

# **SANILAC COUNTY COMMUNITY MENTAL HEALTH AUTHORITY**

## CLINICAL POLICY

**NUMBER: BC013**

**NAME: ADVANCE DIRECTIVES FOR MENTAL HEALTH SERVICES**

INITIAL APPROVAL DATE:	7/12/2006	APPROVED BY: Administrative Committee
STAKEHOLDER REVIEW:	12/04/2012	REVIEWED BY: Consumer Advisory Board
(LAST) REVISION DATE:	11/20/2012	REVISED BY: Clinical Policy Committee
(LAST) REVIEW DATE:	10/19/2023	REVIEWED BY: Policy Committee
DISCONTINUED DATE:		REPLACED BY: N/A

### I. **PURPOSE**

To establish standard practice for informing individuals receiving services of Advance Directives.

### II. **APPLICATION**

Populations: **All**

Programs: **All Direct and Contracted**

### III. **POLICY**

The Agency will share information and assistance regarding Advance Directives that is supportive of the individual's wishes and desires.

### IV. **DEFINITIONS**

None

### V. **STANDARDS**

1. Staff will offer information to individuals receiving services regarding Advance Directives according to guidelines published by the Department of Health and Human Services (Forms #0400 & 0401).
2. Information will be offered at intake and at least annually.
3. Whenever possible discussion will involve the individual, and with their consent, will include their family and/or legal representative.
4. Planning will reflect the individual's wishes and preferences.
5. Staff will assure that the individual has adequate understanding of their right to establish an Advance Directive, and will provide assistance as needed and/or desired by the individual.
6. The staff will obtain the individual's signature (and/or that of their legal representative when applicable) on the *Consent for Participation in Mental Health Services* form as evidence that information and assistance regarding Advance Directives was offered.
7. Community Mental Health staff cannot act as a witness for an individual's signature on mental health advanced directives.

VI. **ATTACHMENTS**

None

VII. **REFERENCES**

*Michigan – Advance Directives for Mental Health Care by Bradley Geller Form #0400*

*Michigan – Advance Directives for Mental Health Care Form #0401*