

Toolkit on Self-Determination and Decision-Making Supports

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TSOCW 533

Integrative Practice 2

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March 11, 2024

TSOCW 533 Capstone: Toolkit on Self-Determination and Decision-Making Supports

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Abstract

This project is provided for informational purposes only and is not intended as legal advice. Adult guardianship is being disproportionately assumed and utilized by social workers, and the Department of Children, Youth, and Families (DCYF), when DCYF dependent youth transition into adult services with the Developmental Disability Administration (DDA). A meta-analysis of research shows a positive correlations between increased self-determination (choice) and increased short and long-term health. Additional research shows the negative impacts of guardianship on self-determination, and the growing support for less restrictive alternatives to guardianship, like supported decision-making (SDM). Self-determination is increased, the less restrictive a decision-making arrangement is. Despite research and state laws to prioritize less restrictive alternatives to guardianship, social workers continue to prioritize guardianship for those they support, and rarely discuss or utilize less restrictive alternatives. Ethics of social work emphasize the need for social workers to balance client safety and choice, when supporting clients with adult decision-making protective arrangements. Several barriers and needs are assessed on this problem, utilizing research and stakeholder interviews with DCYF and DDA. An intervention of the “Supported Decision-Making Toolkit,” is proposed as a document of information and resources aimed at increasing competency on self-determination and less restrictive alternatives to guardianship. The toolkit should help social workers to better make that balance of maximizing self-determination while meeting health and safety concerns. This should lead to smoother transitions for DCYF youth going into adulthood and increased quality of life.

Keywords: guardianship, less restrictive alternatives, supported decision-making, disabilities, transitioning youth, child welfare, toolkit

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Project description

Introduction of Project

My population of focus for this Capstone project, are Department of Children, Youth, and Families (DCYF) dependent youth transitioning to adulthood, and in need of adult decision-making protective arrangements. Within this population, I gave additional attention to those youth with disabilities, who are transitioning to adult Developmental Disability Administration (DDA) services. My initial intentions were to look at ways to better help these youth have smoother transitions, going into adulthood that can increase likelihood of stable transitions, that set them up to live their best life. Having worked with this population as a DDA social worker, and now as a DCYF social worker, one of the barriers to smooth transitions that I experienced was around supported decision-making protective arrangements. Either delaying the transition while waiting for adult decision-making protective arrangement to finalize prior to transition, or sometimes transitioning without those arrangements in place, leading to unstable transition for the client. I began reviewing this topic by interviewing people at DCYF and DDA, with extensive experience being involved in these transitions. I attended trainings, reviewed research and policy on decision-making arrangements. This led me to discovering growing amount of research on self-determination (choice), and how the various decision-making protective arrangements can have immediate and long-term impact, on an individual's biopsychosocial health.

Theory, Need, and Mission Statements

Two social work theories should be considered for this project, as the aim is to improve systems around the population of focus, to enhance their quality of life through increasing self-determination. The importance of an individual making their own choices in life to maximize

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short and long-term health can be linked to Self-Determination Theory (Ryan & Deci, 2000). The impacts and importance of systemic influences that support or hinder an individual's self-determination coincide with Bronfenbrenner's Ecological Systems Theory (Bronfenbrenner, 1979). The overarching need for this project is to increase DCYF knowledge and skills on self-determination and less restrictive alternatives to guardianship, to increase self-determination. The mission is to increase the utilization of the least restrictive decision-making arrangements for youth transitioning to adulthood, that maximize self-determination while still addressing any health and safety risks.

Research and History

There are a growing number of studies that highlight how increasing an individual's self-determination leads to increases in short and long-term biopsychosocial health. In one study, 145 young adults with disabilities were evaluated through measures of self-determination and quality of life, after one year. Results found positive correlations between self-determination and quality of life and that self-determination had an immediate and long-lasting impact on quality of life (Chao, 2017). In another longitudinal study, 34 young adults with disabilities were examined through measuring self-determination and quality of life. Those with high levels of self-determination reported higher perceptions of satisfaction with both personal development and personal fulfillment over time (McDougall et al., 2010). A meta-analysis of research on this correlation with self-determination and health, references several more studies of at least 5,000 individuals, and found correlations with increasing levels of self-determination and increasing levels of life satisfaction, quality of life, personal development, and health (Wehmeyer, 2020).

Research points to the negative impacts that guardianship can have on an individual's self-determination and health. In one study found that those with severe mental illnesses who

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were appointed a guardian to make decisions for them (often referred to as a “substitute decision maker”), experienced negative impacts on their relationships, increased experiences of stigmatization, and reported “strong desires” to restore their decision-making rights (Law et al., 2023). The “free Brittany” movement surrounding celebrity Brittany Spears gained national attention on the negative impacts she experienced under a conservatorship, where she lost her right to make many decisions in her life. Advocacy from her fan base led to the end of the conservatorship and increased awareness to those with disabilities who are often assigned a guardian, yet often invisible to society. The Brittany Spears movement helped lead, in part, an increase in policy change, utilization of less restrictive alternatives to guardianship, and new alternatives to guardianship (Shotwell, 2022). Washington State implemented policy change through the Revised Code of Washington to prioritize less restrictive alternatives, stating that a guardian should only be appointed after less restrictive alternatives have been thoroughly tried (RCW 11.130.265).

In Washington State, there are a significant amount of youth with disabilities in foster care with DCYF, who transition to in-home or out of home adult services with the Developmental Disabilities Administration (DDA). Although I was unable to specify a number for this population, I did find other informational data from DDA and DCYF. As of 2022, there were 48,358 DDA clients, 11,641 of those clients had been assigned a guardian, 7,410 had a parent as guardian, 2,323 had another family member as guardian, and 1,918 had someone who wasn't a family member as guardian (Developmental Disabilities Administration, 2022). In this same DDA report to the legislature, it was reported that there are still many unmet decision-making needs for DDA clients in facilities. It was recommended that guardianship and less restrictive alternatives be simplified and utilized more. In DCYF's 2023 report on Extended

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Foster Care and guardianships for Children and Youth in Out-of-Home Care, there were 777 young adults exiting extended foster care in 2022, with 7.3% of children and youth exiting out-of-home care into guardianship. (Department of Children Youth & Families, 2022). Youth aging out of foster care, experience an increased risk for homelessness, young parenthood, low educational attainment, high unemployment rates, and abuse (Rosenberg & Abbott, 2019). This is regardless of disability, so when a youth is experiencing both, it is easy to see that putting a guardian in place, is likely done with the best intentions.

Stakeholder Interviews

I interviewed two stakeholders, one from DCYF and one from DDA. The first stakeholder interviewed, is a Program Manager for DCYF who has several years of experience providing consultation and staffing cases with DCYF dependent youth, who are transitioning to adult DDA services. The second stakeholder I interviewed was a Program Manager for DDA Headquarters, who oversees DDA services for DCYF youth and transitioning youth. This stakeholder has been with DDA for about five years, and prior to that spent over ten years with DCYF as a social worker. Both stakeholders shared similar barriers and concerns, including the lack of social workers at DCYF (including AAGs) who are aware of less restrictive alternatives to guardianship, especially supported decision-making arrangements. One stakeholder estimated “maybe 2 out of 10 social workers are aware,” and shared that clients and families are even less aware than social workers. Only one DCYF to DDA transition was identified as having used a supported decision-making agreement. Another barrier is that DCYF social workers come from a more protective perspective than other social workers, given the nature of child welfare, that explains why guardianship is typically used without consideration of alternatives. The last barrier mentioned was that supporters of clients often assume guardianship is needed, due to bad

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decision making. That social workers and supporters of clients often don't differentiate between making bad decisions and being incapable of making decisions.

