

## CARE Act Training & Technical Assistance

# SUPPORTED DECISIONMAKING & THE CARE ACT

Training Category: CARE Act Process



This session is presented by Health Management Associates. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, California Department of Health Care Services.



[Slide Image Description: This cover slide introduces the title and category of this training. It contains the logos for the California Department of Health Care Services and Health Management Associates.]

This presentation is for Supported Decisionmaking and the CARE Act. The training category is the CARE Act process.

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## Agenda

### An Introduction to Supported Decisionmaking (SDM)

- Define SDM
- Highlight key concepts and principles

### Supported Decisionmaking in the CARE Act Process

- Overview of SDM and the CARE Act process
- Review of roles in the CARE Act, including the volunteer supporter, and their relationship with the SDM framework
- Include a scenario that provides an example of how one may support the individual to make their own decisions under an SDM framework

[Slide Image Description: This slide shows the major sections of this training on a light blue background.]

The agenda includes:

- An Introduction to Supported Decisionmaking (SDM)
  - Define SDM
  - Highlight key concepts and principles
- Supported Decisionmaking in the CARE Act Process
  - Overview of SDM and the CARE Act process
  - Review of roles in the CARE Act, including the volunteer supporter, and their relationship with the SDM framework
  - Include a scenario that provides an example of how one may support the individual to make their own decisions under an SDM framework

## Objectives

At the end of the session, participants will have an increased ability to:

- » Explain why supported decisionmaking can be promoted for individuals who are eligible for the CARE Act
- » Demonstrate familiarity with the continuum of decisionmaking supports for all parties involved in the CARE process (including the BH agency, courts/counsel)
- » Apply SDM to the volunteer supporter role

[Slide Image Description: This slide shows the learning objectives for this training with a light blue background.]

At the end of the session, participants will have an increased ability to:

- Explain why SDM is a fundamental principle of the CARE Act
- Demonstrate familiarity with the continuum of decisionmaking supports for all parties involved in the CARE process (including the BH agency, courts/counsel), including SDM
- Apply supported decisionmaking as a decisionmaking model to the volunteer supporter role

## Presenters



**DARI POGACH, JD**  
Senior Consultant  
Health Management Associates



**BARRY J. JACOBS, PSYD**  
Principal  
Health Management Associates



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[Slide Image Description: This slide includes images of the presenters of this training on a light blue background.]

The presenters Dari Pogach, JD, and Barry J. Jacobs from Health Management Associates.

Dari Pogach, from Health Management Associates, has more than 15 years of experience working with clients, communities, nonprofit organizations, policy makers, and state and national government leaders. Dari has subject matter expertise in supported decision-making as a legal theory and its practical application. She has represented clients in completing supported decision-making agreements, written scholarly articles about supported decision-making, and conducted numerous trainings for national audiences. As a senior official with the District of Columbia's Department of Aging and Community Living, Dari led the agency's adult protective services, case management, and nursing home transition teams. At the American Bar Association's Commission on Law and Aging, Dari developed nationally lauded tools and programs for attorneys and other professionals, facilitated stakeholder engagement across the country, and led multimillion dollar projects dedicated to adult guardianship reform and decisionmaking supports. She has represented clients with psychiatric disabilities in a

Barry J. Jacobs, from Health Management Associates, is a clinical psychologist and family therapist who has authored several books and dozens of articles on enhancing support for family caregivers. Dr. Jacobs provided more than 500 presentations about caregiving for family caregivers, community groups, and medical and mental health professionals. He is an expert in behavioral health integration, complex care management, enhancing family caregiver engagement and supports, practice transformation, team-based care, and provider wellness. He brings to HMA his knowledge and decades of clinical practice experience for individuals, couples, and families.

In addition to the content development by subject matter experts from Health Management Associates, this presentation material was informed by Painted Brain (peer organization based in Los Angeles), Christopher Schnieders from the Saks Institute, National Alliance for Mental Illness (NAMI) – California, and the Grave Disability Workgroup.



[Slide Image Description: This is a section divider slide to indicate a major section of this training.]

This section covers an introduction to SDM.

## Supported Decisionmaking

Supports and services that help an adult with a disability make his or her own decisions, by using friends, family members, professionals, and other people they trust:

- » to help understand the issues and choices, ask questions
- » receive explanations in language they understand
- » and communicate their own decisions to others

What supports and services would enable individuals to make their own decisions?



For more information, read "[The Right to Make Choices: The National Resource Center for Supported Decision-Making](#)" and the [Human Rights Brief](#).

[Slide Image Description: This slide shows the definition of supported decisionmaking and an image of holding hands.]

Supported decisionmaking asks, what supports and services would enable individuals to make their own decisions? SDM means decisions aren't made for the person, they are made by the person.

The definition was written in the context of protecting the rights of people with disabilities to make their own decisions. The process applies to all of us, including those of us whose decisionmaking authority and capacity have never been questioned.

Some of the underlying principles that underly SDM include:

- Everyone has the right to make their own decisions
- Most of us make decisions with support
- Supported decision making can empower people with disabilities to make their own decisions

Instead of approaching a situation thinking through the barriers to someone making their own decisions (physical barriers, bad decision making skills, untreated mental

illness), SDM invites us to think through: “

So just to give some brief context, supported decision making this framework is a formalized approach to further empower people with disabilities to make their own decisions. It is a set of techniques for supporting maximizing autonomy for decision-making by people with disabilities. We all have the right to make our own decisions, including people with disabilities, and we also have a right to the support and services that are truly necessary to help us make those decisions.

