Engaging the Peer Community: Advance Care Planning With Mental Health in Mind



A Work in Progress - - Presented by:

Susan Keller, Community Network Journey Project Graphic Art courtesy of Carol West, PSS, Peer ACP Pilot Program

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Remember: This is 50 minutes TOTAL. Stay focused!

Change Presented By to your name, agency if not Susan doing

Allow: 15 minutes lead in slide show. Then switch over to Documents for Review:.

10 min Workbook review; 5 min review of AHCD form;

5 min review of Personal request form; 5 min review of MHSCP form;

10 min for wrapping up and questions.

Each Slide: Begin with Speaker Notes provided to guide your slide review.

Pre- or Post Meeting:

Program attendees should be provided with the Making A Plan Toolkit including MAP Workbook, MAP Forms and Mental Health Supportive Care Plan v.1 and v.2

Tech Notes:

- Show only the slide, not the speaker notes, print out before presenting
- Consider showing in "Reading View" located in "View" toolbar. No clutter!
- Use key board arrows to advance thru slides



Briefing Overview

- Clarify our legal rights regarding health care including mental health care desired
- · Review in depth the Making A Plan Toolkit
- Provide insight into ACP with Mental Health in Mind
- Talk about next steps to make this all work for family member or friend

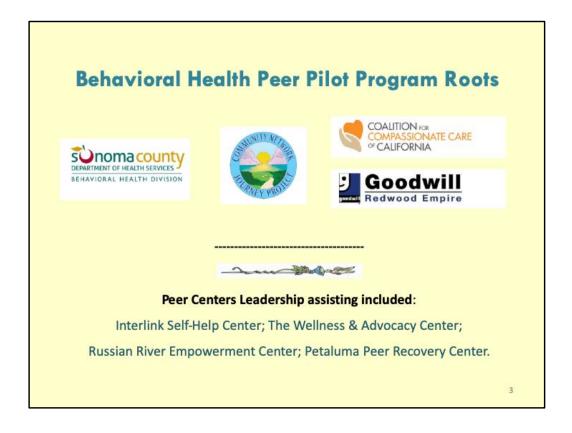
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Today's program will help you learn what you need to know to have treatment wishes known and honored in a crisis for a loved one living with mental health challenges when the individual is unable to guide their own care.

We will be reviewing the Making A Plan Toolkit to help you know and understand what that is and how these new tools can be helpful.

The purpose of this review is to help you become more comfortable thinking about and doing advance care planning with a family member or friend living with mental health challenges.

Speaker Note: May need to adjust pronouns reference depending on the audience.



Here we can see the roots of this program and who was involved in creating the materials we will be reviewing with you today.

Pause for people to read.

As you can see, the Peer community has been serving in a leadership role and continues to do so as the program grows and expands.

Carol West is the Peer Support Specialist working with us now to integrate this work into peer community services provided through Petaluma People Services Center, NAMI Sonoma County, West County Community Services and other peer programs.

Things to Contemplate Imagine you're in a place you can't make decisions for yourself. Who will speak for you when you can't speak for yourself?

To begin today, we are going to pause to reflect about a couple of questions - in silence, no discussion - as food for thought.

These questions go to the heart of what we will be talking about and something each and everyone of us should consider.

Read Slide

Let's pause briefly as you think about this.

Pause 30 seconds . . .



Now that you thought about who could speak for you, I would like you to contemplate this question too.

Read it! . .

We will again pause briefly to think about this in silence with no discussion.

<u>Doing this this will help set the stage for what we are going to be talking about today. Food for thought....</u>

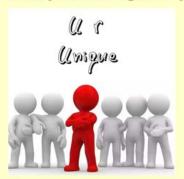
Pause 30 seconds

Now, consider these questions for the family member or friend living with mental health challenges. How would they respond to these same questions? Again, reflect a minute in silence please.

Keeping them in mind, we'll now proceed to next slide.

What are your rights?

You have the right thru Advance Care Planning to guide the health care you receive including mental health care when you can't guide your own care.



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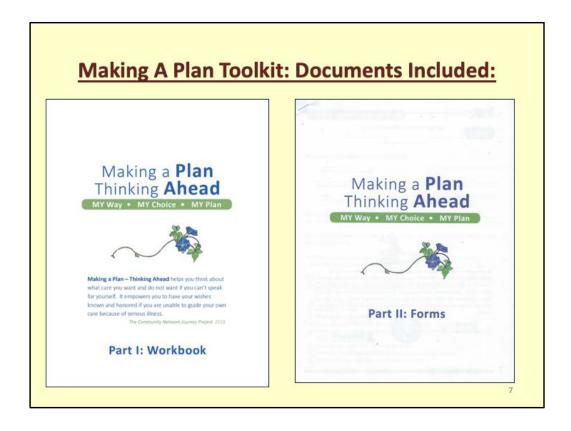
So . . . What about our rights in this regard?

