerations or hospital placement; does a technological product protect an individual’s rights; does the electronic PAD offer in-the-moment

crisis de-escalation; do hospitals honor pre-determined medications and physical/behavioral health information; and are digital PADs easy to use and access?

Additionally, the PADs project aligns with current legislative actions, including AB 2352 (Irwin), which has been brought about directly through the work on Phase One. The standalone PAD was first proposed in AB1029 (Pellerin.) The project also aligns with the current Behavioral Health Services Oversight and Accountability Commission (BHSOAC) 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. All legislative conversations will continue with an open and welcoming collaborative effort, as described below on page four.

The passing of Proposition 1 also aligns naturally with the use and access of a PAD. To focus on housing and supportive services for our unhoused individuals with a behavioral health condition, Early Psychosis, Full-Service Partnerships (FSP), Veterans, justice-involved, recently hospitalized, both in the Emergency Department (ED) or Inpatient Unit (IPU), co-occurring substance use disorder, mobile crisis teams, Crisis Intervention Team (CIT) programs, and any individual within the behavioral health system of care, in which pre-determination of a potential behavioral health crisis could be averted and appropriately addressed, only strengthens the need for PADs throughout the system of care.

[What has been done elsewhere to address the primary problem?](#)

As mentioned earlier, PADs have been around for over 30 years with little awareness, adherence, and acceptance among behavioral and physical health organizations, hospitals, and first responders. A PAD is currently a paper document that can be upwards of 30- pages and is simply unavailable during a behavioral health crisis. Ironically, since the PADs Phase One project started in 2021, very little has been accomplished elsewhere in the world.

Substance Abuse and Mental Health Services Administration (SAMHSA) updated its crisis app (SAMHSA, 2020), but it remains a personal crisis plan with individual access only. In addition, an individual would have to sign on to the SAMHSA app and hand their smart device over to a first responder or hospital staff. Active peers and peer support specialists have reported that this would be an unreasonable request for someone in a behavioral health crisis. However, the idea of having a crisis app remains a commendable approach and a launch point for the digital access provided in Phase Two.

The State of Washington has introduced a Senate bill, SB 5660, to create a workgroup to develop recommendations for the effective implementation of PADs, standardization, training, and accessibility. In California, these recommendations will be fully accomplished during Phase One of the Multi-County PADs project's completion.

France worked on PADs within the Psychiatric hospital setting in 2021 and has since published their findings in the Journal of the American Medical Association (Tinland, 2022). The findings spoke to the use of Peer Workers and the success of PADs completion with Peer facilitation in a psychiatric inpatient unit.

Many states and countries continue to utilize PADs only when a person has been detained and under emergency orders and found to lack capacity. The Multi-County project identifies how a

person can use a PAD in a crisis to reduce unnecessary incarceration or hospitalization and provide the individual with resources for appropriate services.

The Proposed Project

Phase One of the project will culminate in a final digital build with the ability to input a “live” PAD and access to this information in summary format, based on consent, to first responders and hospital staff. The development of a comprehensive Peer Support Specialist training curriculum focused on how to help an individual create a PAD will also be finalized. With these two key components fully developed, it is only natural for Phase Two to test these components through broader, “live” implementation. It is only natural for Phase Two to be implemented. By training Peer Support Specialist or other facilitators how to walk an individual through filling out a PAD and training courts, first responders, hospitals, and crisis teams on how to access and use a PAD, the project will make a change to the overall behavioral health system, impacting and improving existing practices for autonomy, self-determination, crisis care, and recovery. The project will do so by implementing the following actions.

Phase Two will focus on up to fifteen participating counties of varying sizes. This amount will represent one-quarter of the counties in the State of California. Though a PAD can be utilized by anyone in California living with a behavioral health condition, for the project's purpose, each county will identify priority populations of focus, which may include, but are not limited to, individuals in the following programs or populations:

- Justice-involved, including 90-day reach-in with scheduled to release incarcerated,
- Assisted Outpatient Treatment (AOT),
- Fully Service Partnership (FSP),
- Housing insecure,
- Individuals who visit Wellness Centers,
- Crisis Residential Programs,
- Follow-up after hospitalization (either in-patient or emergency department),
- Non-minor dependents, college students or transitional-aged youth (TAY), including college students and early psychosis intervention,
- CARE Courts, and
- Mobile Crisis.

The goals for Phase Two will include:

1. **Engagement** and introduction to PADs for new counties joining the project. Working with their county agencies, first responders, courts and behavioral health departments, local NAMI chapter, and peer organizations to become proficient in understanding and using PADs. The engagement of the peer community and those with lived behavioral health conditions to understand the advancements of technology and how a digital PAD can positively impact their recovery.
2. **Collaboration** will continue with the stakeholders on the project. Both to lead the discussion around any legislation and to enhance the roll-out, use, and access to the “live” standalone PAD. These partnerships are essential in creating the best project and product possible. A variety of subject matter experts is what leads to discussions and improvements, which is paramount to an Innovations project. These groups include but are not limited to, county staff, peer support specialists, Painted Brain, Cal Voices, Disability Rights of California, Mental Health Associates, NAMI California, California

Professional Firefighters, California Sheriff's Association, California Hospital Association, Department of Justice, California Behavioral Health Directors Association, Behavioral Health Oversight and Accountability Commission, Patient Right's attorneys, legislative officers, and others as appropriate.

3. **Training** will be the main component of the project. Whether virtually, in-person or provided on the digital web-based platform, training on using and accessing a PAD will be closely monitored throughout the project. Creating training modules and the roll-out Training will enhance first responder briefings, CIT Teams, academy training, CARE Courts for judicial staff, Peer training for Peer Support Specialists and within certification, peer supporters within the court systems, and agencies the counties have identified as priority populations. This training is layered with information on what a PAD is, the legal status of a PAD in California, and how to access a PAD for use by the individual inputting their personal information and those professionals that will access a PAD in the line-of-duty. Digital literacy is also a component of the project. It is not only what it means to have the ease of creating a PAD, but it means to use technology as a means of support.
4. **Testing** of the PADs platform use and access. Once Peer Support Specialist, law enforcement, crisis teams, and hospital IPU and ED staff are trained in using and accessing the digital PAD, it will be time to test the PAD in the "live" environment. This will be a longitudinal study to truly investigate the ease of use, number of PADs filled out, law enforcement, and hospital disposition to determine how the digital PAD impacted the reduction of incarcerations and 5150 applications for hospitalization. Based on feedback from those using the system, continued improvements will be made to the PADs platform to improve readiness for statewide implementation.
5. **Evaluation** throughout the process will continue from where Phase One concludes. Burton Blatt Institute (BBI) will continue to evaluate the use of PADs and their intersection with technology throughout the project. The evaluation will include gathering data through interviews and observation and including all Internal Review Board (IRB) requirements. This evaluation will culminate in the publication of results.
6. **Transparency** of the project will remain a top priority. The project website, www.padsCA.org, can update the participating county communities and interested parties on the progress made within the project and provide all information to learn more about PADs and the digital format.

Project Overview

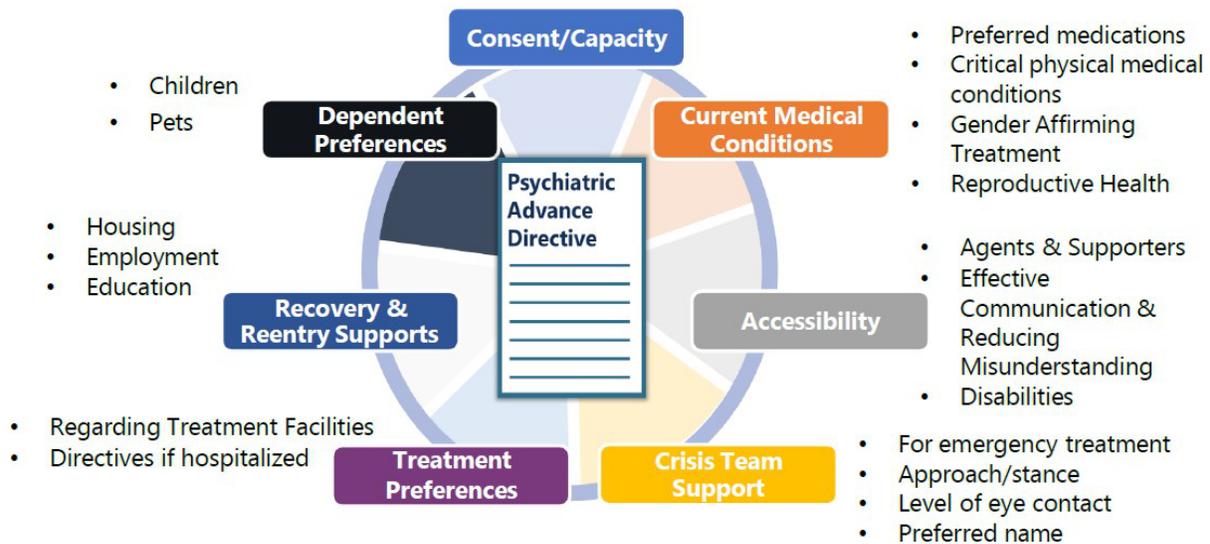
Phase One outcomes

Understanding what layers of Phase One were accomplished is essential for describing the Phase Two project objectives. The completion of this work has laid a solid foundation for Phase Two.

Peer contractor Painted Brain led a series of workgroups that included the voices and recommendations of peers, Peer Support Specialists, family members, and first responders, including crisis teams and law enforcement, and reviewed and analyzed a half dozen different PAD documents available throughout the Nation. In an effort that took over a year, each section and questions were analyzed for relevance and identifying crucial missing information was added. This created a group of components to standardize the PAD template language for incorporation into the platform. One-off participation of other interested parties in California was

also added along the way, which included work previously completed by physicians, legal experts, and others on reproductive healthcare rights and preferences for those receiving care during a psychiatric crisis or psychiatric inpatient stay.

Identified PAD Digital Categories



Painted Brain also created a Peer Support Specialist facilitation curriculum. This curriculum is being taught in a training-the-trainer format in the Spring of 2024. Though the training is geared toward peer support specialists, county staff will also attend it. The most important aspect is learning how to sit with someone to assist them in filling out the digital PAD. The curriculum includes a 20-hour training on PADs overview, advocacy, digital literacy, facilitator intervention and skills, and practice vignettes. The final training module will be included in Phase Two training learning management system (LMS.)

Since March 2023 and continuing today, Chorus Innovations, Inc. has been engaging in parallel workgroups with Peer Support Specialists, first responders, service providers, and

family/caregivers regarding the technology build. Chorus also shadowed and participated in ride-alongs in law enforcement and hospital settings to better understand the workflows of those needing to access information through the PADs platform. Input from the community has been obtained on all aspects of development, including, but not limited to:

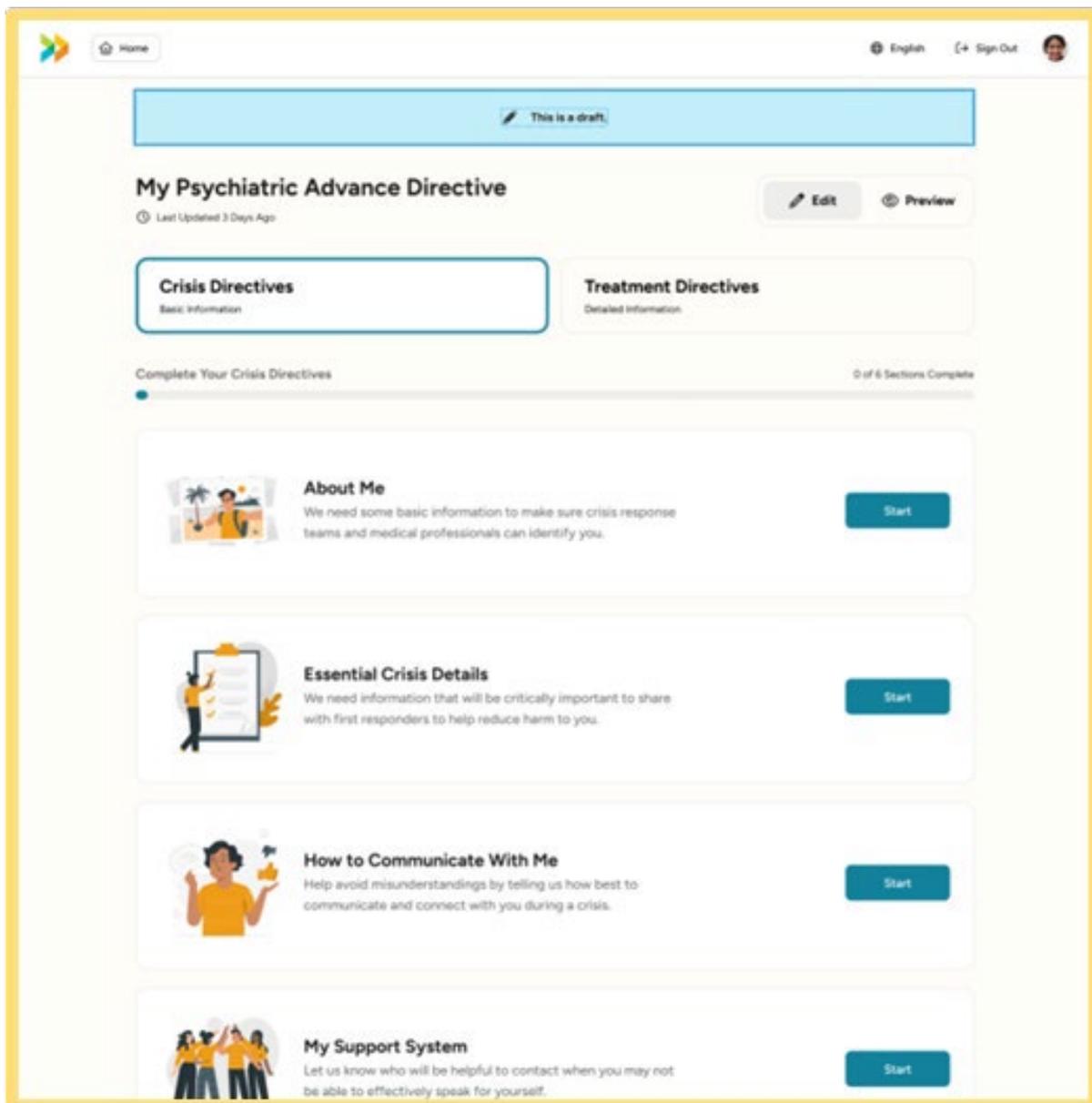
- Ways to address fears of, and frustrations with, technology,
- Priorities for developing a user-friendly and approachable design,
- Use of trauma-informed, person-centered language and appropriate sensitivity when conveying/asking about triggering concepts and
- Important information to highlight quickly and clearly based on different professional roles.

Chorus also continues to work with the counties and representatives from the project’s legal and legislative workgroup to draft the terms of service and privacy notice for the technology and to

ensure that key legal requirements are addressed, such as the appropriate handling of digital signatures.

The first version of the experience for individuals who want to complete their digital PAD has been built, and user testing and feedback have begun. Initial feedback has been extremely positive, with peer workgroup participants sharing that they found it easy to use, appreciated the added information/context that helps make things easier to understand, that it has a clean and calming look and feel, and that they saw their ideas and feedback reflected in the experience.

The experiences for law enforcement, first responders, service providers, and healthcare advocates are currently in the design phase, with the initial build to be complete by the end of June 2024 and user testing and feedback to begin shortly after that. These initial designs have been well received, and valuable feedback has been provided to the Chorus team to ensure that all who need to access the PAD can get important information quickly and easily navigate to



Let's start with who a Healthcare Advocate is and why they're important

You have the option to assign someone as your Healthcare Advocate. This is the person you choose to speak for you and advocate for you, when you're unable to do so.



Knows you and has your best interest in mind

This is someone you trust, who knows you well, and understands your healthcare wishes.



Advocates for your care with medical professionals

They can talk to your doctor and advocate for you on your behalf.



Support your healthcare decisions guided by your PAD

They'll have access to your PAD to ensure anyone treating you follows your healthcare wishes.

Your Healthcare Advocate cannot:

- **Make decisions against your wishes.**
 Their job is to make sure that any care decisions made on your behalf are in line with what you've included in your PAD.
- **Control your property or money.**
 They're not allowed to make decisions around your finances, property, or belongings.
- **Commit you to treatment of any kind.**
 California law does not allow them to commit you to a mental health hospital, or authorize convulsive treatment therapy, psychosurgery, sterilization, and abortion.

Continue

additional details as time permits. Through ongoing workgroups, testing, and feedback, Chorus will continue to iterate on the design and functionality of the PADs platform in preparation for real-world implementation and testing in Phase Two.

Hello! 🙋
I'm Richard.

He/Him



"I love dogs, the Dodgers, and 70s rock n roll. I have a wife and 4 daughters."

🕒 PAD last updated 3 days ago

Richard has shared that he...

- 🧠 Experiences **Schizophrenia, Bipolar Disorder, Autism Spectrum Disorder** [View More](#)
- 🧠 Is vulnerable to **Asthma, Epilepsy** [View More](#)
- 🧠 May require a health assessment for **Fentanyl, Methamphetamine** [View More](#)
- 🧠 May act with **Aggression** during a crisis [View More](#)

Richard's communication needs

- 🌐 Primary language is **Spanish** [View More](#)
- 🗣️ May present as **Non-verbal** [View More](#)

Richard's healthcare advocate

Alfred Pennyworth [+1 \(555\) 555-5555](#)
Guardian

Contents

- Crisis Preferences
- Deescalation**
- Critical Alerts
- Communication
- Treatment Preferences

Deescalation

Know the dos and don'ts when interacting with Richard

Richard may present with

- ⚡ **Aggression**
 (verbal or physical)

Concepts Forward Consulting, in addition to the complete guidance of Phase One and moving both subcontractors and counties along in a fantastic arena of collaboration, also took on the time-consuming task of soliciting legislation on behalf of the project and deliverables, to support the idea of PADs as a standalone document that could be used and accessed in a crisis in California. Though identified in statute, the idea of the PAD as a legal document still has not resonated around California. Through guidance from statewide partnerships with the California Hospital Association, Disability Rights of California, NAMI, American Psychiatric Association, MHSOAC, California Behavioral Health Director's Association, and Patient Rights Attorneys, the idea of streamlining, Probate, Penal and Welfare and Institution Codes, came to fruition with the introduction of AB 2352. Concepts Forward Consulting will continue to shepherd the alignment of language, use, and access throughout the legislative process during Phase Two.

