

Public Notice
County of Shasta

**Mental Health,
Alcohol and Drug
Advisory Board
(MHADAB)**

Regular Meeting Agenda

Wednesday, May 8, 2024, 5:30 pm
Mae Helene Bacon Boggs Conference Center
2420 Breslauer Way, Redding, CA 96001

Members of the public may attend via Microsoft Teams -
[Join the meeting now](#)

Meeting ID: 231 345 283 212
Passcode: inVK8S

You can also dial in using your phone.

United States: [+1 707-596-6814](#)
Conference ID: 768610340

This meeting will be audio recorded.

Board Members

Kalyn Jones, *Chair*

Heather Jones,
Vice Chair

Alan Mullikin

Angel Rocke

Cindy Greene

Connie Webber

David Kehoe

Erin Dooley

Jo-Ann Medina

Laurie Lidie

Mary Rickert

Matilda Grace

Ron Henninger

Samuel Major

Wesley Tucker

I. Call to Order & Welcome

II. Public Comment

Members of the public will have the opportunity to address the Board on any issue within the jurisdiction of the Board. *Speakers will be limited to three minutes.*

III. Announcements and Staff Updates

- A. Staff will address Public Comment, if needed, to follow up from the previous meeting.
- B. Outcomes on follow-ups from Miguel
- C. Mental Health Awareness Month Proclamation

IV. Consent Calendar

The following Consent Calendar items are expected to be routine and non-controversial. They may be acted upon by the Board at one time without discussion. Any Board member or staff member may request that an item be removed from the Consent Calendar for discussion and consideration. Members of the public may comment on any item on the Consent Calendar before the Board's consideration of the Consent Calendar. Each speaker is allocated three minutes to speak.

- A. Approval of Meeting Minutes

Board members will review and approve minutes from the March 13, 2024, Regular Meeting and April 10, 2024 Special Meeting.

V. Presentations

- A. Drug/Misdemeanor Diversion Program– District Attorney’s Office
- B. MHSA Outcomes: CARE Center – Nick Zepponi, Hill Country Community Clinic

VI. Regular Calendar

Public Comment will be invited prior to the close of each item.

VII. Discussion Items

- A. Review and consider approval of the “Authentic Workshops and Horse Encounters” application and consider recommending that the Shasta County Board of Supervisors approve the “Authentic Workshops and Horse Encounters” innovation project.
- B. Review and discuss the Mental Health Services Act, Innovation Plan: Psychiatric Advance Directives Phase II – Multi-County Collaborative.
- C. Review the Mental Health, Alcohol and Drug Advisory Board calendar schedule for June 2024-December 2024 and consider approval of discussed changes.
- D. Review speaker cards and consider implementation of their usage.
- E. Discuss attendance and expectations of Board Members.
- F. Update on Proposition 1
- G. Discuss creating a subcommittee to monitor the outcomes of MHSA Programs.
- H. Board members may ask questions about the Director’s Report.
- I. Board members may make suggestions for future agenda consideration.
- J. Ad Hoc Committee Update: Annual Report 2023.
- K. Ad Hoc: Membership Nominating Committee
- L. Discuss new Bylaw requirements that will be effective January 2025

VIII. Board Member Committee Reports

Board members will report committee meeting updates.

IX. Adjourn

MHADAB Special Meeting
June 12, 2024, 5:30 pm
Location: TDB

Executive Committee Meeting
June 18, 2024, 11:00 am
HSSA BHSS Services Branch, Administrative Conference Room
2640 Breslauer Way, Redding, CA 96001

Committees

Shasta Substance Use Coalition

May 14, 2024, 10:30 am
Virtual via Zoom
jill@shastatraining.org

Shasta Suicide Prevention Collaborative

May 14, 2024, 2:30 pm
For location, please email
sstinger@co.shasta.ca.us

Stand Against Stigma

June 11, 2024, 1:30 pm
Sunrise Mountain Wellness Center
1300 Hilltop Drive Suite 200
Redding, CA 96001
cdiamond@co.shasta.ca.us

MHSA Stakeholder Workgroup

May 22, 2024, 10:00 am
Boggs Building
2420 Breslauer Way
Redding, CA 96001
mhsa@co.shasta.ca.us

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Public records which relate to any of the matters on this agenda (except Closed Session items), and which have been distributed to the members of the Advisory Board, are available for public inspection at Shasta County Health and Human Services Agency, 2640 Breslauer Way, Redding, CA 96001. This meeting may be recorded. If there are any questions regarding this agenda, please contact Katie Nell at 530-229-8496, or via e-mail at MHADAB@co.shasta.ca.us.

Shasta County Health and Human Services Agency
DRAFT SHASTA COUNTY Mental Health, ALCOHOL AND DRUG ADVISORY BOARD (MHADAB)
Regular Meeting
Wednesday, March 13, 2024

Attendees:

Kalyn Jones, Board Chair	√	Heather Jones, Board Vice-Chair	√	Ron Henninger, Past Chair	√
Alan Mullikin, Board Member		Connie Webber, Board Member	√	Mary Rickert, BOS Board Member	√
Angel Rocke, Board Member		David Kehoe, Board Member		Samuel Major, Board Member	√
Cindy Greene, Board Member	√	Jo-Ann Medina, Board Member	√	Jackie Rose, CDC	√
Miguel Rodriguez, MHSS/MH Director		Katie Nell, BHSS Sr. Analyst	√	Leah Moua, BHSS Clinical Division Chief	√
Bailey Cogger, BHSS Deputy Director		Adam Hilton, BHSS Clinical Program Coordinator	√	Ashley Saechao, BHSS CDC	√
Marie Marks, CDC	√	Erin Dooley, Fair Hearing Officer	√	Wesley Tucker, Veterans Services Officer	√
Gail Gustafson, Program Manager	√	Kristin Wilson, Peer Support Specialist	√	Christopher Diamond, Community Education Specialist	√
Laura Stapp, HHS Deputy Branch Director	√				

Community Members: 15 (Includes virtual attendees)

Agenda Item	Discussion/Conclusions/Recommendations	Action/Follow-Up	Date Due/Status	Individual/Department Responsible
I. Call to Order	Kalyn Jones, MHADAB chair extended a warm welcome to all attendees and called meeting to order at 5:33 p.m.	No action required.	N/A	Kalyn Jones, MHADAB chair
II. Public Comment	a. A public commenter expressed concerns about her son's mental health and the treatment he is not receiving. Commenter addressed letter she gave to an registered nurse at the hospital her son was brought to during his hold and expressed frustration that nothing appears to have been done with her concerns. Commenter stated there needs to be a protocol for families during a 5150 and psychiatrists need to be the ones doing the evaluations.	a. N/A	a. N/A	a. N/A
	b. A public commenter expressed disappointment with the mental health system and how the combination of housing and mental health was not in the best interest of the community. Commenter also expressed concerns about her adult child being able to leave during a 5150 hold.	b. N/A	b. N/A	b. N/A

Agenda Item	Discussion/Conclusions/ Recommendations	Action/Follow-Up	Date Due/Status	Individual/ Department Responsible
	c. A public commenter voiced her concern about the delay in implementing SB 43 – updating the gravely disabled definition.	c. During meeting Laura Stapp provided information as to why Shasta County is delaying the implementation.	c. N/A	c. N/A
III. Announcements and Staff Updates	No Action required	N/A	N/A	N/A
IV. Consent Calendar A. Approval of MHADAB Minutes	Minutes from January 10, 2024 and February 14, 2024 meetings were presented in written form.	The Consent Calendar was passed unanimously with six (7) Ayes, zero (0) Nays and zero (0) abstention.	N/A	Motion: Jo-Ann Medina Second: Connie Webber
V. Regular Calendar	No Action required	N/A	N/A	N/A
VI. Presentations	<p>a. <u>Roughout Ranch Foundation Inc., Authentic Workshops and Horse Encounters</u> Kathy Rutan-Sprague and Kathy O'Donnell provided a presentation on their programs that focus on developing connections to provide community integration, social recreation, & life skills. Testimony of program was provided by a former client (now employed by the ranch) and their parents.</p> <p>Board would like a further breakdown of the amount being requested before taking a vote during our next MHADAB meeting.</p> <p>b. <u>5150 Holds</u>, Adam Hilton gave a presentation about what a 5150 hold is, who is authorized to write a 5150 hold, what the criteria is for 5150, and Shasta County's evaluation process including after the 5150 hold is written. Board had questions regarding individual who was under a medication restraint.</p> <p>c. <u>CARE Court</u>, Katie Nell provided a presentation about the upcoming CARE Court Program. She provided</p>	<p>Laura Stapp will gather information requested from board. Katie will email requested information to board members.</p> <p>Board would like Law Enforcement to attend a meeting and discuss 5150 holds</p>	<p>03/22/2024</p> <p>5/8/2024</p> <p>N/A</p>	<p>Laura Stapp</p> <p>Laura Stapp Katie Nell</p> <p>Katie Nell</p> <p>N/A</p>

Agenda Item	Discussion/Conclusions/ Recommendations	Action/Follow-Up	Date Due/Status	Individual/ Department Responsible
	<p>information on what the program/court process will be and provided information about criteria for the petitions.</p> <p>d. <u>MHSA Outcomes: IMPACT</u>, Leah Moua provided a presentation about the Prevention and Early Intervention (PEI) program. Program is a combination of Mental Health and Applied Behavior Analysis that is provided in the home, school, or community and addresses Adverse Childhood Experiences (ACEs).</p>	<p>Board would like outcomes data of program. Leah Moua will obtain data and will come back at a later date for a second presentation.</p>	<p>7/10/2024</p>	<p>Leah Moua</p>
<p>VII. Discussion Items</p>	<p>a. Board members may ask questions about the Director’s Report.</p> <p>b. <u>Board members may make suggestions for future agenda consideration.</u> Board members requested only 2 presentations per regular meeting to honor everyone’s time.</p> <p>c. <u>Ad Hoc Committee MHADAB Annual Report 2023</u> Chair asked who would be interested in being on the committee. Board members Webber, K. Jones will help with the MHADAB Annual Report. The link to the report will be sent out prior to the meetings.</p> <p>d. <u>Ad Hoc Committee Update: Annual Report 2022</u></p> <p>e. <u>Data Notebook 2023</u> Consider approving the 2023 Shasta County Data Notebook as presented in written form for submission to the Board of Supervisors</p> <p>f. <u>MHSA Audit Findings</u> Ashley Saechao provided a handout for everyone in attendance. She provided a brief overview of the findings and let everyone know she would be available for discussion if they had further questions.</p> <p>g. <u>Consider Approval of the Crisis Residential Recovery Center Customer Satisfaction Survey</u> Survey was presented to board for approval no questions were asked.</p>	<p>a. N/A</p> <p>b. Katie will only schedule 2 presentations per MHADAB meeting.</p> <p>c. Katie will prep the Annual Report for 2023 and send to Connie and Kalyn for review and updates as needed.</p> <p>d. Table until next meeting</p> <p>e. Passed unanimously with six (6) ayes, zero (o) nays, and zero (o) abstentions.</p> <p>f. N/A</p> <p>g. Passed unanimously with six (6) ayes, zero (o) nays, and zero (o) abstentions.</p>	<p>a. N/A</p> <p>b. N/A</p> <p>c. 03/29/2024</p> <p>d. 04/16/2024</p> <p>e. N/A</p> <p>f. N/A</p> <p>g. N/A</p>	<p>a. N/A</p> <p>b. Katie Nell</p> <p>c. Katie Nell</p> <p>d. Katie Nell</p> <p>e. Motion: Heather Jones Second: Ron Henninger</p> <p>f. N/A</p> <p>g. Motion: Heather Jones Second: JoAnn Medina</p>

Agenda Item	Discussion/Conclusions/ Recommendations	Action/Follow-Up	Date Due/Status	Individual/ Department Responsible
VIII. Roundtable Discussion	No updates on committee reports were given.	No action required	N/A	N/A
I. VII. Adjournment	Call to adjourn meeting (7:46 PM)	No action required	N/A	Motion: Cindy Greene Second: Heather Jones

Next Meeting is scheduled on: April 10, 2024 (Special Meeting)

Kalyn Jones
MHADAB Chair

Date

Shasta County Health and Human Services Agency
SHASTA COUNTY Mental Health, ALCOHOL AND DRUG ADVISORY BOARD (MHADAB)
SPECIAL Meeting
Wednesday, April 10, 2024

Attendees:

