

Planning Advisory Committee Meeting

October 19, 2023



Agenda

Time	Topic	Presenter
10:00-10:10	Welcome and Announcements	<ul style="list-style-type: none"> Michelle Smith
10:10 – 10:20	What is MHSA/PAC Updates to MHSA Policy Review of Previous Feedback	<ul style="list-style-type: none"> Michelle Smith
10:20 – 11:00	Orange County CARE -Act	<ul style="list-style-type: none"> Geoffrey Glowalla
11:00 – 11:55	Orange County Psychiatric Advance Directives	<ul style="list-style-type: none"> Flor Yousefian Tehrani Jacob Heer Michelle Young-Sambajon
11:55- 12:00	Debrief, Next Months In Person Topic, and Closing	<ul style="list-style-type: none"> Michelle Smith
Next Meeting	<p style="text-align: center;"> November 16, 2023 Suicide Prevention Plan Overview and Implementation Planning– Intersection of Crisis Services Steering Committee 10am – 2pm Behavioral Health Training Center 750 The City Drive Suite 130 Orange CA, 92868 </p>	<ul style="list-style-type: none"> To register: Registration for In-person MHSA PAC Meetings Send an email to: mhsa@ochca.com

Announcements

Mental Health Services Act (MHSA) Planning Advisory Committee (PAC) Overview

MHSA Policy Advisory Committee (PAC) Overview



The MHSA Planning Advisory Committee (PAC) is a structured way for individual stakeholders to **share their opinions and perspectives, study programs, services, and issues, and develop recommendations in a focused, group structure.**

The primary **purpose** of the MHSA Planning Advisory Committee (PAC) is to provide thoughtful recommendations or observations, from a diverse stakeholder perspective, to MHRS as related to MHSA programs, implementation, evaluation, quality improvement, finance, and policy.

The PAC is an open forum for all interested stakeholders.

MHSA PAC Overview

PAC activities are dynamic and intended to enable the PAC to discuss and formulate thoughtful input and/or recommendations related to MHSA programs/services in a timely manner.

Examples of activities may include:

- Study of issues, policy changes, or review of current programs
- Overviews of data, research or program/service evaluation information
- Review of staff reports
- Review of recommendations

Policy Update: Proposition 1

Both SB-326 (Behavioral Health Reform) and AB 531 (\$6.4B Bond to build treatment facilities and housing) passed through the Legislature and were signed into law

Portions of SB-326, specifically related to MHSA, and AB-531 will be included on the March 5, 2024, primary election ballot as Proposition 1, allowing voters to determine if they support changes to MHSA and approve the \$6.4B bond

Policy Update: Proposed Changes to MHSA

Proposed Changes to MHSA include:

- Updating target populations from unserved, underserved individuals living with serious and persistent mental illness to homeless, justice involved, child welfare involved individuals living with serious mental illness and/or substance use disorder; changes name to Behavioral Health Services Act (BHSA)
- Doubles the state's allocation of the tax from 5% to 10% to fund new state workforce and prevention initiatives
- Three new pots of money for programs: Full Service Partnerships (35%), Behavioral Health Supports (35%), and Housing Interventions (30%). The change shifts resources from mental health services to housing interventions
- Elimination of county-based prevention funding
- Requires state to develop funding for required reporting and data collection

Mental Health Services Act
Planning Advisory Committee
September 21, 2023
Overview of Stakeholder Feedback

High Clinical Risk and Early Intervention for Psychosis

Breakout Room Recap



Breakout Room Questions:	Summary:
<p>Based on the information presented concerning individuals at high clinical risk of psychosis, what are some additional strategies that can identify individuals at risk even sooner?</p>	<p>Emphasis on Pediatricians: highlighted the importance of focusing on pediatricians in outreach efforts. Strategies with Children's Hospital of Orange County were seen as positive steps in this direction.</p>
	<p>Deaf Children and Language Barriers: drew attention to the challenges faced by deaf children, particularly when it comes to recognizing symptoms and receiving appropriate care. Language barriers, with interpreters playing a crucial role, can complicate the diagnosis and management of issues in deaf children.</p>
	<p>Importance of Expertise and Training: the need for interpreters and healthcare providers to be well-versed in mental health language and the specific needs of the deaf community. TTOC's collaboration with experts like Dr. Jason Schiffman, who provides training on early psychosis and early intervention, was highlighted as a step to address these challenges.</p>

Breakout Room Recap



Breakout Room Questions #1:	Summary:
1. Based on the information presented around early identification and high clinical risk for psychosis, what are some additional strategies that can identify individuals at risk even sooner?	School-Based Training: suggested that teachers and school staff could be trained to recognize warning signs and symptoms when students write essays or respond to questions.
	Autism and Schizophrenia Connection: pointed out a potential connection between autism and schizophrenia, which warrants further investigation.
	Early Warning Signs Awareness: emphasized the need for better communication and education on early warning signs.

Breakout Room Recap



Breakout Room Questions #2:	Summary:
<p>2. In healthcare, we often qualify “client success” as reduction in symptoms.</p> <p>When thinking about yourself, your friends, family members, or others that may be living with psychosis what are additional “outcomes” that also indicate success?</p> <p>Please describe what wellness and/or recovery look like.</p>	<p>Functionality: Success is defined by an individual's ability to function effectively in their daily life.</p>
	<p>Reducing Burden on the Family: Success also involves reducing the burden on the individual's family members.</p>
	<p>Consistent Attendance in Therapy: Attending therapy consistently is a significant achievement.</p>

Breakout Room Recap



Breakout Room Questions #2:	Summary:
<p>2. In healthcare, we often qualify “client success” as reduction in symptoms.</p> <p>When thinking about yourself, your friends, family members, or others that may be living with psychosis what are additional “outcomes” that also indicate success?</p> <p>Please describe what wellness and/or recovery look like.</p>	<p>Agreeing to Medication: For some individuals, agreeing to and adhering to prescribed medications is a crucial aspect of treatment.</p> <p>Reintegration into the Community: Preparing incarcerated youth for successful reintegration into the community is a vital goal.</p> <p>Self-Awareness and Coping Strategies: Demonstrating an increased level of self-awareness and the use of healthy coping strategies to manage stress, anger, or other emotions is a critical aspect of recovery.</p>

Breakout Room Recap



Breakout Room Questions #2:	Summary:
<p>3. Based on the positive outcomes and the prioritized population, would you support expansion of programs like Program for High Clinical Risk of Psychosis and OC CREW?</p> <p>Please discuss your perspective in your response.</p>	<p>Needs and Gaps Analysis: stresses the necessity of conducting a comprehensive needs and gaps analysis.</p>
	<p>Information on Response Times: calls for information about the number of days between initial contact and response time.</p>
	<p>Waitlist and Data: interested in knowing if there's a waitlist for the programs and whether expansion could alleviate any potential backlog.</p>



CARE-Act



What is CARE?

