
Chapter: **CLINICAL PRACTICE**
Title: **ADVANCE CRISIS PLAN / ADVANCE DIRECTIVES**
Also see MCCMH MCO Policy 2-034, "End of Life Care, Emergency Assistance, Resuscitation."

Prior Approval Date: 6/22/09
Current Approval Date: 8/22/18

Approved by: BOARD ACTION



Executive Director



Date

I. Abstract

This policy establishes the standards of the Macomb County Community Mental Health Board (MCCMH) for guiding its consumers in the practice of advance crisis planning for periodic crisis states, and providing information about advance directives for mental health and physical health care to its adult consumers in compliance with federal and state requirements.

II. Application

This policy shall apply to all directly-operated and contract network providers of the MCCMH Board.

III. Policy

It is the policy of the MCCMH Board to encourage its consumers to develop their own advance crisis plans as part of the person-centered planning process, and to provide adult consumers with written information on advance directives for mental health and physical health care, in accordance with existing state and federal laws.

IV. Definitions

A. Advance Crisis Plan
A document that provides a description of important information related to an individual's challenging behaviors to avoid a breakdown in the support system during a crisis episode, including:

1. Agreed upon symptoms of crisis, related to mental health, substance abuse, physical health, or other conditions that indicate the need to initiate the

- consumer's crisis plan;
2. Proactive strategies;
 3. Specific reactive de-escalation strategies;
 4. Whom to call for assistance;
 5. Health care provider information – any relevant medical conditions that might impact a state of crisis, including needed medications;
 6. Contact numbers for psychiatric inpatient services;
 7. Any personal needs or preferences that might impact a crisis situation, such as what or who brings comfort, or any other specific preferences that might come into play; and
 8. Identification of parties who need to know when a crisis is in progress and identification of who will help with specific tasks or issues. (See Exhibit A for examples of advance crisis plans for a developmentally disabled adult, for a mentally impaired adult, and for a child/adolescent.)
- B. **Advance Directive for Mental Health Care**
An executed, written instruction, also known as a durable power of attorney for mental health care, that is legally binding and recognized under State law relating to the provision of mental health care when an individual is unable to give informed consent to mental health treatment. A person must be at least 18 years old at the time of execution, and must understand that he/she is giving another person (called the “patient advocate”) power to make certain decisions should he/she become unable to make them. (A person who has been appointed a guardian under the Estates and Protected Individuals Code cannot sign an advance directive.) A patient advocate may only make decisions for the individual once that person has been determined to be unable to give informed consent for mental health treatment. Until that time, the person makes these decisions for him/herself. In the State of Michigan, this executed, written document is also called a “Patient Advocate Designation For Mental Health Care.” (See Exhibit B for questions and answers on advance directives for mental health care in the State of Michigan and an example of a Michigan Advance Directive for Mental Health Care Form.)
- C. **Advance Directive for Health Care**
An executed, written instruction, such as a living will or durable power of attorney for health care, that is legally binding, and recognized under State law relating to the provision of health care when the individual is unable to participate in decisions regarding the individual's medical health care. A person must be at least 18 years old at the time of execution, and must understand that he/she is giving another person (called the “patient advocate”) power to make certain decisions should he/she become unable to make them. (A person who has been appointed a guardian under the Estates and Protected Individuals Code cannot sign an advance directive.) A

patient advocate may only make decisions for the individual once that person has been determined to be unable to participate in medical treatment decisions. Until that time, the person makes these decisions for him/herself. In the State of Michigan, this executed, written document is also called a “Durable Power of Attorney For Health Care.” (See Exhibit C for the State of Michigan's published information on Advance Directives for physical health care, including sample forms.)

Note: An individual may chose to execute one advance directive that covers both mental health care and physical health care (general). However, while an advance directive for health care may include wishes concerning mental health treatment, a separate advance directive for mental health care will provide an opportunity to set forth more detailed wishes about one's mental health care. An individual may wish to choose one person to make physical health care decisions, and a different person to make mental health care decisions, and thus choose to execute both an advance directive for health care as well as a separate one for mental health care.