For more information, read “[The Right to Make Choices: The National Resource Center for Supported Decision-Making](#)” and the [Human Rights Brief](#).

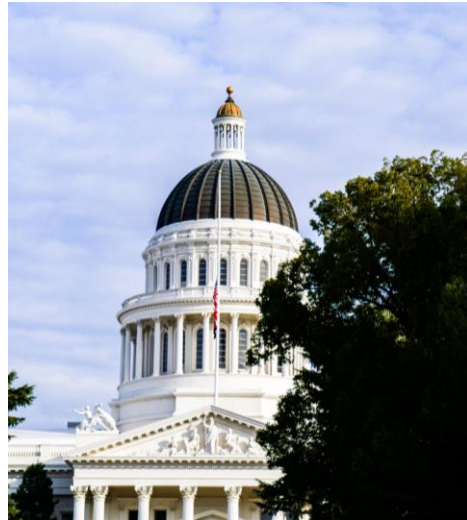


## CARE Act Statute

**“Self-determination and civil liberties** are important California values that can be advanced and protected for individuals with these untreated severe mental illnesses with the provision of legal counsel for CARE proceedings, agreements, and plans, as well as the promotion of **supported decisionmaking.**” [CARE ACT](#)

- » The goal is to support self determination to the greatest extent possible
- » SDM is a decisionmaking model for the CARE Act participant and supporter

For more information, visit the [2022 California Welfare and Institutions Code](#).



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[Slide Image Description: This slide shows the CARE Act statute language for supported decisionmaking and an image of a state capitol building.]

The state of California is emphasizing SDM. SDM is a fundamental tool for advancing California values.

**“Self-determination and civil liberties** are important California values that can be advanced and protected for individuals with these untreated severe mental illnesses with the provision of legal counsel for CARE proceedings, agreements, and plans, as well as the promotion of **supported decisionmaking.**” [CARE ACT](#)

Two things to keep in mind:

- The goal is to support self determination to the greatest extent possible
- SDM is a decisionmaking model for the CARE Act participant and supporter

Note: This is a decisionmaking framework. It is a tool that will not always work perfectly.

For more information, visit the [2022 California Welfare and Institutions Code](#).

## Decisionmaking Support Options

Supported decisionmaking is one of several options for making decisions. Other options are included here which can be applied on their own or in conjunction with SDM.



For more information, visit the [2022 California Welfare and Institutions Code – 21000\(g\)](#).



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[Slide Image Description: This slide shows decisionmaking support options in colored boxes with an image of an individual being interviewed.]

Supported decisionmaking is one of several options for making decisions. Other options are included here which can be applied on their own or in conjunction with SDM.

Other options include:

- medical and financial powers of attorney
- authorized representative forms
- health care directives (including psychiatric advanced directives)
- release of information forms
- representative payees

SDM can be used as an alternative to different types of conservatorships.

For more information, visit the [2022 California Welfare and Institutions Code – 21000\(g\)](#).



[Slide Image Description: This slide shows the prompt question on a colorful box with additional prompt questions branching off from the colorful box.]

In order to better understand what SDM is and how to apply it in practice, let's break down our own decisionmaking process to think about what are the types of decisions we make, who is in our decisionmaking network, and what are the types of influences at play when we make a decision.

For example, think about some of the decisions you've made today.

- Did you make every decision on your own?
- Did you ask someone for input?
- Maybe you asked your partner if your outfit looks ok? Or what you should eat for breakfast?
- Did you talk to someone about a bigger decision, such as buying a car or attending school?
- Who did you ask? Did they give you advice? Did you take it?
- Who is in your decision making network?

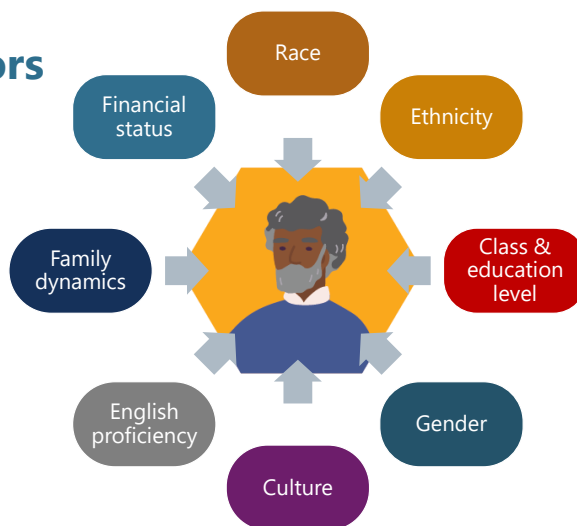
We all make decisions every day including big and small, and we usually use support

networks to make those decisions. We may ask for advice, but we don't always take it, depending on how that advice aligns with our values, priorities, and preferences. And we don't make decisions in a vacuum: there are lots of factors that impact what choices we make (which we are going to discuss on the next slide).

Individuals with disabilities and disorders are not unique in needing a support network to make decisions, not always taking other people's advice, and having other factors that influences their choices.

## What are the factors that influence decisionmaking?

There are many factors that influence how we make decisions.



[Slide Image Description: This slide shows various factors that influence decisionmaking in colorful circles that all point to an image of an individual representing Ray, the case study individual for this presentation.]