In addition, and through discussions with law enforcement, it was determined that a protected access point, in addition to the web-based PADs platform, where LE could obtain information in the moment on the way to a call for service, would be that of the California Law Enforcement Telecommunications System, or CLETS. This system is overseen by the Department of Justice (DOJ) and the Attorney General. With state legislative assistance, Concepts Forward Consulting secured a meeting with the DOJ. Through talks with the DOJ, California's Attorney General has supported the PADs project and its integration into the CLETS Platform. However, many legal and technical nuances must be addressed before such actions can be completed. Added into Phase Two will be the actual design and work plan for Chorus and the DOJ to create the connection to access summary information that may be available to assist in a crisis situation.

During Phase One, Idea Engineering engaged in an interactive process with participating counties, peers, Peer Support specialists, family members, first responders, and hospital staff to create PAD branding, communication guidelines, and a logo. They also created the project



website, which has been used transparently to communicate its advancements and introductory videos in English and Spanish. The videos, Phase One details, all reports, and current

evaluations can be viewed at www.padsCA.org.

Throughout Phase One, an essential component is evaluation. RAND and BBI have been reviewing the user experience, the iterative engagement process, facilitator training, and the building of the web-based platform or technology focus. Through this evaluation process, it has been determined that the actual success of the PAD and the web-based platform cannot be identified at the end of Phase One. It is imperative to start Phase Two, where the Web-based platform can demonstrate true systems of change. It will take time to gather this longitudinal information, thus the reasoning behind a more comprehensive study of use and access throughout the multi-year Phase Two project. The outcome will also result in documentation of reduced costs for counties with reduced recidivism in jails and hospitals.

Phase Two

The Multi-County PADs Project Phase Two continues to embrace the MHPA standards of community, stakeholder, and iterative engagement, extensive training, sustainability with legislative support, a multi-layered approach to access PADs both digitally and within the CLETS data mining for law enforcement and crisis teams, testing and improving the web-based platform for use and access, and through a multi-year evaluation publish the findings in reputable journals and publications. The final goal is to have a live, digital PAD that is easy to use, easy to access by a controlled group of providers, and easily accessible throughout the State of California. Up to fifteen counties will participate in Phase Two rollout, with the first year of Phase Two dedicated to onboarding new counties, while existing Phase One counties conclude the building stage of the PADs platform.

Though PADs are helpful for any population, for this project, the PAD will focus on those adults over the age of eighteen who are living with a behavioral health condition. Each county will identify priority populations on which to focus efforts. These populations can include but are not limited to, FSP, AOT, Non-Minor dependents, TAY, soon-to-be-released incarcerated with a 90-day reach-in, recently hospitalized in ED or IPU settings, crisis team contacts, least restrictive option for conservatorship, CARE Court, Veterans, and housing insecure.

Phase One counties have assisted in creating a truly collaborative project. The expectation is that the collaboration will continue with the addition of new counties to test the project's digital web-based platform. Due to staffing limitations within the counties throughout California, Phase Two of the project is proposed to increase contractor staffing to ensure all deliverables are met and to assist counties that may not have the staffing needed to devote to this worthwhile project. The expectation is more in-person county-specific training and technical assistance.

Limited expectations of a participating county would be to arrange stakeholder meetings or identify critical stakeholders for subcontractors to contact; attend monthly or time-specific meetings/workgroups, which may include the following topics: technology, marketing, county-to-county, training, full-project collaboration, county one-on-one; and attend the bi-annual in-person learning collaborative held in a host county.

Proposed Project Timeline:

The project timeline and costs have been modified to represent eight counties from FYs 2025-26 through 2028-29.

Project Timeline Fiscal Years 2024-2029
Five years new counties (2024-2029)
Four years continuing counties (2025-2029)

Fiscal Year	Proposed Activity	• Projected Outcome	• Contractors Involved
2025-2026	<ul style="list-style-type: none"> • <i>Onboard new counties separate from Phase One.</i> • Counties connect to the fiscal intermediary SU. • Meet with county-identified stakeholders, such as family members, Peer Support Specialists, law enforcement/first responder contacts, hospital emergency department staff, crisis team staff, and court staff. • Identify county threshold languages. • Advocate for Certified Peer Support Specialist billing for PADs facilitation. • Identify priority population staff (such as FSP, AOT, SUD, CARE Court, Early Psychosis, Veterans, Mobile Crisis, and housing insecure). • Hold collaborative meetings for Multi-County decisions. 	<ul style="list-style-type: none"> • Engagement of the county community in PADs understanding, use, and access. • Understanding of digital PAD and Technology web-based platform. • Translation and Interpretation as needed. • Identifying Training opportunities and setting training schedules. • Iterative creation of all necessary training curriculums and videos. • Finalization of AB 2352 PADs legislation. • Finalization of CLETS access within the DOJ. • Evaluation includes the web-based platform, the onboarding of counties, and the engagement of communities. • Web-based platform App is created. • Annual Report provided to counties and subcontractors. 	<ul style="list-style-type: none"> • Concepts Forward Consulting- Lead Project Director • Alpha Omega- Translation and Interpretation • Burton Blatt Institute-Evaluation • Chorus Innovations, Inc.- Technology • Idea Engineering, Inc.- Marketing, Website and Video Production • Painted Brain- Statewide Peer Voice, training, and Advocacy • Syracuse University- Fiscal Intermediary

	<ul style="list-style-type: none">• Introduce Phase One outcomes and review the timeline line for Phase Two.• Create all training curriculums and videos for crisis teams, law enforcement, courts, and hospital IPU/ED.• Continued Legislative and DOJ discussions and activities.• Identify web-based platform App- separate from web-based platform webpage.		
--	--	--	--

Fiscal Year	Proposed Activity	Projected Outcome	Contractors Involved
2025-26	<ul style="list-style-type: none"> • Phase Two begins for all participating counties. • All “live” training(s) during the full fiscal year. • Continued county collaboration- full set of counties. • Continued outreach and engagement of stakeholders. • Technical assistance from all contractors as requested or required. • Finalization of all training videos. • Creation and launch of social media and advertisement. • Workgroups on web-based platform usage begins. • Evaluation of PADs rollout with access users, first responders/ crisis teams/hospitals. • Collaborate with Police Officer Standards and Training (POST) to develop a statewide law enforcement academy training. 	<ul style="list-style-type: none"> • Training of first responders/ hospitals/peer support specialists/ priority populations trained in use and access. • Training videos are completed. • Informational information in multiple languages completed. • Ad campaign created and disseminated. • Begin a longitudinal study of reducing recidivism with the use and access to the digital PAD. • Ongoing feedback, iteration, and improvement to features and functionality of the PADs platform. • Further legislative needs identified. • Annual Report provided to counties and subcontractors. • Agreement with POST for academy training. 	<ul style="list-style-type: none"> • Concepts Forward Consulting- Lead Project Director • Alpha Omega- Translation and Interpretation • Burton Blatt Institute-Evaluation • Chorus Innovations, Inc.- Technology • Idea Engineering, Inc.- Marketing, Website and Video Production • Painted Brain- Statewide Peer Voice, training, and Advocacy • Syracuse University- Fiscal Intermediary.

Fiscal Year	• Proposed Activity	• Projected Outcome	• Contractors Involved
2026-27 2027-28	<ul style="list-style-type: none"> • Continue live training (Year Three). • Identify additional priority populations to train and access PADs. • Create/update virtual toolkit for training and information access. • Continued use and access to the digital PAD. • Continued legislative discussions, as necessary. • Continued Marketing and advertising of the PAD. • Continued County-to-County collaboration. • Continued evaluation of use and access. • Continued longitudinal study of the reduction of recidivism with the use and access to the PAD. 	(See outcomes year four)	<ul style="list-style-type: none"> • Concepts Forward Consulting- Lead Project Director • Alpha Omega- Translation and Interpretation • Burton Blatt Institute-Evaluation • Chorus Innovations, Inc.- Technology • Idea Engineering, Inc.- Marketing, Website and Video Production • Painted Brain- Statewide Peer Voice, training, and Advocacy • Syracuse University- Fiscal Intermediary

<p>2027-28</p>	<p>(See activities year three)</p>	<ul style="list-style-type: none"> • Standalone PAD Web-based platform is accessible for all necessary information, including informational videos, documents, and virtual training. • All project priority languages can access PAD information. • Web-based platform enhancements to be completed by the end of year four. • Legislative Web-based platform sustainability identified and pursued. • Evaluation of the reduction of recidivism and cost-effectiveness identified. • Annual Report provided to counties and subcontractors. 	<ul style="list-style-type: none"> • Concepts Forward Consulting- Lead Project Director • Alpha Omega- Translation and Interpretation • Burton Blatt Institute-Evaluation • Chorus Innovations, Inc.- Technology • Idea Engineering, Inc.- Marketing, Website and Video Production • Painted Brain- Statewide Peer Voice, training, and Advocacy • Syracuse University- Fiscal Intermediary
-----------------------	------------------------------------	--	--

Fiscal Year	Proposed Activity	Projected Outcome	Contractors Involved
2028-29	<ul style="list-style-type: none"> • Technical assistance in the sunsetting of the project. • Evaluation wrap-up. 	<ul style="list-style-type: none"> • Digital PAD and the web-based platform have become part of California’s behavioral health systemwide change, and sustainability has been identified. • The evaluation and longitudinal study reported and submitted for publication locally and nationwide. 	<ul style="list-style-type: none"> • Concepts Forward Consulting- Lead Project Director • Alpha Omega- Translation and Interpretation • Burton Blatt Institute-Evaluation • Chorus Innovations, Inc.- Technology • Idea Engineering, Inc.- Marketing, Website and Video Production • Painted Brain- Statewide Peer Voice, training, and Advocacy • Syracuse University- Fiscal Intermediary

Budget Narrative and Project Budget

Concepts Forward Consulting (CFC)

Concepts Forward Consulting (CFC) would continue as the lead project director for Phase Two of the Multi-County PADs project. Concepts Forward Consulting continues to meet the following expectations in Phase One and will continue these expectations in Phase Two.

Continued services: Leading county and subcontractor activities throughout the project from start to completion; working closely with the County and oversight staff to ensure all requirements are met; ensuring the collaborative nature of Multi-County participation; oversight of all project aspects, ensuring county input and voice; oversight of subcontractor deliverables; overseeing financial oversight of subcontractors; approving all invoices and scope of work materials; managing county relationships and expectations of subcontractors; coordinating with all subcontractors to ensure proper flow of project and inclusion of all counties and stakeholders; identifying achievable goals and ensuring success in completion or necessary adjustments; providing and managing project timelines with flexibility as allowed; coordinating with counties on financial matters, subcontractors, and data oversight to ensure funding is spent following county guidelines; ensuring achievable deliverables are accomplished; assisting in the coordination of all statewide and county-specific stakeholder meetings; creating required county-specific reports; work with legislation to achieve sustainability of PADs in the state; and arrange bi-annual convening of all project participants in a learning community training and collaboration.

Phase Two, CFC will expand services to include:

- On-site training teams for law enforcement, first responders, crisis teams, courts, and higher education on using the PAD and accessing the web platform.
- Provide subject matter professionals for training videos, as requested.
- Identify priority populations to serve within each participating county.
- Partner with Peer training contractor to provide training support as needed.
- Continue working with the DOJ to connect the subcontractor web-based platform and the CLETS system for in-the-moment access to the PAD.
- Provide presentations and participate in conferences or journal articles highlighting the work of the Multi-County project.
- Provide ongoing technical assistance to participating counties.
- Continued work with legislation aligning PADs language across Probate, Penal, and Welfare and Institution Codes.
- Provide project transparency through the oversight of the project website.
- Identify the sustainability of the web-based platform upon completion of the project.

The budget expenses will encompass the expansion of staff, which may include three full-time equivalent (FTE) Project Directors, Project Coordinators, and Training Coordinators, plus three stipend subject matter training experts, benefits, travel, and miscellaneous; all costs are cumulated into one overall budget.

Alpha Omega

Alpha Omega Translations is a full-service agency specializing in translation, interpretation, multilingual website development, and desktop publishing services in over 220 languages. For

over 30 years, AO has executed high-end multilingual projects for Federal Government agencies, corporations, and other organizations. Alpha Omega Translations provides on-site, in-person, virtual, remote, and over-phone interpreting services.

Core Deliverables

- Virtual Remote Interpreting
- On-Site In-Person Interpreting
- Over the Phone Interpreting
- Translation of documents
- Translation of videos
- Multiple language

Chorus Innovations, Inc.

Chorus Innovations will move from the build stage of Phase One to the “live” roll-out of the web-based platform for the participating counties and their identified priority populations. In addition, as Chorus prioritizes including Spanish language in the Phase One build, additional threshold languages will be included during Phase Two. Phase One activities of engagement will continue to ensure stakeholder participation and feedback to inform improvements and to create best practices when using and implementing the PADs platform. Chorus will include integration with the California Justice Information System or CJIS to ensure CLETS can access the appropriate information for in-the-moment crisis information and de-escalation preferences.

1. Chorus proposes Phase Two activities as follows:
2. Chorus Platform licensing, hosting, and data storage
3. 24x7 system monitoring, backup, compliance, and security
4. One-time support for implementing integrations (e.g., CLETS)
5. Ongoing maintenance of integrations
6. Unlimited access for county residents and designated staff within each county
7. Technical Support: Standard business hours for routine support, 24x7 for Urgent and High priority issues
8. Ongoing iterative improvements to PADs application through the completion of Phase Two
9. Engagement, user research, and local configuration of the app as needed within each county
10. Implementation support and training (across county priority population programs, first responders, and hospitals) within each county

Idea Engineering

Idea Engineering is a full-service marketing agency specializing in communications that create community. They have worked with several county mental health systems and multiple MHSA-funded campaigns. Idea Engineering's work is seen in suicide prevention efforts, Prevention and Early intervention projects, and drug and alcohol prevention marketing videos and print campaigns.

Idea Engineering will continue in Phase Two with the following project deliverables.

1) ENGAGEMENT

Develop materials to be used in marketing to peers and other individuals who may fill out a PAD, their family members and caregivers, and agency partners such as hospitals, law enforcement, court systems, and crisis teams.

A. Toolkit Materials

- Toolkit materials may include:
- Promotional information sheets for agency partners
- Training support materials, such as pocket cards for agency partners
- Information sheets on topics such as patient rights
- Videos excerpted from Phase One interviews
- Posters, brochures, or cards
- Branded promotional products

B. Customization of Toolkit Materials in New Threshold Languages

Updates to the logo and all Toolkit materials will be provided for general, peer, and family member/caregiver audiences. Alpha Omega or a similar contractor will provide translation services.

- Introductory video customization
- Stock video and photos representing people fluent in the language.
- Logo customization in new language
- Preparation of all Toolkit PDF materials for general, peer, and family member/caregiver audiences
- Preparation of all artwork for branded promotional products

C. MEDIA CAMPAIGN

Develop an advertising campaign promoting Psychiatric Advance Directives to peers, family members, caregivers, and other targeted audiences. The campaign will include components such as:

- Video PSAs
- Digital advertising
- Social media
- Media toolkit with suggested guidelines for county use

Media services include planning, management and reporting.

D. MEDIA ADVERTISING

Idea Engineering will purchase media advertising for a targeted digital campaign to promote PADs as directed by the needs of participating counties.

2) TRAINING

Working with agency partners to develop customized training videos for each group. Services to include planning, creative and technical direction, scripting, storyboards, production planning, editing, and delivery in agreed-upon formats. Training videos may consist of the following:

- Hospital Training Video
- Law Enforcement Training Video
- Court Systems Training Video

- Crisis Teams Training Video

3) TECHNICAL SUPPORT

Technical assistance may include:

- Participation in planning meetings and statewide convenings
- Provide services to support counties' PAD communications, training, and implementation, such as strategic consultation, creative direction, design, copywriting and editing, translation, video production, art production, website programming, production coordination, media planning, buying, and coordination.
- Website support for county updates
- Evaluation and reports, including annual report
- All project Website development and support (website analytics and updating)

Painted Brain

Painted Brain has been a leader in innovative peer-driven services for the past decade. They have participated in peer advocacy projects like PADs and the Peer Advocacy and Education Grant. They have been instrumental in the component identification, peer Facilitator curriculum, and Training for the Trainer in Phase One of the MHSA Multi-County PADs Project.

Painted Brain staff self-identify as living with direct or indirect experience of mental illness. They also hold training under SB 803 for Peer Certification, allowing Peer Support Specialists to bill for Medi-Cal service delivery.

Peer models remain at the forefront of reducing stigma and discrimination and assisting in reducing personal and institutional stigma. Research suggests that simply having a peer assist in facilitating a PAD makes the document more likely to be filled out thoroughly and truthfully, and the individual will identify that they have a PAD in the moment of a crisis.

Painted Brain will continue with the following deliverables as new counties are onboarded In Phase Two.

1. Provide outreach, information, and education about the intersection of Peers, Peer support specialists, and PADs.
2. Support Peer Voice within a county or contribute to the conversation if there is no peer representation in the county.
3. Engaging peers of diverse cultural backgrounds and preferences.
4. Provide in-person and or virtual Training for the Trainer Facilitator training.
5. Participate in legislative development and advocacy.
6. Additional Phase Two:
 - a. Work with project staff to engage DHCS to include PADs in the Peer Support Specialist Certification specialization.
 - b. Create a curriculum for Peer Certification specialization.
 - c. In addition to peer facilitation training, participate as the voice of the peers in training provided for courts, hospitals, crisis teams, law enforcement, and first responders.
 - d. Assist with the Web-based platform enhancements as needed throughout Phase Two.

Evaluation

Burton Blatt Institute (BBI)

Burton Blatt Institute (BBI) will expand its role in Phase Two. As the project moves to the training on the web-based platform and the digital PAD, it made the most sense to consolidate the evaluation process to one subcontractor. BBI proposes the following evaluation overview, which will be published upon completion of the Multi-County PADs project.

Proposal to Evaluate Phase 2 of the Psychiatric Advanced Directives Mental Health Services Act Innovations Project Date: 3/29/2024

I. Background:

The California Mental Health Services Oversight and Accountability Commission (MHSOAC) provides funds to Orange County and other CA counties (“Innovations Project”) to improve access and use of Psychiatric Advanced Directives (“PADs”) and other Supported Decision-Making (“SDM”) techniques by persons with mental illnesses and other public and private stakeholders. The Phase 1 PADs project (web-based platform “build phase”) is currently underway in 7 California counties. Additional counties are expected to join the PADs Project as Phase 2 entries (web-based platform “test phase”) during FY 2024-2025 and subsequently. Phase 2 counties (including current Phase 1 counties who will transition to Phase 2 during FY 2025-2026¹) will test and demonstrate the useability of the PADs web-based platform by peers and others who support them when they cannot make their own decisions.