Do you know that California law grants people 18 years and older the right to create an Advance Health Care Directive to help guide care – **including mental health care** - when a person can't do so them self? That's an important right that we should all protect and use.

Today we will take a look at how to exercise this right for people living with mental health challenges. To do that we will use the "Making A Plan: Thinking Ahead" workbook and forms created by the Behavioral Health Advance Care Planning Integration Program which I represent.

As we go thru the materials you will learn more about how this all works and how you can help a loved one or friend make their care wished known and honored.

Keep in mind, this today is just an introduction. It aims to inspire you to get these materials to study and use following this presentation. And I will say more about that at the end here.



Let's first take a <u>quick look</u> at what's included in the Making A Plan Toolkit. Then we will walk through each document page by page so that you know what's here and how to use it. When used together, these completed documents will help assure that the individual receives the care they want, when they want it, where they want it, whenever possible - when they are not able to guide their own care.

The toolkit includes this workbook and documents needed to clarify wishes and make them known and honored in a legally recognized manner.

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ADVANCE HEALTH CARE DIRECTIVE Form A	PERSONAL REQUESTS	Making a Plan & Thinking Ahe	
Vandoublebeelle bestelle beste	PERSONAL REQUESTS	Form B	
Advance Health Care Directive for:			
	These are my personal requests for what I would like to have happen if I can't speak for		
(print your name and date)	myself or if I were to die. I understand that this is NOT a Will.		
My Health Care Advocate (Health Care Agent) is:	100800000000000000000000000000000000000		
my neath care Advocate (neath care Agent) is:	Your Name:	Date:	
(Print name of person here)	0/32/00/23/57		
	(1) Where I want to be		
Street Address City State Zip	This is my choice about where I want to be when seriously III or at the end of life;		
	☐ At my home ☐ With loved ones ☐ Hospital		
Home Phone Cell Phone Email	☐ With people who know and care about me		
Managaran Account Profess	Other place (where)		
My alternate 1 is: NamePhone	I trust those who know me best to make the best choice for me.		
My alternate 2 is: Name Phone	WANTED DOM SWITTE TO		
	(2) How I want to be cared for in serious illness or at life's end		
My Health Care Advocate will make decisions for me only if I cannot make my own decisions,	Have my loved ones and friends near.		
unless I say otherwise.	Have my pet(s) with me.		
	☐ Have care that helps me feel comfortable.		
Additional instructions are attached: Yes No		☐ Be awake and aware as long as pain and suffering isn't too great.	
If yes, please say here what is attached:	☐ Have my favorite things around me, including:		
	Have my favorite music playing, including: Have my religious, cultural or spiritual practices respected.		
(Even if you don't name a Health Care Agent, it is important to complete the other sections of the Advance Directive so that health care providers know what is important to you. Draw a line through the "My Health	Have pallative (supportive) care		
Care Advocate" section, initial that line and then complete the remainder of this document.)	Have paliative (supportive) care		
	Other was I want to be cared for:		
My Choices for Serious Illness or Life's End	Other ways I want to be called for.		
My quality of life means:			
☐ Being awake and thinking for myself	Other things important to me:		
☐ Being able to communicate with loved ones and friends			
☐ Being free from constant and severe pain, even if it clouds my thinking and makes me			
sleepy.	I would not want:		
☐ Not being connected to machines for many days	25.000000000000000000000000000000000000		
☐ Having as much choice as possible			
☐ Having palliative (supportive) care as a part of my care			

Here you see cover sheets for the Advance Health Care Directive and the Personal Request form that are a part of the toolkit. We will look at these more closely in just a minute.

The Advance Directive is the legal document used to express who can speak for an individual if that person is seriously ill, in a mental health crisis or at the ending of life. And it allows for expression of care desired when an individual is unable or unwilling to guide their own care.

The Personal Request From compliments the Advance Directive giving more guidance about personal choices.

This shows the Mental Health Supportive Care Plan which is an integral part of doing advance care planning with mental health in mind.

This helps to inform care providers about such things as what causes an individual difficulty, what care they desire by whom, what makes things worse, what makes things better and so on.

We encourage users to complete this and include as an attachment to their Advance Directive to make certain their designated health agents and care providers know care desired when an individual is unable to guide own care.