Supported decisionmaking isn't just about making a list of pros and cons. There are other factors that influence decisionmaking. Some examples of other factors that influence decisionmaking include:

- Race, ethnicity, class & education level, gender, culture, English proficiency, family dynamics, financial status

SDM will seem very natural to some groups. For others, SDM is a reversal of the approach to decisionmaking. In some cultures, the majority looks to the family or community elder to make a decision.

People who meet the CARE Act requirements have likely not been respected or expected to make their own decisions, let alone a "good" decision, in many years.

Let's consider how a few of these different factors can influence decisionmaking:

- English proficiency: In first generation American families, a child who translates from the family's native language to English may end up making decisions due to communication constraints.
- Family dynamics: if a volunteer supporter is a family member, there will inevitably be pre-established roles regarding decisionmaking.
- Financial status: if there aren't enough resources, making decisions can come down to do we eat or do we have a place to sleep tonight?



» What if ...

- ...the person is **threatening to harm themselves or others?**
- ...the person **doesn't want to engage in SDM?**
- ...the person is **not communicating expressed wishes?**

[Slide Image Description: This slide shows a list of scenarios when SDM does and does not apply.]

How can SDM be used in various situations?

- Remember, by engaging in SDM, the supporter isn't making the decision but is providing support to assist the client in making a decision.
- SDM is a framework and a spectrum rather than a rule. It should be used to maximize the autonomy of an individual, and it will be applied differently in different situations.
- For example, a person with schizophrenia who may be untreated and unstable, may still be able to accept your support in helping them voice their preferences and choices towards making their own decisions.
  - In some circumstances, this may be using skills such as reflective listening, weighing pros and cons, and reminding the client of past wishes/preferences.
  - In other circumstances, however, it could be referring to Psychiatric Advance Directives (PADs) or Advance Health Directives to determine what preferences they have outlined in the past. Problem-solving with the

individual in the moment may not always be possible with the CARE Act participant, and instead, referencing documents such as the PADs to understand their documented preferences and choices that were made when they were better able to express these, will be an important approach.

- When considering working with persons in CARE Act who may have untreated schizophrenia and impaired insight into their illness, there may be situations when using an SDM approach may not always be appropriate or effective. As we mentioned, SDM is not a light switch - either on or off. Rather, it is a tool that can be tailored to maximize autonomy of an individual. There are likely moments (which we will discuss in a moment) where you should continue to respect and listen to the individual, but you won't be able to engage them in SDM. In these instances, it's best to rely on the advice and guidance of professional care providers for alternative approaches.
- Providing this kind of support to an individual with serious mental illness—such as the CARE participant—requires a trauma-informed approach that includes patience, empathy, remaining neutral, and withholding judgement. Relevant trainings include:
  - A series of trainings on schizophrenia (parts [1](#), [2](#), [3](#)) which include both education about schizophrenia and its symptoms, but also communication strategies to use with individuals living with schizophrenia.
  - Trauma-informed care (parts [1](#), [2](#), and [3](#)), which includes approaches that that acknowledge how their traumatic experiences may influence an individual's behaviors, reactions, and communication.
  - Maintaining neutrality as a supporter (link [here](#)), which includes strategies for how to remain neutral in the supporter role
- Overview of the supporter role (link [here](#)), which includes roles and responsibilities of a supporter in using SDM

When SDM might apply:

- Person wants to make a medical decision that is contrary to the medical team's recommendation
- Decisions around allocation of resources
- Social or relationship decisions

Consider the following examples in which there could be limitations to how SDM can be used.

- **The person is threatening to harm themselves or others.** If the client/respondent is threatening to harm themselves or others, the supporter should call emergency response (988 or 911).
- **The person doesn't want to engage in SDM.** SDM can only happen if the person wants support making decisions.



- **The person is not communicating expressed wishes.** If they are not communicating currently, their previously known wishes or any legal documentation of their wishes should be considered.

## SDM in Action

What is Sean's situation?



- » Sean has a diagnosis of diabetes and opioid use disorder, and he's currently unhoused.
- » The doctor recommended he amputate his toe, which has gangrene, or he will lose his foot.
- » Sean is worried he will relapse if he is medicated for surgery, and he decides to forgo the surgery.

[Slide Image Description: This slide shows a description of a hypothetical scenario for Sean and a picture of an individual pushing another individual that is in a wheelchair.]

Let's look at a hypothetical scenario to consider how SDM works in practice.

Here's the situation:

- Sean has a diagnosis of diabetes and opioid use disorder, and he's currently unhoused.
- The doctor recommended he amputate his toe, which has gangrene, or he will lose his foot.
- Sean is worried he will relapse if he is medicated for surgery, and he decides to forego the surgery.

## SDM in Action



### What is the ideal outcome?

Sean has the right to make his own decisions with the necessary services and supports. SDM can help Sean make his own decision. Sean's supporter should be able to answer some or all of the following:

- » Did Sean have all the information he needed to make an informed decision?
- » Did he talk to the surgeon about medication options for someone with opioid use disorder?
- » Did his psychiatrist participate in the treatment plan?
- » Did Sean get to tell the doctor how he felt?

[Slide Image Description: This slide is in continuation to the previous slide, it shows the same picture and gives more description of Sean's hypothetical scenario.]

Let's talk about the ideal outcome of SDM. The ideal outcome is that Sean gets all the information he needs to make a decision, not that Sean makes a pre-determined choice.

Under SDM, he has the right to make his own decisions with support and all the information he needs

- Did Sean have all the information he needed to make an informed decision?
- Did he talk to the surgeon about medication options for someone with opioid use?
- Did his psychiatrist participate in the treatment plan?
- Did Sean get to tell the doctor how he felt?

