



Multi-County PADs Innovation Project

**Annual Report
Calendar Year 2023**

**Created by Kiran Sahota, President
Concepts Forward Consulting
Project Director**

The Multi-County Mental Health Services Act (MHSA) Psychiatric Advance Directive (PADs) Innovation's project, with the seven collaborating counties of, Contra Costa, Fresno, Mariposa, Monterey, Orange, Shasta, and Tri-City Mental Health Authority completed two and a half years of the four-year project as of December 31, 2023. Please note, Fresno County began the project in 2019, and will finalize their participation in the Phase One build as of June 30, 2024.

The PADs project, initially approved by the Mental Health Oversight and Accountability Commission (MHSOAC) on June 24, 2021, continued the momentum of the previous year. The subcontractor timeline was followed to achieve a streamlined effort of activities and expectations of the participating counties. This was no easy task as there were many overlaying activities that had to happen simultaneously. In addition, many challenges arose throughout the year with the change of staffing in both the counties and within the subcontractors.

Though the project objectives remain the same, as with any innovative project, a realistic look at what can be accomplished has been part of the evaluation of accomplishments throughout the year. The proposed project, as originally written, will engage the expertise of ethnically and culturally diverse communities, threshold populations, consumers, peers with lived experience, consumer and family advocacy groups, and disability rights groups. The project proposes to meet several unmet needs throughout the state. These objectives continued as follows:

1. Provide a standardized level of training regarding PADS for both communities and stakeholders.
2. Standardize a statewide PADs template.
3. Allow PADs to be a separate recognized document from a medical advance directive.
4. Standardize a PADs training "toolkit" to be easily replicated from county to county.
5. Align behavioral health PADs with medical Advanced Directives so both physical and mental health needs are equally addressed.
6. Utilize a Learning Management System (LMS) for ease of county access to PADs training and materials.
7. Utilize peers to create PADs based on lived experience and understanding, which can lead to open dialog and trust.
8. Create infrastructure for a cloud-based data warehouse for ease of access to PADs in a crisis, providing mobility of PADs throughout the state.
9. Create legislation to enforce the use and acceptance of standardized PADs in California.
10. Create a continuous evaluation process that is outcome driven, evaluating training, PADs template ease of use, and PADs utilization.

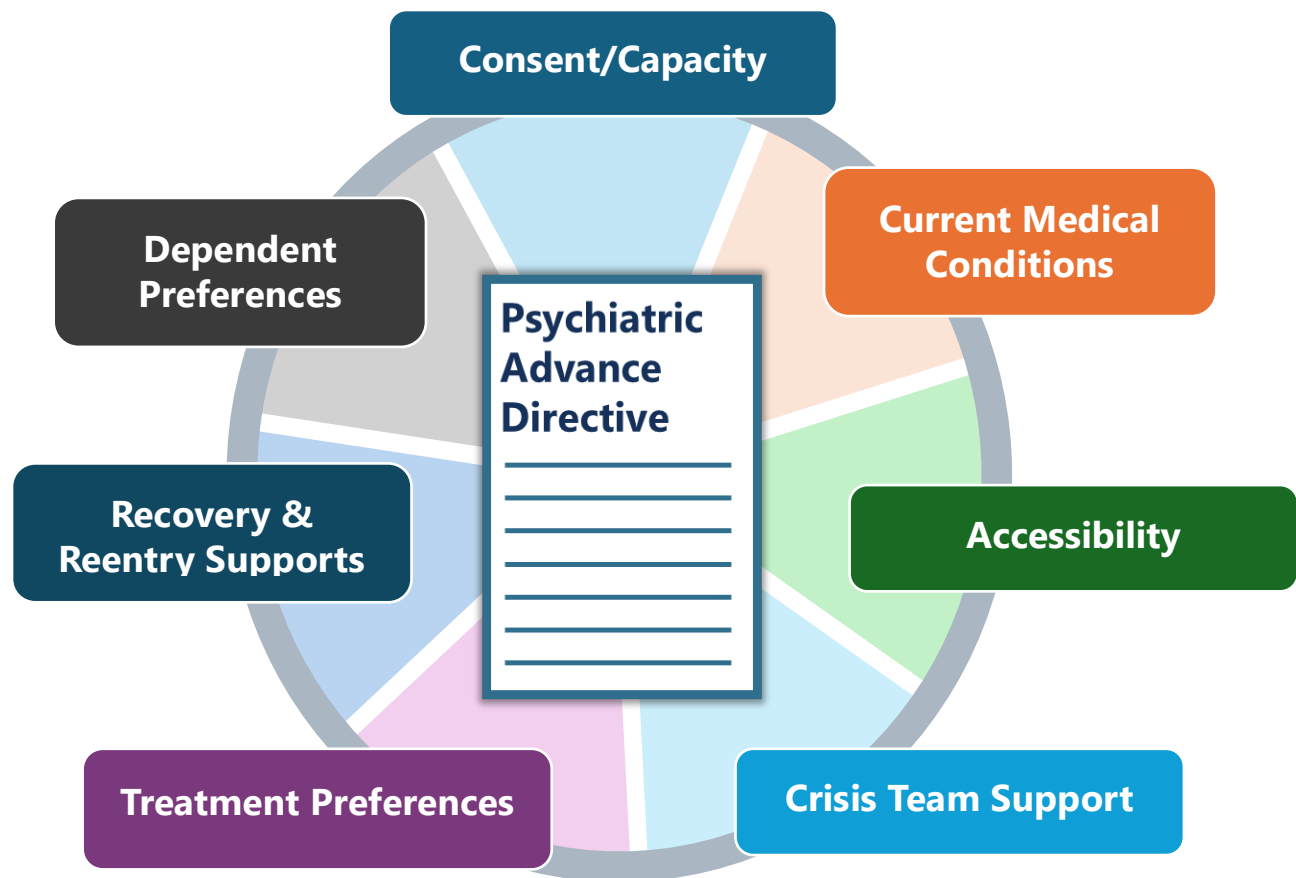
This annual report covers calendar year 2023, or fiscal years (FY) quarter three and four of FY 2022-23, and first and second quarter of FY 2023-24. The following is a recap of activities, with detailed subcontractor write-ups in the Appendix section at the of the report, with the fiscal intermediary review as concluding document.

In order to meet the requirement of ethnic and cultural diversity, the counties along with several subcontractors identified the need for ongoing translation and interpretative services that would fall outside of the scope of work and funding allocated by the counties. The project identified the ability to repurpose funding remaining from the previous FY. The company Alpha Omega was vetted and hired to create multi-lingual documents, interpretation, and interviews throughout the

project. Alpha Omega ensures the ability to address the multiple threshold languages identified within the participating counties.

Through the evaluation period it was clearly identified that this stage of the project is outlined as the technology platform build or Phase One PADs technology build. At no time during this phase of the project will the platform be “live” for access to the PAD in the public setting. The project's main priority continued with a build to streamline a PAD template/component(s) and move forward the components to be uploaded into the technology platform build.

Painted Brain and their subcontractor CAMHPRO worked with county peer support specialists, persons with a lived mental health condition, family member/caretakers and first responders in a series of listening sessions, ongoing workgroups, and cross-contractor collaboration. Painted Brain completed an exhaustive template review and submitted the components to Chorus for upload to the platform build. An idea of how the components will be address are as follows:



Their next step was to create a PADs facilitator curriculum to complement component understanding, digital literacy, and PADs within the platform. The curriculum was completed and submitted to counties for input. Once finalized, this curriculum will be part of the platform “toolkit.”

The template components once sent to Chorus allowed for the ability to build the infrastructure of the digital PAD. Parallel to the digital formation of the PAD, the flow of use, and Terms of Services were identified as areas to address. A county workgroup was created to work with the teams to identify appropriate language. This remains an ongoing workgroup.

Monthly participatory and community-centered stakeholder workgroups continued throughout the year, to discuss the technology build with county peer specialists, persons with a lived mental health condition, family member/caretakers and first responders. Chorus was able to create a mock design using “Richard” as a sample of how the PAD could look in the digital format.

Feeding into the design of the platform is the parallel layer of branding and marketing. Idea Engineering, worked through the Marketing Sub-Workgroup to identify a PAD logo, a logo that was easily identifiable by a person filling out a PAD or for a first responder, as identification and recognition of a PAD. With county peers and Peer Specialist as the prominent voice, the outcome was as follows:



Idea Engineering updated all print material, and the public facing website to highlight the efforts of the project and the unified voice of what the PAD means to those involved in the project.

Evaluation of the project fell to both RAND and the Burton Blatt Institute (BBI), which both had to delay their work in waiting for sections of the project to be completed. RAND developed and finalized the training evaluation protocol and workflow to enable a “two-level” evaluation with PADs platform users. It is expected that this evaluation will take place beginning in April 2024.

Though the BBI evaluation is managed by Orange County, it has been identified to represent the project in totality. Working with all seven counties, BBI used a qualitative research approach and conducted individual semi-structured interviews throughout the year. The evaluation framework will be looking at the direct and indirect benefit of a web-based platform, how the development of the PAD impacts the rates of homelessness, incarceration, and hospitalization of those that fill out the PAD, in this first phase of the project build. As this is the initial build phase, in theory, this will impact systemwide change.

As overall Project Director, Concepts Forward Consulting continued to move the project through each phase by allowing for input from all entities involved, but also setting appropriate boundaries with regards to potential “scope-creep” and finalization of decisions. The counties

have all agreed to provide their input within the period requested, and if they do not the project must move on regardless, to accomplish our projected goals.

The Project Director began the process of engaging legislation. A time-limited workgroup was created that included the support from the Painted Brain peer run services, California Hospital Association, State Psychiatric Association representatives, NAMI California, MHSOAC, California Behavioral Health Directors, and Patient Rights and Lanterman Petris Short act knowledgeable attorneys. Through this group it has been identified that legislation to move the PAD forward will take a legislative champion, which is currently the highest priority to achieve within the next calendar year. The idea will be to align PAD's language within the Probate and Welfare and Institution codes to create a streamlined PAD's statute, one that recognizes a PAD as a document of self-determination and autonomy.

Discussions were also held with law enforcement and Executive Officer Council on Criminal Justice and Behavioral Health California Department of Corrections and Rehabilitation, as the project sought to engage the Department of Justice in the investigation of the integration of the PAD's platform into the California Law Enforcement Telecommunication System (CLETS). This one connection would allow crisis teams, first responders and dispatch in-the-moment access to a PAD when dispatched to a call for service. This activity will continue into the next year.

Throughout the project the importance of in-person discussions, learning, and planning has been showcased in bi-annual convenings. During the FY, two in-person convenings were held. Monterey County hosted in the spring and Orange County hosted in the fall. Both convenings were showcased on the project website www.padsCA.org.

