Missouri's Journey to Supported Decision Making

June 11, 2019

About Jane....

- Mom of 3 sons, "Ben's mom"
- Partners in Policymaking Graduate *(Missouri 1999)*
- UMKC-Institute for Human Development, UCEDD
  - National Community of Practice on Supporting Families Staff
  - Co-developer of the CtLC framework and tools
  - Trainer/Coordinator of activities focusing on supported decision making

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Every person can make choices and has a right to make decisions

Don Hoyle,
The Arc of Michigan

Core Belief

Missouri Guardianship: Understanding Your Options & Alternatives 2009 and 2013

Partnership between:

- UMKC-IHD, UCEDD
- Missouri Protection and Advocacy
- Missouri Developmental Disabilities Council
- People First of Missouri

MODDC
MISSOURI DEVELOPMENTAL DISABILITIES COUNCIL

Missouri Advocacy & Protection Services

UMKC Institute for Human Development
A University Center for Excellence in Developmental Disabilities

People First of Missouri

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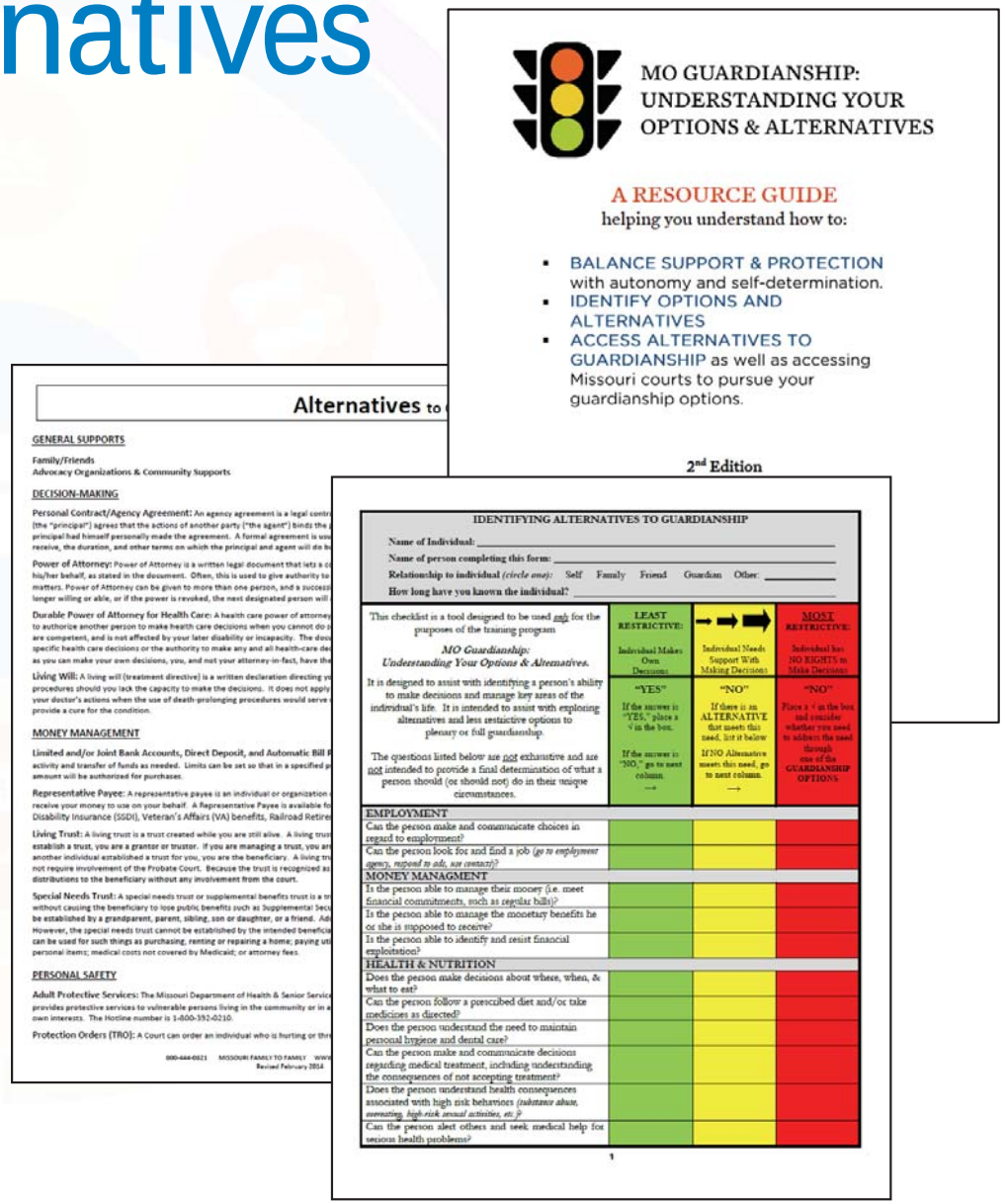
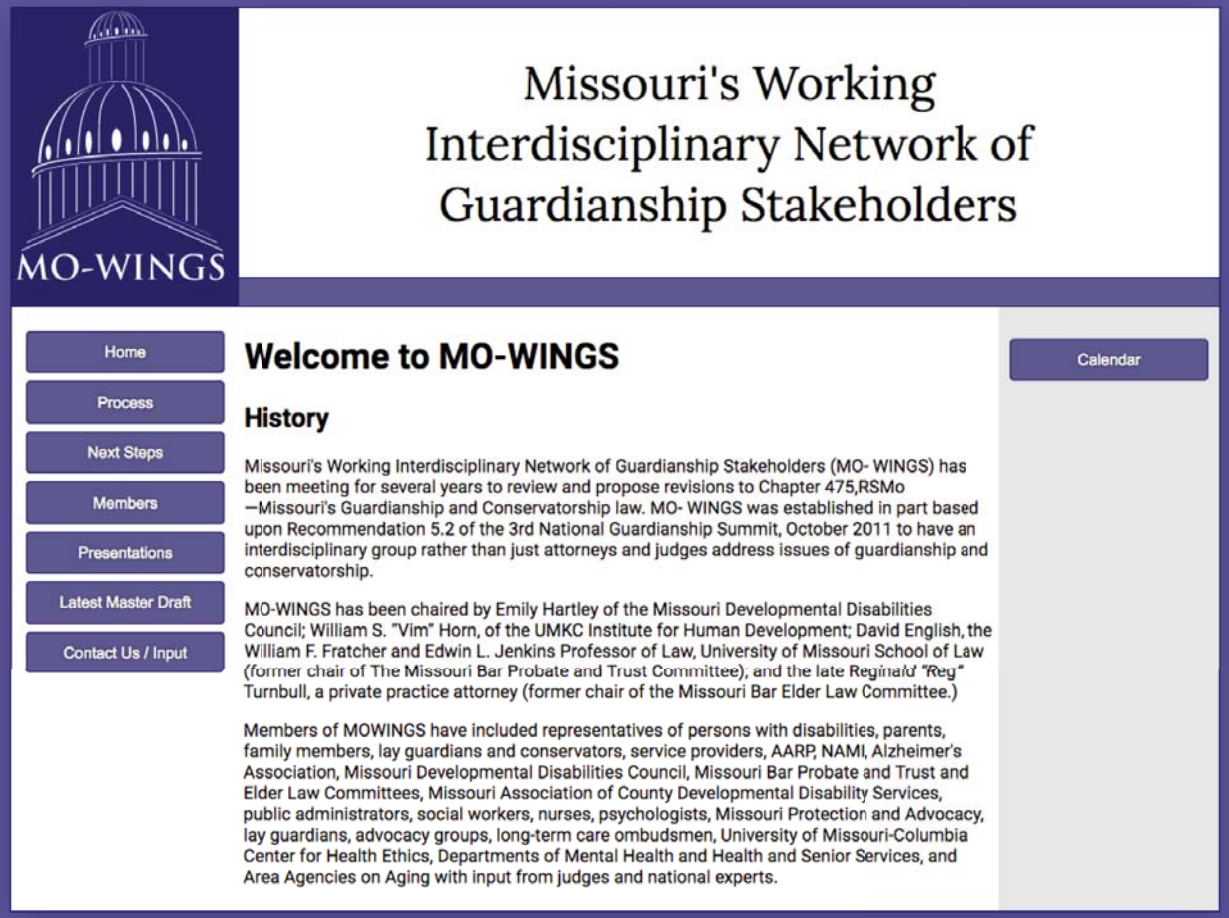
Mo Guardianship: Understanding Options and Alternatives

