

## Evaluation of the California Web-Based Psychiatric Advance Directives - Phase #1

**Authors:** Galstyan, N., Shaheen, G., Torrence, I., Martinis, J., Hyseni, F., & Blanck, P.

**Key Words:** Psychiatric Advance Directives (PADs), Supported Decision-Making (SDM), Mental Health Recovery, Mental Health Crisis, Mental Health Systems Change

### Summary

The Burton Blatt Institute (BBI) conducted a four-year qualitative evaluation of a multi-county initiative in California aimed at developing and assessing the functionality of a web-based Psychiatric Advance Directives (PADs) platform. The project involved a collaborative effort across seven counties and engaged a diverse range of stakeholders, including individuals with mental health conditions, service providers, hospitals, and law enforcement. The evaluators conducted an extensive literature review, which shaped the development of semi-structured interview protocols and observational tools.

BBI collected and analyzed qualitative data from more than 375 observations of PADs workgroups, meetings, and training sessions, along with 79 semi-structured individual interviews. BBI's evaluation focused on identifying barriers and facilitators to the potential adoption and implementation of PADs, as reported by individuals with lived experience, behavioral health staff, and other stakeholders. The evaluation explored the platform's potential as a catalyst for broader systems change through alignment with Supported Decision Making (SDM) principles, which emphasize the use of trusted supporters to enable individuals to make their own decisions.

Findings indicate that the California Web-Based PADs Project is generating promising outcomes with implications for improving recovery-oriented mental health practices, enhancing individual autonomy during crises, and informing future mental health policy and systems reform. The platform may serve as a scalable model for PADs implementation in other areas. For more information, visit the project website: [www.padsca.org](http://www.padsca.org).

### Key Takeaways

- The web-based PADs platform is a technological and systems-level innovation.
- Involving individuals with lived experience improved the platform's design, usability, and credibility for individuals with mental health conditions.
- First responders and law enforcement representatives who participated in the project expressed support for PADs as tools to de-escalate behavioral health crises.
- The project's iterative and collaborative implementation process can be a model for replication and scalability.
- The PADs website and marketing products are of high quality and effective.

## Background

Psychiatric Advance Directives (PADs) are legal documents that allow individuals with mental health conditions (otherwise termed “individuals” by the project) to record their mental health treatment preferences prior to a crisis, or while in a non-crisis state, to record their mental health treatment preferences for times when they are unable to make their own decisions. The principles of Supported Decision Making (SDM), in which trusted supporters assist individuals in exercising choice to the greatest extent possible are congruent with PADs principles and practices. PADs can designate a healthcare agent or preferred contact to represent the individual’s interests when the individual cannot do so.

As of 2025, 25 states have enacted legislation enabling and recognizing PADs (American Psychiatric Association, 2025). Research shows that PADs improve crisis planning, enhance communication between individuals and providers, and support recovery outcomes. “My Mental Health Crisis Plan App,” developed by the American Psychiatric Association (APA), previously allowed individuals to create a PAD (American Psychiatric Association, 2020), however, the app is no longer available. It had limited functionality in crises, and most PADs continue to be completed in paper format.

In California, the Mental Health Services Oversight and Accountability Commission (MHSOAC, formerly Proposition 63) provided funding to test and demonstrate creative solutions to mental health service delivery for individuals. Beginning in 2021, seven counties: Orange, Shasta, Contra Costa, Mariposa, Monterey, Fresno and Tri-City Mental Health Authority (TCMHA), which serves the communities of Pomona, Claremont and La Verne, used these funds to create, test, and disseminate a web-based PADs platform.

Phase #1 of the project (the “build phase”), initiated in 2021 engaged multiple partners. Concepts Forward Consulting directed the project and coordinated activities. Chorus Innovations developed and tested the functionality of the web-based platform. Idea Engineering designed the public-facing website and marketing materials. Painted Brain and Camphro incorporated the perspectives of individuals with lived mental health experience, provided training, and facilitated stakeholder groups, and RAND assessed the number of PADs created and user satisfaction with the platform and training. The Orange County Health Administration recognized the potential policy significance of the project and contracted with the Syracuse University Burton Blatt Institute (BBI) to conduct an independent evaluation of the web-based PADs platform. Syracuse University was also designated as the fiscal management entity for the project and managed project budgets for counties and subcontractors. Finally, county-employed Peer Support Specialists (PSSs) played a critical role throughout all phases of the project by contributing to design, training, and implementation activities.

