

Psychiatric Advance Directives

MULTI-COUNTY COLLABORATIVE

Mental Health Services Act Funded Project

Fiscal Years 2024-2029

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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

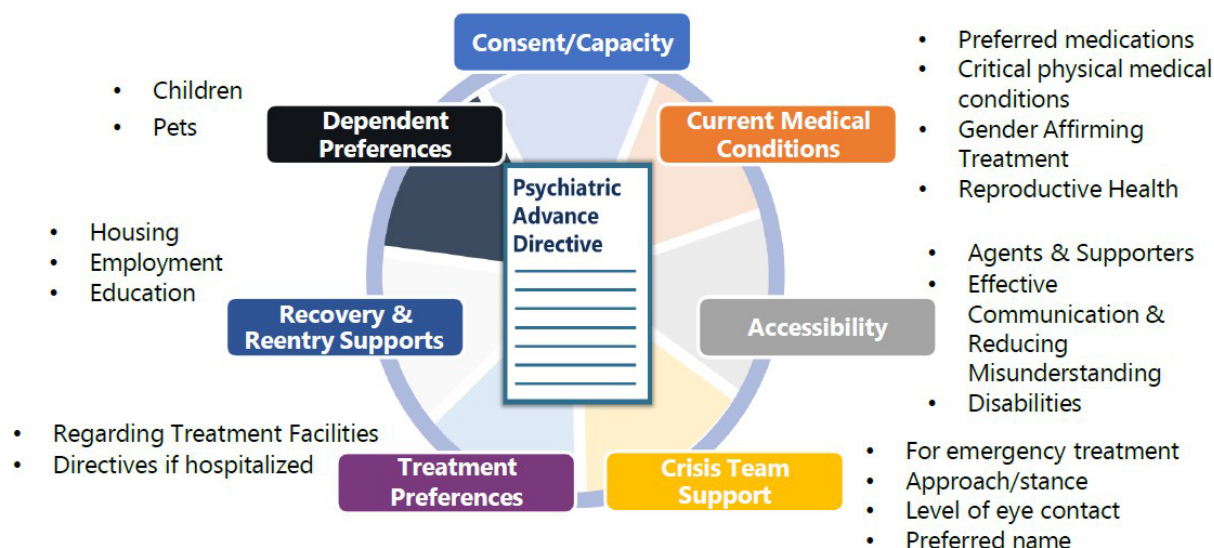
Phase One outcomes

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

The screenshot displays the 'My Psychiatric Advance Directive' web application. At the top, a blue banner indicates 'This is a draft.' Below this, the title 'My Psychiatric Advance Directive' is shown, along with a timestamp 'Last Updated 3 Days Ago' and buttons for 'Edit' and 'Preview'. The interface is divided into two main sections: 'Crisis Directives' (Basic Information) and 'Treatment Directives' (Detailed Information). A progress bar indicates 'Complete Your Crisis Directives' with a status of '0 of 6 Sections Complete'. Below the progress bar, there are four sections, each with an illustration, a title, a description, and a 'Start' button:

- About Me**: We need some basic information to make sure crisis response teams and medical professionals can identify you.
- Essential Crisis Details**: We need information that will be critically important to share with first responders to help reduce harm to you.
- How to Communicate With Me**: Help avoid misunderstandings by telling us how best to communicate and connect with you during a crisis.
- My Support System**: Let us know who will be helpful to contact when you may not be able to effectively speak for yourself.

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

Contents

Crisis Preferences

Deescalation

Critical Alerts

Communication

Treatment Preferences

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

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 MHSA 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:

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	<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. 		
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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

2027-28 (YR 4)	(See activities year three)	<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
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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
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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:
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Budget

Total cost of Phase Two:

Direct Costs	Proposal for up to 15 Counties- Budget may be adjusted for the number of total counties					
	FY 2024-25	FY 2025-26	FY 2026-27	FY 2027-28	FY 2028-29	Totals
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.