- Developed and launched in 2009/2013
- Workshops for families, self-advocates, and professionals
- Promoted making informed decisions about guardianship options and alternatives with emphasis on supported decision making



MO-WINGS



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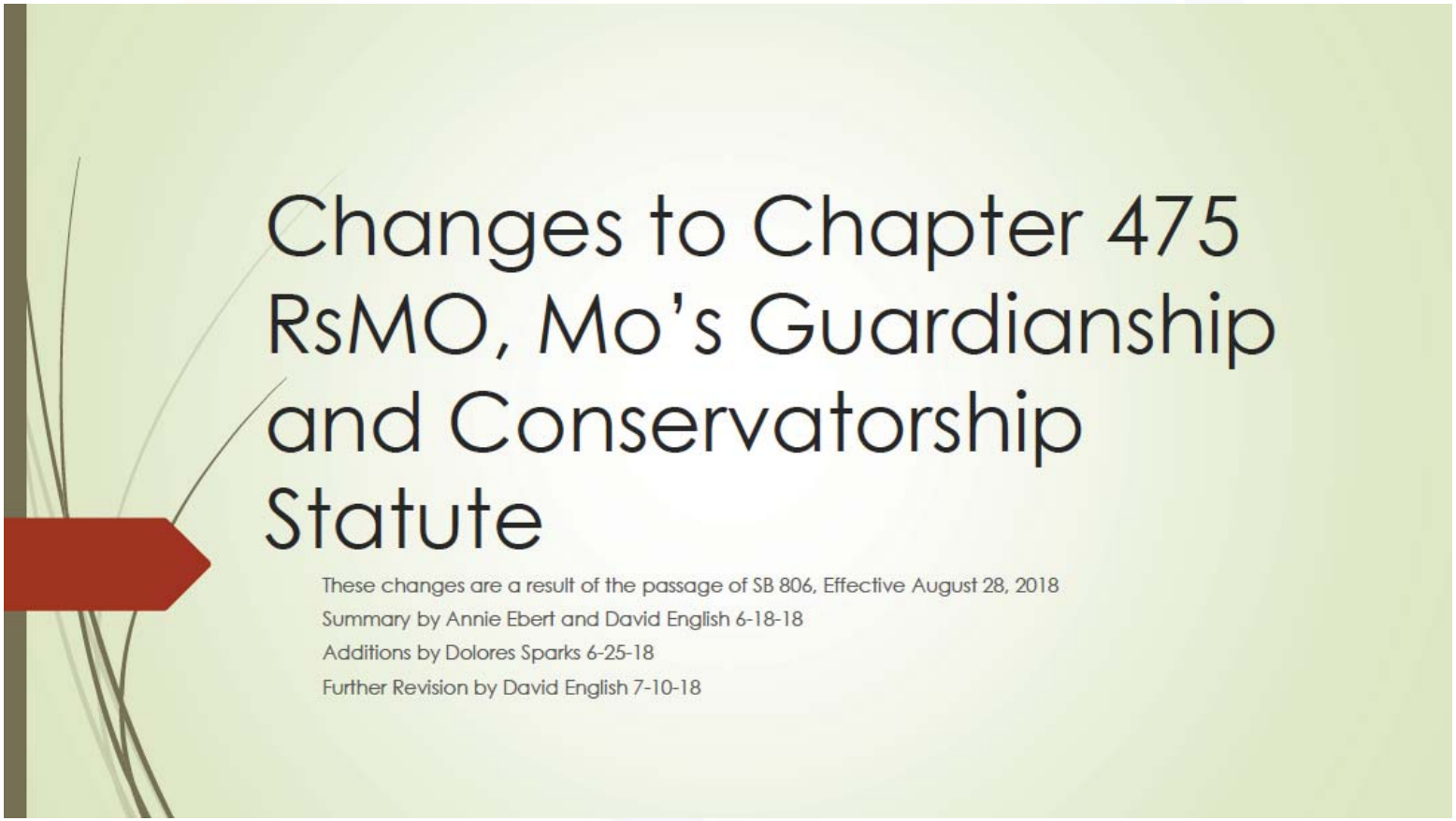
Summary of Statute Revisions to Guardianship Code



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Summary of Statute Revisions to Guardianship Code

- Appointment Priority (Court to appoint suitable relative over unrelated 3rd party)
- Background checks
- Co-Guardians
- Petition for appointment of guardian for adult **must now state factual basis for petitioner's conclusion of incapacity,** including **incidents and specific behaviors** of respondent that support why sought
- Respondents **rights** at hearings

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Summary of Statute Revisions to Guardianship Code

- Court must now consider if respondent's needs can be met by a **less restrictive alternative** before appointing a guardian (ie-DPA, trust, representative payee, **SUPPORTED DECISION MAKING AGREEMENTS**, services or assistive tech, temporary emergency guardian ad litem, limited guardian or conservator)
- Required specific findings (including retention of rights to vote, drive or marry; placement or management of other essential needs)
- Clear and convincing evidence of incapacity, and **evidence that needs cannot be met by a less restrictive alternative**

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Guardian Powers & Responsibilities

