Psychiatric Advance Directive™
My Plan · My Voice

From Planning to Practice: Using Psychiatric Advance Directives to Transform Behavioral Health Crisis Response

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Introductions



Kiran Sahota, MA
CA PADs Project Director
Concepts Forward Consulting

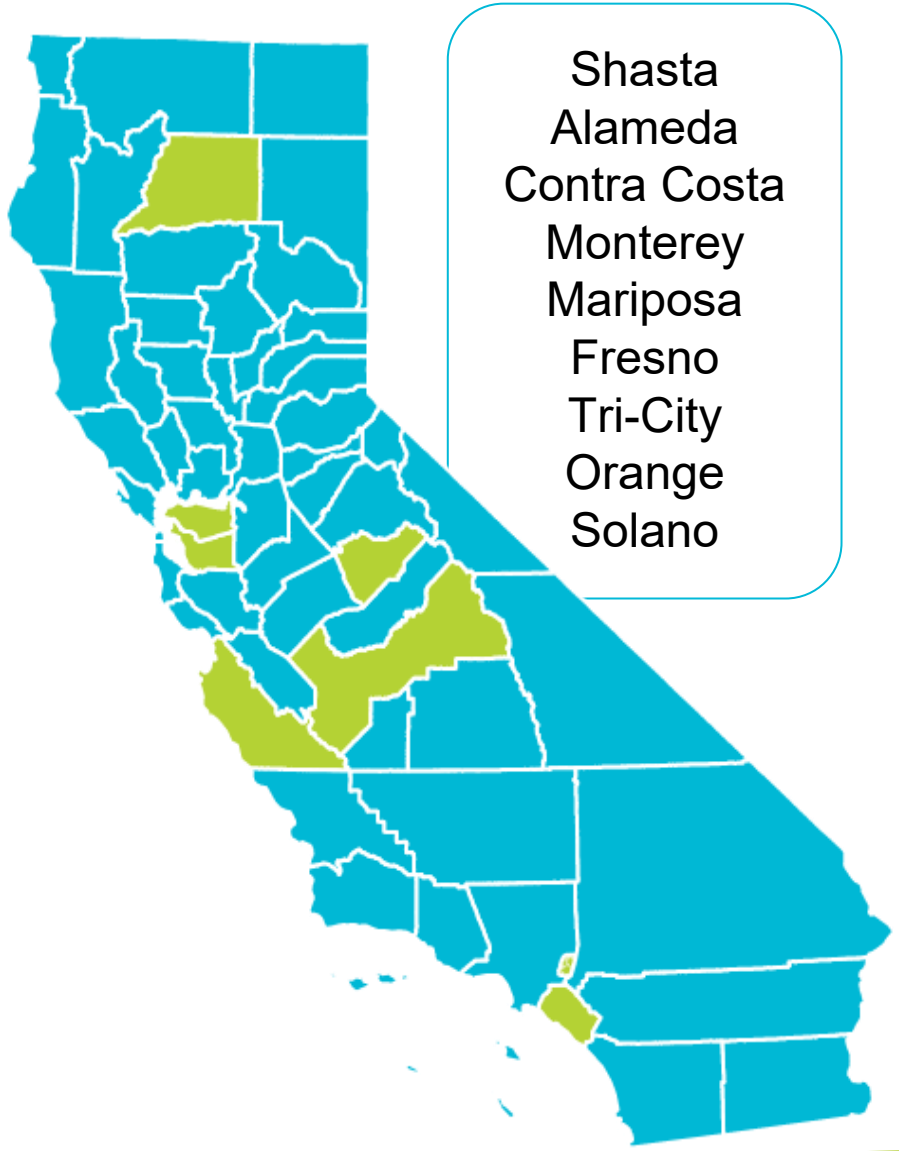


Deputy Isaiah Hicks
Orange County Sheriff's Department

Phase 1- Where we've been

Project Origin

- Funded by the Mental Health Services Act Innovation Funds: “to introduce a new practice or approach to the overall mental health system of care.”
- Why?
  - Lack of understanding of PADs
  - Inappropriate incarcerations or hospitalizations
  - Lack of consistent individual information in a behavioral health crisis
  - Silos in BH efforts within CA counties



What Is a Psychiatric Advance Directive (PAD)?

A Psychiatric Advance Directive (also known as a PAD) is a legal document where an individual can record their preferences for treatment, care, and support in the event of a behavioral health crisis.

A PAD is intended to be completed before an emergency, while an individual can think clearly about their treatment and identify support systems that will help them in their recovery journey. The PAD will communicate their preferences if they cannot make decisions on their own during a crisis.