During Phase 2, all participating counties will focus their efforts on identifying and engaging crisis teams, law enforcement, Full Service Partnership teams, hospitals, and criminal justice staff (“community stakeholders”) and orienting and training peers and stakeholders to PADs and on the PADs web-based platform. This will create the foundation for testing and demonstrating the platform's effectiveness with their designated priority peer populations and community stakeholders. By 2025, all California counties will be required to implement Care Courts. Phase 2 counties, as well as Phase 1 counties who are entering their Phase 2, could be expected to test and implement the integration of the web-based PADs platform into Care Courts to ensure that the treatment and support preferences of peers are honored as they are involved in the Care Court processes.

Phase 2 of the PADs project and its web-based platform offer unprecedented opportunities to evaluate individual services and systems change. These include generating data that leads to increased understanding of the process and outcomes associated with adopting new methods of facilitating self-direction among peers, improvements in the array of mental health services they receive when they are in crisis situations, and improvements in the capacity of stakeholder agencies to serve and support them when they are in crisis. The PADs Phase 2 also provides an

¹ Fresno County started their Phase 1 implementation one-year earlier and will transition to Phase 2 in FY 2024-

2025) while the other 6 counties will enter Phase 2 during FY 2025-2026)

opportunity to evaluate how accessing and using a web-based PAD by peers improves their lives and assists them with sustaining their paths to recovery while ensuring that stakeholder agencies have access to training, support, and resources enabling them to embed use of web-based PADs into their crisis intervention strategies.

During PADs Phase 2, BBI will evaluate the process and outcomes associated with testing and implementing the web-based platform among peers and community-based stakeholders. Our evaluation will consider each county's unique demographic and geographic diversity and the barriers and facilitators to accessing and using web-based PADs by peers, Care Courts, law enforcement, hospitals, and other stakeholders referenced above. BBI will conduct interviews and focus groups with peers and community stakeholder agency staff and representatives of government agencies repeated with the same participants each year to assess the longitudinal impact on individual lives, services, and systems over time and how these factors contribute to potentially sustainable systems change over time. The BBI longitudinal evaluation will also help identify the key elements that either facilitate or impede sustainability and replication of the PADs web-based platform in each Phase 2 county.

II. PADs Phase 2 Process and Outcome Evaluation: Methods and Goals

Methods: BBI will concurrently implement the Phase 2 evaluation with its Phase 1 PADs web-based platform evaluation during Fiscal Years 2024/2025. By Fiscal Year 2025/2026, all participating counties will implement Phase 2 through the end of the project in Fiscal Year 2028/2029. BBI will conduct a mixed methods qualitative evaluation of the processes and outcomes associated with testing and implementation of the PADs web-based platform. Our methods will include literature review, document review, meeting and training session attendance and observation, individual semi-structured interviews, and focus groups. The evaluation team may consider implementing a survey if it yields relevant data that is not obtainable through other methods. The project will culminate in publications and presentations that will be developed during the last year of the project.

BBI will participate as observers in meetings and PADs training sessions to establish baseline knowledge of the process and intended outcomes of implementing the web-based platform in each county. BBI will supplement observational data with document review to develop a regulatory and legislative context for PADs and its web-based platform specific to each county. BBI will also identify and recruit peers, county PADs project managers, community agency stakeholder staff, and legislative representatives for participation in individual interviews and focus groups. Data synthesis and a Final Evaluation Report, including individual summary county narratives, will be developed and submitted by Fiscal Year 2028/2029 of the project.

Goals: The goal of the BBI evaluation is to evaluate the effects of implementing, accessing, and using the web-based PADs in each Phase 2 county at the *individual, services, and systems* levels.

I a) Evaluate the *individual* and *service* levels effects associated with testing and demonstrating the effectiveness of the PADs web-based platforms among peers and community stakeholders in Phase 2 counties by answering the following questions:

- (1) In the opinion of PADs county managers, did Phase 2 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?

I b) Evaluate the *systems-level* effects associated with testing and implementing the PADs web-based platforms among peers and community stakeholders by answering the following questions:

- 1) Were Phase 2 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 1 counties inform and improve the design, marketing, and use of the PADs web-based platform among Phase 2 counties?
- 3) Were precepts of peer inclusion and methods of incorporating peer perspectives established during Phase 1 relevant and effective in accessing and using the PADs web-based platform by Phase 2 counties’ priority populations?
- 4) Were Phase 2 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?

III Workplan

BBI project leadership will work in collaboration with the PADs Project Director, each county’s PADs project managers, and project sub-contractors including Chorus, Idea, Painted Brain, Rand, and others to be determined to conduct a longitudinal evaluation of the PADs web-based platform in each Phase 2 county, as below.

Task	Methods	Timetable for Implementation
------	---------	------------------------------

Evaluate the individual, services, and systems level factors affecting implementation of web-based PADs.	Continue the Literature Review implemented during Phase 1.	<i>Implementation:</i> Within 12 months of project start through FY 2027/2028.
Evaluate how political, administrative, demographic, geographic and other factors specific to Phase 2 counties facilitate or challenge testing and implementing the PADs web-based platform, including within Care Courts.	Document review. Attend and observe face-face and/or virtual meetings, workgroups and training sessions among project partners..	<i>Implement:</i> Within 12 months of project start through FY 2027/2028.
Evaluate how relationships and partnerships facilitate or challenge testing and implementing the PADs web-based platform, including within Care Courts.	Attend and observe face-face and/or virtual meetings, workgroups and training sessions among project partners.	<i>Implement:</i> Within 12 months of project start through FY 2027/2028.
Evaluate the process and outcomes of testing and implementing the PADs web-based platform within Phase 2 counties, concurrent with their implementation of Care Courts.	Conduct first round individual virtual and/or in-person interviews with Phase 2 County Managers and designated legislative partners.	<i>Implement:</i> Within 12 months of project start through FY 2026/2027.
Evaluate the Phase 2 process and outcomes of testing and implementing the PADs web-based platform among County-identified stakeholders, including within Care Courts.	Conduct first round individual virtual and/or in-person interviews with County-identified stakeholders, including Care Court staff, Full Service Partnership, law enforcement, hospitals, criminal justice and other agencies serving County-designated priority populations.	<i>Implement:</i> Within 12 months of project start through FY 2026/2027.
Evaluate the process and outcomes of testing and implementing the PADs web-based platform among peers designated as priority populations by PADs Phase 2 counties.	Conduct first round individual virtual and/or in-person interviews and focus groups with peers designated as priority populations by PADs Phase 2 counties, including those who are seen by Care Courts.	<i>Implement:</i> Within 12 months of project start through FY 2026/2027.

Evaluate the evolution of knowledge and use of the PADs web-based platform by County managers, peers, community agency stakeholders and legislative partners.	Conduct second round interviews with County managers, peers, community agency stakeholders and legislative partners and re-engage first round peer participants in focus groups.	<i>Implement:</i> Within 24 months of project start through FY 2027/2028.
Evaluate the evolution of knowledge and use of the PADs web-based platform by County managers, peers, community agency stakeholders and legislative partners.	Conduct third round interviews with County managers, peers, community agency stakeholders and legislative partners and re-engage first round peer participants in focus groups.	<i>Implement:</i> Within 36 months of project start through FY 2027/2028.
Synthesize longitudinal evaluation data associated with implementing the PADs web-based platform at the individual, services and systems levels that is customized to each Phase 2 county’s experiences.	Draft and final evaluation reports are developed and delivered to each county. Includes a section: <i>‘Recommendations for Replicating and Sustaining the PADs Web – Based Platform within (County’s) Mental Health System of Care’</i>	<i>Implement:</i> Within 48 months of project start through FY 2027/2028.
Prepare and submit publications and presentations on the findings of the evaluation.	Develop materials summarizing the evaluation of the PADs project that could include publication in peer-reviewed journals, issues briefs and white papers, guides and toolkits, and for presentation at workshops and conferences	<i>Implement:</i> Within 60 months of project start through FY 2028/2029.

IV. Project Budget

In support of BBI’s evaluation and research of the PADs Phase 2 Innovation Project, BBI requests a 5–year project budget, including staff allocation, travel, materials and supplies, and Syracuse University administration fees in the total project amount of **\$2,550,000**. The anticipated budget apportioned by project years may be adjusted in each project year based upon the number of Phase 2 counties involved in the project and the scope and size of each county’s project.

Sustainability

Initially, for the Phase One build, the project was thought to be ready as a standalone PAD platform for the entire state to utilize. Through the thoughtful and meticulous process, a new direction emerged for the testing of the platform for use, understanding, access, training, and evaluation. With up to fifteen counties participating in the Multi-County Phase Two project, outcomes will provide details encompassing a quarter of the state's counties. Only through testing can we fully evaluate and improve the use and operability of the PADs platform.

Additional needs for sustainability are related to legislation. With Phase One acquiring AB 2352, this first step will be carried into Phase Two to align PADs language throughout the statute and allow the use of PADs in a crisis and prior to an individual being determined, by a medical or psychiatric professional, to have lost capacity.

Finally, the construction of Phase Two will give the state and legislators the information they need to carry the PADs platform forward to a statewide implementation. The Multi-County initiative will genuinely change the system of care for individuals facing a behavioral health crisis by training, testing, improving, and evolving.

Communication

As in Phase One, counties receive an annual write-up to add to their required MHSA reporting. In addition, the annual report and all project updates are posted on the public-facing website www.padsCA.org. This type of open communication will continue in Phase Two.

References

- Concepts Forward Consulting. (2021). *Psychiatric Advance Directives, Multi-County Collaborative*. Retrieved from MHSOAC:
https://mhsoac.ca.gov/sites/default/files/Multi%20County_INN_PADs_0.pdf
- SAMHSA. (2020, 10 1). *SAMHSA- Newsroom*. Retrieved from SAMHSA:
<https://www.samhsa.gov/newsroom/press-announcements/202010010505>
- Tinland, A. (2022, 6 6). *JAMA Psychiatry*. Retrieved from JAMA Network:
<https://jamanetwork.com/journals/jamapsychiatry/fullarticle/2793222>

Budget

Total cost of Phase Two:

Direct Costs	Proposal for up to 15 Counties- Budget may be adjusted for the number of total counties					Totals
	FY 2024-25	FY 2025-26	FY 2026-27	FY 2027-28	FY 2028-29	
Alpha/Omega-Translation	\$25,000.00	\$75,000.00	\$75,000.00	\$15,000.00	\$10,000.00	\$200,000.00
Burton Blatt Institute-Evaluation	\$350,000.00	\$600,000.00	\$675,000.00	\$700,000.00	\$175,000.00	\$2,500,000.00
Chorus-Technology-Engagement	\$450,000.00	\$450,000.00	\$300,000.00	\$200,000.00	\$100,000.00	\$1,500,000.00
Concepts Forward Consulting-Project Director	\$550,000.00	\$950,000.00	\$950,000.00	\$800,000.00	\$450,000.00	\$3,700,000.00
Idea Engineering-Marketing/Videos/Website	\$575,000.00	\$500,000.00	\$170,000.00	\$90,000.00	\$50,000.00	\$1,385,000.00
Painted Brain-Peer Consultants	\$400,000.00	\$550,000.00	\$550,000.00	\$250,000.00	\$50,000.00	\$1,800,000.00
Subtotal	\$2,350,000.00	\$3,125,000.00	\$2,720,000.00	\$2,055,000.00	\$835,000.00	\$11,085,000.00
Chorus-Technology-tech only-platform & connections	\$1,000,000.00	\$2,500,000.00	\$2,000,000.00	\$1,000,000.00	\$500,000.00	\$7,000,000.00
Subtotal	\$3,350,000.00	\$5,625,000.00	\$4,720,000.00	\$3,055,000.00	\$1,335,000.00	\$18,085,000.00
Syracuse Univ Fiscal Intermediary (15%)	\$502,500.00	\$843,750.00	\$708,000.00	\$458,250.00	\$200,250.00	\$2,712,750.00
Total	\$3,852,500.00	\$6,468,750.00	\$5,428,000.00	\$3,513,250.00	\$1,535,250.00	\$20,797,750.00
Total shared County cost proposal						\$20,797,750.00

Appendices

County-specific information (List of participating counties and their write-ups)The community planning process, BOS approval, population, and county-specific budget are included in their write-up.

Counties approved May 23, 2024 (Fresno and Shasta)

Appendix: Fresno County

County Contact and Specific Dates

- **Primary County Contact: Erinn Chan-Golston**
- **Date Proposal posted for 30-day Public Review:**
 - MHSOAC 2024-2025 Annual Update posted 2/16/2024
 - Project appendix posted 4/24/2024
- **Date of Local MH Board hearing:**
 - MHSOAC 2024-2025 Annual Update hearing 3/20/2024
 - Project appendix presented to Behavioral Health Board on 5/15/2024
- **Date of BOS approval or calendared date to appear before BOS:**
 - MHSOAC 2024-2025 Annual Update on BOS agenda 5/7/2024

Description of the Local Need

In 2019, Fresno County became the first county approved by the Mental Health Services Oversight and Accountability Commission (MHSOAC) to participate in what would eventually become the Multi-County Psychiatric Advanced Directives Innovation Project. During the initial stages of the project, the Fresno County Department of Behavioral Health (DBH) identified individuals experiencing homelessness and individuals at risk of, assigned to, or stepping down from conservatorships as its primary target populations for Phase 1. The needs faced by these populations have been the focus of several recent state-level legislation efforts, including Proposition 1, SB 43, and CARE Court. Fresno County DBH is committed to addressing new legislative requirements while continuing to provide person-centered, recovery-focused care to all individuals served by the public behavioral health system.

To ensure effective and empowering utilization of Psychiatric Advanced Directives (PADs) in the system of care, there is a need for continued development of the tool and training (including for persons served, family members and caregivers, PADs facilitators, first responders, and hospitals). Continued work is needed to develop the strategies necessary to operationalize PADs as an integral tool option in the system of care.

Description of the Response to the Local Need

During Phase 2 of the Multi-County Psychiatric Advanced Directives Innovation Project, Fresno County DBH will work to integrate PADs as an engagement and empowerment tool across the system of care. DBH will continue to leverage partnerships with local organizations that serve the Phase 1 target populations while simultaneously working to embed Psychiatric Advanced Directives throughout the entire system of care.

DBH intends to train approximately 500 Fresno County employees and contracted provider staff in the purpose, facilitation, and administration of Psychiatric Advanced Directives over the course of the project. This robust training plan will support a system-wide rollout and integration of Psychiatric Advanced Directives.

As a result of participating in this project, DBH seeks to understand:

- 1) What resources are necessary to support a system-wide rollout of Psychiatric Advanced Directives?
- 2) Can the implementation of easily accessible electronic Psychiatric Advanced Directives decrease hospitalizations, emergency department visits, and incarcerations across the Fresno County system of care?

Description of the Local Community Planning Process

Fresno County DBH conducts a robust, holistic community planning process throughout the entirety of each fiscal year. Phase 2 of the Multi-County Psychiatric Advanced Directive Innovation Project has been presented to Fresno County stakeholders in several venues and formats. Of particular note was the inclusion of Phase 2 discussion in the community planning process for the 2024-2025 MHSA Annual Update. DBH hosted two in-person forums, one virtual forum, and a report-back session. Fresno County’s intent to participate in Phase 2 of this project is noted in the 2024-2025 MHSA Annual Update, during which there was no public comment or issues raised with plans to participate in Phase 2. Additionally, the MHSA AU was supported by the local Behavioral Health Board on 3/20/2024 and is pending final approval by the County Board of Supervisors on 5/7/2024.

Budget Narrative for County Specific Needs:

Total proposed budget: \$5,915,000

County Costs: \$2,915,000

- Training & Technical Assistance- \$1,500,000
- DBH administration - \$750,000
- Marketing - \$100,000
- Equipment - \$25,000
- Travel & Mileage - \$40,000

Contractor Costs: \$3,000,000

Budget by Fiscal Year and Specific Budget Category for County Specific Needs

Statewide PADS Project							
Statewide Project	\$	3,000,000					
Administrative Fees							
<i>Total Statewide</i>	\$	3,000,000					
Fresno County			2024-25	2025-26	2026-27	2027-28	2028-29
Training & Technical Assistance	\$	2,000,000	\$485,000.00	\$485,000.00	\$485,000.00	\$485,000.00	\$60,000.00
DBH Administration	\$	750,000	\$167,500.00	\$167,500.00	\$167,500.00	\$167,500.00	\$80,000.00
Marketing	\$	100,000	\$25,000.00	\$25,000.00	\$25,000.00	\$25,000.00	\$0.00
Equipment	\$	25,000	\$8,333.33	\$8,333.33	\$8,333.33	\$8,333.33	\$0.00
Travel & Mileage	\$	40,000	\$10,000.00	\$10,000.00	\$10,000.00	\$10,000.00	\$0.00
<i>Total County</i>	\$	2,915,000	\$695,833.33	\$695,833.33	\$695,833.33	\$695,833.33	\$140,000.00
Total Phase 2	\$	5,915,000					

Budget Narrative

The estimated budget for Psychiatric Advanced Directives (PADs) Phase Two's five-year innovation is \$5,915,000. Fresno County has allocated \$3,000,000 to the multi-county statewide PADs project and \$2,915,000 towards the local implementation of the project.

- **Statewide PADs Project - \$3,000,000**
Fresno County has allocated \$3,000,000 to Syracuse University, who will continue to act as the administrative and fiscal intermediary for phase two of the PADs multi-county Innovation plan. This \$3,000,000 will go towards the statewide efforts of rolling out a digital PAD, along with promotion, training, and technical assistance for first responders and hospitals, evaluation, etc. Syracuse University will be paid up to 15% for administrating and overseeing all contracts under this statewide project. This administrative fee is included in the overall allocation.

The statewide project includes funding for:

- Concepts Forward Consulting – project management
 - Chorus Innovations – creating of the digital PAD
 - Idea Engineering – marketing, website and promotion
 - Painted Brain – providing peer voices
 - Burton Blat Institute – project evaluation
- **Fresno County - \$2,915,000**
Simultaneously, Fresno County will work locally to expand knowledge and promote digital PADs. The County will allocate \$2,000,000 of the funds for local PAD workshops and training, technical assistance for contracted providers, and training support for approximately 500 members of its system of care.

The remaining \$915,000 of the local County funding will be allocated to DBH administration (salaries, direct costs, and indirect costs), local marketing and outreach for education of PADs, equipment, and travel and mileage related to PADs Phase Two and implementation.

