



New England (HHS Region 1)

**MHTTC**

**Mental Health Technology Transfer Center Network**

Funded by Substance Abuse and Mental Health Services Administration



## Psychiatric Advance Directives System Checklist

Integrating psychiatric advance directives into a service system requires thoughtful consideration, clear communication with staff and patients alike, and intentional planning. This checklist serves as a guide. We suggest that a team of people complete it and then review their answers together. Identify areas for improvement and then prioritize which items to target first.



To learn more, visit us at [mhttcnetwork.org/newengland](https://mhttcnetwork.org/newengland).

## ADVANCE DIRECTIVE POLICY

#	Item	Yes	No	Don't Know
1.	Our organization is aware of state and federal laws, statutes, policies, and guidelines supporting Advance Directives.			
2.	Our organization supports Advance Directives by endorsing state and federal laws, statutes, policies, and guidelines.			
3.	Our organization has internal policies regarding Advance Directives.			
4.	Our organization provides all facilities with Advance Directive Toolkits and Forms in English and Spanish (or other languages dominant in our constituency) that facilitate the execution and implementation of Advance Directives.			
5.	Upon entry into any program, our organization provides each client with information and educational materials regarding Advance Directives.			
6.	Our organization informs the clients we serve of their right to create, revise, or revoke Advance Directives during intake and periodically thereafter. If a client does not have the capacity to make healthcare decisions at the time of admittance, we provide these materials to the individual at a later date.			
7.	Our organization connects clients who wish to create, revise, or revoke Advance Directives with an advocacy organization that can aid in the development, revision, or revocation of Advance Directives, if the client desires.			
8.	All programs/facilities have procedures in place for the clear documentation of steps taken to inform, create, or implement Advance Directives.			
9.	All programs/facilities have procedures in place to ensure that staff keep Advance Directives in client medical records.			
10.	All programs/facilities have procedures in place to ensure that Advance Directive files contain up-to-date documentation.			
11.	Education and training are available for practitioners, clients, and family members on developing and implementing Advance Directives.			
12.	Every direct care service provider receives specialized training on how to develop and implement Advance Directives as part of their broader training on recovery-oriented practices and client rights.			
13.	Our service system has a system-wide method of tracking, updating, and accessing information about Advance Directives that is compliant with HIPAA standards and psychiatric privilege laws.			

## ADMISSION PROCEDURES

Upon entry into the program...

#	Item	Yes	No	Don't Know
1.	Our organization provides each client with information and educational materials regarding Advance Directives.			
2.	Our organization asks each client about the existence of or interest in creating Advance Directives.			
3.	If a client's decisionmaking capacity at the time of admission is in question, an attending physician conducts a formal evaluation before providing information and educational materials regarding Advance Directives. Our organization offers materials at a point when the person has regained decisionmaking capacity.			
4.	Our organization provides each client with contact information for advocacy organizations that can assist with creating Advance Directives.			
5.	Our organization assists each client connect with advocacy organizations, if they wish.			
6.	Our organization requests copies of any existing Advance Directives.			
7.	Our organization places copies of any Advance Directives in the client's chart.			
8.	Our organization updates the management information system to note the existence of Advance Directives.			

## DOCUMENTATION PROCEDURES

#	Item	Yes	No	Don't Know
1.	Our organization provides and documents when we provide information to clients about Advance Directives.			
2.	Our organization documents a client's decisions about creating, revising, or revoking Advance Directives.			
3.	Our organization documents when we give referrals or contact information to a client regarding an Advance Directive.			
4.	Our organization documents any execution, implementation, revision, or revocation of Advance Directives in a client's file.			
5.	The appropriate professional documents and validates any assessments of a client's capacity to make healthcare decisions.			

## ADVANCE DIRECTIVE CREATION/MODIFICATION PROCEDURES

#	Item	Yes	No	Don't Know
1.	Any client served by our organization who wishes to create a new Advance Directive may do so in conjunction with care providers, family members and/or friends, independent advocacy organizations, or on their own. We encourage clients to discuss preferences outlined in Advance Directives with members of the treatment team, family members or significant others, and/or consumer advocates. Special circumstances may apply when a client has a conservator and we work with the client accordingly.			
2.	Staff in our organization are familiar with the process of creating, revising, or revoking Advance Directives.			
3.	Clients served by our organization have access to information regarding Advance Directives and Advance Directive Toolkits.			
4.	Clients served by our organization have formal opportunities to create, revise, or revoke Advance Directives upon intake and/or during regular treatment review meetings, given that decisionmaking capacity is not in question.			
5.	Our organization gives our clients regular opportunities to discuss Advance Directives with independent advocates trained in developing and implementing Advance Directives.			
6.	Our organization appropriately documents and validates any new Advance Directives or modifications of Advance Directives according to required federal and state legal guidelines.			
7.	Our organization provides clients assistance with obtaining witnesses and notarizing Advance Directives, when necessary.			
8.	Staff facilitate a discussion with clients about distributing Advance Directives to their healthcare practitioners and agents.			
9.	If a client served by our agency has a conservator of person and/or estate, the conservator shall afford the conserved person the opportunity to participate meaningfully in decisionmaking in accordance with the conserved person's abilities. This includes reasonable conformance with expressed healthcare preferences and healthcare instructions, if any, that the client may have executed before the appointment of the conservator.			

