



Nevada's Psychiatric Advanced Directives: Preserving patients' rights to of self-direction and self- determination in guiding one's care

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Community Integration Strategic Planning

- Behavioral Health Strategic Plan built off the DHHS Strategic Framework for Community Integration (2017)
- **Mission:** To ensure Nevadan's have the opportunity to achieve optimal quality of life in the community of their choice.
- **Vision:** Regardless of age or ability, Nevadan's will enjoy a meaningful life led with dignity and self-determination.
- **Guiding principles:** Independence, Access, Dignity, Quality, and Sustainability



Why Prioritize Community Integration?

- States are required to provide integrated community services and supports for people with disabilities.
- Aims to reduce unnecessary segregation and institutionalization (e.g. incarceration, hospitalization) of individuals with disabilities.
- Unnecessary placements outside of community settings is a form of discrimination and prohibited under Americans with Disabilities Act.



Behavioral Health Community Integration Goals

Goal 1: Ensure there is a high quality recovery support and care to achieve and maintain stability

Goal 2: Ensure individuals have access to appropriate, timely services in the most integrated setting based on a self-determination plan.

Goal 3: Ensure a system that prevents inappropriate incarceration, hospitalization, institutionalization, or placement.



Nevada's Behavioral Health Priorities

Adults

- Criminal justice diversion
- Supported housing
- Assertive Community Treatment (ACT) services
- Access to providers for crisis and community-based treatment

Children/Youth

- Juvenile justice diversion
- Residential treatment facility treatment capacity, discharges, and linkages to services
- Transitional Age Youth (TAY) services (children to adult)
- Access to services: crisis services, Partial Hospitalization Programs (PHP), Intensive Outpatient Program (IOP), day treatment, wraparound, respite, family peer support, and habilitation services



Psychiatric Advanced Directives

Medical-Legal documents that allow individuals with mental illness to:

- **advocate for their desired care on their own behalf** and uphold core principles in the provision of health care such as the **preservation of patients' rights to of self-direction and self-determination in guiding one's care.**



Psychiatric Advanced Directives

- Allow individuals **to direct providers of health care on how they wish their psychiatric care to be provided** in the event that they are **incapable of making decisions concerning such care or incapable of communicating such decisions.**



Psychiatric Advanced Directives

- Allow an individual to **authorize a person to designate another person to make decisions on their behalf in the event they become incapable of making such decisions.**



Psychiatric Advanced Directives

- Over half the states have provisions that allow for psychiatric advanced directives.
- **In 2017, Nevada passed legislation** to allow individuals with mental illness to develop **Psychiatric Advanced Directives.**



Psychiatric Advanced Directives

Research on Utilization

When individuals with mental illness are given the opportunity to use psychiatric advanced directive to direct their care:

- instructions are feasible, useful, and consistent with standards of care
- are helpful to patients and clinicians to reach collaborative treatment decisions
- may help to avert hospitalizations and expedite the provision of needed psychiatric care.



Why Psychiatric Advanced Directives?

- Individuals with mental illness may experience symptom remission as well as episodes of worsening symptoms.
- Severe symptoms may lead to an individual being found incapable for consenting for their own care.
- Often loved one's and others involved in supporting individuals can be left without valuable information and prevented from providing information about the individuals wishes for care.
- Valuable information to help guide care can be missed and trial and error can occur when attempts are made to stabilize.



Nevada's Psychiatric Advanced Directives:

What you need to know

“Advance directive for psychiatric care” or “advance directive” means a writing pursuant to which the principal makes a declaration of instructions, information and preferences regarding his or her psychiatric care.

NRS 449A.600 –449A.645

By appointing a durable power of attorney for health care as set forth in NRS 162A.700 to 162A.865, inclusive, the person may also appoint an agent to make decisions regarding psychiatric care for the person when incapable.