- **NEW -** 10 days notice before sale of real or tangible personal property
- **NEW** - Specific guardian powers and requirements
  - May **only** exercise authority as required by ward's limitation
  - **MUST encourage ward to participate in decisions** to extent possible, and **develop or regain capacity**

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Rights of the Ward

1. A guardian who acts in the best interests of the ward:

2. A guardian who is reasonably accessible to the ward:

3. Communicate freely and privately with family, friends, and other persons other than the guardian; except that, such right may be limited by the guardian for good cause but only as necessary to ensure the ward's condition, safety, habilitation, or sound therapeutic treatment;

4. Individually or through the ward's representative or legal counsel, bring an action relating to the guardianship, including the right to file a petition alleging that the ward is being unjustly denied a right or privilege granted by this chapter, including the right to bring an action to modify or terminate the guardianship under the provisions of section 476.083;

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Rights, continued

5. The least restrictive form of guardianship assistance, taking into consideration the ward's functional limitations, personal needs, and preferences;

6. Be restored to capacity at the earliest possible time;

7. Receive information from the court that describes the ward's rights, including rights the ward may seek by petitioning the court;

8. **Participate in any health care decision-making process.**

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Adult Ward Can Petition Court for the Right To:

1. Contract to marry or to petition for dissolution of marriage;
2. Make, modify, or terminate other contracts or ratify contracts made by the ward;
3. Consent to medical treatments;
4. Establish a residence or dwelling place;
5. Change domicile;
6. Bring or defend any action at law or equity, except an action relating to the guardianship; or
7. Drive a motor vehicle if the ward can pass the required driving test.

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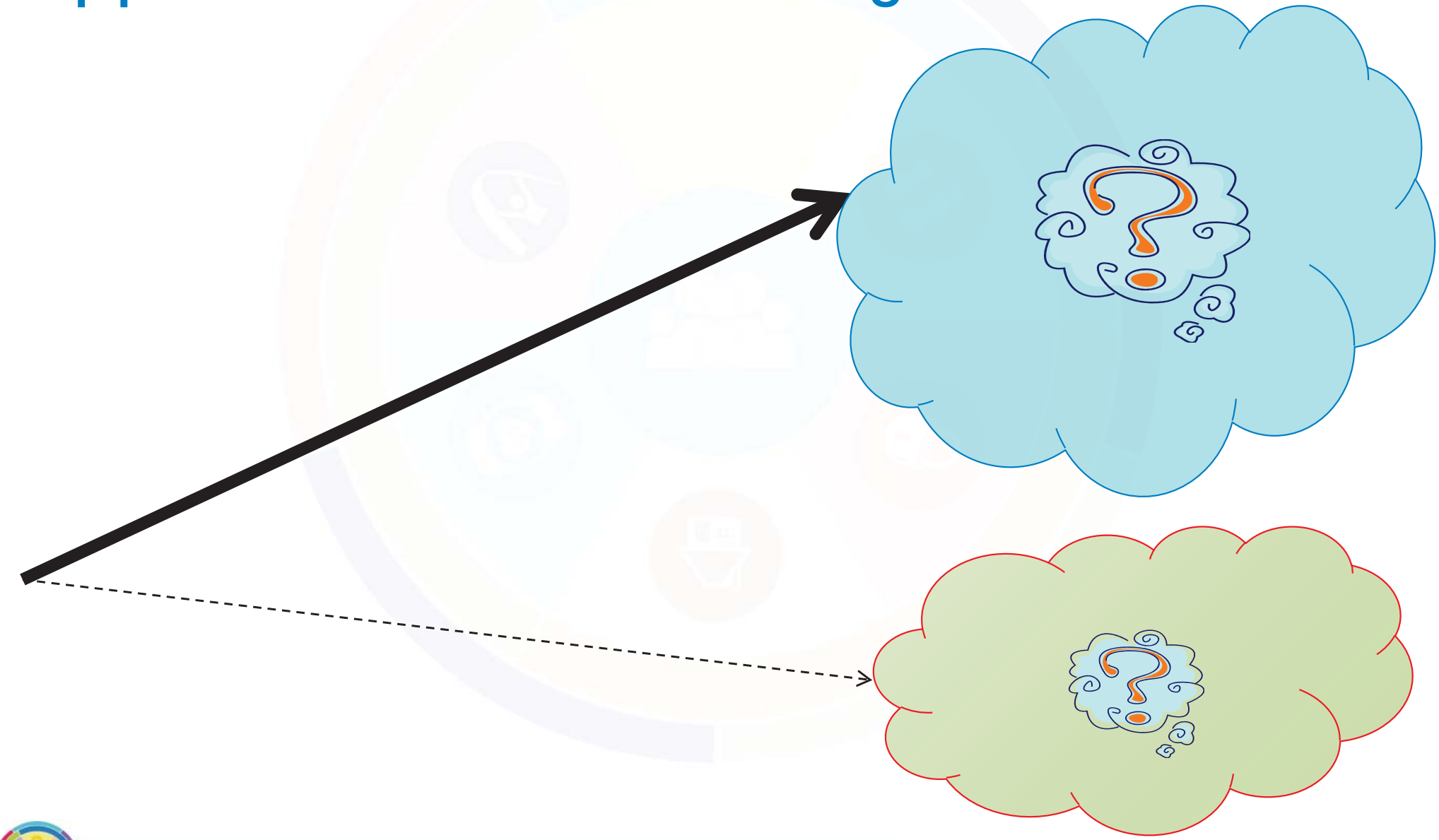
So, What's NEXT?

Missouri's Vision & Trajectory for Supported Decision Making



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Supported Decision Making Symposium

September 12, 2018

MODDC Missouri Developmental Disabilities Council

Missouri Advocacy & Protection Services

UMKC Institute for Human Development
A University Center for Excellence in Developmental Disabilities

DIVISION OF DEVELOPMENTAL DISABILITIES

MISSOURI SYMPOSIUM ON SUPPORTED DECISION MAKING

AGENDA OUTLINE:

FEATURING
Jonathan Martinis

and
Morgan Whitlatch

9:30-10 am - Introduction

- Overview of day – Setting realistic expectations
- Brief definition of SDM
- Identification of and commitment to 3 Principles

10-11:00 am - Identifying strengths and potential for success

- What must happen in order for our effort to be considered success? What should SDM look like (broad strokes)? What are things we do well that can make that happen? Where should SDM be used? Who needs to be part of the discussion to accomplish that? One year from now, what do we want to say we accomplished? Over the next year, what are some specific things we can do, or specific examples of opportunities we have/people and professionals we can talk to, to make that happen? How do we translate our strengths and opportunities into action?

11-12:15 pm - Identifying challenges and obstacles to success

- What must not happen? What are the dangers of SDM? What are the biggest obstacles to making SDM accepted and available? What partners do we need that we don't have now? How will we define failure? What are some specific examples of things we must avoid? What mistakes have been made before that we can't repeat? Is anyone "against us"? If so, why and what can we do to try to work with them?