Community
Assistance
Recovery &
Empowerment

Care is a “new civil court process”
established to:

- Focus counties and other local governments on serving persons with **untreated schizophrenia spectrum or other psychotic disorders**.
- Provide **behavioral health and other essential resources** and services.
- **Protect self-determination and civil liberties** by providing legal counsel and promoting supported decision making.
- **Intervene sooner** in the lives of those in need to provide support.

Who does this program serve?

- Adults, 18 years or older.
- Diagnosed with a Schizophrenia Spectrum and Other Psychotic Disorders.
- Currently experiencing behaviors & symptoms associated with severe mental illness (SMI).
- Not clinically stabilized in on-going voluntary treatment.
- At least one of the following:
 - Unlikely to survive safely without supervision and condition is substantially deteriorating.
 - Needs Services & supports to prevent relapse or deterioration, leading to grave disability or harm to others.
- Participation in CARE Plan or Agreement is the least restrictive alternative.
- Likely to benefit from participating in a CARE Plan or Agreement.



Who can petition?

Family/Home

- Persons with whom respondent resides.
- Spouse, parent, sibling, adult child, grandparents, or another individual in place of a parent.
- Respondent (i.e. self petition)

Community

- First responder (e.g., firefighter, paramedic, mobile crisis response, homeless outreach worker)
- Director of a Hospital, or designee, in which the respondent is hospitalized.
- Licensed behavioral health professional, or designee treating respondent for mental illness.
- Director of a public /charitable organization providing behavioral health services or whose institution respondent resides.

County

- County behavioral health director, or designee
- Public Guardian or designee.
- Director of adult protective services or designee.

Tribal Jurisdiction

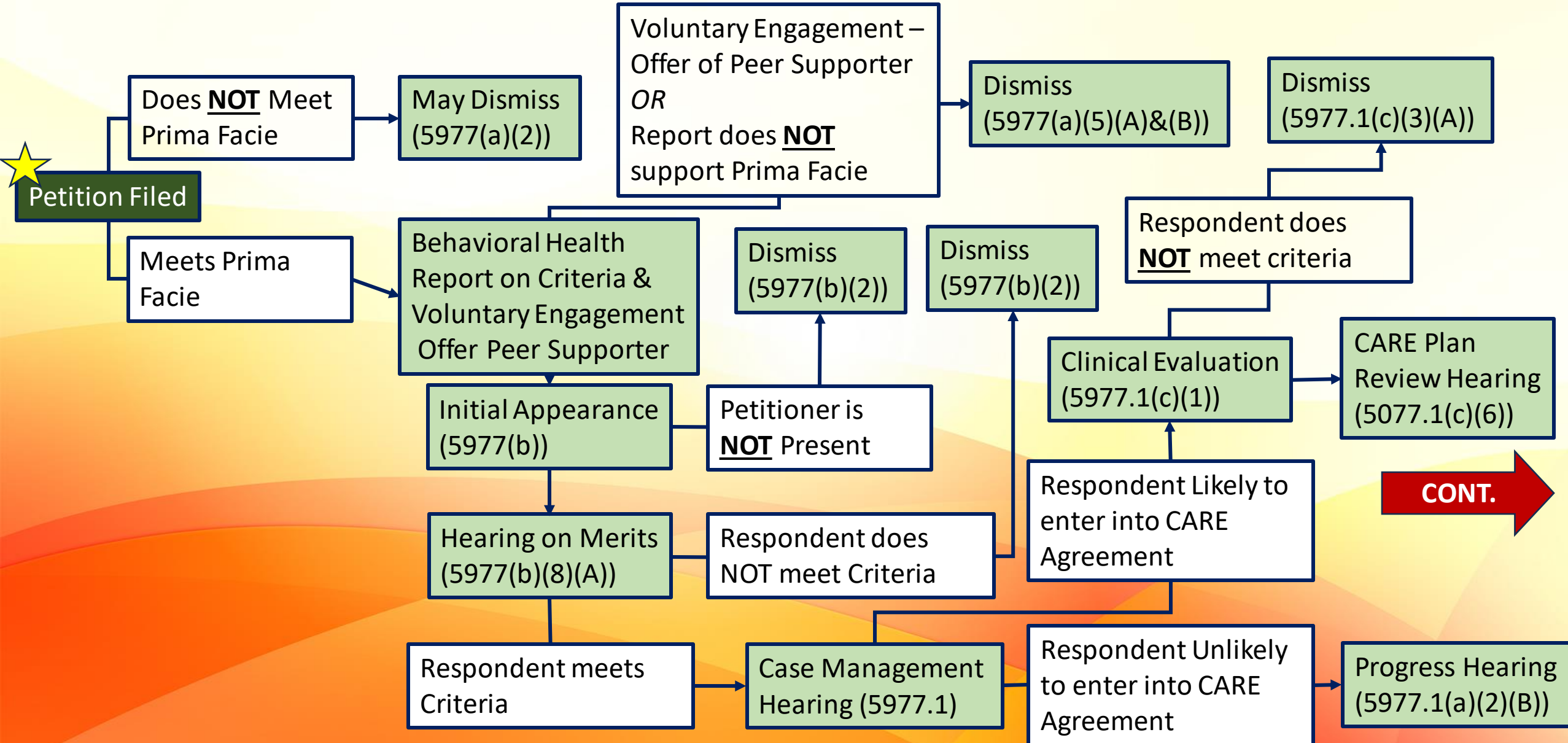
- Director of a California Indian health services program, California tribal behavioral health department, or designee.
- Judge of a tribal court located in CA, or designee.