D. Determination of “Unable to Give Informed Consent”

A determination that an individual is unable to give informed consent regarding mental health care must be made after an examination by a physician and a mental health professional (who can be a physician, psychologist, registered nurse or master-level social worker). The determination must be entered into the consumer's medical record and reviewed at least annually. This is the point at which the powers of a patient advocate take effect under a Patient Advocate Designation For Mental Health Care.

E. Determination of “Unable to Participate”

A determination that an individual is unable to participate in decisions regarding medical (physical) health care must be made by the attending physician and another physician or psychologist, and entered into the medical record. The determination must be reviewed at least annually. This is the point at which the powers of a patient advocate take effect under a Durable Power of Attorney For Health Care.

F. Consumer

Any Macomb County resident who is:

1. an enrolled Medicaid recipient;
2. an individual who has been found to be eligible to receive public mental health services under the provisions of PA 258 of 1974, as amended;
3. an individual who is receiving, or seeking to receive, services from a network provider of MCCMH.

V. Standards

A. Advance Crisis Planning

1. Consumers of the MCCMH Board shall be encouraged and given the opportunity to develop an advance crisis plan as part of the development of the consumer's person-centered plan.
2. MCCMH network providers shall review with consumers and explain to them (if necessary) the advance crisis plan form. For users of the MCCMH FOCUS electronic medical record (FOCUS_EMR) system, advance crisis plans for persons with developmental disabilities, mental illness, and children / adolescents with serious emotional disturbance may be found under "Consumers," then "View Consumer Crisis Plan." See Exhibit A for an example of an advance crisis plan for children / adolescents, for consumers with mental illness, and consumers with developmental disabilities.
3. According to the wishes of the consumer, MCCMH network providers shall allow the consumer an opportunity to create or revise an advance crisis plan at any time other than during the development of the person-centered plan, but at least annually. MCCMH shall provide assistance in drafting an advance crisis plan as needed.

B. Advance Directives

1. MCCMH network providers shall offer to adult consumers written information on advance directives:
 - a. At the time of initial enrollment; or at the time of initial face-to-face assessment; or at the time of emergent assessment for admission to inpatient psychiatric services, partial hospitalization services, crisis alternative services, or admission to a nursing facility; or for other types of services, as soon as feasible once care has begun, and,
 - b. Thereafter, at the development of the person-centered plan, or, for adult consumers seeking substance abuse treatment, at the time of the development of the individualized treatment plan, but at least annually.
2. When requested, the information to be provided to adult consumers on advance directives shall include the following:
 - a. Michigan's published document entitled, "Advance Directive for Mental Health Care" with Sample Form (Exhibit B, also available on the MCCMH Internet Web Site under "Documents");
 - b. Michigan's published document for physical health care (general) entitled, "Advance Directives: Planning for Medical Care in the Event of Loss of Decision-Making Ability" (Exhibit C, available on the MCCMH Internet Web Site under "Documents");
 - c. Substantive changes in State law (when applicable) regarding advance directives, as soon as possible, but no later than 90 days after the

effective date of the change.

3. MCCMH may assist the consumer in reviewing or in executing the provisions of an advance directive for mental health care and/or physical health care as part of the person-centered planning process, as part of the individualized treatment planning process, or, at any other time, according to the wishes of the consumer. When providing assistance, MCCMH shall follow the guidelines set forth within the State's published documents (Exhibits A and B), and within MCL 700.1106 et. al.

Note: A MCCMH network provider may not be a witness for a consumer in the execution of an advance directive under any circumstances.

