



Legislative Report

Supported Decision Making in Minnesota

Final Report to the Minnesota State Legislature

Aging and Disability Services Division

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Minnesota Statutes, Chapter 3.197, requires the disclosure of the cost to prepare this report. The estimated cost of preparing this report is \$32,800.

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List of Acronyms

ACT	Advocating Change Together (grantee)
ARS	Adult Representation Services, Hennepin County (grantee)
CESDM	Center for Excellence in Supported Decision Making (grantee)
DHS	Minnesota Department of Human Services
GIL	Guardianship Information Line (a service of CESDM)
HCA	Health care agent
HCD	Health care directive
LRA	Less-restrictive alternative (to guardianship)
LSS	Lutheran Social Services of Minnesota (grantee)
SDM	Supported decision making
SDMA	Supported decision making agreement

I. Executive summary

In 2023, the state of Minnesota authorized the Minnesota Department of Human Services (DHS) to award grants to organizations to provide and promote supported decision making as an alternative to guardianship. Supported decision making (SDM) is an approach to decision making for adults with intellectual or developmental disabilities or other cognitive impairments that provides them the support they need to be the ultimate decision makers in matters concerning their own lives. SDM is an alternative to guardianship. Guardianship is a legal arrangement in which a surrogate decision maker is appointed by the court to make decisions on behalf of an individual who is determined to lack capacity to make their own decisions. While guardianship is a necessary arrangement in some instances, there is evidence that the guardianship system is overused, resulting in significant costs to individuals, families, and systems that engage older individuals and adults with disabilities.

In 2024, DHS awarded grants to five organizations to engage in supported decision making education and outreach, training, and direct services to individuals currently under or at risk of guardianship in Minnesota. Per Laws of Minnesota, 2023, Chapter 61, Article 1, Section 61, DHS is required to issue two reports to the Minnesota Legislature describing impacts and outcomes of the grants. To fulfill this requirement, DHS contracted with Rise Research to evaluate activities funded under the grant and provide recommendations related to continued support and funding for SDM activities in Minnesota.

This report is the second of the two reports. The first report provided an overview of Minnesota's guardianship system and the need for supported decision making services in the state (Minnesota Department of Human Services 2025). This report updates the previous analysis and evaluates the activities and outcomes associated with implementation of the SDM grants from July 2024 through September 2025. The evaluation relies on monthly and quarterly data collected by grantees, two sets of interviews with grantees, program documentation, and research on guardianship and supported decision making in Minnesota and the United States.

The analysis yields several high-level findings. First, grant funding enabled grantees to successfully develop and refine a series of innovative program models for preventing or reducing unnecessary guardianships in Minnesota. Second, the data suggest widespread interest in SDM and less-restrictive alternatives to guardianship across individuals, organizations, and systems that engage with older individuals and adults with disabilities in Minnesota.

Remaining findings are organized around a series of evaluation questions related to the implementation of program activities and outcomes for individuals and professionals engaged as part of programming. With respect to grantee strategies, grant-funded activities focused on increasing knowledge of supported decision making across systems that serve youth and adults with disabilities, while offering direct support to individuals to build self-advocacy skills and prevent, reduce, or remove more restrictive forms of decision making. The most frequently mentioned challenges relate to the overwhelming systemic preference for guardianship as well as specific types of circumstances for older adults and those with

disabilities. Consistent with the aims of program, the distribution of grantees and services promoted both racial and geographic diversity.

The data show that over the 15-month period, grantees:

- Held 26 training sessions attended by over 1,889 professionals from across the state.
- Hosted 96 educational sessions for 1,371 individuals, families, and professionals
- Facilitated seven 10-week cohort-based trainings for 70 adults with disabilities (10 per cohort)
- Engaged 567 individuals in direct services with the aim of pursuing SDM or a less restrictive alternative, 281 of whom were actively supported in building autonomy
- Engaged a total of 81 individuals in an SDM program with the aim of formalizing a system of support and/or reducing or removing an overly restrictive guardianship.
- Assisted 71 individuals in enacting a less restrictive alternative to guardianship, restoring rights under an existing guardianship, or terminating an unnecessary guardianship.

Because SDM is a relatively new practice, grantees were asked to reflect on other consequences of grant activity. In addition to outcomes related to use of SDM services and less-restrictive alternatives to guardianship, grantees identified increased knowledge and skill development among older adults and adults with disabilities, their supporters, and professionals with whom they interact; increased autonomy for participants in direct service programs; increased collaboration internally and externally; and development of tools to support increased autonomy at an individual and organizational level as important outcomes of grant activity.

The analysis yields the following recommendations.

- **Sustain and/or increase funding for SDM grantees.** The data show that grantees are delivering services that are promoting the use of SDM and less restrictive alternatives and reducing unnecessary guardianships in Minnesota. Such findings warrant further investment, and potentially expanded investment, in Minnesota's SDM programs.
- **Disseminate information and tools developed as part of this grant program across Minnesota.** Grant funding led to the development of several innovative models for promoting and delivering SDM services, as well as tools to support individuals in building autonomy. Disseminating information and tools widely can help promote awareness and use of SDM across the state.
- **Address the systemic preference for guardianship through state-level intervention.** The overwhelming systemic preference for guardianship necessitates intervention at both program- and systems-levels. At the state level, convening a group of experts and providers, as well as individual decision makers and their supporters, would help to identify points of programmatic intervention for funding as well as policy changes to reduce the systemic preference for guardianship and promote use of alternative approaches.

