



*Rethinking Guardianship for  
Transition Age Young Adults with  
Disabilities:  
The Promise of Supported Decision  
Making*

West Central Quality Council  
November 14, 2023  
Anita Raymond, LISW

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## Objectives

- Explore reasons why families are often encouraged to seek guardianship and how to address concerns
- Understand the benefits and potential downsides of guardianship
- Describe decision making options



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## *Introduction: Transitioning to Adulthood & Current Practices*

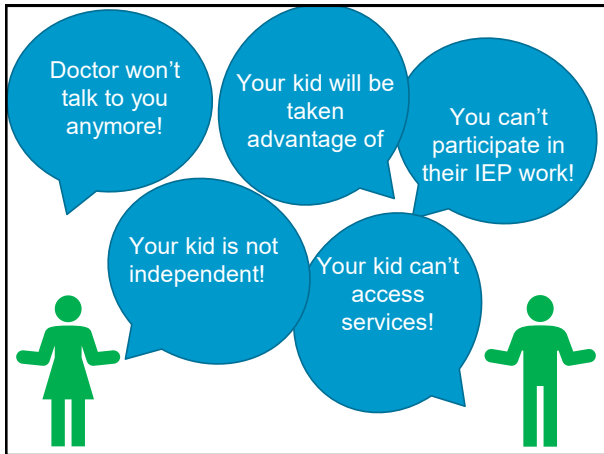


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## ***Happy Birthday! What's Next?***



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## Guardianship & Conservatorship in Minnesota

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### *Guardianship & Conservatorship: What are these?*

- Court appointed substitute or surrogate decision-maker for person lacking decisional capability, and for whom there are no other ways to address basic needs
- Voluntary or involuntary (most common)
- Guardianship/Guardian/Person Subject to Guardianship = Personal and Care Decisions
- Conservatorship/Conservator/ Person Subject to Conservatorship = Money and Assets

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### *Guardianship Is:*

- an excellent tool....when it's necessary
- sometimes the only way to protect a person living with vulnerabilities
- sometimes the only way to meet the person's own goals
- to be utilized only in extreme circumstances when there is no other way to protect person/meet goals: last resort
- no longer the default approach



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### *Criteria for Legal Intervention: Guardianship*

MN Stat. 524.5-102 Subd. 6: **Incapacitated Person:**

- impaired to extent lacks sufficient understanding or capacity to make personal decisions
- and*
- is unable to meet personal needs for medical care, nutrition, clothing, shelter, safety even with use of appropriate technological *and supported decision making assistance and*

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### *Criteria for Legal Intervention: Guardianship*

*...and*

- Identified needs cannot be met by less restrictive means, including but not limited to use of appropriate technological assistance, *supported decision making, community or residential services, or appointment of a health care agent.*

*Court must make specific findings particular to the respondent why less restrictive alternatives do not work.*

MN Stat. 524.5-310 (a)(2)

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### *Legal Intervention: Conservatorship*

MN Stat. 524.5-409 Subd. 1(1)(2)(3)

- Person is unable to manage property & business affairs b/c of impairment in ability to receive and evaluate information or make decisions, even with use of appropriate technological assistance;
- Has property which will be wasted or dissipated unless management is provided
- or*
- Money is needed for support, care, education, health, and welfare of the person or individuals entitled to the person's support
- and*

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### *Legal Intervention: Conservatorship*

...and:

- Identified needs cannot be met by less restrictive means, including but not limited to use of appropriate technological assistance, supported decision making, representative payee, trusts, banking or bill paying assistance, or appt. of AIF

Court must make specific findings particular to the respondent why less restrictive alternatives do not work.

