

## CARE Act Training & Technical Assistance

# PSYCHIATRIC ADVANCE DIRECTIVES (PADS) IN THE CARE ACT

Equitable and Person-Centered Care



This session is presented by Health Management Associates. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, California Department of Health Care Services.



[Slide Image Description: This cover slide introduces the title and category of this training. It contains the logos for the California Department of Health Care Services and Health Management Associates.]

Welcome to this training on Psychiatric Advanced Directives. We look forward to the conversation, and we have a great panel of experts who have participated in the development of PADs at different levels and with different experiences.

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## Related Trainings

Visit the [CARE-Act.org](https://care-act.org) website for related trainings.

- » Supported Decisionmaking
  - [For supporters](#)
  - [For implementation teams](#)

[Slide Image Description: This slide reviews the website where all previous trainings are located, specifically mentioning the supported decisionmaking training.]

A topic that goes hand-in-hand with PADs is supported decisionmaking, which we will briefly review in this training. There are two trainings on our website on supported decisionmaking. They cover similar content but are for different audiences.

- Visit the [CARE-Act.org](https://care-act.org) website for related trainings.
- Supported Decisionmaking
  - [For supporters](#)
  - [For implementation teams](#)

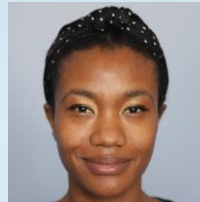
## Presenters



**RACHEL JOHNSON-YATES, MA, LMHC, LAC**  
Senior Consultant  
HMA



**DARI POGACH, JD**  
Senior Consultant  
HMA



**RAYSHELL CHAMBERS**  
Co-Executive Director  
& COO  
Painted Brain



**KIRAN SAHOTA**  
President  
Concepts Forward  
Consulting

[Slide Image Description: This slide includes images of the presenters of this training on a light blue background.]

Rachel Johnson-Yates, from Health Management Associates, is a licensed mental health and addiction counselor, public speaker, and educator with a demonstrated track record of developing innovative programs that focus on mental and behavioral health. She has dedicated her career to increasing access to care through approaching her work from an equity-focused and trauma-informed framework. Ms. Johnson-Yates has extensive experience designing, launching, and replicating complex programs to meet the disparate needs of the clients she serves, including low barrier and harm reduction shelter expansion for people with serious mental illness/substance use disorder and experiencing homelessness. She also has led the design and development of a safe haven model for unhoused veterans, in which she facilitated stakeholder engagement, educated the community, developed strong connections between supporting agencies, and implemented wrap-around treatment and case management services for populations with complex needs, including those with serious mental illness. She held significant leadership roles in outpatient behavioral health, state government, criminal justice, inpatient psychiatric care, low barrier shelters for veterans, higher education, and residential substance use disorder treatment.

Dari Pogach, from Health Management Associates, has more than 15 years of experience working with clients, communities, nonprofit organizations, policy makers, and state and national government leaders. Dari has subject matter expertise in supported decision-making as a legal theory and its practical application. She has represented clients in completing supported decision-making agreements, written scholarly articles about supported decision-making, and conducted numerous trainings for national audiences. As a senior official with the District of Columbia's Department of Aging and Community Living, Dari led the agency's adult protective services, case management, and nursing home transition teams. At the American Bar Association's Commission on Law and Aging, Dari developed nationally lauded tools and programs for attorneys and other professionals, facilitated stakeholder engagement across the country, and led multimillion dollar projects dedicated to adult guardianship reform and decisionmaking supports. She has represented clients with psychiatric disabilities in a variety of advocacy matters.

Rayshell Chambers is the co-founder of Painted Brain, a mental health tech nonprofit based in Los Angeles, that provides peer-based services and practice training in technology and clinical mental health. She is also an independent consultant that provides capacity building support and grant writing for small nonprofits that serve communities of color. She has dedicated over 20 years of her personal and professional pursuits to designing and advocating for comprehensive health and human service programs that enhance the human condition of the most vulnerable populations. Rayshell holds a bachelor degree in Sociology and Masters of Public Policy & Administration and utilizes both her cultural experiences and lived mental health challenges as a peer to design culturally-responsive programs.

Kiran Sahota has been the president of Concepts Forward Consulting and a Mental Health Plan Quality Reviewer since 2020. Her prior positions include over 25 years in the social service sector, county, and non-profit employment. She retired from County Mental Health as a Senior Behavioral Health Manager and co-chair of the Statewide Mental Health Services Act Coordinators committee. As the countywide Crisis Intervention Team Administrator, she trained law enforcement on de-escalation techniques when encountering individuals in a mental health crisis. Ms. Sahota's project management expertise is focused on innovation, suicide prevention, mental health advocacy, stakeholder engagement, and law enforcement training.

## Objectives

At the end of the session, participants will have an increased ability to:

- » Describe the importance of Psychiatric Advance Directives (PADs) for documenting client preferences and ultimately supporting client self-determination.
- » Summarize the person-centered components that may be included in a PAD.
- » Articulate steps for implementing PADs as part of the CARE process.

[Slide Image Description: This slide shows the learning objectives for this training with a light blue background.]

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## Agenda

### Background & Purpose

- Background, purpose, and evidence of PADs
- The PAD as a blueprint for person-centered care
- Activating and changing a PAD
- Update on Mental Health Services Act Multi-county Innovations Project

### PADs in Practice

- PADs in the CARE process
- When, who, how, and what of PADs
- Example PADs

[Slide Image Description: This slide shows the major sections of this training on a light blue background.]

Today we will discuss:

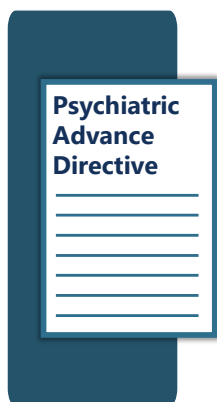
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  - Example PADs



[Slide Image Description: This is a section divider slide to indicate a major section of this training.]

In this section, we are going to discuss the background of PADs in California (including their connection to but difference from Advance Health Care Directives) as well as the purpose of PADs. We are also going to hear about the work being done in a multi-county innovations project in California to better realize the potential benefits of PADs to increase self-autonomy and outcomes.

## Psychiatric Advance Directive (PAD)



### Definition

A PAD is a self-directed legal document that details a person's specific instructions or preferences regarding future mental health treatment. It is used to plan for the possibility that someone may lose the capacity to give or withhold informed consent to treatment during acute episodes of psychiatric illness. It allows a person in a mental health crisis to retain their decision-making capacity by choosing trusted agents to help advocate for their choices.

—MHSA Multi-county Innovations Project

### Background

- » California PADs evolved from Advance Health Directives.
- » California has an advance directive law (updated to specifically include mental health decisions) but does not have a PAD law.
- » Advance Health Care Directives can be registered with the state.

For more information, see [California Secretary of State Advance Health Care Directive Registry](#) (California's registered advanced directives), [CA Prob Code § 4670 - 4743 \(2022\)](#) (California's advance directive law), [CA Prob Code § 4615 \(2022\)](#) (amendment to include mental health), and [PADs MHSA Multi-county Innovations Project](#).

[Slide Image Description: This slides shows a paper icon representing a psychiatric advance directive (PAD) with the definition and background of a PAD.]

To frame today's discussion, we are going to first define what a Psychiatric Advance Directive (PAD) is and include some helpful content for how PADS have evolved over time.

### PAD Definition

The California Multi-county Innovations Project defines a PAD as:

