



## Appendix (x): Tri-City Mental Health Authority

### County Contact and Specific Dates

- **Primary County Contact:** Paulina Ale
- **Date Posted for 30-day Public Review:** September 6, 2024
- **Date of Local Mental Health Commission Meeting & Public Hearing:** October 8, 2024
- **Date of Governing Board Approval:** October 23, 2024

### Description of the Local Need

In May 2022, Tri-City Mental Health Authority (Tri-City) was approved by the Mental Health Services Oversight and Accountability Commission (MHSOAC) to join Phase I of the Multi-County Psychiatric Advanced Directives (PADs) Innovation Project. With a long history of addressing diverse mental health needs and strong partnerships with local law enforcement and service providers, Tri-City has made significant progress in recognizing and managing individuals in mental health crises across Claremont, La Verne, and Pomona. These partnerships have been crucial in developing a coordinated response to mental health issues within our communities.

Despite these efforts, each city faces unique challenges related to its size, financial resources, and perceptions of mental health. Community input, gathered through the Community Planning Process Survey, highlighted two primary target populations: transition age youth/young adults (ages 18 to 25) and individuals who are homeless or at risk of homelessness. This feedback helped guide the development of a project aimed at addressing the needs of these vulnerable groups.

In the Mental Health Services Act (MHSA) Annual Update for Fiscal Year 2024–2025, Tri-City Mental Health Authority reported that transition age youth (TAY) represented a significant portion of crisis encounters during Fiscal Year 2022-2023. Specifically, nearly 24% of all crisis episodes addressed by Tri-City involved the TAY population. Within the Supplemental Crisis Services and Intensive Outreach and Engagement Team, 11% of crisis walk-ins were TAY, reflecting a significant presence among those seeking immediate support. Additionally, 8% of individuals served by the Supplemental Crisis Team and 9% of those served by the Intensive Outreach and Engagement Team were TAY. These figures highlight the critical need for targeted interventions and tailored support for transition age youth within our crisis response services.

The implementation of Psychiatric Advance Directives (PADs) directly addresses the challenges highlighted by the data. A PAD is a legal document that outlines an individual's specific treatment preferences in the case of a future behavioral health crisis. The innovative component of the PADs Multi-County Collaborative is the development and use of an electronic, cloud-based platform to create, store, access, and share PADs. This electronic PAD is being developed and beta tested during Phase I which will provide individuals with a proactive tool to plan their mental health care in advance, particularly

useful for populations experiencing frequent crises, such as TAY. For instance, PADs can outline preferred treatment options, coping strategies, and crisis intervention plans, allowing for more personalized and effective responses during mental health crises. This pre-planning can significantly reduce the severity and frequency of crises by providing clear, actionable guidelines for both the individual, their healthcare advocate, law enforcement, and service providers.

For TAY individuals, who are frequently represented in crisis episodes, PADs offer a structured approach to managing their mental health needs and preferences. By incorporating PADs into our services, Tri-City can ensure that these young adults have a voice in their treatment and crisis management, potentially leading to improved outcomes and reduced crisis frequency.

Additionally, for individuals experiencing homelessness PADs can still play a crucial role in addressing their needs. PADs can be tailored to include emergency contact information, preferred treatment plans, and strategies for managing mental health crises, which can be instrumental for those who are experiencing homelessness. By providing these individuals with a tool to communicate their mental health preferences and needs in advance, PADs can help improve crisis management and support continuity of care, even in the absence of stable housing.

Moreover, PADs align with the goals of the Multi-County PADs Innovation Project by enhancing system coordination and providing universal access to mental health support. They support early intervention by allowing individuals to preemptively address potential crisis situations, thereby complementing initiatives under Proposition 1 and SB 43 that focus on improving crisis interventions and integrating support services.

Originally envisioned as a statewide standalone tool, the PADs project has shifted focus in Phase One to rigorous testing of its functionality, usability, and training. This foundation will lead into Phase Two, which involves up to fifteen counties and aims to gather critical data through live testing of the PADs platform with law enforcement and hospital staff. The data collected will be crucial in assessing the platform's effectiveness and determining its long-term sustainability across the state of California.