- **Invest in enhanced data reporting, collection, and analysis.** In Minnesota, a lack of data limits understanding of the guardianship system as well as the benefits and cost effectiveness of alternative approaches such as supported decision making. Making evidence-informed decisions about the costs, implementation, and effectiveness of guardianship and less restrictive alternatives will require Minnesota to invest in more rigorous data collection and analysis.
- **Continue to invest in evaluation activities.** Finally, this evaluation helped to identify and refine key outcomes for organizations that provide SDM services, as well as individuals who receive such services. Continued evaluation activities will contribute to a growing body of research on outcomes associated with SDM programs and effective models for supporting adults with cognitive impairments in Minnesota.

II. Legislation

Laws of Minnesota, 2023, Chapter 61, Article 1, Section 61

Sec. 61. SUPPORTED-DECISION-MAKING PROGRAMS.

Subdivision 1. Authorization.

The commissioner of human services shall award general operating grants to public and private nonprofit organizations, counties, and Tribes to provide and promote supported decision making.

Subd. 2. Definitions.

(a) For the purposes of this section, the terms in this section have the meanings given.

(b) "Supported decision making" has the meaning given in section 524.5-102, subdivision 16a.

(c) "Supported-decision-making services" means services provided to help an individual consider, access, or develop supported decision making, potentially as an alternative to more restrictive forms of decision making, including guardianship and conservatorship. The services may be provided to the individual, family members, or trusted support people. The individual may currently be a person subject to guardianship or conservatorship, but the services must not be used to help a person access a guardianship or conservatorship.

Subd. 3. Grants.

(a) The grants must be distributed as follows:

(1) at least 75 percent of the grant money must be used to fund programs or organizations that provide supported-decision-making services;

(2) no more than 20 percent of the grant money may be used to fund county or Tribal programs that provide supported-decision-making services; and

(3) no more than five percent of the grant money may be used to fund programs or organizations that do not provide supported-decision-making services but do promote the use and advancement of supported decision making.

(b) The grants must be distributed in a manner to promote racial and geographic diversity in the populations receiving services as determined by the commissioner.

Subd. 4. Evaluation and report.

By December 1, 2024, the commissioner must submit to the chairs and ranking minority members of the legislative committees with jurisdiction over human services finance and policy an interim report on the impact and outcomes of the grants, including the number of grants awarded and the organizations receiving the grants. The interim report must include any available evidence of how grantees were able to increase utilization of supported decision making and reduce or avoid more restrictive forms of decision making such as guardianship and conservatorship. By December 1, 2025, the commissioner must submit to the chairs and ranking minority members of the legislative committees with jurisdiction over human services finance and policy a final report on the impact and outcomes of the grants, including any updated information from the interim report and the total number of people served by the grants. The final report must also detail how the money was used to achieve the requirements in subdivision 3, paragraph (b).

Subd. 5. Applications.

Any public or private nonprofit agency may apply to the commissioner for a grant under subdivision 3, paragraph (a), clause (1) or (3). Any county or Tribal agency in Minnesota may apply to the commissioner for a grant under subdivision 3, paragraph (a), clause (2). The application must be submitted in a form approved by the commissioner.

Subd. 6. Duties of grantees.

Every public or private nonprofit agency, county, or Tribal agency that receives a grant to provide or promote supported decision making must comply with rules related to the administration of the grants.

III. Introduction

In Minnesota, adults with cognitive impairments or disabilities risk losing the right to make decisions about their own lives through the system of guardianship. Guardianship is a legal relationship created and managed by the state, in which a person or entity is appointed as a surrogate decision maker for an individual who is determined by a court to be unable to make decisions for themselves (Karp and Wood 2007).¹ While the level of surrogate decision making may vary across guardianships, those under guardianship can lose the right to make an array of choices involving medical care, where to live, or even how to spend their time (Blanck and Martinis 2015).

Guardianship is a necessary arrangement when an individual has truly lost capacity to make safe and informed decisions. However, there is evidence that Minnesota’s guardianship system is overused, resulting in an unnecessary loss of rights and personal autonomy, as well as financial and administrative costs for individuals, families, and adjacent systems (State of Minnesota Office of the Legislative Auditor 2025; Minnesota Department of Human Services 2025). Attorneys and courts are paid for initiating and monitoring guardianship, and guardianship is required to be funded by counties and the courts for adults who lack resources.

Supported decision making (SDM) is an alternative to guardianship in which individuals with cognitive impairments or disabilities enlist trusted supporters to help them gather information, understand options, and make decisions. The approach is premised on the idea that all individuals have the right to make choices about their own lives (Convention on the Rights of Persons with Disabilities 2006; International Covenant on Civil and Political Rights 1966). Rather than to remove decision making rights, SDM provides adults with cognitive impairments or disabilities the individualized assistance that they need to make decisions about their lives. SDM is increasingly recognized as an approach that empowers those who need support in decision making the ability to live self-directed and meaningful lives.