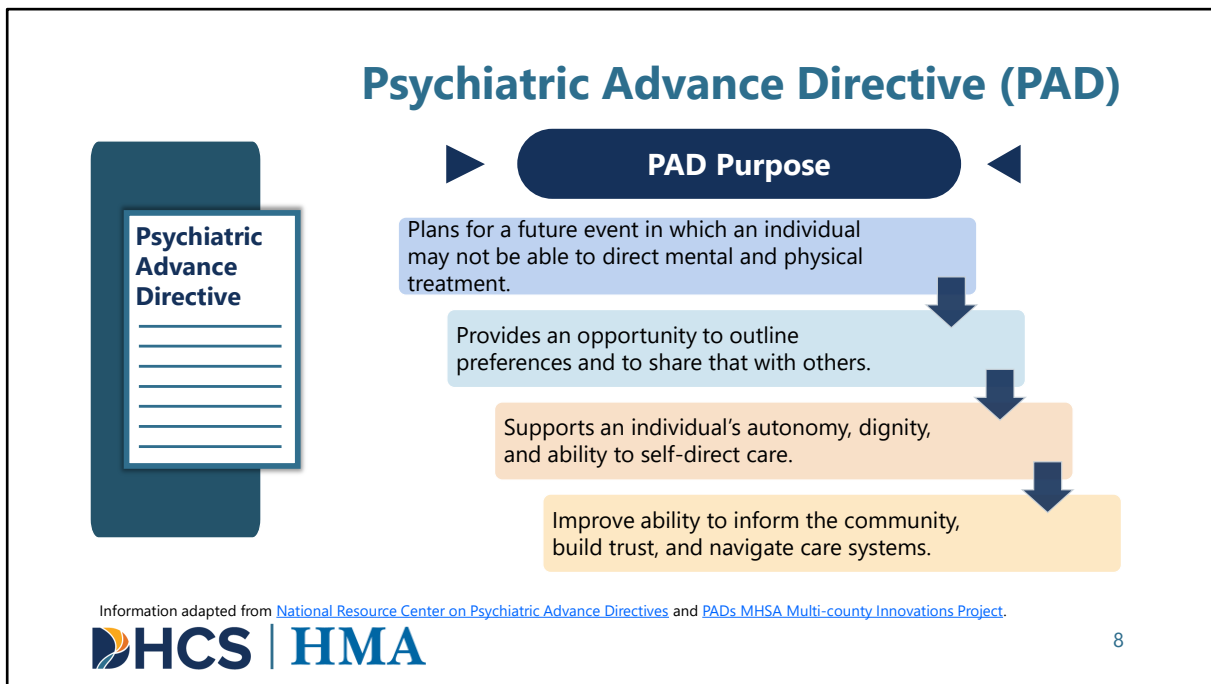
- A PAD is a self-directed legal document that details a person's specific instructions or preferences regarding future mental health treatment. It is used to plan for the possibility that someone may lose the capacity to give or withhold informed consent to treatment during acute episodes of psychiatric illness. It allows a person in a mental health crisis to retain their decision-making capacity by choosing trusted agents to help advocate for their choices.
  - Note that although it's a legal document, this training will discuss how it's more than just a legal document. It can also be a tool for helping a care team better understand the needs and preferences of an individual (more on that later).
- We are talking today about PADS in the CARE Process, but really, a PAD can (and arguably should) be included for anyone. Today's training is more about background and best practices for PADS and some ideas of how they can be integrated into CARE workflows.



#### PAD Background

- California PADs evolved from Advanced Health Care Directives.
  - **Advanced health care directives** can be used for planning for future circumstances that the person has not experienced, and they are often used for end-of-life events. Advanced Health Care Directives tend to be focused on health care decisions in a moment of crisis.
  - **PADs** outline future preferences based on past experiences. They enable an individual to facilitate their own care when they cannot express their wishes and preferences, deescalating the crisis, and helping the person recover. PADS tend to focus on holistic needs in addition to specifically *medical* decisions.
- Approximately 27 states have enacted laws and policies recognizing PADs since the 1990s including California. However, PADs have been underutilized.
- While all states have an advance directive law, many states, including California, do not have a specific PAD law.
  - California's advance directive law includes:
    - Recent amendment recognizes health care decisions include mental health care decisions and revises statutory advance health care directive form to clarify a person may include instructions related to mental health conditions.
    - California recognizes advance directives (including PADs) executed in other states.
- Advanced Health Care Directives can be registered with the state.
  - As it stands now, there is no registry for a PAD. If you wanted to do share your directive with the state, an Advanced Health Care Directive can be filed with potentially a PAD embedded.

For more information, see [California Secretary of State Advance Health Care Directive Registry](#) (California's registered advanced directives), [CA Prob Code § 4670 - 4743 \(2022\)](#) (California's advance directive law), [CA Prob Code § 4615 \(2022\)](#) (amendment to include mental health), and [PADs MHSA Multi-county Innovations Project](#).



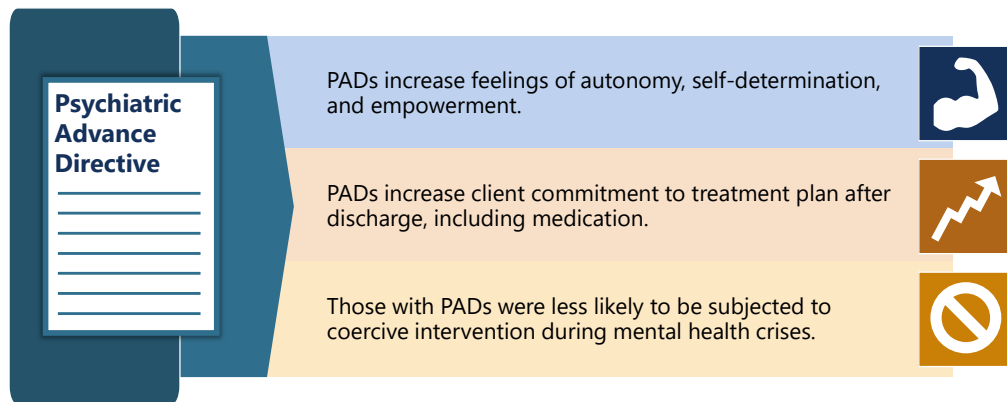
[Slide Image Description: This slides shows a paper icon representing a PAD and four colored boxes that explain the purpose of a PAD.]

A PAD can be used to:

- Plans for a future event in which an individual may not be able to direct mental and physical treatment.
- Provides an opportunity to outline preferences and to share that with others.
- Supports an individual's autonomy, dignity, and ability to self-direct care.
- Improve ability to inform the community, build trust, and navigate care systems.

Information adapted from [National Resource Center on Psychiatric Advance Directives](#) and [PADs MHSA Multi-county Innovations Project](#).

## Evidence of PAD Effectiveness



Evidence outlined in SAMHSA's [Practical Guide to Psychiatric Advance Directives](#) and the [Psychiatric Advance Directives: Origins, Benefits, Challenges, and Future Directions](#) article, including [Psychiatric advance directives: an alternative to coercive treatment?](#), [Psychiatric advance directives among public mental health consumers in five U.S. cities: prevalence, demand, and correlates](#), and [Implementing psychiatric advance directives: service provider issues and answers](#).

[Slide Image Description: This slides shows a paper icon representing a PAD with three colored boxes that list the evidence of PAD effectiveness.]

Like we discussed on the last slide, PADs can increase client autonomy and dignity – promotes respect for the individual's rights, wishes, and needs during periods of crisis, and there is evidence that PADs can significantly improve outcomes for individuals with serious mental illness (SMI).

- Studies have shown that
  - Individuals who used PADs experience feelings of autonomy, self-determination, and empowerment.
    - Definitions:
      - Autonomy: Freedom and moral independence
      - Self-determination: Free choice of one's own acts
      - Empowerment: The power or right to do something
  - PADs increase treatment adherence after discharge, including medication.
    - For example, individuals that list specific medications in their PADs are more likely to continue with the prescribed medication 12 months after hospitalization.
  - Those with PADs were much less likely to require coercive intervention during mental health crises.

- In SAMHSA’s Practical Guide to PADs, one study showed that 82% of clients with mental health concerns had experienced a “disturbing” intervention, including police transport to treatment, being placed in handcuffs, being involuntarily committed, secluded, restrained, and having forced medication. A major goal of a PAD is to improve the approach to dealing with a crisis and to document preferences ahead of time.

Evidence outlined in SAMHSA’s Practical Guide to Psychiatric Advance Directives and the Psychiatric Advance Directives: Origins, Benefits, Challenges, and Future Directions article, including Psychiatric advance directives: an alternative to coercive treatment?, Psychiatric advance directives among public mental health consumers in five U.S. cities: prevalence, demand, and correlates, and Implementing psychiatric advance directives: service provider issues and answers.

## PADs as a Blueprint



▶ The PAD can be a blueprint for consumer-driven, trauma-informed, person-centered care ◀

- » Allows the individual to prepare in advance of a crisis and to inform their care preferences.
- » Model for how supported decisionmaking can inform patient care.
- » A lifetime, legally-defined tool that can be updated as needed, and applied during a crisis.
- » Provides a “menu” of options to meet individual needs
  - Medications, medical/mental health treatment preferences, psychosocial and crisis approaches, personal needs
  - Can identify a proxy decision-maker and supporter

[Slide Image Description: This slide shows a cartoon of a person in a blue box with a description of how a PAD can be used as a blueprint for consumer-drive, trauma-informed, and person-centered care.]

Now that we’ve seen the purpose of PADs and the evidence that they can improve outcomes, let’s take a moment to see how a PAD can be a “blueprint” for consumer-driven, trauma-informed, person-centered care. As we will discuss later in the presentation, this blueprint can be a critical tool to supporting a person along the CARE Act process.