Legislative support is vital; Phase Two will enhance assembly bill AB 2352, the current legislation dedicated to PADs, by embedding PADs into the legal framework to ensure their use during crises, regardless of an individual's capacity. The findings from Phase Two will assist state legislators in evaluating the potential for statewide adoption. This will facilitate broader county utilization and ensure that the PADs platform has a lasting impact on the behavioral health crisis system.

As Tri-City prepares to transition from the Mental Health Services Act (MHSA) framework to the updated Behavioral Health Services Act (BHSA), also known as Proposition 1, it is essential to align our efforts with the new framework, which will take effect on July 1, 2026. Recognizing this shift, the Innovation team proposed joining Phase Two of the PADs Innovation Project, starting on July 1, 2025. This proposal was presented to

workgroup members during two Innovation workgroups in August 2024 and aligns closely with both Proposition 1 and the objectives of the MHSOAC. PADs are designed to support system improvements, advocate for universal access to mental health services, and contribute to necessary legislative changes, making them a fitting choice for our evolving mental health strategy.

PADs complement the Proposition 1 framework by addressing critical areas such as support for unhoused individuals, housing and supportive services, and Full-Service Partnerships that offer individualized support. The PADs project will also integrate with SB 43, which focuses on enhancing mental health crisis interventions and system coordination. Additionally, PADs support early psychosis intervention and mobile crisis response, essential components of Proposition 1's strategy. By aligning with these initiatives, PADs ensure a more comprehensive approach to mental health care, providing appropriate support at every stage of the mental health journey.

### **Description of the Response to the Local Need**

We believe the project will:

1. Enable individuals to proactively select and specify their preferred mental health services for use in the event of a crisis.
2. Enhance support for individuals in crisis by providing law enforcement and crisis service providers such as hospital staff with additional resources and options.
3. Equip Tri-City staff with a tool to help clients take control of their crisis and recovery treatment.
4. Enable local peers to engage and build trust with consumers through outreach and the promotion of Psychiatric Advance Directives.

In preparation for the changes under Proposition 1, Tri-City is set to launch a mobile crisis team, aligning with the high priority for crisis support services. Implementing Phase II of PADs will enhance our ability to deliver personalized care, improve treatment quality, and reduce incarceration rates. The mobile crisis team will address various community needs, connect individuals with local support services, and work to reduce repeated emergency room visits and arrests. Effective coordination with the mobile crisis team will support individuals' treatment preferences and streamline referrals for care. Additionally, Innovation plans to work with the mobile crisis team to raise awareness about PADs and assist community members in accessing this tool.

Another key strategy for promoting PADs will be through the Wellness Center, where participants already gather for various services. Educating Tri-City staff on PADs and using marketing materials and giveaways will help spread awareness. Word of mouth will also be crucial in engaging interested participants. Ensuring that PADs are promoted throughout Tri-City and integrated into various departments, such as outpatient services

for transition age youth (ages 18-25), adults, and Full-Service Partnership teams, will be vital for maximizing their impact.

Supporting these outreach efforts also involves comprehensive staff training. During Phase One, the Innovation Program Coordinator and Peer Support Specialist were trained not only on the PADs framework but also on how to assist interested participants in creating their PADs. With Phase Two approval, the project's budget includes hiring an additional Peer Support Specialist. This new staff member will enhance the capacity to reach more participants and provide additional support in getting individuals signed up for PADs. The Peer Support Specialists will use the Train the Trainer curriculum provided by the peer consultant agency, Painted Brain, to train other staff members, including but not limited to Peer Support Specialists and Mobile Crisis team members. Training sessions will be held for staff, with plans to train 3-5 additional Tri-City staff members, expanding as needed based on interest.

As PADs Phase II is implemented, it will continue to strengthen collaborations among local agencies, including law enforcement and service providers such as hospitals, homeless shelters, and crisis teams. Tri-City will work with the Pomona Police Department's Quality of Life team, which engages individuals experiencing homelessness in Pomona. The Innovation team has discussed the project with this team, and referrals will come from the designated police officer or from the Los Angeles County Department of Mental Health clinician who assists this officer on calls. This collaboration will streamline the process of signing up interested participants for PADs.