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### *Less Restrictive Alternatives*

Petition must state “what less restrictive means have been attempted and considered, how long...have been attempted, and...why...not sufficient to meet the respondent’s identified needs

Minn. Stat. 524.5-303(b)(9)

Minn. Stat. 524.5-403 (b) 10



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### *Limited Guardianships for Persons Under 30*

- Court may limit duration of *any* guardianship
- If the respondent is under 30 (and older than 17) the guardianship must be limited, and no longer than 72 months
- Expires automatically
- If need for long term guardianship can be filed at 29

MN Stat. 524.5-310



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### *Guardianship & Supporting People with Disabilities*



*Changing  
Perspectives*

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### *Guardianship Unintended Consequences*

- Adversarial, potentially traumatic process
- Even if not adversarial, process can feel traumatic (focus on deficits; going to court; lawyers, judges = believe they are viewed as criminals)
- Harms to familial relationships; ongoing burden for guardians (reports to court)
- Process focuses on deficits and problems; often no attention paid to abilities and potential opportunities for increasing capabilities

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### *Harsh Realities*

- Loss of sense of agency (leads to “behaviors”)
- Learned helplessness
- Increased risk of abuse
- Overly protective guardian/systems
- False sense of security about safety
- Focus on medical compliance, often ignoring quality of life choices (dignity of risk)
- Transfer of rights

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### *Guardianship May Promote False Sense of Security*

- Belief that Guardianship will prevent person from doing “dangerous” things
- May be less (no?) emphasis on skill building, lowered expectations
- Person never learns “good” decision-making or life skills



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### *Practical Realities*

- Consent power, not compliance power
- Bill of Rights
  - Right to interactions with people of the person's choosing
- Planning for the future: who will be willing to take on Guardianship when current guardian is no longer able to serve?

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*The Good News: Preserving Rights,  
Meeting Needs without Court  
Intervention*

- Supported Decision Making
- Health Care Directives
- Role of Fiduciaries / Financial Management
- Authorized Representatives for MA
- Releases of Information
- ....and limitless other approaches



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*Balance*

*It's not an  
all or  
nothing  
situation*



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## Supported Decision Making

Assistance from one or more persons of an individual's choosing in understanding the nature and consequences of potential personal and financial decisions which enables the individual to make the decisions and, when consistent with the individual's wishes, in communicating a decision once made.

*MN Statute 524.5-102, Subd. 16a*



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## Principles of SDM

- No one is completely independent
- How we all make decisions:
  - what we do when we are struggling with a decision
  - turn to trusted others or experts
  - gather information to make the decision
- People who have agency (self-determination) have better outcomes



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## Supported Decision-Making (SDM)

Quality Trust for Individuals with Disabilities



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*You might already be using  
Supported Decision Making*

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### *SDM Example: Making Health Care Decisions*

- person makes own decisions without talking to anyone else: not SDM
- someone else makes all medical decisions for person without discussing preferences/opinions: not SDM
- *anything else - attending medical appts. together, explains healthcare choices in plain language, shares access to medical records: is SDM*

(National Resource Center on SDM Brainstorming Guide)

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### *SDM Example: Deciding Where to Live*

- person makes own decisions without consulting friends, family, professionals: not SDM
- someone else makes all living decisions for person without considering preferences / opinions: not SDM
- *anything else – visiting possible residences together, making pro/con lists; discussing direct service needs: is SDM*

(National Resource Center on SDM Brainstorming Guide)

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### *SDM Example: Managing Money*

- ~ no one talks about money with the person, & person does whatever wants: not SDM
- ~ someone manages all the person's money, gives no choices about how it's spent: not SDM
- ~ *anything else - opening joint bank account, making a budget together, having a fiduciary who discusses how to spend money: is SDM*

(National Resource Center on SDM Brainstorming Guide)

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### *What's Next? Supported Decision Making*

What are areas of needed support/skill building?

- Money management
- Health care decisions
- Applying for MA Waiver
- Special Education participation
- Life Skills, Dating, Safety

*Start thinking about in early teens!*

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### *Supported Decision Making: Powerful Tools*

- Representative Payee
- Banking tools
- Trusts, Power of Attorney
- Appoint Health Care Agent (Health Care Directive)
- Authorized Representative for MA / Waiver applications
- Person-Centered Planning process

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### *Supported Decision Making: Powerful Tools (cont'd)*

- Release of Information forms (health system, school, social services, banks)
- Coaching/on-line resources to teach good relationship decision making
- Harm-reduction interventions: as safe as necessary vs. as safe as possible
- Tech: GPS enabled on phones, Google Maps, medication reminders, etc.

