



### **CARE Act**

# Community Assistance, Recovery, and Empowerment Act

# PSYCHIATRIC ADVANCE DIRECTIVES CREATION CHECKLIST IN THE CARE PROCESS

This checklist helps CARE participants, CARE teams, facilitators, and support networks support people in creating Psychiatric Advance Directives (PADs).

PADs are legal documents that help make sure a person's treatment choices are known and respected. PADs can guide care during a mental health crisis event and support recovery. They can also help different systems work together to more effectively support the person served through honoring their treatment preferences, consents, and refusals.

PADs should reflect the person's values, needs, and preferences. This checklist covers key steps from early planning to graduation and transition.

For more details, see **Psychiatric Advance Directives & the CARE Process**.

#### **Getting Ready**

Ensure all CARE team members are trained in PADs.
Ensure CARE teams have a resource or point person to help with PAD facilitation.
Talk about PADs early in the CARE process (like at intake or during development
of the CARE agreement or CARE plan).
Use simple terms to explain what PADs are, why they matter, and how they work.
Help the person feel ready to create a PAD.
Ask who they want to help with the PAD. This can include family, friends, or
professionals.
Help them think about what to include: health conditions, treatment choices,
crisis plans, personal needs, and decision-makers. They should think about how
they want information shared.
Help them gather what they'll need (like medication names, contact information,
and names of support persons).



### **CARE Act: PAD Creation Checklist in the CARE Process**

	Talk about how creating a PAD might feel, especially if they've had traumatic experiences.
Pers	on-led Planning
	Go at the person's pace. Focus on their experiences, choices, and priorities.  Make space to talk about past treatment. Discuss what helped and what didn't.  Use supported decisionmaking to help them be in control.  Let their voice lead the process.  Ask what matters most to them and what they want in the PAD.  Remind them they can change or update the PAD anytime.
Sup	port and Facilitation
	Identify a trained facilitator. Include other supports if the person wants.  Offer peer support if available and wanted.  Use a trauma-informed and culturally respectful approach.  Create a calm space (like soft lighting, water and snacks, comfort items).  Give them enough time. Spread sessions out so they don't feel rushed.  Make sure all support people follow the person's lead and stay neutral.
PAD	Content
	List current mental and physical health conditions.  Share treatment preferences (like medications, providers, therapies).  Describe crisis response plans. Include how they want first responders, medical professionals, and support persons to communicate with them.  Include personal responsibilities (like child or pet care, bills).  Name decision-makers (like a health care Agent or CARE volunteer supporter).  Include release of information for sharing with specific people.
Lega	al and Practical Considerations
	Clarify whether the PAD is embedded in an Advance Health Care Directive or stands alone.  Ensure the PAD meets California legal requirements (especially if embedded in an Advance Health Care Directive).  Educate the CARE participant on the legal standing of PADs in California, including limitations.  Confirm the PAD is signed, dated, and witnessed or notarized if needed.
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## **CARE Act: PAD Creation Checklist in the CARE Process**

	Review and update the PAD regularly, especially after crises or treatment changes.		
Sharing and Accessibility			
	Ensure the PAD is integrated into the CARE participant's electronic health record (EHR) or CARE documentation system.		
	Share the PAD with relevant parties (like providers, first responders, hospitals, trusted supports).		
	Provide both digital and pocket-sized versions.		
	Ensure the PAD is stored in a way that it can be accessed during a mental health crisis event.		
	Ensure the most recent version of the PAD is the copy on file and that all important parties have the most recent updated version.		
Graduation and Transition Planning			
	Include PAD reflection in CARE status reviews and graduation planning. Plan for how the PAD will be used after CARE graduation to support continuity of		
	care.		
	Identify post-CARE providers and ensure they receive the PAD.		
	Discuss how the PAD can guide future crisis prevention and response.		