- The PAD allows the person to prepare in advance of a crisis and to inform their care preferences.
- In the training on supported decisionmaking (SDM), we discussed how the client should drive decisionmaking, using necessary supports. The PAD is a venue to use SDM in order to help a client voice their needs and preferences regarding their care.
- Also consider that a PAD is both a legal document for crisis intervention and a tool to inform current treatment plans.
  - It’s a lifetime tool, not just for the moment of crisis, with flexibility to update as needed.
  - While discussing their preferences for PAD, for example, a client may voice opinion and preferences toward medication, treatment, and even ways they

prefer to interact in a moment of crisis (eye contact, ways of communicating, etc.). This information is certainly crucial in a moment of crisis, but it's also helpful to information a current treatment plan and ways all those involved (supporter, courts/counsel, BH providers) interact with the client.

- Because it can help facilitate a conversation in which a client articulates their preferences, a PAD can be a blueprint for putting the client at the center.
- Those working with a client to develop a PAD should prioritize the client's autonomy as much as possible, reflecting their culture, considering their past traumas, and honoring the client's choices.
- Provides a menu of options to meet individual needs
  - In the second half of this training, we will discuss different topics and categories that can be included in a PAD. These preferences include:
    - Medications – which medications are more effective, which are less effective
    - Medical/Mental Health preferences – including which hospital do they prefer
    - Treatment preferences: best psychosocial interventions that are effective for the individual (i.e. triggers to avoid, effective behavioral approaches such as DBT (distraction techniques)
    - Crisis approaches – with first responders (including law enforcement, crisis intervention teams, emergency medical personnel) – stance that works best (i.e. 45 degree angle), eye contact, name preferences;
    - Personal needs – who is going to take care of the pet, who will manage the money
    - Identifies a proxy decision-maker and also a supporter for the CARE process
  - Keep in mind that this is an area in which supported decisionmaking can be used to better ensuring wishes, needs and choices are reflected

## Supported Decisionmaking

Supports and services that help an adult with a disability make his or her own decisions, by using friends, family members, professionals, and other people they trust:

- » to help understand the issues and choices, ask questions
- » receive explanations in language they understand
- » and communicate their own decisions to others

### SDM & the CARE Act

The goal is to support self determination to the greatest extent possible.

SDM is a decisionmaking model for the CARE Act participant and supporter.



For more information, read [“The Right to Make Choices: The National Resource Center for Supported Decision-Making”](#) and the [Human Rights Brief](#).

[Slide Image Description: This slide shows the definition of supported decisionmaking and an image of holding hands.]

We’ve mentioned supported decisionmaking a couple times. We have a separate training on what it is and how you can use SDM in the CARE Act. As an overview, SDM is a paradigm shift: Instead of assuming people with disabilities lack the capacity to make decisions, SDM asks, what supports and services would enable individuals to make their own decisions? SDM means decisions aren’t made for the person, they are made by the person.

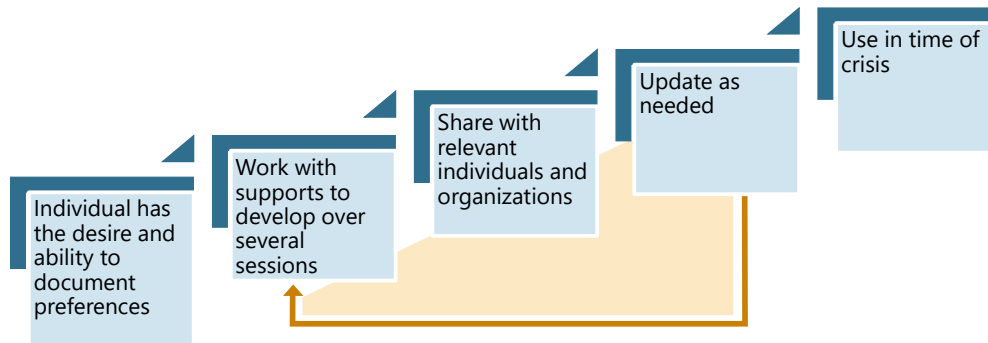
Supports and services that help an adult with a disability make his or her own decisions, by using friends, family members, professionals, and other people they trust:

- to help understand the issues and choices, ask questions
- receive explanations in language they understand
- and communicate their own decisions to others

The CARE Act references that SDM is a fundamental tool for advancing California values. This is a decisionmaking framework. It is a tool that will not always work perfectly, and there are few black-and-white issues where SDM wouldn’t apply. An individual may be untreated and unstable, but still able to accept your support in helping them make their own decisions.

For more information, read [“The Right to Make Choices: The National Resource Center for Supported Decision-Making”](#) and the [Human Rights Brief](#).

## Steps to Create a PAD



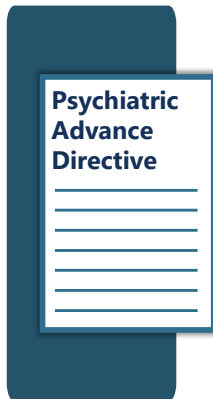
[Slide Image Description: This slide shows 5 blue boxes that detail the steps to create a PAD.]

This is not the only way that a PAD can be created, but consider this sample timeline:


1. Individual has the desire and ability to document preferences
2. Work with supports to develop over several sessions
3. Share with relevant individuals and organizations
  - Note that if an individual is creating an Advanced Health Care Directive, this may be registered with the state.
4. Update as needed
  - A PAD can be updated any time, and it should always reflect an individual's evolving preferences, including supports that they need.
5. Use in time of crisis




## Using & Changing a PAD



**Psychiatric Advance Directive**

 **When is a PAD Effective?**

- » A PAD is a lifetime tool, available for a client to use as they choose.
  - It can be used to support an in moment of crisis.
  - It can also inform preferences for communication and de-escalation on a daily basis.

 **Can a PAD Be Changed/Revoked?**

- » A person with desire and ability may change.
- » It's important to track who has copies of the PAD so that they can receive the updated PAD.

For more information on powers of attorney, visit the [CA Prob Code § 4682 \(2022\)](#). For more information on revoking a PAD, visit [CA Prob Code § 4695 \(2022\)](#).

[Slide Image Description: This slide shows the a paper icon representing a PAD and two colored boxes that explain when a PAD can be effective and when it can be changed or revoked.]

### When is a PAD effective?

- An Advance Health Care Directive is a legal document that's "activated" when someone lacks capacity.
- In contrast, a PAD is lifetime tool, and it's available for a client to use as they choose.
  - It can be used to support an in moment of crisis.
  - It can also be used to preferences for communication and de-escalation on a daily basis.

### Can a PAD be changed/revoked?

- A person with desire and ability may change Other than designation of an agent, a person having capacity may revoke all or part of an advance health care directive at any time and in any manner that communicates an intent to revoke.
  - Healthcare treatment professional are not liable for continuing to follow the PAD if not informed that it was revoked
- It's important to track who has copies of the PAD so that they can receive the updated PAD.

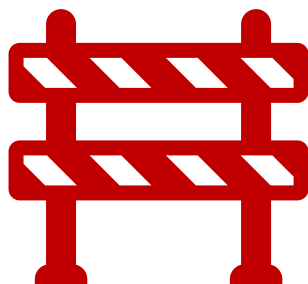
Some definitions to consider:

- **Capacity:** The ability to make informed decisions about your own medical care. You must be able to take in information, understand your choices and communicate your decision. If you are unable to make decisions for yourself, doctors can turn to other people to make decisions for you. Loss of capacity is usually temporary, until you are well enough to make decisions again. It is important to note that state laws on capacity may differ. Advance directives allow a person to state what they want to happen with medical treatment and who they want to make decisions for them in advance of a crisis.
- **Health Care Agent:** A person who has been given legal power to make decisions on behalf of the person through the legal instrument called a health care power of attorney. The person chooses who to designate as their health care agent. They can designate more than one person, in order of preference in case the first person designated is not available when needed. A health care agent represents what the person wants in their treatment, and should be willing and able to serve in the role as the person's representative and advocate.
- **Health Care Power of Attorney:** A legal instrument that allows a person to name individuals who can make decisions for them when they lack decision-making capacity. The person designated through this instrument is called a health care agent or a surrogate decision maker. The health care agent represents the person's wishes, and those wishes should be communicated in advance. The wishes can also be spelled out in an advance instruction. The power of attorney can usually grant either very broad or narrowly defined powers for the health care agent, depending on the preferences of the person.

If the PAD appoints a substitute decisionmaker, and the person objects to the decisionmaker's decision, the decision will be governed by the law that would apply if there was no power of attorney/advance directive. CA Prob Code § 4689 (2022).

For more information on powers of attorney, visit the CA Prob Code § 4682 (2022). For more information on revoking a PAD, visit CA Prob Code § 4695 (2022).

## System Barriers to PAD Effectiveness



Lack of access to an individual's PAD

Having multiple systems (individual, BH agencies, emergency response, providers)

Getting service delivery system, clients, and families to recognize PADs

Lack of supports for individuals to develop PADs

Lack of recovery-focused templates and facilitation

[Slide Image Description: This slide shows a road construction barrier icon with 5 blue boxes that list the system barriers to PAD effectiveness.]