C. General Standards Pertaining to Advance Crisis Plans and Advance Directives

1. MCCMH network providers shall explain that the creation of a crisis plan, and the execution of an advance directive for mental health care or physical health care (general), is voluntary.
2. The provision of MCCMH services / care is not to be conditioned on whether or not the individual has created an advance crisis plan or executed an advance directive.
3. Notice that an advance crisis plan has been created, or an advance directive for mental or physical health care has been executed, shall be documented in a prominent part of the consumer's current medical record; if using the FOCUS EMR system, this information shall be added to the "Consumer Health and Safety Warnings" of the consumer's MCCMH FOCUS_EMR.
4. The consumer should be reminded to provide a copy of the document to the support person listed in the Advance Crisis Plan and to the Patient Advocate as named in the Advance Directive(s), and should be encouraged to provide a copy for the therapist / casemanager for inclusion in the consumer's medical record.
5. MCCMH is not required to implement the provisions of an advance crisis plan nor an advance directive for mental or physical health care if there is a psychiatric emergency endangering the life of the consumer or the life of another person, or the treatment the consumer seeks is unavailable, or there is a conflict with court-ordered treatment.
6. The naming of a primary support person in an advance crisis plan, or the designation of a patient advocate in an advance directive for mental or physical health care, shall not be construed to condone, allow, permit, authorize, or approve suicide or homicide.
7. MCCMH shall inform consumers that complaints concerning noncompliance with the advance crisis plan or advance directive provisions may be filed with

MCCMH Office of Recipient Rights.

D. Training

1. MCCMH shall provide for education of staff and the community concerning its policies and procedures for advance directives, either directly or in concert with other providers or entities. The material shall define what constitutes an advance directive under Michigan State law, emphasizing that an advance directive is designed to enhance an individual's control over mental health care/treatment, or general health care/treatment, or both, in the event that the individual is unable to participate in decisions regarding his/her health care. Differences between advance directives and advance crisis plans will also be explained. Community education efforts shall be documented.

VI. Procedures

A. Advance Crisis Plan

1. At the consumer's person-centered planning meeting, or at another time pursuant to the consumer's wishes, but at least annually, the consumer shall be given an opportunity to create an advance crisis plan, or revise a previous plan, for inclusion in the consumer's record or MCCMH FOCUS_EMR. If assistance is requested, the provider shall aid the consumer in completing the advance crisis form. (See Exhibits A-1, A-2, and A-3 for examples of advance crisis forms.)

B. Advance Directive(s)

1. At the time of distribution of the advance directive(s) materials to adult consumers (V.B.1.), MCCMH network providers shall:
 - a. Ask adult consumers if they have executed an advance directive(s); if so, ask to provide a copy for their records;
 - b. Where adult consumers have not executed an advance directive(s), ask if they would like information about advance directives, and provide the documentation (V.B.2.) as requested.
2. The provisions of the advance directive(s) may be addressed during the person-centered planning process (or, for consumers receiving substance abuse treatment, as part of the individual treatment planning process) if the consumer so desires, or at any other time at the request of the consumer. If assistance is requested in executing an advance directive, the provider shall follow the guidelines set forth within the State's published documents (Exhibits A and B), and within MCL 700.1106 et. al.
3. If applicable, any substantive changes in State law regarding advance directives

shall be made available at all MCCMH provider sites for distribution to consumers as soon as possible, but no later than 90 days after the effective date of the change.

C. General Procedures for Advance Crisis Plans and Advance Directives

1. The MCCMH provider shall document in a prominent part of the consumer's medical record whether a consumer has created an advance crisis plan or executed an advance directive(s). (For users of FOCUS EMR, a notation whether the consumer has an advance crisis plan and / or advance directive for mental or physical health care shall be added to the "Consumer Health and Safety Warnings" of the consumer's FOCUS_EMR.)
2. MCCMH providers shall remind a consumer who has created an advance crisis plan to provide a copy of the document to the support persons listed in the plan. If the consumer has executed an advance directive for mental or physical health care, the consumer shall be reminded to provide a copy of the document(s) to the individual(s) designated as the patient advocate. The consumer should be encouraged to provide a copy(ies) for his or her medical record.
3. For further information, consumers may be directed to their primary care physician; to the MCCMH Office of Community Relations; or to an outside advocacy organization, such as ARC of Macomb or the Michigan Protection and Advocacy Service. A consumer may also be referred to page 13 of the MCCMH Membership Handbook (*Service Guide for Consumers & Community Members*) for a description of advance crisis plans and advance directive(s).