There is a certain depth of learning and momentum that takes place after a convening. The counties decided that the Spring 2024 convening needed to allow for more discussion and planning, and not just updates from the subcontractors. The counties opted for a two-day event to create time for learning and further development of the project goals or adjustments. Sharing the hosting responsibilities with all participating counties, Shasta County was chosen to host the next convening.

The project has not been without challenges. As with many employers in California, our counties and subcontractors encountered several staffing challenges throughout the year, this impacted the timeliness of goals. Some counties are small and have a small community of stakeholders, or a high staffing vacancy rate. The subcontractors experienced staffing turnover which created a domino effect as each layer of the project relies on each other. Staffing challenges also arose in the lack of peer staff. This is where the peer contract was invaluable to enlist the voice of the peer/person(s) with lived mental health experience throughout the project.

As this project is innovative, timeliness of goal completion was also a challenge. Aspects of the time needed to complete activities could not have been calculated in advance. This can be seen in the amount of work Painted Brain needed to cull through multiple nationwide PAD documents to create meaningful template discussion and present the components. When Painted Brain submitted the component questions to Chorus, it could not be anticipated that to create the digital PAD, each component question needed meaning attached to determine the best phrasing and digital location. The delay of the template components delayed the creation of the

PAD facilitator training curriculum, which in turn delayed the ability to provide and evaluate the training.

The project has met challenges as referenced above and throughout FY 2023, each project goal has been addressed, completed, or will continue to be shaped in the coming year. As we plan for 2024, the following prospective activities are anticipated.

- Two-day Spring convening in Shasta County.
- Facilitator Train the Trainer completed, edited, and finalized.
- County pilot populations test usage of the digital PAD.
- RAND and BBI to continue their evaluation efforts.
- Information videos created in multiple threshold languages.
- A legislative champion is identified, and legislative language moves forward.
- Investigate the feasibility of the CLETS integration.
- Fresno County sunsets their Phase One participation.
- Phase Two “live” roll-out and training planning and write-up finalized.
- Continued improvement to the platform Phase One build.

The counties all continue in the most collaborative nature, meeting multiple times a month and sending a variety of staff to the following meetings: individual county meetings with subcontractors, large full project meeting, county to county, sub- workgroups in template creation, technology, terms of service, and marketing. In addition, providing staff or county collaborators time for interviews with project evaluators. Overall, the accomplishments of calendar year 2023 outweighed the challenges. The project remains challenging in commitment and time, yet the reward of an innovated digital PAD is truly on the horizon and will be accomplished within this project Phase One build.

Appendix Section:

Alpha Omega- Translation/Interpretation
Burton Blatt Institute- Evaluation/Technology
Chorus Innovations-Technology
Idea Engineering- Marketing and Website
Painted Brain- Peer Voice
RAND- Evaluation/User experience
Syracuse University-Fiscal Intermediary



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Summary of activities for year 2023.

- A. Summary of Activities and Accomplishments During the Reporting Period
- B. Challenges Encountered and Resolved During the Reporting Period
- C. Plans and Expectations for the Next Reporting Period
- D. Attachments

A. Summary of Activities and Accomplishments During the Reporting Period

Customers:

Concept Forward

Idea Engineering Anthony

Translation of 73 document(s) from English (USA) to Arabic, Chinese, Farsi, Korean, Vietnamese for Idea Engineering

Service requested by Antony Del Castillo Schickram – **invoice I-06055**

Translation of 1 document(s) from English (USA) to Spanish for Idea Engineering

Service requested by Antony Del Castillo Schickram

Invoice **I-06228**

Translation of 2 document(s) from English (USA) to Arabic, Chinese, Farsi, Hmong, Korean, Vietnamese for Idea Engineering

Service requested by Jeanne Spencer

Invoice **I-06214**

Virtual interpreting from English (USA) to Spanish for Concepts Forward

Service requested by Kiran Sahota

Invoice **I-06242**

B. Challenges Encountered and Resolved During the Reporting Period

No challenges recorded. Customer expressed satisfaction with deliverables.

E. Plans and Expectations for the Next Reporting Period

Translation and interpretation projects as described in Master Contract.

A. Attachments

N/A



Report on Implementation of the Evaluation of Orange County Innovation Activities, with Particular Focus on Development and Outcomes of a PADs Technology Platform

Date Submitted: December 29, 2023

Period(s) Covered: January 1, 2023-December 31, 2023

Submitted by:

Gary Shaheen, Ph.D.
Project Director
Burton Blatt Institute
Syracuse University

Summary of the Qualitative Evaluation

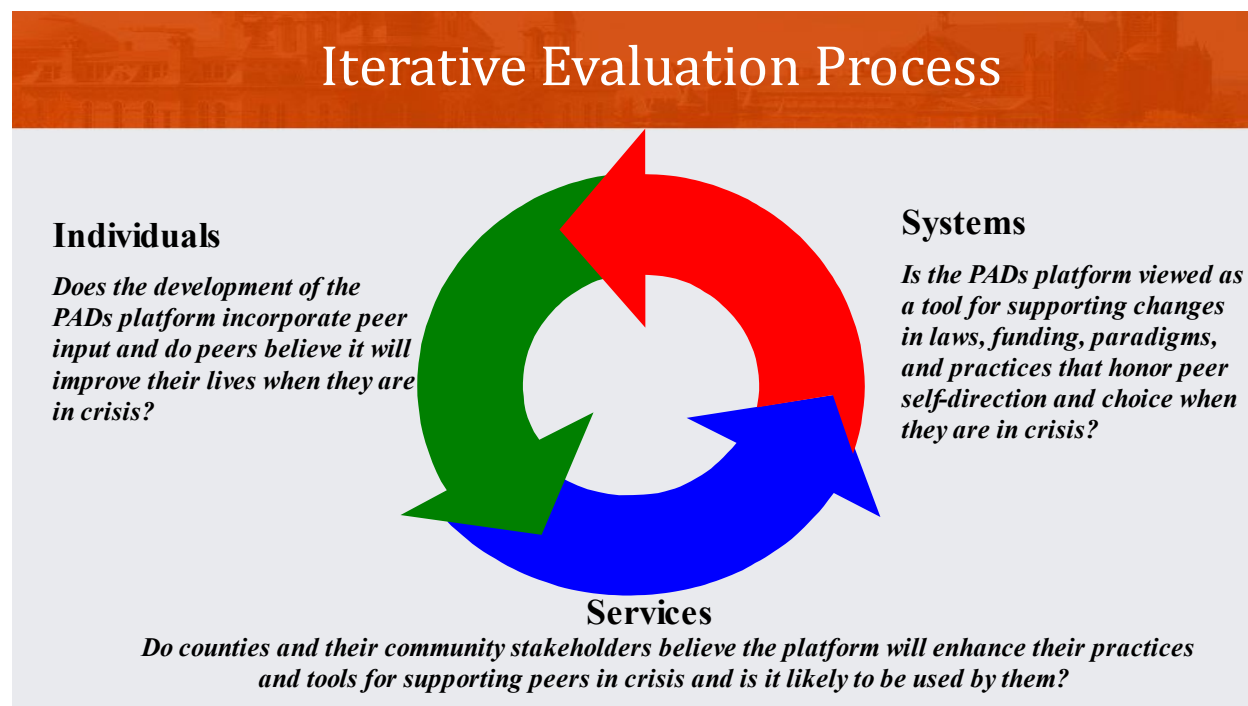
The Syracuse University (SU) Burton Blatt Institute (BBI) was tasked by Orange County, California to conduct a multi-year process and outcome qualitative evaluation of the web-based platform supporting Psychiatric Advanced Directives (PADs) implemented by 7 California counties. These 7 counties are Fresno, Mariposa, Monterey, Shasta, Tr-City, Contra Costa, and Orange counties who are using their Mental Health Administration Innovation Funds to support their efforts. BBI works directly with Project Manager Kiran Sahota, all 7 counties, and project subcontractors Chorus, Idea, Painted Brain, CAMPHRO, and Rand Corporation to obtain data supporting the evaluation. BBI also works with the Project Manager and SU's Office of Sponsored Programs to administer the requirements of the Orange County contract and for fiscal administration of County and Sub-Contractor sub-awards, including timely payments based upon submission and review of invoices. This Annual Project Report summarizes only the evaluation project activities implemented by BBI during the Project Year 1/1/2023-12/29/2023.

BBI uses a qualitative research approach. This included participant observations of in person and virtual meetings and workgroups, as well as conducting individual semi-structured interviews with PADS project County Managers, staff, and community stakeholders. The research objectives and methodological foundations are grounded in a comprehensive literature review focused on Psychiatric Advanced Directives for people with mental illnesses and disability studies. BBI collected data during the year by and by conducting participant observations and individual, semi-structured interviews with PADS Project County Mangers and staff, and with identified community project stakeholders who are participating in the PADs project

We have developed evaluation indicators framework (input, process and outcome) to document information at different stages of the project lifecycle. The indicators fall into three categories:

- **Input indicators:** to measure the contributions necessary to enable the program to be implemented (e.g., funding, staff, key partners, infrastructure).
- **Process indicators:** to measure the program's activities and outputs (direct deliverables of the activities).
- **Outcome indicators:** to measure whether the program is achieving the expected effects/changes in the short, intermediate, and long terms. BBI also gathers data on factors influencing adoption of the PADs web-based platform within county mental health departments and among staff who manage or support their county's PADs project.

BBI's evaluation framework is intended to describe the direct and indirect benefits of the web-based platform among county staff and Peers ("individual level"), its impact upon mental health and related services provided by agencies when they utilize PADs to support Peers who are in crisis ("services level"), and how the development and use of a PADs web-based platform influences public attitudes, policy, funding, law and regulations, and inter-agency dialogue and partnerships, as well as reduce the overall rates of homelessness, and incarceration among Peers ("systems level"). These dimensions are illustrated below:



We have also framed the development and use of the product as one element of a systems change process being articulated by the Project Manager. To measure these systems change dimensions, we have adopted the rubric for systems change developed by the Corporation for Supportive Housing:

Building Blocks of Systems Change: (<https://www.csh.org/resources/laying-a-new-foundation-changing-the-systems-that-create-and-sustain-supportive-housing/>)

“Achieving a real change in a system is different from making the system do something new. A real change in a system is one in which people habitually do the new thing, using resources, authority, technology, and ideas that are routinely associated with the new activity. You can recognize system change more easily when it is complete, or nearly complete, by these five signs:”

- **A change in power:** There are designated positions—people with formal authority—responsible for the new activity (not just committed or skillful individuals who happen to care about it).
- **A change in money:** Routine funding is earmarked for the new activity in a new way—or, failing that, there is a pattern of recurring special funding on which most actors in the system can rely.
- **A change in habits:** Participants in a system interact with each other to carry out the new activity as part of their normal routine—not just in response to a special initiative, demonstration, or project. If top-level authorities have to “command” such interactions to take place, then the system has not absorbed them, and thus has not yet changed.
- **A change in technology or skills:** There is a growing cadre of skilled practitioners at most or all levels in the delivery chain, practicing methods that were not previously common or considered desirable. These practitioners are now expert in the skills that the new system demands and have set a standard for effective delivery of the new system’s intended results.
- **A change in ideas or values:** There is a new definition of performance or success, and often anew understanding of the people to be served and the problem to be solved. The new definition and understanding are commonly held among most or all actors in the system, such that they are no longer in great dispute.