With all the benefits of PADS, why is there is a lag in people adopting PADS and seeing those benefits.

There are a number of system barriers that keep PADS from realizing their potential:

- Lack of access to an individual's PAD
- Having multiple systems (individual, BH agencies, emergency response, providers)
- Getting service delivery system, clients, and families to recognize PADs
- Lack of supports for individuals to develop PADs
- Lack of recovery-focused templates and facilitation

Solving for these challenges so that we can reach the full potential of PADS is the work of the PADs MHSA Multi-county Innovations Project.

# Innovations Current State



## Funded by the Mental Health Services Act (MHSA) Prop 63, Phase One of the project, FY 2021-2025, has the following goals:

- Partnership with Peers and first responders to standardize PAD **template** language for incorporation into an online and interactive app.
- Utilize Peer Specialists to support **Peers** in creating their PADs; lived experience and understanding can lead to open dialogue and trust.
- Create PADs facilitator **training** curriculum and present a train-the-trainer model for facilitation.
- Create sustainable **technology** that is an easily reproducible approach that can be used across California and in multiple languages.
- **Legislative** and policy advocacy to create a legal structure to recognize PADs.
- **Outcomes** driven; Evaluate development and adoption of PADs, including ease of use and understanding of PADs.

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

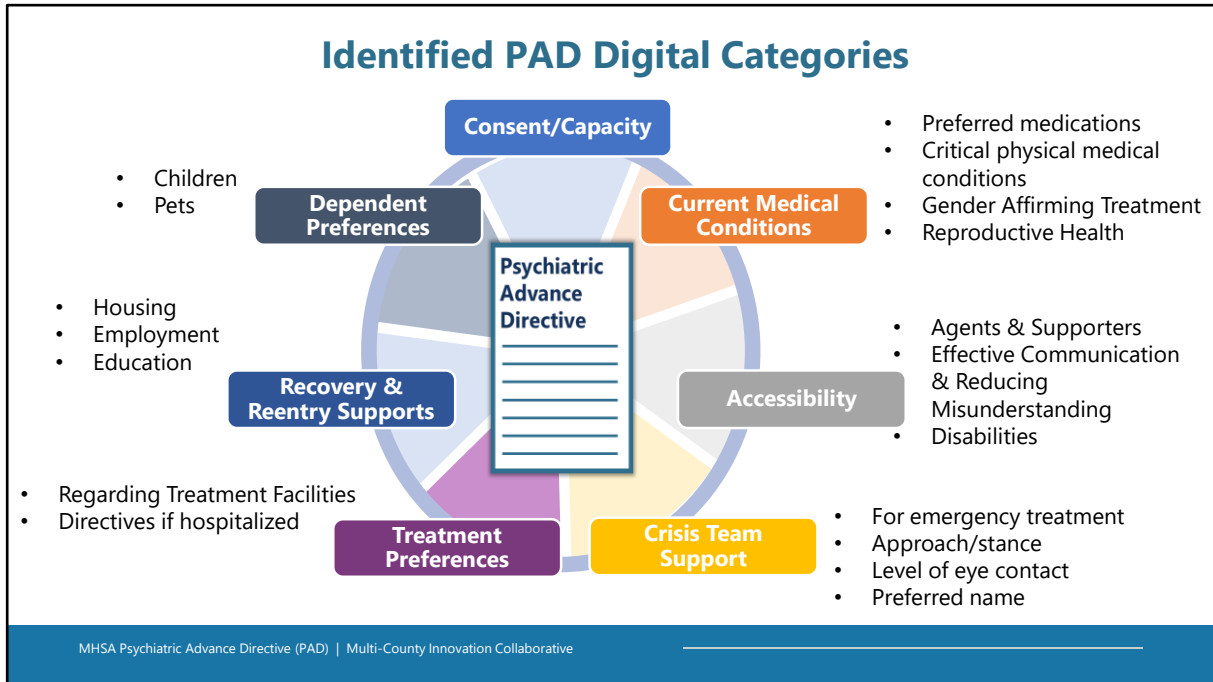
[Slide Image Description: This slide shows an image of the state of California with highlighted counties where PAD innovations are taking place. A description of the innovations is also detailed on the slide.]

PADs are a tool that can be adjusted throughout the life span- 19-year-old Early Psychosis vs. end-of-life planning. Funding by the Mental Health Services Act (MHSA) Prop 63, has the following goals for phase one of the project:

- **Templates** – A combination of 5 PADs templates, including the NRC, DRC, and SAMHSA models, are moving away from pen and paper format to follow an individual throughout their journey. One goal is to create an all-encompassing and universal template. Partnership with peers and first responders are being created to standardize PAD template language for incorporation into an online and interactive app.
- **Peers** – Another goal is to engage peers, Painted Brain and CAMHPRO are engaging Peers in creating the template categories, training curriculum, and technology engagement every step of the way (a note when using the word “peers” is that individuals living with mental health conditions may self-identify in various ways, including but not limited to clients, consumers, peers, or persons in recovery. For the purpose of this project, a “peer” refers to someone who has been diagnosed with a mental health condition). Utilize a peer specialist to support peers in creating their PADs (for the purpose of this project, "Peer Specialists" are peers who, within their role, offer and disclose their lived experiences to help others). Lived experience and understanding can lead to open dialogue and trust.

- **Training** – Creating PADs facilitator training curriculum and present a train-the-trainer model for facilitation is an additional goal of the project.
- **Technology** – Additionally, the project wants to create sustainable technology that is an easily reproducible approach that can be used across California. Technology will allow ease of use by the individual, full consent, and user autonomy, shared only with whom the individual deems appropriate. It will also be created in multiple languages. The current model will provide access to first responders, hospital Eds, and crisis teams. Through the technology an individual can opt to download a PDF and provide access to anyone else they choose and the technology travels with the individual. Meaning, even if an individual is moving from county to county the PAD follows them. Technology is a learning management system that will house all PAD information and training material.
- **Legislation** – Legislation and policy advocacy to create a legal structure to recognize PADs is an essential goal of the project as well. We are working towards legislation that will address areas of rights, privacy, consent, legal signature, and access and work to address flaws in a number of AB/SB to create a solid legal process (this project is currently working with CBHDA, CHA, MHSOAC, DRC, with new involvement expected by the State Sheriff's Association and other advocacy groups).
- **Outcome-driven** – Finally, we are outcomes driven and will evaluate development and adoption of PADs, including ease of use and understanding of PADs. The process will involve two levels of support from RAND and Burton Blatt Institute. We will learn from the process to adjust the product, and once rolled out, collect information on the use of a PAD and its impact on the crisis system.

Note: The MHSOAC supports this project, but is not an MHSOAC-directed project. The seven participating counties currently own the project's direction and build.



[Slide Image Description: This slide shows a paper icon representing a PAD surrounded by a circle and seven colorful boxes that have details about the identified PAD digital categories.]

Categories informed by the Peer and the First Responder Template Workgroup within the MHSA Innovations Project (<https://www.padsca.org/>).

Significant work is being done on the California PAD Innovation Project on what to include in a PAD. Some sample categories that can be included in a PAD include:

- **Accessibility**
  - Agents & Supporters
  - Effective Communication and Reducing Misunderstandings
  - Disabilities
- **Crisis Team Support**
  - Law Enforcement & Crisis Workers
- **Current Medical Conditions**
  - Psychoactive Medication
  - Critical physical medical conditions
  - Gender Affirming Treatment
  - Reproductive Health

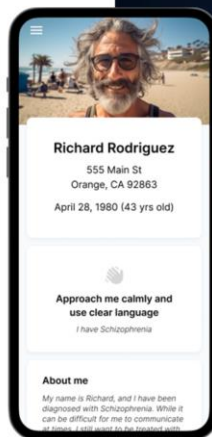
- **Recovery and Reentry Supports**
  - Housing
  - Employment
  - Education
- **Treatment Preferences**
  - Preferences for Emergency Treatment
  - Directive if I am hospitalized
  - Preferences Regarding Treatment Facilities
- **Dependent Preferences**
  - Children
  - Pets
- **Consent/Capacity**

## 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



[Slide Image Description: This slide shows an image of a phone displaying an individual's electronic PAD. Images are also shown of the individual, a firefighter, and a police officer. A description of how communication is critical during a crisis response is provided.]

In talking with Peers, it is clear how important it is to them to be able to communicate their preferences and needs to those trying to help them in a time of crisis. In talking with law enforcement and staff working in hospital and crisis settings, the importance of having real-time access to information and having the most important information surfaced to them quickly and clearly is essential so they can help more effectively.