How to file a petition?

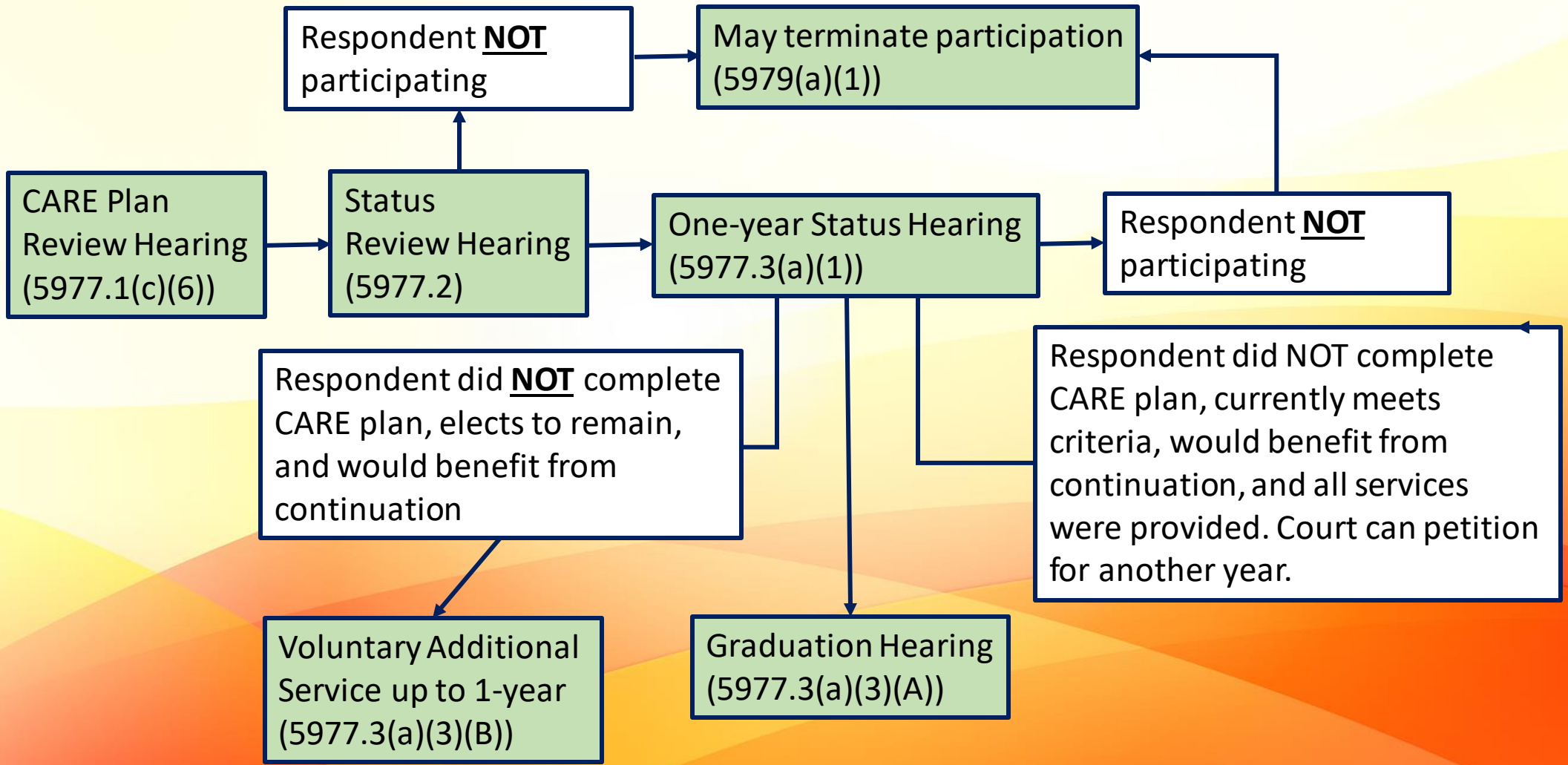


- Complete petition (CARE-100) – remember to fill out **ALL** requested information.
- **Additionally**, provide the required documentation.
 - Completed **Mental Health Declaration (CARE-101)** from licensed behavioral health provider **OR**;
 - Evidence the respondent was detained for a minimum of **TWO** periods of intensive treatment (**WIC 5250 holds**), the most recent episode being within the last **60 days**.

CARE in Orange County



CARE in Orange County *Continued...*



What is in a **CARE Agreement/Plan?**



Behavioral Health Service



Medication Management



Housing Resources



Social Services & Supports



How is **CARE** Act **Different** From AOT?

CARE has a narrow list of mental illness diagnosis which qualifies.