Moreover, the Innovation team plans to also partner with the Los Angeles Centers for Alcohol and Drug Abuse (LA CADA), La Verne's mobile crisis team, and outreach navigators to assist individuals experiencing homelessness in accessing PAD services. This collaboration will allow Peer Support Specialists to connect with interested individuals at convenient locations. Additionally, the Innovation team plans to work closely with Pomona's homeless service center, Hope for Home, and its case managers to facilitate the creation of PADs. This is particularly important as 47% of Tri-City's external referrals come directly from Hope for Home. When a referral is received, a Peer Support Specialist will meet the participant at Hope for Home and utilize private rooms available for service providers to complete the PAD creation. During this process, the Peer Support Specialist will use tablets with participants to ensure a seamless PAD creation experience, addressing technological barriers such as lack of computer, internet, or phone access.

Expanding outreach efforts also involves training external agencies on how to assist participants in creating PADs. The Innovation team has engaged with Community Care Campus in Pomona, located across from our Wellness Center, which operates 24/7 and offers behavioral health services and enhanced care management. This facility has shown interest in incorporating PAD services. The Innovation team plans to continue discussions with the Chief Medical Officer to determine how many staff members would be interested in training. Once a number is determined the Innovation Peer Support

Specialists can host a group training at their facility to get those staff members trained and begin to assist our efforts to get interested participants signed up to a PAD.

Engaging in Phase II will enable Tri-City to expand the pilot program's reach and assess how well the platform integrates with first responders, law enforcement, and healthcare facilities. This expansion aims to enhance the quality and effectiveness of services provided to individuals in mental health crises. Tri-City is seeking approval from the MHSOAC to proceed with Phase II, which will facilitate the practical application of the platform and provide valuable feedback on its effectiveness and impact across the broader community.

### **Description of the Local Community Planning Process**

Tri-City Innovation staff are committed to maintaining transparency and engaging with the communities served throughout the development and implementation of the Psychiatric Advance Directives (PADs) project. Following the initial approval of the project, Tri-City promptly commenced its community outreach efforts. The first major step involved a virtual presentation at the end of 2022, which included representatives from all three local police departments to familiarize them with the project's objectives and scope.

In early 2023, Tri-City conducted an in-person presentation at the Pomona Probation Office. This session, attended by over 20 officials, featured discussions led by the Innovation Program Coordinator and the project's Director, focusing on the integration of the PAD project with local law enforcement. After this, two additional community presentations were held as informational listening circles: one at Tri-City's Wellness Center and another at Cal Poly Pomona. At the Cal Poly Pomona event, the project's peer consultant, Painted Brain, highlighted the importance of the peer-led component of the initiative.

Further stakeholder engagement was facilitated through several community forums. The first forum, held virtually in December 2022, was followed by an in-person community forum at the La Verne Community Center the next year. These forums provided a comprehensive overview of the project, including its goals and innovative elements. An additional virtual forum was conducted to provide another platform for stakeholder input.

To ensure comprehensive stakeholder feedback, Tri-City distributed the MHSA Innovation Community Planning Process Survey in both English and Spanish. This annual survey gathers critical data on support services, priority populations, and unmet needs across the three cities served by Tri-City. The findings from 80 survey respondents were presented at the two Innovation workgroups in August 2024. Additionally, community members were invited to submit project ideas through Tri-City's updated Innovation Idea Submission Form. Ideas received before and during the workgroups were reviewed and incorporated, while future submissions will be evaluated for inclusion in later Innovation projects.

Survey results identified significant barriers to accessing mental health services. The top three barriers, selected by 85% of respondents, were uncertainty about where or how to get help; difficulties in accessing services, such as challenges with appointments or inconvenient locations and hours; and fear of stigma. These insights highlight the importance of the PADs project, which aims to address these barriers through enhanced peer support for individuals interested in creating a PAD. Peer Support Specialists will facilitate the process by arranging convenient times and locations, providing guidance to ease stigma-related fears, and utilizing tablets and Wi-Fi to address technological challenges, ensuring a positive and supportive experience throughout the PAD creation process.