Kalyn Jones, Board Chair	√	Heather Jones, Board Vice-Chair	√	Ron Henninger, Past Chair	√
Alan Mullikin, Board Member		Connie Webber, Board Member	√	Tim Garman, BOS Board Member	√
Angel Rocke, Board Member		David Kehoe, Board Member		Samuel Major, Board Member	
Cindy Greene, Board Member	√	Jo-Ann Medina, Board Member		Erin Dooley, Board Member	√
Laurie Lidie, Board Member	√	Wesley Tucker, Board Member		Matilda Grace, Board Member	√
Miguel Rodriguez, MHSS/MH Director	√	Bailey Cogger, BHSS Deputy Director		Katie Nell, BHSS Sr. Analyst	√
Christopher Diamond, CDC	√	Ashley Saechao, CDC	√	Jackie Rose, CDC	√

Community Members: 4

Agenda Item	Discussion/Conclusions/ Recommendations	Action/Follow-Up	Date Due/Status	Individual/ Department Responsible
I. Call to Order	Kalyn Jones, MHADAB chair extended a warm welcome to all attendees and called meeting to order at 5:30 p.m.	No action required.	N/A	Kalyn Jones, MHADAB chair
II. Public Comment	A public commenter expressed disappointment with how the Police Department handled her child's 5150 and told her they could not hold her and let her go, even though she was at the hospital being evaluated for being Gravely Disabled.	Miguel Rodriguez will reach out to Redding Police Department for their 5150 process and will present to Board at the May Regular Meeting	05/08/2024	Miguel Rodriguez
III. Discussion Items	<u>Tour of Victor Community Supports and Services:</u> Patsy Stevenson provided a tour of the facility and then Mental Health Specialists George, Carlton, and Mike, provided an overview of the services that are offered. A question-and-answer session took place with board members.	N/A	N/A	N/A
IV. Regular Calendar	<p>a) Open public hearing to receive comments on the "Authentic Workshops and Horse Encounters", close public comment period; and close public hearing (as required by California Code of Regulations, Title 9, section 3315A).</p> <p>b) Public comments were made regarding the innovation project, "Authentic Workshops and Horse Encounters".</p>	<p>a) No action required</p> <p>b) attach Public Comments to the Minutes and post on the MHADAB webpage, email a</p>	04/19/2024	Katie Nell

Agenda Item	Discussion/Conclusions/ Recommendations	Action/Follow-Up	Date Due/Status	Individual/ Department Responsible
	Ashley Saechao, MHSA Coordinator read the public comments to the Board Members and Public	copy to the Board		
V. Adjournment	Call to adjourn Meeting (7:24 PM)	No action required	N/A	Motion: Connie Webber Second: Heather Jones

Next Meeting is scheduled on: May 8, 2024

Kalyn Jones
MHADAB Chair

Date

Diversion Program

Emily Mees, Chief Deputy District Attorney



Stephanie A. Bridgett,

Shasta County District Attorney

Purpose of the Program

- Started in 2017
- Changes in the California Criminal Justice system have created challenges for law enforcement agencies, particularly in the area of drug violations.
 - Biggest issue: Holding offenders accountable while focusing on rehabilitative needs.
- Program is designed to divert-low level drug offenders from the criminal justice process at the earliest stage possible
 - Has been expanded to other low level misdemeanor offenders with the introduction of Advent

District Attorney Diversion Program

- Misdemeanor Drug Diversion Program
 - Home grown pre-filing
 - Advent (added in early 2023, started referring summer 2023)
- Misdemeanor Diversion Program
 - Pre-filing - Advent (added in early 2023, started referring summer 2023)
 - Post-filing – Advent
 - Pre-trial Diversion – Penal Code 1001.95
 - Includes all misdemeanors except:
 - Domestic Violence/Family Violence Cases
 - Sex offender registrants
 - Stalking charges
 - DUI Charges

Original Pre-Filing Diversion Process

- Initial screening for eligibility by Attorney
- If referred:
 - Case are then be sent to CVAC advocate, who will make contact with candidate and determine interest and suitability for program
 - Candidate will then be screened in person by CVAC advocate using screening tool to assess his/her level of drug addiction
 - Depending upon score of assessment, candidate will be given requirements to complete in order to satisfy program requirements
 - If candidate is successful, DDA will decline to file criminal case
 - If candidate is unsuccessful, DDA will file criminal case

Current Review Process

- For pre-file drug diversion, it follow the same process but also incorporates Advent
- For other low-level misdemeanors, offenders are sent a letter to determine interest
 - If interested, they complete an online class that is 4 hours or 8 hours
 - Advent classes include:
 - Alcohol and substance abuse
 - Anger Management
 - Animal Care
 - Corrective Thinking
 - Firearm Responsibility
 - Harassment
 - Life Skills
 - Theft
 - Traffic Safety
 - Underage Alcohol & Substance Abuse

Client Population

- Original Pre-filing Diversion client population:
 - 18 to 30 years old
 - Minimal criminal records.
 - Stable phone/address/contact information
 - Willingness to comply
- It was expanded to any age with a minimal criminal history to try to give the opportunity to a greater population.

Program Budget

- Funding for the diversion program comes from Community Corrections Partnership
- Budget
 - DA: One DDA
 - CVAC: One Advocate
- Advent has a participant cost, but our office doesn't pay or receive any money from the referrals.

Program Effectiveness

- In previous years, we have reviewed 700 to 800 potential cases for diversion.
 - Cases referred: 50 to 60
 - We had around 5 a year that successfully completed
- Two big issues that hurt the program were Covid and New Case Management Systems.
- Since Broadening the Program and Bringing in Advent (FY 23-24)
 - 40 People have Passed so far
 - 73 People Are Currently in Progress

Feedback from Participants of Original Program

- “I didn’t feel guilt about the things I was doing. I didn’t allow myself to because all I knew was chasing that next high. I hurt so many people, and most of all I hurt myself. Today my life has completely changed for the better. I have my family in my life again, and there actually happy with me. The friends I have now are doing the same thing I am doing living a happy healthy clean and sober life. I exercise daily and listen too AA speakers on my phone. I also work in my garden growing tons of fruits and vegetables. Reminding me to tend to my recovery as I tend to my plants. Today I actually finish stuff and am productive. I wouldn't give my life today up for anything. I am also attending college online starting the 31st. Trying my best just to be a productive honest thought full woman.”
- “Thank you so much for all your help! I really do appreciate your offices flexibility when working with my busy schedule.”
- “Yes everything is going really good, I always look forward to joining the meetings. They help alot thank you for checking on me.”

Service Gaps and Barriers

- Service Gaps
 - Reliant on timing of receiving cases from the agencies in order to allow enough time for the program to be utilized
- Barriers
 - Requires an email address and a computer
 - Cost for Advent portion
- Improved Effectiveness
 - Collection of email addresses from law enforcement
 - When interface goes live with RPD, APD and SCSO.

CARE CENTER

Mental Health Services Act (MHSA)
Community Services and Supports (CSS) Program

Vendor:
Hill Country Health & Wellness



WELLNESS • RECOVERY • RESILIENCE



Shasta County
**Health & Human
Services Agency**

What is the CARE Center?



Counseling
And
Recovery
Engagement

1401 Gold St., Suite B, Redding CA, 96001

Monday-Friday: 12pm-9pm
Saturday-Sunday: 11am-9pm



Shasta County
**Health & Human
Services Agency**

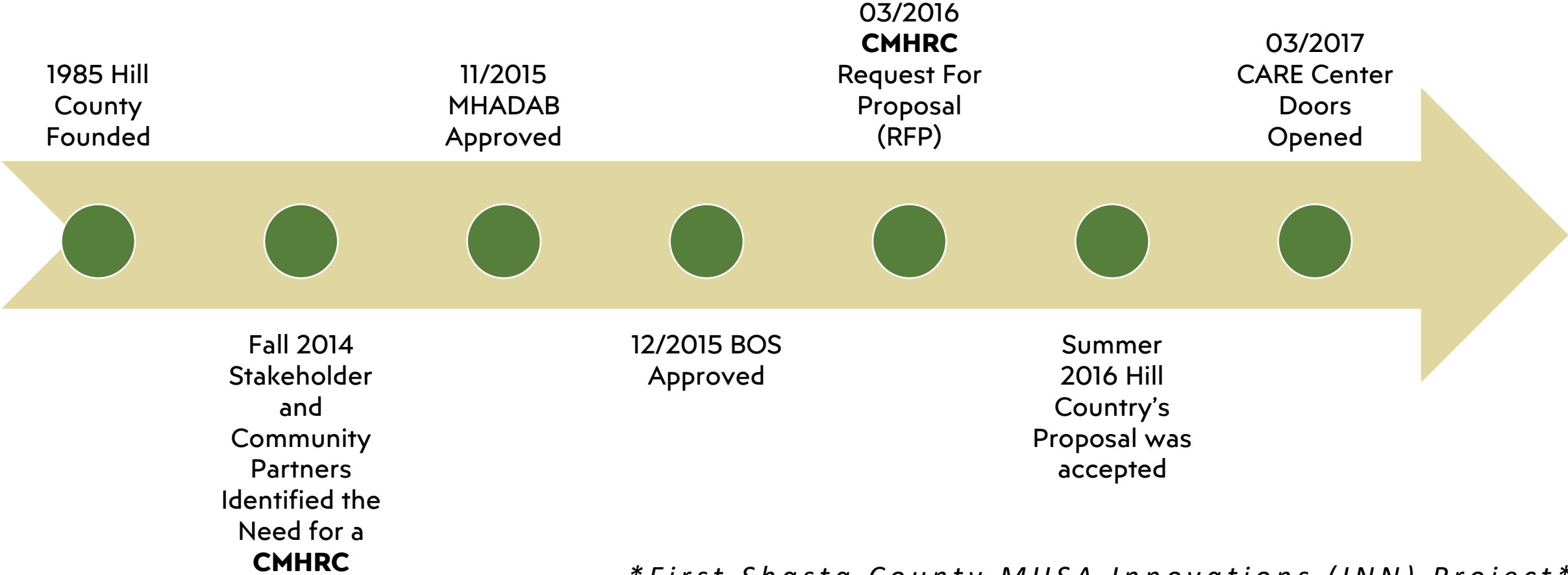
Our Mission:

With kindness, Hill Country Health and Wellness Center works in partnership with our patients and community, providing to everyone the health care services, education and support needed to live whole, healthy and satisfying lives.

CARE Center Services

- Assessment & Intervention
- Recovery Support
- Crisis Prevention
- Any mental illness
- Acute anxiety/panic
- Abuse/neglect
- Crime-related trauma
- Disability
- Disasters
- Family Violence
- Harassment/bullying
- Loss of job or income
- Loss of home
- Miscarriage/stillbirth/etc.
- PTSD
- School violence
- Sexual Assault
- Sudden loss of a loved one
- Suicidal ideation
- Workplace violence
- Other distressing or traumatic situations

MHSA History of the Community Mental Health Resource Center (CMHRC)

