

Psychiatric Advance Directives

MULTI-COUNTY COLLABORATIVE

Mental Health Services Act Funded Project

Fiscal Years 2024-2029

Prepared by Kiran Sahota, President



CONCEPTSFORWARD
CONSULTING

Contents

- Project Overview 2
 - Primary Problem..... 2
 - What has been done elsewhere to address your primary problem?..... 3
 - The Proposed Project..... 4
- Project Overview 5
 - Phase One outcomes 5
- Phase Two..... 8
 - Proposed Project Timeline:..... 8
- Budget Narrative and Project Budget 14
 - Concepts Forward Consulting (CFC) 14
 - Alpha Omega..... 14
 - Chorus Innovations, Inc. 15
 - Idea Engineering..... 15
 - Painted Brain 17
- Evaluation 18
 - Burton Blatt Institute (BBI)..... 18
- Sustainability 19
- Communication 19
- References 19
- Budget 20
- Appendices 21

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, since the 1990s, relatively little is known about a PAD, how to create one, who can create one, how a PAD is stored, and who will access the PAD should there be a need. Subsequent legal statutes, such as Assembly Bills (AB) 1029, 2288 and Senate Bill (SB) 1338, have been added. These bills have added language but still do not clarify what a standalone PAD could entail.

Several counties, Contra Costa, Fresno, Mariposa, Monterey, Orange, Shasta, and Tri-City, partnered together in 2021 to create a standardized PAD template, a digital Platform, and provide in-the-moment access to the PAD for first responders, crisis teams, and hospitals. This project was initially approved as a Mental Health Services Act (MHSA) Innovations Project (Concepts Forward Consulting, 2021). That portion of the project is now identified as Phase One.

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 digital Platform. Some of the outstanding questions to identify will be: how does using a trained facilitator enhance access, use, and completion of the PAD; does 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?

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.
- Utilize Peer Support Specialists to help peers create their PADs (lived experience and understanding can lead to open dialogue and trust).
- Create a PADs facilitator training curriculum and present a training-the-trainer model for facilitation.
- Create sustainable technology that is an easily reproducible approach that 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 digital 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 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 to statewide adoption.

Additionally, the PADs project aligns with current legislative actions, including AB 2352, which has been brought about directly through the work on Phase One. This bill will align language and provide definitions of a PAD throughout statute. The project also aligns with utilizing a PAD with the Community Assistance, Recovery, and Empowerment (CARE) Act within the CARE Court system. The project aligns with the current Mental Act Services Oversight and Accountability Commission (MHSOAC) 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.

The potential 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 mental 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 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 a discussion with the American Psychiatrist Association through a Phase One contact with an individual responsible for creating the app, it was mentioned that “anyone can fill out a PAD; you could even create one for Darth Vader.” This does not display a secure app or trustworthy document if anyone can fill out a PAD using any name. In addition, an individual would have to sign on to the SAMSHA 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.

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 was working 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.

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. 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 and impact and improve 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 State of California. Though a PAD can be utilized for all in society, for the project's purpose, each county will identify priority populations of focus which may include but are not limited to justice-involved, including 90-day reach-in with scheduled to release incarcerated, Assisted Outpatient Treatment (AOT), FSP, housing insecure, individuals that visit Wellness Centers, Crisis Residential, follow-up after hospitalization (either in-patient or emergency department), non-minor dependents, college students or the transitional-aged youth (TAY), including college students and early psychosis intervention, CARE Courts, and mobile crisis, with the purpose to:

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. **Training** will be the main component of the project. Whether virtually, in-person, or provided on the digital platform, training on using and accessing a PAD will be closely monitored throughout the project. Training will add to first responder briefings, CIT Teams, academy training, CARE Courts for judicial and attorney staff, and 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 also to protect the information for in-the-moment access by a crisis responder.
3. **Testing** of the 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.

