



Mainstreaming the Mental Health Advance Directive in Washington State

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A BRIEF HISTORY

- The Mental Health Advance Directive (MHAD) has been part of Washington State law since 2003.
- The MHAD as a “client”/provider tool (often called Psychiatric Advance Directive in other states) is nationally recognized to improve outcomes in the treatment of those with serious mental illnesses by supporting self-determination when utilized within a functional system.



A BRIEF HISTORY

- The idea for this legislation came from constituents in the 33rd Legislative District.
- They had an adult son with a diagnosis of schizophrenia but were unable to help when he would decompensate.



A BRIEF HISTORY

- It took several years of negotiations with hospitals and health care providers to come to agreement on the language.
- 2001: **HB 1299** – did not receive a hearing
- 2002: **SB 6589** – passed Senate unanimously, no hearing in House
- 2003: **SB 5223** – passed into law



RECENT LEGISLATIVE UPDATES

- **SB 5370** (2021) simplifies and improves the process of creating a Mental Health Advance Directive.
- It also establishes a role for substance use disorder professionals.
- One of the most important next steps is getting the word out about MHADs.



WHEN APPLIED - Laurie Hallmark

**How the Mental Health Advance Directive
can impact lives in real terms:
A story of real life application**



OVERVIEW OF CHALLENGE

The Washington State Mental Health Advance Directive (MHAD) is underutilized

- Providers are hesitant to follow the MHAD due to concerns about legality, document access, and potential conflict between what a consumer wrote and signed and what they are articulating during a decompensating episode.
- There is no existing reliable method for document creation, storage, and sharing.
- As a result, many providers, potential consumers, families, and other stakeholders don't know about the MHAD or how to use it.
- Four Key areas identified as improvement opportunities



SOLUTION DEVELOPMENT

Key Topic #1: Document Creation

Best practices in completing the MHAD and individuals to include in the process.



- Document creation with support from trusted family members or other supports who care about the individual and know how to share the MHAD with providers if capacity is lost.
- The role of a trained Certified Peer Counselor
- The person's self-determination is written while in a state of capacity, providing a record of the person's true wishes without the filter of acute illness that can compromise decision making.
- Communication toward the individual's understanding regarding agent designation and Power of Attorney connected to the MHAD.

SOLUTION DEVELOPMENT

Key Topic #1: Document Creation

Work continues to explore pathways for access to the MHAD and information about how to use it.



Examples of settings a person might create or encounter these documents:

- Community clinics
- Psychiatric hospitals
- NAMI or other agency that provides support groups and training
- Peer-run organization and/or Peer Respite
- Clubhouse
- Homeless Shelter, group home, or assisted living
- Behavioral Health Ombuds services

SOLUTION DEVELOPMENT

Key Topic #2: Document Storage and Access

Addressing the challenge of reliable consumer-to-provider access through technology



- Possibility of leveraging Electronic Health Record (EHR) systems, ei. EPIC, PRAXIS, etc.
- Creating a MHAD portal via the new 988 system (feed to EHR's?) while adhering to HIPAA and 42 CFR, Part 2 requirements
- Explore viability of creating a dedicated Washington State MHAD registry via the Washington HCA
- Creating consumer-specific QR codes for provider access



SOLUTION DEVELOPMENT

Key Topic #2: Document Storage and Access

Addressing the challenge of reliable consumer-to-provider access through personalized applications



- Possible use of USB bracelets/necklaces
- 2021 Legislative Session - SSB 5073, Crisis responders are required to ask about the existence of a MHAD if detained.
- “Low tech” hard copies with consumer agents and primary or established Psychiatric providers

SOLUTION DEVELOPMENT

Key Topic #3: **Provider and Community Training**

Developing awareness and confidence in the system



- The creation of overarching plan for community and provider training in creation and use of the MHAD, ie. Hospital, carceral (forensic Mental Health), community services
- Leveraging existing training programs and work at the Washington State Hospital Association to build a comprehensive training network
- Identify lead stakeholders for each “training community” to create sustainable delivery
- Develop data driven benefit plan to increase document appreciation (marketing)



SOLUTION DEVELOPMENT

Key Topic #3: **Provider and Community Training**



Developing awareness and confidence in the system

- Develop provider/community-specific multi-module training programs on document creation and use
 - Creation best practices
 - Potential Payer reimbursements related to the MHAD
 - Provider best practices during utilization
 - Legal aspects and document terminology
 - Access methods



SOLUTION DEVELOPMENT

Key Topic #4: Legal and Legislative Aspects



Creating a long-term sustainability in the MHAD system

- Possibility of adding surrogate statutes into Washington Law
- Payer reimbursements for MHAD/agent-initiated care under the Involuntary Treatment Act
- Clearly clarify legal ramifications of agent participation during provider treatment
- Incorporation into 988 laws?

SOLUTION DEVELOPMENT

Key Topic #4: Legal and Legislative Aspects

Creating a long-term sustainability in the MHAD system



- Possible legislative protocol in training development and delivery
 - Determining designated responsibility in training management, ei. materials delivery, updates and resources
- Legislative financial support in training programs and document storage methods

PROGRESS TO DATE

The Power of Many - The Initial Stakeholders Included

- Washington State Hospital Association
- The Behavioral Health Institute at Harborview Medical Center
 - Peer Washington
 - Washington State Ombuds
- Washington Council for Behavioral Health
 - Chad's Legacy Project
- The Saks Institute at the USC Gould School of Law
 - Washington State Senate



Four formal meetings in preparation for the Washington State Mental Health Summit held in 2022 in addition to early Senate subcommittee work in 2020 - 2021



MOVING FORWARD



- Sub-workgroup meetings to begin in June to discuss Action Plan for movement in Key Topics
- Development of training plan and materials
- Planning for the 2023 Legislative Session



VISION



To build a comprehensive system by which the Mental Health Advance Directive is a widely utilized and accepted tool to create Patient-Provider cooperation in Washington State.

To foster self-determination of care for those who suffer from serious mental illness and shorten the path to positive outcomes and recovery.



HOW YOU CAN GET INVOLVED

Enroll today in the Whova app under any number of action/survey areas:

- Document Creation
 - Peers, Community Advocacy, Family
- Document Storage and Access
 - Experts in EPIC and other EHRs', Tech experts
- Healthcare Systems and Community Training Programs
 - WSHA, Harborview BHI, other training/teaching institutions
- Legal and Legislative Enhancements
 - House Reps/Senators, Lobbyists, Community Advocacy, Legal Experts





QUESTIONS?

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