Psychiatric Advance Directives

MULTI-COUNTY COLLABORATIVE
Mental Health Services Act

Innovation Work Plan: In progress

Additional Mental Health Plan/County: Contra Costa and Tri-City

Project Title: Multi-County Psychiatric Advance Directives (PADs) Innovation Project

Duration of the Project: Current through June 30, 2025

Introduction:

In 2006, the Center for Medicare and Medicaid Services (CMS) made it clear that a Psychiatric Advance Directive (PAD) should be a part of psychiatric care. Approximately twenty-seven states have enacted laws and policies recognizing PADs since the 1990s. However, PADs are often written with a focus on physical health, with little to no room for psychiatric health, plans, arrangements, or instructions to assist in the event of a mental health crisis. Also, the length and number of different PADs templates make it confusing for the individual filling out the PAD, as well as the health care agents and first responders charged to comply with them. With such confusion, how can our first responders or hospitals know whether a PAD is valid or not?
As stated on the website of the National Resource Center on Psychiatric Advanced Directives (NRC), “Psychiatric advance directives are relatively new legal instruments that may be used to document a competent person's specific instructions or preferences regarding future mental health treatment. Psychiatric advance directives are used to plan for the possibility that someone may lose the capacity to give or withhold informed consent to treatment during acute episodes of psychiatric illness." The website further explains that California does not currently have a specific legal statute encouraging or recognizing PADs, thus leading to the underutilization of PADs in the state.

Californians living with mental illness continue to face high rates of recidivism, inpatient non-voluntary hospitalization, homelessness, and incarceration. These problems persist despite the state’s efforts to avoid or reduce 5150 involuntary hospitalizations and incarceration. For example, California has deployed teams to conduct outreach to homeless individuals to engage them in services. Unfortunately, these and other efforts have not led to meaningful reductions in hospitalization and incarceration or improved treatment outcomes.

California turned the corner, in June of 2021, when five counties, with Mental Health Services Act (MHSA) funding banded together to move PADs to the forefront of conversation within California. Additional counties will be joining the project this year. The Multi-County PADs project seeks to make PADs accessible to our mental health consumers, as well as first responders and hospitals both Emergency Department (ED) and Inpatient Psychiatric Unit (IPU). A significant aspect of the project is the creation of a cloud-based technology platform. The platform will operate in real-time, allowing consumers to create, access, store, and share their PAD with their appointed advocate, loved ones, and providers. It will also create a shared system for healthcare providers and first responders across the state, giving them immediate access to a consumer’s PAD during a crisis and facilitating care coordination across agencies. A dynamic technology platform with a single point of access and real-time capabilities does not currently exist and is the key innovative component of the multi-county effort.

Aspects for the success of PADs in California are that of: Education and training our primary care physicians, EDs, first responders and IPU on what is a PAD, and how to refer an individual to create a PAD; Accessibility to create a PAD in multiple threshold

languages; Voice of the consumer, to create their PAD, what works best for them in a crisis and full autonomy for their decisions ahead of time; Technology to quickly and seamlessly create, store, access and share PADs in real-time ; Acceptance and enforceability to upload a PAD with a legal electronic signature and the requirement of Primary Care Physicians, EDs, IPUs, and first responders to ask the individual in crisis if they have a PAD, and in turn, seek the information on the cloud-based technology platform; Longevity of the cloud-based platform, to have funding for the ongoing licensing fee to keep PADs operable year after year; and finally, Protection for the individual, knowing their voice will be heard in the time of crisis, their appointed advocate will mirror that voice and a PAD will never be used to force or coerce treatment.

Primary Purpose:

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

Using PADs, current clients and non-engaged consumers will gain autonomy in decision-making toward their mental health care supports and services. This county-wide project will provide the groundwork for community collaboration, creating PADs Teams, a standardized PADs County "tool-kit," and evaluate the process and success in engaging clients and non-engaged consumers.

PADs are a form of Supportive Decision-Making (SDM), a decision-making methodology where people work with friends, family members, and professionals who help them understand the situations and choices they face so they may make their own informed decisions and direct their lives. The process of developing a PAD, with support from, among others, county mental health professionals, can help people clarify their preferences for treatment so that they will receive appropriate support and care, especially during mental health crises. When handled skillfully, a PAD is a powerful tool to increase a person's quality of care within the mental health and justice-involved settings.