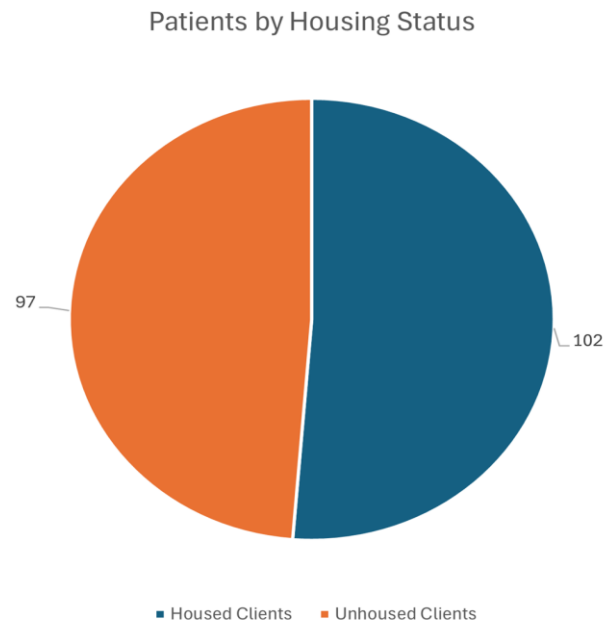
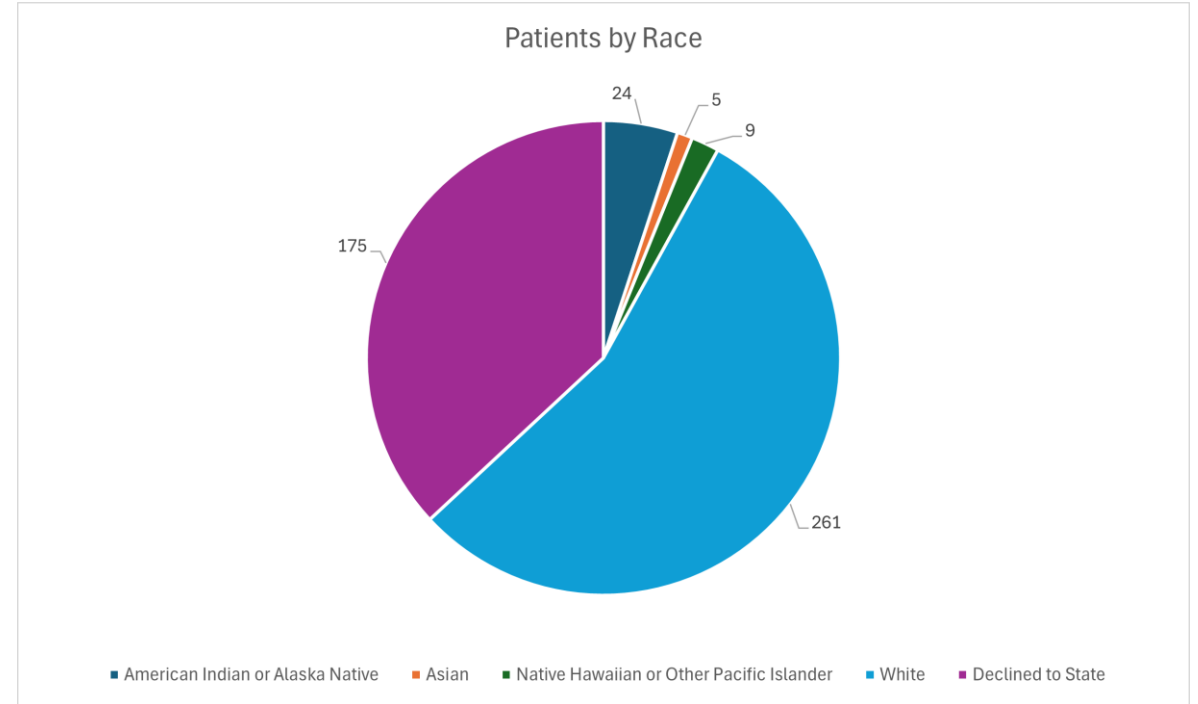
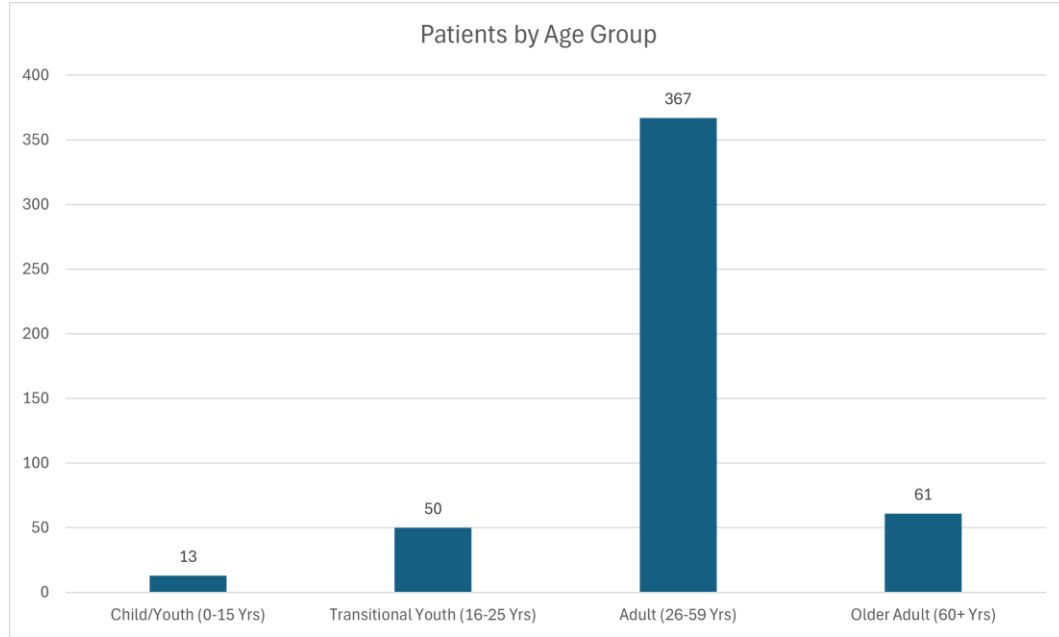


First Shasta County MHSA Innovations (INN) Project

CARE Center History

- Hill Country was founded by a small group of friends as a frontier clinic in Round Mountain in 1985.
- In 2016, we partnered with Shasta Health and Human Services to open our Counseling and Recovery Engagement Center, widely known as the CARE Center, serving individuals of all ages
 - The CARE Center serves as an urgent mental health resource center for people seeking professional help during and after crisis situations, with immediate access to community resources and recovery support.
- In 2019, and in a similar collaboration with Shasta HHSA we began our Mobile Crisis Outreach team (MCOT) which provides mobile mental health crisis services to Redding, Anderson, and Shasta Lake, and surrounding areas.
- Further expansion of MCOT is expected in 2024.

Demographics Q1 2024

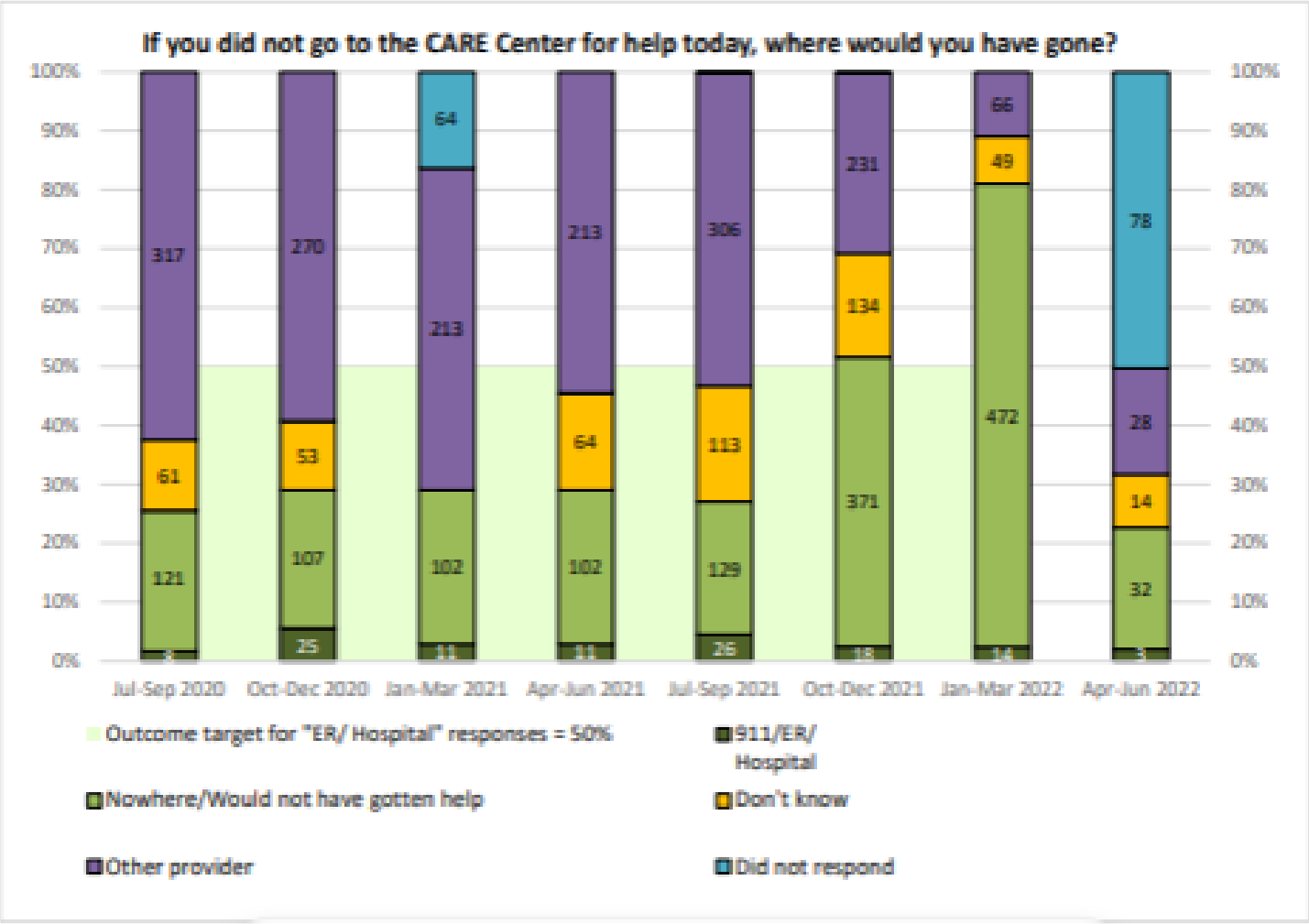


“Adults, children and older adults with a serious mental illness or emotional disorder often lead lives characterized by recurrent, significant crises. These crises are not the inevitable consequences of mental disability, but rather represent the combined impact of a host of additional factors, including lack of access to essential services and supports, poverty, unstable housing, coexisting substance use, other health problems, discrimination and victimization.”

-SAMHSA’s “Practice Guidelines: Core Elements for Responding to Mental Health Crises”.

Services and Outcomes

Services	
Type	Total
Advocacy Navigation Service	114
Basic Needs - Emergency Assistance Service	258
Bus Pass	1
Case Mgmt Follow up - Linkage	375
Case Mgmt Follow up - Skills Building	121
Case Mgmt Follow Up - Wellness Coaching	5
Case Mgmt Needs Assessment	64
Case Mgmt Wellness Recovery Assessment	19
CC Referral Linkage and Follow up	36
CPT 90853x - Group Therapy Participant (all others)	60
Crisis Intervention/Emotional Stabilization	188
Development of Support System (s)	407
Direct Asst Food Clothing	1084
Direct Asst Transportation Service	6
Goal and Action Planning Service	234
Mental Health Assessment	76
Mental Health Follow up	86
Paper Work Assistance	55
Skills Coaching	84
Wellness and Recovery Assessment	5
Wellness and Recovery Follow up	5
Total	3283



*Of those reached for 3 month follow up in Q1 2024 (n=129) 6 reported accessing the hospital and 4 reported a psychiatric inpatient stay.

Outcomes

Outcomes Data	Q1 2024		
New Referrals Received	199	~	Appx. 66.3 (per month)
Total unique individuals served/total visits:	491/2486	~	Appx. 27.3 (visit/day)
Total services provided Q1 2024	3283	~	Appx. 36 (per day)

“The problems of the world cannot possibly be solved by skeptics or cynics, whose horizons are limited by the obvious realities. We need [people] who can dream of things that never were, and ask why not.” --

JFK, 1971



Contracted Expected Outcomes

Contractor shall provide all CARE Center services with the intent to meet the following expected outcomes:

a) Assessment

- 1) Average of 200+ unique individuals per quarter (85% or higher).
- 2) 50% or more Clients receiving assessment services self-report that they used the CARE Center instead of a hospital emergency room.
- 3) 50% or more of the Clients completing survey respond that the existence of the CARE Center made them more likely to seek services.
- 4) 50% or more of the Clients completing the survey respond that services are easier to access because of the existence of the CARE Center.

b) Peer-Staffed

- 1) Average of 85+ unique individuals per quarter (85% or higher).