Because guardianship results in the loss of rights and personal autonomy, Minnesota law states that guardianship may only be established if less restrictive means have been attempted and are insufficient to meet an individual’s needs (Minn. Stat. 524.5-310). Less restrictive means include tools such as health care directives, care or case management, and technological assistance, among others. In 2020, Minnesota updated sections of its Probate Code to include SDM as a less restrictive alternative to

¹ Guardians in Minnesota are appointed by the court and are granted powers to make certain types of decisions based on the court’s findings. When a court determines that an adult is incapacitated, is unable to make financial decisions, and has property that requires management, a conservator is appointed to make financial decisions for the individual. Although guardians are not granted the authority to make financial decisions, they at times find themselves in a position of having to do so if there is no acting conservator of the person’s estate (Minn. Stat. 524.5-313). In research on supported decision making, the term “guardianship” is often used to refer to both scenarios (Kohn et al., 2013). This report uses the term “guardianship” in this broad sense as well.

guardianship. This update requires the court to make specific findings as to why less restrictive alternatives do not work before placing an individual under guardianship (Minnesota Session Laws, 2020 Regular Session). However, while guardianship is funded, there is no corollary payment sources or sustained funding for SDM under Minnesota statutes. [Sec. 524.5-502 MN Statutes](#)

A. Purpose of report

In 2023, the state authorized the Minnesota Department of Human Services (DHS) to award grants to organizations to provide and promote supported decision making services (Laws of Minnesota, 2023). In 2024, grants were awarded to five organizations to engage in SDM education and outreach, training, and direct services to individuals currently under or at risk of guardianship in Minnesota. In 2025, the grant end date was extended by 12 months, giving grantees a two-year period to implement grant-funded activities (July 2024 through June 2026).

Pursuant to the Laws of Minnesota, 2023, Chapter 61, Article 1, Section 61, DHS is required to issue two reports to the Minnesota Legislature describing impacts and outcomes of the Supported Decision Making Grant Program. For both reports, DHS contracted with Rise Research to evaluate activities funded under the grant and provide recommendations related to continued support for SDM activities in Minnesota.

The first of the two reports provided an overview of Minnesota's guardianship system and the need for supported decision making services in the state. The report reviewed research on the structure of SDM programs, as well as their impacts for adults with cognitive limitations or disabilities. While most grantees were in the early stages of program development and implementation, the report also described the programs and early activities of the five organizations funded under the grant (Minnesota Department of Human Services 2025).

As the second of the two legislative reports, this document updates the previous analysis and evaluates the activities and outcomes associated with implementation of the SDM grants from July 2024 through September 2025. As directed in Subd. 4, the report includes a count of the total number of people served, as well as how grant funding was used to promote racial and geographic diversity in the populations receiving services (Laws of Minnesota, 2023). The report also includes a set of recommendations for increasing utilization of SDM and reducing or avoiding more restrictive forms of decision making in the future.

B. Key terms

The analysis incorporates the following key terms and definitions:

- Guardianship: A guardian is appointed by the court to make personal decisions for individuals who are determined to lack the understanding or capacity to make or communicate responsible

personal decisions and have needs that are unable to be met by less restrictive means (Minn. Stat. 524.5-310).

- **Less Restrictive Alternatives:** Alternatives to guardianship that allow an individual to retain as much self-determination and decision making over their lives as possible while still addressing care and safety needs. Examples include supported decision making, health care directive, appointment of health care agent, community or residential supports, and technological assistance.
- **Supported Decision Making:** Supported decision making (SDM) means “assistance from one or more persons of an individual's choosing in understanding the nature and consequences of potential personal and financial decisions which enables the individual to make the decisions and, when consistent with the individual's wishes, in communicating a decision once made” (Minn. Stat. 524.5-102).

It is important to distinguish between SDM as an approach and SDM as a legal framework. As an approach to decision making, SDM refers to a process in which individuals rely on trusted supporters to help them understand options and make decisions. In this sense, SDM is widely applicable, as many adults rely on the support of family, friends, or professionals to make important decisions in their lives. As an approach to decision making, SDM is also something that can be leveraged under guardianship. For example, an individual under guardianship might be supported in making decisions that increase their autonomy, even if the immediate goal is not restoration of rights.

As a legal framework, SDM refers to the structure or process through which individuals with cognitive limitations or disabilities formalize a system of support for certain types of decisions, while retaining the right to make those decisions. In this sense, SDM is an *alternative* to guardianship. The process of formalizing an individual's system of support can and often does occur while an individual is under guardianship, as the individual and direct service provide work towards formalizing support and removing or reducing an overly restrictive guardianship.

- **Supported Decision Making Agreement (SDMA):** Refers to a legal agreement outlining who an individual's supporters are and the types of decisions they support an individual in making. An SDMA is typically written and signed by both the individual and their supporters. While some programs consider an SDMA an important component of an SDM arrangement, other programs do not view an SDMA as necessary to carry out the work of SDM.

