

PART 2: CHARTING THE COURSE – Advanced Directives
What are the implementation steps for the accomplishments in the next 30 Days?

Accomplishment (What?)	Intent (Why?)	PLANNING CALENDAR						Victory	Resources	Coordinator / Team Members	Collaborators / Partners
		December 16		December 30	Jan 1		January 25				
1. ID logistic considerations and strategies needed to ensure at least one Advance Directive Clinic is scheduled in the Omaha Metro region by January 25 th .	The next 45 days will allow the team to better understand the needs, perceptions and desires of the target population in achieving the goal of reducing mental health through an increase in residents with Advanced Directions.			ID project plan partners not present at 12/2 event. Investigate interest from Iowa Legal Aid	Confirm with administration at either Micah House or Sienna Francis location.	Identify promotion strategies that will resonate with target population. ID value add for target population to ensure robust participation.	Begin promotion of Advanced Directive clinic.	One planned clinic that has a replication and promotion plan available for future endeavors.	NE Legal Aid Iowa Legal Aid	Ann M. James (Micah House)	Micah House Sienna Francis Methodist LWO SCHD

Technology of Participation (ToP)[®]

Permission for reproduction is limited to planning activities only – not for training events

Institute of Cultural Affairs-ICA

Advanced Directive Discussion Notes: Pitch – Doing a lot of guardianships because no one does advanced directives. No one is taking care of the financial issues. 1st clinic – for those diagnosed with mental health issues: educate them on advanced directives and help them draft directives. 2nd clinic- clinician education on the benefits and reasons why advance directives are so important. Where could there be places where we could hit both groups – those with mental illness and the clinicians as well.

There is a financial document (power of attorney) and a guardianship – these are two different things

Individuals who have AD and have spoken with those that they have appointed does cut down on costs of unneeded medical decisions/procedures.

Nebraska form is used most typically by Ann. She likes this form because most the banks accept this well.

\$1500 dollars is the value that would be placed on an attorney doing them.

There is a misconception that these documents are only for those that are dying. Ann – 80% of what she does with this are for those that are not dying. These should be seen as empowering for folks so what they want to have done is done until they can be in charge of their situation again.

Hospitals do not always follow advance directives – which is felony and is another reason why education to MDs is important.

Venue – clinic vs. non-clinic location – which one is more receptive to residents?

IDEA – Do we look at shelters (transformation Tuesdays) – Micah house is screening for ACES (80 percent of their population have 4 or more) – do we partner with shelters to hold these clinics. A possible situation here is they have no one to appoint and then they will eventually go into guardianship. **MICAH HOUSE and Sienna Francis House**

Others – give CEUs to MDs at regularly scheduled meetings and going to them.

Having a point person at the shelter that promotes and speaks to the benefits of having advance directives.

North Star – this is about advanced directives as it relates to mental health stigma. Healthcare and financial power of attorney are what we are aiming for – guardianship are not what we want people to have to go through in situations like this.

Determine incentives for participation

Those that are interested in next steps:

Mike Krause – Methodist

Ann Mangiamelli – Legal Aid Nebraska

Sarah Sjolie – LWO

Sarah Schram – Sarpy/Cass Health Department