Summary of the Evaluation:

Since formal data analysis and coding will not occur until 2024, BBI can only report on our assumptions of the emerging trends and issues. Many of these were included in a presentation we delivered at the September 2023 all-county convening event. A copy of our presentation detailing these assumptions is attached to this report ([Attachment 1](#)).

Project Implementation:

- BBI hired Dr. Nare Galstyan as Senior Research Associate and Ms. Isabel Torrence as Research Assistant to directly assist in implementing the evaluation.
- We scheduled and participated in regular teleconference meetings and e-mail exchanges with Concepts Forward Consulting, Chorus, Idea and Rand as needed to discuss and coordinate respective roles and deliverables.
- BBI submitted and received SU IRB approval to implement County Manager and community stakeholder interviews that were conducted throughout the year.
- We prepared presentation materials and participated in two PADs County and

Stakeholder in-person meetings in Monterey and Orange Counties that were held respectively on March 7, and September 12, 2023.

- BBI continued to add references to the comprehensive PADs Literature Review to strengthen the empirical basis for implementing BBI’s evaluation.
- A summary of our observation and interview activities is provided below:
 - County – specific Subcontractor meeting observations: **63**
 - County Champions and other project meeting observations: **33**
 - Technology, PADs Template, and Marketing Workgroup observations: **70**
 - In-person Chorus – led County provider and partner on-site meetings: **12**
 - Interviews with County Managers, County-employed Peer Specialists and County Community Partners/Stakeholders: **34**
 - Annual Project Convenings: **2**

Preliminary Assumptions from the Research

Observation and interview data that we obtained throughout the year have yet to be coded and analyzed in order to report findings with empirical validity. Interviews with key community stakeholders including hospitals, law enforcement, other crisis and first responder agencies, and priority population providers were begun during the year and will continue during 2024. The data that was obtained and reviewed over the course of the year nonetheless allows BBI to present some emerging assumptions and concerns related to the process and outcomes associated with the design and implementation of the web-based PADs platform and address each component of the CSH Systems Change Framework.

- **Key Signs of Changes to Power:**
 - 1) BBI observed that Peers from almost all participating counties were involved in meetings and workgroups from the start of the project, and their perspectives and input on the template, web-based platform and marketing were sought, valued and included in plans and products. They also helped ensure that the language, format, and intent of the web-based platform reflected perspectives gained from their lived experiences. Inclusion of the Peer voice was further strengthened by the addition of Peer-run advocacy organizations Painted Brain and Camphro as key project partners tasked with designing the PADs template upon which the platform will be based.

Challenges: Peer participation in Technology and other workgroups has been primarily from county-employed Certified Peer Specialists. However not all counties have these staff. We note that in order for the project to be viewed as Peer -advised and enabled across all 7 counties, those counties without Peer representatives should consider how to make the voices of their Peer constituencies heard.

- 2) We also observe that development of the power to implement systems change is also being addressed by the active participation of some of the community agency stakeholders who would be likely to encounter peers in crisis when a PAD might be used. Our preliminary assumptions imply that including law enforcement, hospital staff, MH Crisis Teams and others in workgroups to share how they would access and use web-based PADs in their line of duty potentially empowers them and their sponsoring agencies to ‘own’ the product and may strengthen its potential for adoption and use.

Challenges: Although most counties are represented in workgroups by law enforcement, hospitals, and other community partners and stakeholders, not all counties are so represented. Without stakeholder participation from all counties, varying levels of acceptance and use of the platform among community stakeholders, and/or delay in its testing while these issues are identified and resolved may emerge.

- **Key Signs of Changes to Money:**

- 1) A key feature of this project is its designation, use and incorporation of Mental Health Services Act (MHSA) “Innovation Funds” to support its development and implementation. County Managers talked about how the funding source allows them to exercise creativity and encourages them to develop the internal and external partners needed to address the myriad elements of the project. It also supports their allocation of time to the project in addition to their other responsibilities. It appears that having a dedicated funding stream used by all counties may also contribute to a shared sense of project-identity among counties, that BBI will explore more fully in its research.
- 2) BBI observes that the way that the PADs Innovation Funding as a funding source shared by 7 counties who pursue the same goals and outcomes and work with the same subcontractors may help to avoid the fragmentation and overlap that challenges many projects of this scale and scope. The project funding scheme also designates a single management and oversight entity, Concepts Forward Consulting that has been instrumental in ensuring that the project is implemented according to its goals, adheres to its timeline, and that all subcontractors and partners work closely with counties and each other as an integrated team,

Challenges: Potential changes in the Mental Health Service Act could significantly impact the amount of funds counties have to continue programs. County staff often mention future funding as a concern in continuing and scaling up their PADs projects.

- **Key Signs of Changes in Habits:**

- 1) The PADs Innovation Project is somewhat unique in the experiences of counties who have generally implemented their own MH projects, but who have rarely participated with other counties to implement a joint initiative. Our preliminary assumption is that

regular zoom and in-person regular meetings as a group has begun to positively influence changes in habits among counties often heretofore pursuing separate initiatives. We are beginning to observe that they share a sense of project-identity, participate in regular cross county communication and knowledge exchange, and are developing a general familiarity with each other's challenges and successes that had not occurred previously.

- 2) PADs county MH Departments and their community partners and stakeholders appear to be developing a pattern of interaction across their respective services and systems. Ongoing communication with each other, primarily through Technology Workgroups includes discussions about embedding the web-based platform as component in the regular routines and operating procedures of law enforcement and hospitals. We note that the intent by county MH departments to reach out and involve these agencies and discuss how they can use the platform within their service systems represents another potential project innovation.

Challenges: We observed varying levels of engagement among counties in providing input and feedback on the content, design, and marketing of the PAD's platform, with some counties demonstrating more active participation than others. This could also be due to the staff turnover among some counties, with new PADs Managers entering the project at various times in its development.

- **Key Signs of Changes in Technology and Skills:**

- 1) A key feature of the 7 county PADs Innovation Project in the opinion of the Project Manager and many County Managers is the development of its web-based platform. PADs in some form are being implemented across 27 states, and SAMHSA and its partner the American Psychiatric Association (APA) have developed and promulgated a web-based PAD application supported by a website, webinars and supporting materials. (<https://smiadviser.org/padapp>) BBI notes that many of the definitions and response fields developed for the SAMHSA/APA web-based PAD parallel those that are being developed in California. Both products could be accessible and used by Peers through their smart phone and using a QR code. However, the CA PADs project is also attempting to customize its product for Peers who may be challenged by diverse other conditions that may compromise their ability to develop and retrieve their data. These can include being homeless or being incarcerated, as well as having poor literacy skills and technology skills and for those requiring the App in languages other than English. Preliminary interview data suggests that these and other barriers are not only being recognized by CA PADs project partners, but efforts to consider how the app can be accessible to all Peer users are being seriously considered.
- 2) In addition to police officers and hospitals, we note that the platform is being developed within the context of CA Senate Bill 43 that establishes 'Care Courts' that would require counties to provide comprehensive treatment to the most severely impaired and untreated Californians and hold patients accountable to their treatment plan. Discussions about promoting the PADs web-based platform as a resource that Care Courts could consider when determining how to provide treatment that honors a Peer's preferences are also

occurring. Furthermore, preliminary efforts are being made to determine how the web-based PADs platform can be integrated into the CLETS system. This case identification technology is mandated for use by law enforcement and Crisis Teams among all counties.

Challenges: The SAMHSA/APA app as currently available requires Peers to have some familiarity with the use of technology and sufficient literacy skills to comprehend the instructions. Staff and partners we have interviewed identified three main barriers to the use of the PADs platform by peers. As the platform is tested and deployed, these barriers should be considered:

- Challenges with technology
- Reading comprehension
- The time it might take to complete a PAD.
- The availability of staff support to assist Peers in completing, accessing and updating their web-based PAD.

• **Key Signs of Changes in Ideas or Values:**

- 1) County Managers and staff, including Peer Specialists, community partners and stakeholders, and family members and others who have participated in workgroups articulate the belief that the web-based platform is a potentially valuable tool for ensuring Peer human rights and self-determination. Counties have identified a diverse range of conditions and circumstances affecting treatment and recovery of Peers. They may interact differently with MH services, legal authorities, personal support systems and these may also be influenced by the urban and rural communities where they reside. Chorus has been clear that the initial ‘build’ phase of the project will establish a foundation for future customization that directly applies to diverse Peer constituencies. While BBI will continue to gather data on this progress, we note that consensus about the ideas and values of self-determination is a foundation that guides project implementation.

Challenges: The web-based platform is intended for use by Peers with diverse conditions and circumstances. Chorus implemented a series of county-level direct information sessions with agencies serving county identified Peer priority groups. However, it appears that more intensive efforts to obtain greater Peer priority population representation from all counties in the build and testing phases may be necessary.

Challenges Encountered and Resolved During the Reporting Period
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- Dr. Galstyan took maternity leave from mid-September through mid-December. Dr. Shaheen and Ms. Torrence, assisted by other members of the BBI research team were able to continue to implement the evaluation and meet all deliverables during that time period.
- Identifying community partner agency, law enforcement and other stakeholders and obtaining their participation in interviews continues to be a challenge in some counties.
- Fresno ends its Phase 1 project by June 30, 2024. However, we have been challenged to

identify and interview community agency partners and stakeholders who also know enough about the project to provide useful data. BBI and Fresno PADs Managers will address this concern early in 2024.

Plans and Expectations for Calendar Year 2024

- We will seek approval from the SU IRB during the First Quarter of 2024, enabling BBI to schedule and conduct interviews Peers identified as county priority populations to obtain their insight into the access, use, and potential value of the PADs web-based platform.
- We will continue to update the BBI implementation plan located on the PADs share drive.
- BBI expects to participate in person at the April partners convening in Shasta.
- We will work closely with Fresno County PADs Managers to fast track their schedule of stakeholder and Peer interviews so that we can summarize their data for a brief report we will provide to them after July 1, 2024.
- BBI is preparing work plans and budgets to support the expected expansion of the PADs project to additional counties in 2024.