Creativity = countless ways to support person's safety and well-being

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### *What's Next? Guardianship*

- Unmet needs that can't get met in any other way?
- Tried less restrictive alternatives?
- Benefits of Gship outweigh the harms?
- Approximately 4 months before 18<sup>th</sup> birthday, start the Guardianship Petitioning process
  - Attorney
  - Pro Se: forms and instructions at MN Judicial Branch, Help Desk



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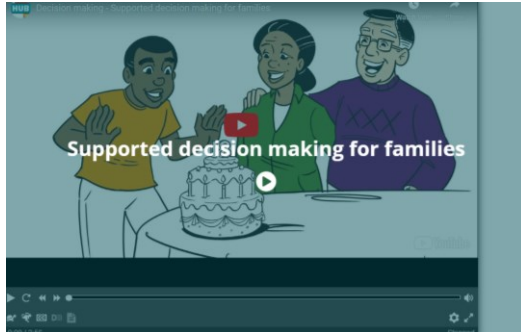
## *Supported Decision Making Resources*



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## MN Disability Hub

<https://youtu.be/ejeYGI2jhA>



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## [SDM Brainstorming Guide](#)

*“This tool can help people brainstorm ways that they are already using supported decision-making, and think about new ways supported decision-making could help the person with a disability learn to make her own safe, informed choices.”*

Quality Trust, 2016

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## [How to Make a Supported Decision Making Agreement](#)

How to Make a  
Supported Decision-Making Agreement



A Guide for People with Disabilities  
and their Families

American Civil  
Liberties Union

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## Chapter 2

### Thinking about Choices



Why do this activity?

This activity will help you think about how you make choices. You can talk about what kind of help you like and don't like. You can think about choices you have made and what you liked and didn't like when you were choosing.

This will help you think about how you want Supported Decision-Making to work.

Supported Decision-Making is different for every person! This activity will help you think about what is important to you.



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## Chapter 3

### Thinking about Support

Supported Decision-Making lets you get help or **support** in making your own choices. Everyone gets support in making choices every day.

Some kinds of support are:

- **Plain-language information.** This means written information is provided in simple words.



- **Information in pictures or explained.** This means getting information in pictures or by someone talking to you.

- **Research to learn more about choices.**

- **Help in knowing what choices you have.**

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- **Visits and trials.** This means trying out different choices, to see how you feel and which one you like.



- **Reminders** about important dates and times



- **Help in thinking about pros and cons.** This means making lists of the good and bad parts of different choices.

- **Having a supporter come to meetings and appointments with you.**

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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 his/her area of life. It is intended to assist with exploring alternatives and not restrictive options to primary or full guardianship.                                                                                                                                                                                                                                                                                                                                               |  |  |  |  |
| Name of individual: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |  |
| Name of person completing this form: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |  |
| Relationship to individual (print name): 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, and a checkbox in the YES/NO column. Also, select the person's goal (e.g., "I want to live in the person's home").                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |  |
| Step 2: When you have completed the questions, explore alternatives to guardianship to meet the supported decision-making needs for all questions marked in the yellow column.                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |  |
| Step 3: ONLY if YES alternative can be identified, then limited guardianship might be considered for those specific areas of need.                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |  |  |
| <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>Can the person make or communicate decisions in regard to employment?</p> </div> <div style="text-align: center;"> <p>Can the person look for and find a job (or to employment)?</p> </div> <div style="text-align: center;"> <p>Can the person manage or communicate decisions in regard to financial matters, such as budgeting, saving, etc.?</p> </div> </div>                                                                                                                     |  |  |  |  |
| <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>Can the person make or communicate decisions in regard to health care, including understanding the consequences of not seeking treatment?</p> </div> <div style="text-align: center;"> <p>Can the person understand health consequences associated with high-risk behaviors (substance abuse, smoking, high-risk sexual activities, etc.)?</p> </div> <div style="text-align: center;"> <p>Can the person seek and obtain medical help for personal health problems?</p> </div> </div> |  |  |  |  |
| <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>Can the person decide and direct what kinds of support they need or want and select who provides those supports?</p> </div> <div style="text-align: center;"> <p>Can the person make or communicate decisions in regard to housing, such as renting, buying, etc.?</p> </div> <div style="text-align: center;"> <p>Can the person make or communicate decisions in regard to transportation, such as driving, etc.?</p> </div> </div>                                                  |  |  |  |  |
| <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>Can the person make or communicate decisions in regard to employment?</p> </div> <div style="text-align: center;"> <p>Can the person look for and find a job (or to employment)?</p> </div> <div style="text-align: center;"> <p>Can the person manage or communicate decisions in regard to financial matters, such as budgeting, saving, etc.?</p> </div> </div>                                                                                                                     |  |  |  |  |
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Missouri  
Guardianship  
Stoplight Tool