You may be familiar with a WRAP (Wellness Recovery Action Plan), which is an individualized wellness tool. However, a PAD is a legal directive.

Supporting Self-Empowerment

A common experience for individuals with mental health conditions and/or substance use disorders is that their voice and choices have been systematically ignored. Historically, these individuals have been deemed “incapable” of making informed decisions.

Self-empowerment happens when we encourage an individual to trust their own judgment in their decision-making. While individuals can accept the support of their loved ones, ultimately the individual creating their own PAD has the final say about what is included in their legal document.

How PADs counter Implicit Bias

Individuals with lived experience of mental health conditions commonly report feeling "devalued, dismissed, and dehumanized."

- When you repeatedly see the same individual, you may begin to assume how the interaction will unfold. Take a personal inventory – become aware of your own internalized and sometimes unconscious biases
- PADs include person-first, non-stigmatizing language that is strength-based and recovery-oriented
- This is an opportunity to educate others about PADs

Types of Directives

Psychiatric Advance Directive

- **Specifies preferences for mental health or substance use care during a behavioral health crisis.**
- Includes treatment preferences, medications, and facilities to avoid (when possible).
- Can designate a support network to advocate for one's preferences when the individual is in crisis or incapacitated.
- May include a durable power of attorney for times of lost capacity.
- **Can be a document that transitions with an individual throughout their life span.**

Medical Advance Healthcare Directive (AHCD)

- Specifies preferences during **lost capacity for general medical care, including end-of-life decisions.**
- Often includes appointing a healthcare proxy or durable power of attorney for healthcare decisions.
- Proxy can make decisions independently of the individual only when the individual has lost capacity.
- Focuses on interventions like resuscitation, mechanical ventilation, tube feeding, and organ donation.
- **Not typically used throughout the lifespan.**

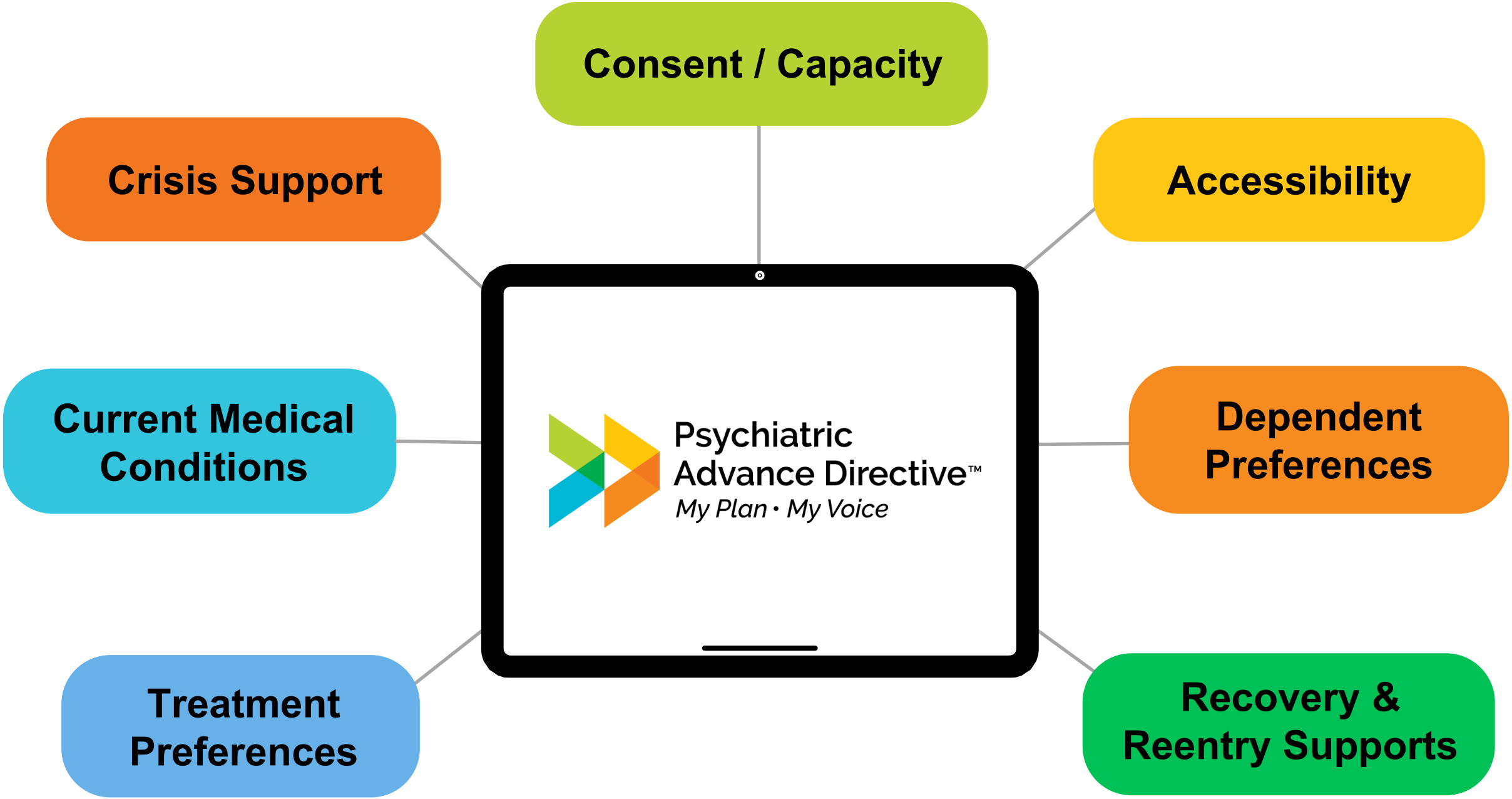
Physician Orders for Life-Sustaining Treatment (POLST)