12:15-1:00 pm – Lunch

1:00-2:00 pm - Setting priorities

- What have we discovered about SDM in Missouri? How do we prioritize where to begin?

2:00-3:15 pm - Next steps

- How do we enhance successes and overcome the challenges and obstacles to implementing SDM in Missouri? What are some "products" the task force should create – educational materials, pilot projects, outside-of-the-box thoughts on ways to increase knowledge, access, and use of SDM throughout Missouri, etc.?

3:15-4:00 pm – Report back and discuss how to move forward

SYMPOSIUM HOSTS

Arc of Missouri
Lafayette County Board of Services
Midwest Advocacy for Disability Rights (MADR)
Missouri Developmental Disabilities Council (MODDC)
Missouri Association of County Developmental Disabilities Services (MACDDS)
Missouri Protection and Advocacy (MO P&A)
People First of Missouri (PFMO)
UMKC Institute for Human Development (UMKC IHD)

3 Guiding Principles

Agreed upon at the Symposium

1. Recognize and respect that everyone has an equal right to make their own decisions, regardless of their diagnosis or functional challenges.

2. Be respectful of the various opinions and deeply held beliefs that have led parents and advocates to choose different options for decision-making support, including SDM.

3. Promote the use and development of practices that will provide people in need of support with individualized decision-making assistance in a way that imposes the absolute minimum restriction of rights.

Findings & Recommendations

- Customized education and training programs on SDM theory, practice, and benefits
- SDM materials
- Changes in guardianship numbers

Next Steps

- Review and expand existing projects and resources advancing SDM
- Develop new projects and resources that will advance SDM
- Identify, acknowledge, and overcome challenges and obstacles to implementing SDM in Missouri

Launch of Missouri Consortium on SDM

March 31st, 2019

MISSOURI CONSORTIUM ON SUPPORTED DECISION MAKING

REGISTER TO ATTEND:
https://mo-sdm-consortium1.eventbrite.com

Meeting Announcement

You are receiving this meeting invitation because you attended the Missouri SDM Symposium in Columbia, MO, on September 12, 2018 and signed up to be part of the Missouri SDM Consortium. At that time, over 100 participants agreed to continue the work we began.

At the Symposium, the group identified a broad set of ideas and recommendations that have now been summarized into a consensus document that will be used at the meeting. **Please see attached document.**

Riechmann Indoor Pavilion

located in Stephens Lake Park

When: April 4, 2019 – 9:30am to 3:30pm

Where: Riechmann Indoor Pavilion
2300 E. Walnut St., Columbia, MO 65201
Stephens Lake Park - map

Why: To continue work begun at the SDM Symposium last September

What will be accomplished: The purpose of this Consortium meeting will be to take the broad-based recommendations contained in the document and develop an action plan.

Cost for Lunch (optional - you may bring a lunch or leave to buy one):

- Individuals with disabilities and family members - FREE
- Professionals - $20

We ask all participants to register to attend at: https://mo-sdm-consortium1.eventbrite.com
In order to receive a lunch, you must register by **March 31, 2019.**

This meeting of the Consortium is supported by:

- Missouri Developmental Disabilities Council
- Missouri Protection & Advocacy
- UMKC Institute for Human Development, a University Center for Excellence in Disabilities

For questions, please contact Vim Horn at hornw@umkc.edu.

The Consortium:

- Identified and prioritized strategies and tools to inform Missourians about SDM
- Broke into work groups to continue progress between meetings
- Will reconvene in five to six months to share what has been done and plan next steps

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Pilot: Health Care & SDM

Charting the LifeCourse Health Care Preferences and Supported Decision Making for People with IDD

- Enhance the partnership between medical professionals, adults with IDD, family members, and disability providers that supports informed choice and SDM practices on health care decisions
- Increase knowledge and skills by providing training and coaching on SDM
- Facilitate effective communication with each target group in the **St. Joseph, Missouri** area
- Develop and disseminate Charting the LifeCourse Healthcare Training and Coaching Toolkit

WITH

UMKC Institute for Human Development

PROGRESSIVE COMMUNITY SERVICES

MOSAIC™ LIFE·CARE

Established in 2002, WITH Foundation (formerly known as Special Hope Foundation) is a private foundation. The Foundation's initial grantmaking benefited the disability community. In 2011, the Foundation began to focus its support on organizations and projects that promote the establishment of comprehensive and accessible health care for adults with intellectual and developmental disabilities. Currently, the Foundation gives out around $750,000 each year and has provided (in total) more than $7 million in funding support.

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Project Objectives

- **Self-Advocates** demonstrate increased skills and confidence for **making decisions in healthcare settings.**
- **Family members and disability staff** demonstrate increased skills and knowledge of the Supported Decision Making (**SDM) process**
- **Medical Professionals** demonstrate increased knowledge of IDD as well as increased skills and confidence to partner in the SDM process that leads to **informed consent**
- Develop a Charting the LifeCourse HealthCare Preferences, **Supported Decision Making Training and Coaching Toolkit**

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Phase One – Educational Presentations

- Mosaic Life Care, for health care professionals
  - One hour sessions
  - At the clinics and hospital
- I/DD Professionals (provider staff, support coordinators), self-advocates, and families

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Phase 2- Coaching *(with DD professionals, self-advocates, family members)*

- Four coaching sessions offered to **mixed audiences in person** that included:
  - Exploring a Vision for Overall Health
  - Planning for Day-to-Day Healthy Living Goals
  - Identifying Specific Supports for Health Decision Making
  - Preparing for Doctor Visits and Medical Procedures

- *Sessions were conducted live/in person at monthly intervals*
- *Participants were encouraged to attend as "teams"*

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Possible Health/Decision Making Team Roles

- Help with **understanding** the visit or their options/choices
- Help **communicate** with the doctor, nurse, care coordinator, or other medical staff
- May be responsible for helping **implement** the physician recommendations or treatment plans (taking meds, special diets, etc.)
- Or, Legal decision maker

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What Does a Supporter Do?

- Support to **understand** their medical situation and their choices
  - Information
  - Advice
- Support to **communicate** their preferences
  - Communication
- Support to **follow through** on their decision or doctor's recommendations
  - Reminders and logistics

ACLU Disability Rights Program www.aclu.org/issues/disabilityrights/supported-decision-making

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Results

- Total of 120 people completed pre/post, including professionals from inpatient, outpatient, mental health, psychiatry, nursing, etc.
- Healthcare Professionals reported significant differences in knowledge and confidence surrounding guardianship options and alternatives, supporting an individual's healthcare goals, promoting teamwork for decision making and where to find resources regarding supported decision making.
- Direct support professionals and families reported fewer changes in the knowledge and skills needed for guardianship and partnering with medical professionals for decision making.