Some of the needs and suggestions shared by stakeholders were the need for social workers to be made aware of these alternatives for youth who are still DCYF dependent at 18, as often parents may not be involved at that point. Support for social workers to determine what level of protective arrangements are needed for a client, better instructions for how to complete a less restrictive alternative, and who should be responsible. Another need suggested was to provide a streamlined document on alternatives to guardianship, including a guide on how to create a supported decision-making arrangement. The last suggestion emphasized, was to ensure the client's voice and choice as much as possible, and to utilize any accommodation that may help them communicate and understand options, if necessary. My own experiences with this population, working at both DDA and DCYF echo the experiences shared by the stakeholders. Not only have I noticed guardianship being exclusively assumed and discussed, but when less restrictive alternatives are brought up, no one has any idea how to estimate an individual's decision-making needs, and which arrangement would be most appropriate.

Additional research and policy validate the barriers mentioned by stakeholders and offers additional insights on current barriers and needs, to utilizing less restrictive alternatives to guardianship. This includes a lack of education and direction on less restrictive protective arrangements, and a need for all professionals working with disabled clients need to receive education on impacts of guardianship (Costanzo, 2022). Supporters for those with disabilities rarely explain the potential consequences of guardianship or provide information on less restrictive alternatives. A study found that guardianship is consistently and frequently discussed, while less restrictive alternatives were rarely discussed, with supported decision-making

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arrangements being the least discussed. (Jameson et al., 2015). Another study examined the perspective of 117 school professionals working with special education students. Results found incongruency between professional's values on decision making and the reality of practice. Despite valuing self-determination and the importance of less restrictive alternatives to guardianship, less than half reported having received training in the last 3 years on self-determination or alternatives to guardianship (Plotner & Walters, 2022).

Society generally values safety over choice and neurotypical decision making, which helps to create a “deep-rooted paternalistic culture,” in America, which makes it difficult for many to embrace supported decision-making (Zhang et al., 2019). Lack of social worker involvement in supporting clients with decision-making arrangements are in part, due to the legal nature and fear of crossing any legal lines. Social workers are already entrenched in this “paternalistic,” and given the nature of child welfare, DCYF workers are likely more susceptible. In addition to cultural influence, another barrier is that guardianship has typically been the status quo, as shown. Current lack of DCYF policy adds to this, as DCYF policy doesn't reflect state policy yet, to prioritize less restrictive alternatives prior to petitioning for guardianship (Department of Children Youth & Families, 2023). A current lack of clear directions on less restrictive options, and many being unaware of supported decision-making (SDM), due to how new this alternative is. Concerns for potential abuse and exploitation using SDM. In response to this concern, a study on a supported decision-making pilot program in New York concluded that clients using SDM had more trusted people in their life as supports, which reduced the risk of abuse and exploitation (Hamilton, 2023 & Pell, 2019). Conceptually, if a supported decision-making agreement is constructed well, it would create more “checks and balances” among decision-making supporters, rather than one guardian (Kohn et al., 2012).

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Intervention and Implementation

My proposed intervention is a supported decision-making toolkit, which is a document that includes streamlined information for considering and utilizing less restrictive alternatives to guardianship. I hypothesize that the increase knowledge, skills, and usage of the toolkit, will in turn lead to more DCYF dependent youth utilizing the least restrictive decision-making arrangements as they transition into adulthood. that best meets their needs, The toolkit will include an educational flyer with information and resources to help readers to understand the need for client self-determination, when considering protective arrangements. It will include information and resources on less restrictive alternatives in Washington, with definitions, resources, and instructions for how to utilize them. A supported decision-making assessment tool will be created within the toolkit (but also attached separately) to be used primarily by the client or other supports, to evaluate different domains of decision-making, and their support needs for those domains. The document will be constructed from guidance of the American Bar Association's PRACTICAL tool on decision making (PRACTICAL Tool, 2023). In each domain of life decisions, the user will check whether the client can make decisions independently, with some support, or needing someone else to make the decision for them. Some resources will be provided that could assist clients with communication, to better ensure their voice is captured. This assessment tool will help to identify the most appropriate decision-making arrangement.

The toolkit will contain a guide on how to consider and complete a supported decision-making agreement, that includes links and resources for additional information on supported decision-making (SDM) agreements. It will include an SDM agreement template, both within the toolkit or as a separate attachment that can be utilized to construct an agreement. The SDM agreement template will have comments with instructions, such as how to find two witnesses to

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sign or where to get it notarized. The template will be constructed based on current state statutes and provide a link to a current statute on how an SDM agreement should be completed (RCW 11.130.70). The template will also be provided as a separate document that may be more user friendly when constructing a final SDM agreement. The toolkit will include additional resources for knowledge and support, some of which can be shared with the client, family, or supports of the client (Appendix A).

I began implementing the toolkit through a presentation of the first draft at the CWTAP Institute in February 2024, through a 45-minute PowerPoint presentation (Appendix B). I also presented this project along with a handout of the toolkit, for a poster presentation at University of Washington in Tacoma (Appendix D). In my current occupational position at DCYF as a Developmental Disability/Mental Health Consultant for Region 5, I plan to present and share the toolkit with the other five social workers who share my position, covering five different regions. Given our roles in facilitating adult transitions with this population, it is my hope that they will share it with those they work with. The toolkit could be utilized in DCYF shared planning and transition meetings, when guardianship is discussed, and can be shared with client and participants. The toolkit can be used as a tool to involve other social workers supporting the client (WISE, school, etc.) in helping clients to determine decision-making support needs, or to inform the Assistant Attorney General (AAG) or attorney, to better assess the most appropriate arrangement.

Evaluation plan description

One of the outcomes anticipated with this toolkit is to increase DCYF knowledge on less restrictive alternatives to guardianship. This outcome would be indicated by client or family having received information and support on less restrictive alternatives to guardianship, and the

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number of DCYF workers who reviewed educational information on less restrictive alternatives to guardianship (this could be through reviewing the toolkit itself). Another outcome of this project is to increase the utilization of less restrictive alternatives to guardianship. This would be indicated by more DDA clients who transitioned from DCYF, having a supported decision-making agreement in place, or a less restrictive alternative, instead of guardianship. Since only one reported transition case has occurred where an SDM agreement was used, the number of clients using an SDM agreement should be a clear indicator.

To evaluate the effectiveness of the toolkit, I plan to utilize my employment position and co-workers in my position, who cover six regions at DCYF in Washington State. Our position as a Developmental Disability/Mental Health Consultant is a newer position with one of our main goals being to facilitate and support DCYF dependent youth transitioning to adult DDA services. I will propose we track information on decision-making support needs within our shared planning meeting forms and data collection sheets that we utilize (Appendix C). We could track when the toolkit or less restrictive alternatives were discussed, and when the toolkit or resources on less restrictive alternatives were provided to the client or family. Along with DDA Case Managers, we could also track when a client has utilized a supported decision-making arrangement. DCYF workers should track it as soon as they become aware of it, either just after the transition, or when informed by DDA. I plan to ask those I work with at DDA to inform me when a transition occurs and SDM agreements were utilized.

Budget Considerations

When considering the cost of implementing more time toward less restrictive alternatives, it is important to consider that the estimated hours will be worked regardless. If those hours worked are not used toward less restrictive alternatives to guardianship, they would still be used

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toward supporting for guardianship. Another consideration is that when using a less restrictive alternative like an SDM agreement, it doesn't require filing with the court and is free of cost. DSHS estimates a maximum of \$175 a month to paid guardians and around \$600 every three years (averages out to \$200 per year) for court fees (DSHS, 2023). Further cost savings should be considered given the aforementioned research on the impact that various decision-making protective arrangements have on an individual's self-determination. Personal development and personal growth were just some of the positive impacts increasing self-determination has, through less restrictive alternatives. Negative impacts to someone's self-determination through more restrictive arrangements like guardianship, could be argued, would increase the need and costs for habilitative services. Habilitative services are common services at DDA provided for clients with disabilities, that provide support to help the client keep, learn, or improve skills and functioning for daily living. Less restrictive alternatives to guardianship, such as SDM, will likely lessen the need for clients to rely on habilitative services, at the expense of taxpayers.