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| IDENTIFYING ALTERNATIVES TO GUARDIANSHIP                                                                                                                                                           |  |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>U. SOCIAL &amp; SPIRITUALITY</b>                                                                                                                                                                |  |                                                                                   |                                                                                   |                                                                                   |
| Can the person follow one appropriate role for his/her beliefs and/or faith, friends, family, and/or community partners vs. that we ask to <b>check out</b> ?                                      |  |                                                                                   |                                                                                   |                                                                                   |
| Is the person able to order appropriate services for themselves concerning marriage and intimate relationships?                                                                                    |  |                                                                                   |                                                                                   |                                                                                   |
| Does the person understand and consent to permission to report to sexual relationships?                                                                                                            |  |                                                                                   |                                                                                   |                                                                                   |
| <b>S. SAFETY &amp; SECURITY</b>                                                                                                                                                                    |  |                                                                                   |                                                                                   |                                                                                   |
| Does the person understand environmental dangers, poisons, drug effects, car use, dangerous animals, etc.?                                                                                         |  |                                                                                   |                                                                                   |                                                                                   |
| Is the person able to recognize when someone is taking advantage of him/her, hurting them, or abusing them physically, sexually, emotionally and/or socially (abuse)?                              |  |                                                                                   |                                                                                   |                                                                                   |
| Does the person know when to get help? If they are in danger, being exploited, or being treated unfairly (police, fire, etc.), can they?                                                           |  |                                                                                   |                                                                                   |                                                                                   |
| <b>C. COMMUNITY LIVING</b>                                                                                                                                                                         |  |                                                                                   |                                                                                   |                                                                                   |
| Is the person able to be on their own without risk of harm (to self or others in the household)?                                                                                                   |  |                                                                                   |                                                                                   |                                                                                   |
| Does the person understand who is involved with managing a home that is safe (fire, electricity, security, cooking, sewage, etc.)?                                                                 |  |                                                                                   |                                                                                   |                                                                                   |
| Is the person able to access community resources critical to functioning successfully and safely in community settings (law office, transportation, bank, grocery store, managing services, etc.)? |  |                                                                                   |                                                                                   |                                                                                   |
| <b>A. CITIZENSHIP &amp; ADVOCACY</b>                                                                                                                                                               |  |                                                                                   |                                                                                   |                                                                                   |
| Is the person able to understand and communicate current and/or permissions regarding legal documents (i.e., custody orders of parental or unborn life, legal custody, advocacy services)?         |  |                                                                                   |                                                                                   |                                                                                   |
| Is the person able to identify someone they want to represent their interests and support their best interests making?                                                                             |  |                                                                                   |                                                                                   |                                                                                   |
| Does the person demonstrate the ability to sue?                                                                                                                                                    |  |                                                                                   |                                                                                   |                                                                                   |
| Does the person understand consequences of making decisions that will result in them becoming a criminal?                                                                                          |  |                                                                                   |                                                                                   |                                                                                   |
| Is the person able to communicate approval to share information with parents, family members, and friends who are not legal guardians?                                                             |  |                                                                                   |                                                                                   |                                                                                   |

Missouri  
Guardianship  
Stoplight Tool

Rev. 12/2015

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# Life Course Nexus

[www.lifecoursetools.com/lifecourse-library/exploring-the-life-domains/supported-decision-making/](http://www.lifecoursetools.com/lifecourse-library/exploring-the-life-domains/supported-decision-making/)

The diagram illustrates the 'Life Course Nexus' process, which connects past experiences to future vision and impact. It is structured as follows:

