



Session 2: When Do I Want Support?



Presented by the Office of Provider Development
in Partnership with PEATC

DBHDS Vision: A life of possibilities for all Virginians

What We Will Talk About...

- Questions from Session 1
- Quick Review- *What is Supported Decision-Making?* and *What are Supported Decision-Making Agreements?*
- Meet Sam
- Discovery Tool: *When Do I Want Support?*
- Q&A
- Resources



Questions from Session 1

What kind of support do I want?



Supported Decision-Making: What is it?

Supported Decision- Making- “decision-making model in which an individual makes decisions with the support of trusted individuals” (American Bar Association)

Informal –or- Formal

SELF DETERMINATION



Supported Decision-Making Agreements: What are they?

Supported Decision-Making Agreement- The formal process of documenting who an individual wants to support them, in what areas of life, and how they want to be supported.

Comprised of:

- Decision Maker
- Supporter(s)
- Facilitator (optional)



Roles and Responsibilities of those in Supported Decision-Making Agreements

- **Decision Maker-** the person making the Supported Decision-Making Agreement
Must be: at least 18 years old, have an intellectual or developmental disability, and be able to legally make your own decisions
- **Supporter(s)-** the person/people the Decision Maker asks to support them in their SDMA, Supporters agree to help
- **Facilitator (optional)-** the person the Decision Maker asks to make sure Supporters do what they agree to, can be a Supporter or can be someone else



A black and white photograph of a man in a dark suit and light-colored bow tie, standing in front of a large mirror and adjusting his bow tie. The scene is dimly lit, with the mirror reflecting the man's face and upper body. The background shows a doorway and some furniture.

Meet Sam

Sam

Sam is 18 years old. He has autism and uses words to communicate. He is in high school and has been learning job skills and about how to be a good employee while in school. Sam is considering graduating so that he can work and focus on his dream of being an actor.

Sam lives with his mother, father, and older sister, who visits when home from college. Sam wants to live on his own in the nearby city after he graduates. He feels “the city is where stars are made.”

Sam

Sam's parents are nervous about Sam living on his own and making his own decisions because they worry he will be taken advantage of by others. Sam has never had to budget his money or pay bills and believes that everyone he meets is his friend.

Sam and his family decided to use a supported decision-making agreement to help Sam talk through decisions in the areas of life he needs more support. Sam is able to make his own decisions and keep his rights and independence. Sam and his family understand the benefits of Sam's right to take risks and learn from them (dignity of risk).

Discovery Tools

When Do I Want Support?



Can I do this on my own?



Can I do this with help?



Do I need someone to do it for me?

Discovery Tool: When Do I Want Support?

8* Life Areas:

- Health and Personal Care
- Friends and Partners
- Money
- Where I live and Community Living
- School and Education
- Working
- My Rights and Safety
- Meeting and Talking with My Supporters
- *Other






**Commonwealth of Virginia:
Supported Decision-Making Discovery Tool**

When do I want support? Everyone needs support with making some decisions, not just people with disabilities. Some people ask for help from a doctor when they are sick or before taking medicine. Some people ask a mechanic before buying a new car, or ask a friend before moving into a new apartment. When you get help from others with making decisions this is called Supported Decision-Making.

You can use this form to help you fill out the *Commonwealth of Virginia's Supported Decision-Making Agreement*. Place a check (✓) in box next to each sentence to say if you can do this on your own, if you can do it with support, or if you need someone else to do the task for you. You do not have to place a check in each area.

If you check "I can do this with support" think about who you might ask to support you, as well as what kind of support you want or need. You can also use the attached *Relationship Map* and/or *What Kind of Support Do I Want?* tools to help answer these questions.




| | I can do this <u>on my own</u> .  | I can do this <u>with support</u> .  | I need <u>someone else</u> to do this for me.  |
|---|--|--|--|
| Health and Personal Care | | | |
| Get my health care information. | | | |
| Choose when to go to the doctor. | | | |
| Make and keep my doctor and dentist appointments. | | | |
| Understand and make medical choices in serious situations (for example, surgery, big injuries, mental or behavioral health crisis). | | | |
| Understand and make medical choices in an emergency. | | | |

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|---|---|---|---|
| |  |  |  |
| Health and Personal Care | | | |
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| Choose when to go to the doctor. | | | |
| Make and keep my doctor and dentist appointments. | | | |
| Understand and make medical choices in serious situations (for example, surgery, big injuries, mental or behavioral health crisis). | | | |
| Understand and make medical choices in an emergency. | | | |

This document was adapted from *Supported Decision-Making – When Do I Need Support? A Resource Document*, developed by the American Civil Liberties Union (ACLU) and the Parent Educational Advocacy Training Center (PEATC).