Appendix: Shasta County

County Contact and Specific Dates

- **Primary County Contact:** Ashley Saechao, aysaechao@shastacounty.gov, (530) 780-5338
- **Date Proposal posted for 30-day Public Review:** 04/19/24
- **Date of Local MH Board hearing:** 05/22/24
- **Date of BOS approval or calendared date to appear before BOS:** 06/11/24

Description of the Local Need

When a person is experiencing a mental health crisis, it can be difficult for that person to state their preferences for treatment. Without a Psychiatric Advance Directive, law enforcement, hospital staff, and other care providers can be operating blindly in terms of what types of medications work well for the patient, what other medical conditions exist, what may de-escalate the patient, what may trigger the patient, and other variables that are critical to safe, effective care. Shasta County patients and families have expressed that they often feel helpless when dealing with law enforcement and hospital staff because they feel they have no control over their own situation, and a Psychiatric Advance Directive would empower that person to use their voice, even when they are incapacitated. Locally, the timing is very good to begin working on a PAD system, as law enforcement and peer support have been added to the mental health care system in several significant ways. Crisis Intervention Trainings have become more standardized in our local law enforcement agencies, and a mobile crisis team was launched in 2021, in which law enforcement and clinicians go out on calls together and work as a team to assist people experiencing mental health crisis. Our peer support specialists have trained hundreds of people in WRAP techniques, and they believe a standardized system for creating and retrieving person-centered Psychiatric Advanced Directives would be a useful next step in helping patients access the services they need more effectively, so they can return to independence more quickly. Shasta County is also inspired by other jurisdictions' experiences in which creation of PADs has built trust with community members, prompting them to voluntarily seek more preventative levels of mental health care, and it is our strong desire to replicate that. We anticipate focusing first on people experiencing homelessness, and will rely on stakeholders to advise on what populations would be a priority next as the program rolls out and we learn more about it.

Description of the Response to the Local Need

We believe the project will:

- Build community capacity among law enforcement, peers, the court system, mental health care providers and others to ensure consumer choice and collaborative decision-making.
- Improve participant care in a crisis.
- Reduce recidivism.
- Engage participants in their treatment and recovery.

Description of the Local Community Planning Process

The PAD concept was described to stakeholders originally during a quarterly stakeholder meeting on March 30, 2021 and the concept was received favorably. Stakeholders were invited to attend a PADs presentation by Chorus, which gave a glimpse at what the website will look like. One presentation was done at each of our Wellness Centers to gain valuable feedback from peers on the project. Chorus presented at a Mental Health, Alcohol and Drug Advisory Board meeting, additionally at a meeting with First Responders in Shasta County. Board members, peers and first responders all supported the concept. This plan will be circulated for public comment starting May 13, 2024, and it will go to the Mental Health, Alcohol and Drug Advisory Board on June 12, 2024. It is scheduled to go before the Shasta County Board of Supervisors on June 25, 2024.

Budget Narrative for County Specific Needs:

In addition to the personnel costs detailed below, Shasta County's budget includes peer incentives or training, office materials, and technology needs for the direct services staff helping support peers to complete their PAD. We do not anticipate other large expenses for this project at this time.

Total proposed budget

Shasta County's total estimated 4-year budget is \$1,000,000. A detailed breakdown of the budget by fiscal year is provided in the grid below. Budget sheets taken from Innovations Template.

(County) Direct Personnel Costs

Community Development Coordinator (.5 FTE) – Ashley Saechao & Marie Marks .25 each

Senior Staff Analyst (.25 FTE) – Amber Brock

Peer Support Specialist (3 FTE) .25 x 6 PSS = 1.5

Personnel Costs \$716,000

Contractor Costs \$240,000

Travel \$19,000

Other Expenditures: \$44,000

Total INN Funds: \$425,000

Total MHSA Funds: \$1,000,000

BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY*

EXPENDITURES

PERSONNEL COSTS (salaries, wages, benefits)		FY 24/25	FY 25/26	FY 26/27	FY 27/28	FY 28/29	TOTAL
1.	Salaries	\$110,000	\$116,000	\$121,000	\$127,000	-	\$474,000
2.	Direct Costs	-	-	-	-	-	-
3.	Indirect Costs	\$56,000	\$59,000	\$62,000	\$65,000	-	\$242,000
4.	Total Personnel Costs	\$166,000	\$175,000	\$183,000	\$192,000	-	\$716,000
OPERATING COSTS		FY 24/25	FY 25/26	FY 26/27	FY 27/28	FY 28/29	TOTAL
5.	Direct Costs	-	-	-	-	-	-
6.	Indirect Costs	-	-	-	-	-	-
7.	Total Operating Costs	-	-	-	-	-	-
NON RECURRING COSTS (equipment, technology)		FY 24/25	FY 25/26	FY 26/27	FY 27/28	FY 28/29	TOTAL
8.							
9.							
10.	Total Non-recurring costs	-	-	-	-	-	-
CONSULTANT COSTS / CONTRACTS (clinical, training, facilitator, evaluation)		FY 24/25	FY 25/26	FY 26/27	FY 27/28	FY 28/29	TOTAL
11.	Direct Costs	\$60,000	\$60,000	\$60,000	\$60,000	-	\$240,000
12.	Indirect Costs	-	-	-	-	-	-
13.	Total Consultant Costs	\$60,000	\$60,000	\$60,000	\$60,000	-	\$240,000
OTHER EXPENDITURES (please explain in budget narrative)		FY 24/25	FY 25/26	FY 26/27	FY 27/28	FY 28/29	TOTAL
14.	Travel/Convening Costs	\$4,750	\$4,750	\$4,750	\$4,750	-	\$19,000
15.	Swag Costs/Marketing Materials	\$6,250	\$6,250	\$6,250	\$6,250	-	\$25,000
16.	Total Other Expenditures	\$11,000	\$11,000	\$11,000	\$11,000	-	\$44,000
BUDGET TOTALS							
Personnel (line 1)		\$110,000	\$116,000	\$121,000	\$127,000	-	\$474,000
Direct Costs (add lines 2, 5 and 11 from above)		\$60,000	\$60,000	\$60,000	\$60,000	-	\$240,000
Indirect Costs (add lines 3, 6 and 12 from above)		\$56,000	\$59,000	\$62,000	\$65,000	-	\$242,000
Non-recurring costs (line 10)		-	-	-	-	-	-
Other Expenditures (line 16)		\$11,000	\$11,000	\$11,000	\$11,000	-	\$44,000
TOTAL INNOVATION BUDGET		\$237,000	\$246,000	\$254,000	\$263,000	-	\$1,000,000

BUDGET CONTEXT - EXPENDITURES BY FUNDING SOURCE AND FISCAL YEAR (FY)

ADMINISTRATION:

A.	Estimated total mental health expenditures <u>for ADMINISTRATION</u> for the entire duration of this INN Project by FY & the following funding sources:	FY 24/25	FY 25/26	FY 26/27	FY 27/28	FY 28/29	TOTAL
1.	Innovative MHSAs Funds	-	-	-	-	-	-
2.	Federal Financial Participation	-	-	-	-	-	-
3.	1991 Realignment	-	-	-	-	-	-
4.	Behavioral Health Subaccount	-	-	-	-	-	-
5.	Other funding*	-	-	-	-	-	-
6.	Total Proposed Administration	-	-	-	-	-	-

EVALUATION:

B.	Estimated total mental health expenditures <u>for EVALUATION</u> for the entire duration of this INN Project by FY & the following funding sources:	FY 24/25	FY 25/26	FY 26/27	FY 27/28	FY 28/29	TOTAL
1.	Innovative MHSAs Funds	-	-	-	-	-	-
2.	Federal Financial Participation	-	-	-	-	-	-
3.	1991 Realignment	-	-	-	-	-	-
4.	Behavioral Health Subaccount	-	-	-	-	-	-
5.	Other funding*	-	-	-	-	-	-
6.	Total Proposed Evaluation	-	-	-	-	-	-

TOTAL:

C.	Estimated TOTAL mental health expenditures (this sum to total funding requested) for the entire duration of this INN Project by FY & the following funding sources:	FY 24/25	FY 25/26	FY 26/27	FY 27/28	FY 28/29	TOTAL
1.	Innovative MHSAs Funds	\$106,250	\$106,250	\$106,250	\$106,250	-	\$425,000
2.	Federal Financial Participation	-	-	-	-	-	-
3.	1991 Realignment	-	-	-	-	-	-
4.	Behavioral Health Subaccount	-	-	-	-	-	-
5.	Other funding* - MHSAs Funds	\$130,750	\$139,750	\$147,750	\$156,750	-	\$575,000
6.	Total Proposed Expenditures	\$237,000	\$246,000	\$254,000	\$263,000	-	\$1,000,000

*If "Other funding" is included, please explain.

Counties approved August 22, 2024 (Orange)

Appendix (x): Orange County

County Contact and Specific Dates

- **Primary County Contact:** Flor Yousefian Tehrani, Psy.D., LMFT
fyousefiantehrani@ochca.com, (714) 834-3104
- **Date Proposal posted for 30-day Public Review:** March 11, 2024
- **Date of Local MH Board hearing:** April 17, 2024
- **Date of BOS approval or calendared date to appear before BOS:** June 4, 2024

This narrative is specific to Orange County's (OC) local need and requested budget to participate in Phase II of the Psychiatric Advance Directives (PADs) Multi-County Innovation (INN) project. It does not include all elements of an INN proposal (i.e., primary purpose, innovative component, project activities, timeline, etc.). However, OC is aligned with the project activities, evaluation plan and learning objectives described in the [Phase II proposal](#) prepared by the PADs multi-county project manager.

Description of the Local Need

In June 2021, the Mental Health Services Oversight and Accountability Commission (MHSOAC) approved OC's proposal to join Phase I of the PADs INN Project. At the time, OC identified MHSOAC Strategic Priorities that focused on the need for increased behavioral health support and crisis services within its behavioral health system. In addition, the goals of the INN project aligned with OC's Integrated Services Strategy (now referred to as OC Cares), an initiative created by the Orange County Board of Supervisors to address the needs of residents, improve accessibility to services, and enhance care coordination across the county's five systems of care (behavioral health, healthcare, community corrections, housing, or benefits and support services).

These strategic priorities remain the primary motive for OC's participation in the PADs Phase II INN Project. Crisis support services continue to be a priority in the County. From January 1, 2024, through June 30, 2024, the OC Links Behavioral Health Line received 22,084 total calls, 6,267 of which were a possible crisis. While 1,249 of these calls were resolved over the phone, 5,018 calls required a mobile crisis dispatch for an in-person assessment. Many of the dispatches (77%) were to assess adults ages 18 years and over. Of the total completed crisis assessments, 40% resulted in hospitalization and/or an involuntary 5150 hold. In addition, law enforcement was present for 38% of these dispatches. During these in-person crisis response assessments, the ability for behavioral health providers and law enforcement to access an individual's PAD, learn about their preferences and/or strategies to de-escalate situations, and understand critical information about the person's physical and/or behavioral health history can improve their treatment and care for the individual.

Description of the Response to the Local Need

OC was approved to join Phase I of the PADs INN project in June 2021, and since then has made significant progress in laying the foundation for the implementation of PADs in Orange County. The first year of this project was focused on developing a contract with the fiscal intermediary, with all participating county and their respective counsels agreeing on the terms of the contract. In May 2022, OC began engaging its adult Program for Assertive Community Treatment (PACT), Assisted Outpatient Program (AOT), and CARE program staff in implementation readiness and planning discussions. The focus of these meetings was on implementation planning and readiness, specifically gathering information about enrollment, intake and workflow processes of each program to identify the most effective time to introduce and help clients develop a PAD. During Phase I, OC's efforts emphasized strategies that would seamlessly integrate this project into daily program operations to ensure future sustainability. Across the PACT, AOT and CARE programs, there are 8 clinics located throughout Orange County and 15 Peer Specialist Staff who will be trained to support their clients as part of the initial small-scale pilot. Planning discussions have also focused on identifying the type of client data to collect to evaluate the outcomes and impact of this project, and more importantly, aligning this information with data already being collected within each program for seamless data collection and evaluation beyond the life of this INN project.

While the INN Staff focused on internal planning and readiness discussions with its program, the PADs collaborative project consultants and subject matter experts engaged community stakeholders (Peer Specialists, consumers, family members, behavioral health providers, law enforcement/ first responders) in various workgroups to support the development of the PADs template and technology platform. OC stakeholders were, and continue to be, among the most active participants in these workgroups. During Phase I, OC has made significant progress toward increasing the community's awareness about PADs and engaging its stakeholders in planning and development discussions. Community members, HCA Program Staff and first responders have dedicated their time and input to the Phase I development and build activities and have expressed their excitement for testing/implementation and Phase II expansion efforts. Throughout the implementation of Phase I, OC INN Staff have provided ongoing presentations and updates to the community and its Behavioral Health Advisory Board (BHAB). These updates are included for reference at the end of this narrative. Phase I of the PADs INN Project provided OC the opportunity to begin laying the foundation for improving support for individuals who experience mental health crises. This was achieved through educating local stakeholders about the purpose, benefits and use of PADs, gathering community feedback on the development of a standardized PAD template and digital technology platform, and testing PADs adoption and use through a small-scale pilot.

Participating in Phase II will allow OC to expand the pilot to the larger community and test the platform's interoperability with first responders, law enforcement and hospitals; thereby integrating PADs into OC's system of care and potentially improving the type and quality of services provided to individuals experiencing a mental health crisis. OC is

seeking the MHSOAC's approval to participate in Phase II, which will allow stakeholders to implement the product they have designed and provide valuable insights into the implementation of PADs across the larger community.

Alignment with MHSOAC Strategic Plan

The continuation of the PADs project with this Phase II proposal aligns with the MHSOAC's Accelerating Transformational Change Strategic Plan 2024-2027 through the following goals and objectives:

- Goal 1: Champion Vision to Action
 - *Objective 1.1:* Elevating the perspective of diverse communities.
 - The PADs project includes ongoing template and platform workgroups aimed at gathering feedback from consumers, family members, behavioral health providers and first responders. Through these groups, the community voice and perspective are the primary drivers in the development and future implementation of PADs.
 - *Objective 1.2:* Assess and advocate for system improvements.
 - PADs Phase II will provide law enforcement, hospitals and behavioral health providers with real-time access to an individual's PAD, which has the potential to improve cross-system coordination for the person's treatment and care.
- Goal 2: Catalyze Best Practice Networks
 - *Objective 2.4:* Support system-level analysis to ensure the tailored care and universal access required to reduce disparities.
 - During Phase I, the PADs template and platform was developed with input from Peer Specialists who utilized their lived experience in mental health and recovery to inform the content and features of these critical tools.
 - PADs Phase II will allow Counties to implement these tools and give individuals the ability to identify their preferences for treatment during a mental health crisis and provide law enforcement and hospitals the opportunity to tailor care that will best meet the needs of these individuals.
 - PADs Phase II will also allow counties to translate materials in their respective threshold languages, broadening the reach of PADs to unserved and underserved communities.
- Goal 3: Inspire Innovation and Learning
 - *Objective 3.1:* Curate an analytical-based narrative on the potential for innovation to improve behavioral health outcomes.
 - PADs Phase I was focused on the build and pilot of a template and platform, evaluating the awareness, engagement and adoption of these tools by the Counties and their stakeholders.

- The continuation of this project in Phase II will focus on expansion of PADs training and implementation with law enforcement, hospitals and the general community, prompting an evaluation of the impact of the use of PADs on reducing hospitalizations/ incarcerations, de-escalating crisis situations, and empowering clients to manage their behavioral health, thereby improving their outcomes.
 - *Objective 3.3:* Accelerate learning and adaptation in public policies and programs.
 - PADs Phase I included 7 participating counties, whose collaborative efforts have resulted in shared learnings about the development of a standardized template and electronic platform across small, medium and large counties.
 - PADs Phase II will expand these learnings to include up to 14 counties, elevating the statewide effort and learnings. It will explore training law enforcement and hospitals, and implementation across different client populations. These learnings have the potential to inform sustainability efforts with specific programs and/or target populations and adaptation into programs and policies.
- Goal 4: Relentlessly Drive Expectations
 - *Objective 4.3:* Promote understanding of the progress that is being made and the advocacy that will result in further improvements.
 - The evaluation outcomes and lessons learned from PADs Phase II will be shared with OC's local stakeholders, BHAB, and general community. Project learnings will also be shared with the MHSOAC to further help promote the impact of this project.

Alignment with Behavioral Health Transformation

OC's ongoing participation in the PADs project aligns with the State's movement toward behavioral health transformation and the Behavioral Health Services Act (BHSA):

- BHSA:
 - Expands the priority population by including individuals with substance use disorders and prioritizes individuals at risk of or experiencing homelessness, justice involvement, child welfare involvement, and/or institutionalization/conservatorship.
 - For PADs Phase I, OC identified PACT, AOT, and CARE programs as pilot sites, each of which include some of the priority populations identified under BHSA.
 - During Phase II, OC plans to train staff in Adult Correctional Health Services on the benefits and use of PADs.
 - Plans in Phase II also include an expansion in PADs training to law enforcement.

- Requires 35% of funds to be directed toward FSPs.
 - OC has identified its Adult AOT/FSP program as a pilot site for PADs.
 - As part of PADs Phase II, Peer Specialist staff will support clients in creating an individualized PADs and data will be collected to evaluate adoption and use of the platform.
- Mobile Crisis changes how and when crisis response teams deploy to community members experiencing a behavioral health crisis.
 - The implementation of PADs Phase II can support the crisis assessment team dispatched to respond to the crisis. If the individual has a PAD, the information can help the clinician and/or first responder in de-escalating the situation or providing the individual's preferred form of treatment.
- CARE creates a collaborative court for individuals living with untreated schizophrenia spectrum disorders who require intensive collaboration and participation in voluntary treatment.
 - OC is currently in discussion with the CARE program staff regarding implementation planning and readiness.
 - PADs Phase II will allow the continued implementation and data collection, evaluation of this innovation project.
- Senate Bill 43 changes the legal definition of grave disability to include persons living with severe substance use or co-occurring mental health disorders without any simultaneous or preemptive investments in infrastructure.
 - As part of the PADs Phase I initial pilot, and continued implementation through Phase II, individuals from PACT, CARE and AOT programs will be encouraged to create an individualized PAD, as appropriate. This document can be used/referenced by law enforcement, hospital staff, and other providers in the event of a future crisis or grave disability.
- Peer and Recovery Services mandates the inclusion of peer support services with specializations in Medi-Cal, crisis, justice-involvement, housing, and supervisory roles.
 - During PADs Phase I implementation planning, OC INN Staff have met with Peer Specialists from the PACT, AOT and CARE programs to discuss their role in this project. In OC, Peer Specialist staff will be trained in the PADs curriculum and support their clients in developing an individualized PAD, as appropriate, during their treatment.
 - During Phase II, certified Peer Specialists will begin to bill Medi-Cal for supporting clients in creating their PADs.