Chorus Innovations: Year End Project Update

Summary of Work Completed January - December 2023

1. Summary of Activities and Accomplishments

Chorus Innovations (Chorus) has embarked on a transformative journey over the past year, marked by a series of dynamic activities and notable accomplishments.

Participatory and Community-Centered Engagement Activities:

- Chorus, in partnership with Concepts Forward Consulting, Painted Brain, CAMHPRO, and the participating counties, started three monthly technology workgroups for peers, caregivers & family members, and first responders & services providers with participants across all of the seven counties. Chorus has maintained these monthly meetings throughout the year and used these workgroups to obtain valuable community feedback.
- In partnership with peers from the technology workgroups, Painted Brain, and CAMHPRO, Chorus created the user persona of Richard, whose story has been used to highlight the profound impact of the digital PAD. This persona has been utilized in multiple in-person workgroups with peers within the participating counties and in various presentations to the community about the PADs project.
- Chorus provided in-person community engagement sessions in Fresno, Shasta, Mariposa, Orange, Monterey, and Contra Costa counties to peers, caregivers and family members, and law enforcement. The purpose of these sessions was to obtain community feedback and build ongoing community relationships where participants can join Chorus' monthly technology workgroups in the future. In addition, Chorus staff participated in three ride along activities with law enforcement in Mariposa and Orange County to better understand how a PAD would be utilized by first responders in the field.
- In partnership with Concepts Forward Consulting and participating counties, additional presentations were provided to Orange County MHSA Planning Advisory Committee (PAC), Contra Costa Forensic Mental Health Team, and Shasta County's Mental Health Alcohol and Drug Advisory Board to share information about the PADs project to a larger community audience.
- In partnership with Concepts Forward Consulting and participating counties, co-led ongoing Terms of Service and Privacy Notice Workgroup meetings where a draft Terms of Service document is being developed and refined.
- In partnership with Concepts Forward Consulting, participated in an ongoing Legal and Legislative Workgroup where representatives from legal and psychiatric fields as well as from the California Behavioral Health Directors Association, Disability Rights California, Painted Brain, the California Hospital Association, Mental Health Services Oversight and Accountability Commission, NAMI California, and Patient's Rights San Diego have been present to discuss the PADs project.

Application Development and Design

- Over the course of the year, Chorus created and refined the product development process, eventually landing on a Hub and Spoke interface which centralizes the app experience to the Crisis Directives page. The Crisis Directives page, or the “Hub,” acts as the primary touch point before branching out to other crisis and treatment related preferences within the PAD. The benefit to this approach includes the ability to adapt to a non-linear experience where completion of the PAD template has no bound sequence or order. As a result, Chorus is able to explore UX and design patterns that encourage both guidance and a voice to peers as they complete their PAD.
- In partnership with Painted Brain and CAMHPRO, Chorus assisted with reorganizing the PADs template into an app friendly format to be used in the build of the technology. So far, the following sections are in strong consideration to be incorporated into the full PAD:
 - Onboarding
 - My Profile (Crisis Directives)
 - My Support System
 - My Dependents & Pets
 - Supporting Me During a Crisis
 - Current Medications and Preferences
 - My Psychiatric Treatment Preferences
 - My Medical Conditions and Treatment Preferences
 - Gender Affirming Treatment
 - Sign and Activate my PAD

The following sections are being considered but require more follow-up from other stakeholders. Chorus is working with these stakeholders to refine these sections as appropriate:

- Reproductive Health
- Recovery and Reentry Support
- Over the course of the year, Chorus continued to evolve the wireframes of the application and developed an initial prototype for the peer experience of the PAD based on insights and feedback received during the many technology workgroups. This prototype has been displayed to participating counties and subcontractors during the September PADs Convening in Orange County.
- Over the course of its development, the design of the application has undergone a remarkable transformation, evolving from its initial iteration into a more sophisticated and user-centric interface. User feedback from all of the collective workgroups played a pivotal role, illuminating areas for improvement and guiding the design towards a more intuitive user experience.
- Chorus began building v1 of the application, with the focus on the peer experience. The Crisis Directives are slated to be completed and ready for initial testing by January. The remaining Treatment Directives are anticipated to be completed by February.

2. Challenges Encountered and Resolved

Template Refinement

The PADs template required ongoing revisions as various stakeholders shared their feedback. As a result, Chorus worked closely with Painted Brain and CAMHPRO to restructure and reorganize the PADs template into a more app friendly format, with the focus on the Crisis Directives profile and putting a hold on other areas that require more stakeholder feedback.

Legal/Legislative and Terms of Service

Through discussions in the technology workgroups as well as in internal discussions, Chorus identified several compliance and risk issues that will need to be addressed in the terms of service/privacy policy created for the website application being developed. Several questions have also come up that pertain to the broader legal and legislative component of this project. In response to these questions, Concepts Forward Consulting convened an ongoing Legal and Legislative Workgroup, in which Chorus is participating. During these workgroups, concerns continue to be discussed and addressed to help move the PADs project forward. In addition, Concepts Forward Consulting and Chorus convened an ongoing Terms of Service/Privacy Notice Workgroup with representatives from all seven counties. This workgroup has led to a collaborative effort to create and review a Terms of Service draft document that is currently in the process of being refined and finalized.

3. Plans and Expectations for 2024

From January to December 2024, Chorus will plan for the following:

- Chorus to complete the peer experience build
- Begin testing of the web application with Painted Brain and CAMHPRO as well as peers involved with the PADs project to obtain feedback and iterate on the product design and functionality.
- Build out the full first responder/service provider experience in the web application
- Build out the healthcare agent experience in the web application
- Continue to host monthly workgroups to gather feedback
- Continue to engage in in-person community engagement activities with all participating counties
- Expand testing of the web application with the participating counties' priority population user groups
- Conduct tabletop exercises with all user groups present to simulate actual scenarios of web application usage
- Continue to iterate and improve on the product design and functionality
- Explore application and account access for all PAD users

4. Attachments

Richard's Story

WHO IT WILL SERVE

Meet Richard.

**He's an uncle, an artist, and
Dodger fan who experiences
a mental health condition.**

Like everybody else,
sometimes he needs his
community to support him.

Let's see how the platform will
support him and the various
service providers.



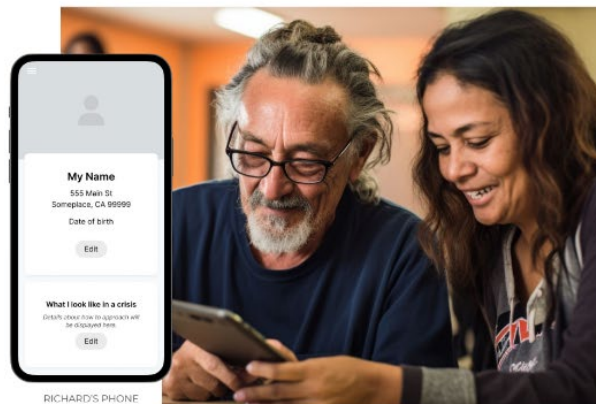
MHSA Psychiatric Advance Directive (PAD) | Multi-County Innovation Collaborative

ONBOARDING & SETUP

His decisions, His voice, His choice.

**He's especially vulnerable when in a
moment of crisis, so it's important
that we understand him.**

- Move from a 50-page medical form to a social media-like profile
- Ensure it's quick, personalized, and easy to comprehend
- Empowered with simple security and sharing preferences



RICHARD'S PHONE

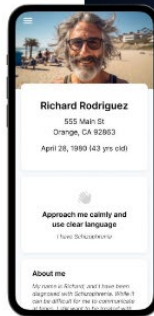
MHSA Psychiatric Advance Directive (PAD) | Multi-County Innovation Collaborative

CRISIS RESPONSE EXPERIENCE

Reduce harm to him in his time of need.

Clarity of communication is crucial, as mishandling a peer's care during a moment of crisis could lead to harm or trauma.

- Remind crisis teams that the peer's current state is not representative of them at all times
- Provide a clear understanding of how one reacts during moments of crisis, and the best approach to support them
- Design a simple experience with the most important info at a glance



CRISIS RESPONDER'S PHONE



MHSA Psychiatric Advance Directive (PAD) | Multi-County Innovation Collaborative

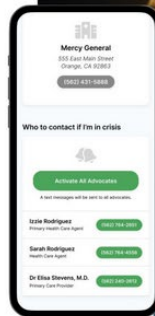
ACTIVATING ADVOCATES

Activate his community in one place.

By activating his chosen advocates with a simple push of a button, he will feel supported.

- Allow for the ability to notify all or select advocates to help everyone involved care for a peer in a well-informed and timely manner.

Richard Rodriguez is in crisis.
His Psychiatric Advance Directive has been activated, and he may need your support. Please reach out to Richard's advocate Izzy Rodriguez at (562) 764-2651



CRISIS RESPONDER'S PHONE



MHSA Psychiatric Advance Directive (PAD) | Multi-County Innovation Collaborative

THE GOAL

His wellness, His community, His life.

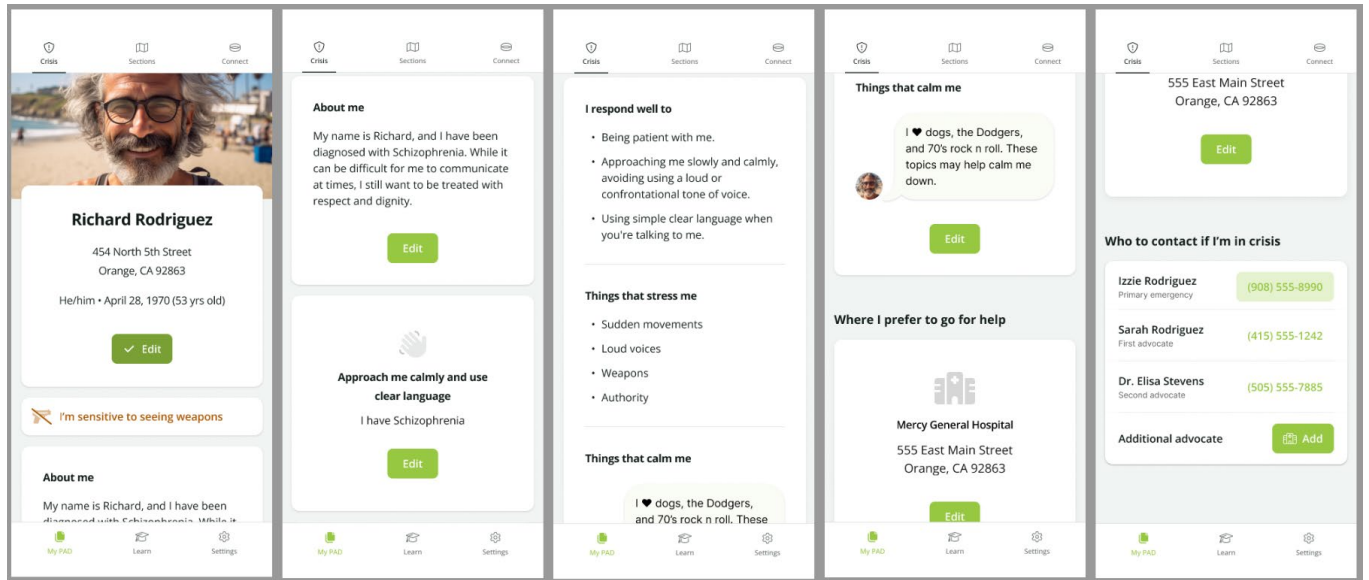
The goal of the Psychiatric Advance Directive is to help him be the best version of himself.

