

>> [Captioner standing by]

>> Welcome to all of our listeners. I managed the National Information and Referral Support Center and support for the administration for community living. I would like to welcome all of our participants to this December webinar from the national I&R support Center. The slides and audio recordings from today's webinar will be posted to the national website in the next several days. Please visit the I&R section of the website and visit our webpage at monthly called and webinars. My colleague has also posted the link to this page in the chat box and if you look in the chat box a little bit towards the top you will see a link to the page where you will be able to find archived material from today's webinar. I have a couple of housekeeping items before we get started today.

>> All listeners are on mute to help reduce background noise during a presentation today. We welcome your questions and comments through the Q&A function that is available on your screen. Please feel free to submit your questions at any time during today's presentation. We will address questions following the slide presentation.

>> This is the second time we are trying to use real-time captioning with our webinar because this is still pay for us and we are having an issue today on our webinar last met and we were able to actually have the captioning scrolling on that meeting this media viewing available to you on your screen and today for some reason we are having a little difficulty but my colleague ended up putting a link into the chat box where you can go to see the captioning. If you need captioning or would like to look at the captioning please simply click on the link and it will take you to a separate webpage where the real-time captioning is being provided today. If we are able to get the captioning working for today's webinar that would be available in the media viewer panel which is on the bottom will we have the chat and Q&A functions and you can minimize this panel or you can have it open. It will not interrupt the slide for the duration.

>> -- Presentation.

>> We are looking forward to today's presentation on supported decision-making and I think this webinar is a nice complement to our August webinar on adult guardianship for folks who were also able to join us that presentation. If you were not, archives from that materials are available on the same webpage where you will find today's webinar as well as helpful tools that Morgan may reference additionally.

>> Every day for professionals help people access information on resources to make decisions. I really think the paradigm of supported decision-making has valuable ideas for us and our own practice even beyond as an alternative to adult guardianship. A presenter today, Morgan Whitlatch is going to talk about both the concepts of supported decision-making and its practical application. Morgan is legal director for the quality trust for individuals with disabilities and also lead project director of the national resource Center for supported decision-making. I note Morgan will talk a little more about the resource center but it is another great place for folks to go and visit and learn more about supported decision making. Morgan, I will go ahead and turn it over to you to get us started with today's slide presentation.

>> Thank you so much. I am looking forward to talking to you about support decision making and the work we have been doing with the national resource Center for supported decision making.

>> The national resource Center for supported decision-making was formed in 2014 thanks to a grant from the US Department of Health and Human Services administration of community living. It is dedicated to increasing knowledge and use of supported decision-making as an alternative to guardianship for older people and people with disability. The process is advancing the scope of research and training and information sharing about supported decision making which is a paradigm we're going to be discussing more shortly. We have a website, www.supporteddecisionmaking.org that is desired best designed to be a resource portal and linked element efforts throughout the country and I encourage you to visit that website to learn more information and some of the exciting initiatives that are happening across the country about supported decision making. Quality trust project partners for the national resource Center for supported decision making include the [Indiscernible] at Syracuse University, the Kansas University lifespan Institute, the American Bar Association commission on Law and aging not be a cystic advocacy network, family voices and print two-parent USA. We also have a very active advisory committee that includes [Indiscernible] and we have included her input as we roll out the national resource Center.

>> What if supported decision making? If I had to give it a formal definition I would say supported decision making is when people with disabilities make their own decisions by using friends, family members, professionals and other people they trust to help understand issues and choices we face and ask questions and receive explanations and language they can understand and get help communicating those decisions to others. People who can benefit from supported decision making may have disabilities since birth or they may be acquired over time including age-related cognitive decline or dementia. That is the formal legalistic definition of supported decision-making. From a really practical perspective, supported decision-making is something all of us whether or not we have a disability do everyday when we make decisions. We ask our friends or family for help in translating and for mayor words and concepts into plain language so we understand what is going on and what we need to do. For example, when I have to make a healthcare decision, I called my sister. That only issue one of those rare wonderful doctors who can translate complicated concepts into plain language she knows me really, really well and she knows my values and my priorities when it comes to my health. She is able to translate complicated terms and listen to my annoying questions and give me an answer so I can make a decision for myself and it can inform my decision. We do not always agree on the decision I ultimately reach but I know I am making a more informed decision about making a support with her. People consider me to be a wise person getting information they need. Really, supported decision-making is imminent decision-making but the reason why we give it a special name used in this context is because sometimes when people with disabilities or older people ask for help taking decisions they can be seen by others as not being able to make any decision at all. Sometimes their capacity as in a vacuum rather than the support network that surround them and we will talk about this more later when we talk about the continuum of decision-making support.