In SDM, there is no "bad" decision, as long as the person was supported and informed.

## Ideas in Action



» In the next section, we are going to look at how SDM applies to the CARE proceedings. Consider how you would summarize SDM as a framework and make a note of questions you have about how it applies to CARE.



[Slide Image Description: This slide shows an ideas in action prompt with a picture of an individual placing a blanket on another individual.]

In the next section, we are going to look at how SDM applies to the CARE proceedings. Consider how you would summarize SDM as a framework and make a note of questions you have about how it applies to CARE.



[Slide Image Description: This is a section divider slide to indicate a major section of this training.]

We've talked about supported decisionmaking and how it's used broadly, and now we are going to see how this framework would apply to the CARE Act proceedings, especially through the volunteer supporter role.

## Person-Centered Planning as a tool within SDM in the CARE Act

» The components of the CARE process are structured to ensure that the **diverse and unique needs** of each respondent are heard, recognized, and met.

» **Person-Centered Planning** means prioritizing the CARE respondent's **strengths, capabilities, preferences, lifestyle, and culture**.



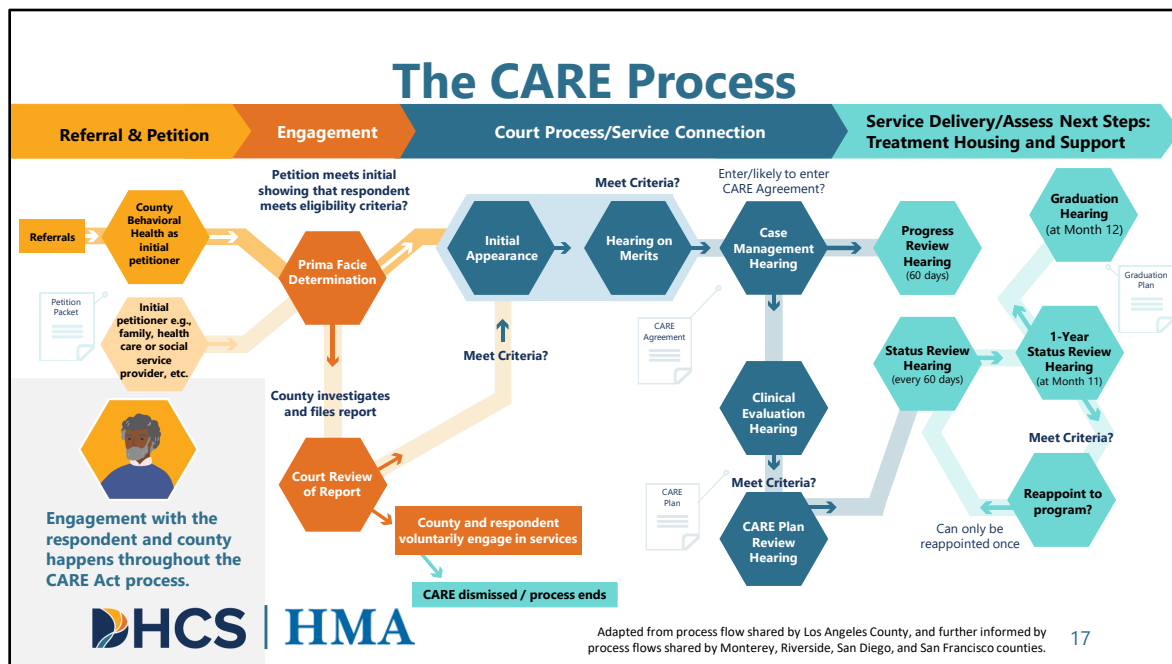
» With the help of the SDM approach, the different roles within the CARE process can use person-centered planning as a guide for supporting the CARE respondent through the process and ensuring that their **priorities, choices, and decisions** are heard.

For more information, access the [Person-Centered Planning Training Guide](#).

[Slide Image Description: This slide shows an image of an individual representing Ray and components of person-centered planning.]

Person-centered planning is a tool with use within SDM in the CARE Act:

- The components of the CARE process are structured to ensure that the **diverse and unique needs** of each respondent are heard, recognized, and met.
- **Person-Centered Planning** means prioritizing the CARE respondent's **strengths, capabilities, preferences, lifestyle, and culture**.
- With the help of the SDM approach, the different roles within the CARE process can use person-centered planning as a guide for supporting the CARE respondent through the process and ensuring that their **priorities, choices, and decisions** are heard.



[Slide Image Description: This slide shows a flowchart of the CARE Act process.]

All parties in the CARE proceedings should be familiar with the concepts of SDM so that it can be a respected part of the process. We have introduced and dissected this CARE flow in prior trainings. As you look at the process now, where do you think that SDM can intentionally be incorporated throughout the CARE proceedings to ensure that the needs and preferences of a respondent are honored?

In the next slide, we are going to talk about a few points in the process that could incorporate SDM.

Description of flow:

1. Informal and formal referrals can be made to the county behavioral health (BH) agency.
2. Petitioner files a petition. This can be county BH or another initial petitioner.
3. There will be a Prima Facie Determination to see if the respondent meets the criteria.
  - If someone other than the county BH agency is the petitioner, and if the

respondent is found to meet the criteria, the county BH agency will investigate and file a CARE report.