- Life Course Explorer** (Icon)
- URL:** [www.lifecoursetools.com/lifecourse-library/exploring-the-life-domains/supported-decision-making/](http://www.lifecoursetools.com/lifecourse-library/exploring-the-life-domains/supported-decision-making/)
- Past Life Experiences** (Left Column):
  - When have you experienced the most joy in your life?
  - When did you feel the most pride in your life?
  - When did you feel the most love in your life?
  - When were you most proud of your life?
  - When were you most proud of your life?
- Moving Forward** (Middle Column):
  - When do you want to see the most joy in your life?
  - When do you want to see the most pride in your life?
  - When do you want to see the most love in your life?
  - When do you want to see the most pride in your life?
- Vision for Myself 1 Year** (Top Right):
  - When do you want to see the most joy in your life?
  - When do you want to see the most pride in your life?
- Myself 1 Year's Impact** (Bottom Right):
  - When do you want to see the most joy in your life?
  - When do you want to see the most pride in your life?

Arrows indicate a flow from 'Past Life Experiences' to 'Moving Forward', and from 'Moving Forward' to both 'Vision for Myself 1 Year' and 'Myself 1 Year's Impact'. A central circle connects the 'Past Life Experiences' and 'Moving Forward' columns.

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## 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): <input type="radio"/> Self <input type="radio"/> Family <input type="radio"/> Friend <input type="radio"/> Guardian <input type="radio"/> 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 **Choosing the LifeCourse** life domains.

|                                                                                                                                                               | I can decide with no extra support | I need support with my decisions | I need assistance to decide for me |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------|------------------------------------|
| <b>DAILY LIFE &amp; EMPLOYMENT</b>                                                                                                                            |                                    |                                  |                                    |
| 1. Can I decide if an activity is worth doing? _____                                                                                                          |                                    |                                  |                                    |
| 2. Can I look for and find a job (or school, training, an personal contractor)? _____                                                                         |                                    |                                  |                                    |
| 3. Can I look for the will with which I want to live? _____                                                                                                   |                                    |                                  |                                    |
| 4. Do I decide if I want to learn something new or how to best go about doing? _____                                                                          |                                    |                                  |                                    |
| 5. Can I make big decisions about money? (open bank account, make big purchases) _____                                                                        |                                    |                                  |                                    |
| 6. Can I make everyday purchases? (food, personal items, recreation) _____                                                                                    |                                    |                                  |                                    |
| 7. Can I pay my bills on time and, with dignity, receive? _____                                                                                               |                                    |                                  |                                    |
| 8. Can I keep a budget or know how much money I need to spend? _____                                                                                          |                                    |                                  |                                    |
| 9. Can I make it through the difficulty? (overcome) _____                                                                                                     |                                    |                                  |                                    |
| 10. Can I make sure no one is taking my money or using it for something? _____                                                                                |                                    |                                  |                                    |
| <b>E HEALTHY LIVING</b>                                                                                                                                       |                                    |                                  |                                    |
| 1. Do I choose when to go to the doctor or therapist? _____                                                                                                   |                                    |                                  |                                    |
| 2. Do I understand what doctors, medical health clinics, hospitals, counselors or other health care providers can do? _____                                   |                                    |                                  |                                    |
| 3. Can I make medical decisions for me (or do they will be making)? (what to eat, receive treatment, working out, otherwise) _____                            |                                    |                                  |                                    |
| 4. Can I make health care or service choices? (surgery, long stay) _____                                                                                      |                                    |                                  |                                    |
| 5. Can I make choices in an emergency? _____                                                                                                                  |                                    |                                  |                                    |
| 6. Can I take medications as directed or follow a prescribed diet? _____                                                                                      |                                    |                                  |                                    |
| 7. Can I know the reasons why I take my medication? _____                                                                                                     |                                    |                                  |                                    |
| 8. Can I understand the consequences if I refuse medical treatment? _____                                                                                     |                                    |                                  |                                    |
| 9. Can I ask others and use medical help for serious health problems? _____                                                                                   |                                    |                                  |                                    |
| 10. Can I make choices about birth control or pregnancy? _____                                                                                                |                                    |                                  |                                    |
| 11. Can I make choices about drugs or alcohol? _____                                                                                                          |                                    |                                  |                                    |
| 12. Can I understand health consequences associated with choosing high risk behaviors (substance abuse, exercising, high-risk sexual activities, etc.)? _____ |                                    |                                  |                                    |
| 13. Do I know where, when, and what to eat? _____                                                                                                             |                                    |                                  |                                    |
| 14. Do I understand the need for personal hygiene and dental care? _____                                                                                      |                                    |                                  |                                    |