>> It is important to remember with supported decision making one size does not fit all. I get calls all the time to say how do I do supported decision making and it is individualized. It is a paradigm not really a

process or program or even an outcome. It means working with people to identify the help they need individualized to them and the solutions for each person will look different. I think we have to challenge ourselves to make sure we are asking what will it take to help someone be able to participate in the decision-making that affects their lives.

>> The Administration on Community Living has said and recognized supported decision making is going to look different for each person. Some people may need one-on-one support in making decisions and others refer a team approach where they are getting different kinds of input into their decision-making and others may need accommodations in the way in which information is presented to them. The possibility for supported decision making and what it looks like our endless and that is a very good quote from ACL on this. The possibilities are endless.

>> There are some core concepts about supported decision making even though there is not one size fits all. First supported decision making comes from a place where there is a recognition and a presumption of capacity and a person should have a right to make decisions on an equal basis to others. The person should be able to take part in the decision-making process and a way that does not completely remove their decision-making rights. People are often going to need assistance in decision-making. Someone with a disability may be more assistance of someone else but that assistance can look very different and be in a variety of appearance and it could be interpreter assistance or assistive technology or plain language and some people need to have pictures to be able to describe what they want and it can look very different for different people but there is a recognition Ford supported decision making that assistance is needed and it can look different for different people.

>> I want to talk a little about the continuum decision-making support and where supported decision making fits within that. I have listed a general continuum. From top down it goes from least restrictive to most restrictive. I know this network has had a prayer webinar on guardianship and alternative and I don't want to devote too much time going through each of these options I am trying to show you where support decision-making fits within that continuum. We start with the person which I actually think since we all use supported decision making would be the least restrictive but we start with the person and go to supported decision making to power of attorney to representative payee which manages Social Security benefits or federal benefits and some states have surrogate health care decision-making laws and it depends on the state. Court-appointed guardian or conservative and even within the server you can have different kinds. You can have temporary or permanent, it generally or plenary or limited and this is a continuum of decision-making support from least restrictive to most restrictive.

>> A common approach in the US traditionally for dealing with decision-making support for adults with disabilities and those automatically go to the bottom of the continuum to guardianship. Guardianship is a core process where a court is removing some or all of the legal decision-making rights of one person who they deem to be incapacitated and getting those rights to another person to exercise, to a guardian. How that process works varies by state law. It is the most restrictive form of intervention in this context because it is about removing legal rights and that is a serious step to take. A congressional committee is called the most severe civil deprivation and it can be imposed on a citizen of the United States and it is because of a serious impact and I emphasize this point not to say guardianship is not

sometimes necessary it is just to indicate what is the consequence. Guardianship is a legal tool and a box of decision-making support) it is inappropriate to use that tool. An emergency or critical situation where a person is capacity aided in less restrictive options are appropriate or cannot be realistically available to a person. I want to emphasize there is a continuum support and we should be exhausting these less restrictive alternatives were possible before resorting to the guardianship tools.

>> Right now, we are seeing guardianship and the one on the bottom of this continuum is maybe overused. The estimated number of adults under guardianship in the US has tripled since 1995. While I said most states have options for the court to limit the scope of guardianship to make it temporary versus permanent or limited versus general or plenary they are not doing that. They are not dashed studies have shown vast majority of cases are general or plenary guardianship with the Guardian has authority to make almost all decisions for the person and that is the course of action most commonly recommended by professionals.

>> Quality trust in the national resource Center for decision-making is trying to turn that tied to recognize people continuum of decision-making and support and recognize human decision-making rights of people with disabilities who are older are an important being to be promoting and why are we doing this? Why are we focused on that continuum support in trying to ensure less restrictive options are pursued before more restricted options and it comes down to self-determination. Self-determination is about life control and it is about people having the opportunity to be active rather than being acted upon and why with focusing on self-determination studies have shown for people with disabilities who have greater self-determination to develop those types of skills are more independent and more integrated and their communities and their right are healthier and better able to recognize and resist abuse. On the flipside when people are denying determination they can have negative life outcomes. They can feel helpless or hopeless and have low self-esteem and feelings of inadequacy and decrease their ability to function. There was a study that showed older people with more self-determination were found to be better able to adjust increase help support and we know this kind of transitions can be difficult and this is showing sup determination when able to assist in that piece. There are some studies of strong evidence for while we are promoting sup determination. With supported decision making.

