

## **Promoting Use of Advance Directives by People with Serious Mental Illness under Virginia's Health Care Decisions Act: A Study of Implementation**

Successful efforts to promote use of advance directives by people with mental illness in accord with Virginia's revised Health Care Decisions Act may hold valuable lessons for other states aiming to establish a recovery-oriented, person-centered system of mental health services and to address the problems associated with untreated mental illness in their communities. Consequently, a research study is being conducted by a team of investigators from the University of Virginia and Duke University to describe these activities and to measure their effects on a continuing basis.

The first component of the research was completed during the first half of 2010. Its goal was to collect baseline data on knowledge, attitudes and experience regarding the new amendments to the HCDA. Hospital and community service board (CSB) administrators, clinicians, and other stakeholders (including mental health service users, family members, and advocates of those vested in the care of individuals with diagnosed mental illness) were surveyed to assess their knowledge of and attitudes about the HCDA. A total of 485 respondents across all sampled stakeholder groups completed the online survey. A paper describing the results of this survey has been submitted for publication.

The second component of the study, initiated in the fall of 2010, examines the process of facilitating and completing advance directives for persons with serious mental illness (SMI) at five community services boards (CSB's). Each CSB is using a different model of facilitation, including both case manager facilitation and peer facilitation. The research with these "vanguard sites" features focus group sessions with facilitators and interviews with a sample of individuals who execute these documents after facilitation. Initial follow-up interviews will ascertain whether consumers are satisfied with the process of completing advance directives and are finding those documents beneficial to their health care and recovery. Subsequent follow-up interviews will try to assess the effect of executing advance directives on treatment engagement, the occurrence of mental health crises and on the use of coercive interventions. Ultimately, this information will yield recommendations for improving the process of facilitating advance directives, which, in turn, can increase the number of people with mental illness who execute advance directives. Approximately 40 people have been enrolled in the study.

The third component of the research will measure the number and content of advance directives executed by individuals in the five vanguard sites and will examine de-identified data from electronic health records to compare consumers who have executed advance directives and those who have not on a number of clinical and service parameters.

In addition to research, the last few months have seen several implementation activities begin or increase in pace at DBHDS. We have hired a part-time Implementation Coordinator who is tasked with coordinating between CSBs and the many other stakeholder groups to grow the implementation of ADs statewide this year. The project has also produced draft materials to inform the implementation effort, including an Implementation Manual and a pair of curricula for educating individuals about ADs and training individuals who would like to facilitate consumers in completing ADs. Finally, the last few months have seen the inauguration of several "pilot" collaborations across key service providers, including a CSB-pro bono partnership, and a CSB-police CIT-Acute Psychiatry partnership.

The study's findings will be used to develop specific recommendations to improve implementation of the HCDA in Virginia and will also be disseminated nationally to inform policymaking in other states. Lessons learned in the "vanguard" sites will be distilled and disseminated in 2013 as a foundation for initiating statewide implementation. The project partners will be available to offer training and ongoing consultation to consumers, advocacy organizations, CSBs and other mental health providers under the guidance of the Coordinating Committee.

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