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MINNESOTA AND WISCONSIN

*GUARDIANSHIP  
INFORMATION  
LINE*

952-945-4174

1-844-333-1748



[cesdm@voamn.org](mailto:cesdm@voamn.org)

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## *In Summary...*



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*"Supported Decision Making can sound like a new, foreign idea. But most families, people with disabilities, and advocates are already using [SDM] even if they don't call it that. In fact, most people without disabilities are also already using [SDM]!"*

*[SDM] means helping a person understand, make, and communicate her own decisions. This will look different for everyone."*

### **SDM Brainstorming Guide**



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## *SUMMARY: Supported Decision Making*

- No court involvement
- Better chance of preserving relationship
- Less expensive
- Better outcomes for person
- Can accomplish a lot of what is accomplished in guardianship
- Required by law



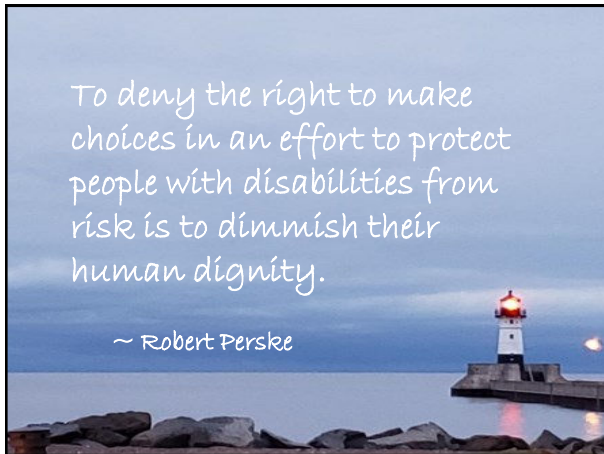
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## *Guardianship and SDM Considerations*

- Impact (and hassle) of guardianship
- Benefits of self-determination/dignity of risk
- Safety & vulnerability concerns
- Modifying expectations of safety (is gship as protective as you think it is?)
- Guardianship is still an option



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**GUARDIANSHIP INFORMATION LINE**

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IN SUPPORTED DECISION MAKING

**952-945-4174**  
**1-844-333-1748**  
**[cesdm@voamn.org](mailto:cesdm@voamn.org)**

 <https://www.facebook.com/cesdmvoamn/>

- Phone Consultation, Advice, I&R
- Assessments
- Facilitation of Supported Decision Making & Surrogate Decision Making Legal Tools
- Petitioning for G/C, Terminations, Modifications

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### RESOURCES: VOA MN

- CESDM & Protective Services: links to articles, G&C FAQ and more [voamnwi.org/cesdm](http://voamnwi.org/cesdm)
- **Guardianship & SDM Explained**  
[youtube.com/playlist?list=PLKJYnxTHNgqVUVjdT6NL29vvLqSQu0l-F](https://youtube.com/playlist?list=PLKJYnxTHNgqVUVjdT6NL29vvLqSQu0l-F)



### Explainer Videos

#### Understanding Guardianship



#### SDM in Practice

#### How to Do SDM



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#### BEST PRACTICES IN SUPPORTED DECISION-MAKING

How to Be an Effective Supporter



**CESDM**

Center for Excellence in Supported Decision-Making

December 2021



**CESDM Guide to Supported Decision Making in Minnesota:**  
A Resource for Families and Other Supporters

Volunteers of America  
MINNESOTA AND WISCONSIN

[www.voamnwi.org/center-excellence-supported-decision-making](http://www.voamnwi.org/center-excellence-supported-decision-making)

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### RESOURCES

#### National Resource Center on SDM Brainstorming Guide (and SDMA model forms)

<http://www.supporteddecisionmaking.org/sites/default/files/sdm-brainstorming-guide.pdf>

#### National Resource Center on Supported Decision Making

[www.supporteddecisionmaking.org](http://www.supporteddecisionmaking.org)

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## RESOURCES

### **How to Make an SDMA**

<http://www.ucdmc.ucdavis.edu/mindinstitute/centers/cedd/pdf/How%20to%20make%20a%20SDM%20agreement%20for%20people%20with%20disabilities%20and%20their%20families%20ACLU.pdf>