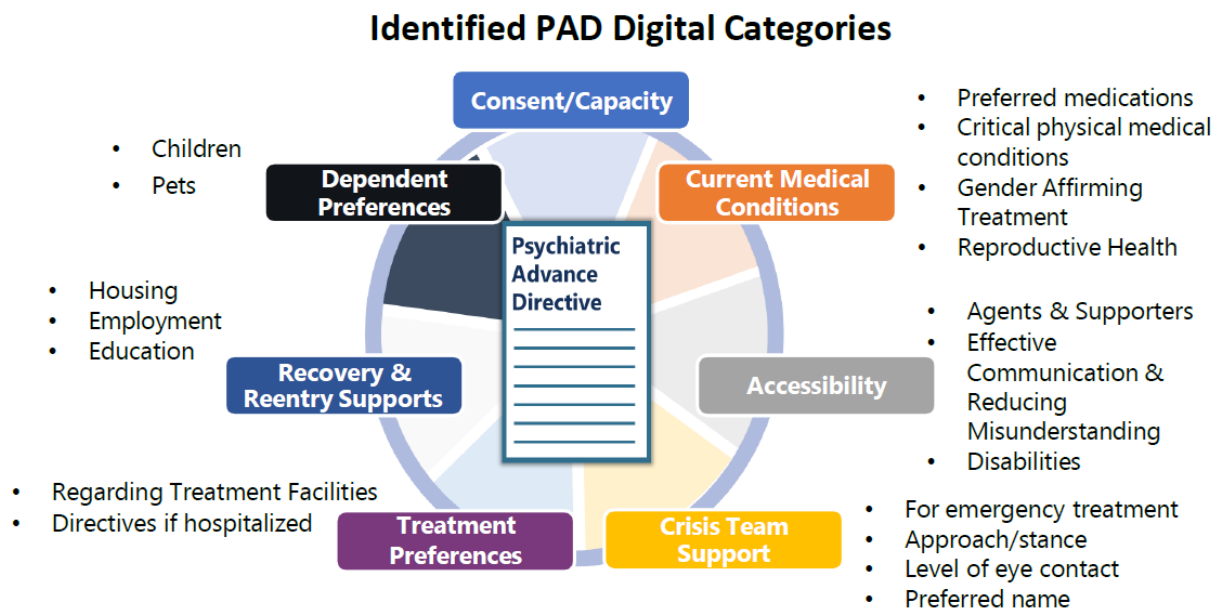
4. **Evaluation** throughout the process will continue from where Phase One concludes. Burton Blatt Institute (BBI) will continue to evaluate the use of PADs and their intersection with technology throughout the project. The evaluation will include gathering data through interviews and observation and including all Internal Review Board (IRB) requirements. This evaluation will culminate in the publication of results.
5. **Transparency** of the project will remain a top priority. With the website www.padsCA.org, the project can update the participating county communities and interested parties on the progress made within the project and 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.