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Supported Decision Making Tools and Resources

IDENTIFYING ALTERNATIVES TO GUARDIANSHIP

Name of Individual: _____

Name of person completing this form: _____

Relationship to individual *(circle one):* Self Family Friend Guardian Other: _____

How long have you known the individual? _____

This checklist is a tool designed to be used *only* for the purposes of the training program ***MO Guardianship: Understanding Your Options & Alternatives.*** It is designed to assist with identifying a person's ability to make decisions and manage key areas of the individual's life. It is intended to assist with exploring alternatives and less restrictive options to plenary or full guardianship. The questions listed below are not exhaustive and are not intended to provide a final determination of what a person should (or should not) do in their unique circumstances.	LEAST RESTRICTIVE: Individual Makes Own Decisions "YES" If the answer is "YES," place a √ in the box. If the answer is "NO," go to next column. →	→ Individual Needs Support With Making Decisions "NO" If there is an ALTERNATIVE that meets this need, list it below If NO Alternative meets this need, go to next column. →	MOST RESTRICTIVE: Individual has NO RIGHTS to Make Decisions "NO" Place a √ in the box and consider whether you need to address the need through one of the GUARDIANSHIP OPTIONS
EMPLOYMENT			
Can the person make and communicate choices in regard to employment?			
Can the person look for and find a job (*go to employment agency, respond to ads, use contacts*)?			
MONEY MANAGMENT			
Is the person able to manage their money (i.e. meet financial commitments, such as regular bills)?			
Is the person able to manage the monetary benefits he or she is supposed to receive?			
Is the person able to identify and resist financial exploitation?			
HEALTH & NUTRITION			
Does the person make decisions about where, when, & what to eat?			
Can the person follow a prescribed diet and/or take medicines as directed?			
Does the person understand the need to maintain personal hygiene and dental care?			
Can the person make and communicate decisions regarding medical treatment, including understanding the consequences of not accepting treatment?			
Does the person understand health consequences associated with high risk behaviors *(substance abuse, overeating, high-risk sexual activities, etc.)*?			
Can the person alert others and seek medical help for serious health problems?			

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IDENTIFYING ALTERNATIVES TO GUARDIANSHIP

This tool was designed to assist with identifying a person's ability to make decisions and manage key areas of life. It is intended to assist with exploring alternatives and less restrictive options to plenary or full guardianship.

Name of Individual: _____

Name of person completing this form: _____

Relationship to individual *(circle one):* Self Family Friend Guardian Other: _____

How long have you known the individual? _____

Step 1: Decide for each question if the answer is yes or no. If yes, put a checkmark in the GREEN column – this means the person is good to go. If NO, put a mark in the yellow column.

Step 2: When you have completed all the questions, explore alternatives to guardianship to meet the supported decision making need for all questions marked in the yellow column.

Step 3: ONLY if NO alternative can be identified, then limited guardianship might be considered for those specific areas of need.

	Can person decide or direct this activity independently most of the time?	Can person decide or direct this activity with assistance most of the time?	Does the person requires substituted decision making support?
DAILY LIFE & EMPLOYMENT			
Can the person make and communicate choices in regard to employment?			
Can the person look for and find a job (*go to employment agency, respond to ads, use contacts*)?			
Is the person able to manage their money (i.e. meet financial commitments, such as regular bills)?			
Is the person able to manage the monetary benefits he or she is supposed to receive?			
Is the person able to identify and resist financial exploitation?			
HEALTHY LIVING			
Does the person make decisions about where, when, & what to eat?			
Can the person follow a prescribed diet and/or take medicines as directed?			
Does the person understand the need to maintain personal hygiene and dental care?			
Can the person make and communicate decisions regarding medical treatment, including understanding the consequences of not accepting treatment?			
Does the person understand health consequences associated with high risk behaviors *(substance abuse, overeating, high-risk sexual activities, etc.)*?			
Can the person alert others and seek medical help for serious health problems?			
Is the person able to decide and direct what kinds of support they need or want and select who provides those supports?			

UMKC Institute for Human Development, UCEDD **moguardianship.com**

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Exploring Supported Decision Making

CHARTING the LifeCourse

Tool for Exploring Decision Making Supports

This tool was designed to assist individuals and supporters with exploring decision making support needs for each life domain.

Name of individual: _____

Name of person completing this form: _____

Relationship to individual *(circle one)*: Self Family Friend Guardian Other: _____

How long have you known the individual? _____

For each question below, mark the level of support you need when making and communicating decisions and choices in the Charting the LifeCourse life domains.	**I can decide with no extra support**	**I need support with my decision**	**I need someone to decide for me**
DAILY LIFE & EMPLOYMENT			
Can I decide if or where I want to work?			
Can I look for and find a job (*read ads, apply, use personal contacts*)?			
Do I plan what my day will look like?			
Do I decide if I want to learn something new and how to best go about that?			
Can I make big decisions about money? (*open bank account, make big purchases*)			
Do I make everyday purchases? (*food, personal items, recreation*)			
Do I pay my bills on time (*rent, cell, electric, internet*)			
Do I keep a budget so I know how much money I have to spend?			
Am I able to manage the eligibility benefits I receive?			
Do I make sure no one is taking my money or using it for themselves?			
HEALTHY LIVING			
Do I choose when to go to the doctor or dentist?			
Do I decide/direct what doctors, medical/health clinics, hospitals, specialists or other health care providers I use?			
Can I make health/medical choices for my day-to-day well-being? (*check-ups, routine screening, working out, vitamins*)			
Can I make medical choices in serious situations? (*surgery, big injury*)			
Can I make medical choices in an emergency?			
Can I take medications as directed or follow a prescribed diet?			
Do I know the reasons why I take my medication?			
Do I understand the consequences if I refuse medical treatment?			
Can I alert others and seek medical help for serious health problems?			
Do I make choices about birth control or pregnancy?			
Do I make choices about drugs or alcohol?			
Do I understand health consequences associated with choosing high risk behaviors (*substance abuse, overeating, high-risk sexual activities, etc.*)?			
Do I decide where, when, and what to eat?			
Do I understand the need for personal hygiene and dental care?			