### **Missouri Stoplight Tool**

<http://moguardianship.com/Alternatives%20to%20Guardianship%20Tool%20Revised%2011-2015.pdf>

### **Charting the Lifecourse**

<https://www.lifecoursetools.com/lifecourse-library/exploring-the-life-domains/supported-decision-making/>



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## RESOURCES

### **State Courts-forms and manuals:**

[www.mncourts.gov/Help-Topics/Guardianship-and-Conservatorship.aspx](http://www.mncourts.gov/Help-Topics/Guardianship-and-Conservatorship.aspx)

### **Bill of Rights for Persons Subject to Guardianship/Conservatorship:**

[www.revisor.mn.gov/statutes/?id=524.5-120](http://www.revisor.mn.gov/statutes/?id=524.5-120)

### **National Resource Center on Supported Decision Making**

[www.supporteddecisionmaking.org](http://www.supporteddecisionmaking.org)



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## RESOURCES

### **MN Courts: Online Training**

<http://www.mncourts.gov/Help-Topics/Guardianship-and-Conservatorship.aspx>



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## Online Training: *Finding the Right Fit*



<https://eji.courtllms.org/>



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**RESOURCES**

**WINGS MN:** [www.wingsmn.org](http://www.wingsmn.org) and:  
[www.mncourts.gov/Help-Topics/Guardianship-and-Conservatorship/WINGS.aspx](http://www.mncourts.gov/Help-Topics/Guardianship-and-Conservatorship/WINGS.aspx)

**Supported Decision-Making: What, Why, & How** by Morgan Whitlatch  
[http://supporteddecisionmaking.org/sites/default/files/event\\_files/MD-Arc-2016-Convention.pdf](http://supporteddecisionmaking.org/sites/default/files/event_files/MD-Arc-2016-Convention.pdf)



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**SUPPORTED DECISION  
MAKING AGREEMENT  
EXAMPLES**

<http://www.supporteddecisionmaking.org/sites/default/files/sample-supported-decision-making-model-agreements.pdf>



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**RESOURCES**

- **American Association on Intellectual and Developmental Disabilities and The Arc Joint Position Statement**  
[http://aaidd.org/news-policy/policy/position-statements/autonomy-decision-making-supports-and-guardianship#.WH\\_huOkiy70](http://aaidd.org/news-policy/policy/position-statements/autonomy-decision-making-supports-and-guardianship#.WH_huOkiy70)
- **National Guardianship Association SDM Position Statement**  
[http://guardianship.org/documents/NGA\\_Policy\\_Statement\\_052016.pdf](http://guardianship.org/documents/NGA_Policy_Statement_052016.pdf)



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**RESOURCES**



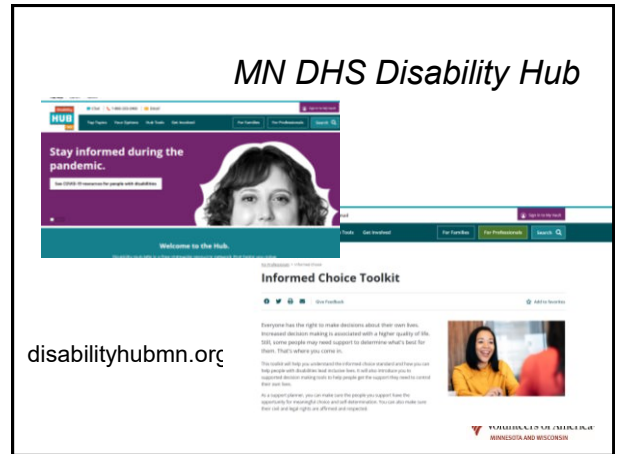
<https://www.youtube.com/playlist?list=PLKdIRbjdmxgeDSVBZhEFyrzIli9zjO3Mc>



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- Annual Summit
- Quarterly newsletters with local and national news
- Community and Professional Education & Training: Guardianship, SDM, etc.

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Join our efforts to promote alternatives to guardianship and expand networks of people addressing maltreatment of vulnerable adults:

Become a WINGS MN community member!

[cesdm@voamn.org](mailto:cesdm@voamn.org)  
[www.wingsmn.org](http://www.wingsmn.org)



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