Thank you for helping him and making his voice heard.



MHSA Psychiatric Advance Directive (PAD) | Multi-County Innovation Collaborative

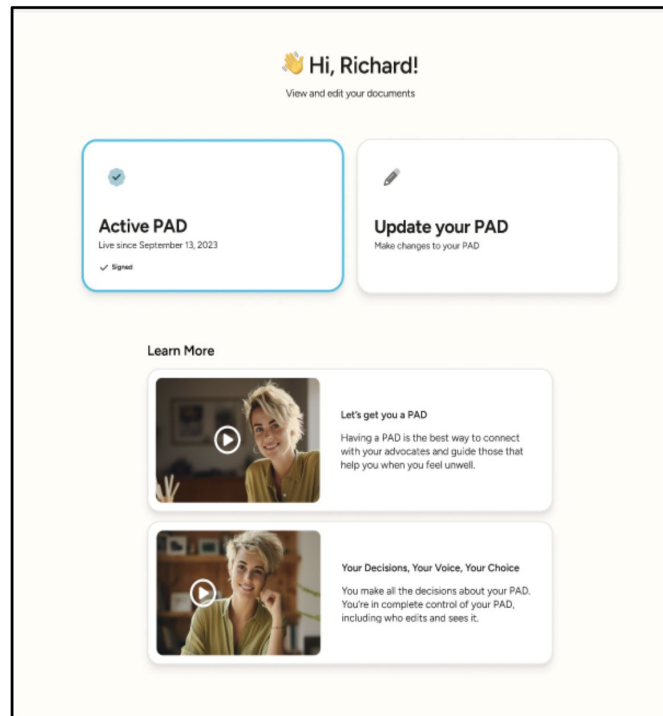
Wireframe Designs



Community Engagement in Mariposa County

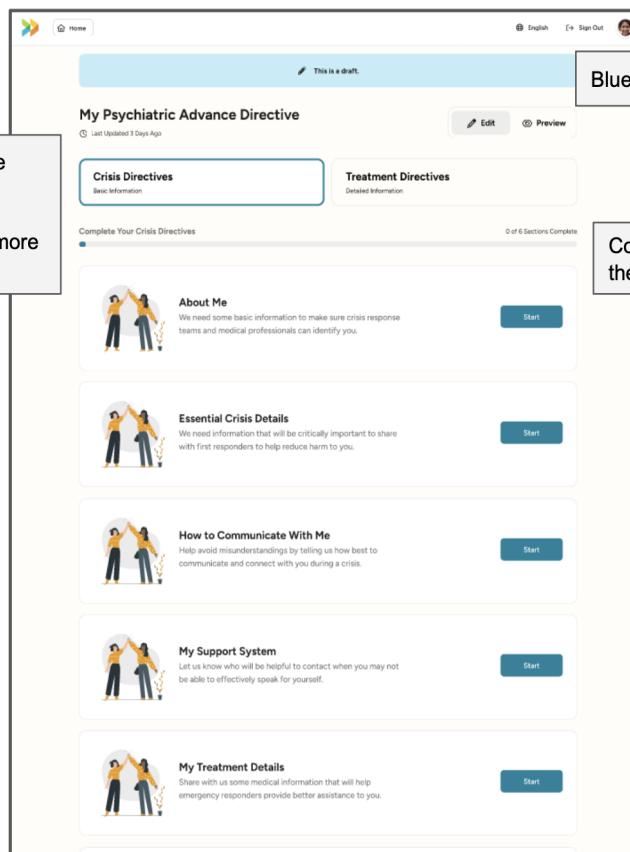


Current App Designs



Crisis Directives - displays profile information

Treatment Directives - displays more detailed information



Blue bar shows the PAD is in draft

Completion bar shows how much of the PAD has been completed

About Me

What is your name?

Let us know who you are and what you prefer to be called.

What is your legal name?

First Name Last Name

What is your preferred first name?

Preferred Name

Skip for Now [Continue](#)

What is your date of birth?

Give us your date of birth so we can determine your identity and your age.

Date of Birth

DD/MM/YYYY

< Skip for Now [Continue](#)

Please add a photo of yourself.

A photo is helpful for responders identify you in a moment of crisis.

Choose Profile Accent Color

☐ ☐ ☐ ☐ ☐ ☐ ☐

< Skip for Now [Continue](#)

Crisis Directives - displays profile information

Treatment Directives - displays more detailed information

Home
 English

This PAD is active.

My Psychiatric Advance Directive

Last Updated 3 Days Ago

Crisis Directives
Basic Information

Treatment Directives
Detailed Information

Hello! 🙋
My name is Richard Rodriguez.

👤 Male (He/Him)
🎂 48 years old
📍 Long Beach, CA

About Me

Legal Name
Ricardo Jose Rodriguez

Physical Address
2575 Metz Rd, Long Beach, CA 90809

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

Unique Physical Traits
I have a cross tattoo on my left arm. I have a birthmark on my neck. I regularly wear glasses.

Veteran

Green bar and check mark shows PAD is active, meaning that it has been signed

Psychiatric Advance Directives 2023 Summary Report

Introduction

During 2023, Idea Engineering (IE) led the development of a unique brand identity for the Psychiatric Advance Directive (PAD) project. Extensive input from stakeholders led to a selection of a logo, tagline and branding direction, and updates to all communications materials with the new brand.

The introductory videos for the project were also in development during the year, with scripting, reviews, planning, filming and editing of three videos: English and Spanish versions for peers, family members and caregivers, and the general public, and an English version for first responders, healthcare and other service providers.

Collaborative Development

Throughout the year, IE participated in collaborative planning sessions with county staff and other subcontractors. They included convenings with representatives from all counties and subcontractors in Monterey County in March and Orange County in September. Monthly meetings included the full workgroup, subcontractors, "wrap" meetings with each county, marketing sub-workgroup meetings led by IE, and meetings with other subcontractors as needed. IE also visited tech and peer workgroups as needed to share logo, tagline and video concepts and request feedback from these stakeholders. The ongoing communication with shared perspectives and knowledge has contributed to the development of meaningful and cohesive branding and communications materials.

Marketing Sub-workgroup

Monthly meetings of the marketing sub-workgroup facilitated by Idea Engineering have provided valuable input as the branding and introductory videos developed. A focused group of county staff and subcontractors have reviewed communications materials in development before sharing with county leads for final approval. The marketing sub-workgroup will continue on an as needed basis going forward in 2024.

Psychiatric Advance Directive Branding

In 2023, logo and branding concepts were developed for the project, with ongoing input from key stakeholders including additional peer interviews, reviews at marketing and other meetings with county staff and subcontractors, and meeting with the Peer Template Workgroup and Technology Workgroups.

Branding

In the spring, a preliminary branding guidelines document was shared for review, with support agreed upon for the tone of the project, a balance of being "warm and inviting" with "professional and trustworthy." This and supporting language in the brand platform became the framework for developing and evaluating the logo and other identity materials as they were developed.

Logo

After initial exploration, the counties determined that the name would be "Psychiatric Advance Directive," to aid in building recognition for the phrase. Logo concepts included distinctive icons to aid in visual recognition when someone is in a crisis. The logo designs evolved during multiple rounds of feedback, then three options were shared via an online survey in English and Spanish. After a first round with input from peers and county outreach to priority populations and stakeholders, a second round of the logo survey was distributed online in collaboration with Chorus. The second round was narrowed to two logo options, and

audiences were targeted to include demographic gaps identified in the first survey. Alpha Omega reviewed both logo options with an eye to all upcoming threshold language needs and confirmed both options would work well across cultures. Upon review of survey results and recommendations from IE and Chorus, County representatives approved the logo design selection at the August Project Workgroup meeting.

Tagline

Tagline development was similar with multiple rounds of input and refining based on feedback, including reviews at Tech Workgroup meetings in September. At the Convening in September, County representatives voted to select "My Plan • My Voice" as the tagline for the project. The tagline provides a tone of personal power that supports the brand personality.

Branding

At the same Convening, IE shared initial options for visual directions for how the branding might extend to the website and other communications materials. The options were narrowed and revised based on input by peers and others from that meeting and following ones. In early November, county leads voted, selecting a branding design direction that includes engaging use of color, translucence and curves. IE began incorporating it across all materials and developing a brand guidelines document for use by all subcontractors and counties for unified messaging.

IE also drafted a shared Communications Guidelines document incorporating input from other subcontractors and discussions throughout the year, to support the goal of consistent written language for the PADs project. It includes a comprehensive list of key terms and phrases such as "peers" and "recovery" and style guidelines such as when to use the acronym "PAD." Initial feedback was received and will be incorporated with upcoming input from Painted Brain and CAMHPRO. Going forward, when agreed upon, all terms will be provided in both English and Spanish, and it will be shared with Alpha Omega for reference and for expansion to other languages as needed.

Stakeholder Engagement Promotional Materials

A standard PowerPoint template was developed for use by all subcontractors and county staff. Flyers were updated as needed, and expanded to additional audiences. They included a legislative advocacy sheet and a flyer for an informational session for Family Members & Caregivers. IE supported Painted Brain and CAMHPRO in customizing the PowerPoint presentation and flyers as needed.

Updates to all flyer and PowerPoint templates with the new branding were completed in December.

PAD Template Development

Idea Engineering participated in reviews of the template content and design at meetings led by CAMHPRO, Painted Brain and Chorus. IE and Chorus have met regularly to align development of the branding with the PAD template and technology platform.