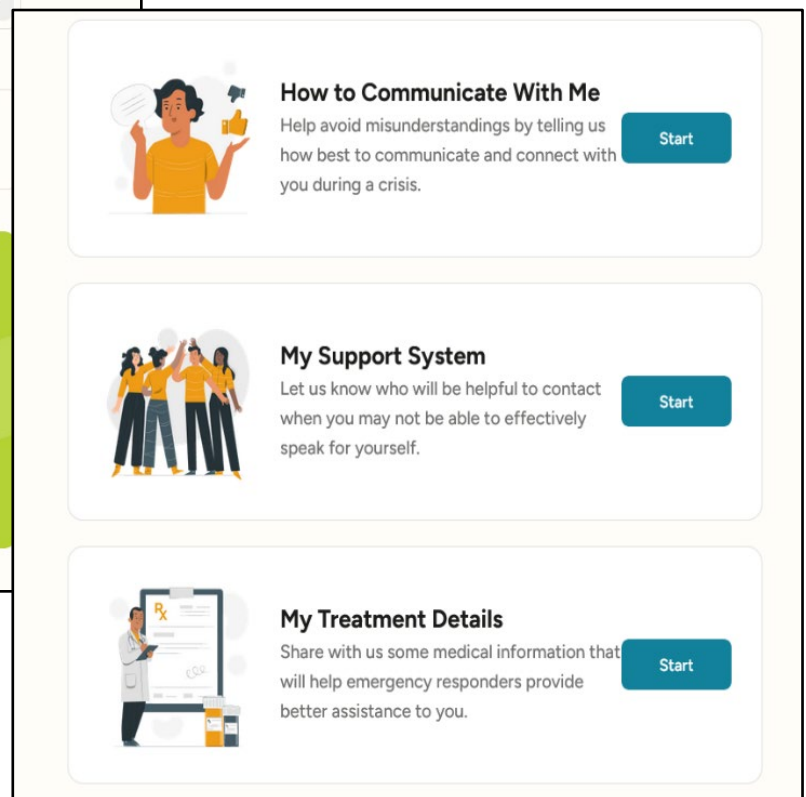
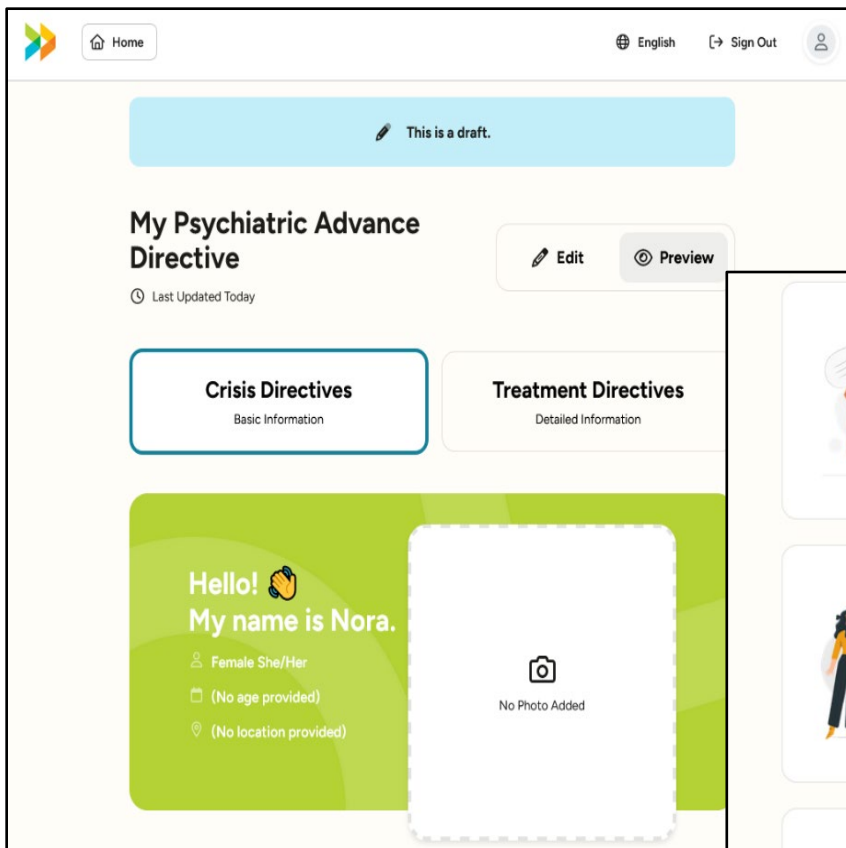
Peer contractor Painted Brain led a series of workgroups that included the voices and recommendations of peers, Peer Support Specialists, family members, and first responders, including crisis teams and law enforcement, and reviewed and analyzed a half dozen different PAD documents available throughout 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 cloud-based application. One-off participation in California was also added along the way, which included work previously completed on reproductive rights and preferences.



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.)

Chorus Innovations, Inc. spent over a year engaging in parallel workgroups with Painted Brain, utilizing many of the same groups to identify the technological aspects of the build. Some aspects of the iterative and inclusive process included what did the questions ask, what did the drop-down menus look like, how did the format feel to use, was the Platform easy to operate, but also going further to understand what areas would self-populate, what did the instructions look like, what Terms of Service language is used, and how will the Platform obtain a legal signature. There are many nuances to building the platform from the ground up. Though the initial thought was to build the user upload and access components simultaneously, it became apparent that the peer user experience needed to be the priority. Now that this initial build is complete, Chorus is focusing on the first responder, hospital, and crisis team user experience. This will be completed by June 2024.



Concepts Forward Consulting, in addition to the complete oversight 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 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 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.

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, review your medical records, and make decisions on your behalf.

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

Your Healthcare Agent 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—those remain in your control.
- **Commit you to certain treatments.**
California law does not allow them to commit you to a mental health hospital, or authorize convulsive treatment therapy, psychosurgery, sterilization, and abortion.