- **The "Pink" form.**
- Typically used for terminal diagnosis, hospice, or palliative care.
- Gives the individual more control over **end-of-life decisions**.
- Allows healthcare providers to easily share information about patient care.
- Includes how to relieve pain and suffering, and DNR (do not resuscitate).

Project Goals Phase 1 FY 2021-25

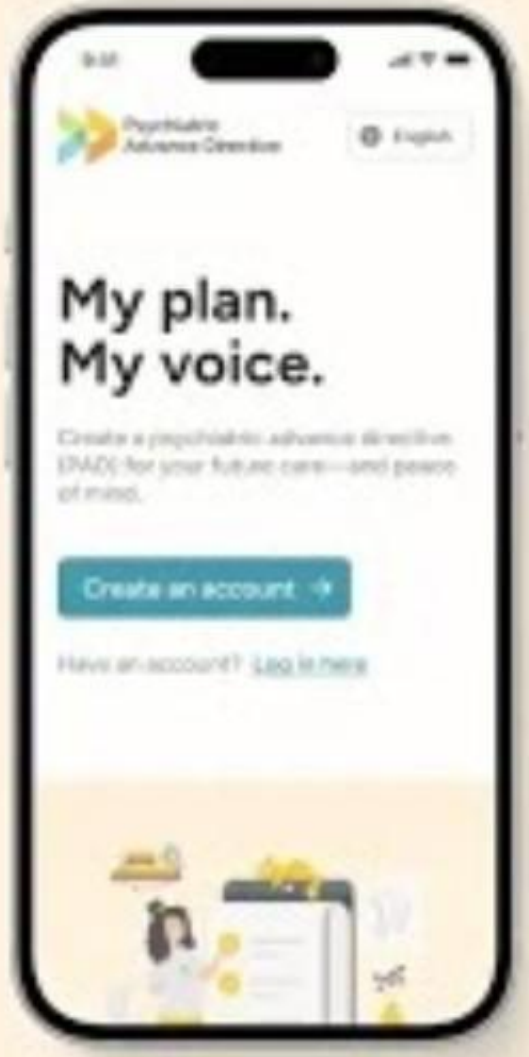
Utilizing the voices of individuals with lived experience, first responders, hospital staff, crisis team members, and families:

- Creating a digital, standardized PAD template.
- Enabling statewide portability and access through a secure web-based platform.
- Providing culturally and linguistically appropriate outreach.
- Developing training curricula and toolkits for individuals and professionals.
- Incorporating personal voices and lived experiences at every development stage.
- Laying legislative groundwork for recognizing PADs under California law.