The report proceeds as follows. In the fourth section, we discuss the evaluation design, key evaluation questions, and methods. The fifth section provides background on Minnesota's guardianship system and the need for SDM programs, and introduces organizations funded under the grant. In the sixth section, we present high-level findings as well as findings to each evaluation question. The final section offers recommendations and concludes.

IV. Evaluation Design

The goal of this report is to help the state of Minnesota better understand the implementation and outcomes of programs funded under the Supported Decision Making Grant Program. The report builds from an earlier report, which analyzed the need for SDM programs in Minnesota and the evidence for their effectiveness.

A. Evaluation Questions

The evaluation is guided by a series of questions involving grant funding, grantee activities, implementation of grant-funded program, and outcomes, including:

1. What strategies/programmatic changes did grantees adopt to increase utilization of supported decision making and reduce/avoid more restrictive forms of decision making?
2. What challenges did grantees encounter with respect to implementation of programming?
3. How did the distribution of grants promote racial and geographic diversity in populations served?
4. Did grantee programs increase utilization of supported decision making and reduce/avoid more restrictive forms of decision making? If yes, which strategies/programmatic changes were most successful?
5. What other outcomes are associated with grantee strategies and programmatic changes, both for organizations and individuals served?
6. What do grantees view as key successes of the grant program?
7. What do grantees view as important next steps in furthering supported decision making in Minnesota?

B. Methods

The evaluation team used a mixed methods approach to better understand the implementation and outcomes associated with the Supported Decision Making Grant Program. The previous report reviewed academic and applied research on guardianship and supported decision making to provide context for understanding SDM programs in Minnesota as well as best practices related to the implementation of such programs in the United States and internationally. This report builds on the previous report and incorporates additional data from interviews, program documentation (including workplans and quarterly reports), and monthly program data for the period July 2024 through September 2025.

Each grantee participated in an initial round of 60-minute interviews, conducted in October and November 2024. The second round of interviews, conducted in September 2025, consisted of six 60-90

minute interviews with 16 staff from all grantee organizations. Grantees also reported monthly information about grant-funded activities and programs including services provided and persons served. One member of the evaluation team attended a half-day training on supported decision making provided by the Center for Excellence in Decision Making (CESDM), as well as monthly check-in meetings with all grantees over the first year of the grant. Qualitative data were coded and analyzed in Delve, a cloud-based qualitative coding and analysis tool, and quantitative data were analyzed in Excel.

C. Limitations

There are several limitations worth noting. First, as discussed in the previous report, information about the use and/or overuse of the guardianship system and the use of SDM is limited by a lack of data. Although Minnesota state statute governs the system, guardianship is managed and processed by all county district courts as well as various tribal courts across the state. The resulting diversity of record keeping practices means that there is little standardized, publicly available data on guardianship in Minnesota. The lack of data makes it difficult to determine the exact number of individuals under guardianship, characteristics of individuals subject to guardianship, the diagnosis or circumstance that led to their guardianship, or the extent to which those currently under guardianship would be better served by less restrictive alternatives such as supported decision making.

Second, while evaluation assesses the implementation and outcomes associated with grant-funded activities, the design does not permit an assessment of impact for program participants or for the guardianship system more broadly. In addition, the evaluation does not report on outcomes related to client wellbeing or satisfaction with the support provided under different program models. In part, this reflects the fact that grantees were largely focused on program development and refinement during the first year of grant-funded activity. Evaluation activities therefore prioritize questions related to implementation challenges and successes, as well as early outcomes associated with such programs, including but not limited to utilization of supported decision making to prevent or reduce an overly restrictive guardianship.

Third, variation in program models makes it difficult to aggregate outcomes related to participation in supported decision making programs. For example, one grantee funded by this program developed unique service lines for distinct populations (youth, hospital patients, incarcerated individuals, and individuals currently under guardianship); another focused primarily on providing services prior to a guardianship petition; and another combined these efforts within a single supported decision making program. Grantees also differed with respect to definitions of supported decision making, with some viewing supported decision making as a legal framework to be implemented in place of guardianship, and others incorporating broader efforts to assist adults who require decision making support, sometimes within the context of an existing guardianship.

Such differences make it difficult to arrive at clean estimates for the number engaged in a supported decision making program as distinct from the number engaged in a program that intervenes prior to a guardianship, for example. The analysis therefore relies on broader categories to estimate the total

number engaged across programs, as well as the number of individuals adopting a less restrictive alternative or individuals for whom rights were restored.

V. Background

This section provides background on Minnesota’s guardianship system, the need for supported decision making, and evidence for the effectiveness of supported decision making programs, summarizing findings from the interim report on the Supported Decision Making Grant Program (Minnesota Department of Human Services 2025). The section also introduces the grantees funded under the program and provides an overview of grant-funded activities during the first 15 months of the program.

A. Guardianship in Minnesota

In Minnesota, adults who are determined by the court, based on clear and convincing evidence, to lack capacity to “make or communicate responsible personal decisions” may be subject to guardianship. Guardianship may be established when the court determines the adult is incapacitated and has identified needs that are unable to be met through less restrictive alternatives to guardianship (Minn. Stat. 524.5-310). Those at risk of guardianship include young people with cognitive or intellectual disabilities, adults with severe and persistent mental illness, and older adults in cognitive decline.