>> How do you do with? Once again we said one size is not fit all. It will depend on the person but there are core concepts I want to talk through with you when we think about supported decision making and the practical side of it and how it translate to the ground.

>> The first thing I encourage people to do is rethink how we think about human decision-making. I think frequently capacity something that is black and white. Someone can either make decisions or they cannot. We need to change that and we need to think about capacity differently. People make decisions big decisions and small decisions every day. Capacity and the way we look at it should not be based solely on an IQR diagnosis. It is about a different thing we should think about. People may be able to make some decisions at sometimes but not others and they may be able to make some kind of decisions and not others. We also should think about how we judge human decision making. How are we measuring goodness and is that the right approach to this? Who decides if I decisions are good or not? I

know I certainly have not made great decisions all my life and I know I made some decisions people may disagree with but I think I had the opportunity to make them. Human decision-making and thinking about decisions people can make with or without support is an important piece of this when we think about how to translate supported decision making to the ground.

>> I also encourage people to think differently about how you are assessing capacity and too often we see psychological reports are other kinds of reports like that because of a capacity and we think about assessing that differently. People are not products of their IQ. They are not products of their diagnoses. We think about it in different ways in which their decision-making skills are influenced and the different elements that go into making decisions and it depends upon life experiences and environmental preferences or interests, in terms of how people are making decisions and certainly available support. What does support network look like or who do they turn to for help? Is there a person they can turn to for help? We look at risk and certain decisions carry with dashed greater risk and we have studied those more carefully than those decisions that don't Intel as much risk. Expectations are also a big piece of this and what we are expecting in terms of people decision making or expecting in terms and we see when people have a diagnosis and I think if we think carefully how we think about assessing capacity and not think of it as results of an IQ test or a certain diagnosis.

>> Now we get down to the fun part at least I consider it the fun part and thinking about the actual tools to use once you thought through the basic idea of human decision-making and the basic of ideas how to properly assess the decision-making capacity. There are lots of supported decision making tools out there. I think the main one is effective communication. How are we communicating with the person? Does the person have a way of communicating or a developmental disability and how do they effectively communicate legs do they need technology or communicate in different kinds of ways? If we find someone is not able to communicate independently with yes or no answers we need to be concerned and we need to be concerned because we need when you deal with supported decision making you have to deal head on with the question of how we know we are doing what the person is saying they want to be done. We are dealing with communication issues and we need to think carefully about how to develop the communication skills so we know they are not going or they will be protected from someone interpreting their sign etc. incorrectly. It can be supported decision making of informal or formal support and I will talk and more detail because that is what people ask me questions about. We will talk about that later. Their support is a great mechanism for supported decision making and the prayer support can be in the form of self advocacy groups or in the form of support groups generally and it can be a very good idea to get support with decision-making as we talk to other people who are having similar situated issues making a decision. Practical experience is with decision-making and exercising the decision-making ability is also important piece of supported decision making and I cannot underestimate real play -- play and practice and people think I'm talk about a play but I'm not talking about a plate. I am thinking carefully about putting people in a safe place and getting them to practice how they will make decisions and respond to certain things as a good piece of this. For example if there is an person of older age and being financially abuse through phone scams or those issues maybe we should practice with that person about how to answer the phone or maybe you want to answer the phone differently than this or what would you say if someone says this to you? Having these kinds of

role-play and opportunities is important and you can see examples and videos of role-play with supported decision making website. Life coaching is also a piece of support of decision-making and when I say life coaching I am not trying to beat new age I am trying to say life coaching and trying to support someone to reach their decision. I think one of the things we have to think carefully about supported decision making is not the place the supporter in the position of being in a decision-maker because they are not but sometimes I have conversations about supported decision making and people call it as they support a decision-maker and right than on the there is more education for the supporter and to support the person's decision and maybe they should think of themselves as a life coach and someone who is there to try to make sure the person is getting the information they need so they can reap the decision they feel is best for them. Mediation is also a very piece of decision-making. They can have a lot of influences and their lives and mediation can be a way to deal with those particular ones to have meetings in a mediation context. Those are general polls for supported decision making.