Conclusion

Ethics of social work dictate that social workers (including school social workers) balance between acting on behalf of vulnerable people (safety) and supporting self-determination (choice). Social workers should be more involved in helping transition-age students with disabilities find protective arrangements that promote self-determination as much as possible (Smith-Hill, 2023). Social workers play critical roles in supporting clients with decision-making arrangements and need to feel confident providing information/resources without crossing any legal boundaries. The goal of the decision-making toolkit is to help social workers in this role. The increasing awareness and utilization of less restrictive alternatives could lead to a snowball effect of competency and utilization of those alternatives. If effective, this could lead to DCYF

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policy changes on adult guardianship to prioritize less restrictive alternatives, which could further enhance the snowball effect of using of less restrictive alternatives, not just at DCYF, but also collaborating organizations. This toolbox is designed to help start this “snowball” effect and to help social workers make the needed balance, of maximizing self-determination while meeting health and safety concerns. If the anticipated outcomes come to fruition, this vulnerable population will experience smoother transitions going into adulthood and an increased quality of life. This project is provided for informational purposes only and is not intended as legal advice.

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Addendums/Appendices

Appendix A, The Supported Decision-Making Toolkit (and poster presentation handout)

Decision Making Toolkit

Drafted by Johnny Hanson
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The following is provided for informational purposes only, and is not intended as legal advice

Going from Less to More Restrictive

Person makes their own decisions

Supported Decision Making Arrangement

Power of Attorney (POA)

Representative Payee

Guardianship

Somone else making decisions for person

Table of Contents

- [Why is this important?](#)
- [Guide to Assessing Less Restrictive Alternatives to Guardianship](#)
- [Tool for Assessing Decision Making Support Needs](#)
(separate document also available)
- [Supported Decision Making Agreement Guide & Resources](#)
- [Supported Decision Making Agreement Template Form](#)
(separate document also available)
- [Additional Resources on Less Restrictive Alternatives to Guardianship](#)

Decision Making Toolkit (02/2024)

Why Consider Less Restrictive Alternatives to Adult Guardianship?

(see [additional resources](#) for list of studies mentioned below)

Understanding the Impact of Self-Determination on Health

According to [Self-Determination Theory](#), short and long-term biopsychosocial health are linked to self-determination (having more choices in life). Several studies have found positive correlations between increased self-determination and short and long-term improvements on quality of life, personal development, and personal fulfillment ([Chao, McDougall](#)). A meta-analysis on several studies of around 5,000 individuals with intellectual disabilities, also found correlations with increasing levels of self-determination and increasing levels of life satisfaction/quality of life ([Wehmeyer](#)).

Importance of Less Restrictive Alternatives to Guardianship on Self-Determination

Those with mental illnesses who were [appointed a guardian to make decisions for them, experienced negative impacts](#) on relationships, increased stigmatization, and desired to restore their decision-making rights (Law, 2023). Nationally, there are many states asking to prioritize less restrictive alternatives to guardianship to be "[tried and exhausted](#)" before implementing guardianship. In Washington State, the [Revised Code of Washington](#) (11.130.265) states that a guardian should only be appointed after less restrictive alternatives have been thoroughly tried. Despite growing research and state laws, studies show social workers are prioritizing guardianship for those they support, and rarely discussing or utilizing less restrictive alternatives to guardianship ([Jameson](#)).

Barriers to Less Restrictive Alternatives

Society generally values safety over choice and neurotypical decision making, which, helps to create a "deep-rooted paternalistic culture," in America, which makes it difficult for many to fully embrace less restrictive alternatives, like **supported-decision making** ([Zhang](#)). Studies found although school social workers valued less restrictive alternatives to guardianship, less than half reported that it was being put to practice ([Plotner](#)). Hesitancy to utilize SDM due to concerns around the potential for abuse and exploitation. This is in part due to past cases of guardians or conservators exploiting and/or abusing those they are making decision for, including the famous case of *Brittany Spears* ([Shotwell](#)). Recent research on clients utilizing SDM found that clients had reduced risk of abuse and exploitation under SDM, due to having more people supporting them (increased "checks and balances"). It is important that an SDM agreement be constructed in a way that minimizes risk for exploitation and abuse. ([Hamilton](#); [Kohn](#); & [Pell](#)).

Balancing Health/Safety with Self-Determination When Choosing Arrangements

Ethics of social work, dictate that social workers (including the school) balance between acting on behalf of vulnerable people (safety) and supporting self-determination (choice). Social workers should be more involved in helping transition-age students with disabilities find protective arrangements that promote self-determination as much as possible ([Smith-Hill](#)). This toolkit is designed to help social workers make that balance, by assessing decision-making support needs (including client input) and matching to the most appropriate decision-making arrangement. Maximize self-determination, while ensuring health and safety concerns are met.

Remember: Making bad decisions does not mean someone cannot make decisions!

Guide to Assessing Less Restrictive Alternatives to Guardianship

The following is provided for informational purposes only, and is not intended as legal advice

Questions to Consider When Thinking About a Chapter 11 (Adult) Guardianship

People to try and include in conversations: the youth (as they are able and want to), parents, other family members, close friends or advocates, court appointed special advocate (CASA) or attorney for the youth, current caregiver, DCYF social worker, DDA Case Manager, and Tribe (if applicable).

- How does the youth communicate her or his needs?
- How does the youth receive and comprehend information?
- Does the youth have a basic understanding of money? Making healthcare decisions?
- Is the youth able to sign a lease and understand what that means?
- Can a Supported Decision-Making Agreement meet youth’s needs per [RCW 11.130](#)? If not, why?
- Can a representative payee meet the youth’s needs? If not, why?
- Can a Power of Attorney meet the youth’s needs as [RCW 11.125](#)? If not, why?
- Can another protective arrangement meet youth’s needs per [RCW 11.130](#)? If not, why?
- Does the youth want a guardian?
- What does the youth require a guardian for?
- Does the youth learn new skills that could reduce the need for a guardian?
- Is court intervention necessary to determine decision-making arrangements?

Considering Less Restrictive Alternatives (guidance from American Bar Association [PRACTICAL](#) tool)

- Start with a presumption that guardianship is not needed. Consider least restrictive means first.
- Review information and statutes for requirements on less restrictive alternatives, listed below.
 - *Note: additional alternatives such as a Trusts, Directives, etc., can be found at: [NAMI website](#).*

| | |
|--|--|
| Representative (Protective) Payee: The Social Security Administration appoints a person or organization to manage the person’s SSI and benefits. | SSA Information Statute: WAC 388-460 |
| Supported Decision-Making (SDM) Agreement: document that identifies the person or people they want to support them and the kinds of decisions they want support to make. More information will be provided below. | SDM Guide SDM Agreement Template Statute: RCW 11.130.700 |
| Power of Attorney (POA): POA can be limited to one topic (ex: money or disability services) or limited to one decision (ex: buying a house), or broad covering all decisions. However, POA for health care must be separate. | POA Documents Statute: RCW 11.125 |
| Guardianship: if needed, consider limiting recommendation of guardianship to what is absolutely necessary , such as: <ul style="list-style-type: none"> • Only specific property/financial decisions • Only personal/health care decisions • Only specific personal/health care decisions • Only property/finances | DCYF Policy 4300 Statute: RCW 11.130 |

If it is unclear what level of support a youth may need, it may be helpful to review existing documents that may contain information relevant to a youth’s decision-making capacity. These might include: *Psychological Assessment, Functional Assessment, Individualized Education Plan, Speech/language Assessment, Assistive Technology Assessment, DDA Person Centered Service Plan.* Also consult with agency/regional AAG, or see [additional resources](#) for more supports or consultation.