Commonwealth of Virginia:
Supported Decision-Making Agreement

1. **Health and Personal Care**

I DO ___ / DO NOT ___ want help with health and personal care decisions. Here is a list of people I want to help me:

| First and Last Name | Relationship | Home Address | Email | Phone Number |
|---------------------|--------------|--------------|-------|--------------|
| | | | | |
| | | | | |
| | | | | |

*To add a new row, place cursor in bottom right box and press Tab.

These supporters may do these things:

Write **Y** for "yes" or **N** for "no" to say if your *Supporters* can or cannot help with each option.

___ Get and look at my health care information, including seeing my private health information under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). A release is signed and attached to this agreement.
___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Help me choose when to go to the doctor.
___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Help me make and keep my doctor and dentist appointments.
___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Help me understand and make medical choices in serious situations (for example, surgery, big injuries, mental or behavioral health crisis).
___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Help me understand and make medical choices in an emergency.
___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Help me understand and make medical choices in everyday situations (for example, check-up, getting medicine from the drug store).
___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Help me understand my medications, help remind me about my medications, and assist me in getting and taking my medications.
___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Help me understand personal hygiene, help remind me about my personal hygiene, and help me with my personal hygiene.
___ All Supporters/ ___ Only Supporters Listed Here: _____

___ Help me choose what to wear and help me get dressed, if needed.
___ All Supporters/ ___ Only Supporters Listed Here: _____




Supported Decision-Making Agreement for: _____

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Supported Decision-Making Discovery Tool**

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If you check "I can do this with support" think about who you might ask to support you, as well as what kind of support you want or need. You can also use the attached [Relationship Map](#) and/or [What Kind of Support Do I Want?](#) tools to help answer these questions.

| | I can do this <u>on my own</u> .  | I can do this <u>with support</u> .  | I need <u>someone else</u> to do this for me.  |
|---|--|--|--|
| Health and Personal Care | | | |
| Get my health care information. | | ✓ | |
| Choose when to go to the doctor. | ✓ | | |
| Make and keep my doctor and dentist appointments. | | ✓ | |
| Understand and make medical choices in serious situations (for example, surgery, big injuries). | | ✓ | |
| Understand and make medical choices in an emergency. | | | ✓ |




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|---|--|---|---|
| |  |  |  |
| Health and Personal Care- continued | | | |
| Understand and make medical choices in everyday situations (for example, check-up, getting medicine from the drug store). | | ✓ | |
| Understand my medications, help remind me about my medications, and assist me in getting and taking my medications. | | ✓ | |
| Understand personal hygiene, help remind me about my personal hygiene, and help me with my personal hygiene. | ✓ | | |
| Choose what to wear and help me get dressed, if needed. | ✓ | | |
| Decide where, when, and what to eat. | ✓ | | |
| Make choices about drinking alcohol and using drugs. | | ✓ | |
| Tell people what I want and what I don't want regarding my health and personal care. | ✓ | | |
| Tell people how I make choices about my health and personal care. | ✓ | | |
| Make sure people understand what I am saying about my health and personal care. | | ✓ | |




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|--|--|--|--|
| Friends and Partners | | | |
| Understand and choose if I want to date and who I want to date. | ✓ | | |
| Understand and make choices about birth control and pregnancy, and access medical care, if needed. | | ✓ | |
| Make choices about sex. | ✓ | | |
| Make choices about marriage. | | ✓ | |
| Choose who to spend time with. | ✓ | | |
| Tell people what I want and what I don't want regarding my friends and partners. | | ✓ | |
| Tell people how I make choices about my friends and partners. | ✓ | | |
| Make sure people understand what I am saying about my choices and decisions regarding my friends and partners. | | ✓ | |




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|---|--|---|---|
| |  |  |  |
| Money | | | |
| Get information about my finances. | | ✓ | |
| Make big decisions about money (for example, opening a bank account, signing a lease). | | ✓ | |
| Fill out financial forms and documents. | | ✓ | |
| Keep a budget so I know how much money I can spend. | | ✓ | |
| Pay rent and bills on time. | | | ✓ |
| Make sure no one is taking my money or using it for themselves. | | ✓ | |
| Tell people what I want and what I don't want regarding my money. | ✓ | | |
| Make sure people understand what I am saying about my choices and decisions regarding my money. | ✓ | | |