Sustainability

OC is piloting PADs within the adult PACT, AOT and CARE programs. To ensure sustainability, INN Staff have facilitated ongoing implementation planning and readiness discussions with program staff (i.e., managers, clinicians, peer specialists). The purpose of these discussions was to understand workflows and daily operations, with the intention of encouraging staff to identify the most efficient and seamless introduction of PADs into their daily activities. Early conversations with program staff have also focused on identifying potential barriers and challenges with implementation to begin strategizing how to manage administrative issues, technology challenges, staff workload, client engagement, etc. Furthermore, OC is encouraging its Peer workforce to seek Peer Certification, which would allow staff to bill Medi-Cal for This early investment from program staff and their commitment to planning/problem solving will allow for the successful integration of PADs into their daily activities and ensure continuity and future sustainability of this project. Similarly, OC INN Staff have experienced a similar level of commitment from the OC Crisis Intervention Team Steering Committee, where law enforcement has expressed their interest and excitement in using PADs as a resource.

Description of the Local Community Planning Process

To kick off the local community planning process, OC included PADs Phase II as part of its MHSA Annual Plan update for FY 2024-25. The Plan was posted for Public Comment from March 11, 2024, through April 15, 2024. Following the posting, the MHSA Office facilitated 12 community engagement meetings with local stakeholders to review updates to the MHSA Plan, including a specific description of PADs Phase II. In addition, INN Staff presented on PADs Phase I and discussed Phase II during the BHAB General Meeting on March 27th and facilitated several virtual and in-person planning meetings on May 1st, May 8th, and May 13th and May 17th to describe the proposed plan for the next phase of the project. During these meetings, INN Staff addressed specific questions related to project partners, local budget, plans for future legislation, target populations across participating counties, technology platform, access to digital PADs, and implementation logistics. Staff also gathered specific community feedback to plan for and support the successful implementation of PADs Phase II. Several themes emerged from the community feedback, which are summarized below:

Questions	Community Response/Themes
What strategies would be useful in getting hospitals to use or access an individual's PAD?	Engagement; Awareness, Education & Trainings; Integration into Daily Operations; Access; Identification
What can we do better to ensure more individuals access and complete a PAD?	Awareness, Education & Trainings; Integration into Daily Operations; Peer Support; Collaboration

What challenges do you see as we introduce PADs to the OC community?	Engagement; Awareness, Education & Trainings; Integration into Daily Operations; Access; Stigma; Safety & Privacy
--	---

A detailed description of all community feedback is available at the end of this proposal. On June 4, 2024, the Orange County Board of Supervisors approved the MHSA Annual Plan update for FY 2024-25, which included plans to seek MHSOAC approval to participate in PADs Phase II.

Budget Narrative for County Specific Needs:

Personnel Costs

The project budget includes the staff time for six INN staff to provide administrative oversight and implementation activities. Three of these positions are specifically dedicated to Peer Support Specialists who are either certified or trained to utilize their lived experience in mental health and recovery to support consumers and their family members. The total proposed personnel costs are \$320,000, which represents approximately 7% of the total requested budget.

Collaborative/Consultant Costs

OC will contribute \$3,405,995 to the various consultants and subject matter experts who support this multi-county collaborative project. This contribution represents approximately 74% of the total requested budget.

Other Costs

The proposed budget includes the cost of promotional materials, travel and local consultant costs to support project activities. These proposed costs are \$907,000, which represents approximately 20% of the total requested budget.

The subtotal for project expenditures is \$4,632,995. The County requires an additional 7.5% of project expenditures to support administrative costs (\$347,475).

The total requested budget for OC's participation in PADs Phase II is \$4,980,470 over five years. A detailed breakdown of costs is provided in the table below.

Budget by Fiscal Year and Specific Budget Category for County Specific Needs

	FY 24/25	FY 25/26	FY 26/27	FY 27/28	FY 28/29	Total	% of OC's Budget
							6.91%
							73.52%
							19.58%
							100%
						TOTAL 5-YR BUDGET	\$4,980,470

PADs Phase II

OC Community Feedback

What strategies would be useful in getting hospitals to use or access PADs?

Engagement

- Meet with hospital psychiatric teams and hospital leadership.
- Advocate with hospital executives.
- Gathering success stories and having individuals provide their feedback and experience on how PADs impacted them to get some buy in.
- Pilot with LPS designated programs first.
- Need legislative strategies to get hospitals involved and make PADs a legal document.

Awareness, Education & Trainings

- Advertise at entities where hospital reps attend (NAMI, Meeting of the Minds etc.)
- Communicate the benefits of PADs.
- Going out to facilities to provide an overview of usage and education.
- Train on benefits of PADs.
- Educate case management teams about PADs.
- Training for hospitals and LE staff.
- PADs trainings to hospital staff.
- Concern about multiple hospital systems in OC. Unless there is buy in from the top, hospital workers may not acknowledge. They need education and training on PADS.

Integration into Daily Operations

- Get buy in to be “standard work.”
- Having PSS introduce PAD to clients.
- Make PADs easy to use.
- Translate info on PADs.
- Incorporate into discharge planning process.
- Request to make questions about PADs a standard part of ER intake like an advanced healthcare directive.

Access

- Indicate a person has a PAD on the County IRIS system.
- Make sure our info is in the hospital systems.
- Connecting PADs to current EHR system.
 - EHR implementation requires IT security team and this would take time.
 - Idea to start small with select hospitals.
- Registry for those who have a PAD.

Identification

- Make sure LE/Hospitals check our ID (identify us).
- Provide procedures for identifying a person with no ID.
- Wallet card that asks ER/County LPS Designated Facilities to access the PAD.
- Use a Card or bracelet as an identifier for those who have completed a PAD.
- Idea to use facial and fingerprint recognition.

What can we do better to ensure more individuals access and complete a PAD?

Awareness, Education & Trainings

- Advertisements.
- Create group within hospital to educate on PADs.
- Need to emphasize the positive aspects of completing a PAD (can specify which hospitals you would like to go to).
- Make sure LE/Hospitals know about the PADs and how to use it so our needs are met, and everyone benefits from it.
- Can there be an instructional video on how to fill out a PAD so we can do it on our own or with support?
- Having the introductory video playing in the waiting room of Drs offices and various CBO's will be great. Training CBOs to help people fill out a PAD will be great too.
- Trainings in the hospitals and Wellness Centers.
- Training for CAT/PET Teams
- Regular trainings for public defenders and court staff in the mental health courts.

Integration into Daily Operations

- I would like LE/Hospitals to provide me some safe space and time to write down my needs and what I am going through before approaching me with a lot of questions.
- Make sure the PAD identifies all the special needs of the person such as "hearing" impaired and "hearing aids" use.
- Can we make the PAD part of a "safety plan" or "treatment plan" so it is automatically reviewed every 6 mos. or 12 mos. by a professional?
- The PAD is easy to edit and update.
- Include in discharge paperwork.

Peer Support

- We like filling out a PAD with a PSS or a family member, friend, or support system.
- Consider using certified Peers as an early adopter marketing group.

Collaboration

- Work with Be Well and NAMI to introduce PADs to the populations they serve.
- Working with CalOptima to reach Medi-Cal population.
- Work with Churches and AOT/FSPs/TRC's to introduce the PAD.
- Work with emergency rooms, psychiatrists, courts, Cal Optima, etc. to engage their populations.

What challenges do you see as we introduce PADs to the community (in OC in general)?

Awareness, Education & Trainings

- It would be beneficial to incorporate PADs training into the police academy training and CIT training.
- Educating community on what a PAD is and how it can be used.
- We think it is a good tool to use.
- Everyone needs to be on board (first responders, LE, hospitals, etc.)
- One contact may not be enough to reach all OC hospitals and LE. Is there enough money in the budget?
- Stop using acronyms. Use full names instead.
- For service providers, they are not educated on the benefits of PADs, they have their own personal biases, and there are no monetary incentives.

Integration into Daily Operations

- PADs add a layer of work and paperwork for hospitals and LE.

Access

- The pilot is not connected to any hospitals/LE yet.
- Translation for the document and materials.
- The level of language proficiency/ASL translation about the information for the D/HH community.
- If LE/Hospitals don't have all your information, they will not be able to help you.
- 800 number to call/website for FAQs to ease mind about privacy, security, etc.

Stigma

- Stigma for employment.
- Some stigma could be involved with having a PAD especially with younger people.
- Skepticism from the community and stigma about sharing medical records.
- For clients, the time it takes to complete a PAD, concerns about confidentiality, and stigma can change/affirm people.

Safety & Privacy

- Clients being aware what info is being shared.
- Lack of identification and identity theft.
- Make sure there is strong security for the platform and PAD, so there is no identity theft.
- Liability and privacy concerns.

Psychiatric Advance Directives (PADs) Innovation (INN) Project

What is a PAD?

A PAD is a legal document that details a person's preferences for treatment decisions during a mental health crisis.

What is the PADs INN Project?

The PADs INN project is a time-limited, multi-county effort that seeks to implement the training and use of PADs across multiple counties, with the goal of developing a standardized PAD training, template and "tool kit" for all California counties. Participating counties include Contra Costa, Fresno, Mariposa, Monterey, Orange, Shasta and Tri-City.

Who is the target population?

All counties will pilot PADs with adults (ages 18+). Each county has a specific population or program as its focus to identify learnings across diverse groups. The decision to create a PAD is voluntary.

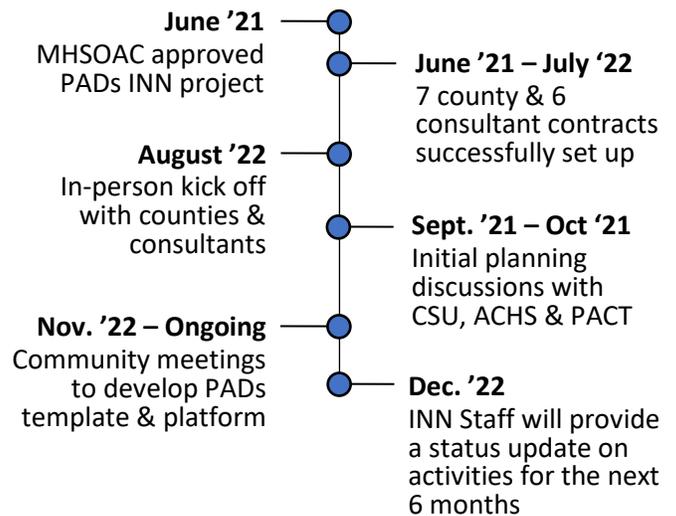
How will OC implement the project?

INN Staff and the PADs Trainer are working with Adult Correctional Health Services (ACHS), Program of Assertive Community Treatment (PACT) and Crisis Stabilization Units (CSU) as pilot programs. Current discussions are focused on PADs implementation planning and readiness. Additional programs may be added in later phases.

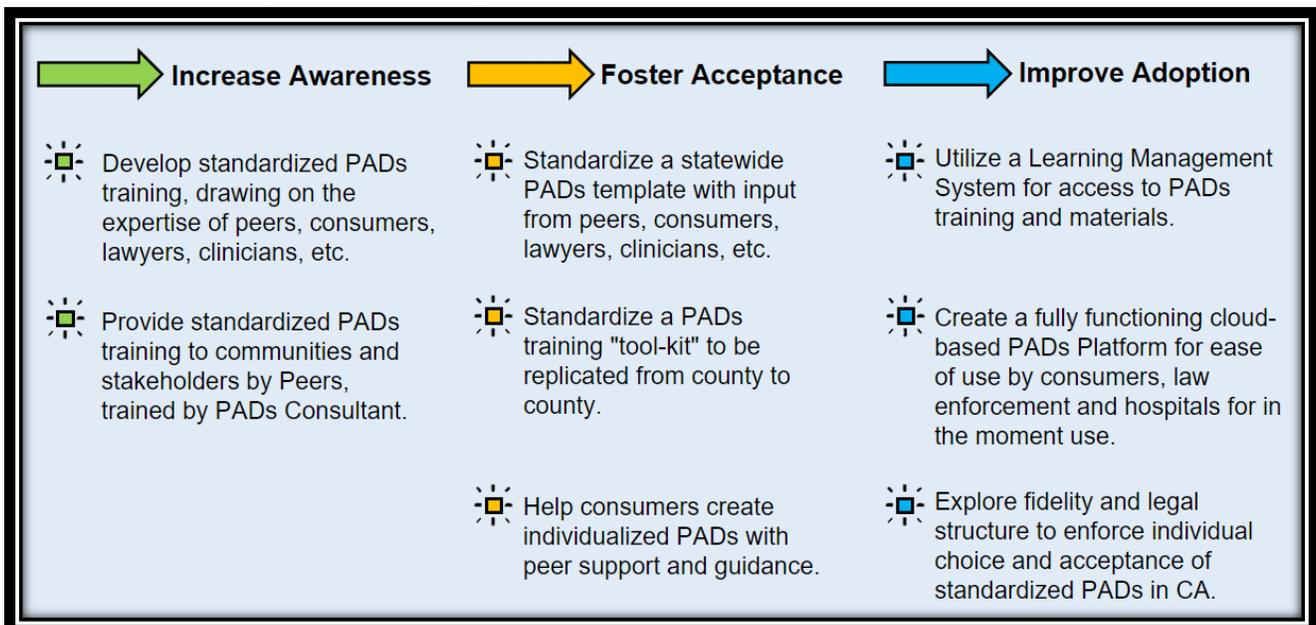
Who is involved in the project?

Consultants	Role
Fiscal Intermediary	Fiscal & contracting agent
Project Manager	Coordinates activities between counties & consultants
PADs Trainer	Assists counties in developing PADs implementation plans
Peer Support	Develop PAD template based on community input; train county peers & staff on template
PADs Platform	Develop cloud-based platform based on community input
Project Evaluation	Evaluate project activities
Marketing	Develop branding, website, etc.

What is the project timeline?



PADs Multi-County Project Goals & Objectives



BHAB Updates

Psychiatric Advance Directives (PADs) Innovation (INN) Project

What is a PAD?

A PAD is a legal document that details a person’s preferences for treatment decisions during a mental health crisis.

What is the PADs INN Project?

The PADs INN project is a time-limited, multicounty effort that seeks to implement the training and use of PADs across multiple counties, with the goal of developing a standardized PAD training, template and “tool kit” for all California counties. Participating counties include Contra Costa, Fresno, Mariposa, Monterey, Orange, Shasta and Tri-City.

Who is the target population?

All counties will pilot PADs with adults (ages 18+). Each county has a specific population or program as its focus to identify learnings across diverse groups. The decision to create a PAD is voluntary.

How will OC implement the project?

INN Staff are working with Adult Correctional Health Services (ACHS), Program of Assertive Community Treatment (PACT) and Crisis

Stabilization Units (CSU) as pilot programs. Current discussions are focused on PADs implementation planning and readiness. Additional programs may be added in later phases.

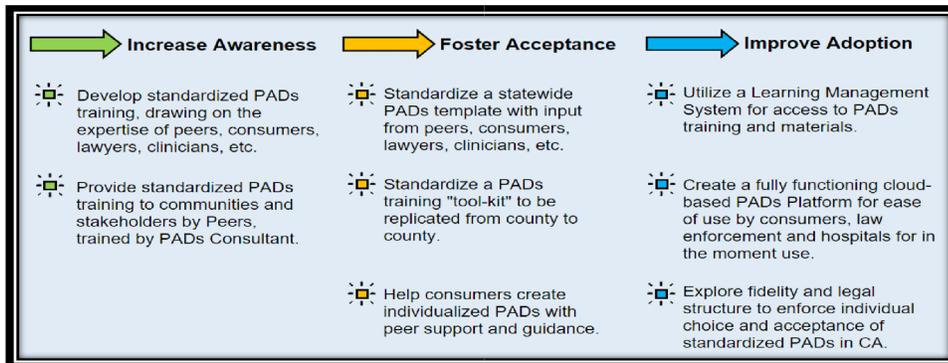
PADs Multi-County Project Goals & Objectives

Who is involved in the project?

Consultants	Role
Fiscal Intermediary	Fiscal & contracting agent
Project Manager	Coordinates activities between counties & consultants
PADs Trainer	Assists counties in developing PADs implementation plans
Peer Support	Develop PAD template based on community input; train county peers & staff on template
PADs Platform	Develop cloud-based platform based on community input
Project Evaluation	Evaluate project activities
Marketing	Develop branding, website, etc.

What is the project timeline?

In January 2023, INN Staff will continue ongoing meetings with each pilot program to discuss strategies for effectively integrating PADs into program activities. Beginning in February 2023, OC stakeholders (Peers, consumers, family members, providers, law enforcement, hospitals, etc.) will be invited to two separate workgroups to provide input on developing a standardized PAD template and help create a technology platform. These ongoing meetings will be facilitated by PADs project consultants and run through December 2023. Meeting announcements will be shared through the MHSA Office, as appropriate.



For more information about the PADs INN Project, please read the full proposal [HERE](#)

PSYCHIATRIC ADVANCE DIRECTIVES (PADS)

A PAD is a legal document that details a person's preferences for treatment decisions during a mental health crisis.

Scan for more
information



WHAT IS THE PADS INN PROJECT?

The PADS Innovation project is a time-limited, multi-county effort that seeks to implement the training and use of PADs across multiple counties, with the goal of developing a standardized PAD training, digital template and platform to create and access PADs. For more information visit the [project website](#).

PROJECT GOALS & OBJECTIVES



- Develop standardized PADS Training with input from peers, consumers, clinicians, etc.
- Provide standardized PADS training to communities and stakeholders by Peers.



- Standardize statewide PADS template with input from peers, consumers, law enforcement, hospitals, clinicians, etc.
- Create a standardized PADS training "tool-kit" for replication across counties.
- Assist consumers in creating individualized PADs with peer support and guidance.



- Use a Learning Management System for PADs training and material access.
- Develop a user-friendly cloud-based PADs Platform for consumers, law enforcement, and hospitals.
- Explore fidelity and legal structures for enforcing individual choice and acceptance of standardized PADs in CA.

TARGET POPULATION

All counties will pilot PADs with adults (ages 18+). Each county has a specific population or program as its focus to identify learnings across diverse groups. The decision to create a PAD is voluntary.

WHO IS INVOLVED?

- Fiscal Intermediary: manages fiscal and contracting matters.
- Project Manager: coordinates activities between counties and consultants.
- Peer Consultants: assist in PAD template and digital platform development, and train pilot programs and staff.
- Technology Consultant: develops a cloud-based platform.
- Evaluation Consultants: evaluate project activities, including PADs digital template and platform development.
- Marketing Consultant: develops branding for the PADs project.

ORANGE COUNTY IMPLEMENTATION

OC initially planned to pilot PADs within three sites: Program for Assertive Community Treatment (PACT), Adult Correctional Health Services (ACHS) and Crisis Stabilization Units (CSU). After extensive discussions with program staff, the implementation plan was adjusted for better integration.