TSOCW 533 Capstone: Toolkit on Self-Determination and Decision-Making Supports

Decision Making Support Tool

This form was designed based on information from the American Bar Association’s [PRACTICAL](#) tool on decision making. The PRACTICAL tool was created with support from the Commission on Law and Aging, Commission on Disability Rights, Section on Civil Rights and Social Justice, and Section on Real Property, Trust and Estate Law, with assistance from the National Resource Center for Supported Decision-Making.

This form was designed to support clients and supporters with assessing decision making support needs.

Name of Individual: _____

Name of person completing this form: _____

Relationship to individual: _____

For each domain below, mark the level of support the individual needs when making and communicating decisions and choices.

| Money Management | I can decide with no extra support | I need support to make my own decision | I need someone to make decision for me |
|---------------------------------------|------------------------------------|--|--|
| Managing accounts, assets, & benefits | | | |
| Recognizing Exploitation | | | |
| Other: | | | |

Notes:

| Healthcare | I can decide with no extra support | I need support to make my own decision | I need someone to make decision for me |
|--|------------------------------------|--|--|
| Making decisions about medical treatment | | | |
| Taking medications | | | |
| Maintaining hygiene and diet | | | |
| Avoiding high-risk behaviors | | | |
| Other: | | | |

Notes:

TSOCW 533 Capstone: Toolkit on Self-Determination and Decision-Making Supports

| Relationships | I can decide with no extra support | I need support to make my own decision | I need someone to make decision for me |
|---|------------------------------------|--|--|
| Behaving appropriately with friends, family, and workers. | | | |
| Making safe decisions about sexual relationships | | | |
| Other: | | | |
| <i>Notes:</i> | | | |
| Community Living | I can decide with no extra support | I need support to make my own decision | I need someone to make decision for me |
| Living independently | | | |
| Maintaining habitable conditions | | | |
| Accessing community resources | | | |
| Other: | | | |
| <i>Notes:</i> | | | |
| Personal Decision Making | I can decide with no extra support | I need support to make my own decision | I need someone to make decision for me |
| Understanding legal documents (contracts, leases, powers of attorney) | | | |
| Communicating wants and needs | | | |
| Understanding legal consequences of behaviors. | | | |
| Other: | | | |
| <i>Notes:</i> | | | |

TSOCW 533 Capstone: Toolkit on Self-Determination and Decision-Making Supports

| | | | |
|--|------------------------------------|--|--|
| Employment | I can decide with no extra support | I need support to make my own decision | I need someone to make decision for me |
| Finding, gaining, & retaining employment | | | |
| Other: | | | |
| <i>Notes:</i> | | | |
| Personal Safety | I can decide with no extra support | I need support to make my own decision | I need someone to make decision for me |
| Avoiding common dangers | | | |
| Recognizing and avoiding abuse | | | |
| Knowing what to do in an emergency. | | | |
| Other: | | | |
| <i>Notes:</i> | | | |
| Other Decision Making | I can decide with no extra support | I need support to make my own decision | I need someone to make decision for me |
| | | | |
| | | | |
| <i>Notes:</i> | | | |

Example use: Review substitute decision making needs (red/most restrictive) and assess which less restrictive alternatives could meet that need. For example, if client needs substitute decision making for medical and finances and supports with other decisions (blue), start with a viable substitute decision making option, that could be a POA for Healthcare and a rep payee. Then you could draft an SDM agreement for the remaining supported decision-making (blue).

Communication assistance for clients (to capture their voice):

- Online Choice Board: <https://app.cboard.io/>
- Augmentative and Alternative Communication (AAC) Apps: "Verbal Me" and "Visuals2Go"

Supported Decision Making (SDM) Agreement Guide

The following is provided for informational purposes only, and is not intended as legal advice

What is an SDM Agreement?

- Primarily for people with disabilities, who need support with making their own decisions.
- A written agreement between an individual and a supporter or supporters, where a **court petition is not needed**. Can include as many supporters as client prefers.
- The individual can act and make decisions without having the supporter assist them.
- The supporter can only take actions to obtain information that the agreement authorizes.
- The individual or the supporter can end the agreement at any time.
- An SDM agreement could potentially be utilized with another alternative, such as POA.

Supporter Responsibilities (should be tailored for client, but general responsibilities include):

1. Explaining the individual's options/choices and the good and bad consequences and responsibilities for their options.
2. Obtain information that could include medical, psychological, financial, educational, or treatment records.
3. Assist the individual in understanding information they obtain.
4. Assists in communicating information for others to understand the individual.

A Supporter CANNOT Be:

- An **employer or employee** of the adult with a disability, unless the person is an **immediate family member** of the adult with a disability.
- A **person directly providing paid support services** to the adult with a disability, unless the person is an **immediate family member** of the adult with a disability.
- An individual against whom the person with a disability **has obtained an order of protection from abuse**, or an individual who is the subject of a civil or criminal order prohibiting contact with the adult with a disability.

SDM Agreement Form Rules:

- Has to be in writing (see [SDM template](#)).
- Needs either two witness signatures (witnesses can't be paid providers or a supporter, or employee or agent of a supporter, must understand individual's type of communication) OR a notary signature (check local banks, libraries, or look online).
- General form is in the statute ([RCW 11.130.745](#)), and should be individualized for the client.
- Either party can terminate at any time.
- It is recommended that supporters sign appropriate releases of information with the individual's school and/or healthcare providers (depending on decisions they support with), and provide SDM agreement to applicable people/organizations (depending on agreement).

Additional SDM Resources:

- [Northwest Justice Project Guide to SDM](#)
- [SDM Sample Template](#)
- [Supported Decision Making in WA State | Informing Families](#)
- [Washington | National Resource Center \(supporteddecisionmaking.org\)](#)
- [Client Stories Utilizing SDM](#)
- [SDM Personal Experience Video on Vimeo](#)

SUPPORTED DECISION-MAKING AGREEMENT

Appointment of Supporter(s)

I, _____ (name of supported adult), make this agreement of my own free will.

I agree and designate the following supporter (**Supporter #1**):

Name: _____ (name of supporter)

Address: _____ (address of supporter)

Phone number: _____ (phone number of supporter)

Email address: _____ (email address of supporter)

is my supporter.

Supporter #1 may help me with making everyday life decisions relating to the following (check as many boxes as you want):

- Obtaining food, clothing, and shelter.
- Taking care of my health.
- Managing my financial affairs.
- Other matters: (specify).

Supporter #1 is not allowed to make decisions for me. To help me with my decisions, my supporter may:

1. Help me access, collect, or obtain information that is relevant to a decision, including medical, psychological, financial, educational, or treatment records;
2. Help me understand my options so I can make an informed decision; and
3. Help me communicate my decision to appropriate persons (circle yes or no for each choice below):

(Yes/No) A [release](#) allowing my supporter to see protected health information under the Health Insurance Portability and Accountability Act of 1996, P.L. 104-191, is attached.

(Yes/No) A release allowing my supporter to see educational records under the [Family Educational Rights and Privacy Act of 1974](#), 20 U.S.C. Sec. 1232g, is attached.

TSOCW 533 Capstone: Toolkit on Self-Determination and Decision-Making Supports

I agree and designate the following supporter (**Supporter #2**):

Name: _____ (name of supporter)

Address: _____ (address of supporter)

Phone number: _____ (phone number of supporter)

Email address: _____ (email address of supporter)

is my supporter.

Supporter #2 may help me with making everyday life decisions relating to the following (check as many boxes as you want):

- Obtaining food, clothing, and shelter.
- Taking care of my health.
- Managing my financial affairs.
- Other matters: (specify).