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 platform or technology focus. Through this evaluation process, it has been determined that the actual success of the PAD and the Platform cannot be identified at the end of Phase One. It is imperative to start Phase Two, where the Platform can demonstrate true systems of change. These changes will be identified as changes in power, money, habits, technology or skills, and ideas or values. 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 digital 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 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 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:

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
2024-25 (New Counties only)	<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 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 platform, the onboarding of counties, and the engagement of communities. • 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 Platform App- separate from Platform webpage. 		
Fiscal Year	Proposed Activity	Projected Outcome	Contractors Involved
2025-26 (All Counties going forward)	<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 Platform usage begins. • Evaluation of PADs rollout with access users, first responders/ crisis teams/hospitals. 	<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. • 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

	<ul style="list-style-type: none"> Collaborate with Police Officer Standards and Training (POST) to develop a statewide law enforcement academy training. 		
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

Fiscal Year	Proposed Activity	Projected Outcome	Contractors Involved
2027-28 (YR 4)	(See activities year three)	<ul style="list-style-type: none"> • Standalone PAD Platform is accessible for all necessary information, including informational videos, documents, and virtual training. • All project priority languages can access PAD information. • Platform enhancements to be completed by the end of year four. • Legislative 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"> • Platform and live testing continue for quarters one and two. • Technical assistance in the sunseting of the project. • Evaluation wrap-up. 	<ul style="list-style-type: none"> • Digital PAD and the Platform have become part of California's behavioral health systemwide change, and sustainability has been identified. • Legislation will be passed to absorb this digital platform at the state level. • 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 and accessing the PAD and 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 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 Platform upon completion of the project.

The budget expenses will encompass the expansion of staff, which may include three full-time equivalent (FTE), Project Director, Project Coordinator, and Training Coordinator, plus three stipend law enforcement and nursing subject matter 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 Platform for the participating counties and their identified priority populations. In addition, as Chorus prioritizes Spanish language as a priority in the Phase One build, additional threshold languages will be able to be addressed within Phase Two. Phase One activities of iterative engagement will continue to ensure stakeholder participation and to create best practices when completing the data Platform. Chorus will include the connection to the California Justice Information System or CJIS to ensure CLETS can data-mine the appropriate information for in-the-moment crisis information and de-escalation preferences.

Chorus proposes Phase Two additions as follows:

1. Chorus Platform licensing, hosting, and data storage
2. 24x7 monitoring, backup, compliance, and security
3. Implement and maintain select integrations (e.g., CLETS)
4. Unlimited access for residents and designated staff

Technical Support: Standard business hours for routine support, 24x7 for Urgent and High priority issues

Additional one-time support for implementing integrations (could be used to expand CLETS compatibility and other data sources)

Ongoing iterative improvements to PADs application through the completion of Phase Two.

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
- Digital graphics for use in social media, intranet, or other digital channels
- Branded promotional products

B. OPTIONAL: Printing & Production of Promotional Products

Idea Engineering will purchase branded materials to promote PADs.

C. 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

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.

- 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

4) WEBSITE DEVELOPMENT & SUPPORT (after completion of Phase One on 6/30/25)

Provide updates as needed for project promotion and documentation. Provide website analytics reports monthly and annually.

5) WEBSITE HOSTING & TECHNICAL MAINTENANCE (after completion of Phase 1 on 6/30/25)

- Provide website hosting
- Website plug-in licensing, including website accessibility software
- Technical maintenance

6) MEDIA ADVERTISING- as directed by the needs of participating counties

- Commercials
- Social media

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 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 training on the Platform and the digital PAD, it made the most sense to consolidate the evaluation process to one subcontractor. BBI proposes the following evaluation overview, with the expectation of publication upon completing the Multi-County PADs project.

1. Purpose of the evaluation:

The Syracuse University Burton Blatt Institute (BBI) evaluates the processes and outcomes of accessing and using a Psychiatric Advanced Directives (PADs) web-based platform supporting the Multi-County PADs Innovation Project. We hope that this evaluation will help to improve the ways that people with mental health challenges and community-based agencies that serve them use a web-based PAD platform to honor their treatment and support preferences during times when they are not able to do so independently.

2. What does the evaluation entail?

- **Gather data through interviews:** We will gather data by interviewing County PADs Project Managers, County-employed Peer Specialists, Community-based agencies, and Stakeholders (e.g., Law Enforcement, Crisis Teams, Hospital Staff, etc.), and eventually people with mental health challenges who are using the PADs web-based platform.
- **Gather data through observations:** We will also regularly attend, observe, and note meetings and workgroups that the county, its Partners, and people with mental health challenges attend.

The data collected and analyzed will result in a final report provided to each county.

3. Confidentiality:

All information collected is strictly confidential. Names are not associated with what is said in evaluation reports or conversations. During the evaluation, more information on our confidentiality methods will be provided.