- If they do not voluntarily engage in services and the county BH report finds that the respondent meets the criteria, they will progress to the initial hearing.
1. If the respondent meets the criteria, there will be an initial appearance (with the petitioner present). There will also be a hearing on the merits (which can be combined with the Initial Appearance).
  2. If the respondent still meets the criteria, then there will be a Case Management Hearing.
    - If it is determined in this hearing that a CARE agreement is likely to be reached, then there will be at least one progress review hearing (but potentially there could be more).
  3. If it is determined at the Case Management Hearing that a CARE agreement is not likely to be reached, the court will order a Clinical Evaluation and then a hearing to review. That evaluation is required to include an assessment of respondent's capacity to make an informed decision around psychiatric medications.
  4. If the clinical evaluation finds that the respondent is eligible, a CARE plan will be developed and then reviewed in a hearing.
  5. There will then be a status review hearing at least every 60 days.
  6. At month 11, there will be a one-year status review hearing to determine next steps:
    - The respondent will graduate (and have a graduation hearing at month 12).
    - The respondent will be reappointed to the program, which can only happen once.



## When should SDM be incorporated?



[Slide Image Description: This slide shows inflection points in the CARE Act processes and highlights which processes can incorporate SDM.]

As SDM is really about ensuring that the client or respondent's preferences and priorities are known, all of these components of the CARE Act should include this approach.

We are calling out activities **in bold** that definitely should incorporate the SDM approach:

- Psychiatric Advanced Directive (PAD): We will address this in detail in our PAD training.
- Voluntary engagement: although all aspects of the CARE proceedings are voluntary for the respondent, voluntary engagement can happen early on in which the respondent agrees to engage in services before the court process begins in earnest. At this point, the respondent's needs and preferences should be reflected in the way that they engage in services.
- CARE plan/agreement: a CARE plan/agreement will formalize services that the respondent will have access to and that the BH agency will agree to provide. All parties—including the respondent and the supporter—should collaborate on the

plan/agreement, and the end product should reflect needs and preferences of the respondent in the different sections outlined by statute, including: behavioral health services, medically necessary stabilization medications, housing services, social services (including **services**)

- Graduation plan: the graduation plan should also consider the needs and preferences of the respondent, to help them transition out of the CARE court process in a way that maximizes their stability

To complete each of these activities effectively, engaging with the client/respondent with regards to their preferences, priorities and overall goals is critical.

### What is Ray's situation?

- » Diagnoses of schizophrenia, alcohol use disorder, type II diabetes
- » Not engaged with a mental health provider
- » Consistently declines antipsychotic and diabetic medications
- » Recent emergency room visits and complaints of his neuropathic pain
- » Currently unhoused
- » Referred for CARE Act proceedings by a Homeless Outreach worker who checks in with him regularly
- » Ray elects his older sister as his volunteer supporter



### Case Example: Meet Ray



Disclaimer: This is a hypothetical case example.  
Any resemblance to an actual person is purely coincidental

[Slide Image Description: This slide shows an image of an individual representing Ray and a description of Ray's situation.]

Let's use another case example to look at how SDM can be applied in the CARE proceedings.

### What is Ray's situation?

- Diagnoses of schizophrenia, alcohol use disorder, type II diabetes
- Not engaged with a mental health provider
- Consistently declines antipsychotic and diabetic medications
- Recent emergency room visits and complaints of his neuropathic pain; recent involuntary transports to emergency rooms due to agitated behavior. The last ER admission was noted to have poor self-care, complaints of neuropathic pain, and multiple past involuntary acute psychiatric hospitalizations under WIC 5250
- Currently unhoused and living in alley ways, having left or been removed from numerous temporary shelters immediately after admission.
- Referred for CARE Act proceedings by a Homeless Outreach worker who checks in with him regularly, who notes that Ray remains agitated and suspicious and believes

that his food is poisoned and that the devil is speaking to him through family members.

- Ray expresses some initial hesitancy about his sister being his supporter related to his paranoid beliefs. However, he ultimately decides to approve her in this role.

*Disclaimer: This is a hypothetical case example. Any resemblance to an actual person is purely coincidental*

### Where is Ray in the CARE process?

- » Ray has progressed to the point of creating a CARE agreement
- » The BH agency has made initial recommendations:
  - » Complete a medication evaluation and follow the provider's recommendations
  - » Pursue substance use disorder (SUD) treatment options
  - » Engage with a PCP for his medical conditions

### What are some of Ray's preferences?

- » Willing to see a psychiatrist for an evaluation
- » Does not want medications
- » Not interested in SUD treatment or seeing a PCP
- » Interested in financial support and non-congregate housing



### Ray in the CARE Process



Disclaimer: This is a hypothetical case example.  
Any resemblance to an actual person is purely coincidental

[Slide Image Description: This slide shows an image of an individual representing Ray and a description of where Ray is in the CARE Act and some of Ray's preferences.]

#### Where is Ray in the CARE process?


- The CARE process regarding Ray has progressed to the point of creating a CARE agreement
  - Ray outlines his preferences with the help of his sister
- The BH Agency also makes initial recommendations for the CARE Agreement content, including
  - complete a medication evaluation and follow the provider's recommendations
  - Pursue SUD treatment options
  - Engage with a PCP for his medical condition

#### Where some of Ray's preferences?

- Ray tells his sister that he'll see a psychiatrist for an evaluation but will not commit to taking medications

- He is not interested in pursuing SUD treatment or seeing a PCP
- Ray wants to focus on getting additional financial support and non-congregate housing

*Disclaimer: This is a hypothetical case example. Any resemblance to an actual person is purely coincidental*



**How can Ray's sister help him understand his options to make decisions related to his CARE agreement?**

- » With Ray's consent:
  - » Talk to the BH agency's case manager and other associated providers about why they are making these recommendations
  - » Ensure that Ray's case manager is aware of Ray's preferences and priorities
- » Talk through options with Ray so he can make his own decisions about which treatment and services he would like to have included in his CARE agreement

[Slide Image Description: This slide shows an image of an individual representing Ray's sister and a description of how Ray's sister is involved in the CARE Act process.]