This proposed project will meet several unmet needs across the state:

1. Provide standardized training to increase understanding of the existence and benefits of PADs by communities and stakeholders.
2. Develop and implement a standardized PAD template, ensuring that individuals have autonomy
3. and are the leading “voice” in their care, especially during a mental health crisis.
4. Utilize peers to facilitate the creation of PADs so that shared lived experience and understanding will lead to more open dialogue, trust, and improved outcomes.
5. Develop and implement a standardized training "toolkit" to enable PAD education, policy, and practice fidelity from county to county.
6. Align mental health PADs with medical Advance Directives, with a focus on treating the “whole person” throughout the life course.
7. Utilize a technology platform for easy access to training, materials, creation, storage, and review of PADs.

8. Create a fully functioning cloud-based PADs Technology Platform, for ease of use by consumers, first responders, or hospitals {Emergency Departments (ED) and Inpatient Units (IPU)}, for in-the-moment use.
9. Use legislative and policy advocacy, with consumer voices in the lead, to create a legal structure to recognize and enforce PADs, so that consumer choice and self-determination are recognized and respected throughout California.
10. Evaluate (a) the effectiveness of this project; (b) the ease of use and recognition of PADs; (c) the impact of PADs on the quality of mental health supports and services; and (d) most importantly, the impact of PADs on the quality of life of consumers.

Proposed Project:

The proposed Innovations Project seeks to:

1. Engage the community, consumers, peers, families, consumer advocacy groups, first responders, EDs, IPU, and the judicial system.
    a. Provide training and ongoing informational webinars and/or in-person discussions on:
        i. What is a PAD?
        ii. Why are PADs essential for consumer choice, self-determination, physical and mental health, and improved treatment outcomes?
    b. Enable consumer participation through workgroups, focus groups, and surveys.
    c. Ensure that consumers are the leading voice in creating the standardized PADs template in California.
    d. Lead discussions on access and consent to treatment through PADs.
    e. Engage consumers in discussion on legislation, policy, and advocacy on PADs.
    f. Work with people from diverse ethnic and cultural backgrounds to ensure cultural competency.
2. Develop Community-wide standardized training for understanding, accessing, recognizing, and implementing PADs within the Mental Health Plan, crisis centers, hospitals (ED, IPU), LE, homeless services, and transitional-aged youth (TAY) services.
    a. Create a library or “tool-kit” of resources.
    b. Create standardized videos and training material.
3. Create a standardized PAD template.
    a. Submit to the NRC for inclusion in the California section of the website.
    b. Create a step-by-step training guide/video for the development and implementation of PADs.
4. Training of Trainers
    a. Identify Peer trainers
    b. Identify PAD Teams
    c. Train PADs Teams

    d. Train community providers
    e. Train clinicians
    f. Create a standard video module to be added to the technology platform for future use by additional counties.
5. Draft and advocate for legislation enabling PAD use accessibility, adherence, and sustainability.
6. Create a statewide PADs Technology Platform.
    a. Ensure medical and mental health parity.
    b. Identify access points for first responders, hospitals (ED, IPU), and crisis teams.
    c. Utilize consumers and consumer advocacy groups for PADs facilitation, access, and consent discussion.
    d. House training videos and templates for ease of statewide use and accessibility.
    e. Ensure Platform ease of use during a crisis encounter by LE, hospitals (ED, IPU), and crisis response teams.
7. Evaluate the impact of PADs with process and impact data and outcomes.
    a. Hold focus groups.
        i. Was training effective?
        ii. Understanding PADs
        iii. Consumer use of PADs
    b. Surveys
    c. Evaluate county-specific priority pilot populations.
    d. Evaluate impact on access to and quality of mental health services and supports
    e. Evaluate impact on consumer quality of life.

Project Status:

On June 24, 2021, the Mental Health Services Oversight and Accountability Commission (MHSOAC) approved the Multi-County PADs Innovations Project. Beginning July 1, 2021, the five participating counties identified a fiscal intermediary and created a standard agreement for all counties to operationalize. The process to create this extensive multi-county agreement was overseen by these counties working in collaboration with their county counsel, and in coordination with Syracuse University, the fiscal intermediary. This was no easy task; each county was able to weigh in on a document to be accepted by all participating counties and be available for any future participating Mental Health Plan (MHP)/County. Since the participating counties have taken on the initial financial burden with all contractors, as new MHPs join, additional needs were identified to enhance the goals of the project.