PACT will serve as the main site for participants to create PADs. PACT staff will receive training to support participants in creating and accessing PAD related information. ACHS and CSU program staff will be trained to access and utilize PAD information to enhance participant care. The use of PADs will expand to additional programs, such as Care Court, in later project phases.

ORANGE COUNTY ACTIVITIES

July 2023 to December 2023:

- INN Staff will maintain contact with pilot programs to discuss PAD integration strategies.
- OC community members and stakeholders (Family members, peers, consumers, law enforcement) will continue attending two separate ongoing workgroups to provide input on a standardized PAD template and technology platform development.
- PADs project consultants will continue to focus on project activities.
- The PADs project manager will engage in discussions with state lawmakers on PADs legislation.



A Psychiatric Advanced Directive (PAD) is a legal document that details a person's preferences for treatment decisions during a mental health crisis.

Project Description

The PADs Innovation (INN) project is a time-limited, multi-county effort that seeks to implement the training and use of PADs across multiple counties, with the goal of developing a standardized PAD training, digital template and platform to create and access PADs. For more information visit the [Multi-County PADs INN Project Website](#).

Project Goals & Objectives



- Develop standardized PADs Training with input from Peers, consumers, clinicians, etc.
- Provide standardized PADs training to communities and stakeholders by Peers.



- Standardize statewide PADs template with input from Peers, consumers, law enforcement, hospitals, clinicians, etc.
- Create a standardized PADs training "tool-kit" for replication across counties.
- Assist consumers in creating individualized PADs with Peer support and guidance.



- Use a Learning Management System for PADs training and material access.
- Develop a user-friendly cloud-based PADs Platform for consumers, law enforcement, and hospitals.
- Explore fidelity and legal structures for enforcing individual choice and acceptance of standardized PADs in CA.

Target Population

All counties will pilot PADs with adults (ages 18+). Each county has a specific population or program as its focus to identify learnings across diverse groups. The decision to create a PAD is voluntary.

Project Partners

- Fiscal Intermediary: manages fiscal and contracting for participating counties.
- Project Manager: coordinates activities between counties and consultants.
- Peer Consultants: assist in PAD template and digital platform development, and train pilot programs and staff.
- Technology Consultant: develops a cloud-based platform.
- Evaluation Consultants: evaluate PADs digital template and platform development.
- Marketing Consultant: develops branding for the PADs project.

Orange County Implementation Plan

The Program for Assertive Community Treatment (PACT), Community Assistance, Recovery, & Empowerment (CARE) and Assisted Outpatient Treatment (AOT) programs were identified as sites for the implementation of PADs. Program Staff will receive training to support participants in creating and accessing their PAD.

OC also plans to train staff from Crisis Stabilization Units and Adult Correctional Health Services on the access and use of PADs to enhance client care. Trainings will be expanded to more programs in later phases of the project.

Upcoming Orange County Activities

Jan 2024 to Jun 2024:

- INN Peers will be trained on the PADs Train-the-Trainer curriculum and will train PACT, CARE, and AOT staff.
- INN Staff will continue to meet with PACT, CARE, and AOT programs to discuss PAD integration strategies.
- Technology consultants will facilitate ongoing stakeholder feedback groups and complete the initial build of the PADs platform.
- The PADs project manager will engage in discussions with state I legislation.

Counties approved November 21, 2024 (Alameda, Tri-City MHA)

Appendix: Alameda County

County Contact and Specific Dates

- **Primary County Contact:** Mary Skinner, mary.skinner@acgov.org
- **Date Proposal posted for 30-day Public Review:** 4/01/2024 – 5/15/2024
- **Date of Local MH Board hearing:** 3/20/2024
- **Date of BOS approval or calendared date to appear before BOS:** September 17, 2024

Description of the Local Need

Alameda County's local needs align in several substantial ways with other participating counties. Alameda, like other counties, has identified crisis response, individuals experiencing homelessness or at risk of, and justice-involved as high priorities. Alameda has responded to these needs with the innovation project CATT (Community Assessment Treatment Teams), which is now a sustained program and part of the county's mobile crisis response teams; and a justice-involved innovation project that contains a continuum of services of seven components that are either peer-led or clinical led.

Fresno County, as the lead county, has pointed out that the needs faced by all the populations identified by other participating counties, have also been the focus of several recent state-level legislation efforts, including Proposition 1, SB 43, and CARE Court. Alameda County joins Fresno County and all other participating counties in committing to addressing new legislative requirements while continuing to provide person-centered, recovery-focused care to all individuals served by the public behavioral health system.

Description of the Response to the Local Need

ACBHD believes the project will be beneficial to the county because:

- PADS have been shown to improve outcomes for individuals in crisis who are unable to advocate for themselves during a crisis;
- PADS help responders provide appropriate resources and falls in-line with the goals of the county in its CATT mobile crisis team;
- PADS will bring the county closer to compliance with Care Court legislation;
- PADS have been shown to reduce recidivism in local jails and emergency rooms; and
- Using this model empowers individuals in supporting active participation in one's own recovery and is intended to be utilized in the county's Vocational Services.

Description of the Local Community Planning Process

The concept of PADS was originally identified in the county's CATT innovation project. However, due to the pandemic and complexity of the CATT project, this testing piece of

the model pilot was not achieved. With the approval of this multi-county collaborative, the usage of PADS in Alameda County began to be discussed again and was brought back to the community in the county's Community Planning Process. The local Community Planning Process (CPP) included 23 listening sessions, 12 key informant interviews, and a community input survey. These were conducted between October 2023 – December 2023.

During the public community forums, information on PADS was presented with surveys requesting input on whether the county should join the collaborative. There was strong community support with most respondents saying yes to joining the collaborative. This support aligns with MHSA values of promoting wellness, resiliency and being community driven.

Painted Brain, the collaborative's peer voice advocate, presented on PADS in November 2023. This training included clients of the county's Office of Family Empowerment, and the county's peer group, Peers Organizing Community Change (POCC). Both groups see PADS as a significant tool for clients to speak for themselves regarding their mental health and identifying medical needs when clients may be unable.

Additionally, during an internal presentation by the county's MHSA division, the county's Vocational Services Division (VOC) expressed great interest in using PADS. The VOC provides supported employment and education services, linkages to community resources, and community-based services. VOC sees PADS as an opportunity to enhance their ability to link individuals to mental health services through the VOC program.

PADS will further compliment the county's recently approved innovation continuum of care projects for the justice-involved. Furthermore, crisis-related care in Alameda County, which continues to expand, will be enhanced with the usage of PADS, along with the unhoused, because PADS are able to speak for those in crisis when these individuals cannot.

Alameda County's intent to participate in Phase 2 of this project is noted in the county's MHSA Plan Update FY2024-2025. There was no public comment or issues raised with plans to participate in Phase 2. Additionally, the MHSA Plan Update was approved by the local Mental Health Advisory Board on 4/20/2024 and was approved by the County Board of Supervisors Health Committee on 6/10/2024. Final BOS approval is set for September 17, 2024.

Budget Narrative for County Specific Needs:

Personnel Costs: \$1,764,003

- **MHSA Innovation Coordinator:** This staff will provide MHSA technical assistance and support so that the project is set up correctly and Innovation Regulations are followed.

- ACBHD Program Manager: Responsible for administrative oversight, such as monitoring expenditures, attending collaborative meetings, liaison to contractors.
- ACBHD Admin: Clerical assistance as needed, including printing materials, notifying the public of meetings and training events.
- ACBHD Office of Peer Support Service: Provide support around stakeholder engagement with peers and PADs training.

Collaborative/Contractor Costs: \$1,166,001

The PADS multi-county collaborative project requires many consultants because there are numerous layers to the collaborative project. Alameda will contribute \$1,166,001 to the various consultants and subject matter experts.

	FY 24/25	FY 25/26	FY 26/27	Total
Alpha Omega - Translation	\$ 3,109	\$ 4,801	\$ 4,897	\$ 12,807
Burton Blatt Institute - Evaluation	\$ 24,875	\$ 50,749	\$ 95,497	\$ 171,121
Chorus - Technology Engagement	\$ 18,656	\$ 24,022	\$ 29,383	\$ 72,061
Concepts Forward Consulting - Project Director	\$ 39,385	\$ 71,425	\$ 107,738	\$ 218,548
Idea Engineering - Marketing/Videos/Website	\$ 20,729	\$ 12,243	\$ 14,691	\$ 47,663
Painted Brain - Peer Consultants	\$ 22,802	\$ 40,810	\$ 34,280	\$ 97,892
Chorus Technology – Platform & Connections	\$ 103,645	\$ 150,997	\$ 139,571	\$ 394,213
Syracuse (15%) - Fiscal Intermediary	\$ 34,980	\$ 53,053	\$ 63,663	\$ 151,696
TOTAL CONSULTANT COSTS	\$ 268,181	\$ 408,100	\$ 489,720	\$1,166,001

Other Costs: \$140,001

The proposed budget includes costs of promotional materials which will assist in outreach efforts. Meeting, travel and convening costs to cover expenses associated with organizing meetings. Equipment and technology costs for the purchase and maintenance of equipment necessary for project activities.

Total Estimated Budget

Alameda County’s total estimated 3-year budget is \$3,070,005. The breakdown per year is provided in the following budget sheets from the innovation’s template.

Alameda County BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY					
PERSONNEL COSTS (salaries, wages, benefits)		FY 24/25	FY 25/26	FY 26/27	TOTAL
1	Salaries	\$372,334	\$390,334	\$405,334	\$1,168,002
2	Direct Costs	\$0	\$0	\$0	\$0
3	Indirect Costs	\$189,667	\$198,667	\$207,667	\$596,001
4	Total Personnel Costs	\$562,001	\$589,001	\$613,001	\$1,764,003
OPERATING COSTS		FY 24/25	FY 25/26	FY 26/27	TOTAL
5	Direct Costs				
6	Indirect Costs				
7	Total Operating Costs				
NON RECURRING COSTS (equipment, technology)		FY 24/25	FY 25/26	FY 26/27	TOTAL
8	Laptops, iPads or tablets, other equipment and technology	\$10,000	\$10,000	\$10,000	\$30,000
9					
10	Total Non-recurring costs	\$10,000	\$10,000	\$10,000	\$30,000
CONSULTANT COSTS / CONTRACTS (clinical, training, facilitator, evaluation)		FY 24/25	FY 25/26	FY 26/27	TOTAL
11	Direct Costs	\$388,667	\$388,667	\$388,667	\$1,166,001
12	Indirect Costs				
13	Total Consultant Costs	\$388,667	\$388,667	\$388,667	\$1,166,001
OTHER EXPENDITURES (please explain in budget narrative)		FY 24/25	FY 25/26	FY 26/27	TOTAL
14	Convening Costs	\$15,833	\$15,833	\$15,833	\$47,499
15	Marketing Materials	\$20,833	\$20,833	\$20,833	\$62,499
16	Total Other Expenditures	\$36,667	\$36,667	\$36,667	\$110,001
BUDGET TOTALS					
Personnel (line 1)		\$372,334	\$390,334	\$405,334	\$1,168,002
Direct Costs (add lines 2, 5 and 11 from above)		\$388,667	\$388,667	\$388,667	\$1,166,001
Indirect Costs (add lines 3, 6 and 12 from above)		\$189,667	\$198,667	\$207,667	\$596,001
Non-recurring costs (line 10)		\$10,000	\$10,000	\$10,000	\$30,000
Other Expenditures (line 16)		\$36,667	\$36,667	\$36,667	\$110,001
TOTAL INNOVATION BUDGET		\$997,335	\$1,024,335	\$1,048,335	\$3,070,005

BUDGET CONTEXT - EXPENDITURES BY FUNDING SOURCE AND FISCAL YEAR (FY)

Estimated total mental health expenditures for ADMINISTRATION for the entire duration of this INN Project by FY & the following funding sources:					
		FY 24/25	FY 25/26	FY 26/27	TOTAL
A.	Estimated total mental health expenditures for ADMINISTRATION for the entire duration of this INN Project by FY				
	& the following funding sources:				
1.	Innovative MHSAs Funds				
2.	Federal Financial Participation				
3.	1991 Realignment				
4.	Behavioral Health Subaccount				
5.	Other funding*				
6.	Total Proposed Administration				

Estimated total mental health expenditures for EVALUATION for the entire duration of this INN Project by FY & the following funding sources:					
		FY 24/25	FY 25/26	FY 26/27	TOTAL
B.	Estimated total mental health expenditures for EVALUATION for the entire duration of this INN Project by FY & the following funding sources:				
1.	Innovative MHSAs Funds				
2.	Federal Financial Participation				
3.	1991 Realignment				
4.	Behavioral Health Subaccount				
5.	Other funding*				
6.	Total Proposed Evaluation				

Estimated TOTAL mental health expenditures (this sum to total funding requested) for the entire duration of this INN Project by FY & the following funding sources:					
		FY 24/25	FY 25/26	FY 26/27	TOTAL
C.	Estimated TOTAL mental health expenditures (this sum to total funding requested) for the entire duration of this INN Project by FY & the following funding sources:				
1.	Innovative MHSAs Funds	\$997,335	\$1,024,335	\$1,048,335	\$3,070,005
2.	Federal Financial Participation				
3.	1991 Realignment				
4.	Behavioral Health Subaccount				
5.	Other funding*				
6.	Total Proposed Expenditures	\$997,335	\$1,024,335	\$1,048,335	\$3,070,005

*If "Other funding" is included, please explain.

Appendix: Tri-City Mental Health Authority

County Contact and Specific Dates

- **Primary County Contact:** Paulina Ale
- **Date Proposal posted for 30-day Public Review:** September 6, 2024
- **Date of Local MH Board hearing:** October 8, 2024
- **Date of BOS approval or calendared date to appear before BOS:** October 16, 2024

Description of the Local Need

In May 2022, Tri-City Mental Health Authority (Tri-City) was approved by the Mental Health Services Oversight and Accountability Commission (MHSOAC) to join Phase I of the Multi-County Psychiatric Advanced Directives (PADs) Innovation Project. With a long history of addressing diverse mental health needs and strong partnerships with local law enforcement and service providers, Tri-City has made significant progress in recognizing and managing individuals in mental health crises across Claremont, La Verne, and Pomona. These partnerships have been crucial in developing a coordinated response to mental health issues within our communities.

Despite these efforts, each city faces unique challenges related to its size, financial resources, and perceptions of mental health. Community input, gathered through the Community Planning Process Survey, highlighted two primary target populations: transition age youth/young adults (ages 18 to 25) and individuals who are homeless or at risk of homelessness. This feedback helped guide the development of a project aimed at addressing the needs of these vulnerable groups.

In the Mental Health Services Act (MHSA) Annual Update for Fiscal Year 2024–2025, Tri-City Mental Health Authority reported that transition-aged youth (TAY) represented a significant portion of crisis encounters during Fiscal Year 2022-2023. Specifically, nearly 24% of all crisis episodes addressed by Tri-City involved the TAY population. Within the Supplemental Crisis Services and Intensive Outreach and Engagement Team, 11% of crisis walk-ins were TAY, reflecting a significant presence among those seeking immediate support. Additionally, 8% of individuals served by the Supplemental Crisis Team and 9% of those served by the Intensive Outreach and Engagement Team were TAY. These figures highlight the critical need for targeted interventions and tailored support for transition-aged youth within our crisis response services.

The implementation of Psychiatric Advance Directives (PADs) directly addresses the challenges highlighted by the data. A PAD is a legal document that outlines an individual's specific treatment preferences in the case of a future behavioral health crisis. The innovative component of the PADs Multi-County Collaborative is the development and use of an electronic, cloud-based platform to create, store, access, and share PADs. This electronic PAD is being developed and beta tested during Phase I which will provide

individuals with a proactive tool to plan their mental health care in advance, particularly useful for populations experiencing frequent crises, such as TAY. For instance, PADs can outline preferred treatment options, coping strategies, and crisis intervention plans, allowing for more personalized and effective responses during mental health crises. This pre-planning can significantly reduce the severity and frequency of crises by providing clear, actionable guidelines for both the individual, their healthcare advocate, law enforcement, and service providers.

For TAY individuals, who are frequently represented in crisis episodes, PADs offer a structured approach to managing their mental health needs and preferences. By incorporating PADs into our services, Tri-City can ensure that these young adults have a voice in their treatment and crisis management, potentially leading to improved outcomes and reduced crisis frequency.

Additionally, for individuals experiencing homelessness PADs can still play a crucial role in addressing their needs. PADs can be tailored to include emergency contact information, preferred treatment plans, and strategies for managing mental health crises, which can be instrumental for those who are experiencing homelessness. By providing these individuals with a tool to communicate their mental health preferences and needs in advance, PADs can help improve crisis management and support continuity of care, even in the absence of stable housing.

Moreover, PADs align with the goals of the Multi-County PADs Innovation Project by enhancing system coordination and providing universal access to mental health support. They support early intervention by allowing individuals to preemptively address potential crisis situations, thereby complementing initiatives under Proposition 1 and SB 43 that focus on improving crisis interventions and integrating support services.

Originally envisioned as a statewide standalone tool, the PADs project has shifted focus in Phase One to rigorous testing of its functionality, usability, and training. This foundation will lead into Phase Two, which involves up to fifteen counties and aims to gather critical data through live testing of the PADs platform with law enforcement and hospital staff. The data collected will be crucial in assessing the platform's effectiveness and determining its long-term sustainability across the state of California.

Legislative support is vital; Phase Two will enhance assembly bill AB 2352, the current legislation dedicated to PADs, by embedding PADs into the legal framework to ensure their use during crises, regardless of an individual's capacity. The findings from Phase Two will assist state legislators in evaluating the potential for statewide adoption. This will facilitate broader county utilization and ensure that the PADs platform has a lasting impact on the behavioral health crisis system.

As Tri-City prepares to transition from the Mental Health Services Act (MHSA) framework to the updated Behavioral Health Services Act (BHSA), also known as Proposition 1, it is essential to align our efforts with the new framework, which will take effect on July 1, 2026. Recognizing this shift, the Innovation team proposed joining Phase Two of the

PADs Innovation Project, starting on July 1, 2025. This proposal was presented to workgroup members during two Innovation workgroups in August 2024 and aligns closely with both Proposition 1 and the objectives of the MHSOAC. PADs are designed to support system improvements, advocate for universal access to mental health services, and contribute to necessary legislative changes, making them a fitting choice for our evolving mental health strategy.