>> As I said, supported decision making can be formal or informal. For example I think I engage in supported decision making and I do not have that formal arrangement but sometimes writing helps. Particularly when you deal with third-party enforcement. When we deal with that bank or that Dr., how will we show the person has the support in decision-making and what that means. There can be many ways we do that. One really handy way I will talk a little about are a common concept I think out there that is HIPAA forms. HIPAA forms is a long word witches have insurance -- it is health insurance portability act forms and they basically allow doctors and other healthcare providers to share confidential protected information about the person with his or her name so the supporters will be able to know enough and learn enough about the person's healthcare condition to have the person reach the decisions right for them. Frequently I have people who come to me and say the doctor will not talk to me because I am not the person at a to get guardianship. Let's think through that. The doctor, the person with the disability could sign a letter to form to allow the doctor to share information they do and all healthcare providers have a HIPAA form and their arm model forms online. That is one way to get information flowing. It is a practical way to get information flowing but in addition it puts it in writing certain people's supporters. We had a project that the national resource Center funded and they basically took a HIPAA release form and made it into a supported decision making agreement. They are using existing law to say third-party you can share information about me with my supporters and they will be involved in my decision-making but I will make the final decision and if you go online to our site and there will later be a bank to that you will be able to see the example and they did that with any change and lot because it is existing HIPAA law. The reason I reference FERPA which is family education rights and privacy act that is the HIPAA law for educational context. Sometimes I have families who call me who say the score will not share information with me now that my child is 18. It is right the score will not do that and less certain kinds of situation are in place and we have exceptions for family members but one way to ease the information flow is if the person with the disability is willing to sign a one form to allow the release of information and NBC -- and in the sea they did something in Maine but in the educational context. They developed a supported decision making when you look at it is a form and it is aligned that sharing of information and allowing the person to be able to be informed by the supporters they trust. You can also find that on our website as well. There are other plans and we don't want to make supported decision making sound so complicated it would prevent the use of other kinds

of written plans. We have a supported decision making guide on our website and it is a brainstorming guide that talks about this kind of process where the person is sitting down with a supported they trust and think through the types of decisions they may need help making and the kind of help they need and they are going to say who they want to involve and which decisions and sometimes people want certain people in certain decisions and not others and for example I remember my grandmother wanted my uncle to be able to help with financial decisions but did not want him to be an healthcare and that was and she turned to my mother or those decisions. Coming up with a written plan to do the of decisions that are in people's life with the prayers to make decisions and how to address those particular barriers and sharing the plane with others so they know supporters are part of the team.

>> There are also other forms on our website that formalized supported decision making even more. For example there is a modified power of Atty. form that is on there and I think a lot of people are familiar with power of attorney and power of attorney you sign a power of attorney to designate someone else to act for you in the event in certain circumstances so you could have a power of attorney form that says I only want my agent to act for me if two doctors think I cannot make decisions myself and until then I want them to be a supporter and I want you to release information and that is basically taking what is called a springing power of attorney form and making it into a supported decision making agreement people could recognize. There is an example in DC and it is not the person they are not able to act for you unless you are certified as unable to make decisions and we basically took that form and said yes I want that person to act for me if I am not able to make the decision myself and two doctors agree with that but until then I want them to support me in making my own decision and you can release information to my supporters so it is another way of having a supported decision making agreement without a big change in the law. But there are other examples and you can take a look at those and I think there are examples on our website from California and Maine and DC and there is a model form created by the all national statistics of other clean network and there is one for Massachusetts in a variety of different ways in which to document supported arrangements that are on there.

>> I mentioned Maine's coalition and one of the reasons I want to cite to them is they have a website that has tools and videos and guide and training initiatives and I encourage you to go there. Some of the videos are inaudible but Morgan, we have trouble hearing you. You want to go back for a moment.

>> Maybe restart with this slide.

>> Hello?

>> Morgan, we lost hearing you for a moment so you may want to start.

>> I can hear you now.

>> Can you hear me?

>> I can hear you but you cut out again.