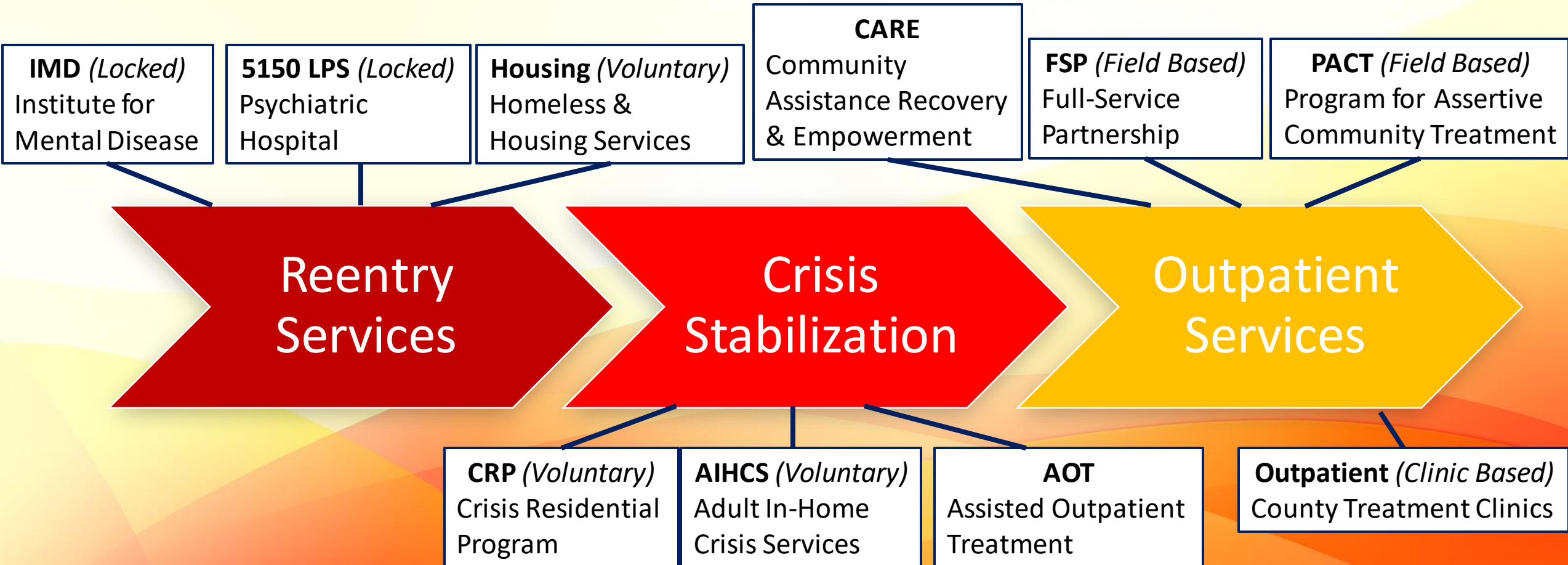
CARE has large list of qualifying petitioners.

CARE allows for a supporter to assist with treatment team and supportive decision making.

CARE duration is for one year (with a second year granted if necessary).

CARE will be available in every county statewide by 2025 – no matter the insurance plan.

Other **Orange County Programs** Available





Supporter Role in CARE

What's in a CARE Agreement or CARE Plan?



Behavioral Health Services



Medication Management



Housing Resources



Social Services & Supports

Self-determination in CARE

Each respondent:

- Is offered legal counsel
- May choose a volunteer
CARE Supporter
- Has the support of the full
behavioral health clinical team
- May develop a Psychiatric
Advance Directives (PADs)

CARE Act **cannot**:

- Forcibly administer medications
- Penalize for non-compliance
- Return to criminal case
(if originated there)



CARE Act Supporter

Supporter can be a:

- Friend
- Family member
- Faith leader
- Mentor
- A person with lived MH/SUD experience
- Behavioral health or social service provider
- Anyone the respondent chooses

Key principles of the supporter role:

- Supported decision-making
- Avoiding personal bias
- Trauma-informed care
- Confidentiality



CARE Act Supporter's Role

- Help understand, make, and communicate decisions and express preferences throughout the CARE proceedings
- Help strengthen capacity to exercise autonomous decision-making
- Respect respondent's values, beliefs, and preferences
- Abide by laws that protect individuals being supported
- Help maintain autonomy by developing voluntary supports
- Support the will and the preferences of the respondent
- Avoid conflicts of interest
- Understand they can be removed by court due to conflict

CARE Act Supporter

CAN

Participate in meetings and communication regarding a respondent's:

- Psychiatric evaluation
- Development of a CARE agreement or CARE plan
- Development of a graduation plan
- Judicial proceedings and status hearing
- Completion of a psychiatric advance directive (PAD)

CANNOT*

- Make decisions on behalf of the respondent unless it is necessary to prevent imminent harm
- Sign documents on behalf of the respondent
- Waive confidentiality
- Be subpoenaed and called to testify against the respondent in any proceeding

**unless authorized by the respondent with capacity*

Key Takeaways

CARE Act

- Is a civil proceeding, not criminal
- Promotes self-determination and shared decision making
- Is non-adversarial but to encourage, facilitate, plead for path to recovery
- Is to act earlier to prevent conservatorship or incarceration
- Seeks both participant and system accountability and success

Questions?



MHSA PAC Discussion

Before we move into our overview and discussion about PADS, does anyone have any questions related to CARE?

Developing Psychiatric Advance Directives in California

Psychiatric Advance Directives MHSA Innovation Project Update

Presented by
Flor Yousefian Tehrani
October 19, 2023



Psychiatric Advance Directives (PADs)

Definition & purpose:

- A PAD is a self-directed legal document that details a person's specific instructions or preferences regarding future mental health treatment.
- When handled skillfully, a PAD is a powerful tool to increase a person's quality of care within the mental health and justice-involved settings.



Promotes Autonomy
and Empowerment



Improves
Communication



Prevents Crisis
Situations



Reduces use of
involuntary treatment

Supported Decision-Making

Definition & purpose:

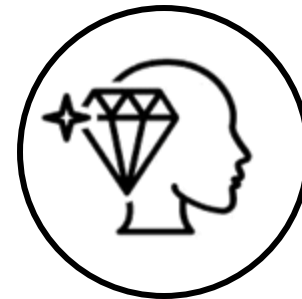
- A decision-making methodology where people work with friends, family members, and professionals who help them understand the situations and choices they face so they may make their own informed decisions and direct their lives.