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|---|--|--|--|
| Where I Live and Community Living | | | |
| Get and look at information about places where I have lived. | ✓ | | |
| Decide where to live. | | ✓ | |
| Decide who to live with. | | ✓ | |
| Understand chores, remind me to do chores, and help me do chores. | | ✓ | |
| Understand any leases I am thinking about, and help me understand any rules of my home and community. | | ✓ | |
| Make safe choices around the house (for example, turning off the stove, practicing for fire alarms). | | ✓ | |
| Make decisions about what to do and where to go in my free time. | ✓ | | |
| Make decisions about transportation, and help me use transportation. | | ✓ | |
| Understand, find, hire, and fire support staff and services. | | ✓ | |
| Make decisions about traveling to places I go often (for example, getting to stores, work, friends' homes). | ✓ | | |




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|---|--|--|--|
| Where I Live and Community Living- continued | | | |
| Make decisions about traveling to places I do not go often (for example, special events, vacations). | | ✓ | |
| Tell people what I want and what I don't want regarding where I live and what I do in my community. | ✓ | | |
| Tell people how I make choices about where I live and what I do in my community. | ✓ | | |
| Make sure people understand what I am saying about my choices and decisions regarding where I live and what I do in my community. | | ✓ | |
| School and Education | | | |
| Get and look at my education information and records. | | ✓ | |
| Make decisions about whether to go to school, and where to go. | | ✓ | |
| Make decisions about special education and accommodations. | | ✓ | |
| Attend education meetings, including IEP meetings and school conferences. | | ✓ | |
| Make decisions about school activities and events. | ✓ | | |




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|---|--|--|--|
| School and Education- continued | | | |
| Tell people what I want and what I don't want regarding my education. | ✓ | | |
| Tell people how I make choices about my education. | ✓ | | |
| Make sure people understand what I am saying my education. | | ✓ | |
| Working | | | |
| Choose if I want to work. | ✓ | | |
| Understand my work choices and apply for jobs. | | ✓ | |
| Understand how working will affect my benefits (Social Security, Medicaid, etc.). | | ✓ | |
| Understand the benefits I can have at work (vacation time, sick leave, time off, etc.). | | ✓ | |
| Request benefits at work (vacation time, sick leave, time off, etc.). | ✓ | | |
| Make decisions about transitional services (services as I transition out of high school). | ✓ | | |




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|--|--|--|--|
| Working- continued | | | |
| Explore and make decisions about internships, apprenticeships, and/or mentoring. | | ✓ | |
| Make decisions about whether I need to take more classes or training to get a job I want, and help taking these classes. | | ✓ | |
| Make decisions about supported employment or other supports and services I need in order to work. | | ✓ | |
| Attend meetings with my employment supporters, including Vocational Rehabilitation or other employment agencies. | | ✓ | |
| Make decisions about career preparation and placement. | ✓ | | |
| Request accommodations for my work. | | ✓ | |
| Get to and from work every day. | | ✓ | |
| Talk to my employer. | ✓ | | |
| Tell people what I want and what I don't want regarding my work and work related supports. | ✓ | | |
| Tell people how I make choices about my work and work related supports. | ✓ | | |




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|--|--|--|--|
| Working- continued | | | |
| Make sure people understand what I am saying about my work and work related supports. | | ✓ | |
| My Rights and Safety | | | |
| Understand my rights as a voter and register to vote. | ✓ | | |
| Understand my choices when voting at elections. | | ✓ | |
| Cast my ballot when voting. | | ✓ | |
| Understand and sign contracts and formal agreements. | | ✓ | |
| Understand and get help if I am being treated badly (abuse, neglect, exploitation, undue influence, manipulation). | | ✓ | |
| Communicate to others and make sure people understand what I am saying in regards to my rights and issues of safety. | | ✓ | |
| Meeting and Talking with My Supporters | | | |
| Contact my Supporters to set up meetings. | | ✓ | |
| Talk with my Supporters when I am upset or have a problem with them. | | ✓ | |

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|---|--|--|--|
| Meeting and Talking with My Supporters- continued | | | |
| Keep my Supporters updated on how I am doing. | ✓ | | |
| Keep my Supporters updated on what I am doing. | ✓ | | |
| Communicate to my Supporters to make sure they understand what I am saying. | | ✓ | |
| Other Choices or Activities | | | |
| | | | |
| | | | |
| | | | |

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Thank You!!!

Questions



Next Time...

Session 3- ***Relationship Map & Selecting Your Supporters***

January 24, 2023

6:30pm – 7:30pm



Resources

DBHDS Supported Decision-Making-

<https://dbhds.virginia.gov/supported-decision-making-supported-decision-making-agreements/>

disAbility Law Center of Virginia- <https://www.dlcv.org/supported-decision-making>

PEATC- <https://peatc.org/services/transition-to-adulthood/>

Supported Decision Making-

<http://www.supporteddecisionmaking.org/>

Virginia WINGS booklet-

https://www.vacourts.gov/courts/circuit/resources/guardian_options_pamphlet.pdf

Contact Information

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