The exact number of individuals currently subject to guardianship in Minnesota is unknown. Yet several estimates suggest that the number of individuals under guardianship in the United States has tripled since the mid 1990s (Blanck and Martinis 2015; Jameson et al. 2015). As of 2013, Minnesota law requires guardians to register with the state (Minn. Stat. § 524.5-119) and one estimate indicates that as of May 2024, approximately 35,000 individuals were subject to guardianship (State of Minnesota Office of the Legislative Auditor 2024). It is difficult to determine, however, whether this number reflects the total of guardianship cases since 2013 or the number of active registrants at a given point in time. Inconsistent data entry, storage, and management practices make existing data on guardianship in Minnesota unreliable and difficult to use (State of Minnesota Office of the Legislative Auditor 2025).

System-level studies suggest that guardianship is often imposed without serious consideration of less restrictive options such as a health care directive, technological assistance, or other person-centered arrangement that would adequately meet the individual’s needs (Hirschel and Smetanka 2022; Jameson et al. 2015; Millar and Renzaglia 2002; Raley et al. 2023). These studies suggest that several factors contribute to overuse of guardianship including lack of available information regarding alternatives to guardianship and how to implement them and misconceptions about guardianship and its consequences (for example, that guardianship is easily revocable or that guardianship is the only way to protect a vulnerable loved one).

A recent report from the State of Minnesota Office of the Legislative Auditor (2025) indicates that overuse of guardianship is also a problem in Minnesota specifically. A survey of judicial officers involved

in guardianship cases in the state reveals that many guardianship petitions are not met with required scrutiny, indicating that only 77% of respondents state that they always confirm that the subject of the petition is incapacitated and only 64% report that they always confirm that less restrictive means are not viable for meeting the needs of the individual before appointing a guardian. The report also cites anecdotal evidence from attorneys and Judicial staff suggesting that guardians are sometimes appointed even when evidence of the need for a guardian is lacking or another alternative is available (State of Minnesota Office of the Legislative Auditor 2025). Thus, while the extent of guardianship overuse remains difficult to quantify, evidence suggests that there are Minnesotans currently under guardianship whose needs could be met in a less restrictive manner.

While difficult to quantify, there is evidence that overuse of the guardianship system is costly in numerous respects. Perhaps most significantly, individuals who are under unnecessary or overly restrictive guardianships lose the ability to make choices about their own lives, thereby striking at the very exercise of personhood in which making choices is inherent (Gooding 2013). Because guardianship is the only decision making option available to people with cognitive or intellectual disabilities who are low income and have limited assets, overuse of the system is costly from an equity standpoint.

With respect to economic costs, there are considerable costs associated with legal system engagement, including court and filing fees, fees for the petition, fees for the adult's own attorney, fees for the guardian's attorney and potentially attorney fees for the attorney for others who object to the actions of the guardian. The process of establishing guardianship can also result in costs to adjacent systems, such as health care (Catlin et al. 2022; Nwakasi and Roberts 2022; Ricotta et al. 2018). When a person lacks the means to pay for a guardian, many of these costs are borne by the taxpayer. Indeed, there is emerging evidence that SDM programs may yield an economic benefit through decreased use of guardianship, enhanced self-determination and associated reduction in use of state-funded services, and reductions in costs in adjacent (Stout 2022).

B. Supported Decision Making in Minnesota

As noted above, supported decision making (SDM) is an alternative approach to decision making for adults with intellectual or developmental disabilities or other cognitive impairments that provides them the support they need to be the ultimate decision makers in matters concerning their own lives (Gooding 2013; Kohn et al. 2013). In addition to allowing individuals to retain their decision making rights, research suggests that the use of supported decision making may promote health and wellbeing. Research has shown a positive relationship between one's sense of self-determination and well-being. These potential benefits are in stark contrast to guardianship wherein an individual loses many rights and may experience an increased vulnerability to abuse (Blanck and Martinis 2015; Karp and Wood 2007; U.S. Government Accountability Office 2010).

While there are many possible models of SDM, any ought to have four basic characteristics: "(1) the individual retains legal decision-making authority; (2) the relationship is freely entered into and can be terminated at will; (3) the individual actively participates in decision-making; and (4) decisions made

with support are generally legally enforceable” (Salzman cited in Kohn et al., 2013). Supported decision making models can be broadly categorized as formal or informal. Regardless of the model employed, supported decision making processes are highly individualized, complex, and context-dependent (Bigby et al. 2019; 2022; Browning et al. 2021; Douglas et al. 2015; Pell and Mulkern 2016).

Several pilot programs in SDM have been implemented in recent years, and though the evaluations of these programs vary widely in their scope and rigor, most have demonstrated that SDM can be a viable alternative to guardianship. Many of the pilots had participants that were able to successfully remove guardianship during the pilot (Costanzo et al. 2022; Pell and Mulkern 2016; Purcal et al. 2017) or were in the process of attempting to have their guardianship removed when the pilot ended (Costanzo et al. 2022; Glen 2020). In addition, pilot projects show a positive impact on the psychological well-being of many decision makers who participated, as they reported increased confidence, better decision making skills, and feeling of control over their lives. Some studies also report positive outcomes for supporters, including increased confidence in and use of strategies to support participation in decision making as well as positive changes in supporters’ relationships with decision makers (Then et al. 2024).