The design of the technology will support those responding to a crisis or in medical settings in matching an individual with the correct PAD and will provide them with information that helps to humanize and connect with the individual and employ the strategies most likely to help de-escalate the crisis situation. 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



## ACTIVATING ADVOCATES

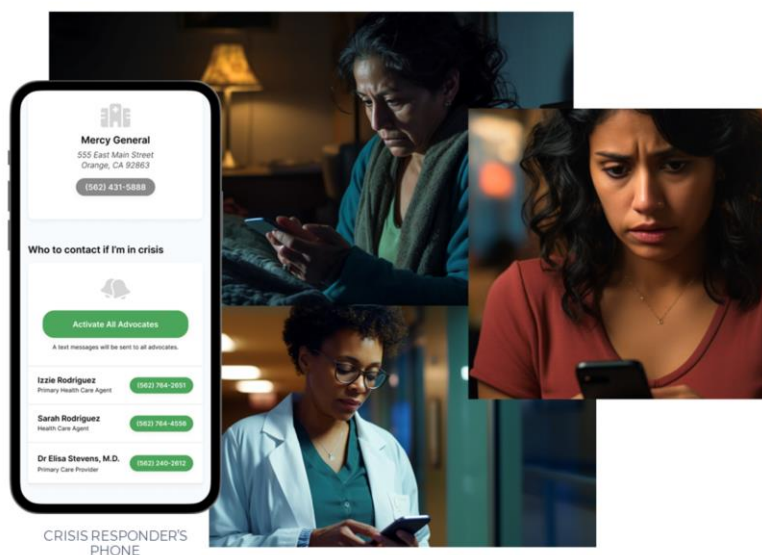
### Activate his community in one place.

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:5627642651)



[Slide Image Description: This slide shows an image of a phone displaying an electronic PAD system. Images are also shown of an individual at home, a concerned individual looking at their phone, and a doctor looking at their phone. A description of how activating advocates in the electronic PAD system can help providers know what care to give when an individual is in a crisis.]

We've heard consistently from peers about the importance of having people who know and care about them involved when they are in crisis and receiving treatment. We've also heard from family members and other supporters about the challenges they often face when their loved one is in crisis, both in terms of being notified that a crisis is occurring and in having the opportunity to share and receive information in order to provide support and assistance. By using technology accessible in real-time, we can offer Peers the ability to identify who they want to be involved and share this information with crisis responders and medical professionals who can activate the Peer's support network with a click of a button.

# PADs Recognition



**Psychiatric  
Advance Directive**  
My voice. My choices.

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

[Slide Image Description: This slide shows an example logo for PADs recognition.]

The tagline is a placeholder is a placeholder and includes draft language.

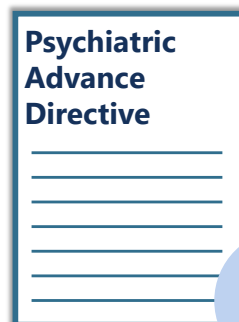
Tips for identifying and utilizing a PADS logo:

- Identifying a simple logo chosen by peers, LE, and stakeholders
- A visually recognizable image to identify a PAD in a moment of crisis
- Use at all levels of marketing, within the technology, and while engaging both the users and receivers of a PAD.

## Ideas in Action

» Reflect on your experience with PADs.

- How have you seen PADS implemented?
- What works? What could be improved?



[Slide Image Description: This is an Ideas in Action slide that provides an opportunity for participants to practice using the information. It contains a checkbox and an arrow.]

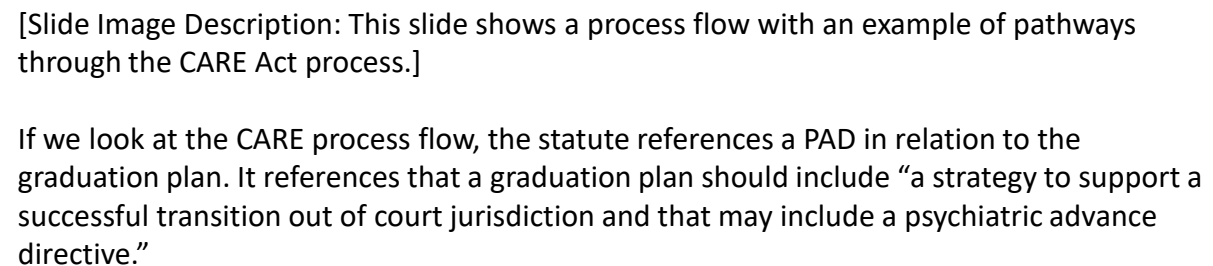
In this section, we have described the importance of Psychiatric Advance Directives (PADs) for documenting client preferences and ultimately supporting client self-determination. As we go into the second section, reflect on your experience with PADS. Consider:

- How have you seen PADS implemented?
- What works? What could be improved?



[Slide Image Description: This is a section divider slide to indicate a major section of this training.]

In this section, we are going to take a look at PADs in the CARE process as well as the when, who, how, and what of PADs. We are also going to look at some example PADs.



Even in the event that a PAD is not fully utilized, it's a great tool for having insight into the individual's preferences.

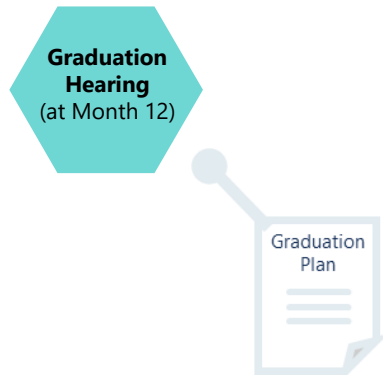
Note: This visual is adapted from Los Angeles County's CARE Act Process Map.

Description of flow:

1. Informal and formal referrals can be made to the county behavioral health (BH) agency.
2. Petitioner files a petition. This can be county BH or another initial petitioner.

3. There will be a Prima Facie Determination to see if the respondent meets the criteria.
  - If someone other than the county BH agency is the petitioner, and if the respondent is found to meet the criteria, the county BH agency will investigate and file a CARE report.
  - If they do not voluntarily engage in services and the county BH report finds that the respondent meets the criteria, they will progress to the initial hearing.
4. If the respondent meets the criteria, there will be an initial appearance (with the petitioner present). There will also be a hearing on the merits (which can be combined with the Initial Appearance).
5. If the respondent still meets the criteria, then there will be a Case Management Hearing.
  - If it is determined in this hearing that a CARE agreement is likely to be reached, then there will be at least one progress review hearing (but potentially there could be more).
6. If it is determined at the Case Management Hearing that a CARE agreement is not likely to be reached, the court will order a Clinical Evaluation and then a hearing to review. That evaluation is required to include an assessment of respondent's capacity to make an informed decision around psychiatric medications.
7. If the clinical evaluation finds that the respondent is eligible, a CARE plan will be developed and then reviewed in a hearing.
8. There will then be a status review hearing at least every 60 days.
9. At month 11, there will be a one-year status review hearing to determine next steps:
  - The respondent will graduate (and have a graduation hearing at month 12).
  - The respondent will be reappointed to the program, which can only happen once.

## PADs & Graduation



### Graduation Plan

- » The respondent may choose to include a PAD in their graduation plan as a tool to support a successful transition out of CARE.
- » However, the PAD can be incorporated along any of the CARE Act checkpoints.

For more information, visit the [CA WIC Code – 5985\(e\) \(2022\)](#) and [CA WIC Code – 5971\(h\) \(2022\)](#).

[Slide Image Description: This slide shows an image of the graduation hearing section of the CARE flow process with a description of the graduation plan.]

PADS is written into the statute, but as something that can be used as a tool as a best practice; it's not a requirement or a mandate for CARE Act, mentioned in the graduation plan as something "may" happen as a tool for self-determination and empowerment. We know that having a PAD is important to have the most ethical best practices.

Statute speaks to PADs with regards to building the Graduation Plan:

- The respondent may choose to include a PAD in their graduation plan to support a successful transition out of court jurisdiction.
- However, like already mentioned, the PAD can be incorporated along any of the CARE Act checkpoints, including earlier in the process, informing the CARE agreement and CARE plan (for example).

Statute references:

- At the end of the CARE program, the involved parties can develop a Graduation Plan. A Graduation plan is a voluntary agreement that includes a strategy to support a successful transition out of court jurisdiction. The Graduation plan may include a psychiatric advance directive. [CA WIC Code – 5971\(h\) \(2022\)](#).

- With regards to the statute language re: “Shall have the force of the law” – speaks to the importance of recognizing/acknowledging/utilizing the preferences in the PAD.

For more information, visit the [CA WIC Code – 5985\(e\) \(2022\)](#) and [CA WIC Code – 5971\(h\) \(2022\)](#).