Consent / Capacity
Crisis Support
Accessibility
Current Medical Conditions
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Dependent Preferences
Treatment Preferences
Recovery & Reentry Supports

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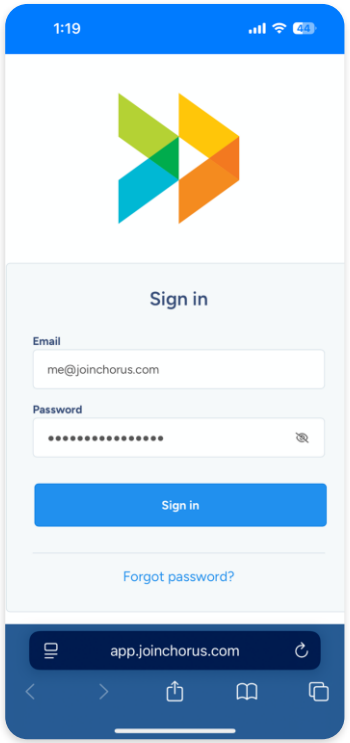
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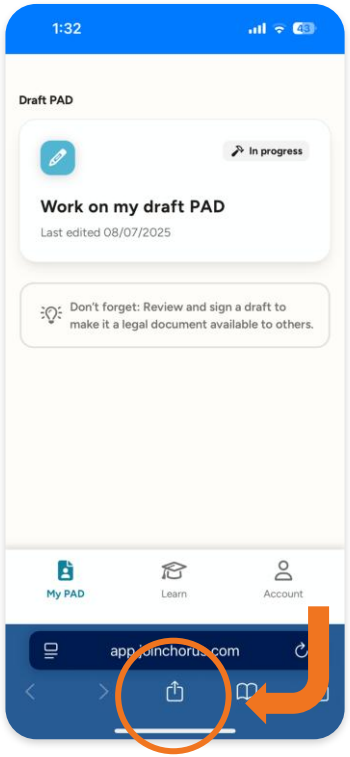
Helpful Tip

Bookmark the PADs app on your work phone or tablet

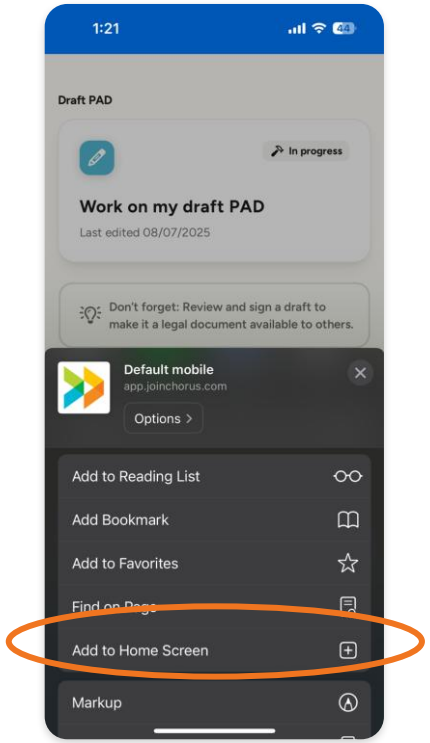
1 Sign in



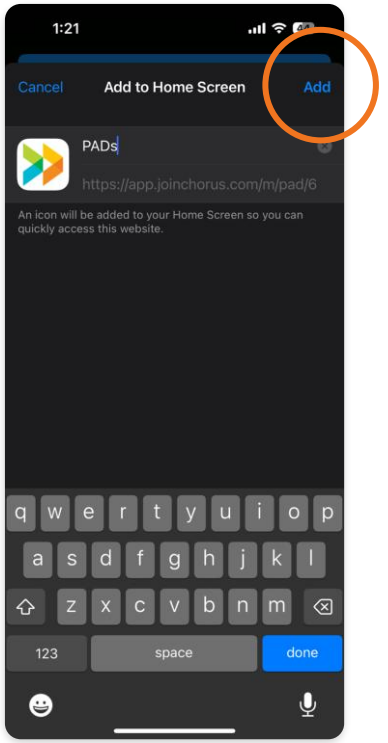
2 Tap the Share button



3 Select 'Add to Home Screen'



4 Tap 'Add'



5 Done!



Phase 2: Where are we now?

Phase 2 FY 2025-29 Goals

- Roll-Out and Implementation (who and where in a county- priority populations)
- Engagement and Collaboration (LE, Crisis Teams, Hospitals, and cross-county)
- Training Professionals and Facilitators (use and access)
- Platform improvements for Replicability
- Evaluation and fiscal reporting for Sustainability (use of PADs, reduced call for service time, number of PADs entered, Medi-Cal Billing)

Crisis Holds by the Numbers: Cost and Opportunity



82,903

Adult psychiatric 5150 holds in CA in FY 2021–22

×



$10,000

Approximate average cost per stay

=

Over

$820M

spent annually

If 1% (approximately 829 individuals)

of holds were avoided

=

Over $8,000,000

would be saved annually

OC Training

- Crisis Assessment Team (100+ staff)
- OC Sheriff's Department (24 staff)
- Irvine Department (3 staff)
- Eight Hospitals (82 staff)
- Crisis Stabilization Units (10 staff)
- Crisis Residential Treatment Centers, Crisis Outpatient/In-Home Programs, Adult/Older Adult Clinics (4 presentations to team leads)