## Evaluation Aims

The evaluation examined both the implementation of the web-based PADs platform and its early impacts. Specifically, BBI assessed:

1. Was the technology supporting the implementation of web-based PADs created and disseminated during Phase #1 as planned?
2. Were stakeholders' recommendations, including those from individuals, family members, and professionals solicited and incorporated?
3. Were stakeholders' perceptions of the potential impacts of web-based PADs on individual outcomes such as independence, self-determination, community integration, recovery, as well as on rates of homelessness, involuntary hospitalization, and incarceration improved?
4. Did stakeholders believe that PADs could positively influence interactions between individuals in crisis and law enforcement, first responders, or health care providers?
5. Were PADs perceived as a tool to improve service quality in crisis response?
6. Does the web-based PADs project demonstrate potential for replication and scale across California and beyond?

The design of the evaluation adopted a unique framework (see Figure 1) that explored its impact across three intersecting domains: (1) **Impacts upon Individuals** – individuals with mental health conditions; (2) **Impacts upon Services** – including those provided by mental health agencies and community stakeholders, such as law enforcement, hospitals, and other first responders; and (3) **Impacts upon Systems** – including California mental health legislation, policies and regulations.

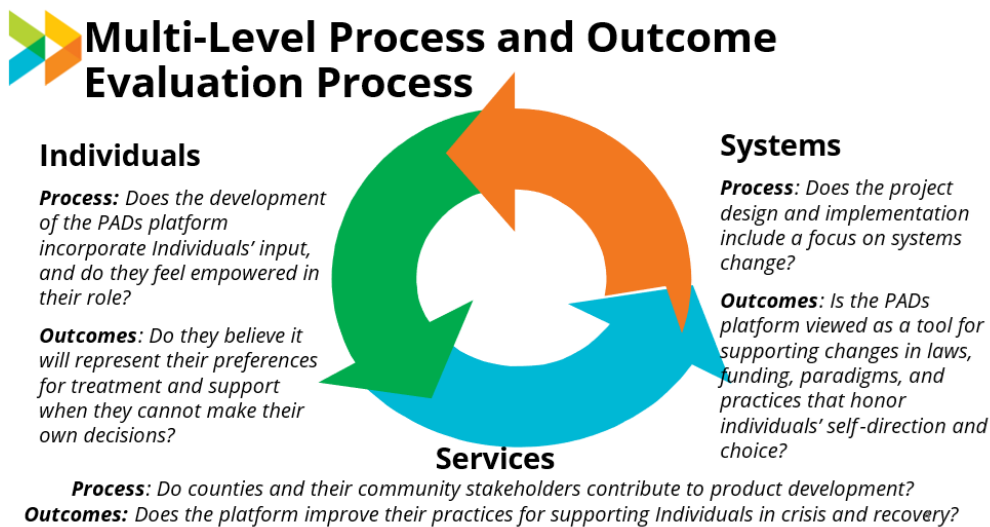


Figure 1: BBI's process and outcome evaluation framework

## Evaluation Methods

**Literature Review:** BBI foregrounded its evaluation by conducting a literature review of more than 300 publications, toolkits, and evaluations related to PADs in the United States and internationally. Findings from this review informed the design of observation and interview protocols.

**Observations:** Over a four-year period, BBI observed planning meetings with each of the seven counties, biannual convenings of county and subcontractor representatives, and multiple workgroups focused on template development, technology, and marketing. BBI researchers tailored their observation protocols to capture meeting content, facilitation, participation, and identified challenges.

**Semi-Structured (questions and open response) Individual Interviews:** BBI conducted semi-structured interviews with three groups: (1) county project managers, (2) agency staff representing community stakeholders (e.g., law enforcement, hospitals, mental health providers), and (3) Peer Support Staff. Interviews were conducted primarily via Zoom, recorded, transcribed, coded, and analyzed thematically. Figure 2 below summarizes the number of observations and interviews conducted by year.