Nevada's Psychiatric Advanced Directives

- **THIS DOCUMENT ALLOWS YOU TO MAKE DECISIONS IN ADVANCE ABOUT CERTAIN TYPES OF PSYCHIATRIC CARE. THE INSTRUCTIONS YOU INCLUDE IN THIS ADVANCE DIRECTIVE WILL BE FOLLOWED IF TWO PROVIDERS OF HEALTH CARE, ONE OF WHOM MUST BE A PHYSICIAN OR LICENSED PSYCHOLOGIST AND THE OTHER OF WHOM MUST BE A PHYSICIAN, A PHYSICIAN ASSISTANT, A LICENSED PSYCHOLOGIST, A PSYCHIATRIST OR AN ADVANCED PRACTICE REGISTERED NURSE WHO HAS THE PSYCHIATRIC TRAINING AND EXPERIENCE PRESCRIBED BY THE STATE BOARD OF NURSING PURSUANT TO NRS 632.120, DETERMINES THAT YOU ARE INCAPABLE OF MAKING OR COMMUNICATING TREATMENT DECISIONS.**
- **OTHERWISE YOU WILL BE CONSIDERED CAPABLE TO GIVE OR WITHHOLD CONSENT FOR THE TREATMENTS. YOUR INSTRUCTIONS MAY BE OVERRIDDEN IF YOU ARE BEING HELD IN ACCORDANCE WITH CIVIL COMMITMENT LAW.**
- **BY EXECUTING A DURABLE POWER OF ATTORNEY FOR HEALTH CARE AS SET FORTH IN NRS 162A.700 TO 162A.865, INCLUSIVE, YOU MAY ALSO APPOINT A PERSON AS YOUR AGENT TO MAKE TREATMENT DECISIONS FOR YOU IF YOU BECOME INCAPABLE.**



Nevada's Psychiatric Advanced Directives

- THIS DOCUMENT IS **VALID FOR TWO YEARS FROM THE DATE YOU EXECUTE IT UNLESS YOU REVOKE IT.**
- YOU HAVE THE **RIGHT TO REVOKE THIS DOCUMENT AT ANY TIME YOU HAVE NOT BEEN DETERMINED TO BE INCAPABLE.**
- YOU **MAY NOT REVOKE THIS ADVANCE DIRECTIVE WHEN YOU ARE FOUND INCAPABLE BY TWO PROVIDERS OF HEALTH CARE,** ONE OF WHOM MUST BE A PHYSICIAN OR LICENSED PSYCHOLOGIST AND THE OTHER OF WHOM MUST BE A PHYSICIAN, A PHYSICIAN ASSISTANT, A LICENSED PSYCHOLOGIST, A PSYCHIATRIST OR AN ADVANCED PRACTICE REGISTERED NURSE WHO HAS THE PSYCHIATRIC TRAINING AND EXPERIENCE PRESCRIBED BY THE STATE BOARD OF NURSING PURSUANT TO NRS 632.120.
- **A REVOCATION IS EFFECTIVE WHEN IT IS COMMUNICATED TO YOUR ATTENDING PHYSICIAN OR OTHER HEALTH CARE PROVIDER.** THE PHYSICIAN OR OTHER PROVIDER SHALL NOTE THE REVOCATION IN YOUR MEDICAL RECORD.



Nevada's Psychiatric Advanced Directives

A person is “incapable” for the purposes of this advance directive when in the opinion of two providers of health care determines the person currently lacks sufficient understanding or capacity to make or communicate decisions regarding psychiatric care.

If a person is determined to be incapable, the person may be found capable when, in the opinion of the person's attending physician or an advanced practice registered nurse who has the psychiatric training and experience prescribed by the State Board of Nursing pursuant to NRS 632.120 and has an established relationship with the person, the person has regained sufficient understanding or capacity to make or communicate decisions regarding psychiatric care.



Nevada's Psychiatric Advanced Directives

TO BE VALID, THE ADVANCE DIRECTIVE MUST:

- BE SIGNED BY TWO QUALIFIED WITNESSES, PERSONALLY KNOWN TO YOU, WHO ARE PRESENT WHEN YOU SIGN OR ACKNOWLEDGE YOUR SIGNATURE.
- IT MUST ALSO BE ACKNOWLEDGED BEFORE A NOTARY PUBLIC.