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CHARTING the LifeCourse

For each question below, mark the level of support you need when making and communicating decisions and choices in the Charting the LifeCourse life domains.	**I can decide with no extra support**	**I need support with my decision**	**I need someone to decide for me**
SOCIAL & SPIRITUALITY			
Do I choose where and when (and if) I want to practice my faith?			
Do I make choices about what to do and who to spend time with?			
Do I decide if I want to date, and choose who I want to date?			
Can I make decisions about marriage (*if I want to marry, and who*)?			
Can I make choices about sex, and do I understand consent and permission in regard to sexual relationships?			
SAFETY & SECURITY			
Do I make choices that help me avoid common environmental dangers (*traffic, sharp objects, hot stove, poisonous products, etc.*)?			
Do I make plans in case of emergencies?			
Do I know and understand my rights?			
Do I recognize and get help if I am being treated badly (*physically, emotionally or sexually abused, or neglected*)			
Do I know who to contact if I feel like I'm in danger, being exploited, or being treated unfairly (*police, attorney, trusted friend*)?			
COMMUNITY LIVING			
Do I decide where I live and who I live with?			
Do I make safe choices around my home (*turning off stove, having fire alarms, locking doors*)?			
Do I decide about how I keep my home or room clean and livable?			
Do I make choices about going places I travel to often (*work, bank, stores, church, friends' home*)?			
Do I make choices about going places I don't travel to often (*doctor appointments, special events*)?			
Do I decide how to get to the places I want or need to go? (*walk, ask a friend for a ride, bus, cab, car service*)			
Do I decide and direct what kinds of support I need or want and choose who provides those supports?			
CITIZENSHIP & ADVOCACY			
Do I decide who I want to represent my interests and support me?			
Do I choose whether to vote and who I vote for?			
Do I understand consequences of making decisions that will result in me committing a crime?			
Do I tell people what I want and don't want (verbally, by sign, device), and tell people how I make choices?			
Do I agree to and sign contracts and other formal agreements, such as powers of attorney?			
Do I decide who I want information shared with (family, friends etc.)?			

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CHARTING the LifeCourse

UNDERSTANDING MY HEALTH CARE TEAM

My Personal Support Team *(Identify your personal supporters and their relationship to you)*	Formal Supports *(Who are paid people that might be with you and what their role is at the visit)*	Who Has Legal Authority *(Place a check next to who has legal decision-making authority and identify the person)*
WHO Relationship _____ _____ _____ _____ _____	Paid Staff (PCA, DSP): _____ _____ Residential/Provider Agency Staff: _____ _____ Other: _____ _____	__I have Legal Decision-Making Authority for My Health Care __Power(s) of Attorney: _____ _____ __Guardian: _____ Circle one: Plenary(full) OR Limited __Conservator:_____

UNDERSTANDING MY SUPPORT NEEDS

Areas of Support for Medical Appointments/Events	What I Do/Need and Who Helps Me	Health Professional's Role In Supporting Me
Understanding what the medical professionals are saying, suggesting, recommending or instructing; helping me know my options, pros and cons	*Who do I trust to help me understand and how do I communicate with them?*	*Writing down instructions, using photos or pictures to explain procedures or directions*
Communicating my current situation, my decisions/choices, and responding to or asking questions of medical professionals	*Who helps me communicate with the medical professionals (doctor/nurse/care coordinator)?*	*Repeat my answers back to me,; ask me to "teach back" instructions; ask me questions*
Following through with my medical choices, decisions, or following doctor/nurse/care coordinator's instructions or treatment plan	*Who helps with follow through (reminders, set up medications, checking in with me)?*	*Send out reminders by mail or text; follow-up appointments;*

Developed by the UMKC Institute for Human Development, UCEDD. More tools and materials at lifecoursetools.com October 2018

Tool for Understanding the Decision Making Support Needs and Team

CHARTING the LifeCourse

TODAY'S HEALTH CARE VISIT

COMPLETE BEFORE THE VISIT

My Name: _____

Today's Date: _____

Who is with me today? _____

Current list of my medications, pills, and vitamins *(attach it for the doctor or nurse)*

Do I have a plan or card that pays for my medicine?
Yes No (list) _____

Did I recently go see any other doctor or dentist?
YES (who?) _____ NO

What was the reason?

Why am I at the doctor's or clinic today?
(Things like illness, check-up, follow-up from previous visit, need forms filled out, need medication change or refill, etc.)

Questions I want to ask today	**Answers to my questions**

MY TAKE-AWAY INFORMATION

Were there any **Medication or Diet Changes?**
YES or NO *If YES:*

Medication Name: _____
I am to take this ____times per day, at _____
I am to stay on this for ____ days (or specify _____)
Why do I need to take this?

Medication Name: _____
I am to take this ____times per day, at _____
I am to stay on this for ____ days (or specify _____)
Why do I need to take this?

Are there medications I don't need to take anymore, or anything else I should know?

Information about today's treatment plan, recommendations, and/or follow-up
(for ME, my family, caregivers, or other supporters)

_____ _____
medical professional signature date staff or provider signature date

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Today's Health Care Visit

How do you prepare?

How do you remember what happened at the visit?

How do others know what happened at the visit?

How do you follow up?

Life Trajectory Worksheet: Supported Decision Making

WHAT DO I NEED TO MAKE GOOD CHOICES AND DECISIONS?

What helps me UNDERSTAND the issues and my options?

What helped in the past?	What do I need now?

What helps me COMMUNICATE my preferences, choices, and decisions?

What helped in the past?	What do I need now?

What helps me FOLLOW THROUGH on my choices and decisions?

What helped in the past?	What do I need now?

WHAT MAKES IT HARD TO MAKE GOOD CHOICES AND DECISIONS?

What were barriers in the past that made it hard for me to UNDERSTAND, COMMUNICATE, or FOLLOW THROUGH with my choices and decisions?	*What needs to happen to avoid barriers that make it hard for me to UNDERSTAND, COMMUNICATE, or FOLLOW THROUGH with my choices and decisions?*

VISION for What I Want

What decisions and choices do I want to make myself or with help from my supporters?

My Overall Good Life

What I DON'T Want

What decisions and choices do I NOT want someone else making for me or without my input or approval?