Supporter #2 is not allowed to make decisions for me. To help me with my decisions, my supporter may:

1. Help me access, collect, or obtain information that is relevant to a decision, including medical, psychological, financial, educational, or treatment records;
2. Help me understand my options so I can make an informed decision; and
3. Help me communicate my decision to appropriate persons (circle yes or no for each choice below):

(Yes/No) A release allowing my supporter to see protected health information under the Health Insurance Portability and Accountability Act of 1996, P.L. 104-191, is attached.

(Yes/No) A release allowing my supporter to see educational records under the [Family Educational Rights and Privacy Act of 1974](#), 20 U.S.C. Sec. 1232g, is attached.

I agree and designate the following supporter (**Supporter #3**):

Name: _____ (name of supporter)

Address: _____ (address of supporter)

Phone number: _____ (phone number of supporter)

Email address: _____ (email address of supporter)

is my supporter.

TSOCW 533 Capstone: Toolkit on Self-Determination and Decision-Making Supports

Supporter #3 may help me with making everyday life decisions relating to the following (check as many boxes as you want):

- Obtaining food, clothing, and shelter.
- Taking care of my health.
- Managing my financial affairs.
- Other matters: (specify).

Supporter #3 is not allowed to make decisions for me. To help me with my decisions, my supporter may:

1. Help me access, collect, or obtain information that is relevant to a decision, including medical, psychological, financial, educational, or treatment records;
2. Help me understand my options so I can make an informed decision; and
3. Help me communicate my decision to appropriate persons (circle yes or no for each choice below):

(Yes/No) A release allowing my supporter to see protected health information under the Health Insurance Portability and Accountability Act of 1996, P.L. 104-191, is attached.

(Yes/No) A release allowing my supporter to see educational records under the Family Educational Rights and Privacy Act of 1974, 20 U.S.C. Sec. 1232g, is attached.

TSOCW 533 Capstone: Toolkit on Self-Determination and Decision-Making Supports

Effective Date of Supported Decision-Making Agreement: This supported decision-making agreement is effective immediately and will continue until _____ (insert date) or until the agreement is terminated by my supporter or me or by operation of law.

Signed this ____ (day) day of _____ (month), _____ (year)

Consent of Supporter

I, _____ (name of supporter), acknowledge my responsibilities and consent to act as a supporter under this agreement.

(Signature of supporter)

(Printed name of supporter)

Supported adult _____
(Signature of supported adult)

(Printed name of supported adult)

(Signature of witness #1)

(Signature of witness #2)

(Printed name of witness #1)

(Printed name of witness #2)

Notarization

State of Washington

County of _____

I certify that I know or have satisfactory evidence that _____, is the person who appeared before me, signed above, and acknowledged that the signing was done freely and voluntarily for the purposes mentioned in this instrument.

Date

Signature of Notary
NOTARY PUBLIC for the State of Washington.
My commission expires _____

SDM Form is outlined by: [RCW 11.130.745](#)

Additional Resources for Support

Support Resources on Less Restrictive Alternatives & Supported Decision Making

- [Center for Transition to Adult Health Care for Youth with Disabilities](#)
- [The Arc Flyer on Decision Making Supports](#) (also contact: futureplanning@thearc.org)
- [SDM in WA | Informing Families](#)
- [Washington | National Resource Center \(supporteddecisionmaking\)](#)
- [Client Stories Utilizing SDM](#)
- [Parent & Teacher Tips Sheet on Decision Making](#)
- [PAVE: Supported Decision Making](#)
- [Office of Public Guardianship](#)
- [Alternatives to Guardianship – NAMI Southwest Washington \(namiswwa.org\)](#)

Policies

- DCYF Policy: [4340. Guardianships | Washington State Department of Children, Youth, & Families](#)
- State Policy: [Chapter 11.130 RCW: Uniform Guardianship, Conservatorship, and Other](#)
- Wash. Rev. Code [RCW 11.130.265: Basis for appointment of guardian for adult. \(wa.gov\)](#)
- Wash. Rev. Code [RCW 11.130.700: Definitions. \(wa.gov\)](#)

Research Articles

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Appendix B, PowerPoint Presentation

Increasing Self-Determination Through Less Restrictive Alternatives to Adult Guardianship (for DCYF Dependent Youth Transitioning to Adulthood)

Johnny Hanson
Developmental Disabilities/Mental Health Consultant
 Region 5 | DCYF Headquarters

This presentation is provided for informational purposes only, and is not intended as legal advice

About my current position, from DCYF Quarterly Newsletter in February 2024:

Developmental Disabilities and Mental Health Program Consultants

DCYF's Division of Partnership, Prevention & Services has six regional Developmental Disability/Mental Health Program Consultants located throughout the state.

THEIR RESPONSIBILITIES INCLUDE:

- ✔ Partnering with Regional Leads and providing consultations around client mental health and disability needs to Child Welfare Field Operations.
- ✔ Supporting DDA Eligibility requests
- ✔ Sharing resources
- ✔ Facilitating trainings
- ✔ Assisting in identifying and navigating access to appropriate resources for children and youth
- ✔ Supporting the work related to SHB 1061, which requires DCYF to hold Shared Planning Meetings for youth who are or may be eligible for DDA services when they are within 16 to 16.5 years of age.
- ✔ Assisting in case escalation to the Statewide Multi-Systems Rounds staffing.
- ✔ Collaborating with state and community partners including (but not limited to):
 - Wraparound with Intensive Services (WISe) providers
 - Behavioral Health Administrative Services Organization (BHASO)
 - Developmental Disabilities Administration (DDA)
 - Family Youth System Partner Round Table (FYSVRT)
 - Children's Long-term Inpatient Programs (CLIP)
 - Managed Care Organizations (MCO)
 - Police Departments
 - Designated Crisis Response Teams (DCR)
 - Youth Behavioral Health Navigators

MEET THE CONSULTANTS

REGION 1
SAMANTHA HINGER
 509-740-2317
samantha.hinger@dcyf.wa.gov

Samantha has dedicated more than 10 years of her career supporting individuals with developmental disabilities and behavioral health needs. She has expert knowledge in DDA policies and procedures and is an asset in navigating DDA eligibility requirements. Samantha is known for being eager to help and easily building rapport. Originally from the Okanogan area, Samantha lives with her daughter and fiancé, and enjoys singing, playing video games, and puzzles.

REGION 4
MEGAN SOCEA
 425-677-0125
megan.socea@dcyf.wa.gov

Megan has worked for DCYF for more than five years, gaining experience as a Social Service Specialist, Social Health, and Program Consultant, Family Team Decision Making Facilitator, and most recently in Quality Assurance and Continuous Quality Improvement. She has professional experience in planning, administering, developing, and delivering social and health treatment service programs, and is a nationally certified Child Passenger Safety Technician. Originally hailing from Tucson, Arizona, Megan and her husband moved to the Pacific Northwest in 2018, and currently reside in Redmond.

REGION 2
MARIA PEREZ
 509-318-5725
maria.perez@dcyf.wa.gov

Maria brings a wealth of expertise with nearly 12 years of service in human service-related agencies and programs. She is a general health professional with experience as a Designated Crisis Responder and has worked at DCYF for more than seven years both as a CS Investigator and an Intake Specialist. Maria is known for being kind, helpful, and hardworking. Maria was born in Mexico, and after moving to the United States at age 5, she grew up in the Wenatchee area. Maria and her son live with family in ferretweck.

REGION 5
JOHNNY HANSON
 360-522-0684
john.hanson@dcyf.wa.gov

Johnny comes to us most recently from Developmental Disabilities Administration and has more than 10 years of experience advocating for and working with individuals with developmental disabilities in residential, community, and employment settings. As a State Certified Peer Counselor, Johnny worked under the Open Use Reduction and Recovery Federal Grant, assisting individuals at the Lewis County Jail re-enter into the community setting. A veteran of the United States Navy, Johnny lives with his three children in Leavenworth where he can be found cheering them on at their sporting events and enjoying the outdoors.