Without reliable data about the number of individuals under guardianship in Minnesota or the circumstances surrounding the appointment of their guardian, it is difficult to determine the extent of unnecessary guardianship in Minnesota or the demand for less-restrictive alternatives. While a small number of organizations in the state have been offering SDM services for years, SDM only became a legally acceptable less restrictive alternative to guardianship in Minnesota in 2020 (Minnesota Session Laws, 2020 Regular Session). As a result, there are few examples of program models that can effectively divert individuals from unnecessary guardianship or remove unnecessary guardianships already imposed. The grant-funded activities described below expand availability of SDM services and increase awareness of the practice in the state to serve the varied needs of individuals with cognitive limitations or disabilities in Minnesota.

C. Supported Decision Making Grantees and Grant-Funded Activities

Five organizations were granted funding to promote supported decision making and/or provide supported decision making services across Minnesota. Grantees include two organizations that have been providing supported decision making services for years (Center for Excellence in Supported Decision Making (CESDM) and Lutheran Social Services (LSS)), and three organizations in which supported decision making is a relatively new addition to service offerings (Advocating Change Together (ACT), Adult Representation Services of Hennepin County (ARS), and Rice County Guardianship Services).

This section provides an overview of organizations and grant-funded activities. Grant-funded activities range from education and outreach to serving specific populations, training to professional groups, and direct services to adults with disabilities and older adults and their caregivers. Several grantees developed or expanded services to specific populations at higher risk for guardianships (including youth transitioning into adulthood, individuals transitioning out of correctional facilities, and older adults

without support networks in rural and urban areas) and cultural communities. Additional detail on grantee organizations and grant-funded activities is available in Appendix A.

Advocating Change Together (ACT) is a constituent governed self-advocacy organization that educates and builds coalitions for people with intellectual and other disabilities who have not been recognized for their leadership abilities. Grant-funded activities for 2024-2026 include:

- Curriculum development and hosting of 10-week educational sessions for individuals with intellectual and developmental disabilities in the Twin Cities Metro and Greater Minnesota
- Education and advocacy for self-advocates via participation in a local conference, with an emphasis on discussions with both individuals and their guardians/supporters
- Development of supported decision making handbook to be distributed among self-advocates

Adult Representation Services (ARS), Hennepin County is a Hennepin County department that provides independent legal representation, advocacy, and support to clients experiencing poverty in civil matters where they are entitled to an attorney. ARS began representing individuals subject to guardianship in 2022. Grant-funded activities for 2024-2026 include:

- Provision of training to ARS and Hennepin County staff to build organizational knowledge and capacity in supported decision making
- Provision of training, education, and outreach to youth-serving transition programs, limited English-speaking and immigrant-serving organizations, local hospitals, and other targeted professional groups.
- Provision of direct services to enable less-restrictive alternatives for individuals at risk of unnecessary guardianship
- Provision of financial support to individuals with limited means seeking a health care agent to support legal alternatives to guardianship

Center for Excellence in Supported Decision Making (CESDM), Volunteers of America MN, supports older adults, adults with disabilities, their caregivers and communities, as well as the professionals who serve them, through consultation, direct services, and education, with the aim of seeking the balance between self-determination and safety. Grant-funded activities for 2024-2026 include:

- Provision of training and technical assistance to professionals across services areas about the philosophy and benefits of supported decision making
- In-depth consultations with individuals, families, and professionals, providing resources to increase understanding around supported decision making and other alternatives, as alternatives to guardianship or conservatorship when appropriate
- Provision of direct, person-centered social work services to eligible individuals to access alternatives to guardianship, including navigating and helping build support systems to avoid or terminate existing guardianships.

Lutheran Social Services of Minnesota (LSS), Supported Decision Making, Guardianship Option, and Pooled Trust Division provides a continuum of guardianship and supported decision making services for adults with disabilities and older adults. Grant-funded activities for 2024-2026 include:

- Provision of education, outreach, and supported decision making services to eligible youth with disabilities ages 16 and 17 (2024-2026) and individuals transitioning out of correctional facilities (2024-2025 only)
- Provision of education and outreach, as well as assistance establishing or moving to less restrictive options or supported decision making arrangement (if desired) to older adults who are hospitalized under emergency guardianship and adults with disabilities ages 18-30 currently under guardianship.

Rice County Guardianship Services, a program of Rice County Social Services provides professional guardianship services and supported decision making services to individuals using person-centered practices. Grant-funded activities for 2024-2026 include:

- Provision of supported decision making education and outreach to community partners
- Provision of supported decision making services to 8-10 individuals monthly in Rice County as an alternative to guardianship

VII. Key Findings

This section discusses high-level findings related to the implementation and outcomes of grant-funded activities, as well as findings for the evaluation questions above.