>> [Silence]

>> Morgan we are not hearing anything at the moment. You may want to try it again. You are at slide 15.

>> If you want to start again we can probably hear you now.

>> Can you hear me now?

>> Yes.

>> Okay. You can hear me now? Okay. Sorry for the technical difficulty. I cannot hear you very well.

>> Maine and North Carolina have sample supported decision making forms as well and I encourage you to take a look at. I want to remind everyone about a law that has been around for 26 years and I say this jokingly the reason I mention it is because [Indiscernible - audio cutting out] I want to encourage people to people -- for people to think about Americans with disability act. If you have a doctor is not willing to take the time to talk to a problem think about accommodations and the doctor should be required to give the person with the disability. And accommodation for example could be to allow support in the room if they sign a HIPAA form or it could be giving more time to explain the healthcare decision that needs to be made. Those are different mechanisms to think through how we provide accommodations to people and link that to decision-making. It is one of the reasons while supported decision making and I will talk more about it has legislation initiatives in place and being acted upon and I would say legislative change should not be required for supported decision making to be an option for people because thanks to the Americans with disabilities act other mechanisms out there to allow for the sharing of information. Another reason why I talk about the Americans with disability act is the Olmstead case. The Olmstead case is about community integration. It interprets the community integration American with disabilities act and requirements to say segregation includes notions of community integration and the ability for people to be able to be in the community and that constitutes discrimination. I talked to you about how studies have shown people with disabilities who engage in decision-making and have self-determination a better life outcomes including greater community integration and I can connect the need to promote decision-making with that important Olmstead case. I mention that because I have seen initiatives in DC where the state Olmstead plan include references to supported decision making things to the advocacy of local partners on that particular issue and it is an avenue in which to promote a decision-making skill with people with disabilities.

>> There are also trends in case law I would make you aware of as well. I raise these in one not go into detail for each of these cases. However, I want to highlight the states that are already developing them overtime. The first one I will highlight is Pennsylvania and the reason is because this was back in 1999. It did not use the term supported decision making it used circle of support that it terminated a guardianship on that basis and I think we have to think carefully about the term supported decision making and think about what it truly is and how we could push it. You don't necessarily have to use the buzzword in order to be promoting supported decision making. We also see great cases coming out of New York right now and you will see that and there have been a number of cases coming out in there is one more additional not on the list where one guardianship was terminated because of the option of supported decision making that guardianship was not even a pointed because of the presence of supported decision making and someone was able to get out of guardianship and someone was able to

not be put under guardianship for supported decision making and those are great cases that are out there in New York. Virginia case near and dear to my heart is the Ross versus Hatch and it involved a woman with down syndrome who I call represented in that case to avoid general guardianship and we are seeing cases in Virginia as well. In Massachusetts there is also the pilot for supported decision making and within the pilot they were able to get someone out from under guardianship with supported decision making and that is core and you can read more about Corey's story on the Center for Public Representative -- representation link I have. Recently an October in the District of Columbia ranking we were able to get out from under guardianship as well and using supported decision making and it could be found on our website and it is the case where a young man was told his parents were told he had to be put under guardianship in order to be able to access services when he turned 18 and they did not want him to have to be under guardianship and they wanted to be able to use supported decision-making to support him.

>> As I said we are also seeing trends in the United States for statutory supported decision making agreements. For the forms I talked about in Texas they have a form and think about in terms of a power of attorney that a state has a statute in they have a form that has been codified. In Delaware they have, I do not think the governor has signed it but there is a Delaware supported assisting making act motive on the Texas act in there is a pending one in DC and it has been introduced in September 2015 and it was modeled on the Texas law as well and we see as may be into statutes and if you are in the states I would encourage you to take a look at those statutes in the supported decision making agreements.

>> We also see in the area of education in DC supported decision making has made and recognized in statute effective March 2015 recognizing young people who are turning 18 and maybe they can be a special education until they are 22 and they could be aided with decision-making and received the support you need. While it is not use the term it is certainly incorporating the concept. The lot reform was preceded by policy that recognize supported decision making and it is another thing I try to emphasize that law change is not necessarily needed in order for there to be recognition of supported decision making in your state. Now we have regulation that defined supported decision making and special education context inks to the law passed and I encourage you to take a look at those and see models for your state.