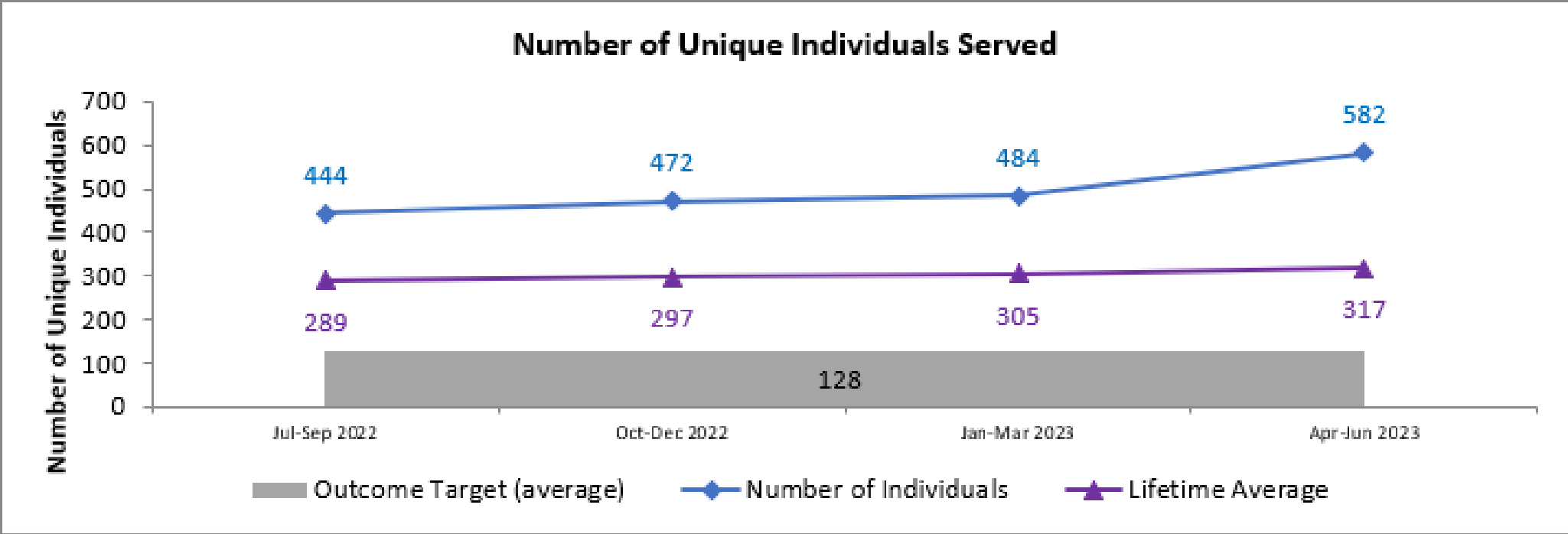
c) Partner Organizations

- 1) 85% or more of given referrals result in the Client successfully receiving the services/resources to which they were referred.
- 2) 75% or more of those completing surveys report an increase in knowledge and comfort when seeking/discussing mental health services.
- 3) 85% or more of those who complete surveys, report better access to mental health services due to location and time of group/class.



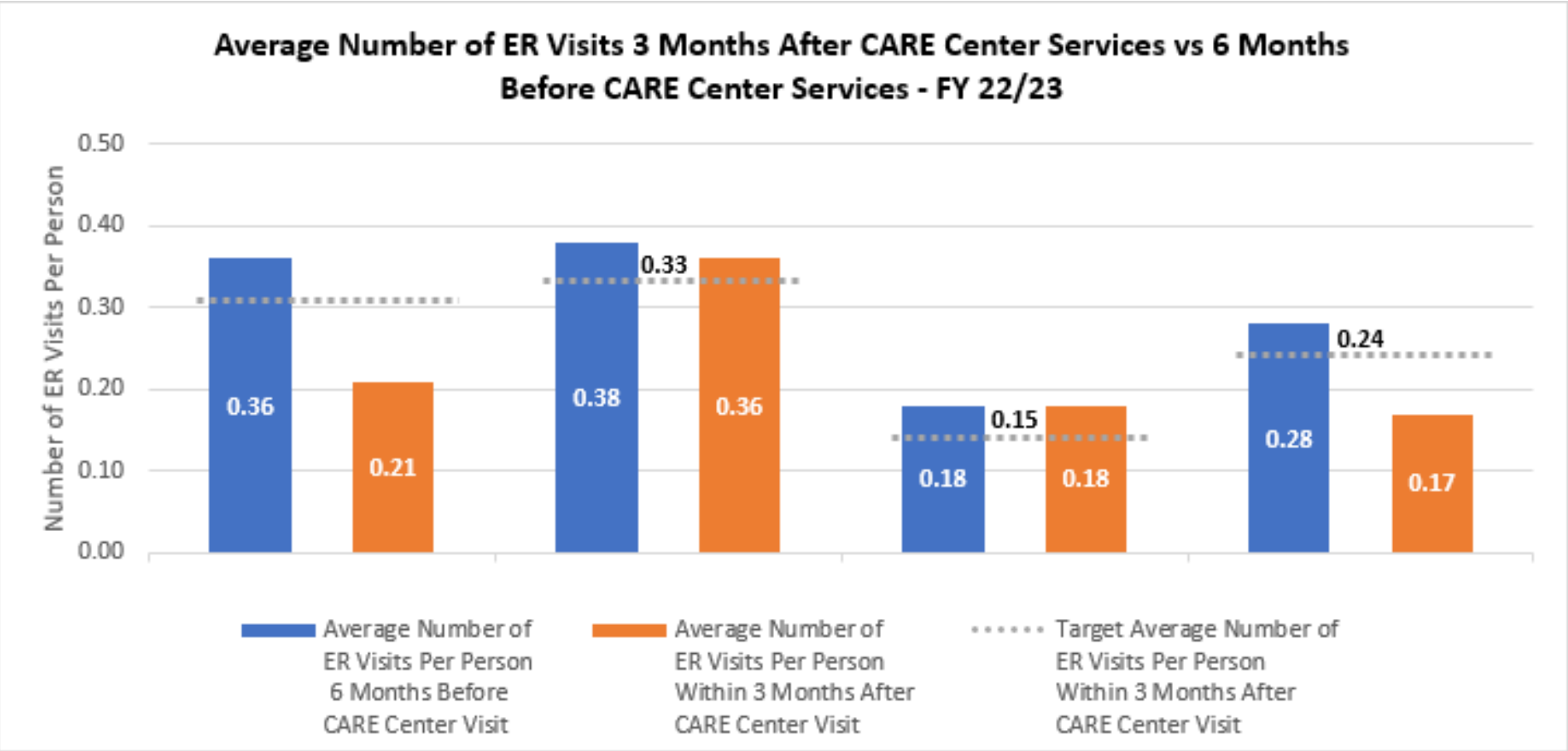
Contracted Expected Outcomes cont...

Unique Individuals Served: Goal 85 per quarter: Goal Met

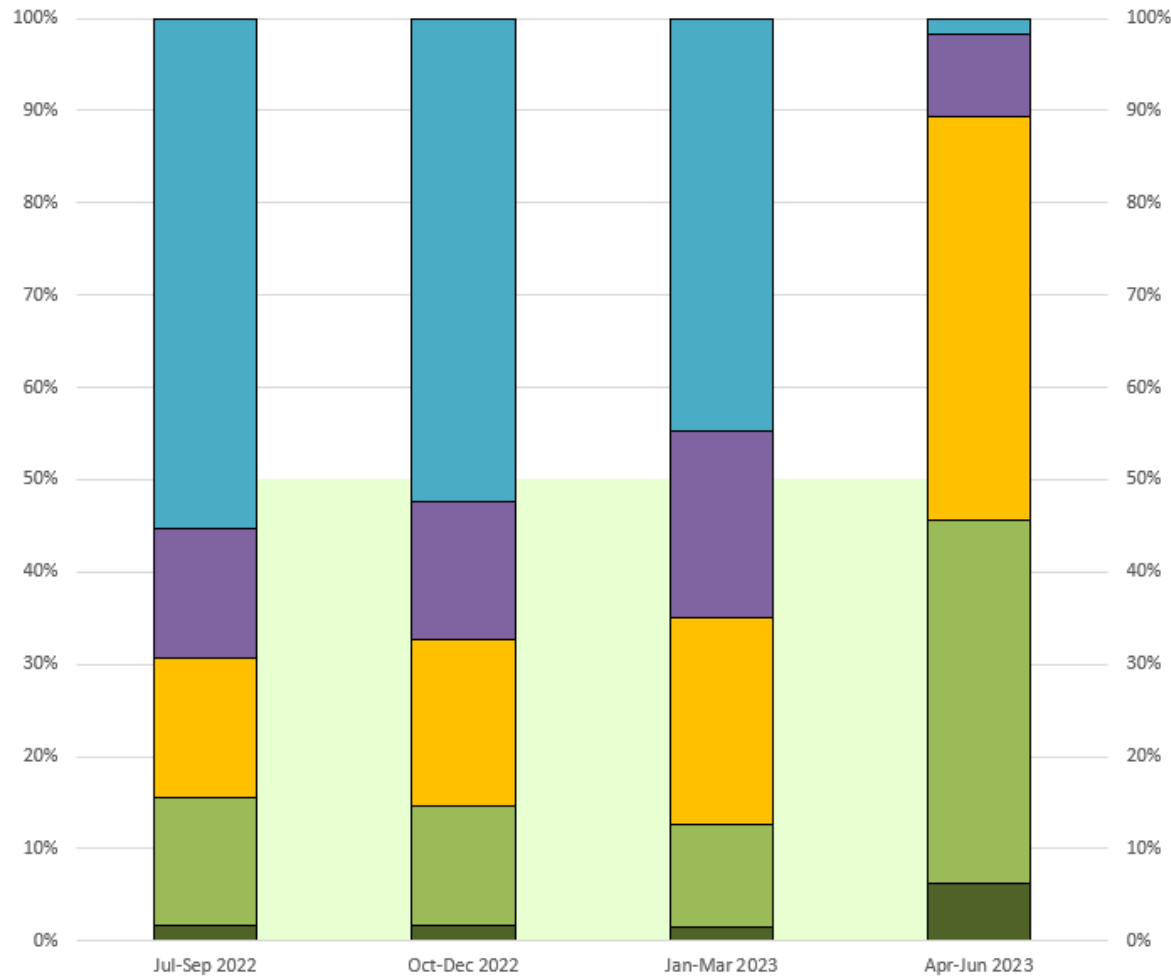


Contracted Expected Outcomes cont...

Decrease in ER Visits: Decrease of 15% from before services: Goal Met 2 out of 4 Quarters



If you did not go to the CARE Center for help today, where would you have gone?



Outcome target for "ER/ Hospital" responses = 50%

911/ER/ Hospital

Nowhere/Would not have gotten help

Don't know

Other provider

Did not respond

Contracted Expected Outcomes cont...

Would have gone to the hospital, nowhere, or didn't know:

Q1: 31%,

Q2: 33%,

Q3: 35%,

Q4: 89%

- Too many "Didn't respond" to get accurate picture



DIRECT EQUINE EXPENSE		notes
timothy hay	4,200.00	6 tons bi-annually, 5 equine
3 way hay	500.00	winter supplement, 5 equine
hoof trimming	2,000.00	horse health, 5 equine
medical supplies	1,800.00	vet wrap, gauze, ointments, fly spray, hoof care, fly masks
supplements	1,150.00	5 equine for 1 year (\$100 alfalfa pellets, \$100 timothy pellets, \$100 timothy cubes, \$400 trace minerals, \$400 sandclear, \$50 flax seed)
bedding/shavings	520.00	1 equine
deworming	200.00	5 equine
veterinarian and vaccines	1,600.00	5 equine
stall and shelter	3,000.00	1 equine
corral boards replacement	1,000.00	replacing chewed and weathered board with new ones in arena, corrals, stalls to keep equines and people safe
lack	1,500.00	saddles, halters, lead ropes, bridles, pads for activities
repairs/maintenance	1,000.00	new water line to arena
Total direct expense	18,470.00	<i>quarterly invoices or 1st invoice to county as lump sum - or reimburse actual costs monthly</i>
PROGRAM EXPENSE		
Wages		
Trained		<i>48 week year; salary calculated less 6 week training period & less 6 week internship period</i>
Executive Director	57,600.00	salary: 100/hr, 4 hr/day, 4 days/week for 36 weeks
Program Director - HE	15,360.00	salary: 80/hr, 1 hr/day, 4 days/week for 48 weeks
Program Director - AW	69,120.00	salary: 90/hr, 4 hr/day, 4 days/week for 48 weeks
Program Director Assistant - AW	46,080.00	salary: 80/hr, 4 hr/day, 4 days/week for 36 weeks
Program Director Assistant - HE	46,080.00	salary: 80/hr, 4 hr/day, 4 days/week for 36 weeks
Equine Specialist 1 - JC	15,360.00	salary: 40/hr, 2 hr/day, 4 days/week for 48 weeks
Equine Specialist 2	11,520.00	salary: 40/hr, 2 hr/day, 4 days/week for 36 weeks
Facilitator 1	34,560.00	salary: 60/hr, 4 hr/day, 4 days/week for 36 weeks
Facilitator 2	34,560.00	salary: 60/hr, 4 hr/day, 4 days/week for 36 weeks
In training	78 hr training	<i>36 sessions @ 2 hrs each + 6 hr training period for legal requirement satisfaction i.e. sexual harassment training, onboarding paperwork</i>
Executive Director	6,240.00	\$80/hr
Program Director Assistant - AW	5,460.00	\$70/hr
Program Director Assistant - HE	4,680.00	\$60/hr
Facilitator 1	3,120.00	\$40/hr
Facilitator 2	3,120.00	\$40/hr
Equine Specialist 2	1,560.00	\$20/hr
Internship		<i>78 hours, 6-8 weeks</i>
Executive Director	6,240.00	\$80/hr
Program Director Assistant - AW	5,460.00	\$70/hr
Program Director Assistant - HE	4,680.00	\$60/hr
Facilitator 1	3,120.00	\$40/hr
Facilitator 2	3,120.00	\$40/hr
Equine Specialist 2	1,560.00	\$20/hr
Wages total	378,600.00	
20% (work comp& taxes)	75,720.00	
Total Wages+insur/Taxes	454,320.00	<i>invoiced when people submit time cards</i>
Participant transportation to/from facility		
Transportation Fund	90,000.00	uber gift cards, taxi service, public transportation
Staffing expenses		
staff recruiting / development	10,000.00	posting jobs, job boards, \$44 per application fee; sexual harassment training per employee 75+65+45+20- \$205x2
kids & adult supplies	2,000.00	boots, gloves, hats, grooming bags, training sticks, sun screen, repellants
director/officers liab. coverage	2,500.00	D&O, employee practices ins, fiduciary
shirts/uniforms (staff/volunteers)	1,800.00	
Facility Expenses - direct result of program needs		
portapotty service (3)	1,200.00	
new construction + labor	25,000.00	weatherproof areas so the program can operate even in harsher weather conditions
Total program expense	586,820.00	
OVERHEAD EXPENSE		
General Business Overhead		
facility lease	36,000.00	
location liability insurance	10,000.00	
utilities & water	3,600.00	current cost
telephone	900.00	current cost
internet	720.00	current cost
dues & subscriptions	900.00	
office expense	7,500.00	pens, computers, IT, chairs, printing supplies, etc
Administrative Overhead		
bookkeeping & payroll service	10,000.00	abigails quote
banking fees	400.00	
legal & professional fees	10,000.00	
Research/Marketing Overhead		
Referral/Outreach, Mktg Services	15,000.00	
postage	480.00	
publications & books	500.00	
travel	2,400.00	
business cards	300.00	
property signs	500.00	
promotional items	900.00	
Total overhead	100,100.00	monthly invoicing
Grand total expense	705,390.00	

After 6 week training period begin seeing clients ?