Overall NOT Good Life

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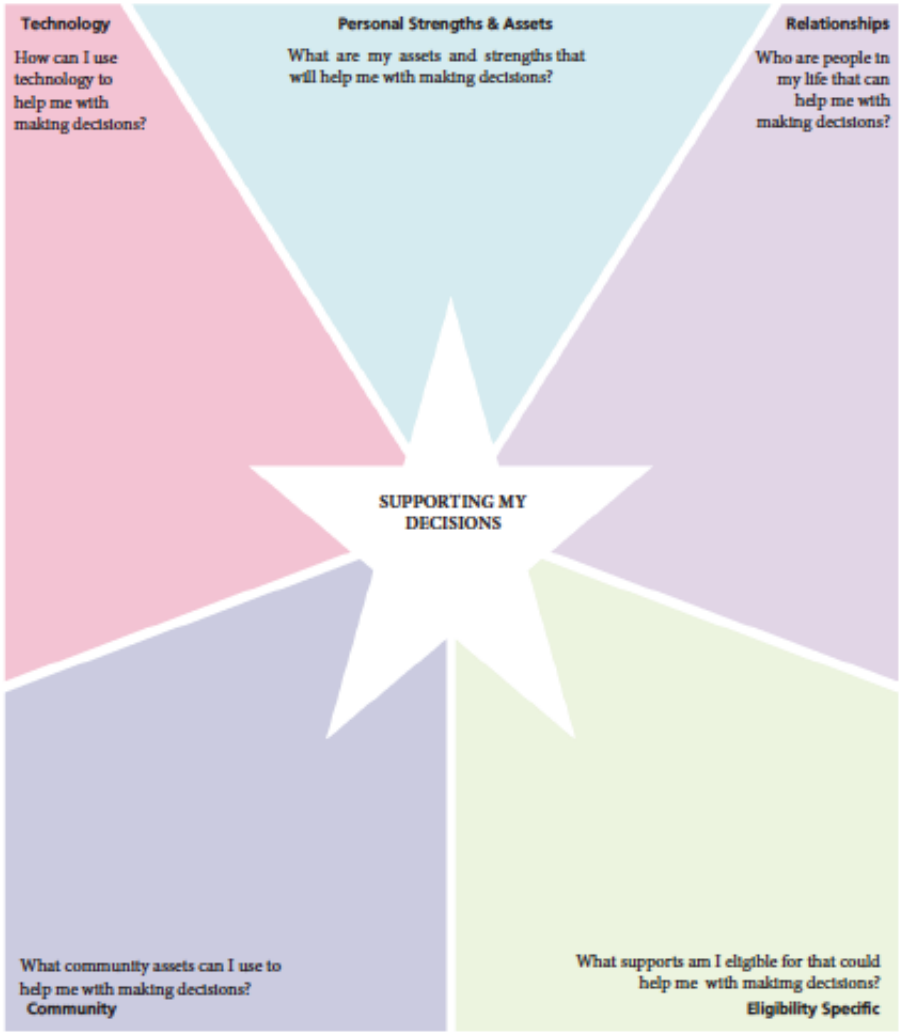
Charting the LifeCourse Integrated Supports Star: Supported Decision Making



Access the Charting the LifeCourse framework and tools at lifecoursetools.com

Charting the LifeCourse Portfolio: Supported Decision Making

Name: _____ Date: _____

What is important TO ME when making choices and decisions?

What do others think is important FOR ME when making choices and decisions?

What SUPPORTS do I need to help me with making choices and decisions?

What are specific supports that work well for me and what does not?

How do I learn best?

What helps me stay motivated?

What is the best way to encourage me?

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CHARTING the LifeCourse

LifeCourse Integrated STAR: Supported Decision-Making

When a person turns 18, they are presumed competent to make decisions about their life. Sometimes, a person might need help making decisions and staying safe. This star shows some of the ways people can be supported to make their own decisions and be safe and secure while living an inclusive community life.

Technology

Decision Making
- Smart Phone
- Telephone
- Computer

Money Management
- Online Banking
- Debit Card

Personal Safety
- GPS Enabled Device
- Personal Safety Device
- Remote Monitoring
- Computer or Electronic locks

Personal Strengths & Assets

Decision Making:
- Ability to communicate wants, needs, and wishes (traditional, sign, gesture, communication device)

Money Management:
- Understands concept of money

Personal Safety:
- Knows address, phone, other contacts
- Carries ID
- Disaster or Emergency Plan
- Ready bag for emergencies

Relationships

Decision Making Supports
- Personal Contract or Agency Agreement
- Power of Attorney – General
- Power of Attorney for Health Care
- Supported (Shared) Decision Making

Money Management
- Joint Bank Account

Personal Safety
- Close Family & Friends

Supported Decision-Making

Decision Making
- Medical Advisors (Doctor, Nurse)
- Clergy or Life Coach
- Financial Advisors
- Educational Advisors (Teacher, Counselor)

Money Management:
- Limited Bank Account
- Direct Deposit
- Automatic Bill Pay

Personal Safety
- Neighbors
- Police
- Fire
- Emergency Medical Responders

Community Based

Decision Making
- Service Coordinator
- Plenary or Limited Guardianship

Money Management
- Representative Payee for SSI, SSDI, VA or other benefits
- Supplemental Special Needs Trust

Personal Safety
- Personal Care Attendant/Direct Care Worker
- Adult Protective Services

Eligibility Specific

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Integrated Star for Supported Decision Making

The Right to Make Choices

Introduction to
Supported Decision-Making

MODDC

Do I HAVE to get Guardianship?

1

Supported Decision-Making Series

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Mercedes-Benz Superdome

ChartingtheLifeCourse.org
Who invited this Guy
INSTAFUNKC.COM

ChartingtheLifeCourse.org
SQUAD
I'M WITH
KIND OF A
INSTAFUNKC.COM

Ben's Story

Introducing Ben

Charting the LifeCourse Portfolio: Exploring

Name: Ben St John

What Do People Like and Admire About Me?

I like to laugh and have fun
My Tattoo
I'm good at remembering songs
I don't complain
I am an Eagle Scout
I volunteer at the Fire Dept

What Is Important to Me?

My family
Friends
Staying busy
Working at ES Fire
Going to Library
Going to Church
My iPad
Doing stuff with Matt

What Are The Best Strategies To Support Me?

I need help getting my pills
I need rides to go places
I need help with food sometimes
I need help remembering things
Sometimes I forget how to do something or get somewhere
I need somebody to drive me places
I need help with my shower

This page is a derivative of Person Centered Planning One Page Profiles

SEPT 2017

CHARTING the LifeCourse

Tool for Exploring Decision Making Supports

This tool was designed to assist individuals and supporters with exploring decision making support needs for each life domain.

Name of individual: Ben

Name of person completing this form: Ben with help from Mom (Jane)

Relationship to individual *(circle one)*: Self Family Friend Guardian Other: _____

How long have you known the individual? 28 years

For each question below, mark the level of support you need when making and communicating decisions and choices in the Charting the LifeCourse life domains.	**I can decide with no extra support**	**I need support with my decision**	**I need someone to decide for me**
DAILY LIFE & EMPLOYMENT			
Can I decide if or where I want to work?	X		
Can I look for and find a job (*read ads, apply, use personal contacts*)?		X	
Do I plan what my day will look like?		X	
Do I decide if I want to learn something new and how to best go about that?		X	
Can I make big decisions about money? (*open bank account, make big purchases*)		X	
Do I make everyday purchases? (*food, personal items, recreation*)		X	
Do I pay my bills on time (*rent, cell, electric, internet*)		X	
Do I keep a budget so I know how much money I have to spend?		X	
Am I able to manage the eligibility benefits I receive?			X
Do I make sure no one is taking my money or using it for themselves?			X
HEALTHY LIVING			
Do I choose when to go to the doctor or dentist?		X	
Do I decide/direct what doctors, medical/health clinics, hospitals, specialists or other health care providers I use?		X	
Can I make health/medical choices for my day-to-day well-being? (*check-ups, routine screening, working out, vitamins*)		X	
Can I make medical choices in serious situations? (*surgery, big injury*)			X
Can I make medical choices in an emergency?			X
Can I take medications as directed or follow a prescribed diet?		X	
Do I know the reasons why I take my medication?		X	
Do I understand the consequences if I refuse medical treatment?		X	
Can I alert others and seek medical help for serious health problems?		X	
Do I make choices about birth control or pregnancy?	n/a		
Do I make choices about drugs or alcohol?	X		
Do I understand health consequences associated with choosing high risk behaviors (*substance abuse, overeating, high-risk sexual activities, etc.*)?		X	
Do I decide where, when, and what to eat?	X		
Do I understand the need for personal hygiene and dental care?	X		

