Making A Plan Thinking Ahead (MAP)
Trusted Helper Guidelines

Prepared by Susan Keller, Peer Pilot Facilitator &
Carol West, PSS Intern, South County ACP Peer Pilot

A. Overview. People using the MAP Toolkit are encouraged to choose someone they trust (Trusted Helper) to help with completion of the workbook and forms. These guidelines aim to assist anyone chosen to serve as a Trusted Helper (TH) for someone they know living with mental health challenges. A TH is trusted by the individual doing advance care planning (Individual) to help orient, guide and assist the Individual completing the Making A Plan Toolkit (MAPT). The MAPT includes: the MAP Workbook, the Advance Health Care Directive, the Mental Health Supportive Care Plan and Personal Requests form. MAP workbook and forms address care desired when a person is unable to guide own care due to serious illness including a mental health crisis and at the ending of life.

These guidelines address: qualifications, best practices, work flow, helpful handouts and training. A sample job description is included for the Trusted Helper (TH). Individual refers to the person assisted by the Trusted Helper no matter the relationship. Job description for the Peer Support Specialist (PSS) Advance Care Planning Facilitator is available on project website.

B. Qualifications. A Trusted Helper must be willing to listen, help explain things and help write down what is important without taking over or saying what to do. A TH could be anyone who the person trusts, who is willing and able to do this for the person if asked to do so.
People serve in this position by invitation only. Ideally TH is a peer with lived experience and is supervised by a Peer Support Specialist ACP Facilitator. Prior to accepting responsibility to serve as a Trusted Helper, the person considering that role should do the 5 minute, 15 minute and 1 hour ACP Orientation presentations with the Peer Pilot Advance Care Planning Facilitator and review carefully the MAP Toolkit. To serve as a Trusted Helper (TH) person should be comfortable talking with the Individual about their values, serious illness including a mental health crisis, and end of life wishes. TH is someone who:

- Knows the Individual well and cares about what is important to that Individual.
- Can help without telling the Individual what they think Individual should do.
- Can listen to the Individual and be respectful.
- Will advocate for the Individual.
- Will help the Individual complete the MAP workbook and forms.
- Will help Individual get forms properly signed and distributed.

C. Best Practices.

1. Prior to serving as a Trusted Helper following completion of ACP Orientation, the TH would complete the MAP Toolkit for themselves or with someone in mind as part of orientation.

2. The Trusted Helper has lived experience, is supported by a certified PSS ACP Facilitator, and supervised by a Behavioral Health professional.

3. Work at a pace comfortable to the Individual, sensitive to the difficult & emotional nature of using and completing Making A Plan Toolkit.

4. Important for TH to repeatedly make clear to the Individual so really understood:
   - Serious illness includes having a mental health crisis
   - Why End of Life (EOL) is an integral part of this noting that the Advance Directive (AD) is a legal document with force of law specifically covering serious illness and end of life care anytime Individual is unable to guide own care.
   - Mental Health Supportive Care Plan (MHSCP) is the mental health piece of the MAP toolkit and how that dovetails in as an attachment to the AD if the individual chooses to include instruction concerning mental health issues as part of AD.

5. Empower and support Individual to have needed conversations all thru the process start to finish including supporting Individual in the lead getting signature properly witnessed or notarized, and distributing completed documents.

6. If need be, offer to provide Individual with multiple copies of completed documents for distribution to those responsible for assisting in time of need and insure Individual has the means to do distribution needed to have expressed wishes known and honored.

7. Completing Advance Health Care Directive (AD):

   - remind Individual purpose of AD is to legally designate a person(s) to help guide Individual's care If Individual is unable to do so self, give instruction on care desired thru serious illness including a mental health crisis or at the ending of life.

   - under "Special Instructions" on page 1 of MAP AD, write in there if attaching: <u>see Mental Health Supportive Care Plan attached</u> to incorporate MHSCP as integral part of AD. Make clear to Individual that attaching to AD means that all engaged in process will see MHCSP as a part of the AD shared out. Be sure that is ok. Encourage Individual to do as this is turnkey for getting the best care possible in a mental health crisis.

   - emphasize witnessing requirements and need to sign correctly as required by law for legal standing.

8. Using Personal Requests Form

Clarify that this is not a will, not a legal document. Rather this is a guide for those close to Individual to know what Individual wants in terms of personal care for self and belongings through serious illness including a mental health crisis or at the ending of life.

Advise not to include Personal Requests Form as an attachment to the AD. This is best used as standalone document which compliments the AD. Anyone who receives the completed AD should also receive a copy of the Personal Request form if they are involved with care of Individual and/or Individual's belongings.

E. MAP Toolkit and Related Training. The MAP Toolkit and ACP/MAP Toolkit Orientations can be viewed at www.CaringCommunity.org > ACP with Mental Health in Mind. A description of materials follows.

1. Table of Contents: Making A Plan Thinking Ahead - - My Way • My Choice • MY Plan

Part I: Workbook
Making Your Decisions
A. Choosing the Right Person to Help (Trusted Helper)
B. Personal Requests about My Care
C. Making Medical Treatment Choices
D. Choosing a Health Care Agent
E. Tips, Resources & Background

Part II: Forms
A. Advance Directive
B. Personal Requests
1) Care Wishes
2) Personal Belongings

Part III. Mental Health Supportive Care Plan
- With Checklists
- With Open Ended Questions

2. Orientation Program Presentations

- 5 minute Illustrated Brief introducing ACP and the MAP Toolkit
- 15 minute Advance Care Planning Orientation with Mental Health in Mind emphasizing legal aspects; and
- 50 minute In Depth Review – Making A Plan Thinking Ahead Toolkit for use with Individuals, family members, clinicians, agency staff interested to get this all working for those in need.

F. Helpful Handouts

- Overview: Advance Care Planning Cornerstones
- How to Talk to Dispatch (get from Erika K)
- BHD Release of information form (get from Sid)
- Sample handwritten will (Susan do)

G. Trusted Helper (TH) Job Description

Pre-Requisite:

Asked by Individual to serve as Individual's TH

Completion of 5 min, 15 min and 1 hour Orientation to ACP with Mental Health in Mind via Video Recordings on www.CaringCommunity.org or in person.

Specific tasks TH will perform include:

Do training, study and orientation pre-requisite to effectively serve as TH.

Work with Individual to review materials, have helpful discussions and complete forms as desired.

Guide Individual to get signatures properly witnessed or notarized.

If help is needed, assist Individual with copying and distribution to be done by the Individual.

Inform supporting PSS or sponsoring agency about progress made without revealing substance unless Individual chooses to do so.

H. Trusted Helper (TH) Work Flow Suggested

Invited by Individual to serve in the role of TH assisting Individual to complete the MAP Toolkit.

Review TH Guidelines, MAP Toolkit and Orientation Presentations with Peer ACP Facilitator (available at Caring Community.org>ACP with Mental Health in Mind).

Identify if there is a PSS that knows and works with Individual who could assist TH and Individual.

Meet with Individual to review and complete the MAP Toolkit respectful of Best Practices.

Inform sponsoring agency and/or supporting PSS of progress and any need for assistance.