Psychiatric Advance Directives

MULTI-COUNTY COLLABORATIVE

Mental Health Services Act Funded Project

Fiscal Years 2024-2029

Prepared by Kiran Sahota, President



CONCEPTSFORWARD
CONSULTING

Contents

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

Project Overview

Primary Problem

Since the 1990s, psychiatric advance directives (PADs) have been a part of the California patient rights statute embedded in the probate code. However, since the 1990s, relatively little is known about a PAD, how to create one, who can create one, how a PAD is stored, and who will access the PAD should there be a need. Subsequent legal statutes, such as Assembly Bills (AB) 1029, 2288 and Senate Bill (SB) 1338, have been added. These bills have added language but still do not clarify what a standalone PAD could entail.

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

The current project request, or Phase Two, seeks to solve questions arising from the initial project, which cannot be answered without in-depth testing and evaluation. Phase Two will be completed through the “live” testing of a digital PAD and the digital Platform. Some of the outstanding questions to identify will be: how does using a trained facilitator enhance access, use, and completion of the PAD; does training first responders and hospitals reduce recidivism in the jail or hospital settings; do healthcare advocates assist in reducing unnecessary incarcerations or hospital placement; does a technological product protect an individual’s rights; does the electronic PAD offer in-the-moment crisis de-escalation; do hospitals honor pre-determined medications and physical/behavioral health information; and are digital PADs easy to use and access?

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

- Partnership with Peers and first responders to standardize PAD template language for incorporation into an online and interactive cloud-based webpage.
- Utilize Peer Support Specialists to help peers create their PADs (lived experience and understanding can lead to open dialogue and trust).
- Create a PADs facilitator training curriculum and present a training-the-trainer model for facilitation.
- Create sustainable technology that is an easily reproducible approach that can be used across California.
- Legislative and policy advocacy to create a legal structure to recognize PADs.
- Outcomes-driven evaluation of the development and adoption of PADs, including ease of use and understanding of PADs.

As the Phase One accomplishments are projected to be fully completed by June 30, 2025, the next steps would be to test the technology or digital platform in “live” time and evaluate its success and challenges. To create the blueprint but not utilize this truly innovative and one-of-a-kind technology would be a disservice to all who dedicated time to the Phase One project.

Testing the PAD technology and training those who access and use the PAD is the natural next step to statewide adoption.

Additionally, the PADs project aligns with current legislative actions, including AB 2352, which has been brought about directly through the work on Phase One. This bill will align language and provide definitions of a PAD throughout statute. The project also aligns with utilizing a PAD with the Community Assistance, Recovery, and Empowerment (CARE) Act within the CARE Court system. The project aligns with the current Mental Act Services Oversight and Accountability Commission (MHSOAC) Strategic Plan goals of advocacy for system improvement, supporting universal access to mental health services, participation in the change in statutes, and promoting access to care and recovery.

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

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

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

Substance Abuse and Mental Health Services Administration (SAMHSA) updated its crisis app (SAMHSA, 2020), but it remains a personal crisis plan with individual access only. In a discussion with the American Psychiatrist Association through a Phase One contact with an individual responsible for creating the app, it was mentioned that “anyone can fill out a PAD; you could even create one for Darth Vader.” This does not display a secure app or trustworthy document if anyone can fill out a PAD using any name. In addition, an individual would have to sign on to the SAMSHA app and hand their smart device over to a first responder or hospital staff. Active peers and peer support specialists have reported that this would be an unreasonable request for someone in a behavioral health crisis. However, the idea of having a crisis app remains a commendable approach.

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

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

Many states and countries continue to utilize PADs only when a person has been detained and under emergency orders and found to lack capacity. The Multi-County project identifies how a person can use a PAD in a crisis to reduce unnecessary incarceration or hospitalization and provide the individual with resources for appropriate services.

The Proposed Project

Phase One of the project will culminate in a final digital build with the ability to input a “live” PAD and access to this information in summary format, based on consent, to first responders and hospital staff. It is only natural for Phase Two to be implemented. By training Peer Support Specialist or other facilitators how to walk an individual through filling out a PAD and training courts, first responders, hospitals, and crisis teams on how to access and use a PAD, the project will make a change to the overall behavioral health system and impact and improve existing practices for autonomy, self-determination, crisis care, and recovery. The project will do so by implementing the following actions.

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

1. **Engagement** and introduction to PADs for new counties joining the project. Working with their county agencies, first responders, courts and behavioral health departments, local NAMI chapter, and peer organizations to become proficient in understanding and using PADs. The engagement of the peer community and those with lived behavioral health conditions to understand the advancements of technology and how a digital PAD can positively impact their recovery.
2. **Training** will be the main component of the project. Whether virtually, in-person, or provided on the digital platform, training on using and accessing a PAD will be closely monitored throughout the project. Training will add to first responder briefings, CIT Teams, academy training, CARE Courts for judicial and attorney staff, and Peer training for Peer Support Specialists and within certification, peer supporters within the court systems, and agencies the counties have identified as priority populations. This training is layered with information on what a PAD is, the legal status of a PAD in California, and how to access a PAD for use by the individual inputting their personal information and those professionals that will access a PAD in the line-of-duty. Digital literacy is also a component of the project. It is not only what it means to have the ease of creating a PAD but also to protect the information for in-the-moment access by a crisis responder.
3. **Testing** of the Platform use and access. Once Peer Support Specialist, law enforcement, crisis teams, and hospital IPU and ED staff are trained in using and accessing the digital PAD, it will be time to test the PAD in the “live” environment. This will be a longitudinal study to truly investigate the ease of use, number of PADs filled out, law enforcement, and hospital disposition to determine how the digital PAD impacted the reduction of incarcerations and 5150 applications for hospitalization.

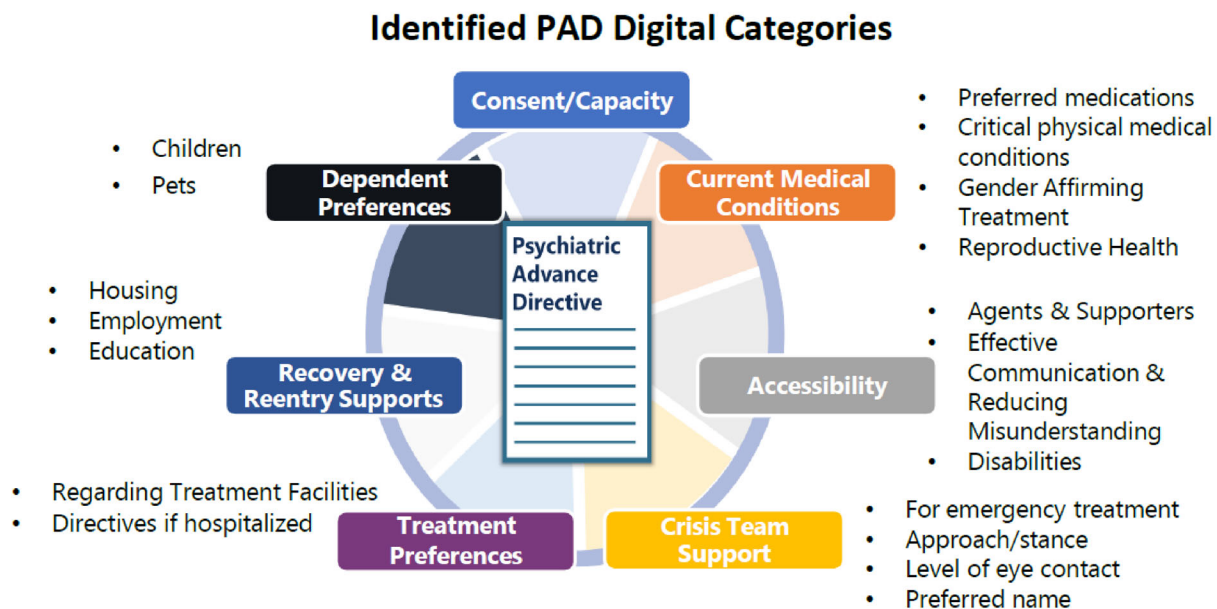
4. **Evaluation** throughout the process will continue from where Phase One concludes. Burton Blatt Institute (BBI) will continue to evaluate the use of PADs and their intersection with technology throughout the project. The evaluation will include gathering data through interviews and observation and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

Project Overview

Phase One outcomes

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

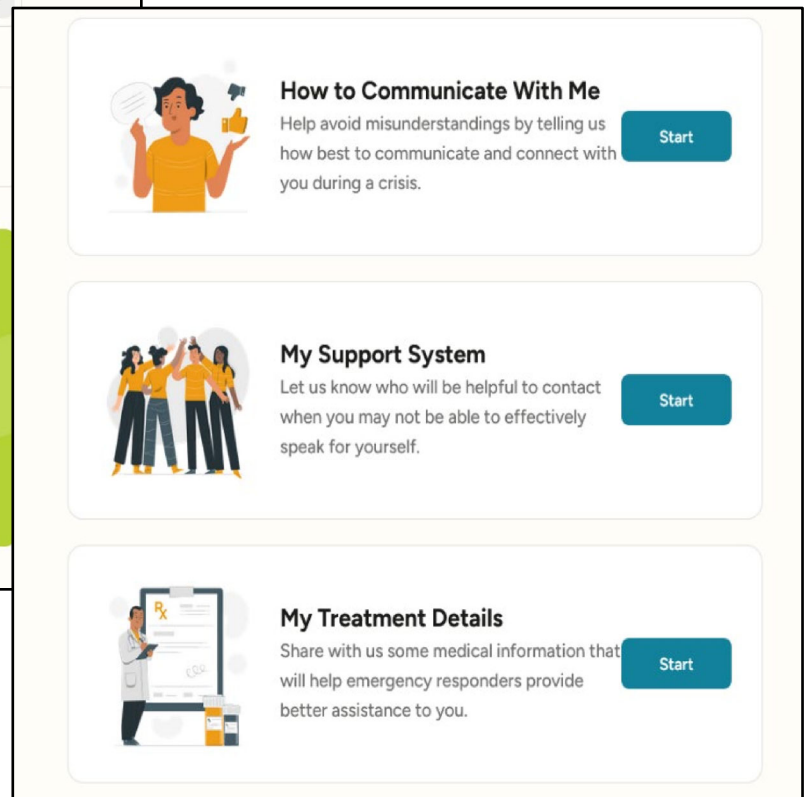
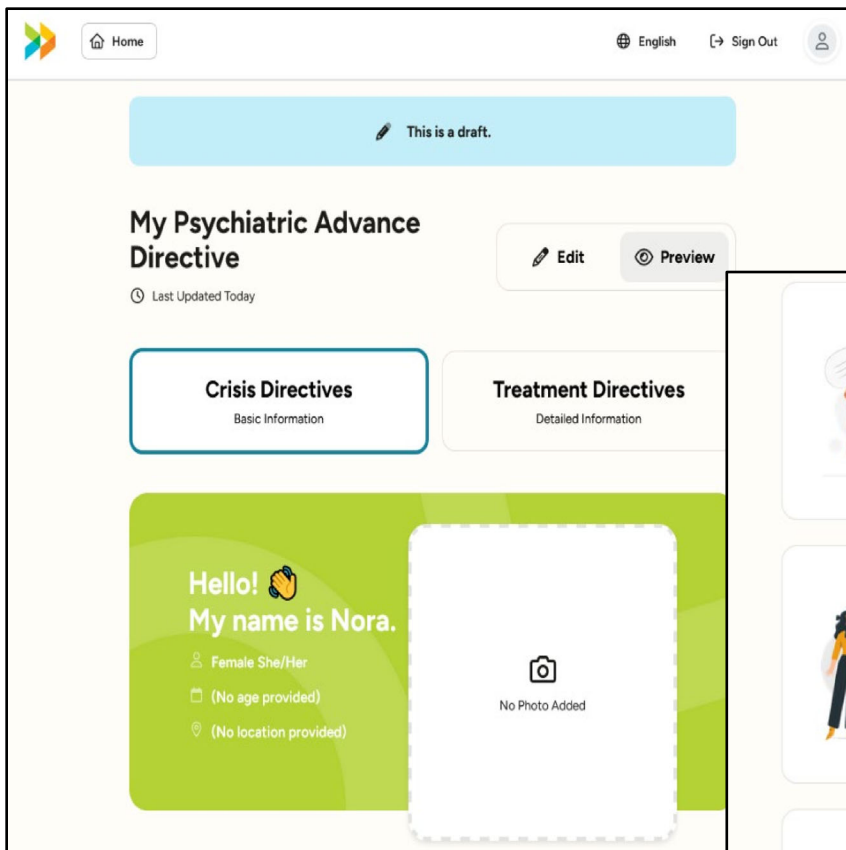
Peer contractor Painted Brain led a series of workgroups that included the voices and recommendations of peers, Peer Support Specialists, family members, and first responders, including crisis teams and law enforcement, and reviewed and analyzed a half dozen different PAD documents available throughout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