Known and trusted to the individual



Agrees to uphold the individual's decisions



Enhances decision-making clarity



Supports self-confidence and empowerment

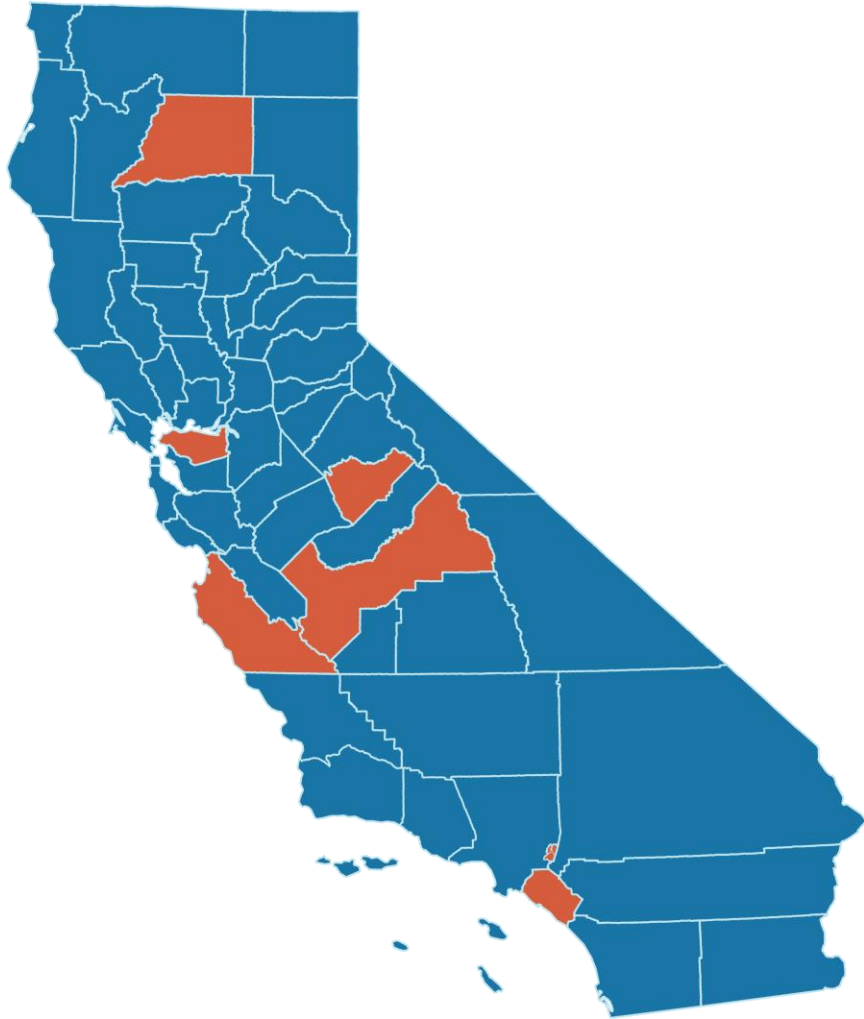
Background

History & Use:

- Since the 1990's, 27 states have enacted instructional PADs statues.
- The expected widespread use of PADs never came to fruition due to operational and implementation barriers.
- Individuals can create a PAD, but there is no standard template for guidance, or training for healthcare providers.

Barriers

- Focus on physical health versus whole-person health
- Lack of awareness, understanding and training on benefits and use
- Difficulty engaging consumer
- Length and number of different PAD templates is confusing
- Perception that PADs are cumbersome/ time-consuming
- Skepticism in honoring PAD
- Lack of access to the document
- Legal constraints



PADs Multi-County Project

The PADs INN project is a **time-limited**, multi-county project that seeks to **develop and pilot the implementation of digital PADs** in specific target populations in counties across the State.

Participating counties will **pilot PADs with adults** (ages 18+). The decision to create a **PAD is voluntary**. Each county has a specific population or program as its focus to identify learnings across diverse groups.

The innovative component of this project is the **development and use of a digital platform to create, store, access and share PADs**.

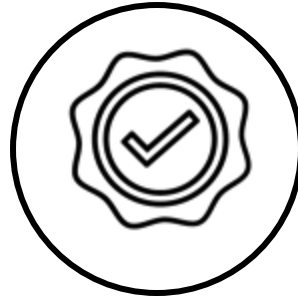
For more information visit the project website at www.padsca.org

PADs Project Objectives



Awareness

- Conduct listening sessions to inform the community about the benefits and use of PADs.
- Create a standardized PADs template with stakeholder input.
- Develop a cloud-based PADs Platform designed to create, store, access and share PADs.



Acceptance

- Develop a standardized PADs Train-the-Trainer curriculum.
- Implement standardized training at county-specific pilot sites/ programs.
- Create a standardized PADs training "tool-kit".

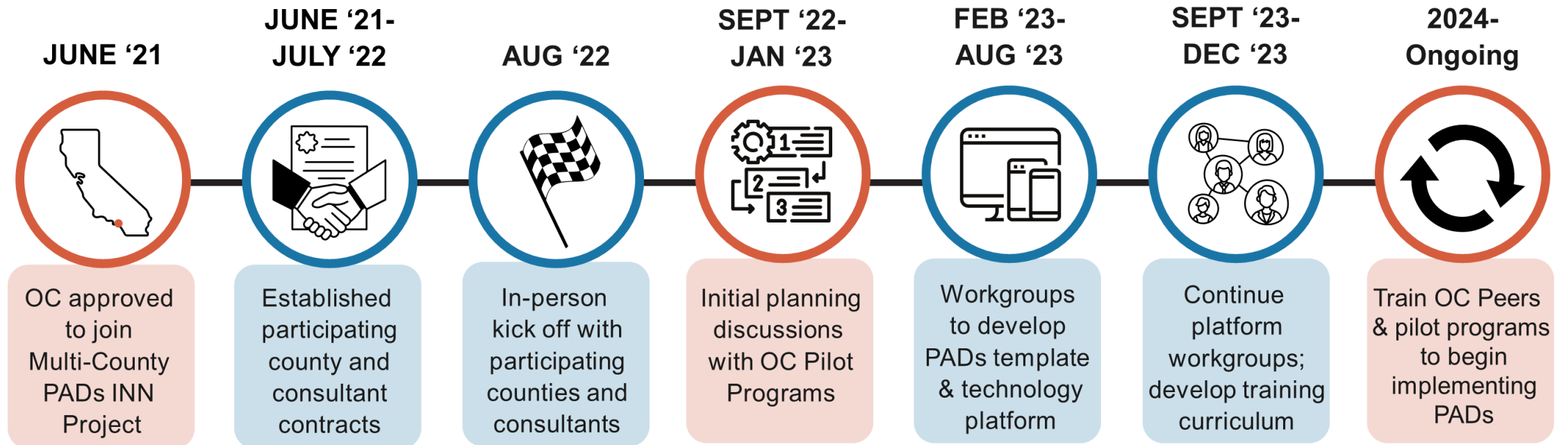


Adoption

- Encourage consumers to create individualized PADs with their Peer Support Specialists.
- Use a Learning Management System for PADs training and material access.
- Advocate for legislation for PADs use and sustainability.

