







Psychiatric Advance Directives (PADs)

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David Lopez and Danielle Raghieb have certified that they have no relevant relationships with any commercial or nonprofit organizations that represent a conflict of interest.

Mobile Crisis Services

- » *Mobile crisis services provide rapid response, individual assessment and community-based stabilization to Medi-Cal members who are experiencing a behavioral health crisis. Mobile crisis services are designed to provide relief to members experiencing a behavioral health crisis, including through de-escalation and stabilization techniques; reduce the immediate risk of danger and subsequent harm; and avoid unnecessary emergency department care, psychiatric inpatient hospitalizations and law enforcement involvement.*



A New Direction for Mobile Crisis Services

- » Change mobile crisis services so that the response is more resolution-focused and works to provide relief to people in crisis in the community.
- » Support people in crisis where they are, while using the least restrictive means necessary.

A New Direction for Mobile Crisis Services

» Mobile crisis services should be:

- Person-centered
- Trauma-informed
- Equity-driven
- Brief intervention: de-escalation and resolution focused
- Working from a lens of least restrictive interventions
- Culturally responsive, linguistically appropriate, and accessible



Today's Presenters



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Welcome and Introductions



Agenda

- » Welcome
- » [BHIN 23-025](#) on Psychiatric Advance Directives (PADs)
- » Overview of PADs and Their Relevance for Mobile Crisis Teams
- » Encountering PADs in the Field
- » PAD Development Resources as Part of Follow-Up



Learning Objectives

Participants will:

- » Learn the use and purpose of psychiatric advance directives (PADs).
- » Understand ways of identifying a PAD in the field.
- » Understand what may be included in a PAD and the appropriate action to take.
- » Review ways to connect members to PAD development services as part of post-crisis follow-up.

BHIN 23-025 on Psychiatric Advance Directives (PADs)



Overview of BHIN 23-025 on Psychiatric Advance Directives

- » “A psychiatric advance directive is a legal document in which individuals living with mental illness may state their wishes for treatment or designate an individual who is empowered to make treatment decisions on their behalf if the individual is in crisis and unable to make decisions.
- » For mobile crisis teams a psychiatric advance directive may be appropriate as part of the crisis planning process in some circumstances, or as part of follow-up. See National Alliance on Mental Illness, [Psychiatric Advance Directives](#), for additional information.”

Overview of PADs and their Relevance for Mobile Crisis Teams



What is a Psychiatric Advance Directive (PAD)?

- » A psychiatric or mental health advance directive (PAD) is a legal tool that allows a person with mental health challenges to state their preferences for treatment in advance of a crisis ([*A Practical Guide to Psychiatric Advance Directives, 2019*](#)).
- » The purpose of a PAD is to allow the person to give instructions for future mental health treatment or appoint an agent to make future decisions about their mental health treatment.
 - The document is used when the person who created the document experiences acute episodes of psychiatric illness and becomes unable to make or communicate decisions about treatment [*National Resource Center on Psychiatric Advance Directives*](#)

PAD Background in California

- » In California, PADs evolved from Advance Health Care Directives.
 - Advance health care directives can be used for planning for future circumstances that the person has not experienced and are more commonly used for end-of-life events.
 - 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. PADs can support in deescalating crises and helping the person return to baseline.
- » PADs tend to focus on the voice and choice of the person, and their decisions made at a time when they were able to plan logically for their care. PADs outline what they want their care to look like when in crisis or unable to make decisions on their own.
- » Approximately 27 states have enacted laws and policies recognizing PADs since the 1990s, including California.
- » While all states have an advance directive law, many states, **including California**, do not have a specific PAD law.

What is Covered in a PAD

A PAD may include, but is not limited to:

- » Identifying information
- » Emergency contact
- » Health care team
 - Therapist
 - Psychiatrist
 - Case Manager
 - Primary Care Provider/Physician
- » Medication
- » Appointed Decision-maker
- » Desires for care
 - De-escalation techniques
 - Medical facility
 - Restraints vs. seclusion
 - Medication via injection, pill, or liquid
- » Statement of preferences
 - Who to notify
 - Who to exclude
 - Caretakers for dependents

Potential Uses of PADs

- » Anticipating future situations where someone might not be able to guide their mental and physical treatment.
- » Allowing individuals to express their preferences and share them with others.
- » Upholding a person's independence, respect, and capacity to self-manage their care.
- » Providing a mechanism to educate the community, establish confidence in treatment systems, and support individuals to navigate healthcare systems effectively.

PAD Background in California

- » California's [CA Advance Directive Law CA Prob Code 4670-4743, 2022](#) includes:
 - Recent amendments to [CA Prob Code 4615, 2022](#) recognize health care decisions including mental health care decisions and revises the statutory advance health care directive form to clarify that a person may include instructions related to their mental health condition(s).
 - California recognizes advance directives (including PADs) developed in other states; they can be registered here in CA.
 - Advanced Health Care Directives can be registered with the state.
 - There is no current registry for a PAD; however, an individual can register their Advance Health Care Directives with the state and embed a PAD into their Directive.
- » California has the [Advance Health Care Directive Registry](#)
- » [California Advance Health Care Directive Registry FAQ](#)

Why PADs Work

- » “The reason I worked so hard to get my own personal PAD in place was because I never know when the day may come that I will not be mentally stable enough to make decisions regarding my own psychiatric healthcare. Trusting my brother and sister-in-law, wholeheartedly, I know that with them on my PAD to make those decisions for me, I’ll be taken care of. They know my wishes and are aware of the medications and procedures I am or am not willing to take or be a part of and I know they will advocate to the fullest for my wishes and my care.”
-Charlene Lee During
- » “The darkest moments the PAD speaks for me by allowing me to be an active part of my treatment when I am not able to.”
-Aaron Willis

Why PADs Work

- » Person-centered care and support autonomy, self-determination, and empowerment.
 - Making a plan and creating a PAD is a way for an individual to be in control of this part of their behavioral health.
 - PADs increase treatment adherence after discharge, including medication adherence.
- » People can make better decisions about how they want to be treated in a behavioral health crisis when they are NOT in a crisis.
- » Members can say what treatment works and what treatment does not work.