REGION 3
JOSEPH ULRIGG
 425-446-2079
joseph.ulrigg@dcyf.wa.gov

Joseph has dedicated more than eight years working with youth with developmental disabilities before coming to work for the state where he has helped youth and families navigate complex mental health and developmental needs. He has worked on a state and national level speaking to the importance of including youth in their plans and ensuring their voice is heard. Joseph is known for working to ensure a youth's voice is always present and that they are integral in their care and case plans. Originally from the Bellair area, Joseph now lives with his husband and two dogs in Snohomish County. He enjoys Legos, trying new foods with friends, and amateur photography.

REGION 6
DELTA HUDSON
 360-959-0169
delta.hudson@dcyf.wa.gov

Delta has worked for DHS and then DCYF for more than eight years with experience in Child Protective Services, Child/Family Welfare Services (CFWS), and most recently, CFWS - Adoptions. Delta has lived experience from 10 years of being a licensed foster parent, and is known for being helpful, knowledgeable, and well connected to our cross-system partners. Delta and her husband have four adult children and six grandchildren. Delta's greatest enjoyment in life is her grandchildren, followed by going on off-the-grid adventures to fulfill their love of dispersed camping.

To view a map of regions and counties served, see the publication DCYF Regional Structure Map [COMM_0008] available online at www.dcyf.wa.gov/publications-library/COMM_0008

DCYF does not discriminate and provides equal access to its programs and services for all persons without regard to race, color, gender, religion, creed, marital status, national origin, citizenship or immigration status, sex, sexual orientation or gender identity, veteran or military status, status as a breastfeeding mother, and the presence of any physical, sensory, or mental disability or use of a dog guide or service animal. If you would like free copies of this publication in an alternative format or language, please contact DCYF Constituent Relations at 1-800-723-4833 or email communications@dcyf.wa.gov.

DCYF PUBLICATION PS_0040 03/2024

My History in a Nutshell

- Got hired with DCYF in August 2023 as a DD/MH Consultant for Region 5
- Prior to this is worked for Developmental Disabilities Administration (DDA) for over 3 years
 - Held position as a Social Service Specialist 3 for DDA children and youth at risk of or needing Out-of-Home Services (OHS)
 - Also held position as a DDA Intensive Mental Health Case Manager for adults with disabilities, with dual diagnoses.
- Prior to working at DDA, I worked for about 8 years as a support staff for adults with disabilities in residential and employment settings.

Introduction

Population of Focus

DCYF dependent youth transitioning to adulthood, and in need of adult decision-making protective arrangements. Within this population, I'm focusing additional attention to those youth who are transitioning to adult DDA services.

Goal

To improve transitions in a timely manner, in a way that increases likelihood of long-term stability.

Transition Focus

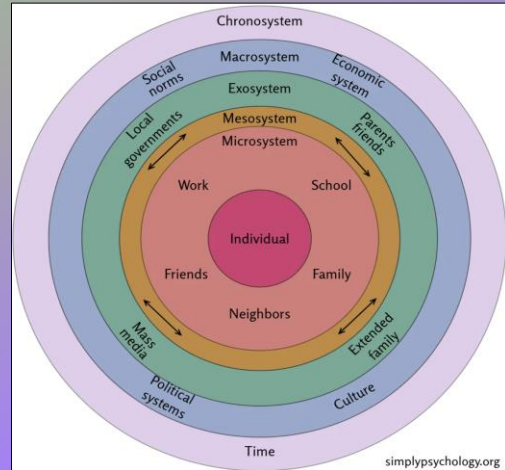
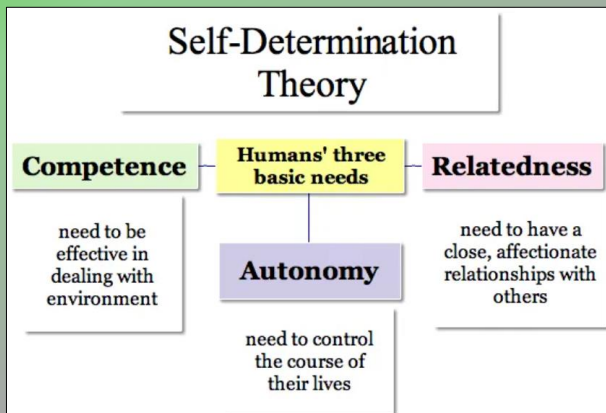
Based on my past experiences at DDA and current experiences with DCYF around this population, I decided to explore decision-making support needs and arrangements, as often they were a barrier in transitions.

Focus of this Capstone

Based on additional research and interviews with Stakeholders, I determined to focus on enhancing knowledge and competency on the importance of self-determination and the impacts decision making arrangements play on self-determination.

Theoretical Basis

- Self-Determination Theory: An individual's short and long-term biopsychosocial health are linked primarily to having more choice in their life. (Ryan & Deci, 2000).
- Ecological Systems Theory: the importance and impacts for systemic influences that can support or hinder many aspects of the individual's life, including self-determination (Bronfenbrenner, 1979).

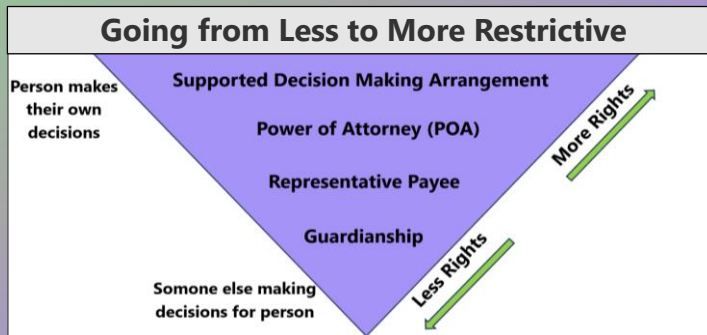


Impacts of Self-Determination on Health

- There are a growing number of studies highlighting how much self-determination increases an individual's biopsychosocial health (short-term and long-term).
 - In one study of 145 young adults with disabilities, they were evaluated to measure self-determination and quality of life after one year. Results found positive correlations between self-determination and quality of life and that self-determination has an immediate and long-lasting impact on quality of life (Chao, 2017).
 - Another longitudinal study examined the relationship between self-determination and quality of life for 34 youth or young adults with disabilities. Those with high levels of self-determination reported higher perceptions of satisfaction with both personal development and personal fulfillment over time (McDougall et al., 2010).
 - A meta-analysis of research of the topic references several studies of around 5,000 individuals with intellectual disabilities, and found correlations with increasing levels of self-determination and increasing levels of life satisfaction/quality of life (Wehmeyer, 2020).

Decision-Making Protective Arrangement Impacts on Self-Determination

- One study found that those with severe mental illnesses who were appointed a guardian to make decisions for them (often referred to as a “substitute decision maker,” experienced negative impacts on relationships, increased experiences of stigmatization, and had strong desires to restore their decision-making rights (Law et al., 2023).
- Nationally, there are many states asking to prioritize less restrictive alternatives to guardianship to be “tried and exhausted” before implementing guardianship (Shotwell, 2022). In Washington State, the Revised Code of Washington states that a guardian should only be appointed after less restrictive alternatives have been thoroughly tried (RCW 11.130.265).