In evaluating Tri-City's potential involvement in Phase Two of the PADs multi-county collaborative, workgroup members highlighted the critical importance of advancing the project. This emphasis was based on a comprehensive review of Phase One's progress and achievements, as well as the anticipated implementation of the platform in Phase Two. Phase One accomplishments included refining the PADs web-based platform, developing a training program for PAD session leaders, and advocating for new laws to officially recognize PADs. Additionally, user testing involved one-hour Zoom sessions with peers for feedback, while beta testing will enable users to create and store personal PADs before the platform's official launch on July 1, 2025. This launch will integrate the platform with law enforcement and healthcare professionals.

Workgroup members also highlighted the necessity of addressing the needs of transition age youth and individuals experiencing homelessness. One participant emphasized the importance of "meeting people where they are," addressing barriers related to transportation and comfort with existing environments. Stakeholders recognized PADs as a vital mental health service that should be accessible to community members across the three cities. As a result, workgroup members unanimously voted to endorse the continuation of the PADs project into Phase Two.

On September 4 and 5, 2024, Tri-City hosted hybrid Stakeholder Meetings, with in-person sessions held at Tri-City's Wellness Center. These meetings included presentations on the PADs project by Tri-City's Innovation Program Coordinator, Kiran Sahota, Project Director from Concepts Forwarding Consulting, and Wray Ryback, Vice Chair of Tri-City's Mental Health Commission and Risk Manager for Patient Relations at Pomona Valley Hospital Medical Center. During the first stakeholder meeting, both Kiran Sahota and Wray Ryback presented virtually, and recordings of their presentations were made available for the second meeting. The Project Director provided an overview of Phase One accomplishments and outlined the expectations for Phase Two, including a detailed explanation of the PADs web-based platform and project components. Additionally, Wray Ryback discussed the benefits of PADs and their value for first responders and hospital staff.

A vote was conducted during these meetings to decide whether to advance to PADs Phase Two. Virtual attendees cast their votes anonymously through the Q&A chat box,

while in-person participants at the Wellness Center used anonymous written ballots. The proposal received an 88% approval rating, confirming the approval of the Psychiatric Advance Directives Innovation Project for Phase Two.

The Multi-County Collaborative Psychiatric Advance Directives (PADs) Phase Two Innovation project was posted on Tri-City's website for a 30-day public comment period from September 6 to October 8, 2024. Hard copies of the project details were distributed at city halls, libraries, community centers, and cultural events across the three cities. On October 8, 2024, the Tri-City Mental Health Commission hosted the MHSA Public Hearing where community members were invited to join and review a presentation regarding this project. The Mental Health Commission endorsed the Multi-County Collaborative Psychiatric Advance Directives (PADs) Phase Two Innovation project for submission to Tri-City Governing Board for approval and adoption. On October 23, 2024, the Tri-City Governing Board approved and adopted this project. All public comments are included in the appendix of this document. The MHSOAC approved this project on November 21, 2024.

### **Budget Narrative for County-Specific Needs:**

**1. Personnel Costs:** The project budget includes funding for three Innovation staff members essential for administrative oversight and implementation activities:

MHSA Program Coordinator for Innovation (Full-Time): This position is responsible for overseeing the project's execution, ensuring compliance with program objectives, and coordinating various activities.

Peer Support Specialists (Two Full-Time Positions): These specialists are either certified or trained in utilizing their lived experience in mental health and recovery. They play a crucial role in providing support to community members, leveraging their personal insights to enhance the effectiveness of the program.

The total proposed cost for direct salaries for these positions amounts to \$758,568.92.

**2. Consultant Costs/Contracts:** Tri-City will allocate \$500,000 towards engaging consultants and subject matter experts. These professionals will offer critical support and expertise to ensure the success of the multi-county collaborative project.