One such item is that of transparent communication. As a multi-County project, it would be up to each county to report on the progress of the project. It has been identified a

website to present up-to-date project activities, reports, fiscal accountability, and ongoing county stakeholder input opportunities, would be most beneficial for the project.

Another item is to increase funding for a “peer voice” contract to $400,000. Currently, Mariposa County has established $60,000 in funding for the statewide peer voice contract. Some of the participating counties do not have active peer stakeholder groups and would need a more hands-on role of a peer organization contractor. The idea of having peers trained to facilitate PADs, participate in legislation conversations, assist in creating and training new local PAD teams, increase local peer participation, and be the statewide voice of peers for the project, led to the need to sustain peer support throughout the entire project. This contract is projected to start in fiscal year 2022/23.

Budget Narrative:

In addition to the expanded peer voices contract, all budget narrative activities remain in place as per the MHSOAC approved Innovations project, dated June 24, 2021. Contractors expanded their scope to accommodate new participating MHP involvement. Contractor(s) with additional duties are as follows:

Idea Engineering BUDGET ADDENDUM FEB. 17, 2022:

1) PADs Identification Materials for Consumers – Additional creative development and materials

    - Strategic consultation and creative direction
    - Graphic design, copywriting and editing, Spanish translation, art production, production coordination
    - Non-recurring costs: Printing & production of PADs communications materials

2) Technical Support: Increase to provide support to additional counties

    - Strategic consultation and creative direction
    - Graphic design, copywriting and editing, Spanish translation, art production, production coordination

3) Website

    - Development & Support:
        - Strategic consultation and creative direction
        - Graphic design, copywriting and editing, art production, production coordination, programming
    - Hosting & technical maintenance
    - UserWay plug-in licensing

New MHP/County participation:

Two MHPs have voiced their desire to participate in the MHSOAC approved Multi-County PADs Innovations Project, Tri-city Behavioral Health a medium MHP, and Contra Costa a large county MHP. These MHPs will begin activities on July 1, 2022. Budget expenses are determined by county size and MHP/County chosen staffing and administrative costs.

Each participating county will create a county-specific description of local needs, and local community planning process with a timeline and budget, including a budget narrative.

Tri-City Mental Health

County Contact and Specific Dates

- Primary County Contact: Amanda Colt, Program Coordinator-INN, acolt@tricitymhs.org, 909-326-4638
- Date Proposal posted for 30-day Public Review: **March 11 to April 12, 2022**
- Date of Local Mental Health Board Public Hearing: **April 12, 2022**
- Date of BOS approval or calendared date to appear before BOS: **April 20, 2022**

Description of the Local Need

Tri-City Mental Health Authority (Tri-City) provides services to a community comprised of three very distinct cities – Claremont, La Verne, and Pomona, which have a total of approximately 300,000 residents. Not only do these cities vary by size and population, but they also vary financially, by their views on mental health, and their overall community cultures.

For more than 60 years, Tri-City Mental Health has served as the mental health authority for this area and has worked diligently to develop strong and collaborative relationships with our three local law enforcement agencies. Within the past decade, these agencies have increased their efforts to identify and respond appropriately when encountering someone who is exhibiting signs of mental illness. Tri-City has supported these efforts by providing training in identifying and responding to individuals with mental illness in crisis.

However, studies have shown that the arrest rate of individuals with mental illness can often be based on the current behavior of the individual, which can be aggressive or threatening, as opposed to the presence of mental illness itself. We believe that we can offer further support by providing a predetermined road map for mental health treatment such as PADs which can help to ensure the individual in crisis can receive not only the care they need, but on their terms, thereby reducing the rates of incarceration.

Target Population

Based on Tri-City's annual Community Planning Survey and input from MHSA workgroup members, the following target populations were selected:

1. Transition Age Youth/Young Adults ages 18 to 25
2. Homeless or at Risk of Homelessness

Description of the Response to the Local Need

This project intends to:

1. Empower individuals with mental illness to self-select and predetermine their future mental health services should they experience a crisis.

2. Strengthen support for consumers by providing additional options for law enforcement personnel as they encounter individuals with mental illness in a crisis.

3. To provide Tri-City clinical staff with another tool to offer to clients and consumers who are encouraged to take control of their treatment in a crisis and recovery.