PAD Introductory Videos

At the beginning of 2023, short, preliminary versions of the videos were proposed during planning meetings and filming was planned for February. Due to scheduling constraints, the preliminary versions were canceled before filming, and planning began for the videos as originally specified, 3-5 minute introductions to the project and what Psychiatric Advance Directives are for peers, family members, caregivers, and the general public, as well as a version for first responders, healthcare and other service

providers. The peer/general version will be delivered in eight threshold languages, and the complex planning for interpretation and translation needs included consultation with subcontractor Alpha Omega.

Scripts and storyboard concepts were developed to include a balance between short clips from peer, first responder and healthcare provider interviews with a narrator speaking while scenes illustrate the value of PADs. Planning was discussed and storyboards reviewed during meetings with county staff and subcontractors, at Marketing meetings and at Peer ad Professional Tech Workgroup meetings. The script was fine-tuned based on responses from peers and others during the process.

A key part of the videos are interviews with peers, first responders and healthcare providers. Recruiting and scheduling proved to be extremely challenging, with only one healthcare provider available, and first responders and Spanish peers being represented by actors. However, the three peers who participated provided valuable points of view, which will make the video extremely relatable and engaging.

Filming took place over multiple days, with interviews and actors speaking to the camera in October, and b-roll scenes in November. They included scenes of a peer in crisis, with first responders; and of peers with facilitators, healthcare providers, family members and by themselves, looking at their PAD on a variety of devices. The actors show diversity in race, age and gender, reinforcing the accessibility of PADs. Photos were also taken of key scenes for potential use in other communications materials such as the website and flyers. Editing is in progress for the English and Spanish versions with delivery anticipated in early 2024.

Website

The website www.padsca.org serves as the public facing online information portal for the project. During 2023, content updates included a new "For Peers" page with informational sessions listed, and a new "Technology" page featuring the advantages of a digital system, a technology overview, and updates from ongoing workgroup sessions, and a Contact page. IE continued to provide hosting and technical maintenance for the website, and monthly analytics reports.

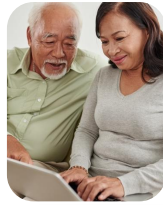
In fall of 2023 a new website design was developed incorporating the new branding. The design was approved and programming is in progress, with content updates being incorporated based on input from the Marketing sub-workgroup. The new site is expected to go live in early 2024.

Upcoming

- In 2024, Psychiatric Advance Directive brand identity usage guidelines will be completed, as well as the shared Communications Guidelines.
- IE will continue developing PADs Toolkit promotional materials such as brochures, postcards and social media graphics.
- Stakeholder communications will include new handouts for Healthcare Agents and Family Members & Caregivers, with content currently in development by Painted Brain & CAMHPRO.
- The introductory videos in English and Spanish will be completed, and customized versions for the other threshold languages will be developed.
- The training videos are anticipated to begin development in summer 2024.
- The new website will go live, with ongoing content updates and technical support.



LOGO INPUT – RESULTS		
 <p>Psychiatric Advance Directive</p>	 <p>Psychiatric Advance Directive</p>	 <p>Psychiatric Advance Directive</p>
<ul style="list-style-type: none"> • All: 75 • Peers: 43 • Chorus • Idea Engineering 	<ul style="list-style-type: none"> • All: 73 • Peers: 41 	<ul style="list-style-type: none"> • All: 25 • Peers: 6



Title Text

Subtitle Text

Sample text.

Sample highlighted text.



Your Expertise & Input Are Needed

First Responders • Medical & Clinical Staff

When you encounter someone experiencing a mental health crisis, what would you need to know in order to best inform your ability to care, treat or provide resources? As a subject matter expert in your line of work, we are requesting your participation in one or more input sessions as we create a Psychiatric Advance Directive template in California.

If you are interested in helping develop this important tool, please contact:

Name, Title
Department

OPTIONAL:
ADD COUNTY LOGO HERE



Your Voice is Needed

Peers • Family Members • Caregivers

In a mental health crisis, what would you want hospital staff or first responders to know about you or a loved one? We're looking for people who have lived experience with mental health and recovery. Individuals, family members, caregivers, your voice is needed.

We are requesting your participation in one or more input sessions as we create a Psychiatric Advance Directive template in California.

If you are interested in helping develop this important tool, please contact:

Name, Title
Department
Email
Phone

OPTIONAL:
ADD COUNTY LOGO HERE

What is a Psychiatric Advance Directive?

A Psychiatric Advance Directive is a legal document allowing people with mental health conditions to identify their preferences for treatment in advance of a crisis.

Psychiatric Advance Directives are a voluntary tool to help assist individuals in mental health crises to communicate in their own voices with first responders, hospital personnel and others.

Benefits include:

- Allowing individuals to take responsibility for their recovery
- Allowing an appointed person to assist in making decisions during times when the person's capacity is impaired
- De-escalating potential crisis situations
- Providing appropriate and supportive care



How to Use Stakeholder Input Flyer Templates

Step 1: Replace Contact Information

Step 2: Add County Logo (Optional)

Delete placeholder county logo graphic.

To add your county's logo:

Windows: Select *Insert > Pictures > Insert Picture From This Device*

MacOS: Select *Insert > Pictures > Picture from File*

Navigate to the logo file, select it, and click Insert

Step 3: Replace or Delete Photo

To replace:

Windows: Right click on the photo, select *Change Picture > This Device*

MacOS: Right click on the photo, select *Change Picture > From a File*

Navigate to the new photo, select it, and click Insert

Step 4: Save as PDF

Select *File > Save As*

Choose the location to save the PDF

In the dropdown menu titled *Save as type (Windows)*

or *File Format (MacOS)*, select PDF

Select Save


Please note: Image in background will appear faded until saved as PDF.

LEARN MORE: www.padsca.org

The Multi-County Psychiatric Advance Directives Innovation Project is funded by Mental Health Services Act.

The Multi-County Psychiatric Advance Directives Innovation Project is funded by Mental Health Services Act.

Flyer Templates



Psychiatric
Advance Directive™
My Plan • My Voice

Presentation Title Goes Here (Up to 3 Lines)

[Date]

Presented by
[Name, Organization]

OPTIONAL
LOGO

OPTIONAL
LOGO

Section Title

2

Page Title Here

Optional Subhead

- Lorem ipsum dolor sit amet, consectetur adipiscing elit.
- Maecenas porttitor congue massa. Fusce posuere, magna sed pulvinar ultricies, quis urna.
- **Bold text to highlight as needed**

PRESENTATION TITLE – UPDATE FOOTER

3

Page Title Here

Optional Subhead


- Nunc viverra imperdiet enim. Fusce est. Vivamus a tellus.
- Lorem ipsum dolor sit amet, consectetur adipiscing elit.
- **Bold text to highlight as needed**

Callout

Nunc viverra imperdiet enim. Fusce est. Vivamus a tellus. Lorem ipsum dolor sit amet, consectetur adipiscing elit. Maecenas porttitor congue massa. Fusce posuere, magna sed pulvinar ultricies, quis urna.

PRESENTATION TITLE – UPDATE FOOTER

4



Page Title Here

Lorem ipsum dolor sit amet, consectetur adipiscing elit. Maecenas porttitor congue massa. Fusce posuere, magna sed pulvinar ultricies, purus lectus malesuada libero, sit amet commodo magna eros quis urna.

Nunc viverra imperdiet enim. Fusce est. Vivamus a tellus. Lorem ipsum dolor sit amet, consectetur adipiscing elit. Maecenas porttitor congue massa. Fusce posuere, magna sed pulvinar ultricies, quis urna.

Bold text to highlight as needed

PRESENTATION TITLE – UPDATE FOOTER

5



Digital PADs are coming in 2025. Contact us if your county is interested. >

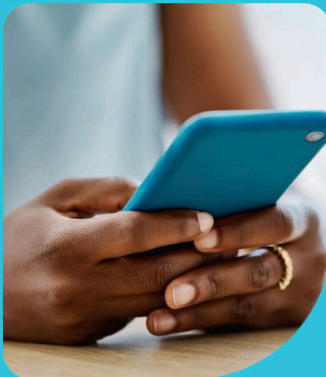


Psychiatric Advance Directive™

My Plan • My Voice

A multi-county collaborative has joined together in a Mental Health Services Act Innovations Project to develop and test the feasibility of Psychiatric Advance Directives in California.

Each county is identifying priority populations to focus on during this pilot project, such as foster youth, older adults, or people who experience homelessness. Priority populations are determined based on their robust stakeholder processes.

[Learn More](#)

Technology

A key part of this project is the development of a user-friendly and secure online tool for Psychiatric Advance Directives in California.

With this interactive app, people will be able to learn about, complete, and store their Psychiatric Advance Directives.

[Learn More](#)

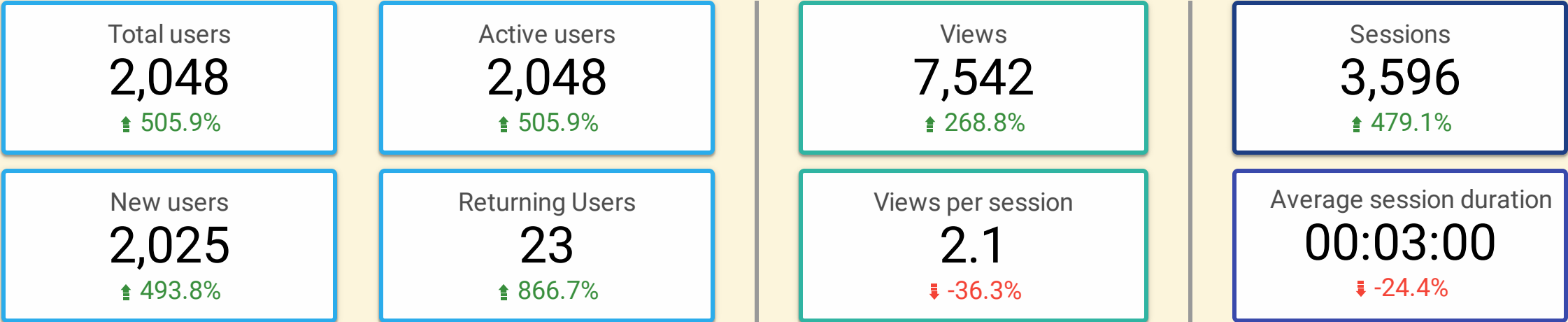
Peers

Ongoing collaboration with peers, people with lived experience with mental health conditions, is integral to the development approach of this project.