Figure 2: Number of Observations and Interviews by Year

## Evaluation Findings

BBI's evaluation produced several **key findings**, summarized below:

**Responsive and Iterative Project Evolution:** The Phase #1 ("build phase"), adhered to its planned timeline and deliverables. The project demonstrated flexibility in addressing implementation challenges, including shifts related to Proposition 1, transitioned out of the COVID-19 pandemic, and the exploratory nature of Innovations projects, which often require adapting implementation strategies as new circumstances arise. Within a relatively short period, the project developed and tested the web-based PAD platform and its user registry. County

Behavioral Mental Health Departments, their PADs Project Managers, and PSSs were actively engaged throughout this process. Although counties began with differing levels of readiness and resources, most initiated PADs testing before the close of Phase #1, with others preparing to do so early in Phase #2. Stakeholder feedback highlighted the importance of consistent communication and collaborative problem-solving to keep the project aligned with its objectives. Leadership by the Concepts Forward Consulting Project Director and her team ensured consistency between project goals and emerging California Behavioral Mental Health policies and legislation and developed strategies for supporting longer-term sustainability.

*"I haven't been to one meeting where I didn't feel heard or included. Even when I didn't speak, I felt individuals were respected. This is what real inclusion looks like*

**- Interview with PSS**

Commented [KS1]: Behavioral Health

**Collaborative and Inclusive Platform Development:** Chorus Innovations led the technology development with input from Painted Brain and Camphro, which represented the perspectives of individuals with lived mental health experiences. Idea Engineering designed the PADs website and marketing materials. Workgroups incorporated feedback from PSSs, family members, providers, county staff, law enforcement, first responders, and other stakeholders. This iterative, collaborative process led to rapid adjustments that enhance platform usability. Features such as plain language, simple navigation, progress saving, and visual cues reflected a user-centered design approach. Training and initial use led to the creation of approximately 150 web-based PADs, supported by peer facilitators, a practice aligned with existing literature on effective PADs implementation (Belden, C.M. et al., 2022, Easter, M.M. et al., 2021; Tinland, A. et al., 2022).

*"It's (the PAD) great. It's encouraging. [...] I'm a person, not a diagnosis. I get to be the person. Who I am. Not a stereotype."*

**-Tech Workgroup**

**Individual Empowerment, Autonomy, and Dignity:** Phase #1 demonstrated that PADs can strengthen autonomy and self-advocacy. Individuals interviewed by BBI reported that creating a PAD provided an avenue to articulate their treatment preferences and affirmed their dignity during times of crisis. The involvement of individuals with lived experiences, facilitated by Painted Brain and Camphro, helped ensure that recovery and empowerment-centered principles and language were embedded into platform design and outreach. Behavioral health staff who were interviewed by BBI corroborated that PADs use aligned well with their recovery-oriented mental health services and contributed to individuals' well-being.

**Individually Centered Engagement and Evolving Stakeholder Buy-In:** PSSs played a key role in shaping the platform's tone and messaging, ensuring the inclusion of recovery-oriented language and perspectives, and contributed to public communication and testing. The project also engaged law enforcement, hospital personnel, and other crisis responders early in development, incorporating their operational needs into design features. Individual readiness to complete PADs varied, with digital literacy and their comfort level with managing the PADs platform technology as

influencing factors. PSSs and agency staff helped individuals participate at their own pace to help mitigate these challenges. The inclusion of multiple perspectives from diverse stakeholders strengthened the potential that web-based PADs may become a viable tool in reducing the trauma and unfavorable consequences that may be associated with mental health crises.

*"We really think this can be an empowerment tool... something that keeps people out of hospitals or jail, gives them greater ownership over their own care, and even emotionally validates their sense of control."*

**- Interview with County staff**

**Replication, Scalability, and Policy Integration:** The platform's flexible design, user-informed features, stakeholder engagement framework, comprehensive marketing strategies, and the establishment of a secure PADs user registry created a strong foundation for replication and broader adoption. Legislative interest in and growing public awareness of the benefits of PADs may further accelerate widespread adoption of the California PADs project's web-based model. Throughout the project, Concepts Forward Consulting led efforts to heighten the awareness and utility of PADs with mental health policymakers as a viable alternative to coercive crisis interventions and as a tool for mental health recovery. Priorities for Phase #2 include expanding stakeholder participation, integrating PADs with electronic health and law enforcement systems, tailoring training to high-needs populations (e.g., individuals experiencing homelessness or those with co-occurring conditions), and expanding training for crisis responders.