>> We are also see supported decision making in healthcare context. In Maryland and Massachusetts it has been introduced into legislation concerning nondiscrimination for organ transplantation and it is a recognition discrimination of people with disabilities in that particular area can be avoided through using supported decision making and that is an interesting way of introducing supported decision making into law.

>> There is also statutes in legislation that have promoted studies to be done for supported decision making and Virginia had a study of supported decision making and the ultimate recommendation was a be implemented in all service systems. In Maine, they enacted in March 2016 a similar kind of resolution and it was asking the advisor committee for the commission for the probate and trust Law section to examine support decision-making and make recommendations for inclusion in the probate code and they recently had hearings on that particular issue about supported decision making in Maine.

>> We see in terms of transfer policy and practices the national guardianship association issued a policy statement in May 2015 endorsing supported decision making and encouraging it to be used before guardianship is resorted to but also within already established guardianship. The National Guardianship Association is long said the best practice for Guardianship is to encourage the people for whom they serve with Guardianship to exercise a decision-making skill and to move toward not meeting a guardian. The national guardianship association statement is a powerful one and it is noticing supported decision making although in its purest form alternative guardianship can be used to enhance self-determination for someone within guardianship and the principal support decision-making has a role in that area. The center for print information and resources is funded to the US Department of education and they release guidelines for parents that recognized supported decision making principles for students reaching the age of majority and we are seeing more national policy statement with regard to supported decision making. The Social Security advisory board recognized it as an alternative to the appointment of a representative payee. There is been position statement supporting decision-making as well and the ADA came at with a practical call and it is practical and it was developed for attorneys but I encourage people to take a look at the tool because it is in a fairly plain language and the tool helps lawyers identify and implement decision-making options for people with disabilities that are less restrictive than guardianship law including within that continuum guardianship and it is a guide to show what are the alternatives and it encourages people to move from least restrictive to more restrictive and exhaust the least restrictive alternatives first. There is a link where you can see the practical tool and it includes both the tool as well as an explanation guide which would be good.

>> Supported decision making opportunities really do abound. I encourage people to think about ways in which supported decision making can be incorporated and I think a lot of us are familiar with person centered planning in the Medicaid Road with recent CMS guidelines that encourage choice for home and community-based waivers and we are seeing more emphasis on person centered planning and person centered planning is done right it can very much be an example of supported decision making. Special education there is a movement to move toward student led IEP which I think is a wonderful step where someone when young people are getting a chance to be able to practice making decisions at an earlier age rather than dumping the responsibility to them when they turn 18 would it not be better when they turn 18 they are able to pass before they turn 18 they could practice making decisions in a safe environment. We talked about informed consent and medical care and we talked about guardianship person relationship and how supported decision can have a role in that relationship as well. Vocational rehabilitation, also it has the concept of informed choice where I think supported decision making can fit very well within that framework as well. If you like to see archived webinars giving more deeply into each of the sections I encourage you to go to www.supporteddecisionmaking.org to see the love and ours. -- To see those webinars.

>> To reach the decision is that everyone is part of the decisions that affect their lives. It is to recognize that we all need recognition and people with disabilities and older people may need more or different kinds of help but they should be supported to exercise to make choices in their lives and that is the goal of the national resource Center for supported decision making is.

>> I also want to provide my contact information for you to follow up with me after if you have additional questions I can't address during the next few minutes for question and answer. We want to be a center when they are grappling through issues and complicated questions can rise up in your work and we want to be a resource to you when it comes to supported decision making and think through the options of decision-making support. Thank you. I am open for questions.

>> Again, this is an audible and thank you so much Morgan for the presentation. I know we have many participate joining us today so we want to encourage you to ask questions. There was a lot of information but we do have a little time and we did have one participate they mentioned the ABA tool and was hoping to get link again and the slide presentation will be posted shortly on the website but also on the same webpage I mentioned we have an archive from the August webinar on adult guardianship and I a presenter Tim who shared that tool and it is on our website so if you go to our webinar page and you look under the August webinar you will be able to find the tool as well and we will have it in a couple of event places and Morgan, it is a great tool and I think fantastic for the layperson. You don't need to be an attorney to benefit from the tool.