Free Brittany Youtube Video Link (0:46 – 2:33)



Considering Less Restrictive Alternatives to Guardianship

- Guidance from American Bar Association’s [PRACTICAL](#) decision-making tool, suggests:
 - Start with a presumption that guardianship is not needed and to consider least restrictive decision-making arrangements first.
 - The most current decision-making protective arrangements in Washington State include statutes that need to be met:

| | |
|---|--|
| Representative (Protective) Payee: The Social Security Administration appoints a person or organization to manage the person’s SSI and benefits. | SSA Information Statute: WAC 388-460 |
| Supported Decision-Making (SDM) Agreement: document that identifies the person or people they want to support them and the kinds of decisions they want support to make. More information will be provided below. | SDM Guide SDM Agreement Template Statute: RCW 11.130.700 |
| Power of Attorney (POA): POA can be limited to one topic (ex: money or disability services), <u>or</u> limited to one decision (ex: buying a house), or broad covering all decisions. However, POA for health care must be separate. | POA Documents Statute: RCW 11.125 |
| Guardianship: if needed, consider limiting recommendation of guardianship to what is absolutely necessary , such as: <ul style="list-style-type: none"> • Only specific property/financial decisions • Only personal/health care decisions • Only specific personal/health care decisions • Only property/finances | DCYF Policy Statute: RCW 11.130 |

Note: additional alternatives such as a Trusts, Directives, etc., can be found at: [NAMI website](#).

Supported Decision-Making (SDM) Agreement

- SDM is a newer less restrictive alternative, in Washington State, and is a growing movement nationally.
- SDM is about the client being the ultimate decision-maker, whose trusted supports provide assistance to the client in whatever supports are needed in decision-making.



[SDM Info Youtube Video Link \(0:07 – 2:26\)](#)

| | |
|---|--|
| <p>What is an SDM Agreement?</p> <ul style="list-style-type: none"> • For adults with disabilities who need assistance with decisions regarding daily living • Written agreement between an individual & a supporter or supporters, where a court petition is not needed. Can be used in conjunction with LRATG. • The individual can act and make decisions without having the supporter assist them • The supporter can only take actions to obtain information that the agreement authorizes • The individual or the supporter can end the agreement at any time. | <p>Supporter Responsibilities (should be tailored for client, but general responsibilities include):</p> <ul style="list-style-type: none"> • Explaining the individual's options/choices and the good and bad consequences and responsibilities for their options. • Obtain information that could include medical, psychological, financial, educational, or treatment records. • Assist the individual in understanding information they obtain. • Assists in communicating information for others to understand the individual. |
| <p>A Supporter CANNOT Be:</p> <ul style="list-style-type: none"> • An employer or employee of the individual, unless the person is an immediate family member of the adult with a disability. • A person directly providing paid support services to the individual, unless the person is an immediate family member. • An individual against whom the person with a disability has obtained an order of protection from abuse, or an individual who is the subject of a civil or criminal order prohibiting contact with the adult with a disability. | <p>SDM Agreement Form Rules:</p> <ul style="list-style-type: none"> • Has to be in writing (see SDM template) • Needs either two witness signature (witnesses <u>can't be paid providers or a supporter</u>, or <u>employee or agent of a supporter</u>, must understand individual's type of communication) OR a notary signature (check local banks, libraries, or look online) |

How this Applies to the Population

- In Washington State, there are a significant amount of youth with disabilities in foster care with DCYF who transition to in-home or out of home adult services with the Developmental Disabilities Administration (DDA).
- As of 2022, there were 48,358 DDA clients, **11,641 of those clients had been assigned a guardian**, 7,410 had a parent as guardian, 2,323 had another family member as guardian, and 1,918 had someone who wasn't a family member as guardian (Developmental Disabilities Administration, 2022).
- In this same DDA report to the legislature, it was reported that there are still many unmet decision-making needs for DDA clients in facilities. It was recommended that guardianship options be simplified, and other less restrictive arrangements utilized more.
- In DCYF's 2023 report on Extended Foster Care and guardianships for Children and Youth in Out-of-Home Care, there were 777 young adults exiting extended foster care in 2022, and 7.3% of children and youth exited out-of-home care, into guardianship. (Department of Children Youth & Families, 2022).
- Youth aging out of foster care experience an increased risk for homelessness, young parenthood, low educational attainment, high unemployment rates, and abuse (Rosenberg & Abbott, 2019). This is regardless of disability, so when a youth is experiencing both, it is easy to see that putting a guardian in place is likely done with the best intentions.

Stakeholder Interviews

- **Stakeholder #1:** Program Manager for DCYF and has several years of experiences providing consultation and staffing cases with DCYF dependent youth transitioning to adult DDA services.
- **Stakeholder #2:** currently works at DDA Headquarters, overseeing DDA children's services. Experience at DDA for 5 years, and prior to that spent over 10 years with DCYF as a social worker.
- Some of the barriers and concerns shared, included:
 - Very few social workers at DCYF (including AAGs) are aware of less restrictive options to guardianship (estimated maybe 2 out of 10 social workers), especially supported decision-making arrangements. Clients and families are even less aware than social workers.
 - Only one DCYF to DDA transition was identified as having used supported-decision making agreement.
 - DCYF social workers come from a different, more protective perspective than DDA social workers, that explains why guardianship is typically used without consideration of alternatives.
 - Often supporters of client assume guardianship is needed due to bad decision making. That **making bad decisions, doesn't mean an individual isn't incapable of making decisions!**
- Some of the needs and suggestions shared, included:
 - Social workers being made aware of these alternatives for youth who are still DCYF dependent at 18, as often parents may not be involved at that point.
 - Supports for social workers to determine what level of protective arrangements are needed for a client.
 - Better instructions for how to complete a less restrictive alternative, and who should be responsible.
 - Provide a streamlined document on alternatives to guardianship, including a guide on how to create a supported-decision making arrangement.
 - Ensure client's voice and choice as much as possible!

My Experiences

- My experiences with this population at both DDA and DCYF echo the experiences shared by the stakeholders.
- Not only have I noticed guardianship being exclusively assumed and discussed, but when less restrictive alternatives are brought up, no one has any idea how to estimate an individual's decision-making needs and which arrangement would be most appropriate.



[SDM Testimonial Youtube Video Link \(0:33 – 2:55\)](#)

Barriers to Less Restrictive Alternatives

- Lack of education/direction on less restrictive protective arrangements, and recommendation that all professionals working with disabled clients receive education on impacts of guardianship (Costanzo, 2022).
- Supporters rarely explain the potential consequences of guardianship or provide information on less restrictive alternatives. A study found that of all options, guardianship is consistently & frequently discussed, & less restrictive alternatives were rarely discussed. SDM was the least discussed (Jameson et al., 2015).
- Study examining perspective of 117 school professionals working with special education students. Results found incongruity between professional's values on decision making and the reality of practice. Despite valuing the importance of less restrictive alternatives to guardianship, less than half reported having received training in the last 3 years on self-determination or alternatives to guardianship (Plotner, 2022).
- Society generally values safety over choice & neurotypical decision making, which, helps to create a "deep-rooted paternalistic culture," in America, which makes it difficult for many to embrace SDM (Zhang, 2019).
- Lack of social worker involvement in supporting with decision-making arrangements, due to legal nature.
- Lack of DCYF policy to explore less restrictive options. Social workers entrenched in a "paternalistic" culture and already familiar with status quo (guardianship). A current lack of clear directions on less restrictive options, and many being unaware of SDM, due to how new this alternative is.
- Concerns for potential abuse and exploitation using SDM. In response to this concern
 - A study on a SDM pilot program in New York concluded that client's using SDM had more safe people in their life as supports and reduced the risk of abuse and exploitation (Hamilton, 2023 & Pell, 2019).
 - Conceptually, if SDM is constructed well, it would create more "checks and balances." (Kohn et al., 2012).

My Proposed Intervention:

The Supported Decision-Making Toolkit

- **Purpose:**
 - To increase education and contentionsness on the importance of self-determination and less restrictive alternatives to guardianship.
 - Additional information will be provided on SDM, as it is a newer alternative.
 - Provide resources & tools to assess decision-making support needs (emphasizing client input) & matching to the most appropriate decision-making arrangement(s).
 - As a tool to involve other social workers supporting the client (WISe, school, etc).
 - As a tool to inform AAG or attorney (if needed), to better assess the most appropriate arrangement.
 - To utilize decision making arrangements in a way that should maximize self-determination, while still meeting health and safety concerns.