PADs Project Timeline

Multi-County and OC-specific activities:



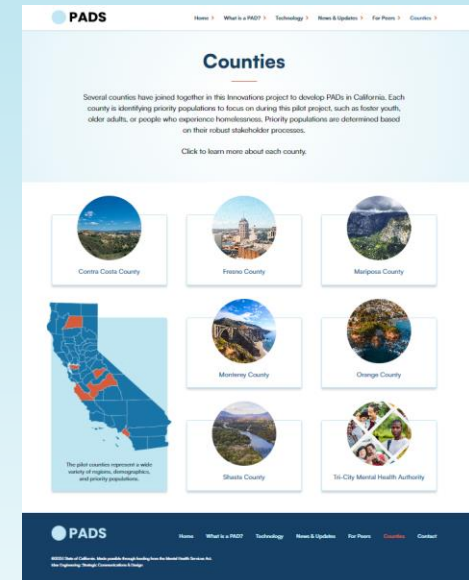
Marketing Workgroups

Purpose & Activities:

- Workgroups with project partners and multi-county stakeholders to gather input on branding and marketing strategies.
- 9 workgroups to date to create:
 - Multi-County project website
 - Project logo and tagline
- Upcoming Activities:
 - Film PADs introductory videos
 - Develop a PADs “toolkit”.

Accomplishments

Website: www.padsca.org



Logo & Tagline:



Template Workgroups

Purpose & Activities:

- Workgroups with multi-county peers, family members, caregivers, and stakeholders to gather feedback on the PADs template content and structure.
- 18 listening sessions, 9 workgroups to date.
- Upcoming Activities:
 - Develop the Train-the-Trainer Curriculum
 - Train County peers

Template Sections

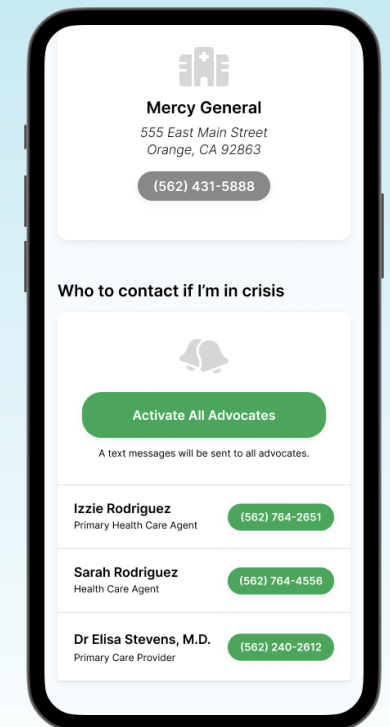
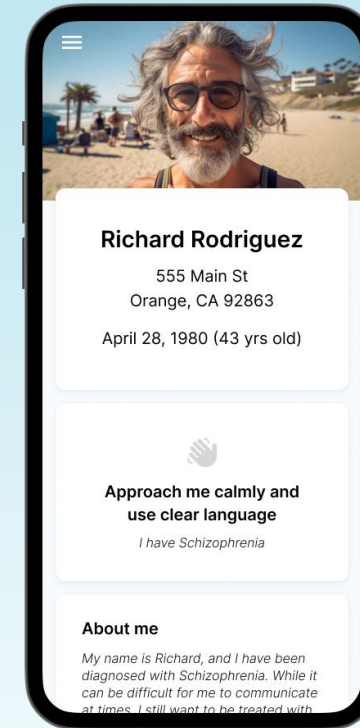
rev 6.30.23	
Template Category	Tab Title
1 Table of Contents	Table of Contents
2 Summary One Pager	*SUMMARY - Peer Page
3 Current Medical Conditions	*Psychoactive Medication
4 Current Medical Conditions	*Convulsive Treatment, ECT
5 Treatment Preferences	*Preferences for Emergency Treatment
6 Accessibility	*Agents & Supporters
7 Crisis Team Support	*Law Enforcement & Crisis Workers
8 Consent	*Signature Page
9 Accessibility	Effective Communication and Reducing Misunderstandings
10 Accessibility	Disabilities
11 Treatment Preferences	Directive if I am hospitalized
12 Treatment Preferences	Preferences Regarding Treatment Facilities
13 Current Medical Conditions	Critical physical medical conditions
14 Current Medical Conditions	Gender Affirming Treatment
15 Current Medical Conditions	Reproductive Justice
16 Recovery and Reentry Supports	Housing
17 Recovery and Reentry Supports	Employment
18 Recovery and Reentry Supports	Education
19 Recovery and Reentry Supports	Natural Disasters
20 Consent	My Choices Regarding Experimental Studies and Drug Trials

Technology Workgroups

Purpose & Activities:

- Workgroups with multi-county peers, law enforcement and first responders to create a user-friendly web-based PAD platform.
- 33 specific workgroups to date:
 - 13 peer, 12 family and caregiver, 8 first responders
- Upcoming Activities:
 - Continue workgroups
 - Build platform and pilot/ beta-test

Sample Profile



PADs Technology Platform Overview, Demo & Community Feedback

Presented by
Chorus Innovations, Inc.

chorus



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.