A. High-Level Findings

First, grant funding resulted in the development and refinement of several innovative program models for preventing or reducing the number of unnecessary guardianships in Minnesota. Prior to SDM grant funding, there were few programs in Minnesota focused on preventing unnecessary or overly restrictive guardianships through the use of SDM or less-restrictive alternatives. In the absence of existing program models, grantees developed new programs and adapted them in real time. As one individual noted, “ambiguity and discovery were the norm” during the first year of grant-funded activities. Grantees leveraged personal and professional connections to engage with other systems, collected feedback and data on service delivery to adjust programming, and leaned into areas of programmatic success. Monthly grantee meetings provided a space to share learnings and resources to support program development and enhance outcomes. Grantees also collaborated on training, jointly presented to professional groups and Minnesota lawmakers, and shared resources to expand outreach.

Such innovation would likely not have been possible in the absence of grant funding. Unlike guardianship, there are few sources of funding to support individuals who might be better served by SDM or a less-restrictive alternative to guardianship. As a result of the Supported Decision Making Grant Program, Minnesota now has multiple examples of programs that engage individuals upstream (or prior to being placed under guardianship) or work towards rights restoration under an existing guardianship. Grantees continue to refine and strengthen their programs, providing models that other counties and nonprofit organizations can draw upon if developing their own SDM programs in the future.

Second, the analysis reveals widespread interest in SDM and less-restrictive alternatives to guardianship across individuals, organizations, and systems that engage with older individuals and adults with disabilities. Grantees note that many individuals, families, and professionals recognize the problems with guardianships, including legal and administrative costs as well as restrictions on individual decision making, but are unaware of different options. Others simply do not realize that an alternative approach might be more effective and empowering for a client or loved one.

Interest in alternatives to guardianship is evident in program growth over the grant period, an increasing number of referrals and clients served, ongoing requests for education and invitations for training sessions, and feedback provided to program grantees. Between the second and fourth quarters of grant activity, for example, the number of requests for services more than doubled for ARS (from 20 to 41 requests) and two of four LSS programs (from 2 to 108 requests and 20 to 58 requests) and nearly

doubled for Rice County (from 15 to 29 requests).² With respect to clients served, at the onset of the grant, only 10 individuals were utilizing supported decision making services from one grantee. During the most recent month of data collection, 127 individuals were building greater autonomy across six distinct direct service programs.³

Data collected by and reported to grantees also attests to interest among families, supporters, and professionals. For example, in 2019, CESDM reported 633 calls to the Guardianship Information Line (GIL). During the first year of grant activity, the GIL received 1,248 calls, nearly double the number of calls received over a 12-month period. Feedback collected by CESDM also provides examples of caller engagement and interest in the topic of less-restrictive alternatives to guardianship:

“I am so, so appreciative of you taking this time with me. I was so worried, I didn't know what to do. I am so glad that I called. I didn't want all that guardianship and take away his rights, and then have to come back to change it again. I just appreciate this so much, thank you.”

“You're the only one that has been able to explain to me what less restrictive options means! Everyone (teacher, doctor, social worker, group home) has been telling me I need to get guardianship, but I didn't know there were other options.”

“I haven't heard about Supported Decision Making before. Her doctor and case manager have been telling me that we need to get guardianship. I didn't know these were even options, I think this sounds good, and could work for my daughter.”

Grantees also reported widening engagement with both hospitals and school systems over the first 15 months of grant activity. Such engagement is apparent in an increasing number of referrals from hospitals and school systems, as well as requests for training and follow-up.

B. Findings for Evaluation Questions

Question 1. What strategies did grantees adopt to increase utilization of supported decision making and reduce/avoid more restrictive forms of decision making?

Strategies used to increase use of supported decision making include training, outreach and education, and direct client service. These strategies aim to increase knowledge of supported decision making

² There were limited requests for service during the first quarter of grant activity due to the fact that program development and staffing were ongoing. Data from the most recent quarter (quarter 5) was not used in this estimate due to service interruptions resulting from the process of extending contracts. CESDM's Decision Making Navigator Program was already in operation during the first quarter and the number of service requests remained consistent over the grant period for this program.

³ This estimate includes the number served across ARS, CESDM, 3 service lines at LSS, and Rice County in September 2025.

across systems that serve youth and adults with disabilities, while offering direct support to individuals to build self-advocacy skills and prevent, reduce, or remove more restrictive forms of decision making. Table 1 provides an overview of key activities, outputs, and individuals served across strategies.