**3. Other Expenditures:** The budget also encompasses:

Marketing/Promotional Materials: These materials will assist in outreach efforts by raising awareness about the project and engaging the community to effectively communicate the project, its goals and progress.

Travel/Mileage Reimbursement/Convening Costs: To cover travel expenses and costs associated with organizing meetings.

Equipment Costs: For the purchase and maintenance of equipment necessary for project activities.

The total estimated cost for these items is \$89,717.28.

**Summary of Budget:**

Personnel Costs: \$758,568.92

Collaborative/Consultant Costs: \$500,000

Other Costs: \$89,717.28

Subtotal for Project Expenditures: \$1,348,286.20

Administrative Costs: An additional \$151,713.80 is required to cover administrative costs associated with managing the project.

**Total Requested Budget:**

The overall budget requested for Tri-City’s participation in PADs Phase II over a four-year period is \$1,500,000.

|     | <b>PERSONNEL COSTS (salaries, wages, benefits)</b>                                | <b>FY 25/26</b>     | <b>FY 26/27</b>     | <b>FY 27/28</b>     | <b>FY 28/29</b>     | <b>TOTAL</b>        |
|-----|---|---------------------|---------------------|---------------------|---------------------|---------------------|
| 1.  | Salaries  | \$189,642.23        | \$189,642.23        | \$189,642.23        | \$189,642.23        | \$758,568.92        |
| 2.  | Direct Costs  | -                   | -                   | -                   | -                   | -                   |
| 3.  | Indirect Costs  | \$37,928.45         | \$37,928.45         | \$37,928.45         | \$37,928.45         | \$151,713.80        |
| 4.  | <b>Total Personnel Costs</b>  | <b>\$227,570.68</b> | <b>\$227,570.68</b> | <b>\$227,570.68</b> | <b>\$227,570.68</b> | <b>\$910,282.72</b> |
|     |   |                     |                     |                     |                     |                     |
|     | <b>OPERATING COSTS*</b>   |                     |                     |                     |                     |                     |
| 5.  | Direct Costs  | -                   | -                   | -                   | -                   | -                   |
| 6.  | Indirect Costs  | -                   | -                   | -                   | -                   | -                   |
| 7.  | <b>Total Operating Costs</b>  | <b>-</b>            | <b>-</b>            | <b>-</b>            | <b>-</b>            | <b>-</b>            |
|     |   |                     |                     |                     |                     |                     |
|     | <b>NON-RECURRING COSTS (equipment, technology)</b>                                |                     |                     |                     |                     |                     |
| 8.  |   |                     |                     |                     |                     |                     |
| 9.  |   |                     |                     |                     |                     |                     |
| 10. | <b>Total non-recurring costs</b>  | <b>-</b>            | <b>-</b>            | <b>-</b>            | <b>-</b>            | <b>-</b>            |
|     |   |                     |                     |                     |                     |                     |
|     | <b>CONSULTANT COSTS / CONTRACTS (clinical, training, facilitator, evaluation)</b> |                     |                     |                     |                     |                     |
| 11. | Direct Costs  | \$125,000           | \$125,000           | \$125,000           | \$125,000           | \$500,000           |
| 12. | Indirect Costs  | -                   | -                   | -                   | -                   | -                   |
| 13. | <b>Total Consultant Costs</b>   | <b>\$125,000</b>    | <b>\$125,000</b>    | <b>\$125,000</b>    | <b>\$125,000</b>    | <b>\$500,000</b>    |
|     |   |                     |                     |                     |                     |                     |
|     | <b>OTHER EXPENDITURES (please explain in budget narrative)</b>                    |                     |                     |                     |                     |                     |