Why PADs Work

- » Individuals can involve their social support network and family members in planning and future care conversations.
- » Conversations around crisis can be difficult, however, when executed in an appropriate manner these types of conversations have the ability to empower a person and the support network of their choosing, to support a continued path of safe recovery.
- » Use of a PAD may shorten the duration of crisis by telling healthcare providers what interventions are most effective.
 - This may avoid hospitalization, reduce hospitalization duration, and speed up recovery.
 - Those with PADs were much less likely to require coercive intervention during mental health crises.

Encountering PADs in the Field



Accessing a PAD During a Mobile Crisis Response

- » Standard process for accessing the CA state registry for Advanced Health Care Directives:
 - The Secretary of State maintains the Advance Health Care Directive Registry as required by Probate Code section [4800](#) which allows a person who has executed an advance health care directive to register information regarding the directive with the Secretary of State. This information is made available upon request to the registrant's health care provider, public guardian, or legal representative. A request for information must state the need for the information.
 - The legislation requires the Secretary of State to:
 - receive and release a person's advance health care directive;
 - transmit the information to the registry of another jurisdiction upon request;
 - respond to a request for information received from the emergency department of a general acute care hospital; and
 - establish the fee for filing the advance health care directive or information relating to such directive.
- » Who is authorized to obtain information regarding my advance health care directive?
 - Only you, your health care providers, your public or court-appointed guardian or conservator, and any agent designated in your current advance health care directive have access to your registry information. They must provide verification of their identity and their right to have the information about your advance health care directive. All requests for information must be in writing.
- » All request to access the registry must be made in writing and on letterhead, either county or hospital.
 - Request can be made directly to Sfmail@sos.ca.gov.
 - Subject line can include "advance health care registry request – Urgent".
 - Inbox is monitored daily, from 8-5, so anything after hours would be responded to the next day- average response time is 2-5 business days but could be faster, often before close of business on the same day.

Accessing a PAD During a Mobile Crisis Response

CA Advance Health Care Directive Registry Contact Information

Office Hours

- » Monday through Friday
8:00 a.m. to 5:00 p.m.
(excluding [state holidays](#))

Office Location

- » 1500 11th Street, 2nd Floor
Sacramento, CA 95814
[Sacramento Office – Driving Directions](#)

Mailing Address

- » Advance Health Care Directive Registry
P.O. Box 942870
Sacramento, CA 94277–2870

Phone Number

- » (916) 653–3984
- » <https://www.sos.ca.gov/registries/advance-health-care-directive-registry/contact>

Accessing a PAD During a Mobile Crisis Response

- » Without a PAD registry, it can be a challenge to directly access the PAD for the member in crisis.
- » If possible, ask the individual or collaterals present if the person in crisis has a PAD.
 - A PAD can have alternate names:
 - Care plan
 - Mental Health Advance Directive
- » If the person in crisis or any collaterals present are unable to confirm whether they have a PAD or not, mobile crisis teams can ask to check for the following:
 - Wallet card
 - SMI Adviser Mobile App
 - My Mental Health Crisis Plan App
- » Important to seek clarity and ask questions from admin around where Advanced Health Care Directive information will be stored and made accessible for Medi-Cal Members

PAD Development Resources as Part of Follow-Up



Taking Action When a PAD is Present

- » The PAD should be followed to the “fullest extent possible.”
 - If in existence, PADs should be used when a person becomes unable to make decisions during a mental health crisis.
- » However, the hospital, facility, or health care provider can object to some parts of the directive at the time a member is admitted for treatment.
- » A PAD would not be followed in the instances below:
 - If it conflicts with “generally accepted community practice standards.”
 - If the treatments requested are not feasible or available.
 - If it conflicts with emergency treatment.
 - If it conflicts with applicable law.
- » 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.

Referrals & Resources for PADs

Mobile Crisis Teams can provide education and resources for the development of PADs to individuals and families in crisis when it seems appropriate. This can be done during the crisis planning state and/or during the follow-up check-in post the mobile crisis encounter.

Resources

- » California's Mental Health Services Innovation Project
 - <https://www.padsca.org/>
 - Currently working with Contra Costa, Fresno, Mariposa, Monterey, Orange, and Shasta Counties – open for other counties to join at any time.
- » Mental Health America Brief overview of the steps to creating a psychiatric advance directive
 - <http://www.mentalhealthamerica.net/creating-psychiatric-advance-directive>
- » National Resource Center on Psychiatric Advance Directives
 - [National Resource Center PAD FAQ](#)
- » [SAMHSA's Practical Guide for Creating a Psychiatric Advance Directive](#)
 - Sample PADs
- » SMI Adviser Application
 - "My Mental Health Plan" Mobile App

Summary

- » A PAD (Psychiatric Advance Directive) is a legal document allowing individuals to outline their preferences for mental health treatment, especially during crises, ensuring their wishes are honored and guiding their care.
- » Although California lacks a specific PAD law, recent amendments to the state's advance directive law recognize mental health care decisions and allow PADs to be embedded within Advance Health Care Directives that can be registered with the state.
- » Creating a PAD empowers individuals to control their behavioral health treatment.
- » PADs promote autonomy, informed decision-making, involving social networks, potentially reducing crisis duration, hospitalization, and coercion during mental health crises.

References

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Thank You!



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