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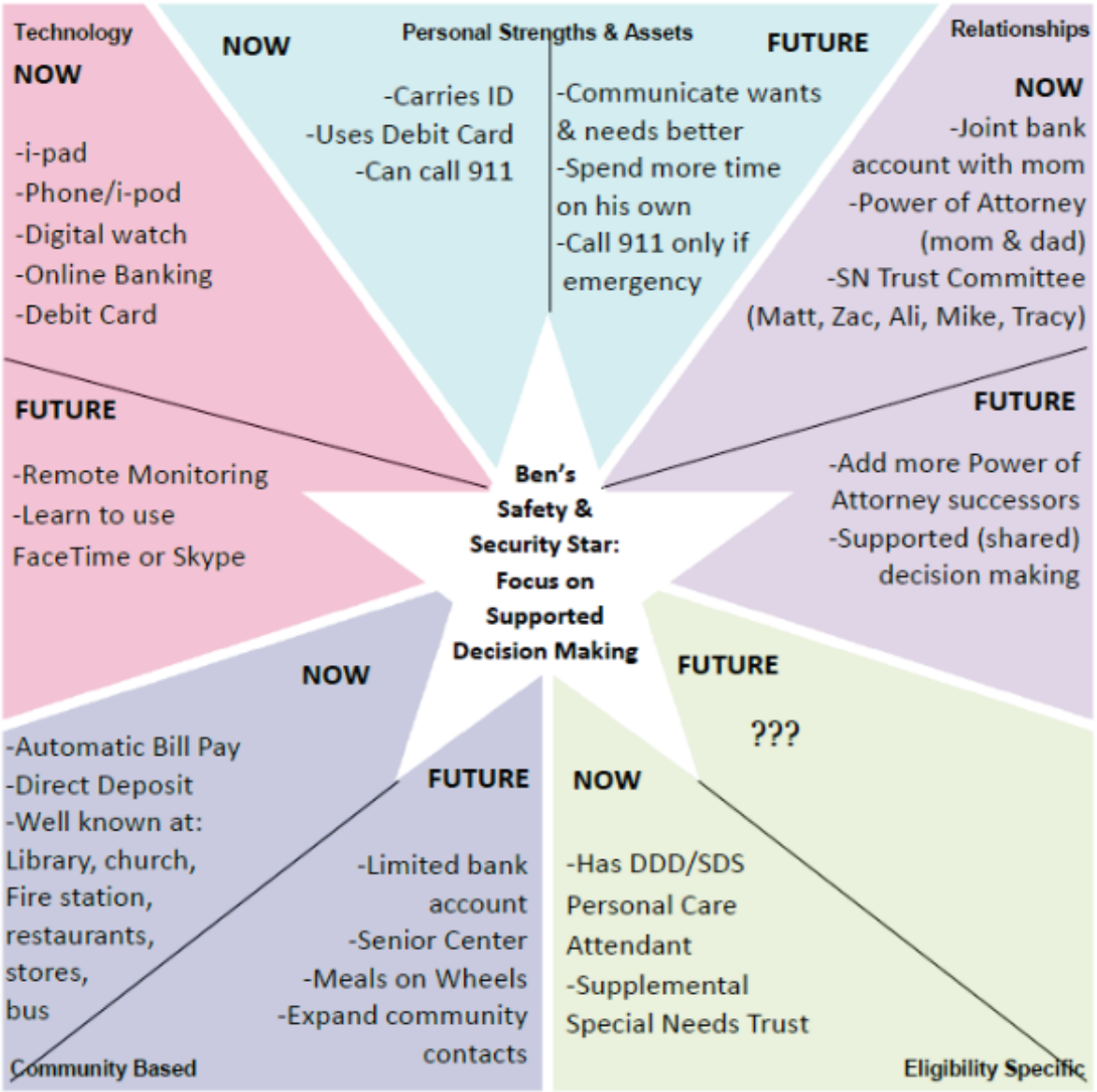
Ben's Tool for Exploring Decision Making Supports

Ben's SDM Supports



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CHARTING the LifeCourse

UNDERSTANDING MY HEALTH CARE TEAM

My Personal Support Team *(Identify your personal supporters and their relationship to you)*		Formal Supports *(Who are paid people that might be with you and what their role is at the visit)*	Who Has Legal Authority *(Place a check next to who has legal decision-making authority and identify the person)*
WHO	Relationship	Paid Staff (PCA, DSP):	X I have Legal Decision-Making Authority for My Health Care
Jane S.	Mom	Steve G.	X Power(s) of Attorney:
Tom S.	Dad		Tom S
Matt S.	Twin Brother	Residential/Provider Agency Staff:	Jane S
Zac S.	Older Brother		Guardian:
Ericka L.	Family Friend	Other:	Circle one: Plenary(full) OR Limited
			Conservator:

UNDERSTANDING MY SUPPORT NEEDS

Areas of Support for Medical Appointments/Events	What I Do/Need and Who Helps Me	Health Professional's Role In Supporting Me
Understanding what the medical professionals are saying, suggesting, recommending or instructing; helping me know my options, pros and cons	*Who do I trust to help me understand and how do I communicate with them?* I trust mom and dad and my brothers. I talk but sometimes other people have a hard time understanding me. My family understands me most of the time.	*Writing down instructions, using photos or pictures to explain procedures or directions* I like for the doctor to talk to me, even if I need help understanding what he/she is saying. I like for them to treat me like anybody else. It helps to see photos, and write things down so whoever is with me doesn't forget and can tell my mom and dad if they aren't with me.
Communicating my current situation, my decisions/choices, and responding to or asking questions of medical professionals	*Who helps me communicate with the medical professionals (doctor/nurse/care coordinator)?* Mom and dad or my brothers are best. Ericka can help too. If I am with my staff, my mom has probably written everything down that he would need to tell the doctor for me.	*Repeat my answers back to me,; ask me to "teach back" instructions; ask me questions* Ask me questions, but give me plenty of time to process the question and answer. Don't ask me another question before I have answered the first one. Sometimes you might need to reword a question to help me understand.
Following through with my medical choices, decisions, or following doctor/nurse/care coordinator's instructions or treatment plan	*Who helps with follow through (reminders, set up medications, checking in with me)?* I know when to take my medications, but my mom or dad helps me get the right dose and with getting refills.	*Send out reminders by mail or text; follow-up appointments;* Send me and my mom or dad a reminder about my next appointment. Text or the mail works fine.

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Ben's Support Team

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Questions?

THANK YOU!!!

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