



# Mental Health Services Act Innovation Project Proposal Psychiatric Advance Directives (PADS)

**30-Day Public Comment: April 23, 2021 – May 23, 2021**

Number of Public Comments Received: 2

The MHSA Office distributed emails to all email distribution lists (MHSA Steering Committee, Be-Well lists, MHSA Interested Groups, Community Engagement Meeting attendees).

Full versions of the Public Comments are attached



County of Orange  
Health Care Agency, Behavioral Health Services  
MHSA Office  
405 W. 5<sup>th</sup> St. Suite 354  
Santa Ana, CA 92701



Phone: (714) 834-3104 E-mail: [mhsa@ochca.com](mailto:mhsa@ochca.com)

**Mental Health Services Act**  
**30-Day Public Comment Form**

PERSONAL INFORMATION			
Name	Matthew Holzmann		
Agency/Organization	NAMI Orange County		
Phone number		E-mail	
Mailing address (street)			
City, State, Zip			
MY ROLE IN THE MENTAL HEALTH SYSTEM			
<input type="checkbox"/>	Person in recovery	<input type="checkbox"/>	Probation
<input type="checkbox"/>	Family member	<input type="checkbox"/>	Education
<input type="checkbox"/>	Service provider	<input type="checkbox"/>	Social Services
<input type="checkbox"/>	Law enforcement/criminal justice	<input type="checkbox"/>	Other (please state)
COMMENTS			
<p>I am in favor of spending either the \$900,000 originally proposed in the MHSA Innovation proposal of May, 2020 or even of the \$2 million proposed in the most recent MHSA proposal. PADs are a powerful tool in enabling individuals with lived experience to express their needs while in crisis.</p> <p>However, the additional \$11 million+ to add a PADS function to an app is, I believe, not a sound use of innovation funds.</p> <p>A PAD is already legally binding in California once a durable power of attorney is notarized and can be added to advance directives, which are already a part of EHR's. PADs are one component in a Wellness &amp; Recovery Action Plan.</p> <p>CSU's, ED's, and the jails are not the time or place to plan a psychiatric advance directive. In fact, these are crisis centers by definition. A PAD is a <u>planning</u> document for crisis and thus should be executed when the individual is in recovery and fully aware of the issues and choices offered.</p> <p>To add a PAD to an app is, I believe not at all useful. In crisis the individual is usually unable to make rational decisions nor in some cases even to remember a password, much less a PAD. Also, to expect first responders to access an individual's PAD in crisis is unreasonable. Lastly, the amount of \$11 million to develop such an app is exorbitant and a waste of public funds.</p>			



County of Orange  
Health Care Agency, Behavioral Health Services  
MHSA Office  
405 W. 5<sup>th</sup> St. Suite 354  
Santa Ana, CA 92701



Phone: (714) 834-3104 E-mail: [mhsa@ochca.com](mailto:mhsa@ochca.com)

**Mental Health Services Act** [Psychiatric Advance Directives - Multi-County Collaborative - Innovation Project](#)

**30-Day Public Comment Form- Ending May 23, 2021**

PERSONAL INFORMATION			
Name	Steve McNally		
Agency/Organization	Family Advocate/ Family Voice BrainHealth247.org		
Phone number		E-mail	
Mailing address (street)			
City, State, Zip		CA	
MY ROLE IN THE MENTAL HEALTH SYSTEM			
<input checked="" type="checkbox"/>	Person in recovery	<input type="checkbox"/>	Probation
<input checked="" type="checkbox"/>	Family member	<input type="checkbox"/>	Education
<input type="checkbox"/>	Service provider	<input type="checkbox"/>	Social Services
<input type="checkbox"/>	Law enforcement/criminal justice	<input type="checkbox"/>	Other (please
COMMENTS			

**Our Mental Health Journey:** I am a family member whose adult son is on disability and conservatorship with a diagnosis of Schizophrenia/ Co-Occurring Substance Abuse Diagnosis. Our restored family relationships result from the Family creating a safe space for recovery and our ill loved one developing the coping skills for the symptoms of his brain illness. Thankfully, my son has been able to access many public resources, which he is just now taking full advantage.

**I Am Informed and Support PADS** I have attended the four video presentations, each offering slightly views and detail. Attendees raised comments and questions about the project validity, design, and need. Most concurred: PADs are essential, provider awareness and support are lacking, and implementation is an ongoing issue. California is behind other states.

It is clear, today, I can create a psychiatric advance directive or, more simply, add this as part of my advance directive then register online with the California Secretary of State. Currently, I am not aware of anything that stops me; I know how to do this already. Providers have a legal out to not accept all terms of the PAD.

### **I Am Against Approval**

- This project is unnecessary to implement PADs in California. Community Planning Funds can demonstrate need and acceptance to scale across the state
- Most project elements, if not all, have already been completed elsewhere. (Duke University Medical Project (2017-2019), Disability Rights CA Handbook (2005), SAMHSA My Mental Health Crisis Plan Application (October 1, 2020).
- The Orange County Project started at \$900,000; it is now over \$10 million:
  - In April 2020, this project name was one project idea on a list of fourteen projects. In May 2020, it was 3 Years/\$950,000.
  - In April/May 2021 it is now a Chorus technology project changing the scope and increasing funding more than 10X originally presented.
  - As written, there is no guarantee/agreement for participating counties and remaining statewide counties to select Chorus.
- The Chorus portion should be set aside and return as an enhancement for the already funded \$24 million technology suite/help@ hand. The community has asked unsuccessfully for accounting and status on this project.
- Many community voices and funding matches are missing:
  - Peer Voices: Access-NorCal-Voices, CAMHPRO, SHARE, CAYEN. -My understanding is that Painted Brain will talk to these groups later.
  - Disability Rights California
  - Correctional Health Funding Matches Through Realignment Funds
  - Both NAMI CA and the California Association of Boards Commissions have expressed support; yet, I wonder if their support reflects on Orange County's inordinate technological funding
- There are more significant needs for innovation funding: SB 803 Peer Certification, SB 855 Parity, Cultural Competency/ Equity--California Pan-Ethnic Health Network (CPEHN) left out of Governor Newsom's May Revise budget.
- A statewide shared funding model would be better for Orange County:
  - Today, without this project, the California Behavioral Health Directors Association (CBHDA) can coordinate a fair share expense model similar to CalMHSA managed statewide project, Each Mind Matters, where Orange County contributes around \$900,000.
  - Let's say the total statewide cost was \$20 million to bring PADs to scale: Orange County's fair share at @ 8% is \$1,600,000, a far cry from @ \$13 million. Before introducing Chorus Technology, the May 2020 proposed Orange County participation was \$900,000 over three years, similar to the scope as the remaining four participating counties. Public Health represents about 40 percent of the market; the project needs full market participation.

### **Project Alternative- Greater Upside:**

This project is better suited to be a Public/Private partnership as a statewide effort funded on a fair-shared county basis with the California Health and Human Resources co-ordination across key departments: Department of Health Care Services, Department of Managed Care, and California's Office of Statewide Health Planning and Development (OSHDP).

Thank you for the opportunity to offer a public comment. Be Safe Be Well.