- D. Training on advance directives and advance crisis plans for staff and the community shall be conducted through the MCCMH Policy Management Division's Staff Training Unit and /or in conjunction with other providers or agencies.

VII. References / Legal Authority

- A. 42 CFR 422.128
- B. 42 CFR 438.6(i)
- C. 42 CFR 489.100
- D. 42 CFR 489.102
- E. 42 CFR 417.436
- F. PA 532 of 2004 (MCL 700.1106 - 700.5520)
- G. MCCMH MCO Policy 4-010, "Provision and Distribution of Information to Consumers"

- H. Action Planning for Prevention and Recovery: A Self-Help Guide, U.S. Department of Health and Human Services (DHHS), Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS)
- I. State Bar of Michigan, Elder Law and Advocacy Section,
<http://www.michbar.org/elderlaw/adpamphlet.cfm>
- J. Planning for Your Peace of Mind, "Advance Directives For Health Care: Michigan's Patient Advocate Law," pages 31 through 43, prepared by the Michigan Legislature, 6/05
<http://www.legislature.mi.gov/documents/publications/PeaceofMind.pdf>

VIII. Exhibits

- A. MCCMH Adult MI Crisis Plan; Adult DD Crisis Plan; Child Crisis Plan (samples)
- B. [Michigan Advance Directive for Mental Health Care, question and answer](#), and [sample form](#) (also available on the MCCMH Internet Web Site under "Documents.")
- C. [Advance Directives: Planning for Medical Care in the Event of Loss of Decision-Making Ability](#) (also available on the MCCMH Internet Web Site under "Documents.")



**Macomb County Community Mental Health
Adult MI Crisis Plan**

FOCUS

CLIENT INFORMATION			
CLIENT NAME	CASE #	DATE OF BIRTH	SSN
ADDRESS		GENDER	TELEPHONE
DATE			

I KNOW THAT THESE SYMPTOMS, FEELINGS OR EVENTS MAY LEAD TO A CRISIS

- | | |
|---|---|
| <input type="checkbox"/> Increase/decrease in sleep | <input type="checkbox"/> Not eating/overeating for several days |
| <input type="checkbox"/> Using drugs/alcohol to cope | <input type="checkbox"/> Not taking care of hygiene |
| <input type="checkbox"/> Fighting with other people/aggression | <input type="checkbox"/> Wanting to hurt others |
| <input type="checkbox"/> Wanting to hurt myself | <input type="checkbox"/> Feeling unsafe |
| <input type="checkbox"/> Not keeping appointments/not taking medicine | |
| <input type="checkbox"/> Not paying bills | |
| <input type="checkbox"/> Other: | |

IN ORDER TO PREVENT A CRISIS OR RELAPSE I WILL TAKE THESE ACTIONS

- Call someone on the list below for help, advice or support

Name	Phone Number

WHEN MY SYMPTOMS ARE HARD TO MANAGE OR I FEEL UNSAFE, I WILL

THE PSYCHIATRIST SAYS I CAN TAKE THE FOLLOWING ADDITIONAL MEDICATION

IF NECESSARY, MY HOSPITAL OF CHOICE IS...

HOSPITAL	PHONE
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MY PLANS FOR...