Let's consider how Ray's sister (as his voluntary supporter) can help Ray understand his options to make decisions related to his CARE agreement.

- Sister engages in activities at Ray's request to help him make an informed decision about his CARE agreement.
- Again, with Ray's consent, she may reach out to the BH case manager to understand why team has made each specific recommendation
- The sister emphasizes Ray's priorities and preferences to the BH case manager
- She talks through various options and their potential consequences with Ray to help him decide which services he would like

## Supporter Role in the CARE Act

### New brief on the supporter role in the CARE Act.

- » What does the supporter role entail?
- » Who is the supporter?
- » What are the key operating principles of the supporter's role?
- » How is the supporter selected?
- » Can a supporter change throughout the CARE proceedings?
- » What are considerations that should guide the supporter role?
- » What can a supporter participate in?
- » What trainings are available to supporters?
- » Statute Language & Citation



Available on [CARE-Act.org](https://www.care-act.org).



[Slide Image Description: This slide shows a screenshot of the Supporter Role in the CARE Act brief, as well as a blue box listing sections within the brief.]

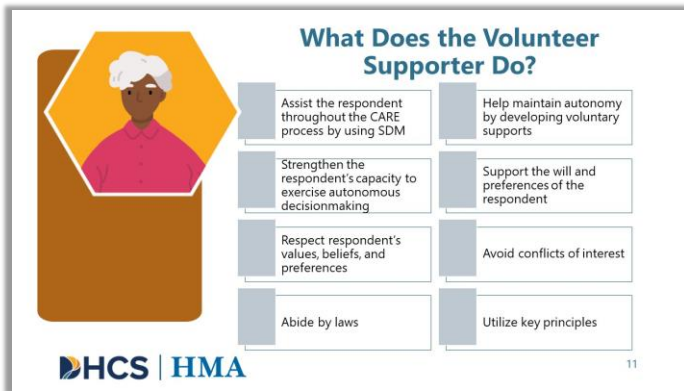
There is a brief on the supporter role in the CARE Act available on [CARE-Act.org](https://www.care-act.org). The brief covers the following:

- What does the supporter role entail?
- Who is the supporter?
- What are the key operating principles of the supporter's role?
- How is the supporter selected?
- Can a supporter change throughout the CARE proceedings?
- What are considerations that should guide the supporter role?
- What can a supporter participate in?
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## The Supporter Role and SDM - Training

- » Training on the roles and principles of supporters and provides a deeper look at how they can incorporate SDM into their role.

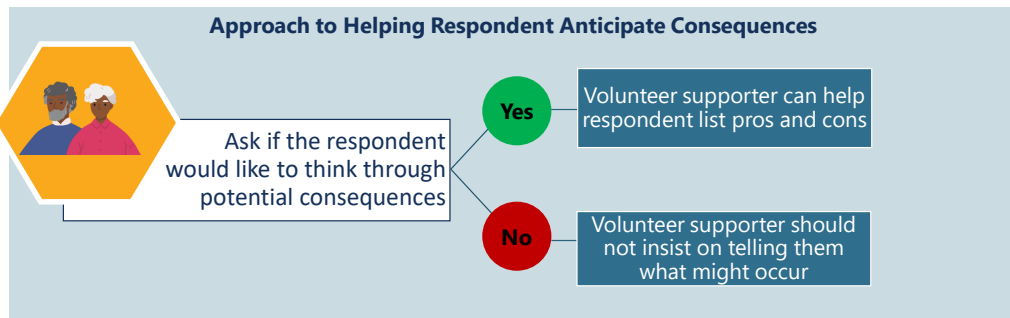


[Slide Image Description: This slide shows a screenshot of the registration page for the Supporter Role and Supported Decisionmaking Training.]

In addition to that brief, there is also a training specific to the role of the volunteer supporter. It covers the roles and principles of supporters and provides a deeper look at how they can incorporate SDM into their role.

## Helping Respondent Anticipate Consequences

- » While anticipating consequences is important to making informed decisions, the volunteer supporter **should not** lecture the respondent about potential consequences.



[Slide Image Description: This slide shows an image two individuals representing Ray and his sister. There is a flowchart that shows outcomes of Ray saying yes or no to anticipating consequences.]

Supporters may help respondents think through the potential consequences of their options in order to make the most informed decision possible. Though the supporter may help the respondent accomplish this by framing questions, the supporter **should not** lecture the respondent about the possible pros and cons of each choice.

### **Recommended approach:**

- Ask the respondent whether they would like to think through the potential consequences of choosing one option vs. another
  - If the respondent agrees, then the supporter can help them list pros and cons of each choice to make a more informed decision
  - If the respondent doesn't agree, then the volunteer supporter should not insist on telling them what may occur (unless it will cause imminent harm). With the respondent's permission, the supporter may share their concerns with the respondent's BH therapist and/or support team

## CARE Act Roles Using SDM

» How can Ray be supported by these CARE Act roles using SDM to make informed decisions and meet his needs and wishes?