>> I think the toll is also helpful in that it has, I don't want people to be scared away because it was done by the ABA for attorneys but it is great ABA has blessed it in a real sense and it is pilot tested. It asked practicing attorneys to use it and use their feedback to make it a useful tool and it has been tested and not just developed and not practiced on the ground and I encourage people to take a look at it and I am happy -- I put up the slide and link again but there is also a link on our website.

>> Great. Thank you so much for bringing the slide up.

>> While we are waiting for question from presenters I have a couple that I will start with. One of them relates to the nature of I&R work. Sometimes when it comes to issues of guardianship or decision-making I think often times when individuals contact a turn for program they may be in a state of crisis. For example when Kim presented she gave someone who called I&R and said they need to get guardianship and mom goes to nursing home and for those types of crisis situations which I think are common they call into the I&R program and you are talking about a process of working with them around support, do you have thoughts for that or recommendations? So it is not an automatically to guardianship.

>> I will use an example of how I get a lot of crisis called to say I am having a crisis and I need to get guardianship. I always ask why. Is it -- if you delve deeply into that particular question you may be able to make a better referral. For example if someone calls and say I need to get guardianship because I need to get my parent entering nursing facility -- in to a nursing facility, you find out if this is an issue of the person not knowing all the resources available out there or is it about the person needing individualized counseling and if they need that individualized counseling I encourage people to do referrals to the protection advocacy system in your state who may be able to provide that kind of counseling for people and I think there are emergency situations where referrals to adult protective services and referrals to guardianship sources may be appropriate unfortunately I think we have to think in those happen to quickly and sometimes the situation is not necessarily the emergent situation you

received a call about and if they are saying I am right about my mother maybe they are talking about is needing the services surrounding the mother or the home and community services and maybe they should contact they long-term care facility and I think the crisis questions are the hardest questions to deal with and I think what I encourage people to do is pick apart the crisis and find out if it is a crisis only by guardianship. I think that is my suggestion for the three when it comes to that.

>> Great. Thank you. We have questions for my participate and I will start with the first one. What is being done to educate clergy and clerks to use this option and what is the best way to help others restore right?

>> Very good question. We have been doing education to probate court judges on this particular issue and we have been coordinating with interdisciplinary groups called [Indiscernible] groups that have involved and there are a number of them across the country to promote education of judges on this particular issue and I think you identified a very important educational need to educate judges on this particular issue and to restore party and ships, there can be a variety of options and it depends upon the state as to what kinds of restoration process is out there and I know for example Florida has a restriction project that may have been spoken about and I am happy if you are interested in learning more about restoration projects in your state to follow up with me afterwards and I can point you in the right direction and we have been creating a spreadsheet of those restoration projects we will be posting to our supported decision making site thing but it is not ready for prime time yet. If you give me a call I may be able to point you in the direction for your state. Also, the ABA commission on Law and aging is doing a restoration project and is going to be having a report that will be issuing before the end of the year and it will talk about recommendations for promoting appropriate restoration and I think that will be a very useful tool when they have that up. We have been part of that process as they developed it and those are some elements and I encourage you to give more state specific information to follow up with me after.

>> Great. Thank you. We have another participate in who asks what is the difference between supported decision making and a representative for [Indiscernible]?

>> A representative payee for SSA? A representative payee is when the Social Security administration or another federal benefit and it can also be through OPM and when they determine a beneficiary is unable to manage their own benefits they can without any kind of court process of point someone else to receive and manage the benefit check for the person they determine not to be able to manage it. You will see frequently scenarios where either a parent is managing a check for an adult child or you have a sibling managing a benefit or you have a son or daughter managing for a parent in that is the Social Security representative payee process. The authority of the representative PE is only over that benefit check and they do not have authority to make other decisions for the person and they have to use the benefit check for the person's benefit. Supported decision making in the financial round which will be the same round the representative payee functions and is not about someone else managing the check for the person is about the person receiving the support they need to manage their own check in the different kinds of supported decision making strategies I have seen in the financial round have included developing a budget and helping a person develop a budget and helping a person set up direct deposit

so they can manage their trek more easily or direct bill payment. They can help the person to maintain control over their finances while having their needs met. I have also seen sometimes people use certain kinds of joint accounts and there can be monitoring of how many is spent in discussions about how many is spent and there are also sometimes community projects where there are case managers who work with people specifically on the budgeting questions and people who don't necessarily have family members to support them they have case manager projects and there's one in DC where people can receive support from professionals who help them manage their check but the person is the one who is retaining the authority and that is how you contract a representative payee for made it supportive decision-making arrangement.