(I then present and review the toolkit documents)

Evaluation plan

- To evaluate the effectiveness of the program:
 - I would primarily utilize the DCYF Developmental Disability/Mental Health Consultant positions in all 6 regions, who support transitions for youth transitioning into adulthood and DDA services.
 - I will propose we all track information on decision-making supports within our 16.5 and shared planning meetings. We are already tracking data via forms and "smart sheets."
 - I would like to track when the toolkit or less restrictive alternatives were discussed or provided to social workers, client or family.
 - Working with DDA, I could also ask that they track (along with DCYF positions), when supported decision-making arrangements were used. Tracking this alone should speak to the effectiveness of the toolkit, as there is only one reported transition of a client utilizing SDM.

Conclusion and Potential for Project

Ethics of social work dictate that social workers (including school social workers) balance between acting on behalf of vulnerable people (safety) and supporting self-determination (choice). Social workers should be more involved in helping transition-age students with disabilities find protective arrangements that promote self-determination as much as possible (Smith-Hill, 2023).

Social workers play critical roles in supporting clients with decision-making arrangement and need to feel confident providing information/resources without crossing any legal boundaries.

Increasing awareness and utilization of less restrictive alternatives, could lead to snowball effect of competency and utilization of less restrictive alternatives. It is my hope that in turn, could lead to DCYF policy changes on adult guardianship, to prioritizing less restrictive alternatives, that could further enhance use not just at DCYF, but collaborating organizations.

This toolbox should help social workers make that balance of maximizing self-determination, while meeting health and safety concerns, and should in turn, help this vulnerable population with smoother transitions to adulthood, and to increase the quality of their life.

This presentation is provided for informational purposes only, and is not intended as legal advice

Supportive Resource Links for Less Restrictive Alternatives

- [Center for Transition to Adult Health Care for Youth with Disabilities](#)
- [The Arc Flyer on Decision Making Supports \(also contact: futureplanning@thearc.org\)](#)
- [SDM in WA | Informing Families](#)
- [Washington | National Resource Center \(supporteddecisionmaking\)](#)
- [Client Stories Utilizing SDM](#)
- [Parent & Teacher Tips Sheet on Decision Making](#)
- [PAVE: Supported Decision Making](#)
- [Office of Public Guardianship](#)
- [Alternatives to Guardianship – NAMI Southwest Washington \(namiswwa.org\)](#)
- [Northwest Justice Project Guide to SDM](#)
- [Another SDM Agreement Sample Template \(NW Justice Project\)](#)
- [Supported Decision Making in WA State | Informing Families](#)
- [Washington | National Resource Center \(supporteddecisionmaking.org\)](#)
- [Client Stories Utilizing SDM](#)
- [SDM Personal Experience Video on Vimeo](#)

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References

Thank you!

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TSOCW 533 Capstone: Toolkit on Self-Determination and Decision-Making Supports


Appendix C, Evaluation Tool

Smartsheet Platform (through DCYF): www.smartsheet.com

Microsoft Excel: [Free Online Spreadsheet Software: Excel | Microsoft 365](#)

TSOCW 533 Capstone: Toolkit on Self-Determination and Decision-Making Supports

Appendix D, Capstone Poster



Toolkit on Less Restrictive Alternatives to Guardianship (for DCYF Dependent Youth Transitioning to Adulthood)

This presentation is provided for informational purposes only, and is not intended as legal advice

By: Johnny Hanson
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Need Statement
DCYF dependent youth transitioning to adult DDA services, need more self-determination (choices), in order to maximize their long-term health.

Current Barriers
Stakeholder interviews barriers included:

- Few social workers at DCYF (including AAGs) are aware of less restrictive alternatives to guardianship (estimated 2 of 10 social workers), especially supported decision-making (SDM) arrangements. Clients and families are even less aware.
- DCYF social workers have a more protective perspective than other social workers, leading to guardianship being used without consideration of alternatives.
- Social worker assuming guardianship due to bad choices, when making bad decisions, doesn't mean an individual isn't incapable of making decisions!

 Research & policy based barriers included:

- Lack of education/direction on less restrictive alternatives, & need for all social workers working with this population to receive education (Costanzo, 2022).
- Social workers rarely explain consequences of guardianship, & rarely discuss less restrictive alternatives, especially SDM (Jameson et al., 2015).
- Incongruity between professional's values on decision making (less restrictive alternatives) and the reality of practice (Plotner, 2022).
- America's "deep-rooted paternalistic culture" (valuing safety over choice), which makes it difficult for many to embrace SDM (Zhang, 2019).
- Fear of crossing the legal line due to legal nature of this issue.
- Lack of DCYF policy to explore less restrictive options (despite RCW 11.130.265), and social workers already going with the status quo of guardianship.
- Lack of awareness & directions on SDM, due to how new this alternative is.
- Abuse & exploitation concerns using SDM, despite the "Free Brittany Movement," & studies that client's using SDM had reduced risk of abuse & exploitation (Hamilton, 2023; Kohn, 2012; Pell, 2019; Shotwell, 2022).

Goal

- Improve client self-determination and health through utilizing least restrictive decision-making protective arrangements.
- Increase social worker competency around self-determination and the importance of less restrictive alternatives to guardianship.
- Improve transition timeliness/adequacy for self-determination & stability.
- Awareness leading to DCYF policy change to utilize less restrictive alternatives.

Objective

- To increase awareness and utilization of less restrictive alternatives to enhance self-determination through streamlined document of information and resources
- To help social workers assess decision-making support needs and match to most appropriate decision-making arrangements.

Evaluation of Effectiveness

- Utilize DCYF Developmental Disability/Mental Health Consultant positions in all 6 regions, to implement intervention & tracking.
- These positions could track via 16.5 meeting forms & "smart sheets" data.
- Tracking when toolkit or less restrictive alternatives were discussed or provided.
- With DDA, I could track when SDM arrangements were used. This would be effective evaluation as only one transition case has been identified using SDM.

Intervention: The Decision-Making Toolkit (Purpose)

- Increase education on self-determination & less restrictive alternatives.
- Used as a tool to involve other social workers supporting the client, and inform AAG or attorney, to better assess the most appropriate arrangement.

Conclusion
 Ethics of social work dictate social workers (including school) balance between acting on behalf of this population (safety) & supporting self-determination (choice). Social workers need to be more involved in helping this population find protective arrangements that promote self-determination (Smith-Hill, 2023).

Proposed Intervention: Decision Making Toolkit
 Includes **intro, educational flyer** on protective arrangement impacts on self-determination, & role of social workers. Information & resources on **less restrictive alternatives**, a **streamlined decision-making document** for client or other supports to evaluate domains of life decisions & support needs, **additional information on SDM with steps** for considering/creating an SDM agreement, an **SDM agreement template**, & **resources** for additional support.

Decision Making Toolkit
 Developed by Johnny Hanson
 john.hanson@dcyf.wa.gov




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 2. Why Consider Less Restrictive Alternatives to Adult Guardianship?
 3. How to Assess Less Restrictive Alternatives to Adult Guardianship
 4. Decision Making Support Tool
 5. Additional Resources for Support

Why Consider Less Restrictive Alternatives to Adult Guardianship?
 (Understand the Impact of Substantiated or Alleged Abuse on the Ability to Make Decisions)

How to Assess Less Restrictive Alternatives to Adult Guardianship
 (Understand the Impact of Substantiated or Alleged Abuse on the Ability to Make Decisions)

Decision Making Support Tool
 This tool is designed to help social workers, family members, and other supports evaluate domains of life decisions & support needs, additional information on SDM with steps for considering/creating an SDM agreement, an SDM agreement template, & resources for additional support.

Additional Resources for Support
 This section provides a list of resources for additional support, including legal services, mental health services, and community organizations.