[Slide Image Description: This slide shows four colored boxes that represent the four CARE Act roles that utilize SDM.]

We'll be calling out these 4 roles within the CARE Process who we recommend participation in, utilization of, and awareness of, the SDM approach:

1. Client/respondent
2. Volunteer Supporter
3. the County BH Agency
4. CARE Court

In the next few slides we are going to talk about how SDM can be used a tool by each of these roles.



## How can Ray use SDM as a tool to express his needs and wishes?

- » Communicate with the supporter & BH provider
  - Express preferences, choices, priorities
  - To ultimately inform the CARE agreement/plan
- » Use decisionmaking support network
- » Make a list of pros and cons
- » Participate in the development of a Psychiatric Advance Directive
- » Ask for the supporter (if preferred) to join visits that would be helpful, with:
  - the BH Provider
  - Respondent's counsel

[Slide Image Description: This slide shows an image of an individual representing Ray and gives a description of how Ray can use SDM.]

Ray (as the respondent going through the CARE process) can use SDM to express his needs and wishes by:

- Communicating with the supporter & BH provider expressing preferences, choices, priorities that will ultimately inform the CARE agreement/plan.
- Using a decisionmaking support network
- Making a list of pros and cons
- Participating in the development of a Psychiatric Advance Directive
- Asking for the supporter (if preferred) to join visits that would be helpful, with:
  - the BH Provider
  - Respondent's counsel



## How can Ray's sister use SDM as a tool for her supporter role?

- » Listen to Ray's concerns and ask him what are his preferences and goals
- » Help Ray organize his thoughts
  - Take notes
  - Make lists or a diagram
  - Repeat his statements back to him
  - Have the conversation at different times
- » Attend Ray's BH appointments (if Ray requests)
- » Listen to Ray and respond to his concerns/requests
- » Remind Ray that this is his decision
- » Talk to Ray about potential consequences

[Slide Image Description: This slide shows an image of an individual representing Ray's sister and gives a description of how Ray's sister can use SDM.]

We have talked about how Ray's sister (as his supporter) can help him understand his options to make decisions throughout the CARE process. Now let's consider some tools that supporters can use to help ensure principles of self-determination throughout.

Some things that Ray's sister can do:

- Listen to Ray's concerns and ask him what are his preferences and goals
- Help Ray organize his thoughts
  - Take notes
  - Make lists or a diagram
  - Repeat his statements back to him
  - Have the conversation at different times
- Attend Ray's BH appointments (if Ray so requests)
- Listen to Ray and respond to his concerns/requests
- Remind Ray that this is his decision
- Talk to Ray about potential consequences



## How can the BH agency respect SDM as a tool?

- » Listen to Ray's concerns
- » Respect the role of Ray's supporter as someone who is supporting Ray to make his own decision
- » Meet with Ray, his supporter (if Ray requests), and additional professionals who may be able to help Ray make his own decision
- » Speak with Ray about how you can work together to provide services that address Ray's priorities
- » Apply a multidisciplinary approach that includes a psychiatrist to problem solve Ray's concerns about medication
- » Give Ray as much information as possible to assist him with his decisionmaking

[Slide Image Description: This slide shows an image of an individual representing the BH agency and gives a description of how the BH agency can use SDM.]

The BH agency can use SDM as a tool by:

- Listening to Ray's concerns
- Respecting the role of Ray's supporter as someone who is supporting Ray to make his own decision
- Meeting with Ray, his supporter (if Ray requests), and additional professionals who may be able to help Ray make his own decision
- Speaking with Ray about how you can work together to provide services that address Ray's priorities
- Applying a multidisciplinary approach that includes a psychiatrist to problem-solve Ray's concerns about medication
- Giving Ray as much information as possible to assist him with his decisionmaking



## How can the CARE Court Roles respect SDM as a tool?

- » Confirm that Ray has chosen his sister as his supporter (or request that a supporter be appointed)
- » Confirm that there is no irresolvable conflict between Ray and his sister as his supporter
- » Respect the role of Ray's supporter as someone who is supporting Ray to make his own decision
- » For counsel: if Ray requests, include his sister in meetings/conversations

[Slide Image Description: This slide shows an image of a gavel and gives a description of how the CARE Court can use SDM.]

The CARE Court can utilize SDM by:

- Confirming that Ray has chosen his sister as his supporter (or request that a supporter be appointed)
- Confirming that there is no irresolvable conflict between Ray and his sister as his supporter
- Respecting the role of Ray's supporter as someone who is supporting Ray to make his own decision

For counsel: if Ray requests, include his sister in meetings/conversations

## Supported decisionmaking in CARE can help ensure...

- » Ray has the information he needs to make his own decisions
- » Ray can talk through the pros and cons of his decisions
- » Ray understands possible outcomes and consequences of his decisions
- » Ray's volunteer supporter (and others in his supported decisionmaking network) have been part of the process
- » Ray feels respected and heard
- » Ray makes self-directed decisions to the greatest extent possible



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[Slide Image Description: This slide shows an image of an individual representing Ray and a description of what SDM can help to ensure.]

In this scenario, Supported decisionmaking can help ensure that...