CHILDREN/DEPENDENTS

MY PETS OR PLANTS

MY WORK

MY BILLS

MY MAIL AND HOME

THINGS I WANT THE HOSPITAL TO KNOW

CURRENT MEDICATIONS

ALLERGIES

MEDICATIONS THAT HAVE WORKED IN THE PAST

MEDICATIONS THAT HAVE NOT WORKED IN THE PAST

INFORMATION

MCCMH CLINIC	INSURANCE CO
MEDICAL DOCTOR	SUPPORT COORDINATOR
OTHER	

I WILL KEEP THIS PLAN

EMERGENCY PHONE NUMBERS

POLICE/FIRE/EMS 911	MACOMB COUNTY CRISIS CENTER (24 Hours) 586-307-9100	POISON CONTROL 1-800-222-1212
VDPS 586-783-8113	CARE 586-541-CARE	RUNAWAY SHELTER 586-465-1212
ACCESS CENTER 586-948-0222	MATT'S SHELTER 586-755-5191	HARBOR OAKS HOSPITAL 586-725-5777
TURNING POINT SHELTER FOR WOMEN 586-463-6990		

SIGNATURES

CONSUMER _____ DATE _____ SUPPORT COORDINATOR _____ DATE _____

PARENT OR GUARDIAN _____ DATE _____ THERAPIST/CASE MANAGER _____ DATE _____



**Macomb County Community Mental Health
Adult DD Crisis Plan**



CLIENT INFORMATION

CLIENT NAME	CASE #	DATE OF BIRTH	SSN
ADDRESS		GENDER	TELEPHONE
DATE			

I KNOW THAT THESE SYMPTOMS, FEELINGS OR EVENTS MAY LEAD TO A CRISIS

- | | |
|---|---|
| <input type="checkbox"/> Increase/decrease in sleep | <input type="checkbox"/> Not eating/overeating for several days |
| <input type="checkbox"/> Using drugs/alcohol to cope | <input type="checkbox"/> Not taking care of hygiene |
| <input type="checkbox"/> Fighting with other people/aggression | <input type="checkbox"/> Wanting to hurt others |
| <input type="checkbox"/> Wanting to hurt myself | <input type="checkbox"/> Feeling unsafe |
| <input type="checkbox"/> Not keeping appointments/not taking medicine | |
| <input type="checkbox"/> Not paying bills | |
| <input type="checkbox"/> Other: | |

IN ORDER TO PREVENT A CRISIS OR RELAPSE I WILL TAKE THESE ACTIONS

- Call someone on the list below for help, advice or support

Name	Phone Number

OTHER THINGS I CAN DO TO COPE

- | | | |
|--|---|---|
| <input type="checkbox"/> Go for a walk | <input type="checkbox"/> Take a bath | <input type="checkbox"/> Listen to music |
| <input type="checkbox"/> Play with a pet | <input type="checkbox"/> Read | <input type="checkbox"/> Watch TV/movie |
| <input type="checkbox"/> Play sports | <input type="checkbox"/> Write feelings | |
| <input type="checkbox"/> Garden | <input type="checkbox"/> Exercise | <input type="checkbox"/> Cook |
| <input type="checkbox"/> Clean | <input type="checkbox"/> Call CLS | <input type="checkbox"/> Attend day program |
| <input type="checkbox"/> Other: | | |

IF NECESSARY, MY HOSPITAL OF CHOICE IS...

HOSPITAL	PHONE
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MY PLANS FOR...

CHILDREN/DEPENDENTS _____

MY PETS OR PLANTS _____

MY WORK _____

MY BILLS _____

MY MAIL AND HOME _____

THINGS I WANT THE HOSPITAL TO KNOW

CURRENT MEDICATIONS _____

ALLERGIES _____

MEDICATIONS THAT HAVE WORKED IN THE PAST _____

MEDICATIONS THAT HAVE NOT WORKED IN THE PAST

INFORMATION	
MCCMH CLINIC	INSURANCE CO
MEDICAL DOCTOR	SUPPORT COORDINATOR
OTHER	

EMERGENCY PHONE NUMBERS		
POLICE/FIRE/EMS 911	MACOMB COUNTY CRISIS CENTER (24 Hours) 586-307-9100	POISON CONTROL 1-800-222-1212
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TURNING POINT SHELTER FOR WOMEN 586-463-6990		