Painted Brain also created a Peer Support Specialist facilitation curriculum. This curriculum is being taught in a training-the-trainer format in the Spring of 2024. Though the training is geared

toward peer support specialists, county staff will also attend it. The most important aspect is learning how to sit with someone to assist them in filling out the digital PAD. The curriculum includes a 20-hour training on PADs overview, advocacy, digital literacy, facilitator intervention and skills, and practice vignettes. The final training module will be included in Phase Two training learning management system (LMS.)

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



Concepts Forward Consulting, in addition to the complete oversight of Phase One and moving both subcontractors and counties along in a fantastic arena of collaboration, also took on the time-consuming task of soliciting legislation to support the idea of PADs as a standalone document that could be used and accessed in a crisis in California. Though identified in statute, the idea of the PAD as a legal document still has not resonated around California. Through guidance from statewide partnerships with the California Hospital Association, Disability Rights of California, NAMI, American Psychiatric

Association, MHSOAC, California Behavioral Health Director's Association, and Patient Rights Attorneys, the idea of streamlining, Probate, Penal and Welfare and Institution Codes, came to fruition with the introduction of AB 2352. Concepts Forward Consulting will continue to shepherd the alignment of language, use, and access throughout the legislative process during Phase Two.

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

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



website, which has been used transparently to communicate its advancements and introductory videos in English and Spanish. The videos, Phase One details, all reports, and current evaluations can be viewed at www.padsCA.org.

Knows you and has your best interest in mind
This is someone you trust, who knows you well, and understands your healthcare wishes.

Advocates for your care with medical professionals
They can talk to your doctor, review your medical records, and make decisions on your behalf.

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

Your Healthcare Agent cannot:

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

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

Phase Two

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

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

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

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

Proposed Project Timeline:

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

Fiscal Year	Proposed Activity	Projected Outcome	Contractors Involved
2024-25 (New Counties only)	<ul style="list-style-type: none"> Onboard new counties separate from Phase One. Counties connect to the fiscal intermediary SU. Meet with county-identified stakeholders, such as family members, Peer Support Specialists, law enforcement/first responder contacts, hospital emergency department staff, crisis team staff, and court staff. Identify county threshold languages. Advocate for Certified Peer Support Specialist billing for PADs facilitation. Identify priority population staff (such as FSP, AOT, SUD, CARE Court, Early Psychosis, Veterans, Mobile Crisis, and housing insecure). Hold collaborative meetings for Multi-County decisions. 	<ul style="list-style-type: none"> Engagement of the county community in PADs understanding, use, and access. Understanding of digital PAD and Technology Platform. Translation and Interpretation as needed. Identifying Training opportunities and setting training schedules. Iterative creation of all necessary training curriculums and videos. Finalization of AB 2352 PADs legislation. Finalization of CLETS access within the DOJ. Evaluation includes the platform, the onboarding of counties, and the engagement of communities. Platform App is created. Annual Report provided to counties and subcontractors. 	<ul style="list-style-type: none"> Concepts Forward Consulting- Lead Project Director Alpha Omega- Translation and Interpretation Burton Blatt Institute-Evaluation Chorus Innovations, Inc.- Technology Idea Engineering, Inc.- Marketing, Website and Video Production Painted Brain- Statewide Peer Voice, training, and Advocacy Syracuse University- Fiscal Intermediary

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

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

Fiscal Year	Proposed Activity	Projected Outcome	Contractors Involved
2027-28 (YR 4)	(See activities year three)	<ul style="list-style-type: none"> • Standalone PAD Platform is accessible for all necessary information, including informational videos, documents, and virtual training. • All project priority languages can access PAD information. • Platform enhancements to be completed by the end of year four. • Legislative Platform sustainability identified and pursued. • Evaluation of the reduction of recidivism and cost-effectiveness identified. • Annual Report provided to counties and subcontractors. 	<ul style="list-style-type: none"> • Concepts Forward Consulting- Lead Project Director • Alpha Omega- Translation and Interpretation • Burton Blatt Institute-Evaluation • Chorus Innovations, Inc.- Technology • Idea Engineering, Inc.- Marketing, Website and Video Production • Painted Brain- Statewide Peer Voice, training, and Advocacy • Syracuse University- Fiscal Intermediary

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

Budget Narrative and Project Budget

Concepts Forward Consulting (CFC)

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

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

Phase Two, CFC will expand services to include:

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

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

Alpha Omega

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

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

Core Deliverables

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

Chorus Innovations, Inc.

Chorus Innovations will move from the build stage of Phase One to the “live” roll-out of the Platform for the participating counties and their identified priority populations. In addition, as Chorus prioritizes Spanish language as a priority in the Phase One build, additional threshold languages will be able to be addressed within Phase Two. Phase One activities of iterative engagement will continue to ensure stakeholder participation and to create best practices when completing the data Platform. Chorus will include the connection to the California Justice Information System or CJIS to ensure CLETS can data-mine the appropriate information for in-the-moment crisis information and de-escalation preferences.

Chorus proposes Phase Two additions as follows:

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

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

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

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

Idea Engineering

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

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

- 1) ENGAGEMENT

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

A. Toolkit Materials

- Toolkit materials may include:
- Promotional information sheets for agency partners
- Training support materials, such as pocket cards for agency partners
- Information sheets on topics such as patient rights
- Videos excerpted from Phase One interviews
- Posters, brochures, or cards
- Digital graphics for use in social media, intranet, or other digital channels
- Branded promotional products

B. OPTIONAL: Printing & Production of Promotional Products

Idea Engineering will purchase branded materials to promote PADs.

C. Customization of Toolkit Materials in New Threshold Languages

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

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

2) TRAINING

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

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

3) TECHNICAL SUPPORT

Technical assistance may include:

- Participation in planning meetings and statewide convenings
- Provide services to support counties' PAD communications, training, and implementation, such as strategic consultation, creative direction, design, copywriting and editing, translation, video production, art production, website programming, production coordination, media planning, buying, and coordination.
- Website support for county updates

- Evaluation and reports, including annual report

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

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

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

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

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

- Commercials
- Social media

Painted Brain

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

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

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

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

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

Evaluation

Burton Blatt Institute (BBI)

Burton Blatt Institute (BBI) will expand its role in Phase Two. As the project moves to training on the Platform and the digital PAD, it made the most sense to consolidate the evaluation process to one subcontractor. BBI proposes the following evaluation overview, with the expectation of publication upon completing the Multi-County PADs project.

1. Purpose of the evaluation:

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

2. What does the evaluation entail?

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

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

3. Confidentiality:

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

4. Goals of the Evaluation:

Enhance Peer Experience and Involvement:

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

Improve Community-based Agencies' Practices:

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

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

Impact on Systems and Policies:

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

Sustainability

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

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

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

Communication

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

References

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

Budget

Total cost of Phase Two:

Direct Costs	Up to 15 Counties					Totals
	FY 2024-25	FY 2025-26	FY 2026-27	FY 2027-28	FY 2028-29	
Alpha/Omega-Translation	\$ 25,000.00	\$ 75,000.00	\$ 75,000.00	\$ 50,000.00	\$ 25,000.00	\$ 250,000.00
Burton Blatt Institute-Evaluation	\$ 225,000.00	\$ 700,000.00	\$ 700,000.00	\$ 700,000.00	\$ 225,000.00	\$ 2,550,000.00
Chorus-Technology-Engagement	\$ 200,000.00	\$ 375,000.00	\$ 375,000.00	\$ 375,000.00	\$ 175,000.00	\$ 1,500,000.00
Concepts Forward Consulting-Project Director	\$ 650,000.00	\$ 800,000.00	\$ 800,000.00	\$ 800,000.00	\$ 450,000.00	\$ 3,500,000.00
Idea Engineering-Marketing/Videos/Website	\$ 150,000.00	\$ 300,000.00	\$ 300,000.00	\$ 300,000.00	\$ 100,000.00	\$ 1,150,000.00
Painted Brain-Peer Consultants	\$ 250,000.00	\$ 350,000.00	\$ 350,000.00	\$ 200,000.00	\$ 75,000.00	\$ 1,225,000.00
Subtotal	\$ 1,500,000.00	\$2,600,000.00	\$2,600,000.00	\$ 2,425,000.00	\$1,050,000.00	\$ 10,175,000.00
Chorus-Technology-tech only-platform & connections	\$ 2,000,000.00	\$1,250,000.00	\$1,250,000.00	\$ 1,250,000.00	\$1,250,000.00	\$ 7,000,000.00
Subtotal	\$ 3,500,000.00	\$3,850,000.00	\$3,850,000.00	\$ 3,675,000.00	\$2,300,000.00	\$ 17,175,000.00
Syracuse (15%)	\$ 525,000.00	\$ 577,500.00	\$ 577,500.00	\$ 551,250.00	\$ 345,000.00	\$ 2,576,250.00
Total	\$ 4,025,000.00	\$4,427,500.00	\$4,427,500.00	\$ 4,226,250.00	\$2,645,000.00	\$ 19,751,250.00
Total shared County costs up to fifteen counties	New counties only	All counties	All counties	All counties	All counties	\$ 19,751,250.00

Appendices

Appendix: Shasta County

County Contact

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

Description of the Local Need

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

Description of the Response to the Local Need

We believe the project will:

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

Description of the Local Community Planning Process

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

Budget Narrative for County Specific Needs:

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

Total proposed budget

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

1stnd Monday of every month

**Shasta County Mental Health, Alcohol and Drug
Advisory Board 2024**

Regular/Special* Meeting Schedule

(Second Wednesday of the Month)

**Location: Boggs Building
2420 Breslauer Way, Redding, CA. 96001**

June 3, 2024 @ 5:30 pm * location TBD

July 1, 2024 @ 5:30 pm

August 5, 2024 @ 5:30 pm * location TBD

September 2, 2024 @ 5:30 pm (Labor Day)

October 7, 2024 @ 5:30 pm * location TBD

November 4, 2024 @ 5:30 pm

- No Regular Meeting in December -

**Shasta County Mental Health, Alcohol and Drug
Advisory Board**

EXECUTIVE COMMITTEE

2024 Meeting Schedule

(Third Tuesday every other month)

**Location: HHS Behavioral Health & Social Services
2640 Breslauer Way, Redding, CA.**

February 20, 2024 @ 11:00 am

April 16, 2024 @ 11:00 am

June 18, 2024 @ 11:00 am

August 20, 2024 @ 11:00 am

October 15, 2024 @ 11:00 am

2nd Monday of every month

**Shasta County Mental Health, Alcohol and Drug
Advisory Board 2024**

Regular/Special* Meeting Schedule

(Second Wednesday of the Month)