|     |   |                     |                     |                     |                     |                     |
|-----|---|---------------------|---------------------|---------------------|---------------------|---------------------|
| 14. | Travel/Mileage/Convening Costs                            | \$7000              | \$7000              | \$7000              | \$7000              | \$28,000            |
| 15. | Promotional/Marketing Materials                           | \$13,000            | \$13,000            | \$13,000            | \$13,000            | \$52,000            |
| 16. | Equipment   | \$2,429.32          | \$2,429.32          | \$2,429.32          | \$2,429.32          | \$9,717.28          |
| 17. | <b>Total Other Expenditures</b>                           | <b>\$22,429.32</b>  | <b>\$22,429.32</b>  | <b>\$22,429.32</b>  | <b>\$22,429.32</b>  | <b>\$ 89,717.28</b> |
|     |   |                     |                     |                     |                     |                     |
|     | <b>BUDGET TOTALS</b>                                      |                     |                     |                     |                     |                     |
|     | <b>Personnel (total of line 1)</b>                        | <b>\$189,642.23</b> | <b>\$189,642.23</b> | <b>\$189,642.23</b> | <b>\$189,642.23</b> | <b>\$758,568.92</b> |
|     | <b>Direct Costs (add lines 2, 5, and 11 from above)</b>   | <b>\$125,000</b>    | <b>\$125,000</b>    | <b>\$125,000</b>    | <b>\$125,000</b>    | <b>\$500,000</b>    |
|     | <b>Indirect Costs (add lines 3, 6, and 12 from above)</b> | <b>\$37,928.45</b>  | <b>\$37,928.45</b>  | <b>\$37,928.45</b>  | <b>\$37,928.45</b>  | <b>\$151,713.80</b> |
|     | <b>Non-recurring costs (total of line 10)</b>             | <b>-</b>            | <b>-</b>            | <b>-</b>            | <b>-</b>            | <b>-</b>            |
|     | <b>Other Expenditures (total of line 16)</b>              | <b>\$22,429.32</b>  | <b>\$22,429.32</b>  | <b>\$22,429.32</b>  | <b>\$22,429.32</b>  | <b>\$ 89,717.28</b> |
|     | <b>TOTAL INNOVATION BUDGET</b>                            | <b>\$375,000</b>    | <b>\$375,000</b>    | <b>\$375,000</b>    | <b>\$375,000</b>    | <b>\$1,500,000</b>  |



**MENTAL HEALTH COMMISSION MEETING**  
**October 8, 2024**  
**COMMENTS DURING PUBLIC HEARING FOR MENTAL HEALTH SERVICES ACT (MHSA)**  
**INNOVATION PLAN, MULTI-COUNTY COLLABORATIVE PSYCHIATRIC ADVANCE**  
**DIRECTIVES (PADs) PHASE II PROJECT**

Mental Health Commission (MHC) regular monthly meeting was held on Tuesday, October 8, 2024, at 3:30pm at the TCMHA Wellness Center.

**Public Hearing Comments**

1. Governing Board Member Liaison Carolyn Cockrell stated the PAD's project is a unique, exciting, and viable tool that can help patients significantly. She also inquired if the funds used for this project are from the Innovation Plan. MHSA Projects Manager Sara Rodriguez replied in the affirmative.
2. Commissioner Janet Roy stated that the project appeared to be user friendly with easy-to-use tools and accessibility, noting that PADs will help with response time when in crisis.
3. Governing Board Member Liaison Carolyn Cockrell commented that when patients are in the Emergency Room often times spend several hours there or have not eaten, and food is not offered; therefore, she recommended to include a food feature under PADs. MHSA Projects Manager Sara Rodriguez stated that an allergy section is included in PADs; however, a feature for food was a great idea that can be discussed.
4. Chief Clinical Director Liz Renteria expressed excitement for the PADs project coming to fruition; and discussed that a great feature will be to upload a safety plan to PADs so that it is integrated and become part of all the treatment that can be offered to a person during a crisis. MHSA Projects Manager Sara Rodriguez answered, de-escalation goals in clinical safety plans and a PAD are similar.
5. Commissioner Frank Guzman commented that paying attention to identifiable marks was a great feature of PADs.
6. Commissioner Clarence Cernal inquired how it is being envisioned that law enforcement will have access to a PAD during a crisis. MHSA Program Coordinator Paulina Ale stated that this process still is being worked on, noting that the goal is to integrate PADs into their system so that police dispatchers can have access to PADs

and be able to communicate with law enforcement personnel and help identify persons when in crisis and unable to provide their name.