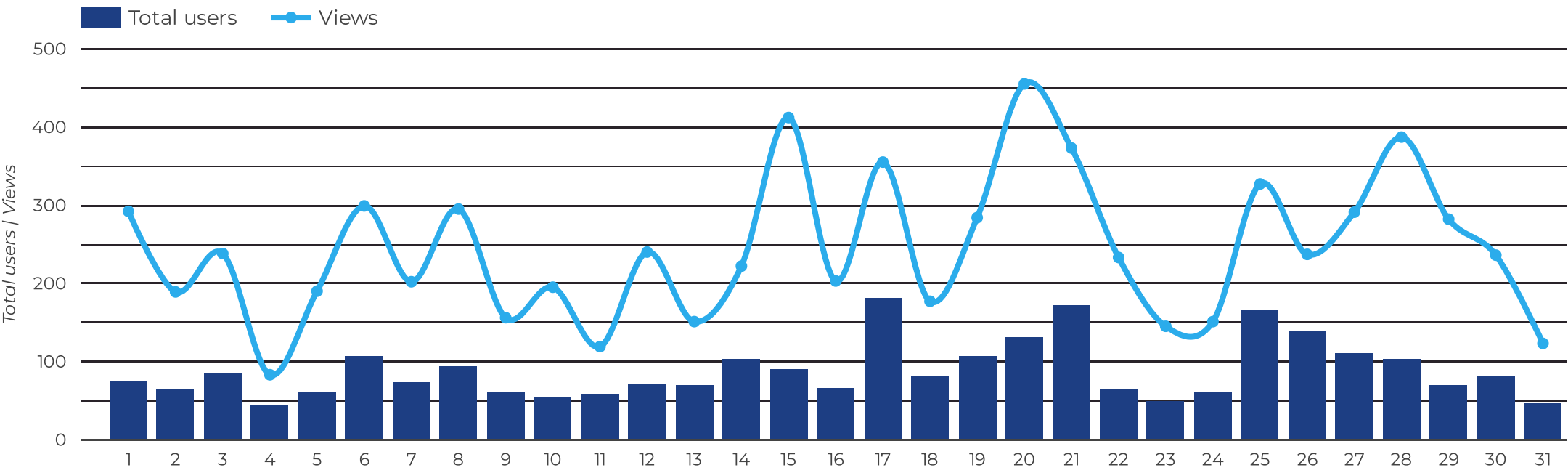
A Psychiatric Advance Directive is a valuable tool empowering a person's voice and personal choices. The purpose is to assist in a quick recovery from a crisis situation. However, it benefits overall recovery as well, encouraging listening, being seen as a whole person, supporting self-direction and wellness.

[Learn More](#)

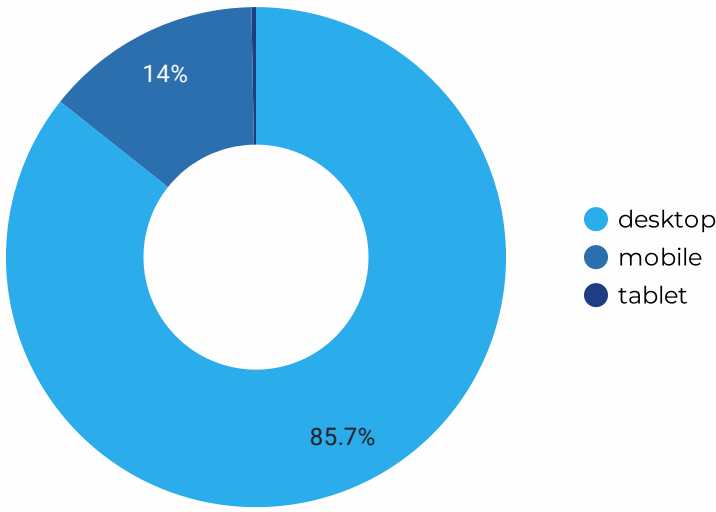
Overview



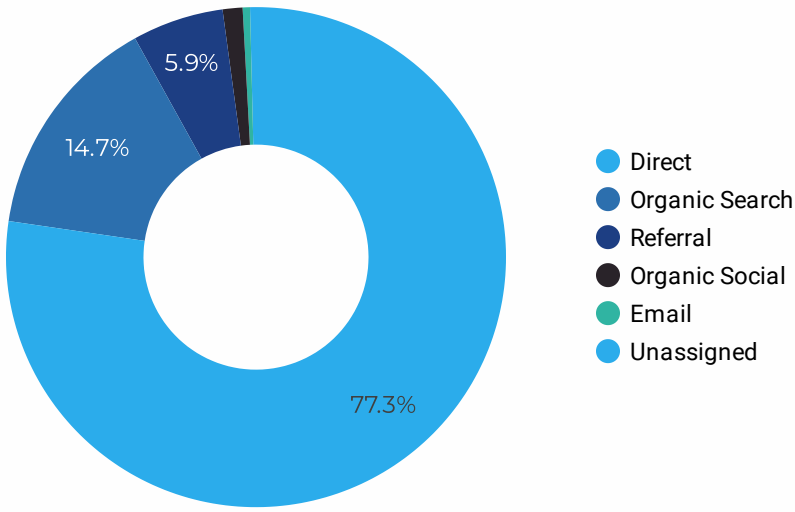
Daily Users & Pageviews



Users By Device Type



Users By Traffic Source



User Location

City		Views ▾
1.	Los Angeles	919
2.	Santa Maria	563
3.	Santa Barbara	532
4.	Goleta	400
5.	Oxnard	315
6.	Sacramento	287
7.	Cheyenne	277
8.	Moses Lake	276
9.	Undetermined	249
Grand total		7,542

1 - 100 / 358

Users by Language

Language		Views ▾
1.	English	7,538
2.	Spanish	3
3.	German	1
Grand total		7,542

1 - 3 / 3

Top Page Views

Page Title		Views
1.	PADs CA - Psychiatric Advance Directives	3,129
2.	Counties	791
3.	What is a PAD?	678
4.	News & Updates	531
5.	For Peers	508
6.	Technology	440
7.	Orange County	181
8.	Contra Costa County	120
9.	Shasta County	116
10.	Tri-City Mental Health Authority	107
Grand total		7,542

1 - 10 / 44

Top User Engagement

Page Title		Avg Time ▾
1.	About	00:04:44
2.	Technology	00:01:56
3.	Counties Testing	00:01:42
4.	What is a PAD?	00:01:13
5.	Technology	00:01:03
6.	For Peers	00:00:54
7.	Monterey County	00:00:47
8.	Fresno County	00:00:36
9.	Counties	00:00:35
10.	Planning Meeting in Orange County	00:00:33
Grand total		00:01:03

1 - 10 / 37

Definitions

Total Users

Count of distinct visitors over a specific period, encompassing new and returning visitors.

Active Users

Number of unique recent visitors, indicating current user engagement.

New Users

Count of first-time visitors within a timeframe, reflecting marketing effectiveness.

Returning Users

Visitors who have interacted before, indicating user loyalty and retention efforts' success.

Views

Total instances a specific page or content is seen, providing insight into content popularity.

Views per Session

Average pages viewed in a single session, indicating user engagement depth.

Sessions

Total individual visits within a timeframe, starting upon access and ending with inactivity or exit.

Session Duration

Average time users spend on the site or app during a session, reflecting user engagement and experience quality.

Daily Users

Unique visitors accessing the website or app within a single day, indicating daily reach.

Pageviews

Total number of pages viewed, showing user engagement with content.

Users by Device Type

Categorizes visitors by devices (desktop, mobile, tablet) used to access, aiding in optimizing user experience.

Users by Traffic Source

Segments visitors based on channels (direct, search, social) they come from, assessing marketing effectiveness.

User Location

Provides geographic data (country, region, city) about visitors, enabling regional content customization.

Top Pages

Displays most visited pages, helping identify popular content and user interests.

Time on Page

Average duration users spend on a specific page, indicating content relevance and user engagement depth.

Disclaimer

This dashboard utilizes data from Google Analytics, a widely-used web analytics tool. While Google Analytics provides valuable insights, it may have limitations such as sampling, potential inaccuracies, and challenges in distinguishing bot traffic. Please be aware that the data presented here should be considered as estimates rather than precise figures. It's advisable to interpret the information in this dashboard with caution and to cross-reference it with other sources for a comprehensive understanding of your website's performance.

Painted Brain and CAMHPRO: Annual Report for MHSA's Multi-County Innovations Project

Over the contract year 2023, Painted Brain and CAMHPRO have exceeded contract deliverables for the MHSA Multi-County Psychiatric Advance Directive Innovations Project. Below is a detailed overview of the program outcomes, challenges and outlook for the year 2024.

A. Summary of Activities and Accomplishments During the Reporting Period

Listening sessions

- Painted Brain and CAMHPRO (PB & CAMHPRO) had two in-person listening sessions per county between the months of February to March. This totaled 14 in-person listening sessions. The purpose of these listening sessions was to gather information on what peers and community members thought of Psychiatric Advance Directives.
 - In Each County, over the course of 2 days PB & CAMHPRO had a virtual meeting for peers and a separate meeting for community members.
 - PB & CAMHPRO had an additional monthly virtual listening session which was open to peers and community members in all 7 counties.
- PB & CAMHPRO had one virtual listening session in October that focused on training curriculum development. PB & CAMHPRO received input from the county peers about what they would like to see covered in the curriculum.

Work Groups

- PB & CAMHPRO hosted monthly virtual Peer Template Workgroups, where peers from all 7 counties reviewed the PADs template together. These meetings took place from January-July of 2023.

Cross-Contractor Collaboration

- PB & CAMHPRO have been working closely with Chorus to support the development of language for the mock-ups and final version of the PADs Digital Platform website.
- PB & CAMHPRO have been working with RAND to support the development of the training survey to include recovery language and measurable peer values.
- PB & CAMHPRO attended a monthly Tech Workgroup facilitated by Idea Engineering and provided feedback on a variety of topics, including:
 - Marketing materials such as recovery language on flyers
 - Verbiage for the official PADs website
 - Feedback for the PADs website user interface
 - Other feedback as necessary.
- PB & CAMHPRO participated in the recording of promotional videos for Idea Engineering relative to the Innovations project. The peers shared their story and provided perspective on why PADs are important.

Milestones

- PB & CAMHPRO and the County Peers worked together to get the first draft of the PAD template sent to Chorus so they could begin implementing the template in the Digital PADs Platform
- PB & CAMHPRO successfully incorporated Peer Values into the PAD template and eliminated stigmatizing language
- PB & CAMHPRO incorporated the peer voices and feedback from all 7 counties into the train-the-trainer curriculum and PAD template
- PB & CAMHPRO presented about project at SHARE's Peer Workforce Conference "Bridging Research and Practice"
- PB & and Kiran Sahota presented with Health Management Association (HMA) on PADs for the CARE Act
- PB brought peer needs and concerns to the PADs legislative workgroup
- PB & CAMHPRO made significant progress on the Train the Trainer Curriculum
- PB & CAMHPRO met all deliverables
- PB & CAMHPRO have made the PADs template so exhaustive that it serves as a "tool-box" for individuals in a mental health crisis

B. Challenges Encountered and Resolved During the Reporting Period

- 1) Balancing the needs of all counties.
 - Varying size of counties.
 - Population size, diversity and resources vary.
 - The amount of peers employed to send to work groups vary.
 - Some Counties face unique transportation issues due to the rural setting.
 - Some Counties face internet and technology inequity.