OC Sites

- 7 Intensive Care Management (ICM) Clinics
- 1 Forensic ACT Full-Service Partnership
- 3 Wellness Centers

Future Expansion:

Club Houses, Crisis Res, CSU, Outpatient/In-Home Services

Law Enforcement Engagement

PADs and Crisis Response

- People with a mental health condition are over 10 times as likely to experience use of force in interactions with law enforcement as those without.
- Research on specialized responses to people experiencing a mental health crisis suggests that Crisis Intervention Teams (CITs), Co-Responding Teams (CRTs), and Mobile Crisis Teams (MCTs) may improve some outcomes, such as improving police officers' perceptions of and responses to people with a mental health condition.

https://www.nami.org/advocacy-at-nami/policy-positions/stopping-harmful-practices/police-use-of-force/;
Congress.gov, 2022; Issues in Law Enforcement Reform: Responding to Mental Health Crisis

Orange County Sheriff's Department (OCSD)

- **Population over 3.1 million**
- **3rd most populous county in California**
- **Over 4,000 sworn and nonsworn employees**

Areas of Responsibility

- 13 contract cities
- Any unincorporated areas in Orange County, County jails, Court houses, John Wayne Airport, and Social services buildings.

Behavioral Health Bureau (BHB)

Established in 2021 (formerly the Homeless Outreach Team – HOT)

Mission

Supporting **Patrol Operations** and **Corrections,** provides behavioral health assistance throughout Orange County, by partnering with behavioral health providers to improve crisis response.

Current Patrol Staffing

- **1 Lieutenant, 3 Sergeants, 18 Deputies**

Behavioral Health Liaison (BHL) Program

- Approximately **40 Behavioral Health Liaisons (formerly Homeless Liaison Officers – HLOs)** are assigned throughout the Sheriff's Department.

Behavioral Health Bureau (BHB)

Bureau Responsibilities

- Provide specialized behavioral health response
- Build partnerships with hospitals, clinicians, outreach teams, and community providers
- Support deputies with complex behavioral health and homelessness-related calls

Key Takeaway

Behavioral health is no longer the responsibility of one specialized unit—it is integrated throughout the Orange County Sheriff's Department.

First Responder Operational Perspective

- **Why is a PAD needed?**
  - To aid in de-escalation - Information is key.
  - Knowing what we're walking into such as, behavioral health history or any safety concerns, which helps officers **assess risks** and adjust tactics.
  - Deputies, through CIT, are trained to identify, not diagnose
  - Knowing when someone is in crisis and establishing criminal or non-criminal intent, encourages **patience, time, distance, and communication**,
  - Increasing our chances for a peaceful resolution and reduce recidivism

PADs LE Training Data

- 47% BHLs trained in PADs portal Access
- Survey numbers (N:27)
  - A 75% increase in knowledge on both: feeling comfortable to use information in someone's PAD to guide decisions and locating the necessary information within a person’s PAD.
  - 92% agreed they will actively look for PADs when responding to a mental health crisis and feel the use of PADs will improve outcomes for individuals in a mental health crisis.

Changes to Department Mental Health Response

- Starting July 22, 2026, OCSD and the Health Care Agency (HCA), signed a Memorandum of Understanding partnering in a modified behavioral health response procedure.
- The HCA has agreed to provide clinicians to be assigned to the Sheriff's Dispatch call center to work alongside the call takers and dispatchers to streamline crisis calls that would be best served by clinicians rather than law enforcement officers.

Changes to Department Mental Health Response

- Utilization of the PADS would be beneficial to both the clinicians and the sheriff's call takers, providing their field operatives with useful de-escalation information for individuals they are responding to.
- Aiding our department in providing the best long-term solution and service to the citizens of Orange County and reducing recidivism in the jail system.

Resource Handouts

- Personalized for each county
- Hand out to all crisis encounters (at discretion) to the individual, family members, professionals, caretakers, and loved ones





Next Steps

- Building on the sustainable foundation in OC
  - Continued training for facilitators and professionals
  - Social Media, informational and promotional flyers, and advertising
  - Ambassadors of PADs within OC

How can you help move PADs forward in Orange County?

Questions?

www.myplanmyvoice.com

www.padsca.org

ksahota@conceptsforward.com

ihicks@ocsheriff.gov