PADs complement the Proposition 1 framework by addressing critical areas such as support for unhoused individuals, housing and supportive services, and Full-Service Partnerships that offer individualized support. The PADs project will also integrate with SB 43, which focuses on enhancing mental health crisis interventions and system coordination. Additionally, PADs support early psychosis intervention and mobile crisis response, essential components of Proposition 1's strategy. By aligning with these initiatives, PADs ensure a more comprehensive approach to mental health care, providing appropriate support at every stage of the mental health journey.

Description of the Response to the Local Need

We believe the project will:

1. Enable individuals to proactively select and specify their preferred mental health services for use in the event of a crisis.
2. Enhance support for individuals in crisis by providing law enforcement and crisis service providers such as hospital staff with additional resources and options.
3. Equip Tri-City staff with a tool to help clients take control of their crisis and recovery treatment.
4. Enable local peers to engage and build trust with consumers through outreach and the promotion of Psychiatric Advance Directives.

In preparation for the changes under Proposition 1, Tri-City is set to launch a mobile crisis team, aligning with the high priority for crisis support services. Implementing Phase II of PADs will enhance our ability to deliver personalized care, improve treatment quality, and reduce incarceration rates. The mobile crisis team will address various community needs, connect individuals with local support services, and work to reduce repeated emergency room visits and arrests. Effective coordination with the mobile crisis team will support individuals' treatment preferences and streamline referrals for care. Additionally, Innovation plans to work with the mobile crisis team to raise awareness about PADs and assist community members in accessing this tool.

Another key strategy for promoting PADs will be through the Wellness Center, where participants already gather for various services. Educating Tri-City staff on PADs and using marketing materials and giveaways will help spread awareness. Word of mouth will also be crucial in engaging interested participants. Ensuring that PADs are promoted

throughout Tri-City and integrated into various departments, such as outpatient services for transition-aged youth (ages 18-25), adults, and Full-Service Partnership teams, will be vital for maximizing their impact.

Supporting these outreach efforts also involves comprehensive staff training. During Phase One, the Innovation Program Coordinator and Peer Support Specialist were trained not only on the PADs framework but also on how to assist interested participants in creating their PADs. With Phase Two approval, the project's budget includes hiring an additional Peer Support Specialist. This new staff member will enhance the capacity to reach more participants and provide additional support in getting individuals signed up for PADs. The Peer Support Specialists will use the Train the Trainer curriculum provided by the peer consultant agency, Painted Brain, to train other staff members, including but not limited to Peer Support Specialists and Mobile Crisis team members. Training sessions will be held for staff, with plans to train 3-5 additional Tri-City staff members, expanding as needed based on interest.

As PADs Phase II is implemented, it will continue to strengthen collaborations among local agencies, including law enforcement and service providers such as hospitals, homeless shelters, and crisis teams. Tri-City will work with the Pomona Police Department's Quality of Life team, which engages individuals experiencing homelessness in Pomona. The Innovation team has discussed the project with this team, and referrals will come from the designated police officer or from the Los Angeles County Department of Mental Health clinician who assists this officer on calls. This collaboration will streamline the process of signing up interested participants for PADs.

Moreover, the Innovation team plans to also partner with the Los Angeles Centers for Alcohol and Drug Abuse (LA CADA), La Verne's mobile crisis team, and outreach navigators to assist individuals experiencing homelessness in accessing PAD services. This collaboration will allow Peer Support Specialists to connect with interested individuals at convenient locations. Additionally, the Innovation team plans to work closely with Pomona's homeless service center, Hope for Home, and its case managers to facilitate the creation of PADs. This is particularly important as 47% of Tri-City's external referrals come directly from Hope for Home. When a referral is received, a Peer Support Specialist will meet the participant at Hope for Home and utilize private rooms available for service providers to complete the PAD creation. During this process, the Peer Support Specialist will use tablets with participants to ensure a seamless PAD creation experience, addressing technological barriers such as lack of computer, internet, or phone access.

Expanding outreach efforts also involves training external agencies on how to assist participants in creating PADs. The Innovation team has engaged with Community Care Campus in Pomona, located across from our Wellness Center, which operates 24/7 and offers behavioral health services and enhanced care management. This facility has shown interest in incorporating PAD services. The Innovation team plans to continue discussions with the Chief Medical Officer to determine how many staff members would

be interested in training. Once a number is determined the Innovation Peer Support Specialists can host a group training at their facility to get those staff members trained and begin to assist our efforts to get interested participants signed up to a PAD.

Engaging in Phase II will enable Tri-City to expand the pilot program's reach and assess how well the platform integrates with first responders, law enforcement, and healthcare facilities. This expansion aims to enhance the quality and effectiveness of services provided to individuals in mental health crises. Tri-City is seeking approval from the MHSOAC to proceed with Phase II, which will facilitate the practical application of the platform and provide valuable feedback on its effectiveness and impact across the broader community.

Description of the Local Community Planning Process

Tri-City Innovation staff are committed to maintaining transparency and engaging with the communities served throughout the development and implementation of the Psychiatric Advance Directives (PADs) project. Following the initial approval of the project, Tri-City promptly commenced its community outreach efforts. The first major step involved a virtual presentation at the end of 2022, which included representatives from all three local police departments to familiarize them with the project's objectives and scope.

In early 2023, Tri-City conducted an in-person presentation at the Pomona Probation Office. This session, attended by over 20 officials, featured discussions led by the Innovation Program Coordinator and the project's Director, focusing on the integration of the PAD project with local law enforcement. After this, two additional community presentations were held as informational listening circles: one at Tri-City's Wellness Center and another at Cal Poly Pomona. At the Cal Poly Pomona event, the project's peer consultant, Painted Brain, highlighted the importance of the peer-led component of the initiative.

Further stakeholder engagement was facilitated through several community forums. The first forum, held virtually in December 2022, was followed by an in-person community forum at the La Verne Community Center the next year. These forums provided a comprehensive overview of the project, including its goals and innovative elements. An additional virtual forum was conducted to provide another platform for stakeholder input.

To ensure comprehensive stakeholder feedback, Tri-City distributed the MHSA Innovation Community Planning Process Survey in both English and Spanish. This annual survey gathers critical data on support services, priority populations, and unmet needs across the three cities served by Tri-City. The findings from 80 survey respondents were presented at the two Innovation workgroups in August 2024. Additionally, community members were invited to submit project ideas through Tri-City's updated Innovation Idea Submission Form. Ideas received before and during the workgroups were reviewed and

incorporated, while future submissions will be evaluated for inclusion in later Innovation projects.

Survey results identified significant barriers to accessing mental health services. The top three barriers, selected by 85% of respondents, were uncertainty about where or how to get help; difficulties in accessing services, such as challenges with appointments or inconvenient locations and hours; and fear of stigma. These insights highlight the importance of the PADs project, which aims to address these barriers through enhanced peer support for individuals interested in creating a PAD. Peer Support Specialists will facilitate the process by arranging convenient times and locations, providing guidance to ease stigma-related fears, and utilizing tablets and Wi-Fi to address technological challenges, ensuring a positive and supportive experience throughout the PAD creation process.

In evaluating Tri-City's potential involvement in Phase Two of the PADs multi-county collaborative, workgroup members highlighted the critical importance of advancing the project. This emphasis was based on a comprehensive review of Phase One's progress and achievements, as well as the anticipated implementation of the platform in Phase Two. Phase One accomplishments included refining the PADs web-based platform, developing a training program for PAD session leaders, and advocating for new laws to officially recognize PADs. Additionally, user testing involved one-hour Zoom sessions with peers for feedback, while beta testing will enable users to create and store personal PADs before the platform's official launch on July 1, 2025. This launch will integrate the platform with law enforcement and healthcare professionals.

Workgroup members also highlighted the necessity of addressing the needs of transition-aged youth and individuals experiencing homelessness. One participant emphasized the importance of "meeting people where they are," addressing barriers related to transportation and comfort with existing environments. Stakeholders recognized PADs as a vital mental health service that should be accessible to community members across the three cities. As a result, 100% of workgroup members unanimously voted to endorse the continuation of the PADs project into Phase Two.

On September 4 and 5, 2024, Tri-City hosted hybrid Stakeholder Meetings, with in-person sessions held at Tri-City's Wellness Center. These meetings included presentations on the PADs project by Tri-City's Innovation Program Coordinator, Kiran Sahota, Project Director from Concepts Forwarding Consulting, and Wray Ryback, Vice Chair of Tri-City's Mental Health Commission and Risk Manager for Patient Relations at Pomona Valley Hospital Medical Center. During the first stakeholder meeting, both Kiran Sahota and Wray Ryback presented virtually, and recordings of their presentations were made available for the second meeting. The Project Director provided an overview of Phase One accomplishments and outlined the expectations for Phase Two, including a detailed explanation of the PADs web-based platform and project components. Additionally, Wray Ryback discussed the benefits of PADs and their value for first responders and hospital staff.

A vote was conducted during these meetings to decide whether to advance to PADs Phase Two. Virtual attendees cast their votes anonymously through the Q&A chat box, while in-person participants at the Wellness Center used anonymous written ballots. The proposal received unanimous support, confirming the approval of the Psychiatric Advance Directives Innovation Project for Phase Two.

The Multi-County Collaborative Psychiatric Advance Directives (PADs) Phase Two Innovation project will be open for public comment on Tri-City's website from September 6 to October 8, 2024. Hard copies of the project details will be available at city halls, libraries, community centers, and cultural events across the three cities. Additionally, the project will be presented for a Public Hearing before the Mental Health Commission on October 8, 2024, and then to Tri-City's Governing Board on October 16, 2024, for final approval and adoption.

Budget Narrative for County-Specific Needs:

1. Personnel Costs: The project budget includes funding for three Innovation staff members essential for administrative oversight and implementation activities:

MHSA Program Coordinator for Innovation (Full-Time): This position is responsible for overseeing the project's execution, ensuring compliance with program objectives, and coordinating various activities.

Peer Support Specialists (Two Full-Time Positions): These specialists are either certified or trained in utilizing their lived experience in mental health and recovery. They play a crucial role in providing support to community members, leveraging their personal insights to enhance the effectiveness of the program.

The total proposed cost for direct salaries for these positions amounts to \$758,568.92.

2. Consultant Costs/Contracts: Tri-City will allocate \$500,000 towards engaging consultants and subject matter experts. These professionals will offer critical support and expertise to ensure the success of the multi-county collaborative project.

3. Other Expenditures: The budget also encompasses:

Marketing/Promotional Materials: These materials will assist in outreach efforts by raising awareness about the project and engaging the community to effectively communicate the project, its goals and progress.

Travel/Mileage Reimbursement/Convening Costs: To cover travel expenses and costs associated with organizing meetings.

Equipment Costs: For the purchase and maintenance of equipment necessary for project activities.

The total estimated cost for these items is \$89,717.28.

Summary of Budget:

Personnel Costs: \$758,568.92

Collaborative/Consultant Costs: \$500,000

Other Costs: \$89,717.28

Subtotal for Project Expenditures: \$1,348,286.20

Administrative Costs: An additional \$151,713.80 is required to cover administrative costs associated with managing the project.

Total Requested Budget:

The overall budget requested for Tri-City’s participation in PADs Phase II over a four-year period is \$1,500,000.

	PERSONNEL COSTS (salaries, wages, benefits)	FY 25/26	FY 26/27	FY 27/28	FY 28/29	TOTAL
1.	Salaries	\$189,642.23	\$189,642.23	\$189,642.23	\$189,642.23	\$758,568.92
2.	Direct Costs	-	-	-	-	-
3.	Indirect Costs	\$37,928.45	\$37,928.45	\$37,928.45	\$37,928.45	\$151,713.80
4.	Total Personnel Costs	\$227,570.68	\$227,570.68	\$227,570.68	\$227,570.68	\$910,282.72
	OPERATING COSTS*					
5.	Direct Costs	-	-	-	-	-
6.	Indirect Costs	-	-	-	-	-
7.	Total Operating Costs	-	-	-	-	-
	NON-RECURRING COSTS (equipment, technology)					
8.						
9.						
10.	Total non-recurring costs	-	-	-	-	-
	CONSULTANT COSTS / CONTRACTS (clinical, training, facilitator, evaluation)					
11.	Direct Costs	\$125,000	\$125,000	\$125,000	\$125,000	\$500,000
12.	Indirect Costs	-	-	-	-	-
13.	Total Consultant Costs	\$125,000	\$125,000	\$125,000	\$125,000	\$500,000
	OTHER EXPENDITURES (please explain in budget narrative)					
14.	Travel/Mileage/Convening Costs	\$7000	\$7000	\$7000	\$7000	\$28,000
15.	Promotional/Marketing Materials	\$13,000	\$13,000	\$13,000	\$13,000	\$52,000
16.	Equipment	\$2,429.32	\$2,429.32	\$2,429.32	\$2,429.32	\$9,717.28
17.	Total Other Expenditures	\$22,429.32	\$22,429.32	\$22,429.32	\$22,429.32	\$ 89,717.28

Counties pending approval April 24, 2025 (Mariposa, Monterey, Orange update)

Appendix: Mariposa County

County Contact and Specific Dates

- Primary County Contact (Name, Email, Phone):
 - Jinger Feuerstein
 - jfeuerstein@mariposacounty.org
 - 209-742-0857
- Date Proposal posted for 30-day Public Review:
 - January 6, 2025
- Date of Local MH Board hearing: Presented and approved
 - February 5, 2025
- Date of BOS approval or calendared date to appear before BOS:
 - TBD May or June 2025

Description of the Local Need

Mariposa County, a small rural region nestled in the Sierra Nevada foothills, is home to approximately 17,700 residents. Like many rural counties, Mariposa has a lower proportion of residents under the age of 18, largely due to limited local job opportunities that often compel young families to relocate for stable employment. Spanning roughly 1,450 square miles, the county's homes and communities are widely dispersed. Essential services are centralized in the unincorporated township of Mariposa, though some agencies, such as Health and Human Services, extend limited support to outlying communities.

The county's low population density and expansive geographic area, combined with limited public transportation infrastructure, contribute to significant social isolation. This isolation, along with economic challenges, increases the risk of mental and behavioral health issues, including depression, anxiety, and substance abuse. These factors also correlate with higher incidences of illegal activity. Numerous barriers further hinder access to services, making it difficult for residents to receive timely support when needed most.

While Mariposa County has not seen a substantial rise in overall hospital admissions in recent years, there has been a notable increase in recidivism rates. Many frequent utilizers of local hospitals and crisis response services are individuals who return repeatedly due to a lack of consistent mental health support.

Given these challenges, implementing a digital Psychiatric Advanced Directive (PAD) on a web-based platform is especially important for Mariposa County. PADs allow individuals to document their treatment preferences in the event of a mental health crisis when they may be unable to make decisions themselves. This tool could be invaluable in a rural area like Mariposa, where mental health services are limited, and access to specialized care can be challenging. A PAD can help reduce the burden on crisis response teams and emergency departments by ensuring that frequent utilizers and others experiencing repeated crises have documented care preferences, leading to more effective, compassionate, and individualized responses that align with each person's wishes.

To support this initiative, engaging Wellness Center participants will be essential. Many Wellness Center participants, who have lived experience with mental health challenges, can play a crucial role in educating the community about psychiatric advance directives and empowering individuals to create their own PADs. By involving these participants, the Wellness Center can serve as a hub for

information, support, and training around PADs. This engagement not only enriches the lives of Wellness Center participants through meaningful involvement but also fosters community trust, reduces stigma, and strengthens the overall mental health support network within Mariposa County.

By utilizing Wellness Center participants as the target population in this PADs pilot project, Mariposa County can promote digital PADs as a vital resource for crisis planning and personal empowerment on a web-based platform. This approach will better equip the county to address the complex needs of its residents, particularly those facing mental health challenges, and reduce recidivism by improving continuity of care and supporting personalized crisis responses.

Description of the Response to the Local Need

The implementation of a digital Psychiatric Advance Directives (PADs) on a web-based platform in Mariposa County aims to enhance decision-making and provide clients with the opportunity to express their preferences regarding mental health treatment before a crisis occurs. Through collaborative discussions, PADs give individuals the time and space to identify what is helpful and what may worsen their condition during a crisis. This proactive approach has the potential to improve the quality of mental health services by establishing clear, measurable goals.

An important aspect of the PADs project is its promotion of interagency and community collaboration. By involving law enforcement, the county jail, the hospital, and the homeless shelter, the project seeks to foster effective cooperation among agencies, which is essential to improving service quality and leveraging resources more efficiently.

Mariposa County has had success with the use of multi-disciplinary teams (MDTs) in mental health treatment, based on the principle that team-based decision-making, which integrates a variety of perspectives, can be highly effective in meeting client goals. The PADs project builds on this approach by encouraging and supporting individuals in engaging with their treatment and addressing specific mental health needs. PADs allow individuals to identify what works, what does not, and even to select a preferred psychiatrist, facility, or medication before these needs become urgent.

Implementing PADs also empowers individuals to receive the care they genuinely want, improving their experience during a crisis and potentially reducing recidivism.

For individuals experiencing homelessness and high utilizers of emergency departments and crisis services, PADs offer additional value by enabling them to document treatment preferences, emergency contacts, and crisis management strategies in advance. This proactive communication provides critical guidance to first responders and service providers, ensuring continuity of care across services.

To effectively integrate PADs into the local care system, Mariposa County recognizes the need for ongoing development of PADs as a tool, along with comprehensive training for PAD facilitators, first responders, family members, caregivers, and hospital staff.

Furthermore, PADs support the objectives of the Multi-County PADs Innovation Project by enhancing system coordination and promoting universal access to mental health support. They facilitate early intervention by proactively addressing potential crises, complementing Proposition 1 initiatives focused on improving crisis interventions and integrating support services.

In recognition of these benefits, Mariposa County has proposed joining Phase II of the PADs Innovation Project, set to begin on July 1, 2025. This phase includes implementing and testing the web-based platform to improve accessibility and streamline PAD usage for clients, providers, and emergency personnel. Through this initiative, Mariposa County aims to address unique rural challenges, reduce recidivism, and improve the quality of care by empowering individuals to take an active role in their mental health decisions before crises occur.

Description of the Local Community Planning Process

Mariposa County conducts a robust community planning process annually. In 2021 Mariposa County held a public review and hearing to propose opting into Phase I of the Psychiatric Advanced Directive (PAD) innovation project, which was well received. With input from the local community, Phase I led to the build and launch of the PAD's platform. Mariposa County has had many stakeholders engaged in Phase 1 of the PADs project, including Peer Support Specialist and local law enforcement. These stakeholders participated in the ongoing work groups that helped shape the project on platform. Mariposa will continue to provide the voice of the community through Phase 2, engaging law enforcement, hospitals, and peers in the roll-out of the Platform for "live" use of a digital PAD.