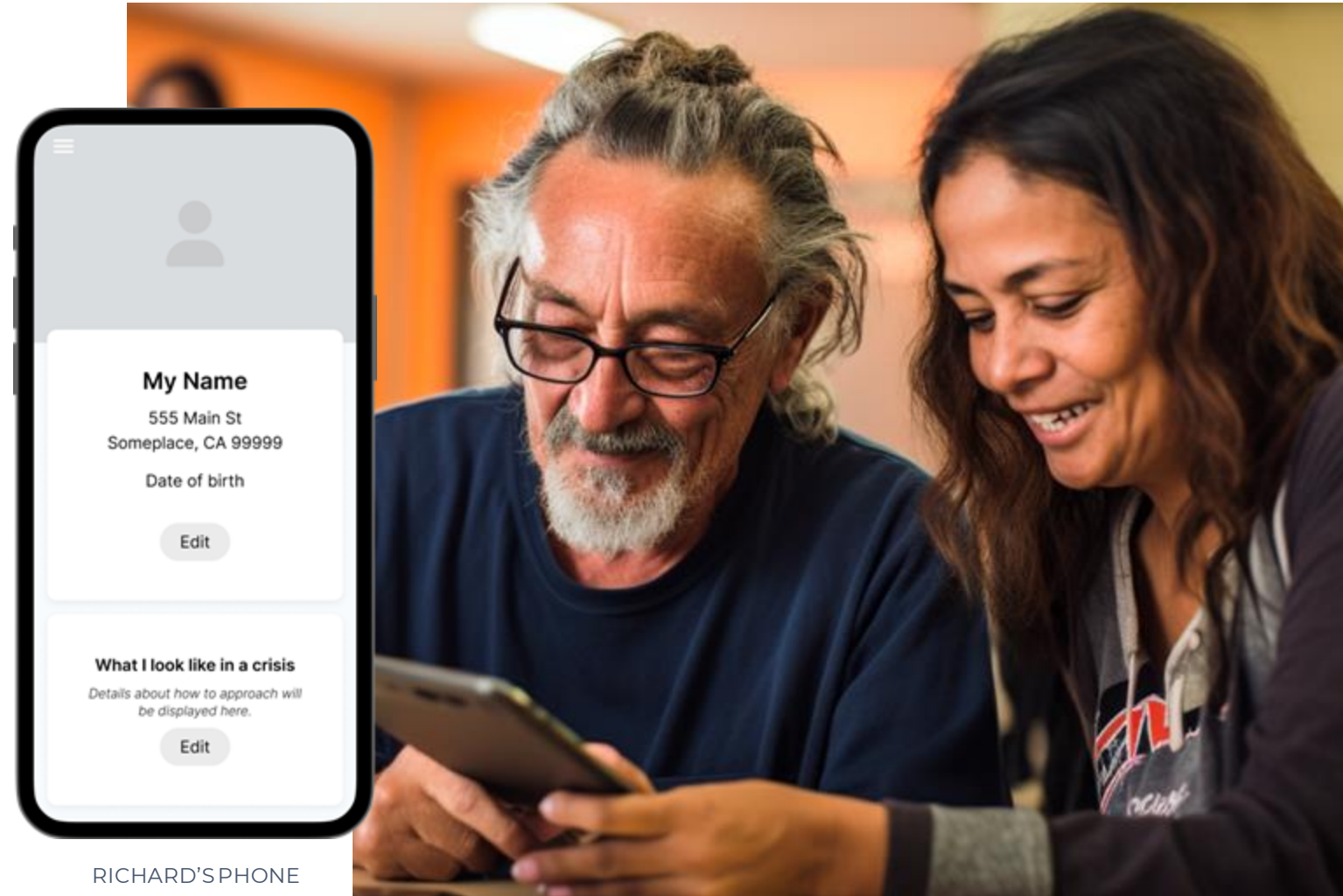


ONBOARDING & SETUP

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

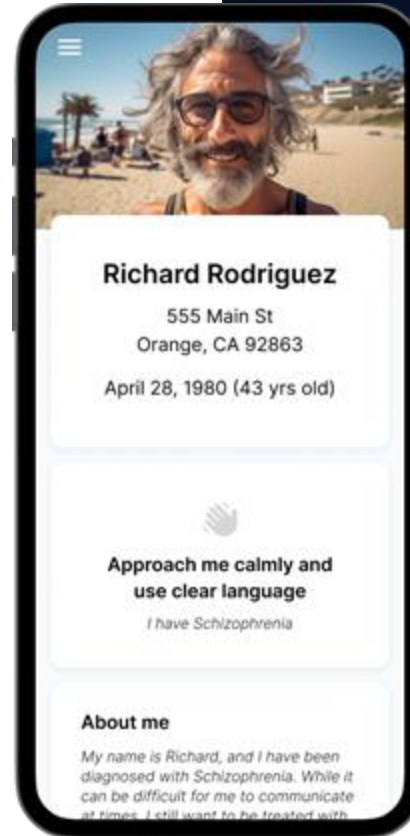


RICHARD'S PHONE

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



ACTIVATING ADVOCATES

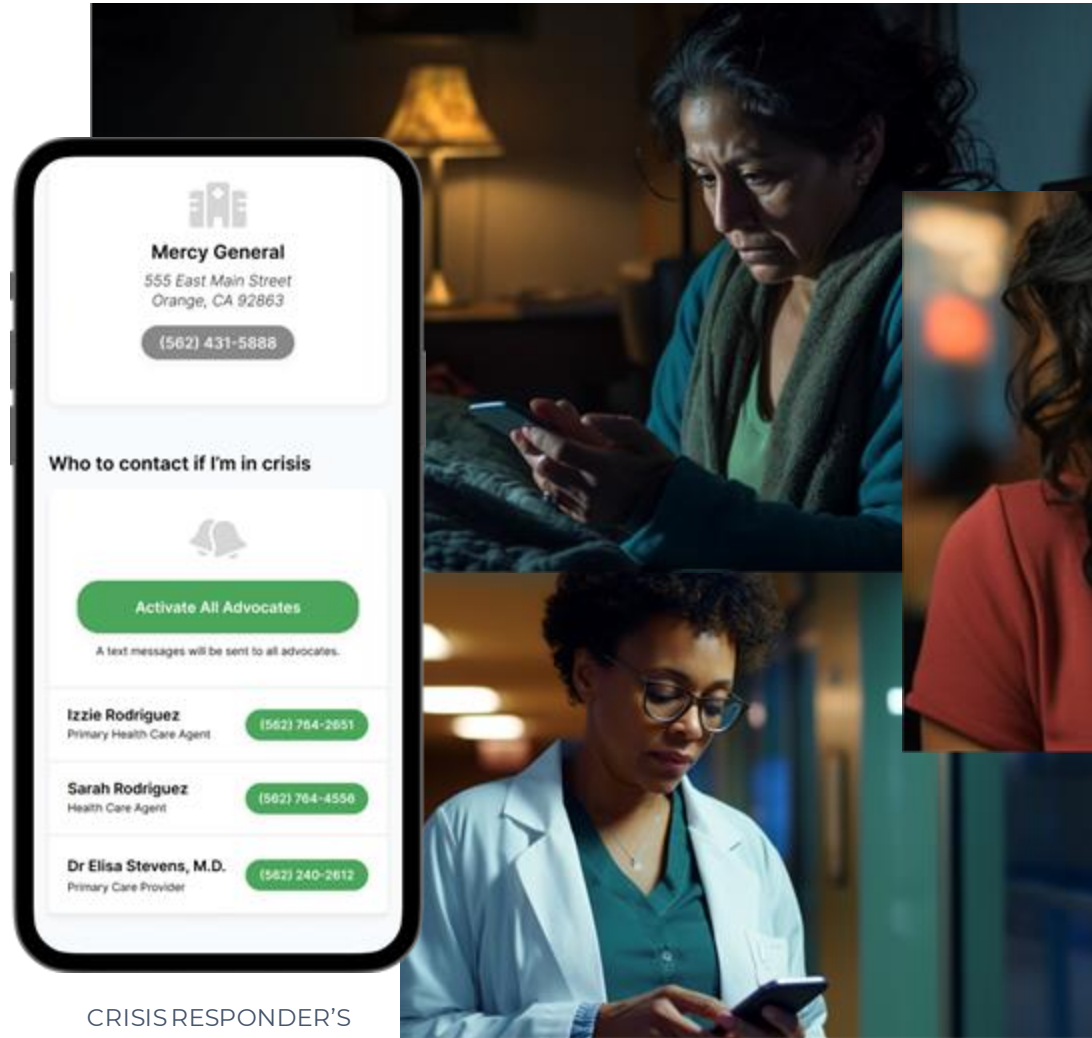
Activate his community in one place.

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](tel:(562)764-2651)



CRISIS RESPONDER'S PHONE

FOR FIRST RESPONDERS AND SERVICE PROVIDERS

Accessing Psychiatric Advance Directives

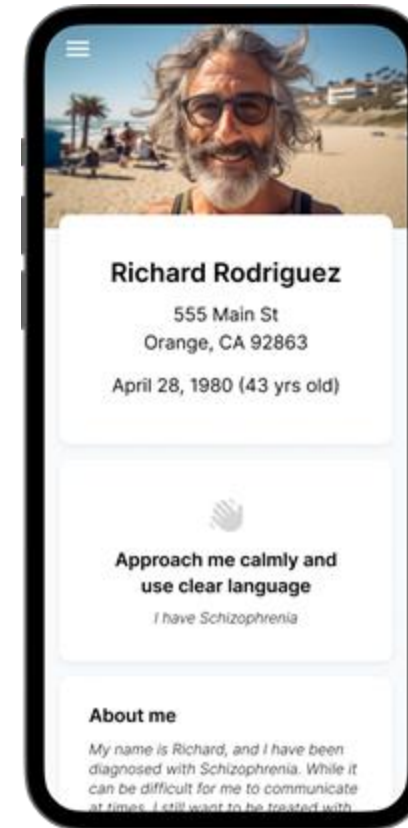
Real-time PADs access for authorized Staff

Professionals who have been granted access can lookup PADs in real-time, ensuring the information is actionable in the field and informs care decisions.

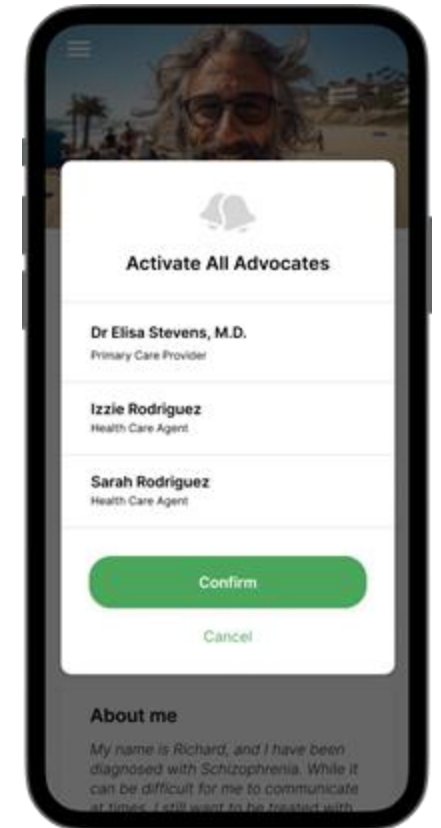
- Supports engagement and creating trust with the individual in crisis, increasing likelihood of voluntary treatment.
- Reduce recidivism in local jails and emergency rooms.
- Help to provide appropriate resources.



Search for PAD



View the PAD



Activate PAD

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.



Discussion



MHSA PAC Discussion

CARE Act Websites



CA Department of Health Care Services
www.dhcs.ca.gov/Pages/CARE-ACT.aspx



CA Health & Human Services Agency
www.chhs.ca.gov/care-act/



Judicial Council of California
www.courts.ca.gov/48654.htm



CARE Act Resource Center
www.care-act.org

 **Links**^{24/7}
855-OC LINKS
(855-625-4657)
Behavioral Health Services Line

 **Navigator.org**



Debrief

- Please complete the Zoom Polls
- November 16 – In person PAC Meeting!
 - **Suicide Prevention Plan Overview and Implementation Planning and the Intersection of Crisis Services**
 - 10 am – 2pm
 - Behavioral Health Training Center: 750 The City Drive South, Suite 130, Orange CA 92867

MHSA Office

mhsa@ochca.com

714-834-3104



Gift Card Survey