As a result the project began meeting with Counties on a separate basis so that we could assess and address the needs of each county.

- 2) There were several unanticipated challenges with getting feedback from the nine identified threshold language groups. Next year, we hope to focus on receiving feedback from target groups.

C. Plans and Expectations for the Next Reporting Period

- Complete Train the Trainer Curriculum and receive feedback from all 7 counties
- Train peers in all 7 counties to be trainer
- Develop peer advocacy groups to support the peer voice in PADs

D. Attachments

Attendance info:

https://drive.google.com/drive/folders/1LjubSb5Tja0bwEsQ5mXca3C_VAGucpIL

Convening Slideshow:

https://docs.google.com/presentation/d/1ZEC6_7t-h7Eb4EwsB1BKTZY52DSL9BiW/edit?usp=sharing&ouid=104331190930935840814&rtpof=true&sd=true

RAND – PADs Evaluation 2023 Year-End Summary

Summary of Activities and Accomplishments During the Reporting Period

RAND has attended ongoing meetings with subcontractors and/or counties in order to plan the evaluation and revise our approach based on the overall platform development. RAND has also met with Chorus and BBI on a 1:1 basis to discuss specific aspects of the proposed evaluation and to tailor the evaluations to reduce participant and/or county burden. RAND has also had monthly or bimonthly meetings with Painted Brain/CAMHPRO since May. These meetings have been used to discuss various aspects of the training evaluation, to learn more about the training curriculum under development, and to solicit feedback from Painted Brain/CAMHPRO on the evaluation survey with trainees.

RAND leads (Eberhart, Siconolfi) attended the September 2023 in-person convening in Orange County. RAND delivered a presentation on our work to-date and the proposed evaluation design for Peer Supporters (training evaluation) and Peers who completed a PAD (outcomes evaluation). The meeting also included group discussions and planning for a range of implementation and evaluation decisions.

Finally, the RAND team has continued biweekly internal team meetings for strategic planning between these larger, multi-stakeholder meetings.

Training evaluation

RAND developed and finalized the training evaluation protocol. This included a literature review to identify relevant constructs/measures, the development of a retrospective post-training survey and a post-training focus group protocol, and preparation of various logistics and administrative materials (e.g., recruitment materials, consent forms, info sheets, etc.). We submitted the training evaluation packet for Institutional Review Board (IRB) review/approval by RAND's internal IRB in December 2023.

Evaluation with Peers who completed a PAD

RAND also developed a workflow to enable a “two-level” evaluation with PADs platform users. The first level is a Mini Survey, an optional feedback form within the platform that elicits basic demographics, basic feedback on the PADs experience, and permission for future outreach by RAND. The second level is the “full evaluation” with PADs users. The sample for the full evaluation will be drawn from the Mini Survey participants who consented to outreach by RAND. We iterated the Mini Survey and its workflow (level 1) in consultation with counties and other subcontractors in 2023, and have finalized a working model. This aspect of the protocol was also submitted to RAND's IRB in December 2023. RAND is currently developing the remaining evaluation protocols (survey and/or interview/focus group protocols) for the Peer/PADs Consumer evaluation.

Challenges Encountered and Resolved During the Reporting Period

RAND has continued to adapt our originally-proposed evaluation to recent changes in the scope and focus of the innovation project.

RAND's evaluation activities inherently dependent on the development and implementation of the PADs Peer Supporter training and the launch of the PADs platform. In Fall 2023, RAND identified potential challenges to implementing the full evaluation within the remaining Phase 1 time (ending June 2025) if the launch of the training and/or platform was pushed back beyond early 2024. Our evaluation design includes longer-term follow-up windows (e.g., interviews/focus groups with trainees several months after they completed the training and have accrued "live" experience in the field facilitating PADs; surveys/interviews/focus groups with PADs consumers several months after they have completed their PAD). Further delays in the launch of the training and/or platform will shorten the period of time available for follow-up, because RAND will need time to analyze the data and prepare the final report before the project ends in June 2025.

We have communicated these potential challenges to the project coordinator and larger PADs Innovation group. As of December 2023, we believe we will still be able to implement the training and outcomes evaluations as-planned if the training and platform hit the launch targets of January/February 2024. Based on the degree of timeline slippage for training/platform launch beyond that target, we may need to shorten follow-up windows, or truncate some evaluation activities.

Plans and Expectations for the Next Reporting Period

The RAND team expects that data collection for its evaluation will begin shortly after the New Year.

RAND will also finalize the remaining evaluation protocols (survey and/or focus groups with Peers who have completed a PAD) and submit this for IRB review and approval. Following approval, we expect to launch this aspect of data collection in Spring 2024.

RAND will also begin working on analysis and reporting, following the implementation of data collection.

Anticipated accomplishments by end of FY2024

Based on the current overall project timeline, we anticipate that RAND will have launched and implemented training-related evaluation activities. We also expect that we will have developed and launched activities focused on the Peer-level impacts of PADs.



Fiscal Intermediary Updates for 2023

Overview

Syracuse University continued to serve in the role of Fiscal Intermediary for the Psychiatric Advance Directives (PADs) Project, which is a Mental Health Services Act Innovations Project involving the collaboration of multiple California Counties; namely, Contra Costa County, Fresno County, Mariposa County, Monterey County, Orange County, Shasta County and the Tri-City Mental Health Authority. In addition to the expertise and excellence in the programmatic areas of Disability Research and Advocacy that Syracuse University's Burton Blatt Institute brings forth to the PADs Project, Syracuse University has a dynamic research administration team that supports the world-class, top-tier research performed on campus and around the world. Syracuse University's Office of Sponsored Programs and Office of Sponsored Accounting provide the critical infrastructure to support the PADs Project contract(s) administration and fiscal oversight. Our offices primary functions are to facilitate the responsible and efficient stewardship of grant and contract funded projects from various external funding agencies. As a result of the significant federally funded research conducted by Syracuse University, we are required by federal policy, law, and regulations to have rigorous and well-documented fiscal oversight measures in place to responsibly administer these funds. Syracuse University routinely undergoes multiple audits from various agencies and external auditors with no material weaknesses noted in past years. Lastly, Syracuse University is a proud member of the Federal Demonstration Partnership (FDP), which is a cooperative of 10 federal agencies and over 200 research intensive institutions with the primary purpose to reduce the administrative burdens associated with research grants and contracts.

Why is this important to the PADs Project which is not federally funded? Syracuse University is able to leverage the best practices learned through its FDP membership to the benefit of all externally sponsored projects, including the PADs project. A prime example of this benefit is the University's enrollment in the FDP Expanded Clearinghouse which essentially provides a public facing organizational profile of Syracuse University, including audit and financial data that is regularly updated on an annual basis. To review Syracuse University's profile at any given time, simply navigate to this website (<https://fdpclearinghouse.org/organizations/196>) for the most recent information.

2023 Updates

Representatives from Syracuse University attended and presented at the PADs Project meeting held in Anaheim, CA September 11-12, 2023. Stuart Taub, Director, Office of Sponsored Programs, provided an overview presentation on Syracuse University's role, responsibility and financial update as the fiscal intermediary and fielded questions from the County representatives in attendance. Gary Shaheen, Project Director, Burton Blatt Institute, provided a presentation reflecting the Burton Blatt Institute at Syracuse University's progress on the Orange County Evaluation engagement with the PADs Project, and each fielded questions from County representatives following his presentation.

Seven (7) California Counties are actively engaged in funding the PADs Project, and with their authorization Syracuse University engaged subcontractors providing the necessary services for the PADs Project in the areas of Lead Project Management, Technology Platform Development, Marketing & Communications, PADs Advisory and Training, Peer Organization and Evaluation. During the 2023, with authorization from the Counties Syracuse University closed out the subcontract with Hallmark Compass and engaged Alpha Omega Translations.

Payment of subcontractor invoices continued in 2023 based on the proportional allocation distribution as originally established and each with approval from the Lead Project Manager. In **Table 1** below, we provide a fiscal status update of the PADs Project through December 31, 2023, on a County-by-County basis. Cumulatively across all counties, the project expenditures are tracking at 53.9% of the current **PADs Project** budget period which is from inception through June 30, 2025. **Table 2** reflects subrecipient spending to date. The “Obligated Amount” reflects each subcontractor’s total budget for the period through June 30, 2024.

Please note, the time frames in which certain counties and subcontractors became engaged impacted the rates of expenditures shown. Contra Costa County’s and Tri-City Mental Health Authority’s involvement began months later than the other Counties. The largest portion of Mariposa County’s budget is allocated to a Peer Organization for which Contra Costa County and Tri-City Mental Health Authority also include in their budgets but with subsequent start dates. The subcontract with Alpha Omega Translations was not executed until the summer of 2023. However, it is still expected the rate of expenditures for these counties will become more aligned with the overall allocation by the period ending June 30, 2024. Also, Fresno County’s budget is compressed and scheduled to fully expend by June 30, 2024 compared to the others which are expected to end by June 30, 2025.

Table 1

Total Project Spending

County	Total Budget ending 6/30/24*	Actual Expenditures	% Expended
Contra Costa	\$1,211,136	\$386,125	31.9%
Fresno	\$863,087	\$555,968	64.4%
Mariposa	\$79,660	\$61,650	77.4%
Monterey	\$498,828	\$256,606	51.4%
Orange	\$9,545,470	\$5,382,257	56.4%
Shasta	\$207,735	\$107,779	51.9%
Tri-City	\$313,264	\$104,355	33.3%
PADS Project Sponsors	\$12,719,180	\$6,854,740	53.9%

Table 2**Subrecipient Spending**

Subcontractor	Invoiced through	Obligated Amount	Actual Expenditures	% Expended
Concepts Forward	11/30/2023	\$656,181	\$449,828	68.6%
Chorus	11/30/2023	\$7,300,000	\$5,491,665	75.2%
Idea	10/31/2023	\$478,215	\$302,435	63.2%
Rand	10/22/2023	\$647,270	\$137,310	21.2%
Painted Brain	7/31/2023	\$296,593	\$175,037	59.0%
Hallmark	06/30/2023	\$73,440	\$73,440	100%
Alpha Omega	8/31/2023	\$206,607	\$1,650	0.8%