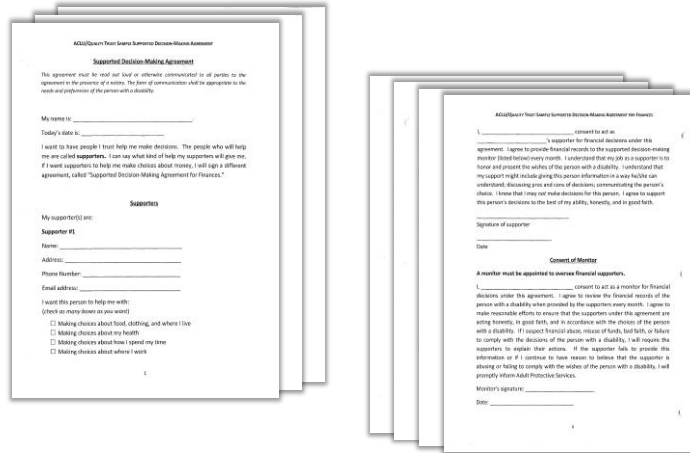
- Ray has the information he needs to make his own decisions
- Ray can talk through the pros and cons of his decisions
- Ray understands possible outcomes and consequences of his decisions
- Ray's Volunteer Supporter (and others in his supported decisionmaking network) have been part of the process
- Ray feels respected and heard
- Ray makes the final decision

The ideal outcome of SDM is not a predetermined, "good" decision. It's that Ray makes his own decisions to the greatest extent possible.



## Sample Tools for Supported Decisionmaking

» National Resource Center for Supported Decision-Making: [Supported Decision-Making Model Agreements](#)




[Slide Image Description: This slide shows an images of overlapping papers that represent sample tools for SDM.]

SDM is an emerging approach, but there are great resources about how to apply it in practice. We will share more resources with you in the appendix.

Visit the National Resource Center for Supported Decision-Making for sample [Supported Decision-Making Model Agreements](#).

## Ideas in Action

» What are the biggest challenges to implementing principles of SDM during CARE proceedings?





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[Slide Image Description: This slide shows an ideas in action prompt with an image of individuals representing Ray and his sister.]

### What are the biggest challenges to implementing principles of SDM during CARE proceedings?

- **One potential barrier is the acuity of illness.** If there are people that are not ready to engage in the process, then SDM may not be the right tool. Other options should be sought after at that point. We hope that we find the right time to approach individuals when in the course of their disease, when they are not suffering with severe symptoms and are willing and able to engage in the process and benefit from the framework. To help them make the best decision possible and feel respected and heard which will allow them to fully participate in treatment to find a real benefit to themselves and their families. The court and behavioral health agency should check in at weeks three, four, and eight to see if a person may be at a good point for engagement. This is corollary to the volunteer supporter role, if the respondent does not what a volunteer supporter in the beginning it does not mean they cannot have one later in the process. This is the person-centered approach to understand where a person is at in their behavioral health journey.

- **Another challenge is setting up a support decisionmaking network.** We are talking about individuals who are likely disenfranchised and isolated. Counties face challenges in implementation and identifying supporters. One option is to look at the local community to organizations; however, there may be a logistical challenge identifying the appropriate supporter. Trust is an important word and is the whole point of SDM. Basic trust for someone with severe mental illness is important for engagement and getting a respondent through the whole CARE Act process.

## Objectives

At the end of the session, participants will have an increased ability to:

- » Explain why SDM is a fundamental principle of the CARE Act
- » Demonstrate familiarity with the continuum of decisionmaking supports for all parties involved in the CARE process (including the BH agency, courts/counsel), including SDM
- » Apply supported decisionmaking as a decisionmaking model to the volunteer supporter role

[Slide Image Description: This slide shows the learning objectives for this training with a light blue background.]

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- Explain why SDM is a fundamental principle of the CARE Act
- Demonstrate familiarity with the continuum of decisionmaking supports for all parties involved in the CARE process (including the BH agency, courts/counsel), including SDM
- Apply supported decisionmaking as a decisionmaking model to the volunteer supporter role

## Next Steps

- » Visit [CARE-Act.org](https://care-act.org) for resources (including recordings of past trainings) and to submit questions/TA requests.
- » Receive notifications of trainings, TA, and other engagement opportunities by [completing the form](#) to join the communication listserv.



[Slide Image Description: This slide shows bullets with next steps. It contains decorative arrows.]

Next steps include:

- Take the evaluation after this training.
- Visit [CARE-Act.org](https://care-act.org) for resources (including recordings of past trainings) and to submit questions/TA requests.
- Receive notifications of trainings, TA, and other engagement opportunities by [completing the form](#) to join the communication listserv.

## Questions?

[CARE-Act.org](https://www.care-act.org) | [info@CARE-Act.org](mailto:info@CARE-Act.org)

[Slide Image Description: This slide shows the CARE-act website and the email address.]

We are here to support you and provide you with those opportunities to connect and hear about implementing the CARE Act. The website is [CARE-Act.org](https://www.care-act.org) and our email address is [info@CARE-Act.org](mailto:info@CARE-Act.org).

## Resources

- » [CPR: About Supported Decision-Making](#)
- » [National Resource Center for Supported Decision-Making](#)
- » [ACLU: Supported Decision-Making: Frequently Asked Questions](#)
- » [Person-Centered Planning Training Guide](#)

[Slide Image Description: This slide shows the SDM resources.]

- [CPR: About Supported Decision-Making](#)
- [National Resource Center for Supported Decision-Making](#)
- [ACLU: Supported Decision-Making: Frequently Asked Questions](#)
- [Person-Centered Planning Training Guide](#)