>> Thank you. We have a couple of more questions. We will see if we can get to more. The participate seems to be headed in the right direction right now but they anticipate the next couple of years, how do you think things will continue?

>> I think I see a greater trend toward decision-making being recognized in probate court themselves which is an exciting trend to see more and more states have been doing that and for example in the list in Florida they have a decision that recognizes supported decision making and I think that speaks to judicial education on this particular issue. I think it way of promoting supported decision making has to come from a prong approach that does include a recognition as a commentor had stated that judges know what supported decision making is an IC that is happening more and I also see a lot more legislation being introduced for consideration on supported decision making and I think we're going to see more of that. I also we will see more data and data on linking supported decision making to better life outcomes. Showing the true outcome and I know the national resource Center for supported decision making is doing that kind of data collection and doing studies right now to be clearly showing the link between supported decision making and self-determination and better outcomes for people and I think we will have more and more data and it will help us in the advancement process.

>> Great. We have another question and it touched a little on an earlier one I asked but one of the listeners asked what is the best first step when someone asks about placing a loved one in a nursing facility?

>> I think the question about a nursing facility really is such an individualized choice and when they talk about placing someone in nursing facility I think what is going to be required is more than a tran3 and they will have to get individualized counseling and that is why I encourage there to be referrals to the protection of it is the network and other kinds of legal counsel for elderly or AARP to explore options available and whether it is institutional kind of placement that is needed as opposed to additional support in the home. I think that will be an individualized question and I encourage people to use the aging networks to make those kinds of referrals but I think people need to also not always think about nursing homes as because you put someone a nursing home you have to get guardianship. It can be a separate question. I think picking apart that a little bit and referring to resources for individualized counseling is the way I would go with a nursing facility kind of question and if there is a long-term care on the call they may have other additional ideas as well.

>> Great. Thank you. Maybe one last question that will combine a couple of questions together. We have folks right and as prance and guardians and pointing to issues of when you look to whether healthcare provider or attorneys are others and there is barriers or difficulties in communication skills or for those professionals to be able to better communicate with individuals. Do you have thoughts about that? I am thinking this as an education process to run all ways. What may be recommendations for folks when they are working with doctors and other health care professionals who think they always know best maybe? I dashed

>> I think that is a great point and I'm glad they are pointing that out. The biggest barriers to supported decision making's third-party recognition. You are talking about recognition by banks and dark errors -- doctors and schools and kinds of things and it requires advocacy and I'm reminding them of their responsibilities. For healthcare providers the easiest way about that for supported decision making really talks about HIPAA release forms I talked about but also the responsibility to accommodate and I think sometimes doctors do not realize they are what is called public accommodation and they are responsible for accommodating the person with a disability to make decisions they want. On supported decision making.org there is a link to a video clip that talks about an effort in California to educate doctors on how to be working with people with disabilities who need to have that kind of accommodation in Anchorage able to look at that for example for the healthcare concept and a thing one of the barriers to supported decision making found in the pilot in Texas that was done was attorneys, attorneys recognizing supported decision-making was an option in recognizing many people who have cognitive impairments can still execute documents if they are explained to them and signed voluntarily. Just because someone has a certain diagnosis does not mean they automatically can't sign certain kinds of legal documents like a release form like a power of attorney and some people can't but many people can and educating attorneys and I think it is about pushing. You have to push. I am not saying the road is a smooth one but that is the reason why a lot of advocacy groups have decided legislation is the answer to have something to a point to in law but I think we can point to existing law like the American with disability act to prefer accommodations for people with disabilities in that kind of context particular given the studies that show it is part of community integration and I am happy to problem solve with people and licensed to practice in Maryland and DC but I can certainly give information and general information about how to brainstorm these kinds of concept of people want to reach out to me.

>> Thank you so much. Morgan I want to thank you for this great presentation. Think you'll participate as well and again we have had many questions about the slides and materials and everything that will be available on our website including a transcript. I want to thank our captioner as well. With that we will close today's webinar. Again, please let for the material on our website by the end of the week.

>> By Friday we will have everything available on the website. Thank you again, Morgan and participants. We appreciate your efforts in this area.