4. Provide the opportunity for local peers to outreach and engage other consumers in the community by presenting these psychiatric advance directives to build trust while promoting autonomy and self-determination.

We believe that by implementing the PAD's project in our community, Tri-City can promote interagency and community collaboration related to the response to crisis situations involving individuals with mental illness by local law enforcement, jails, hospitals, and homeless shelters personnel.

One example of enhancing this collaboration is through the partnership between Claremont Police Department and Tri-City's Psychiatric Assessment and Care Team (PACT) program. PACT utilizes a team approach to efficiently respond to social-emotional/mental health needs of Claremont residents by using trained mental health professionals to take the lead on non-violent, non-criminal calls to law enforcement for assistance, including in response to addressing persons who do not have a permanent residence. The PADs collaborative will provide an additional resource for law enforcement and clinical professionals when responding to the needs of a community member during a mental health crisis.

In addition, Tri-City intends to employ this option with our own agency crisis response programs. These programs include our Intensive Outreach and Engagement (IOE) team which was designed to assist individuals in crisis out in the community with identifying a variety of needs and connecting them to local support services. With close coordination and consultation between community providers, law enforcement and hospitals, this mobile response team can provide the resources needed to reduce repeated emergency room visits and/or arrests due to a mental health crisis. Through this project, the IOET will be able to rapidly support the intentions of the individual and streamline their referrals for care.

Description of the Local Community Planning Process

In September 2021, stakeholders were invited to join Tri-City's Innovation planning process. In an ongoing effort to collect additional stakeholder input, stakeholders and community members were encouraged to complete Tri-City's MHSA Community Planning Process Survey to share their thoughts and concerns regarding the availability of support services, priority populations and unmet needs within the Tri-City service

area. This annual community planning survey is available in both English and Spanish and is used to identify the needs and priorities of the three cities. These results were then presented to the Innovation workgroups who were able to incorporate these needs and concerns in the creation of new Innovation projects. In addition, community members were invited to complete Tri-City's Innovation Idea Survey which is posted on our website year around for stakeholders to submit ideas to be considered by workgroups for future Innovation plans.

Between October 2021 and January 2022, Tri-City held five Innovation workgroups which consisted of community members who identified as peers with lived experience, religious leaders, teachers and professors, students, and family members of mental health consumers. Workgroup meeting announcements were posted on our website, social media and distributed locally via flyers to ensure maximum participation from stakeholders. Community members submitted seven ideas via our Innovation Idea Survey, which were then presented and shared with workgroup members. During the workgroup meetings stakeholders were also introduced to three multi-county collaboratives that were open for Tri-City to join. As a group, stakeholders considered all options and choose the PAD's Collaborative as a priority project.

On February 24, 2022, community stakeholders came together to review this project proposal and consider approval as the next Innovation project. Following the presentation stakeholders were asked to vote on the project. Participants included representatives from local law enforcement as well as community members, consumers, faith-based leaders, Latino populations, local colleges, mental health commission members, Tri-City clinical staff and others. One hundred percent of participants in attendance voted in favor of moving forward with the Multi-County Collaborative Psychiatric Advance Directives as the next Innovation project for Tri-City.

The Multi-County Collaborative Psychiatric Advance Directives (PADs) Innovation project will be posted on Tri-City's website on 3/11/2022 for a 30-day public comment period ending 4/12/2022. In addition, hard copies were circulated throughout the three cities and distributed to public locations including city hall, libraries, community centers and cultural gatherings. This plan is scheduled to be presented to the Mental Health Board during a Public Hearing scheduled for April 12, 2022. This plan will then be presented to Tri-City's Governing Board on April 20, 2022, for approval and adoption.

Budget Narrative for County Specific Needs:

The total proposed budget for this three-year project is $789,360. This Innovation project will first utilize any unexpended Innovation funds from prior years that may be subject to reversion which includes $551,000 which is subject to reversion on June 30, 2022.

Project expenditures are categorized into three main areas and described in detail below:

Tri-City Personnel:

- MHSA Program Coordinator (.5 FTE) This position is responsible for the direct management and oversight of the PADs project. These duties include the implementation of the project, coordinating with Clinical Wellness Advocates, coordinating with program analysts and Collaborative project management.

- MHSA Projects Manager (.1 FTE) This position is responsible for administrative oversight of the project such as monitoring project expenditures; attending collaborative meetings and providing ongoing status updates to local stakeholders.