**Location: Boggs Building
2420 Breslauer Way, Redding, CA. 96001**

June 10, 2024 @ 5:30 pm * location TBD

July 8, 2024 @ 5:30 pm

August 12, 2024 @ 5:30 pm * location TBD

September 9, 2024 @ 5:30 pm

October 14, 2024 @ 5:30 pm * location TBD

November 11, 2024 @ 5:30 pm (Veteran's Day)

- No Regular Meeting in December -

**Shasta County Mental Health, Alcohol and Drug
Advisory Board**

EXECUTIVE COMMITTEE

2024 Meeting Schedule

(Third Tuesday every other month)

**Location: HHS Behavioral Health & Social Services
2640 Breslauer Way, Redding, CA.**

February 20, 2024 @ 11:00 am

April 16, 2024 @ 11:00 am

June 18, 2024 @ 11:00 am

August 20, 2024 @ 11:00 am

October 15, 2024 @ 11:00 am

3rd Monday of every month

**Shasta County Mental Health, Alcohol and Drug
Advisory Board 2024**

Regular/Special* Meeting Schedule

(Second Wednesday of the Month)

**Location: Boggs Building
2420 Breslauer Way, Redding, CA. 96001**

June 17, 2024 @ 5:30 pm * location TBD
July 15, 2024 @ 5:30 pm
August 19, 2024 @ 5:30 pm * location TBD
September 16, 2024 @ 5:30 pm
October 12, 2024 @ 5:30 pm * location TBD
November 18, 2024 @ 5:30 pm
- No Regular Meeting in December -

**Shasta County Mental Health, Alcohol and Drug
Advisory Board**

**EXECUTIVE COMMITTEE
2024 Meeting Schedule**

(Third Tuesday every other month)

**Location: HHS Behavioral Health & Social Services
2640 Breslauer Way, Redding, CA.**

February 20, 2024 @ 11:00 am
April 16, 2024 @ 11:00 am
June 18, 2024 @ 11:00 am
August 20, 2024 @ 11:00 am
October 15, 2024 @ 11:00 am

4nd Monday of every month

**Shasta County Mental Health, Alcohol and Drug
Advisory Board 2024**

Regular/Special* Meeting Schedule

(Second Wednesday of the Month)

**Location: Boggs Building
2420 Breslauer Way, Redding, CA. 96001**

June 24, 2024 @ 5:30 pm * location TBD
July 22, 2024 @ 5:30 pm
August 26, 2024 @ 5:30 pm * location TBD
September 23, 2024 @ 5:30 pm
October 28, 2024 @ 5:30 pm * location TBD
November 25, 2024 @ 5:30 pm
- No Regular Meeting in December -

**Shasta County Mental Health, Alcohol and Drug
Advisory Board**

**EXECUTIVE COMMITTEE
2024 Meeting Schedule**

(Third Tuesday every other month)

**Location: HHS Behavioral Health & Social Services
2640 Breslauer Way, Redding, CA.**

February 20, 2024 @ 11:00 am
April 16, 2024 @ 11:00 am
June 18, 2024 @ 11:00 am
August 20, 2024 @ 11:00 am
October 15, 2024 @ 11:00 am

**REQUEST FOR APPEARANCE BEFORE THE
SHASTA COUNTY MENTAL HEALTH, ALCOHOL AND DRUG
ADVISORY BOARD (MHADAB)**

The Shasta County Mental Health, Alcohol and Drug Advisory Board provides an opportunity at each regular meeting for persons to present comments to the Board. ***Pursuant to the Ralph M. Brown Act (Govt. Code Section 54950 et. seq.), the Board will take no action and will hold no discussion on matters presented during public comment unless the matter is an action item on the Board agenda. The Board may refer the subject matter to the appropriate department or agency for follow-up and/or to schedule the matter on a subsequent Board agenda.***

Persons wishing to present comments are requested to comply with the following protocol:

- a. Persons making presentations shall complete the remainder of this form and return it to Nicole Carroll at Mental Health, Alcohol and Drug, 2640 Breslauer Way, Redding, CA 96001, or by e-mail (preferred) to ncarroll@co.shasta.ca.us no later than 4:30 p.m. on the day of the meeting.
- b. The presentation should not exceed three (3) minutes unless prior approval of the Chair has been granted.
- c. The presentation should be directed to Board business only and not be used for personal attacks or commentary on Board members, Department staff, or others.

1. Name: _____

2. Interest (check one):

Consumer

Family

Other

(Specify): _____

3. Subject Matter of Your Comments: _____

4. If submitting this form at the MHADAB meeting, please submit it to the Board Secretary prior to the "Call to Order."

Please note, if you plan on attending via GoToMeeting, a link and additional access instructions can be found on the corresponding meeting agenda.

Thank you.

Mental Health, Alcohol and Drug Advisory Board (MHADAB)

DIRECTOR'S REPORT

May 8, 2024.

[Mental Health, Alcohol & Drug Advisory Board Previous Meeting Documents | Shasta County California](#)



Shasta County
Health & Human
Services Agency

Board of Supervisors Updates: March – April

2

March 12, 2024

- **C3** Appoint Samantha Breton to the In-Home Supportive Services Advisory Committee to serve the remainder of a three-year term to March 31, 2026.

March 12, 2024

- **C4** Approve an amendment to the agreement with Casa Serenity, Inc., for an augmentation program for residential care home services, which increases maximum compensation.

March 12, 2024

- **C5** Approve an agreement with the Regents of the University of California dba University of California, Davis for psychological evaluations, adoption psychological evaluations, psychotherapy, parent/child bonding assessments and sibling assessments.

March 12, 2024

- **C6** Approve a retroactive renewal agreement with Victor Community Support Services, Inc., for youth mental health services in an amount not to exceed \$6,000,000.

March 12, 2024

- **C7** Approve a retroactive renewal agreement with Redwood Community Services, Inc., for youth mental health services.

March 19, 2024

- **C2** Approve a retroactive Memorandum of Understanding (MOU) with the California Department of State Hospitals, the California Mental Health Services Authority, and participating counties to purchase state hospital bed use with no maximum compensation and designate authority to execute agreements and amendments, including retroactive, necessary for the MOU.

March 19, 2024

- **C3** Take the following actions: (1) Approve the Driving-Under-the-Influence (DUI) Program Needs Assessment prepared by the Health and Human Services Agency (HHSA); (2) direct HHSA to conduct a DUI Program review every 5 years; and (3) direct HHSA to notify potential DUI Program providers when criteria are met for a new DUI Program.

March 19, 2024

- **C4** Take the following actions for the Shasta County Mental Health, Alcohol and Drug Advisory Board: (1) Appoint Matilda Grace to serve the remainder of a three-year term to December 31, 2025; (2) appoint Wesley Tucker, Laurie Hicks and Erin Dooley to serve the remainder of three-year terms to December 31, 2026; (3) reappoint Angel Rocke to serve the remainder of a three-year term to December 31, 2026; and (4) approve an amendment to the Mental Health, Alcohol and Drug Advisory Board Bylaws which modifies terms.

March 19, 2024

- **C5** Approve an amendment to the agreement with Shasta County Office of Education (SCOE) for administration of the Child Care Bridge Program which increases maximum compensation.

March 19, 2024

- **C6** Approve a retroactive renewal agreement with BHC Sierra Vista Hospital, Inc., dba Sierra Vista Hospital, for inpatient psychiatric hospitalization services.

March 19, 2024

- **C7** Approve a retroactive renewal agreement with Sutter Valley Hospitals, dba Sutter Center for Psychiatry, for psychiatric inpatient services.

March 19, 2024

- **C8** Approve a retroactive amendment to the agreement with Psynergy Programs, Inc., for residential mental health treatment services which modifies the terms.

March 26, 2024

- **C3** Approve an amendment to the agreement with Austin Kiser dba Kiser CPR & First Aid Training for cardiopulmonary resuscitation (CPR) and first aid training for In-Home Supportive Services (IHSS) providers which increases maximum compensation.

March 26, 2024

- **C4** Approve a retroactive renewal agreement with Kings View for mental health wellness and recovery services and designate signing authority for amendments and termination.

March 26, 2024

- **C5** Approve a retroactive renewal agreement with Kings View for specialty mental health services through an assisted outpatient treatment program and designate signing authority for amendments, termination, and approving rate changes.

March 26, 2024

- **C6** Approve a retroactive renewal agreement with BHC Heritage Oaks Hospital, Inc., dba Heritage Oaks Hospital, for inpatient psychiatric hospitalization services and designate signing authority to approve rate changes.

March 26, 2024

- **C7** Approve a retroactive agreement with Redwood Quality Management Company, Inc., for youth psychiatry services and medication support.

April 2, 2024

- **C6** Approve a retroactive amendment to the agreement with Prime Healthcare Services– Shasta, LLC, dba Shasta Regional Medical Center, for inpatient psychiatric hospitalization services which modifies rates.

April 2, 2024

- **C7** Approve a retroactive amendment to the agreement with Soon K. Kim, dba Santa Rosa Behavioral Healthcare Hospital, for inpatient psychiatric hospitalization services which increases maximum compensation.

April 2, 2024

- **C8** Approve a letter of agreement with Sutter Bay Hospitals dba Alta Bates Summit Medical Center for physical and mental health care services and approve expenditures in an amount not to exceed \$100,000.

April 9, 2024

- **C4** Take the following actions: (1) Ratify the Health and Human Services Agency (HHSA), Behavioral Health and Social Services Branch Director's signature on the California Department of Health Care Services grant application; (2) accept the grant award in the amount of \$5,268,887; (3) approve the subcontract retroactive agreement with Advocates for Human Potential, Inc (AHP); (4) approve the Subcontractor Certification Clause; and (5) designate signing authority for amendments and other related documents.

April 23, 2024

- **C4** Adopt a proclamation which designates May 2024 as "Mental Health Awareness Month" in Shasta County.

MH & SUD Services Update

Crisis Services (ER) Activity Report April 2024

ER/ED Activity: There were **170** crisis evaluations performed at the Emergency Departments. Shasta Regional Medical Center had **108** evaluations, while Mercy Medical Center had **62** evaluations in March 2024.

Percentage of visits by hospital:

Shasta Regional Medical Center	64%
Mercy Medical Center	36%
Mayers Memorial Hospital	0%

Diagnosis:

Depressive Disorders	21%
Psychotic Disorders (not Schizophrenia)	14%
Bipolar Disorders	19%

Toxicology:

THC	75%
Amphetamines/Meth	26%
Fentanyl	5%

5150s Upheld:

- Of clients 5150'd, 38% were ultimately upheld and hospitalized.
- Of clients initially designated 1799.111 then became a 5150, 62% were upheld and ultimately hospitalized.
- Of 5150s to be released, 85% were reported as "Does not Meet Criteria."

Notice of Adverse Benefit Determinations (NOABDs)

Quarterly reports detail Notice of Adverse Benefit Determinations (NOABDs) for both Adult and Children's Services Branches. NOABDs are issued when the plan decides to deny or terminate treatment.

In March 2024, 1 NOABD was issued to Adult Services clients.

MH & SUD Services Update

Notice of Adverse Benefit Determinations (NOABDs)

Delivery System Notices & Terminations 300

Most Common Reasons Cited for NOABDs in March 2024	Total Adult (1)	Total Child (0)
Not able to contact client, various reasons.	0 (0%)	0 (N/A)
Mental health condition would be responsive to treatment by a physical health care provider.	0 (N/A)	0 (N/A)

Shasta County MHP Grievance Report

Fiscal Year 2023–24 Quarter 3

12

Total Grievances Received: 30

Inpatient 1

Outpatient 29

Breakdown of Grievances by reason (each grievance may have multiple reasons)

- Related to Customer Service: 0
- Related to Case Management: 3
- Access to Care: 4
- Quality of Care: 17
- County (Plan) Communication: None
- Payment/Billing Issues: 2
- Suspected Fraud: None
- Abuse, Neglect or Exploitation: None
- Lack of Timely Response: 1
- Denial of Expediated Appeal: None
- Filed for Other Reasons: 18

Shasta County MHP Grievance Report

Fiscal Year 2023–24 Quarter 3

13

Grievance Reasons Defined:

- Related to Customer Service – Customer service grievances include complaints about interactions with the Plan's Member Services department, provider offices or facilities, Plan marketing agents, or any other Plan or provider representatives.
- Related to Case management – Care management/case management grievances include complaints about the timeliness of an assessment or complaints about the Plan or provider care or case management process.
- Access to Care – Access to care grievances include complaints about difficulties finding qualified in-network providers, excessive travel or wait times, or other access issues.
- Quality of Care – Quality of care grievances include complaints about the effectiveness, efficiency, equity, patient-centeredness, safety, and/or acceptability of care provided by a provider or the Plan.
- County (Plan) Communication – Plan communication grievances include grievances related to the clarity or accuracy of beneficiary materials or other Plan communications or to a beneficiary's access to or the accessibility of beneficiary materials or Plan communications.
- Payment/Billing issues – Grievances related to payments or billing for Mental Health Services provided by the plan. Suspected Fraud – Suspected fraud grievances include suspected cases of financial/payment fraud perpetuated by a provider, payer, or other entity. Abuse, Neglect or Exploitation – Abuse/neglect/exploitation grievances include cases involving potential or actual patient harm.
- Lack of Timely Response – Grievances related to a lack of timely Plan response to a service authorization or appeal request (including requests to expedite or extend appeals).
- Denial of Expedited Appeal – Grievances related to the Plan's denial of a beneficiary's request for an expedited appeal. Filed for other reasons – Grievances filed for a reason other than the reasons listed above.