Contra Costa County

County Contact and Specific Dates

- Primary County Contact (Name, Email, Phone):
 - Jessica Hunt, jhunt@cchealth.org, 925-500-3929
- Date Proposal posted for 30-day Public Review:
 - February 28, 2025
- Date of Local MH Board hearing:
 - April 2025 TBD
- Date of BOS approval or calendared date to appear before BOS:
 - May 20, 2025

Description of the Local Need

Contra Costa is a large county (with 1.1 million residents) located in the San Francisco Bay Area's East Bay Region. Contra Costa Behavioral Health Services (CCBHS), in partnership with consumers, families and community-based agencies, provides welcoming mental health and substance use services that promote wellness, recovery and resiliency while respecting the complexity and diversity of the people served.

In recent years, CCBHS has expanded its mobile crisis response efforts, with countywide teams serving both youth and adults. Through a lengthy 2021 community planning process, a comprehensive crisis resource center, known as the Miles Hall Community Crisis Hub, is currently underway. This effort is based on the philosophy that appropriate crisis care should be available to Anyone – Anyplace – Anytime (A3). A coordinated Psychiatric Advanced Directive process will complement this effort and assist law enforcement and mobile crisis teams in responding to community members experiencing a mental health crisis. Having an accessible PAD in place can minimize the harm and trauma often associated with involuntary detention during a psychiatric crisis. We believe this will empower individuals living with mental illness by promoting self-determination, as well as provide valuable information to providers and first responders.

Currently, local use of PADs is not widespread, as there is limited collective understanding around access, utilization and storage. In partnership, with the Multi-County Psychiatric Advance Directive collaborative, we participated in the first phase of PADs design, use, and the creation of a web-based platform. By June 30, 2025, the Phase One digital build will be complete. This exciting endeavor now allows our community members to use and store their PADs in an easy to understand digital PAD. A document that can transition throughout their lifespan and move with them. CCBHS Office for Consumer Empowerment (OCE), staffed by individuals with lived experience (peers) and the Consolidated Planning and Advisory Workgroup (local MHSA advisory body) have helped identify the coordinated use of PADs as a priority in Contra Costa. The OCE has been instrumental in the creation and beta testing of the digital PAD build.

Description of the Response to the Local Need

The next phase will allow for the in person training and technical assistance for first responders, hospital emergency room staff, courts, peers, and community members in the use and access of the PAD. What happens to a PAD after it is completed has remained the main reason PADs have been underutilized. Phase two will allow for the understanding of how to easily fill out a PAD and with the individual's consent allow for access to assist in the de-escalation of a behavioral health crisis, thus reducing the recidivism of unnecessary hospitalization or incarceration and allows to provide individualized care based on the knowledge of the individual's identified preferences within the PAD.

- Promote individual choice during a crisis; actively engage individuals in their treatment and recovery
- Build community capacity among law enforcement, peers, the court system, mental health care providers and others to ensure consumer choice and collaborative decision-making.
- Provide opportunities for community collaboration and involvement of peers as stakeholders
- Offer local providers and first responders additional tools to mitigate the trauma that can result from involuntary detention

- Provide training and understanding of a digital PAD to reduce recidivism and rates of re-hospitalization and incarceration
- Provide understanding of the advantages of a digital PAD that is easy to fill out and to provide a legal voice for an individual's preferences in a behavioral health crisis.

Description of the Local Community Planning Process

The County has been an active participant in the Phase One “build” since joining the PADs project in July 2022. Throughout this period, community interest in the project has remained strong, with broad support for the continued development and implementation of the digital platform for creating and storing individual PADs.

To ensure ongoing engagement, PADs has been discussed extensively across multiple public meetings and stakeholder forums. The MHSA Advisory Council reviewed the project on September 1, 2022; January 5, 2023; April 6, 2023; June 1, 2023; February 13, 2024; June 6, 2024; and August 1, 2024. Additional discussions took place at the Mental Health Commission meetings in April 2022 and July 2023, the Quality of Care meeting in June 2023, and the Social Inclusion meeting in August 2024.

The project was also featured in Innovation and Systems of Care meetings on July 25, 2022; October 24, 2022; January 20, 2023; April 24, 2023; October 23, 2023; January 22, 2024; and April 22, 2024, as well as the MHSA Advisory Council Steering Committee meetings on March 15, 2023, and January 18, 2024. Further engagement occurred through MHSA Community Program Planning Process meetings and community forums, including a County Town Hall on October 26, 2022, a community forum on March 4, 2022, and a presentation on November 31, 2022.

To support local implementation, the County's OCE team participated in a multi-day PADs facilitator training provided by Painted Brain, equipping peers with the knowledge to explain PADs and improve digital literacy within the community.