### What is Alex's situation?

- » Living with schizoaffective disorder and alcohol use disorder, with a history of involuntary psychiatric hospitalizations
- » Identified her volunteer supporter as Sam, a peer support specialist
- » Voiced that certain prescribed medications have caused significant side effects
- » Preferred psychiatric hospital where she has had the best outcomes
- » Proceeded through the CARE process and has participated in the development of a CARE agreement with the help of Sam, the BH Agency, and Alex's counsel
- » No current PAD or Power of Attorney (POA) in place

How/when would you approach Alex about developing a PAD?

### Case Example: Meet Alex



Disclaimer: This is a hypothetical case example. Any resemblance to an actual person is purely coincidental, including race, nationality, and gender.

[Slide Image Description: This slide shows an image of an individual depicting Alex and a description of Alex's situation.]

Let's use another case example to look at how PADs can be developed to support a client/respondent in CARE proceedings.

### What's Alex's situation?

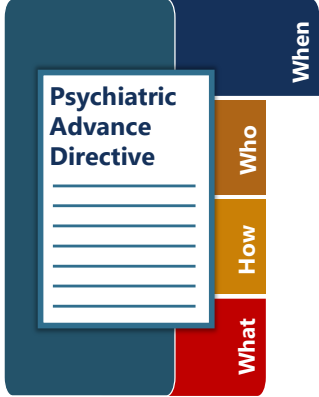
- Living with schizoaffective disorder and alcohol use disorder, with a history of involuntary psychiatric hospitalizations
- Initial petitioner to CARE process was a family member
- Based on the county's investigation, Alex was determined to be eligible for CARE Act
- As the CARE process continued, Alex identified her volunteer supporter as Sam, a peer support specialist
- Alex has voiced that certain prescribed medications have caused significant side effects
- Alex also has a preferred psychiatric hospital where she has had the best outcomes


- Proceeded through the CARE process and has participated in the development of a CARE agreement with the help of Sam, the BH Agency, and Alex's counsel
- No current PAD or Power of Attorney (POA) in place

**How would you approach PADs with Alex?**

*Disclaimer: This is a hypothetical case example. Any resemblance to an actual person is purely coincidental, including race, nationality, and gender.*

## When to Create & Revisit






**Early**

- » As early in the process as possible
- » Client has capacity to engage in a supported decisionmaking

**Often**

- » Revisited throughout the lifespan (either to develop or to modify)
- » Make sure the correct people receive the updates


25

[Slide Image Description: This slide shows an icon of a paper representing a PAD, a clock, and a description of when to create and revisit a PAD.]

Let's consider the "when" of creating a PAD.

### **Early.**

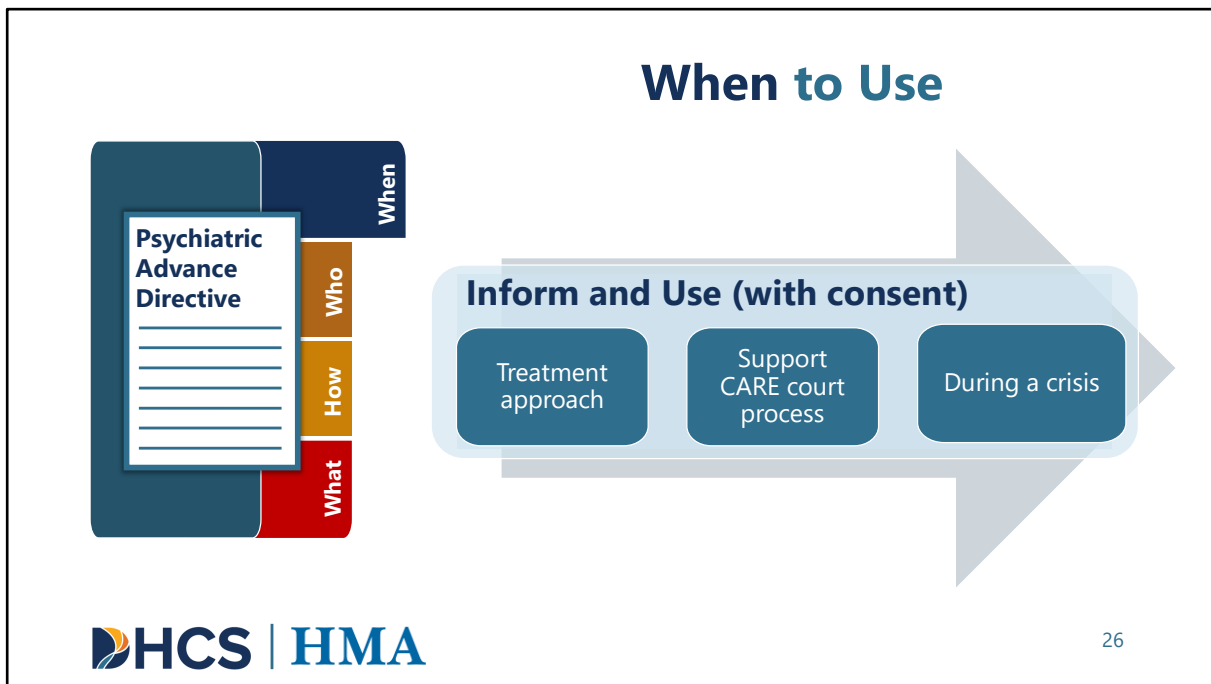
- PADs should be used as a communication and planning tool as early in the CARE process as possible.
  - Early on in the process, the BH agency will attempt to engage the client in voluntary services, and a PAD might be a part of that discussion.
  - If a CARE plan/agreement is being developed, a PAD can be addressed there as well (which can be helpful if the preferences articulated while creating a PAD can influence what is in the CARE plan/agreement)
  - After the client is connected to services and undergoing treatment, it may make sense to engage them in creating a PAD, prompted at a Status Review Hearing.
- Remember that although a PAD is only specifically called-out in relation to the graduation plan in the CARE statute, a PAD could certainly be developed at any point throughout the CARE process, such as during the development of the CARE agreement or CARE plan, or generally during engagement/treatment with the BH agency

- Client should have capacity to engage in a supported decisionmaking process in development of the PAD

**Often.**

- PADs should be discussed and revisited on an ongoing basis, either for initial completion or updates
  - If a client is initially resistant, ensure that PAD is reapproached on a regular basis
- For the BH Agency, building the topic into sessions one way to support completion
- A PAD can be modified/revoked at any time in which the client is of sound mind.
  - To change the content of the advance directive, the person must first revoke the existing advance directive and then create a new one.
  - Ensure that dissemination list is tracked so that revocation and/or updates can easily be distributed

So, let's consider Alex's situation. She has progressed in the CARE proceedings to the point of completing the CARE agreement, but she doesn't have a completed PAD. There could have been instances earlier in the process in which Alex could have been engaged to complete a PAD, like when she was assessed by the BH agency, but this is also a great time to discuss her needs and preferences for a PAD. And it should continue to be a discussion. If her preferences change, the PAD should be updated. And keep in mind, even if she doesn't want to create a PAD in the present moment, it can continue to be revisited.



[Slide Image Description: This slide shows an icon of a paper representing a PAD and an arrow with boxes that show when to inform and use a PAD.]

Let's consider the "when" of a PAD to consider is when it should be used. We mentioned earlier that a PAD is a "lifetime tool."

Of course, it should be used when the individual lacks capacity. However, with the client's consent, it shouldn't be a document that sits on the shelf.

- To inform treatment approach (with the client's consent) and ensure preferences are understood
- To inform and support the court process, including the CARE agreement, plan, and graduation plan development
- In real-time, during a crisis, when decisional capacity is absent

For Alex, that could mean informing what goes into the CARE agreement or plan, and it will allow her to stipulate what her preferences are, if there is a crisis point.

## Who Can Help Create a PAD



- » The person helping the client develop the PAD ideally...
  - Understands the mental health treatment landscape
  - Can help the client navigate treatment history and preferences
  - Can offer examples and/or help the client obtain treatment records for reference
  - Has some understanding of mental health conditions, such as schizophrenia and/or psychosis

[Slide Image Description: This slide shows an icon of a paper representing various icons of individuals that represent who can assist with the creation of a PAD.]

Let's consider now the "who" of who can help create a PAD.

The client/respondent is central to creating the PAD, and they must be involved.

- The PAD is owned by the client.