MH & SUD Services Update

14

Mental Health Services Act (MHSA) Annual Update

The Mental Health Services Act (MHSA) provides approximately 25% of California's Mental Health services funding. The 3-Year Plan outlines available county mental health services and goals. MHADAB was created, in part, to oversee and guide the use of MHSA funding.

For an overview of current MHSA programs, look through Shasta County's most recently published [3-Year Plan](#).

The Annual Update to our current 3-Year Plan is in progress, your feedback on these programs is valued. Please reach out to our MHSA team with any commentary or suggestions regarding the Annual Update at mhsa@co.shasta.ca.us.

Learn more about Shasta County's MHSA activities at www.ShastaMHSA.com.

MH & SUD Services Update

15

- The MHSAs The 24-25 Annual Update is currently being drafted
- Innovation Project Psychiatric Advance Directives (PADS) Phase II is open for public comment until 5 p.m. on May 19, 2024



**Psychiatric
Advance Directive™**
My Plan • My Voice

- Staff will be participating in workgroups with the County Behavioral Health Directors Association of California (CBHDA) to learn more about how BHSAs will be implemented.

HHSA BHSS Updates

- ▶ The Mobile Crisis Plan was submitted to the State in early April 2024.
- ▶ Shasta County is now awaiting approval from the state before formally launching the service with Hill Country as the contract provider.



“Engaging individuals, families and communities to protect and improve health and wellbeing.”

Miguel Rodriguez, LCSW, Behavioral Health and Social Services Branch Director
Bailey Cogger, Behavioral Health and Social Services Interim Deputy Branch Director
Laura Stapp, Behavioral Health and Social Services Deputy Branch Director
Health & Human Services Agency | Shasta County California



California Association of Local Behavioral Health Boards and Commissions

Changes take effect: **January 1, 2025**

Email: info@calbhbc.com

www.calbhbc.org



WIC: Behavioral Health Boards

CALBHB/C SUPPORTS THE WORK OF CA's 59 LOCAL BEHAVIORAL HEALTH BOARDS AND COMMISSIONS.

CA WIC 5604 and 5963.03—Behavioral Health Boards: Bylaws, Duties, Expenses, Membership

California's Welfare & Institutions Code (WIC) for local behavioral health boards & commissions includes:

- Bylaws (5604.5)
- Duties (5604.2) & MHSA Duties (**5963.03**)
- Expenses (5604.3)
- Membership (5604)

Changes due to Proposition 1 (SB 326) appear in **bold print**.

WIC is also on-line at:
www.calbhbc.org/legislation-mhb-wic.html

Bylaws (WIC 5604.5)

The local **behavioral** health board shall develop bylaws to be approved by the governing body which shall do all of the following:

- (a) Establish the specific number of members on the **behavioral** health board, consistent with subdivision (a) of Section 5604.
- (b) Ensure that the composition of the **behavioral** health board represents and reflects the diversity and demographics of the county as a whole, to the extent feasible.
- (c) Establish that a quorum be one person more than one-half of the appointed members.
- (d) Establish that the chairperson of the **behavioral** health board be in consultation with the local **behavioral** health director.
- (e) Establish that there may be an executive committee of the **behavioral** health board.

Expenses (WIC 5604.3)

(a) **(1)** The Board of Supervisors may pay from any available funds the actual and necessary expenses of the members of the **Behavioral** Health Board of a community mental health service incurred incident to the performance of their official duties and functions.

(2) The expenses may include travel, lodging, **child-care** and meals for the members of an advisory board while on official business as approved by the director of behavioral health programs.

(b) Governing bodies are encouraged to provide a budget for the local **behavioral** health board, using planning and administrative revenues identified in subdivision (c) of Section 5892 [see below], that is sufficient to facilitate the purpose, duties, and responsibilities of the local **behavioral** health board.

WIC 5892 (c) The allocations pursuant to subdivisions (a) and (b) shall include funding for annual planning costs pursuant to Section 5847 and 5963.03. The total of these costs shall not exceed 5 percent of the total of annual revenues received for the Local **Behavioral Health Services Fund**. The planning costs shall include funds for county mental health programs to pay for the costs of consumers, family members, and other stakeholders to participate in the planning process ...

Issue Briefs: www.calbhbc.org

Resources: www.calbhbc.org/resources

Duties (5604.2) and MHSA Duties (5848)

Duties of Boards & Commissions (5604.2)

The local **behavioral** health board shall : (WIC 5604.2(a))

1. Review and evaluate the community's public **behavioral** health needs, services, facilities, and special problems in any facility within the county or jurisdiction where mental health **or substance use disorder** evaluations or services are being provided, including, but not limited to, schools, emergency departments, and psychiatric facilities.
 2. **(A)** Review any county agreements entered into pursuant to Section 5650. **(B)** The local **behavioral** health board may make recommendations to the governing body regarding concerns identified within these agreements.
 3. **(A)** Advise the governing body and the local **behavioral** health director as to any aspect of the local **behavioral** health program. **(B)** Local **behavioral** health boards may request assistance from the local patients' rights advocates when reviewing and advising on mental health or substance use disorder evaluations or services provided in public facilities with limited access.
 4. **(A)** Review and approve the procedures used to ensure citizen and professional involvement at all stages of the planning process. **(B)** Involvement shall include individuals with lived experience of mental illness and their families, community members, advocacy organizations, and mental health professionals. It shall also include other professionals that interact with individuals living with mental illnesses on a daily basis, such as education, emergency services, employment, health care, housing, law enforcement, local business owners, social services, seniors, transportation, and veterans.
 5. Submit an annual report to the governing body on the needs and performance of the county's **behavioral** health system.
 6. **(A)** Review and make recommendations on applicants for the appointment of a local director of **behavioral** health services. **(B)** The board shall be included in the selection process prior to the vote of the governing body.
 7. Review and comment on the county's performance outcome data and communicate its findings to the California Behavioral Health Planning Council.
 8. This part does not limit the ability of the governing body to transfer additional duties or authority to a **behavioral** health board.
- (b) It is the intent of the Legislature that, as part of its duties pursuant to subdivision (a), the board shall assess the impact of the realignment of services from the state to the county, on services delivered to clients and on the local community.

Duties of Boards & Commissions (MHSA)

BHSA Duties from Code Section 5963.03

- (b) **(1)** The **behavioral** health board established pursuant to Section 5604 shall conduct a public hearing on the **draft integrated plan and annual updates** at the close of the 30-day comment period required by subdivision **(2)** Each **plan and update** shall include any substantive written recommendations for revisions. **(3)** The **adopted integrated plan or update** shall summarize and analyze the recommended revisions. **(4)** The **behavioral** health board shall review the adopted **integrated** plan or update and make recommendations to the local mental health agency, **local substance use disorder agency**, or local behavioral health agency, as applicable, for revisions. **(5)** The local mental health agency, **local substance use disorder agency**, or local behavioral health agency, as applicable, shall provide an annual report of written explanations to the local governing body and the State Department of Health Care Services for any substantive [see (d) below] recommendations made by the local **behavioral** health board that are not included in the final **integrated** plan or update.
- (d) For purposes of this section "Substantive recommendations made by the local behavioral health board" means any recommendation that is brought before the board and approved by a majority vote of the membership present at a public hearing of the local **behavioral** health board that has established its quorum.

Membership (WIC 5604.)

(a) (1) **(A)** Each community mental health service shall have a **behavioral** health board consisting of 10 to 15 members, depending on the preference of the county, appointed by the governing body, except that a **board in a county** with a population of fewer than 80,000 may have a minimum of five members. **(B)** A county with more than five supervisors shall have at least the same number of members as the size of its board of supervisors. **(C)** This section does not limit the ability of the governing body to increase the number of members above 15.

(2) (A) (i) The board shall serve in an advisory role to the governing body, and one member of the board shall be a member of the local governing body.

(ii) Local **behavioral** health boards may recommend appointees to the county supervisors.

(iii) The board membership should reflect the diversity of the client population in the county to the extent possible.

(B)(i) Fifty percent of the board membership shall be consumers, or the parents, spouses, siblings, or adult children of consumers, who are receiving or have received **behavioral** health services. **At least one of these members shall be an individual who is 25 years of age or younger.**

(ii) At least 20 percent of the total membership shall be consumers, and at least 20 percent shall be families of consumers.

(C) (i) In counties with a population of 100,000 or more, at least one member of the board shall be a veteran or veteran advocate. In counties with a population of fewer than 100,000, the county shall give a strong preference to appointing at least one member of the board who is a veteran or a veteran advocate.

(ii) To comply with clause (i), a county shall notify its county veterans service officer about vacancies on the board, if a county has a veterans service officer.

(D) (i) At least one member of the board shall be an employee of a local education agency.

(ii) To comply with clause (i), a county shall notify its county office of education about vacancies on the board.

(E) (i) In addition to the requirements in subparagraphs **(B)**, **(C)**, and **(D)**, counties are encouraged to appoint individuals who have experience **with**, and knowledge **of**, the **behavioral** health system.

(ii) This would include members of the community that engage with individuals living with mental illness in the course of daily operations, such as representatives of county offices of education, large and small businesses, hospitals, hospital districts, physicians practicing in emergency departments, city police chiefs, county sheriffs, and community and nonprofit service providers.

(3)(A) In counties with a population that is **fewer** than 80,000, at least one member shall be a consumer and at least one member shall be a parent, spouse, sibling, or adult child of a consumer, who is receiving, or has received, mental health **or substance use disorder** services.

(B) Notwithstanding subparagraph (A), a board in a county with a population that is **fewer** than 80,000 that elects to have the board exceed the five-member mini-

imum permitted under paragraph (1) shall be required to comply with paragraph (2).

(b)(1) The **behavioral** health board shall review and evaluate the local public mental health system, pursuant to Section 5604.2, **and review and evaluate the local public substance use disorder treatment system.**

(2) The behavioral health board shall advise the governing body on community mental health services delivered by the local mental health agency or local behavioral health agency, as applicable.

(c)(1) The term of each member of the board shall be for three years.

(2) The governing body shall equitably stagger the appointments so that approximately one-third of the appointments expire in each year.

(d) If two or more local agencies jointly establish a community mental health service pursuant to Article 1 (commencing with Section 6500) of Chapter 5 of Division 7 of Title 1 of the Government Code, the **behavioral** health board for the community mental health service shall consist of an additional two members for each additional agency, one of whom shall be a consumer or a parent, spouse, sibling, or adult child of a consumer who has received mental health **or substance use disorder treatment** services.

(e)(1) Except as provided in paragraph (2), a member of the board or the member's spouse shall not be a full-time or part-time county employee of a county mental health **and substance use disorder** service, an employee of the State Department of Health Care Services, or an employee of, or a paid member of the governing body of, a mental health contract agency.

(2) A consumer of **behavioral** health services who has obtained employment with an employer described in paragraph (1) and who holds a position in which the consumer does not have any interest, influence, or authority over any financial or contractual matter concerning the employer may be appointed to the board. The member shall abstain from voting on any financial or contractual issue concerning the member's employer that may come before the board.

(f) Members of the board shall abstain from voting on any issue in which the member has a financial interest as defined in Section 87103 of the Government Code.

(g) If it is not possible to secure membership as specified in this section from among persons who reside in the county, the governing body may substitute representatives of the public interest in mental health who are not full-time or part-time employees of the county mental health service, the State Department of Health Care Services, or on the staff of, or a paid member of the governing body of, a **behavioral** health contract agency.

(h) The behavioral health board may be established as an advisory board or a commission, depending on the preference of the county.

(i) For purposes of this section, "veteran advocate" means either a parent, spouse, or adult child of a veteran, or an individual who is part of a veterans organization, including the Veterans of Foreign Wars or the American Legion.