## TRAINING PROCEDURES

Procedures are in place to ensure that all direct care staff are aware of agency procedures related to the use of Advance Directives.

#	Item	Yes	No	Don't Know
1.	Training on Advance Directives and integrating them into practice is available to all staff. This training focuses on ways to educate clients, family members, and other staff members about Advance Directives, resources, and guidelines available to assist with the creation, maintenance, and implementation of Advance Directives.			
2.	Our organization trains at least one representative from every program on the relevant laws and practices pertaining to the creation and use of Advance Directives.			

## PROCEDURES FOR MAINTAINING UPDATED ADVANCE DIRECTIVES

Procedures are in place for maintaining and documenting information about Advance Directives to ensure that...

#	Item	Yes	No	Don't Know
1.	At our organization, we store Advance Directives in a uniform, readily accessible location in client charts, in inverse chronological order.			
2.	It is easy to identify if a client has an Advance Directive in charts and/or the EHR system at our facility.			
3.	We have a management information system that is kept up-to-date regarding Advance Directives of the clients we serve at each particular program, including the date of the most recent version of the document, the location of the most recent version of the document, and the name and telephone number of the healthcare agent representative and the alternate healthcare representative.			
4.	Our organization provides clients with a means of documenting the location of their Advance Directive and contact information for their healthcare representative in a format that complies with HIPPA and psychiatric privilege laws.			

## PROCEDURES FOR IMPLEMENTING AN ADVANCE DIRECTIVE

All clients being served in inpatient and outpatient settings are presumed to have capacity to make their own treatment decisions, unless otherwise noted. Procedures are in place to...

#	Item	Yes	No	Don't Know
1.	Refer each client wishing to complete an Advance Directive to an attending physician or to a psychiatrist for the determination of mental capacity, if decisionmaking capacity is in question.			
2.	Use accepted standards for assessing and documenting decisionmaking capacity.			
3.	Inform clients of their right to request a second opinion.			
4.	Refer all disputes to the program's medical director.			

## PROCEDURES FOR WHEN A PERSON IS DEEMED UNABLE TO MAKE DECISIONS

If a person is deemed unable to make decisions, it is standard for providers at our organization to...

#	Item	Yes	No	Don't Know
1.	Obtain the most recent Advance Directive immediately.			
2.	Contact the person's conservator and/or healthcare representative.			
3.	Ensure that members of the treatment team make decisions in conjunction with the person's Advance Directives until the person regains capacity to make their own healthcare decisions.			
4.	Arrange for an attending physician to review and document the mental status of the person regularly until the person regains their decisionmaking capacity.			

## PROCEDURES FOR REVOKING AN ADVANCE DIRECTIVE

#	Item	Yes	No	Don't Know
1.	Within our organization, clients may revoke Advance Directives at any time, either verbally or in writing. This includes times when an attending physician determines that the client is incapable of making treatment decisions. We require that attending physicians or other healthcare professionals document revocation of Advance Directives in the client's medical record.			

**This report was prepared by Maria O’Connell and Stephanie Lanteri, from Yale University’s Program on Recovery and Community Health (PRCH), on behalf of the New England Mental Health Technology Transfer Center.**

Published in 2020 by C4 Innovations, 200 Reservoir Street, Suite 202, Needham, MA 02494

This policy document serves as a template for you to use in incorporating psychiatric advance directives into your workflow. Please adapt it as needed. Every setting is different; what works for your organization may not work for another. Be sure to keep a person-centered, trauma-informed, and recovery-oriented perspective in mind. The other MHTTC psychiatric advance directive resources may be of help in this process.

This publication was prepared for the New England Mental Health Technology Transfer Center (TTC) Network under a cooperative agreement from the Substance Abuse and Mental Health Services Administration (SAMHSA). All material appearing in this publication, except that taken directly from copyrighted sources, is in the public domain and may be reproduced or copied without permission from SAMHSA or the authors. Citation of the source is appreciated. Do not reproduce or distribute this publication for a fee without specific, written authorization from New England Mental Health Technology Transfer Center. For more information on obtaining copies of this publication, contact us at [newengland@mhttcnetwork.org](mailto:newengland@mhttcnetwork.org).

At the time of this publication, Elinore F. McCance-Katz, M.D., Ph.D. served as SAMHSA Assistant Secretary.

The opinions expressed herein are the view of authors and do not reflect the official position of the Department of Health and Human Services (DHHS), SAMHSA. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this document is intended or should be inferred.