People helping the client develop and revisit the PAD must have the client's consent/approval/preference to participate. They could include:

- A peer/peer specialist
- A trained facilitator
- A case manager/counselor
- Legal Aide
- A volunteer supporter: With client permission, volunteer supporters can be a helpful part of this process
  - Helps client navigate preferences and recall efficacy/concerns of various interventions
  - May assist in identifying support advocate(s)
- Family member
- A faith leader

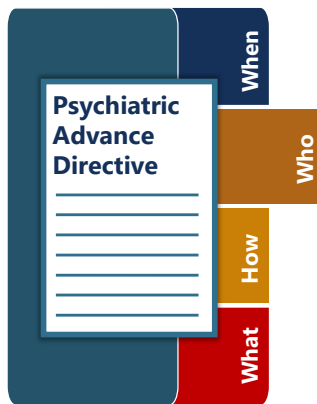
The person helping with PAD development is ideally someone who:

- Understands the mental health treatment landscape
- Can help the client navigate treatment history and preferences
- Can offer examples and/or help client obtain treatment records for reference
- Has some understanding of mental health conditions, such as schizophrenia and/or psychosis

For these reasons, it would particularly helpful if the client's legal counsel and a member of the BH agency were participating in the PAD development, but again, it's up to the client.

In Alex's situation (our case example), that could include Sam (her supporter who is also a peer support specialist), her legal counsel, or others.

## Who Should Have Access



» **Based on consent, a PAD can be provided to anybody that the individual deems is appropriate, who may include**

- Local first responders
- The preferred hospital/ medical system
- The BH Agency
- Family members
- The volunteer supporter
- Peer support specialist
- Respondent's counsel

What are current processes for sharing and updating PADS?

» **HIPAA & Release of Information.** The PAD should still include consent if an ROI is required, including in a time of crisis

- "Authorizes sharing of PAD and treatment history for the purposes of medical or mental health treatment."

For information on what should be included in an Advanced Directive, visit the [CA Prob. Code § 4673 \(2022\)](#).

[Slide Image Description: This slide shows an icon of a paper representing a PAD and a description of who should have access to a PAD.]

Another "who" to consider in a PAD is the list of people/organizations that it should be shared with. This should be a part of the discussion with the client.

Using a PAD helps ensure that the appropriate parties can be informed of the client's status in the time of a crisis Based on consent, a PAD can be provided to anybody that the individual deems is appropriate, may include:

- Local first responders
- The preferred hospital/ medical system
- The BH Agency
- Family members
- The volunteer supporter
- Peer support specialist
- Respondent's counsel

**HIPAA & Release of Information**

- Federal regulations (i.e., HIPAA) and state law prohibit covered entities (health care



providers, health plans, etc.) from using and disclosing individuals' "individually identifiable health information."

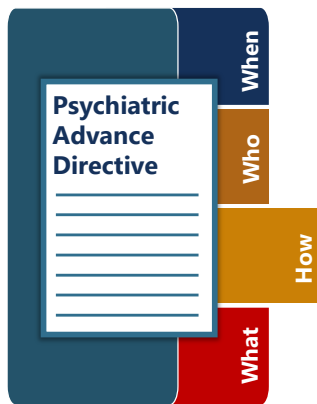
- The goal of the PAD is to communicate preferences, and so it should also specify who those preferences can be shared with.
- The PAD should include Release of Information authorizations for all family members, treatment providers, hospitals, etc. that may need access to the PAD in times of crisis
  - "Authorizes sharing of PAD and treatment history for the purposes of medical or mental health treatment."

The "how" of sharing is not a standardized process as yet, although the work being done by the Innovation Project seeks to leverage technology.

What are the current processes for sharing and updating PADS? Do you have advice for others implementing the CARE Act on how PADS can be shared?

In Alex's situation (our case example), she should stipulate who she wants access to her PAD.

## How to Approach a PAD



- » Provide education.
- » Reflect language and culture.
- » Use supported decisionmaking.
- » Take a trauma-informed approach.
- » Develop intentionally.

[Slide Image Description: This slide shows an icon of a paper representing a PAD and colored bullet points that list how to approach creating a PAD.]

We've addressed the "when" and "who" of creating a PAD. Now let's talk about some principles of "how" a PAD should be created.

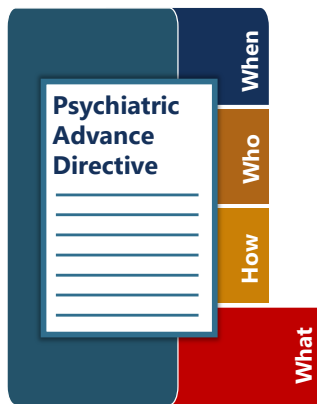
Keep in mind the following principles:

- **Provide education.** When you approach a client about a PAD, remember to explain the purpose of a PAD and how it would benefit them. Let them know what a process could look like and the types of things that they can include.
- **Explained in a language that meets the client where they are.** Ex: "A PAD makes sure that the doctors know what kind of care you want/don't want, which medications help you and which make things worse, and who we should call in an emergency. You can change your mind on any of these decisions at any time and update the document."
- **Reflective of language and culture.** PADs must be culturally and linguistically appropriate and accessible.
  - Language, spiritual practices, preferred supports, etc.
- **Using supported decisionmaking.** The PAD should be developed to maximize the autonomy and decision making of the client.
- **Taking a trauma-informed approach.** Past treatment involuntary treatment episodes

likely felt traumatic to the client, so some of the PAD conversations may be triggering.

- **Developed intentionally.** Not just a check mark; time must be intentionally dedicated to PAD discussion over several sessions, if necessary. Help the client fill out paperwork and support them with psychoeducation, as necessary.

## What Should Be Included



- » Advance Health Care Directives must contain the following:
  1. Date of execution
  2. Signed by the person or in the person's name by another adult in the person's presence and at the person's direction
  3. Signed by at least two witnesses
- » Preferences that reflect both general and unique needs, including
  - What de-escalation techniques do I find effective?
  - What treatment do I prefer?
  - Who is allowed to receive my medical/mental health information?
  - What should happen to my dependents or my pet?

For information on what should be included in an Advanced Directive, visit the [CA Prob Code § 4673 \(2022\)](#).

[Slide Image Description: This slide shows an icon of a paper representing a PAD and a description of what should be included in a PAD.]

Now let's talk about "what" should be included in a PAD.

- **If your PAD is embedded in an Advance Health Care Directive** (that you want to register with the state), it must contain the following:
  - Date of execution
  - Signed by the person or in the person's name by another adult in the person's presence and at the person's direction
  - Notarized or signed by at least two witnesses
- Preferences that reflect both general and unique needs.
  - What de-escalation techniques do I find effective?
  - What treatment should I receive?
  - Who is allowed to receive medical information?
  - What should happen to my dependents or my pet?

For information on what should be included in an Advanced Directive, visit the [CA Prob Code § 4673 \(2022\)](#).

## California Advance Health Directive Form

- » Choices related to health care agents and court-appointed conservator
- » Facility and physician preferences
- » Choices for avoiding emergency situations and emergency interventions
- » Visitation choices
- » Medication and treatment preferences
- » Statement of Desires, Special Provisions and Limitations

To download the form, see the [California Forms on the National Resource Center on Psychiatric Advance Directives](#). See the [California Disability Rights Website](#) for instructions for filling out the form.



Advance Health Care Directive of \_\_\_\_\_ (Your name)

**Instructions Included in My Directive**  
Put a check mark in the left-hand column for each section you have completed.

#	PART I Appointment of an Agent for Healthcare
1	<input type="checkbox"/> Designation of Health Care Agent
2	<input type="checkbox"/> Designation of Alternate Health Care Agent
3	<input type="checkbox"/> Authority Granted to My Agent
4	<input type="checkbox"/> My choice as to a Court Appointed Conservator
#	PART II(a) Statement of Individual Mental Health Care Instructions
5	<input type="checkbox"/> Who, In Addition to My Health Care Agent, Should Be Notified Immediately of My Admission To a Psychiatric Facility?
6	<input type="checkbox"/> My Choice of Treatment Facility and Choices for Alternatives to Hospitalization If 24-Hour Care is Deemed Medically Necessary for My Safety and Well-being
7	<input type="checkbox"/> My Primary Physician who is to Have Primary Responsibility for my Mental Health Care is:
8	<input type="checkbox"/> My Choices about primary Physicians Who Will Treat Me if I Am Hospitalized and my Primary Physician is Unavailable
9(a)	<input type="checkbox"/> My Choices Regarding <b>Routine</b> Medications for Psychiatric Treatment
9(b)	<input type="checkbox"/> My Choices Regarding <b>Emergency</b> Psychiatric Medication
10	<input type="checkbox"/> My Choices Regarding Electroconvulsive Therapy
11	<input type="checkbox"/> The Following People Are to be Prohibited from Visiting Me
12	<input type="checkbox"/> Other Instructions About Mental Health Care

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[Slide Image Description: This slide shows a screenshot image of the California Health Directive form and a description of what is included in the form.]

The Advance Health Directive Form includes fields for a client to specify their preferences in many aspects of their care.