- Clinical Wellness Advocate (Peer) (1.0 FTE) This position is responsible for supporting the implementation activities of the project. This includes providing community PAD training, attending PAD multi-county planning, implementation meetings and assisting community members in completing their PADs documentation

- Program Analyst (.1 FTE) Tri-City data analysts will support this program through processing of evaluations, and analysis of data that is gathered throughout the project period.

Indirect Costs

- This includes administrative costs which is estimated at 15% of salaries & Benefits

Direct Costs

- This includes $324,927 in collaborate costs.
- This also includes $45,000 in legal aid consultant costs.

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

Tri-City Behavioral Health BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY*					
EXPENDITURES					
	PERSONNEL COSTS (salaries, wages, benefits)	**FY 22/23**	**FY 23/24**	**FY 24/25**	**TOTAL**
1.	Salaries	**122,018**	**127,803**	**133,876**	**$ 383,697**
2.	Direct Costs				
3.	Indirect Costs	**17,355**	**18,222**	**19,133**	**$ 54,710**
4.	**Total Personnel Costs**	**139,373**	**146,025**	**153,009**	**$438,407**
	OPERATING COSTS*				
5.	Direct Costs				
6.	Indirect Costs				
7.	**Total Operating Costs**				**$**
	NON-RECURRING COSTS (equipment, technology)				
8.	**Tablets**	**10,000**			
9.					
10.	**Total non-recurring costs**	**10,000**			**$ 10,000**
	CONSULTANT COSTS / CONTRACTS (clinical, training, facilitator, evaluation, project management, TA, Fiscal Intermediary)				
11.	Direct Costs	**103,600**	**103,600**	**103,599**	**$ 310,799**
12.	Indirect Costs	**822**	**822**	**822**	**$ 2,466**

13.	**Total Consultant Costs**	**104,422**	**104,422**	**104,421**	**$ 313,265**
	OTHER EXPENDITURES (please explain in budget narrative)				
14.					
15.					
16.	**Total Other Expenditures**				**$**
	BUDGET TOTALS				
	Personnel (total of line 1)	**$122,018**	**$127,803**	**$ 133,876**	**$ 383,697**
	Direct Costs (add lines 2, 5, and 11 from above)	**$103,600**	**$103,600**	**$103,599**	**$ 310,799**
	Indirect Costs (add lines 3, 6, and 12 from above)	**$18,177**	**$19,044**	**$19,955**	**$ 57,176**
	Non-recurring costs (total of line 10)	**$10,000**			**$ 10,000**
	Other Expenditures (total of line 16)				**$**
	TOTAL INNOVATION BUDGET	**$253,795**	**$250,447**	**$257,430**	**$761,672**

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

A.	**Estimated total mental health expenditures <u>for administration</u> for the entire duration of this INN Project by FY & the following funding sources:**	**FY 22/23**	**FY 23/24**	**FY 24/25**	**TOTAL**
1.	Innovative MHSA Funds	**$17,355**	**$18,222**	**$19,133**	**$54,710**
2.	Federal Financial Participation				

3.	1991 Realignment				
4.	Behavioral Health Subaccount				
5.	Other funding				
6.	**Total Proposed Administration**	**$17,355**	**$18,222**	**$19,133**	**$54,710**
B.	**Estimated total mental health expenditures <u>for EVALUATION</u> for the entire duration of this INN Project by FY & the following funding sources:**	**FY 22/23**	**FY 23/24**	**FY 24/25**	**TOTAL**
1.	Innovative MHSA Funds	**$8,783**	**$9,222**	**$9,683**	**$27,688**
2.	Federal Financial Participation				
3.	1991 Realignment				
4.	Behavioral Health Subaccount				
5.	Other funding				
6.	**Total Proposed Evaluation**	**$8,783**	**$9,222**	**$9,683**	**$27,688**
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 22/23**	**FY 23/24**	**FY 24/25**	**TOTAL**
1.	Innovative MHSA Funds*	**256,357**	**263,009**	**269,994**	**$789,360**
2.	Federal Financial Participation				**$**
3.	1991 Realignment				**$**
4.	Behavioral Health Subaccount				**$**
5.	Other funding**				**$**
6.	**Total Proposed Expenditures**	**256,357**	**263,009**	**269,994**	**$789,360**