

Despite the transition from long-term civil commitment to community-based services, people with serious mental illness are not living integrated into the community. Instead, they cycle through criminal justice engagements, homelessness, and short-term hospitalizations.

Institutionalization has not been supplanted by integration. Instead, institutionalization in hospitals and residential facilities has devolved into institutionalization in jails and prisons. Segregation, in the form of homelessness and short-term hospitalizations, has foiled community integration.

As the number of people experiencing homelessness and housing instability increases, so, too, does the need for community-based services. This expanding need places an additional strain on already-strained resources, increasing the likelihood that people with serious mental illness will become entrapped in the criminal justice system. Increasing community-based service and across-system collaboration will facilitate a coordinated approach enabling existing resources to be effectively leveraged.

The cycle of criminal justice, homelessness and hospitalization is not an intractable problem. Civil re-institutionalization, a return to rights violating segregation, is not a solution to criminal institutionalization. The community-based services currently provided are not meeting people's needs. Addressing community-based services' quality, quantity and mechanical deficiencies is a rights respecting way forward.

But what would that look like and how do we get there?

Miscommunications and communication breakdowns pervade all aspects of engagement with people with serious mental illness - between individuals, between individuals and the system, and between systems. A Psychiatric Advance Directive ("PAD") is an underused, self-determination based legal instrument that can help address the communication challenges functioning as barriers to successful communication, and therefore collaboration and coordination. A PAD is a communication bridge.

A psychiatric advance directive is a way for people with serious mental illness to plan for potential future mental health crises by stating their preferences for treatments and services, as well as providing critical engagement information for crisis workers and law enforcement personnel. PADs give people a voice when things may be out of control. The person speaks through their PAD.

PADs distill critical information into a usable form that can be shared across service providers and systems, thereby saving resources, improving treatment, and enabling recovery. For example, a person can provide a list of medications that have worked in the past and which they are willing to take, as well as a list of medications that have not worked in the past and which they are unwilling to take. This information will enable jails, community providers and hospitals to serve the client more efficiently and effectively. Further, because everyone will be on the literal same page, PADs facilitate coordination.

PADs complement and build upon crisis intervention methods by identifying individualized de-escalation techniques as well as escalation triggers, therefore increasing the opportunity for helpful engagements, and reducing the likelihood of harmful engagements and arrests. For example, during a mental health crisis a person may believe that people are *not* who they say they are: They are imposters. The person may also have identified ways people can demonstrate that they *are* who they say they are: They are not imposters. PADs provide this individualized, critical information.

PADs also offer a way to address practical components, reducing crises' collateral damage. For example, a person may plan ahead for rent and bill payments, pet care, and notification to community supervision, defense attorneys and employers. Further, because PADs facilitate across-system communication, they provide an opportunity to enable probation, parole, and bond term modifications, thereby reducing revocations and incarceration.

Self-determination is the foundation for psychiatric advance directives. Agency is essential to self-determination and therefore to the PAD's integrity. A PAD based on a person's sincere preferences and insights is a valuable, helpful communication tool. A PAD created within a context of force, or a real or perceived power disparity, will not provide truly self-determination based information and will therefore increase misunderstandings and miscommunications.

Psychiatric advance directives are an opportunity for people with serious mental illness to communicate their needs and preferences in advance of a mental health crisis. They are a mechanism for coordination across service providers and systems. PADs are a communication tool designed to help

reduce and/or limit the severity and scope of criminal justice engagements, homelessness, and hospitalizations.