7. Commission Vice-Chair Wray Ryback noted that identification marks such as tattoos, birthmarks, etc., can be used as another way to identify patients.
8. Governing Board Member Liaison Carolyn Cockrell suggested using something like a medical alert to identify persons. MHSA Projects Manager Sara Rodriguez indicated that this is also being worked on and it is envisioned that a PAD's identification can be carried in a card, bracelet, or even a dog tag to identify person easier.
9. Commissioner Sandra Christensen inquired how she can have access to complete her PAD. MHSA Program Coordinator Paulina Ale indicated that the project is still under development in Phase I; and that Phase II will begin after it is approved; thereafter, training and implementation will commence.
10. Commissioner Sandra Christensen inquired if there will be guidance when completing a PAD, and if the patients will be asked if this is what they want. MHSA Programs Coordinator Paulina Ale stated that it is anticipated that Peer Support Specialists will be designated to guide individuals through the entire process. MHSA Projects Manager Sara Rodriguez added a PAD is intended to be filled out under full consent of the client and when not in a crisis.
11. Governing Board Member Liaison Carolyn Cockrell suggested to have an IP address on phone for quick find.

## **Written Comments**

### **What do you see as the strengths of this plan?**

- Ability to share needs with the first responders and hospital staff.
- Much needed.
- Very much needed and extremely innovative. Helpful tool for the treatment team.
- First of all, great work! I think peers are a great resource for implementation.
- Making psychological information available for support digitally will provide better support in an emergency.
- A much-needed tool. Being of this community, I have seen firsthand a young person in crisis unable to communicate need or disabilities.
- I see this plan as one that would be very useful for their safety and healing. For their reconnection with their support system. The potential for easy access is a strength.
- Allowing individuals to direct their care treatment.
- The ability to access the need in a more timely manner.

- It takes the guesswork out of crisis reaction. The program seems well throughout.
- Self-identification of crisis characteristics and intervention needs.
- This is a fantastic tool for people to feel empowered with their mental health care.



**Please explain any concerns you have:**

- Way for access and letting people know one exists.
- Not a concern but a recommendation, train all treatment team members complete (no wrong door). Upload existing treatment plans etc.
- Adoption of the tool by individuals and support personnel. Awareness and communication plans.
- No concerns so far.
- It feels expensive but as stated the money is available through Innovations.
- Educating community.
- Confidentiality for the user.
- Is this compatible w/dark mode and also optimized for mobile? Can a PAD be created in a one-hour session? How do PADs get updated (non-or former clients)? MHSAs Projects Coordinator Paulina Ale answered, currently there is no dark mode compatibility in Phase I but it is something that can be considered during Phase II. The PADS platform will be optimized for mobile devices. If someone wants to answer every aspect in their PAD in detail, then no, a PAD could not be completed in a one-hour session. A participant will be given a login that will be connected to an email and a password, so if a non- or former client wanted to update their PAD, they could do so on their own. If they prefer to have support, the participant can reach out to the Innovation team for assistance in updating their PAD.
- Concerned about directives regarding refusal of meds that are needed due to intoxication reversal or needs.
- Need for guided help in completing form.

**Any additional comments you would like to share?**

- Great job!
- I think it's a valuable tool that should be pursued. The benefits outweigh the challenges. Everyone should ultimately have a PAD, not just those with a known mental illness.
- I am interested in being a facilitator to help promote and train, where do I find more information? MHSAs Projects Coordinator Paulina Ale answered, please contact Paulina Ale, MHSAs Program Coordinator-Innovation at [pale@tricitymhs.org](mailto:pale@tricitymhs.org).
- In permanent supportive housing, non or former clients may be in crisis. If a PAD was done in the past, does first responder have to rely on the person to find it? MHSAs Projects Coordinator Paulina Ale answered, PADs are available to everyone in our community so whether a participant is or is not an active client, a PAD is still available to them. If someone creates a PAD it will always live in the platform unless

the participant themselves decides to permanently delete it off the platform, so a first responder would not have to rely on the person to find it.

- Great concept!