



STATE OF CONNECTICUT
Department of Mental Health & Addiction Services
Commissioner's Policy Statement and Implementing Procedures

SUBJECT:	The Creation of Advance Directives
P & P	Chapter 6.13
APPROVED:	Miriam Delphin-Rittmon, Commissioner Date: 10/15/2015
EFFECTIVE	October 15, 2015 <i>Miriam Delphin-Rittmon</i>
REVISED:	3/27/2014
REFERENCES:	
FORMS AND ATTACHMENT	

STATEMENT OF PURPOSE: The purpose of this policy is to define standards of practice and guidelines pertaining to the creation of Advance Directives at programs funded by the Department of Mental Health and Addiction Services (DMHAS). DMHAS is committed to ensuring that all patients receive humane and dignified treatment, free from physical or mental abuse or harm, which is personally tailored to the patient's own personal needs, goals, and aspirations.

POLICY: This policy ensures that all clients capable of making their own health care decisions have an opportunity to do so in a manner that is dignified, collaborative, self-determined, and individually-tailored through the creation of Advance Directives for Health Care. Advance Directives for Health Care – when prepared during a state of mental capacity – provide a mechanism for clients to convey their preferences for treatment in the event that they should be deemed unable to make such health care decisions at some point in the future. This policy is made in consultation with the Behavioral Health Organization Standards, Hospital Standards, and the Joint Commission directives to ensure the patient’s wishes are followed, whenever possible. In certain situations, when a client with an Advanced Directive is determined to be a danger to themselves or others, a client may be treated contrary to their instructions.

DEFINITIONS: Advance Directives are legal documents that allow a person to plan in advance for treatment in the event that he/she is deemed unable to make or communicate his/her preferences at some point in the future. It is prepared before any condition or circumstance occurs that causes the individual to be deemed unable to make or communicate such judgments. These plans may be made for mental health and/or physical health scenarios.

PROCEDURES: Whenever possible, each DMHAS patient should:

- Be asked if they have an Advance Directive, upon entry into any DMHAS-operated program;
- Have existing Advance Directive kept in the patient’s chart; and

- Be connected with an advocacy organization that would aid in the development, revision, or revocation of Advance Directives, if the client wishes to create, revise, or revoke an Advance Directive, either independently or with consultation.