SIGNATURES

CONSUMER	DATE	SUPPORT COORDINATOR	DATE
PARENT OR GUARDIAN	DATE	THERAPIST/CASE MANAGER	DATE

MCCMH MCO Policy 2-033
Advance Crisis Plan / Advance Directives
Date: 8/22/18

MCO Policy 2-033, Adult DD Crisis Plan, Exhibit A-2



**Macomb County Community Mental Health
Child Crisis Plan**

FOCUS

CLIENT INFORMATION			
CLIENT NAME	CASE #	DATE OF BIRTH	SSN
ADDRESS	GENDER		TELEPHONE
DATE			

I KNOW THAT THESE SYMPTOMS, FEELINGS OR EVENTS MAY LEAD TO A CRISIS

- | | |
|---|---|
| <input type="checkbox"/> Increase/decrease in sleep | <input type="checkbox"/> Not eating/overeating for several days |
| <input type="checkbox"/> Using drugs/alcohol to cope | <input type="checkbox"/> Not taking care of hygiene |
| <input type="checkbox"/> Fighting with other people/aggression | <input type="checkbox"/> Wanting to hurt others |
| <input type="checkbox"/> Wanting to hurt myself | <input type="checkbox"/> Feeling unsafe |
| <input type="checkbox"/> Not keeping appointments/not taking medicine | |
| <input type="checkbox"/> Cursing | <input type="checkbox"/> Talking about death |
| <input type="checkbox"/> Withdrawing | <input type="checkbox"/> Physical complaints |
| <input type="checkbox"/> Threatening to run away | <input type="checkbox"/> Recent death or loss |
| <input type="checkbox"/> Other: | |

IN ORDER TO PREVENT A CRISIS OR RELAPSE I WILL TAKE THESE ACTIONS

- Remove or lock away potentially unsafe objects
- Offer choices to prevent escalation
For example: "You can choose to clean your room tonight before bed or tomorrow morning before playing."
- Ignore non-dangerous behavior to prevent arguments and power struggles
- Call someone on the list below for help, advice or support

Name	Phone Number

OTHER THINGS I CAN DO TO COPE

- | | | |
|---|---|--|
| <input type="checkbox"/> Go for a walk | <input type="checkbox"/> Take a bath | <input type="checkbox"/> Listen to music |
| <input type="checkbox"/> Play with a pet | <input type="checkbox"/> Read | <input type="checkbox"/> Watch TV/movie |
| <input type="checkbox"/> Play sports | <input type="checkbox"/> Write feelings | |
| <input type="checkbox"/> Talk to a relative | <input type="checkbox"/> Talk to a friend | <input type="checkbox"/> Go to a park |
| <input type="checkbox"/> Play outside | <input type="checkbox"/> Draw or color | <input type="checkbox"/> Go for a run |
| <input type="checkbox"/> Play a game | <input type="checkbox"/> Play with toys | <input type="checkbox"/> Swim |
| <input type="checkbox"/> Ride a bike | <input type="checkbox"/> Rollerblade | |
| <input type="checkbox"/> Other: | | |

IF NECESSARY, MY HOSPITAL OF CHOICE IS...

HOSPITAL	PHONE
----------	-------

MY PLANS FOR...

MY CHILD'S SCHOOL _____

MY CHILD'S PETS OR PLANTS _____

MY CHILD'S WORK _____

THINGS I WANT THE HOSPITAL TO KNOW

CURRENT MEDICATIONS

ALLERGIES

MEDICATIONS THAT HAVE WORKED IN THE PAST

MEDICATIONS THAT HAVE NOT WORKED IN THE PAST

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MCCMH CLINIC	INSURANCE CO
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SIGNATURES

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PARENT OR GUARDIAN	DATE	THERAPIST/CASE MANAGER	DATE