Most recently, a public community forum was held on August 1, 2024, led by Concepts Forward Consulting, the overall Project Director. The forum provided an overview of Phase One's progress and details on Phase Two. Approximately 26 community members registered for the virtual session, and feedback from attendees was overwhelmingly positive, reinforcing strong stakeholder and community support for the project.

Through this extensive engagement process, the PADs initiative has been shaped by community input and stakeholder collaboration, ensuring its continued alignment with the needs and priorities of those it serves.

Improved Access to Care

Improving access to behavioral health services remains a key priority across CCBHS. Community members encounter logistical, financial, and systemic barriers that limit their ability to connect with the care they need. Enhancing access to appropriate services will strengthen engagement and improve outcomes for residents. Further development of the PADs tool expanded training for relevant individuals, and increased completion of PADs will help streamline and support access to care—whether self-directed or facilitated through a partnering agency utilizing the resources outlined in the PAD.

The PAD also fits seamlessly into all aspects of the behavioral health continuum of care, CCBHS plans to incorporate PADs within the following categories of need:

- Assisted Outpatient Treatment (AOT),
- Full-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, and
- CARE Courts, SB 43, Prop 1, and

- Mobile Crisis

Budget Narrative for County Specific Needs:

Total proposed budget for this four-year Innovation project is \$1,000,000. A detailed breakdown of the budget by fiscal year is provided in the grid below. Budget sheets were taken from Innovations Template.

Expenditures are categorized and described in detail below:

Contra Costa Direct Personnel Costs

The Personnel Costs for staff participating in this project are excluded from MHSA Innovation Funds and salaries and benefits covered by other cost centers within Behavioral Health.

Contractor Costs

Direct Costs

- Contractors include: Concepts Forward Consulting (Project Director), Painted Brain (peer training and engagement), Idea Engineering (marketing, training videos), Chorus (Platform refinement, PADs storage), Burton Blatt Institute (Evaluation), Alpha Omega (translation services),

Indirect Costs

- Includes administrative costs estimated at 15%

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 – County staff	408,250	428,663	450,097	472,602		\$1,759,612
2.	Direct Costs	81,650	85,733	90,020	94,521		\$351,924
3.	Indirect Costs	20,065	21,069	22,123	23,230		\$86,487
4.	Total Personnel Costs	101,715	106,802	112,143	117,751		\$438,411
	OPERATING COSTS* -- N/A						
5.	Direct Costs						
6.	Indirect Costs						
7.	Total Operating Costs						\$ 0

	NON-RECURRING COSTS (equipment, technology) – N/A						
8.							
9.							
10.	Total non-recurring costs						\$ 0
	CONSULTANT COSTS / CONTRACTS						
11.	Direct Costs – TA, coordination, training, facilitation	212,500	212,500	212,500	212,500		\$850,000
12.	Indirect Costs –						
	Administration 15%	37,500	37,500	37,500	37,500		\$150,000
13.	Total Consultant Costs	250,000	250,000	250,000	250,000		\$1,000,000
	OTHER EXPENDITURES (please explain in budget narrative) – N/A						
14.							
15.							
16.	Total Other Expenditures						\$ 0
	BUDGET TOTALS						
	Personnel (total of line 1)						\$438,411
	Direct Costs (add lines 2, 5, and 11 from above)						\$850,000
	Indirect Costs (add lines 3, 6, and 12 from above)						\$150,000
	Non-recurring costs (total of line 10)						\$0
	Other Expenditures (total of line 16)						\$0
	TOTAL INNOVATION BUDGET						\$1,438,411

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

BUDGET CONTEXT – EXPENDITURES BY FUNDING SOURCE AND FISCAL YEAR (FY)							
TOTALS:							
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 25/26	FY 26/27	FY 27/28	FY 28/29		TOTAL
1.	Innovative MHSA Funds*						\$1,438,411
2.	Federal Financial Participation						\$
3.	1991 Realignment						\$
4.	Behavioral Health Subaccount						\$
5.	Other funding**						\$
6.	Total Proposed Expenditures						\$1,438,411
<p>* INN MHSA funds reflected in total of line C1 should equal the INN amount County is requesting</p> <p>** If “other funding” is included, please explain within budget narrative.</p>							