4. Goals of the Evaluation:

Enhance Peer Experience and Involvement:

- Explore how the PADs platform incorporates input from individuals with mental health challenges (peers).
- Evaluate whether peers believe the PADs platform will effectively support them and improve their lives when they are in crisis,
- Evaluate whether the PADs platform may improve peer recovery, reduce involuntary incarceration, reinforce self-determination, reduce homelessness, criminal justice involvement, and crisis mental health treatment.

Improve Community-based Agencies' Practices:

- Assessing whether counties and their community-based agencies serving individuals with mental health challenges believe that the PADs platform enhances their practices and tools for supporting peers in crisis.
- Explore the likelihood of broader adoption of the web-based PAD among agencies serving individuals with mental health challenges when they are in crisis.

- Evaluate the integration of the web-based PAD into the current technology and practices of agencies encountering and supporting people with mental health challenges when in crisis.

Impact on Systems and Policies:

- Examine if the PADs platform is viewed and used as a tool for supporting changes in laws, funding, paradigms, and practices at the systems level that honor people with mental health challenges' self-direction and choice when in crisis.
- Identify the cost reduction within hospital EDs and law enforcement using and accessing the PAD and Digital Platform.

Sustainability

Initially, for the Phase One build, it was thought the project would be ready as a standalone Platform for the entire state to utilize. Through the thoughtful and meticulous process, a new direction emerged to 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. Only through testing can we fully determine the use and operability of the Platform itself.

Additional needs for sustainability are related to legislation. With Phase One acquiring AB 2352, the first step will be carried into Phase Two for the alignment of PADs language throughout the statute and the ability to use PADs in a crisis and not if an individual is deemed to have lost capacity.

Finally, the construction of Phase Two will give the state and legislators the information they need to carry the Platform forward indefinitely. 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	Up to 15 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	\$ 50,000.00	\$ 25,000.00	\$ 250,000.00
Burton Blatt Institute-Evaluation	\$ 225,000.00	\$ 700,000.00	\$ 700,000.00	\$ 700,000.00	\$ 225,000.00	\$ 2,550,000.00
Chorus-Technology-Engagement	\$ 200,000.00	\$ 375,000.00	\$ 375,000.00	\$ 375,000.00	\$ 175,000.00	\$ 1,500,000.00
Concepts Forward Consulting-Project Director	\$ 650,000.00	\$ 800,000.00	\$ 800,000.00	\$ 800,000.00	\$ 450,000.00	\$ 3,500,000.00
Idea Engineering-Marketing/Videos/Website	\$ 150,000.00	\$ 300,000.00	\$ 300,000.00	\$ 300,000.00	\$ 100,000.00	\$ 1,150,000.00
Painted Brain-Peer Consultants	\$ 250,000.00	\$ 350,000.00	\$ 350,000.00	\$ 200,000.00	\$ 75,000.00	\$ 1,225,000.00
Subtotal	\$ 1,500,000.00	\$2,600,000.00	\$2,600,000.00	\$ 2,425,000.00	\$1,050,000.00	\$ 10,175,000.00
Chorus-Technology-tech only-platform & connections	\$ 2,000,000.00	\$1,250,000.00	\$1,250,000.00	\$ 1,250,000.00	\$1,250,000.00	\$ 7,000,000.00
Subtotal	\$ 3,500,000.00	\$3,850,000.00	\$3,850,000.00	\$ 3,675,000.00	\$2,300,000.00	\$ 17,175,000.00
Syracuse (15%)	\$ 525,000.00	\$ 577,500.00	\$ 577,500.00	\$ 551,250.00	\$ 345,000.00	\$ 2,576,250.00
Total	\$ 4,025,000.00	\$4,427,500.00	\$4,427,500.00	\$ 4,226,250.00	\$2,645,000.00	\$ 19,751,250.00
Total shared County costs up to fifteen counties	New counties only	All counties	All counties	All counties	All counties	\$ 19,751,250.00

Appendices

Appendix: Shasta County

County Contact

- Primary County Contact: Ashley Saechao, aysaechao@shastacounty.gov, (530) 780-5338
- Date Proposal posted for 30-day Public Review: 04/19/2024

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, go to the Mental Health, Alcohol and Drug Advisory Board, and will be scheduled to go before the Shasta County Board of Supervisors.

Budget Narrative for County Specific Needs:

In addition to the personnel costs, Shasta County's budget includes evaluation, informational publications, peer incentives or training, office materials, outreach materials and technology needs for the direct services staff helping support peers to complete their PAD.

Total proposed budget

Shasta County's total contribution for this 4-year budget is \$425,000.