Do Walk Thru Review of Making A Plan Workbook and Forms



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Now that you know what documents are in the Making A Plan Toolkit, we are going to look at each one of these in depth so that you can see exactly what's here and how these can be helpful for making an individual's wishes known and honored.

I'm going to take a minute to close down the slide show and switch over to the actual documents. **Now remember**, today is just introducing you to what is here and how it can be helpful. It is important for you to actually get the Making A Plan toolkit and go thru this all when you have time to study and reflect more carefully. Doing this will help you be successful when sharing this all with your loved one or a friend.

While I'm switching over here, I'd welcome a few questions or comments if anyone has something they'd like to say before we do this walk through review. (Get WB up)

SPEAKER NOTE Only: Minimize Slide show. Take questions if any while switching. Switch to actual documents using View>Full Screen Mode and do a walk thru of each; Be mindful of time so that all fits in to time remaining. Estimate it will take: 10 min for workbook

5 mins for AHCD 5 min for Personal Request Form

5 Min for MHSCP review.

Then need 10 min to wrap up program.

Next Steps – How To Make It Work



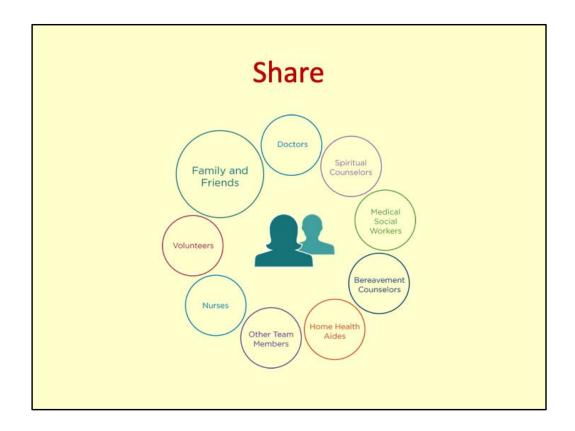
- Get the Making A Plan: Thinking Ahead Toolkit if you don't already have that.
 Visit CaringCommunity.org or contact presenting agency to get a copy.
- Talk this over with your loved one or friend living with mental health challenges.
- Encourage that individual to choose someone to be their Trusted Helper.
- Support the individual as they work to complete the Workbook and Documents
- Have needed conversations and help individual to share copies to make certain the individual's wishes will be known and honored when need be.

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If you would like to get the Making A Plan Toolkit or have a look at this all more in depth ask me (the presenter) after the presentation or visit our website **CaringCommunity.org.** The Home Page will guide you to "ACP with Mental Health in Mind" tools and resources.

And as follow thru we suggest that you:

- > Talk this over with your loved one or friend living with mental health challenges
- Encourage that individual to choose someone to be a Trusted Helper.
- Support the individual as they work to complete the Workbook and Documents
- Have needed conversations and help individual to share copies as needed to make certain the individual's wishes will be known and honored.



It is critical to make certain that turnkey people know what care an individual wants, when they want it and where they want to receive their care – whenever possible.

Upon completing Making A Plan documents properly signed, it is important to that the individual have conversations about and give copies to their health care agent(s) and their medical providers including behavioral health providers.

Other people the individual should give copies to include anyone who may help with their care in times of serious illness including a mental health crisis, for example:

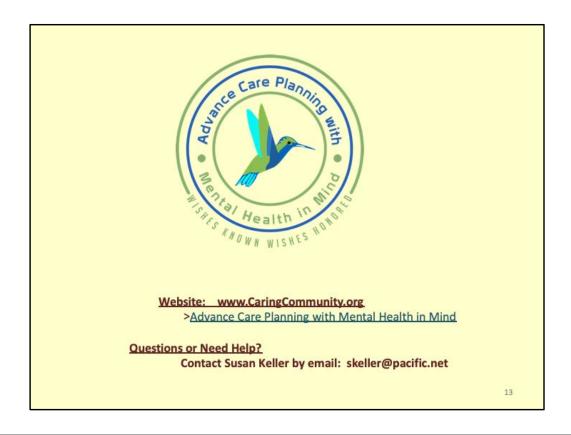
Family Members

Special friend

Detention Center

Treatment Program

Spiritual Advisor



I'd be happy to take a few questions, or get your feedback and comments about what we just did here today. Anyone??

Thank you doing this program. Good Luck engaging your loved one or friend encouraging them to do this for themselves.

If you have questions or need some help to follow through feel free to contact me by email via skeller@pacific.net.

<u>PRESENTER NOTE:</u> Before doing presentation make certain that YOUR contact information is on the slide. Remove Susan's contact info.

Thanks for doing this!!!