**Influence on Crisis Response and Systems Transformation:** Law enforcement and first responder representatives in several counties participated in PADs development workgroups and actively supported PADs as a potential de-escalation tool. Some of these participants were also involved in user testing and provided feedback on useful content for crisis response. Two individuals with mental health conditions who disclosed their PADs during their behavioral health crises reported that hospital staff and first responders acknowledged and followed their documented preferences. These cases suggest that PADs may enhance the likelihood that individuals' treatment choices are respected in practice.

**Additional Observations:** PSSs and county staff cited the platform's accessibility, design, and interactive features as improvements over traditional paper-based PADs. Throughout the testing process, Chorus Innovations was responsive to feedback from stakeholders, addressing usability barriers for individuals with disabilities and limited digital literacy. Internet access gaps in some regions were identified as challenges for PADs scalability and adoption, and as necessary to be addressed in Phase #2.

*"Some of us only think about the healthcare and hospital aspect, but hearing what the sheriffs had to say—their difficulties and barriers—was really eye-opening. It made me realize that PADs isn't just another tool for healthcare; it's something for everyone."*

**- Interview with Hospital staff**

The project also began to address accessibility for individuals who do not speak English. Spanish-language versions of the platform and accompanying marketing materials were developed, with additional translations in other threshold languages planned for Phase #2.

## Conclusion

Findings from BBI's Phase #1 evaluation indicate that the California Multi-County PADs Innovations Project has achieved its core goals during the initial four-year phase by laying a strong, lived experience-informed foundation for state-wide implementation of web-based PADs. The project established a robust, user-informed foundation for statewide PADs implementation, with meaningful involvement of individuals with lived mental health experiences at every stage of development. Preliminary findings from user and beta testing suggest that the web-based PADs platform is both needed and valued as a mechanism for enabling individuals with behavioral health conditions to communicate their treatment preferences during times of crisis. In this respect, the platform is aligned with the principles of SDM and holds significant potential to raise not only the awareness of, but also the absolute necessity of honoring the individual's preferences when their capacity is impaired.

A distinguishing feature of the California project was its deliberate inclusion of a broad set of stakeholders. In addition to individuals with lived experience, the project sought input into the design of the web-based PADs platform from hospital personnel, law enforcement, and first responders. This represents an unprecedented strategy for building a tool that can be integrated into crisis response workflows. This inclusive approach strengthened the platform's relevance, enhanced its legitimacy, and increased the likelihood of adoption across diverse service settings.

Overall, the evaluation suggests that web-based PADs hold potential to support lasting transformation in California's behavioral health system. Predicted impacts to be measured in Phase #2 include improved recovery outcomes for individuals, reductions in involuntary hospitalizations, and potential cost savings for the behavioral health system. The successes of Phase #1 establish that carefully designed technology, combined with community-based partnerships, can serve as a catalyst for systems change.

Looking ahead, Phase #2 will prioritize strengthening project infrastructure, expanding training opportunities, and enhancing access, particularly for individuals with serious mental health conditions and additional barriers for those who are unhoused. A key focus of Phase #2 will be integrating PADs within the Continuum of Care for individuals designated as "high users" of intensive mental health services and those at risk of or experiencing homelessness. Phase #2 priorities will include training community mental health crisis teams, law enforcement and first responders, and hospital staff to access and honor PADs during mental health-related emergencies. Addressing these issues is essential to realizing the full potential of PADs in enhancing crisis response services, advancing individual autonomy, and enabling replication and scaling, across California and potentially to other states.

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## About the Authors

**Nare Galstyan, Ph.D.** is the Assistant Director of the web-based PADs project evaluation.

**Gary Shaheen, Ph.D.** is the Director for Mental Health Initiatives at the Burton Blatt Institute and Director of the PADs project evaluation.

**Isabel Torrence, BA** was a Research Assistant at the Burton Blatt Institute and member of the evaluation team.

**Jonathan Martinis, Esq., J.D.** is the Senior Director for Law and Policy at the Burton Blatt Institute.

**Fitore Hyseni, Ph.D.** is the Director of Research at the Burton Blatt Institute.

**Peter Blanck, Ph.D., J.D.** is University Professor at Syracuse University and Chairman of the Burton Blatt Institute, as well as PI for the PADs project evaluation.

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