Sections include:

- Choices related to health care agents and court-appointed conservator
- Facility and physician preferences
- Choices for avoiding emergency situations and emergency interventions
  - Options to help de-escalate situations and help the individual “regain control;” for example,
    - Provide a quiet private place
    - Have a staff member of my choice talk with me one-on-one
    - Offer me the opportunity to take a warm bath
    - Offer me a cigarette
    - Allow me to go outside
    - Provide me with materials to journal or do artwork
- Visitation choices
- Medication and treatment preferences
- Statement of Desires, Special Provisions and Limitations

Disability Rights also has a template for Advanced Directives, with the link provided below.

To download the form, see the [California Forms on the National Resource Center on Psychiatric Advance Directives](#). See the [California Disability Rights Website](#) for instructions for filling out the form.

## Sample Templates & Resources

**Psychiatric Advance Directive: Part 1, Advance Instructions (North Carolina)**

This document is designed to guide you and the development of advance directives for psychiatric treatment. The advance instructions can be combined with a health care power of attorney (see separate document) to create a full psychiatric advance directive. Legal requirements for psychiatric advance directives vary by state. For information about specific state rules, you can go to the National Resource Center and Psychiatric Advance Directive (<https://www.samhsa.gov/pad>).

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

1. What symptoms/problems do you experience during a period of mental health crisis?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What medications are helpful/not helpful for you? Try to give detail to assist medical professionals who may be helping you in crisis. A. I agree to administration of the following medication(s):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

**How to help me in a crisis:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Psychiatrist: \_\_\_\_\_  
Phone: \_\_\_\_\_  
PCP: \_\_\_\_\_  
Phone: \_\_\_\_\_  
MH Provider: \_\_\_\_\_  
Phone: \_\_\_\_\_

**For more information on PADs:**

Crisis Navigation Project: [CrisisNavigationProject.org](https://www.crisisnavigationproject.org)  
National Resource Center on PADs: [NRC\\_PAD.org](https://www.nrc-pad.org)  
NC Secretary of State Advance Directive Registry: [SOSNC.gov/divisions/advance\\_healthcare\\_directives](https://sos.nc.gov/divisions/advance_healthcare_directives)  
NAMI NC: [naminc.org](https://www.naminc.org)

**My emergency contacts:**  
I have a health care agent who can speak for me:  
☐ Yes ☐ No  
HCA Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Other: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Other: \_\_\_\_\_  
Phone: \_\_\_\_\_

**I have a Psychiatric Advance Directive (PAD)**

My PAD is a legal document that communicates my preferences for mental health treatment in a crisis. This card provides summary information from my PAD.

**Hospital Preference:**

\_\_\_\_\_

**Treatment Preferences:**

\_\_\_\_\_

\_\_\_\_\_

Sample wallet card – printed double-sided, folded in thirds to fit in a wallet.

For sample templates, see [SAMHSA's A Practical Guide to Psychiatric Advance Directives](#).

[Slide Image Description: This slide shows a screenshot image of the sample template and resources that can be used to create a PAD.]

A few resources for you to consider if you want to develop or adapt a PAD template include the SAMHSA template, including a pocket-sized version. These templates are in the process of being updated, and the work that the California Innovations project is doing can be really transformative, but we recognize that if you are not already participating in the project, your county may need something to start with.

The sample SAHMSA template includes sections for documenting things like:

- A description of symptoms the individual experiences during a mental health crisis
- Information they would like medical professionals to know about medication
- Treatment facility preferences
- Different points of contact
- Things that might trigger a mental health crisis and protective factors that might de-escalate
- Visitation preferences
- Instruction about sharing information on the PAD

For sample templates, see [SAMHSA's A Practical Guide to Psychiatric Advance Directives](#).

## Assisting with PAD Development

Need Area	Solution
<b>Lack of familiarity with PADs</b>	Ensure all staff are well-versed in PADs and that there are multiple, planned, times to discuss; consider planned facilitation sessions with trained facilitators.
<b>Assistance in completing the PAD</b>	Ensure PAD templates are at accessible reading levels and in multiple languages; consider planned facilitation sessions with trained facilitators.
<b>Help with PAD content</b>	Have example PADs available; consider planned facilitation sessions with trained facilitators.
<b>Ensuring 2 witnesses</b>	Ensure two witnesses are accessible when/where PADs are completed.
<b>Ensuring the PAD is accessible in time of crisis</b>	Wallet cards; phone storage; help with creation and completion of dissemination list; checklist at time of treatment plan update; Health Information Exchanges.
<b>Finding a trusted person to serve as a proxy decision-maker</b>	Help identify options by engaging family members, certified peers, friends, or other potential supports.

[Slide Image Description: This slide shows a table that details needed areas of assistance with PAD development and solutions.]

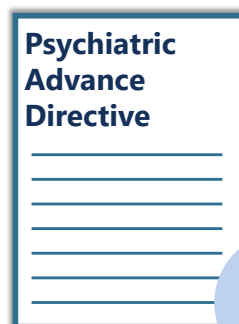
CARE court teams should know the potential challenges to PAD completion and plan for how to address them in advance, including:

- **Lack of familiarity with PADs.** Ensure all staff are well-versed in PADs and that there are multiple, planned, times to discuss; consider planned facilitation sessions with trained facilitators.
- **Assistance in completing the PAD.** Ensure PAD templates are at accessible reading levels and in multiple languages; consider planned facilitation sessions with trained facilitators.
- **Help with PAD content.** Have example PADs available; consider planned facilitation sessions with trained facilitators.
- **Ensuring 2 witnesses.** Ensure two witnesses are accessible when/where PADs are completed.
- **Ensuring the PAD is accessible in time of crisis.** Wallet cards; phone storage; help with creation and completion of dissemination list; checklist at time of treatment plan update; Health Information Exchanges.
- **Finding a trusted person to serve as a proxy decision-maker.** Help identify options by engaging family members, certified peers, friends, or other potential supports.



## Ideas in Action

- » Consider if there are steps your team needs to take.
- How will the team integrate a PAD into the current workflows?
  - Is there a plan with who and how to share a PAD?



[Slide Image Description: This is an Ideas in Action slide that provides an opportunity for participants to practice using the information. It contains a checkbox and an arrow.]

Consider if there are steps your team needs to take.

- How will the team integrate a PAD into the current workflows?
- Is there a plan with who and how to share a PAD?

## Objectives

At the end of the session, participants will have an increased ability to:

- » Describe the importance of Psychiatric Advance Directives (PADs) for documenting client preferences and ultimately supporting client self-determination.
- » Summarize the person-centered components that may be included in a PAD.
- » Articulate steps for implementing PADs as part of the CARE process.

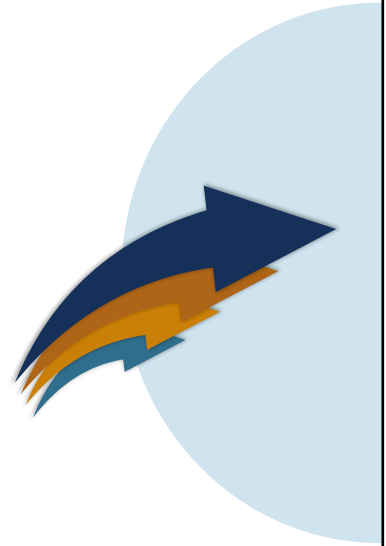
[Slide Image Description: This slide shows the learning objectives for this training with a light blue background.]

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## Next Steps

- » Visit [CARE-Act.org](https://CARE-Act.org) for resources (including recordings of past trainings) and to submit questions/TA requests.
- » Receive notifications of trainings, TA, and other engagement opportunities by [completing the form](#) to join the communication listserv.



[Slide Image Description: This slide shows bullets with next steps. It contains decorative arrows.]

Please let us know how we can best support your teams. Contact [info@CARE-Act.org](mailto:info@CARE-Act.org) with questions, join the communications listserv, and submit requests and feedback for CARE Act TTA.

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## Questions?

[CARE-Act.org](https://www.care-act.org) | [info@CARE-Act.org](mailto:info@CARE-Act.org)

[Slide Image Description: This slide shows the CARE-act website and the email address.]

We are here to support you and provide you with those opportunities to connect and hear about implementing the CARE Act. The website is [CARE-Act.org](https://www.care-act.org) and our email address is [info@CARE-Act.org](mailto:info@CARE-Act.org).

## Resources

- » National Resource Center on Psychiatric Advance Directives [California Forms](#)
- » Substance Abuse and Mental Health Services Administration [Practical Guide to Psychiatric Advance Directives](#)
- » DHCS Mental Health Services Act [webpage](#)
- » [PADs Innovation Project in California](#)
- » Painted Brain on Supported Decision Making [Video Part 1](#) and [Video Part 2](#)

[Slide Image Description: This slide shows resources used throughout the presentation.]

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