IT MAY BE KEPT IN THE STATE LOCK-BOX BUT DOES NOT HAVE TO BE IN ORDER TO BE VALID.



Nevada's Psychiatric Advanced Directive

The physician or other provider must act in accordance with the statements expressed in the advance directive when the person is determined to be incapable, except if compliance is:

- **not consistent with generally accepted standards of care for the provision of psychiatric care for the benefit of the individual;**
- **not consistent with the availability of psychiatric care requested;**
- **not consistent with applicable law;**
- **The principal is admitted to a mental health facility or hospital pursuant to NRS 433A.145 to 433A.330, inclusive, and a course of treatment is required pursuant to those provisions; or**
- **not consistent with appropriate psychiatric care in case of an emergency endangering the life or health of the individual or another person.**



Nevada's Psychiatric Advanced Directive

In the event that one part of the advance directive is unable to be followed because of any of the noted circumstances all other parts of the advance directive must be followed.

The physician or other provider shall promptly notify the individual or their appointed representative and document in the individual's medical record any act or omission that is not in compliance with any part of an advance directive.

A physician or other provider may rely upon the authority of a signed, witnessed, dated and notarized advance directive.



PSYCHOACTIVE MEDICATIONS

If I become incapable of giving or withholding informed consent for psychiatric care, my instructions regarding psychoactive medications are as follows: (Place initials beside choice.)

I consent to the administration of the following medications: [.....]

.....

I do not consent to the administration of the following medications: [.....]

.....

Conditions or limitations:

.....



ADMISSION TO AND RETENTION IN FACILITY

If I become incapable of giving or withholding informed consent for psychiatric care, my instructions regarding admission to and retention in a medical facility for psychiatric care are as follows: (Place initials beside choice.)

I consent to being admitted to a medical facility for psychiatric care. [.....]

My facility preference is:

.....

I do not consent to being admitted to a medical facility for psychiatric care. [.....]

This advance directive cannot, by law, provide consent to retain me in a facility beyond the specific number of days, if any, provided in this advance directive.

Conditions or limitations:

.....



ADDITIONAL INSTRUCTIONS

*These instructions shall apply during the entire length of my incapacity.
In case of a mental health crisis, please contact:*

1.
Name: [REDACTED]
Address: [REDACTED]
Home Telephone Number: [REDACTED]
Work Telephone Number: [REDACTED]
Relationship to Me: [REDACTED]

2.
Name: [REDACTED]
Address: [REDACTED]
Home Telephone Number: [REDACTED]
Work Telephone Number: [REDACTED]
Relationship to Me: [REDACTED]

3. **My physician:**
Name: [REDACTED]
Work Telephone Number: [REDACTED]

4. **My therapist or counselor:**
Name: [REDACTED]



The following may cause me to experience a mental health crisis:

Light blue rectangular box with a dashed line at the bottom, intended for user input.

The following may help me avoid a hospitalization:

Light blue rectangular box with a dashed line at the bottom, intended for user input.

I generally react to being hospitalized as follows:

Light blue rectangular box with a dashed line at the bottom, intended for user input.



Staff of the hospital or crisis unit can help me by doing the following:

[Redacted text area]

I give permission for the following person or people to visit me:

[Redacted text area]

Instructions concerning any other medical interventions, such as electroconvulsive (ECT) treatment (commonly referred to as “shock treatment”):

[Redacted text area]

Other instructions:

[Redacted text area]

I have attached an additional sheet of instructions to be followed and considered part of this advance directive. [.....]



SHARING OF INFORMATION BY PROVIDERS

I understand that the information in this document may be shared by my provider of mental health care with any other provider who may serve me when necessary to provide treatment in accordance with this advance directive.

Other instructions about sharing of information:



Contact Information

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