Mariposa County posted for public review on January 6, 2025, the proposal to enter into Phase II, this will be posted for no less than 30 days. Mariposa County is planning to hold a public hearing in coordination with the Behavioral Health Board on February 5, 2025.

Stakeholders were informed of the public hearing via our Facebook page, the local newspaper and the County website. All substantive information and feedback from the public review period and hearing will be incorporated.

In addition to the public hearing, Mariposa County will take the proposal to enter into phase II of this project to the Board of Supervisors sometime in May or June 2025.

Budget Narrative for County Specific Needs:

Personnel Costs:

The project budget includes staff time for four staff to provide administrative oversight and implementation activities as outlined below.

- Staff Analyst – MHSA Coordinator - 13%
- Admin Analyst - 2%
- Peer Support Specialist - 22%
- Clinical Supervisor - 2%

Consultant Costs:

Mariposa County will contribute \$25,000 over the course of Phase II to various consultants and subject matter experts.

The County's total estimated 4-year budget is \$160,740.55. A detailed breakdown of the budget by fiscal year is provided in the grid below.

Budget by Fiscal Year and Specific Budget Category for County Specific Needs

BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY*

EXPENDITURES

	PERSONNEL COSTS (salaries, wages, benefits)	FY 25/26	FY 26/27	FY 27/28	FY 28/29	TOTAL
1.	Salaries	32,566.95	33,462.54	34,382.76	35,328.29	135,740.55
2.	Direct Costs					
3.	Indirect Costs					
4.	Total Personnel Costs					\$
	OPERATING COSTS*					
5.	Direct Costs					
6.	Indirect Costs					
7.	Total Operating Costs					\$
	NON-RECURRING COSTS (equipment, technology)					
8.						
9.						
10.	Total non-recurring costs					\$
	CONSULTANT COSTS / CONTRACTS (clinical, training, facilitator, evaluation)					
11.	Direct Costs	6,250	6,250	6,250	6,250	25,000
12.	Indirect Costs					
13.	Total Consultant Costs					\$
	OTHER EXPENDITURES (please explain in budget narrative)					
14.						
15.						
16.	Total Other Expenditures					\$
	BUDGET TOTALS					

	Personnel (total of line 1)					135,740.55
		32,566.95	33,462.54	34,382.76	35,328.29	
	Direct Costs (add lines 2, 5, and 11 from above)					\$
	Indirect Costs (add lines 3, 6, and 12 from above)					\$
	Non-recurring costs (total of line 10)					\$
	Other Expenditures (total of line 16)					\$
	TOTAL INNOVATION BUDGET	38,816.95	39,712.54	40,632.76	41,578.29	160,740.55

Total Budget Context – Expenditures by Funding Source and Fiscal Year (FY):

BUDGET CONTEXT – EXPENDITURES BY FUNDING SOURCE AND FISCAL YEAR (FY)

ADMINISTRATION:

		FY xx/xx	TOTAL				
A.	Estimated total mental health expenditures for administration for the entire duration of this INN Project by FY & the following funding sources:						
1.	Innovative MHSAs Funds						
2.	Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Other funding						
6.	Total Proposed Administration						\$

EVALUATION:

		FY xx/xx	TOTAL				
B.	Estimated total mental health expenditures for EVALUATION for the entire duration of this INN Project by FY & the following funding sources:						
1.	Innovative MHSAs Funds						
2.	Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Other funding						
6.	Total Proposed Evaluation						\$

TOTALS:

		FY xx/xx	TOTAL				
C.	Estimated TOTAL mental health expenditures (this sum to total funding requested) for the entire duration of this INN Project by FY & the following funding sources:						
1.	Innovative MHSAs Funds*						\$
2.	Federal Financial Participation						\$
3.	1991 Realignment						\$
4.	Behavioral Health Subaccount						\$
5.	Other funding**						\$

6.	Total Proposed Expenditures						\$

* INN MHSA funds reflected in total of line C1 should equal the INN amount County is requesting

** If "other funding" is included, please explain within budget narrative.

Appendix (x) – Monterey County

PADs Phase II Proposal – Monterey County

County Contact and Specific Dates

Primary County Contact: Wesley Schweikhard, MHSA Innovations Coordinator
SchweikhardW@countyofmonterey.gov

Date Proposal posted for 30-day Public Review: January 27, 2025

Date of Local Mental Health Board Hearing: Presented and approved on March 27, 2025

Date of BOS approval or calendared date to appear before BOS: TBD

Description of the Local Need

Monterey County Behavioral Health (MCBH) is committed to supporting and providing person-centered care to the Monterey County community. Psychiatric Advance Directives (PADs) support this effort—by using PADs, clients and consumers gain greater autonomy and decision-making in their care. Phase I developed important infrastructures and piloted PADs in the county. However, to ensure effective and broad use of PADs throughout the system of care, there is a need for continued development of the tool, additional training for relevant persons, and broader completion of PADs.

Moreover, the FY 2023-2024 Community Program Planning Process (CPPP) revealed several critical behavioral health needs in Monterey County relevant to PADs' expanded implementation. These needs highlight systemic gaps in service delivery and accessibility, particularly for crisis stabilization, integration of mental health and substance use disorder services, and tailored support for underserved populations. The following outlines the most pressing needs identified through this process:

Improved Access to Care

Improving access to behavioral health services is a recurring theme across Monterey County. Community members face logistical, financial, and systemic barriers that hinder their ability to connect with the care they need. Monterey County can improve engagement and outcomes for its residents by streamlining and supporting access to appropriate care. Further development of the PADs tool, additional training for relevant people, and broader completion of PADs will contribute to streamlining and supporting access to appropriate care for Monterey County residents, whether access is self-directed or supported through a partnering agency utilizing resources specified in the PAD.

Enhanced Crisis Stabilization and Mobile Crisis Services

Monterey County faces a significant shortage of crisis stabilization and mobile crisis services, particularly in rural and underserved areas such as South County. Community members and stakeholders consistently emphasized the need for 24/7 mobile crisis teams that could deliver

immediate, community-based interventions. Existing resources are insufficient to meet the rising demand, often leaving individuals in crisis without timely care. The planned additional training for relevant persons and continued development of the PADs tools in Phase II will enhance the support delivered in crises, potentially decreasing the strain on local resources and avoiding delays in appropriate treatment.

Integrated and Coordinated Mental Health and Substance Use Disorder Services

Many residents face co-occurring mental health and substance use challenges that require integrated and comprehensive care. The CPPP findings underscored the importance of addressing these issues through a whole-person approach that connects behavioral health services with essential social supports, such as housing, employment, and education. Improved coordination among service providers is essential to ensure continuity of care and better outcomes. Expanding the awareness and knowledge of PADs and integrating their use in clinical settings will contribute to providing the type of whole-person care underscored in the CPPP findings.

Targeted Services to Underserved Populations

Specific populations, such as veterans, remain underserved despite their high levels of need. Veterans are disproportionately affected by PTSD, military sexual trauma, and SUDs, with some ineligible for traditional military resources. Tailored outreach, such as through the PADs Phase II initiative, would help support this vulnerable group.

Culturally Responsive Care Through Diverse Staff and Peer Navigation Support

Monterey County's diverse cultural landscape requires behavioral health services that are linguistically and culturally attuned. Community members reported barriers to care due to a lack of culturally competent staff and interpreters fluent in Indigenous languages. Many expressed a desire for services delivered by staff who reflect the community's diversity and understand their lived experiences. Peer navigators with lived experience were identified as a critical resource to bridge gaps in trust, increase system navigation, and improve service engagement. Culturally responsive care also requires outreach that adapts language and messaging to reduce stigma and increase community trust. Expanding the completion and use of PADs can directly assist in addressing this need, as essential, culturally relevant information can be accessed directly from the PAD. The expansion of PADs will also provide a reliable way for first responders and providers to understand the needs of an individual in the face of language barriers between the client and service personnel. In addition, PADs are completed with peers, directly addressing the community's desire for this type of support.

Description of the Response to the Local Need

The Monterey County Behavioral Health Bureau (MCBH) is addressing critical behavioral health challenges by participating in Phase II of the PADs project. PADs empower individuals to document their treatment preferences and personal choices for care during times of crisis, promoting self-direction, enhancing crisis intervention strategies, and increasing care coordination. Phase II focuses on integrating PADs into Monterey County's behavioral health and crisis response systems using a two-pronged approach. The two-pronged approach will ensure that underserved populations who speak threshold languages and/or indigenous

populations that require culturally responsive services can also access necessary services, creating a foundation for comprehensive service delivery and system-wide improvement.

This section describes Phase II activities, their goals, and how they align with the identified local needs in Monterey County.

Description of Phase II Activities

During Phase II of PADs implementation, Monterey County will focus on the following key activities:

1. **Orienting and Training Peers:** Community members with lived experience, referred to as peers, will be oriented to PADs and how to support individuals in completing a PAD.
2. **Increasing the Use of PADs Across Priority Populations:** MCBH will target priority populations identified in the CPPP—such as veterans—for PADs outreach and implementation. MCBH may expand outreach to additional populations if capacity allows, supporting broad access to PADs across the County. This activity aims to reduce disparities in behavioral health outcomes and ensure that those most in need have access to self-directed care tools.
3. **Engaging and Training Community Stakeholders:** MCBH will identify and train crisis teams, law enforcement, Full-Service Partnership teams, hospitals, emergency departments, EMS, and community-based organizations when and how to use the web-based PADs platform. The goal is to create a coordinated network of stakeholders proficient in accessing and implementing PADs during crisis situations.
4. **Pilot Integration with Care Courts:** As California counties prepare to implement Care Courts by 2025, Monterey County will pilot the integration of PADs into these processes. This will ensure that peers' treatment preferences are embedded into court-ordered care plans, promoting alignment between judicial mandates and self-directed care.
5. **Systems Development and Support:** As providers in Monterey County implement PADs more broadly, the systems that support these providers will need to be updated. MCBH's Quality Improvement team will expand the current electronic health records (EHR) system, Avatar, to include additional fields related to the implementation of PADs and continuity of information. Providers and internal staff will receive training and technical support to support the implementation of these changes.

Alignment with Local Need

Phase II activities align closely with the behavioral health needs identified in Monterey County's Community Program Planning Process (CPPP):

1. **Improving Access to Care:** The PADs platform is designed to streamline stakeholder communication, reducing systemic barriers such as wait times and service navigation challenges. By digitizing treatment preferences, PADs improve service accessibility and coordination, particularly for rural and underserved communities.
2. **Addressing the Need for Enhanced Crisis Stabilization and Mobile Crisis Services:** Training individuals that respond to those in crisis (e.g., crisis response teams, law enforcement, etc.) in using PADs ensures that treatment and support preferences are

accessible in real time during crises. This facilitates immediate and appropriate care, reducing reliance on emergency departments and preventing avoidable hospitalizations and incarcerations.

3. **Promoting Integrated and Coordinated Behavioral Health Services:** Phase II fosters cross-sector collaboration by engaging stakeholders across law enforcement, healthcare, and community organizations. This integrated approach enhances the consistency and quality of services provided to individuals experiencing co-occurring mental health and substance use disorders.
4. **Targeting Underserved Populations:** MCBH will leverage findings from the CPPP to identify priority populations, such as veterans, to ensure that they are the initial focus of PADs outreach and implementation. This approach helps address gaps in access and outcomes for these groups and will shift to new populations as priorities evolve.
5. **Providing Culturally Responsive Care:** Trainings for diverse staff and community-based organizations emphasize culturally competent care, ensuring that PADs reflect the values, languages, and lived experiences of Monterey County's diverse populations. Peer navigators are critical in fostering trust and engagement with the PADs platform.

By implementing these activities Monterey County aims to build a robust, evidence-based foundation for transforming its behavioral health system and meeting the diverse needs of its community.

Description of the Local Community Planning Process

MCBH undertook an extensive and inclusive CPPP to gather insights into the community's behavioral health needs. This two-step process included a combination of surveys, focus groups, and listening sessions to engage a diverse array of stakeholders and community members. The goal was to inform resource allocation and prioritize strategies to address pressing behavioral health challenges within the County.

Step 1: Data Collection and Engagement. The CPPP engaged over 1000 individuals representing diverse demographics, including a significant proportion of Hispanic/Latine community members, older adults, youth, and monolingual Spanish speakers. Multiple approaches were used to engage a broad spectrum of community members and stakeholders:

- **Surveys** were distributed to service providers and community members, capturing perspectives on mental health and substance use needs, barriers to care, and service gaps.
- **Focus Groups** included service providers and priority populations, such as veterans, youth, unhoused individuals, and culturally diverse populations. These sessions gathered qualitative insights on contributing factors to poor mental health, the effectiveness of existing services, and additional needs.

Step 2: Community Feedback and Refinement. Once the initial findings were analyzed, listening sessions were used to validate the results and refine the insights based on community input. Community members had the opportunity to hear findings from the initial data collection and then share additional barriers to care and recommendations for service improvements.

Throughout this process, MCBH prioritized inclusivity and cultural responsiveness. For example, focus groups were held in multiple languages, and listening sessions used informal and conversational formats to make participants feel comfortable.

By leveraging this robust and participatory process, MCBH has developed a deep understanding of the behavioral health landscape in Monterey County. The PADs Project is designed to respond directly to the needs identified through this process, offering a comprehensive and culturally attuned approach to improve access to and the effectiveness of behavioral health services across the County.

Budget Narrative for County Specific Needs:

Total Budget: \$3,000,000.00

Personnel Costs: The project budget includes \$1,340,000 for the staff time for a variety of staff positions with the County of Monterey Behavioral Health Bureau. These positions include approximately 0.2 FTE costs for three Management Analysts (II & III) and one Accountant III to facilitate a variety of project coordination and management duties, including but not limited to: vendor procurement and management, providing fiscal oversight, performing stakeholder engagement, marketing and communications, evaluation and reporting, and serving as liaison between local and collaborative partners. Personnel costs also include 0.2 FTE costs for a Behavioral Health Services Manager II and Deputy Director staff positions that will assist with project planning, coordination, and evaluation. Unused portions of the budget for Personnel Costs may be reallocated for Contractor/Consultant Costs as desired or necessary.

Contractor/Consultant Costs: Monterey County will contribute a total of \$1,000,000 to the various PADs collaborative partners. An additional total \$580,000 will be reserved for local contractors that will support the implementation and evaluation of the PADs Phase II project within the county.

Other Costs: The project budget includes a total of \$80,000 to support equipment and travel expenses, to enable the local implementation of the PADs Phase II project by county and contracted service providers.

Budget by Fiscal Year and Specific Budget Category for County Specific Needs

<u>Statewide Contribution</u>					\$ 1,000,000.00
<u>Local Funds</u>	FY 25-26	FY 26-27	FY 27-28	FY 28-29	Total
Personnel Costs					
<i>Salaries</i>	\$ 254,528.69	\$ 264,431.26	\$ 274,729.93	\$ 285,440.55	\$ 1,079,130.43
<i>Admin</i>	\$ 62,929.30	\$ 64,414.69	\$ 65,959.49	\$ 67,566.08	\$ 260,869.57
<u>Contractor/Consultant Costs</u>					
Trainings & Technical Assistance	\$ 100,000.00	\$ 100,000.00	\$ 100,000.00	\$ 100,000.00	\$ 400,000.00
Marketing	\$ 20,000.00	\$ 20,000.00	\$ 20,000.00	\$ 20,000.00	\$ 80,000.00
Local Evaluation Consultant	\$ 25,000.00	\$ 25,000.00	\$ 25,000.00	\$ 25,000.00	\$ 100,000.00
<u>Other Costs</u>					
Equipment	\$ 10,000.00	\$ 10,000.00	\$ 10,000.00	\$ 10,000.00	\$ 40,000.00
Travel & Mileage	\$ 10,000.00	\$ 10,000.00	\$ 10,000.00	\$ 10,000.00	\$ 40,000.00
Sub-Total	\$ 419,528.69	\$ 429,431.26	\$ 439,729.93	\$ 450,440.55	\$ 2,739,130.43
Grand Total	\$ 482,457.99	\$ 493,845.95	\$ 505,689.42	\$ 518,006.63	\$ 3,000,000.00



VERONICA KELLEY, DSW, LCSW
AGENCY DIRECTOR

LORRAINE DANIEL, MPA
ASSISTANT AGENCY DIRECTOR

IAN KEMMER, LMFT
DIRECTOR
BEHAVIORAL HEALTH SERVICES

ANNETTE MUGRDITCHIAN, LCSW
DEPUTY DIRECTOR
BEHAVIORAL HEALTH SERVICES

405 W. 5th STREET, 7th FLOOR
SANTA ANA, CA 92701

www.ohealthinfo.com

BEHAVIORAL HEALTH SERVICES

March 05, 2025

Will Lightbourne
1812 9th Street
Sacramento, 95811

Re: Psychiatric Advance Directives Innovation Project, Phase II - Budget Increase Request

Dear Mr. Lightbourne:

In August 2024, the Mental Health Services Oversight and Accountability Commission (MHSOAC) approved Orange County to join Phase II of the Psychiatric Advance Directives (PADs) Innovation (INN) Project. Since the approval, the County has identified unspent INN project funds that can be utilized to support the PADs project. The County is requesting approval to increase its initially approved budget in the amount of \$2,739,601, for a new Phase II total project budget of \$7,720,071.

In June 2011, Orange County (OC) was approved by the MHSOAC to participate in the PADs INN Project (i.e., Phase I). In the first year of the project, OC partnered with the participating counties and the fiscal intermediary to establish a standard Agreement. Due to extensive discussions, OC experienced a one-year delay in executing a contract and officially began the project in May 2022. During implementation, the County experienced an additional delay in piloting the digital platform because of the need to establish a Business Associate Agreement, or related Agreement, to ensure the project partners follow appropriate safeguards to protect clients' personally identifiable information and/or protected health information. As a result, OC began to pilot the platform in February 2025. These unanticipated delays resulted in unspent Phase I INN funds. Phase I will end in June 2025; however, with the approval to participate in Phase II, OC will continue its pilot and implementation activities through June 2029.

Phase II will expand the project to include up to 8 participating counties and seeks to increase PADs training to law enforcement and hospitals. This next phase will also focus on continuous improvements to the digital platform to enhance the user experience, as well as expand its capability to share PADs electronically to improve care coordination. Project evaluation will explore client outcomes, including the client's experience in using the platform, and to the extent possible, the impact of PADs on their quality of care.

A majority of OC's budget increase, \$2,719,453, will be dedicated to collaborative costs which support the various subject matter experts leading project activities. The remaining portion of the increase, \$20,148, will be directed to the County's required administrative costs. These additional funds will greatly support the successful implementation of this statewide, multicounty project.

Thank you for your consideration,



Ian Kemmer, LMFT
Behavioral Health Director, BHS

IK: fyt

Enclosures: