

Appendix (x) – Monterey County

PADs Phase II Proposal – Monterey County

County Contact and Specific Dates

Primary County Contact: Wesley Schweikhard, MHSA Innovations Coordinator
SchweikhardW@countyofmonterey.gov

Date Proposal posted for 30-day Public Review: February 25, 2025

Date of Local Mental Health Board Hearing: March 27, 2025

Date of BOS approval or calendared date to appear before BOS: TBD

Description of the Local Need

Monterey County Behavioral Health (MCBH) is committed to supporting and providing person-centered care to the Monterey County community. Psychiatric Advance Directives (PADs) support this effort—by using PADs, clients and consumers gain greater autonomy and decision-making in their care. Phase I developed important infrastructures and piloted PADs in the county. However, to ensure effective and broad use of PADs throughout the system of care, there is a need for continued development of the tool, additional training for relevant persons, and broader completion of PADs.

Moreover, the FY 2023-2024 Community Program Planning Process (CPPP) revealed several critical behavioral health needs in Monterey County relevant to PADs' expanded implementation. These needs highlight systemic gaps in service delivery and accessibility, particularly for crisis stabilization, integration of mental health and substance use disorder services, and tailored support for underserved populations. The following outlines the most pressing needs identified through this process:

Improved Access to Care

Improving access to behavioral health services is a recurring theme across Monterey County. Community members face logistical, financial, and systemic barriers that hinder their ability to connect with the care they need. Monterey County can improve engagement and outcomes for its residents by streamlining and supporting access to appropriate care. Further development of the PADs tool, additional training for relevant people, and broader completion of PADs will contribute to streamlining and supporting access to appropriate care for Monterey County residents, whether access is self-directed or supported through a partnering agency utilizing resources specified in the PAD.

Enhanced Crisis Stabilization and Mobile Crisis Services

Monterey County faces a significant shortage of crisis stabilization and mobile crisis services, particularly in rural and underserved areas such as South County. Community members and stakeholders consistently emphasized the need for 24/7 mobile crisis teams that could deliver

immediate, community-based interventions. Existing resources are insufficient to meet the rising demand, often leaving individuals in crisis without timely care. The planned additional training for relevant persons and continued development of the PADs tools in Phase II will enhance the support delivered in crises, potentially decreasing the strain on local resources and avoiding delays in appropriate treatment.

Integrated and Coordinated Mental Health and Substance Use Disorder Services

Many residents face co-occurring mental health and substance use challenges that require integrated and comprehensive care. The CPPP findings underscored the importance of addressing these issues through a whole-person approach that connects behavioral health services with essential social supports, such as housing, employment, and education. Improved coordination among service providers is essential to ensure continuity of care and better outcomes. Expanding the awareness and knowledge of PADs and integrating their use in clinical settings will contribute to providing the type of whole-person care underscored in the CPPP findings.

Targeted Services to Underserved Populations

Specific populations, such as veterans, remain underserved despite their high levels of need. Veterans are disproportionately affected by PTSD, military sexual trauma, and SUDs, with some ineligible for traditional military resources. Tailored outreach, such as through the PADs Phase II initiative, would help support this vulnerable group.

Culturally Responsive Care Through Diverse Staff and Peer Navigation Support

Monterey County's diverse cultural landscape requires behavioral health services that are linguistically and culturally attuned. Community members reported barriers to care due to a lack of culturally competent staff and interpreters fluent in Indigenous languages. Many expressed a desire for services delivered by staff who reflect the community's diversity and understand their lived experiences. Peer navigators with lived experience were identified as a critical resource to bridge gaps in trust, increase system navigation, and improve service engagement. Culturally responsive care also requires outreach that adapts language and messaging to reduce stigma and increase community trust. Expanding the completion and use of PADs can directly assist in addressing this need, as essential, culturally relevant information can be accessed directly from the PAD. The expansion of PADs will also provide a reliable way for first responders and providers to understand the needs of an individual in the face of language barriers between the client and service personnel. In addition, PADs are completed with peers, directly addressing the community's desire for this type of support.

Description of the Response to the Local Need

The Monterey County Behavioral Health Bureau (MCBH) is addressing critical behavioral health challenges by participating in Phase II of the PADs project. PADs empower individuals to document their treatment preferences and personal choices for care during times of crisis, promoting self-direction, enhancing crisis intervention strategies, and increasing care coordination. Phase II focuses on integrating PADs into Monterey County's behavioral health and crisis response systems using a two-pronged approach. The two-pronged approach will ensure that underserved populations who speak threshold languages and/or indigenous

populations that require culturally responsive services can also access necessary services, creating a foundation for comprehensive service delivery and system-wide improvement.

This section describes Phase II activities, their goals, and how they align with the identified local needs in Monterey County.

Description of Phase II Activities

During Phase II of PADs implementation, Monterey County will focus on the following key activities:

1. **Orienting and Training Peers:** Community members with lived experience, referred to as peers, will be oriented to PADs and how to support individuals in completing a PAD.
2. **Increasing the Use of PADs Across Priority Populations:** MCBH will target priority populations identified in the CPPP—such as veterans—for PADs outreach and implementation. MCBH may expand outreach to additional populations if capacity allows, supporting broad access to PADs across the County. This activity aims to reduce disparities in behavioral health outcomes and ensure that those most in need have access to self-directed care tools.
3. **Engaging and Training Community Stakeholders:** MCBH will identify and train crisis teams, law enforcement, Full-Service Partnership teams, hospitals, emergency departments, EMS, and community-based organizations when and how to use the web-based PADs platform. The goal is to create a coordinated network of stakeholders proficient in accessing and implementing PADs during crisis situations.
4. **Pilot Integration with Care Courts:** As California counties prepare to implement Care Courts by 2025, Monterey County will pilot the integration of PADs into these processes. This will ensure that peers' treatment preferences are embedded into court-ordered care plans, promoting alignment between judicial mandates and self-directed care.
5. **Systems Development and Support:** As providers in Monterey County implement PADs more broadly, the systems that support these providers will need to be updated. MCBH's Quality Improvement team will expand the current electronic health records (EHR) system, Avatar, to include additional fields related to the implementation of PADs and continuity of information. Providers and internal staff will receive training and technical support to support the implementation of these changes.

Alignment with Local Need

Phase II activities align closely with the behavioral health needs identified in Monterey County's Community Program Planning Process (CPPP):

1. **Improving Access to Care:** The PADs platform is designed to streamline stakeholder communication, reducing systemic barriers such as wait times and service navigation challenges. By digitizing treatment preferences, PADs improve service accessibility and coordination, particularly for rural and underserved communities.
2. **Addressing the Need for Enhanced Crisis Stabilization and Mobile Crisis Services:** Training individuals that respond to those in crisis (e.g., crisis response teams, law enforcement, etc.) in using PADs ensures that treatment and support preferences are accessible in real time during crises. This facilitates immediate and appropriate care,

reducing reliance on emergency departments and preventing avoidable hospitalizations and incarcerations.

3. **Promoting Integrated and Coordinated Behavioral Health Services:** Phase II fosters cross-sector collaboration by engaging stakeholders across law enforcement, healthcare, and community organizations. This integrated approach enhances the consistency and quality of services provided to individuals experiencing co-occurring mental health and substance use disorders.
4. **Targeting Underserved Populations:** MCBH will leverage findings from the CPPP to identify priority populations, such as veterans, to ensure that they are the initial focus of PADs outreach and implementation. This approach helps address gaps in access and outcomes for these groups and will shift to new populations as priorities evolve.
5. **Providing Culturally Responsive Care:** Trainings for diverse staff and community-based organizations emphasize culturally competent care, ensuring that PADs reflect the values, languages, and lived experiences of Monterey County's diverse populations. Peer navigators are critical in fostering trust and engagement with the PADs platform.

By implementing these activities Monterey County aims to build a robust, evidence-based foundation for transforming its behavioral health system and meeting the diverse needs of its community.

Description of the Local Community Planning Process

MCBH undertook an extensive and inclusive CPPP to gather insights into the community's behavioral health needs. This two-step process included a combination of surveys, focus groups, and listening sessions to engage a diverse array of stakeholders and community members. The goal was to inform resource allocation and prioritize strategies to address pressing behavioral health challenges within the County.

Step 1: Data Collection and Engagement. The CPPP engaged over 1000 individuals representing diverse demographics, including a significant proportion of Hispanic/Latine community members, older adults, youth, and monolingual Spanish speakers. Multiple approaches were used to engage a broad spectrum of community members and stakeholders:

- **Surveys** were distributed to service providers and community members, capturing perspectives on mental health and substance use needs, barriers to care, and service gaps.
- **Focus Groups** included service providers and priority populations, such as veterans, youth, unhoused individuals, and culturally diverse populations. These sessions gathered qualitative insights on contributing factors to poor mental health, the effectiveness of existing services, and additional needs.

Step 2: Community Feedback and Refinement. Once the initial findings were analyzed, listening sessions were used to validate the results and refine the insights based on community input.

Community members had the opportunity to hear findings from the initial data collection and then share additional barriers to care and recommendations for service improvements.

Throughout this process, MCBH prioritized inclusivity and cultural responsiveness. For example, focus groups were held in multiple languages, and listening sessions used informal and conversational formats to make participants feel comfortable.

By leveraging this robust and participatory process, MCBH has developed a deep understanding of the behavioral health landscape in Monterey County. The PADs Project is designed to respond directly to the needs identified through this process, offering a comprehensive and culturally attuned approach to improve access to and the effectiveness of behavioral health services across the County.

Budget Narrative for County Specific Needs:

Total Budget: \$3,000,000.00

Personnel Costs: The project budget includes \$1,340,000 for the staff time for a variety of staff positions with the County of Monterey Behavioral Health Bureau. These positions include approximately 0.2 FTE costs for three Management Analysts (II & III) and one Accountant III to facilitate a variety of project coordination and management duties, including but not limited to: vendor procurement and management, providing fiscal oversight, performing stakeholder engagement, marketing and communications, evaluation and reporting, and serving as liaison between local and collaborative partners. Personnel costs also include 0.2 FTE costs for a Behavioral Health Services Manager II and Deputy Director staff positions that will assist with project planning, coordination, and evaluation. Unused portions of the budget for Personnel Costs may be reallocated for Contractor/Consultant Costs as desired or necessary.

Contractor/Consultant Costs: Monterey County will contribute a total of \$1,000,000 to the various PADs collaborative partners. An additional total \$580,000 will be reserved for local contractors that will support the implementation and evaluation of the PADs Phase II project within the county.

Other Costs: The project budget includes a total of \$80,000 to support equipment and travel expenses, to enable the local implementation of the PADs Phase II project by county and contracted service providers.

Budget by Fiscal Year and Specific Budget Category for County Specific Needs

Statewide Contribution					\$ 1,000,000.00
Local Funds	FY 25-26	FY 26-27	FY 27-28	FY 28-29	Total
Personnel Costs					
<i>Salaries</i>	\$ 254,528.69	\$ 264,431.26	\$ 274,729.93	\$ 285,440.55	\$ 1,079,130.43
<i>Admin</i>	\$ 62,929.30	\$ 64,414.69	\$ 65,959.49	\$ 67,566.08	\$ 260,869.57
Contractor/Consultant Costs					
Trainings & Technical Assistance	\$ 100,000.00	\$ 100,000.00	\$ 100,000.00	\$ 100,000.00	\$ 400,000.00
Marketing	\$ 20,000.00	\$ 20,000.00	\$ 20,000.00	\$ 20,000.00	\$ 80,000.00
Local Evaluation Consultant	\$ 25,000.00	\$ 25,000.00	\$ 25,000.00	\$ 25,000.00	\$ 100,000.00
Other Costs					
Equipment	\$ 10,000.00	\$ 10,000.00	\$ 10,000.00	\$ 10,000.00	\$ 40,000.00
Travel & Mileage	\$ 10,000.00	\$ 10,000.00	\$ 10,000.00	\$ 10,000.00	\$ 40,000.00
Sub-Total	\$ 419,528.69	\$ 429,431.26	\$ 439,729.93	\$ 450,440.55	\$ 2,739,130.43
Grand Total	\$ 482,457.99	\$ 493,845.95	\$ 505,689.42	\$ 518,006.63	\$ 3,000,000.00