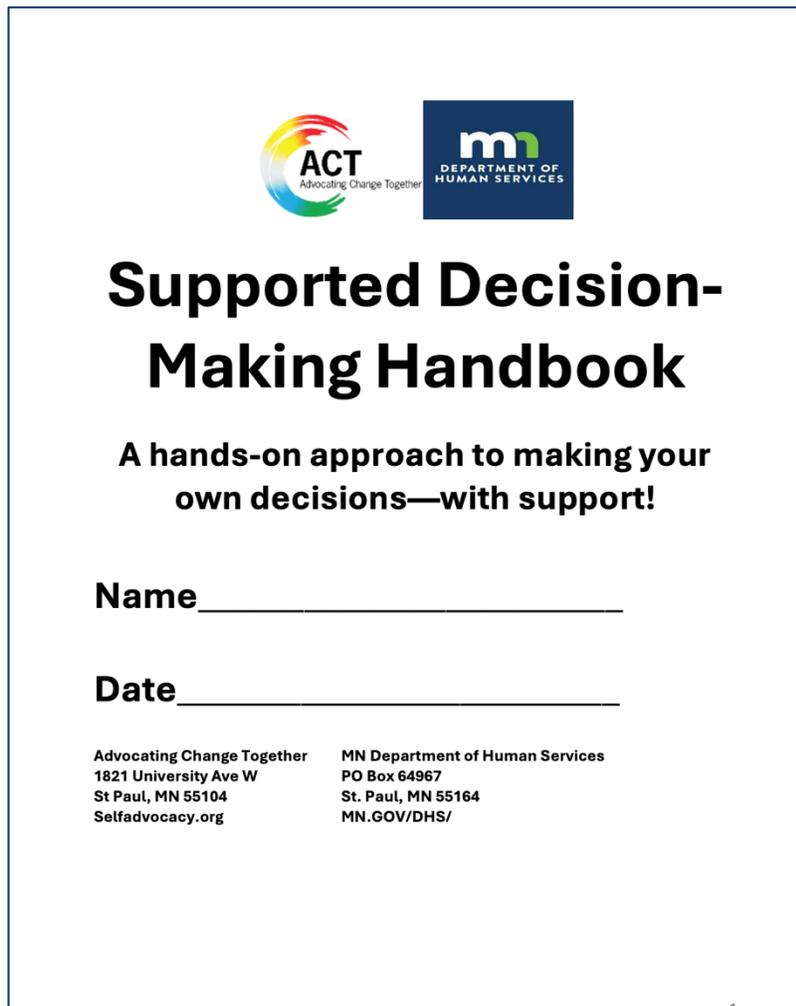
Key Activities	Key Outputs
Training for professionals	26 training sessions facilitated Attended by approximately 1,900 professionals from across MN
Training for young adults and adults with disabilities	Seven 10-week cohorts completed (N=5) or initiated (N=2) Approximately 70 individuals trained in supported decision making and self-advocacy
Outreach activities	Multiple outreach activities conducted. Populations reached include older adults, community members, and professionals serving those impacted by guardianship (guardians, attorneys and judges, school social workers, special education educators, hospital social workers, Department of Corrections professionals, social service agencies, and other community partners)
Educational sessions	96 educational sessions held, of varying types (includes education to small groups of individuals, sessions for providers, and tabling at large professional and community events) Just under 1,375 individuals served by educational sessions
Education/consultation via Guardianship Information Line (GIL)	1,581 individuals received in-depth individualized consultation ⁴
Direct client service	Nearly 570 individuals served across four organizations

Table 1. Activities, Outputs, and Outcomes (July 1, 2024 – September 30, 2025)

⁴ CESDM was previously awarded a different grant from DHS to implement work similar to the work funded under the SDM grant. During the first 15 months of the grant, one of two GIL staff positions was funded by the SDM grant. From October 2025 through June 2026, both GIL staff positions will be funded by the SDM grant.

Training. Three of five grantees provided training, which included formal presentations to groups of professionals who interact with individuals currently or potentially under guardianship, as well as cohort-based training for young adults and adults with disabilities. During the first 15 grant months, grantees held 26 training sessions attended by over 1,889 professionals from across the state. Ten-week training sessions were also provided to five cohorts of approximately 50 self-advocates (10 per session), with two additional cohorts of 20 self-advocates starting in October 2025.

Training offered to professionals touched a wide array of systems and actors. For example, grantees provided training to social workers from hospital systems and care facilities, social workers and educators from multiple school districts, case managers and staff from organizations that serve adults with disabilities, as well as attorneys, educators, and social service professionals attending statewide conferences and institutes. Training sessions focused on increasing participants’ knowledge of both guardianship and supported decision making, as well as highlighting grantees’ ability to assist individuals who might be better served under an SDM arrangement.



The goal of training offered to young adults and adults with disabilities was to help participants better understand their decision making rights and develop concrete tools to support self-advocacy inside or outside of a guardianship arrangement. Cohorts of approximately 10 individuals or “self-advocates” engaged in a ten-week training program, completing a Supported Decision Making Handbook (shown in Figure 1) designed to help build out a Supported Decision Making Agreement and/or identify areas of desired support and individuals to assist them in decision making. The handbook, which was revised several times over the course of programming, is intended to be used and updated over time to promote autonomy and self-advocacy of participants, whether within or outside of a guardianship arrangement.

Figure 1. ACT’s Supported Decision Making Handbook for Adults with Disabilities

Education and Outreach. Education and outreach activities focused on raising awareness of supported decision making among individuals currently or potentially under guardianship as well as their supporters (family members, friends, professional or public guardians, and other professionals). Four of five grantees formally incorporated such activities into their programming,⁵ although to some extent all grantees engaged in education and outreach as part of program development and recruitment. From July 2024 through September 2025, grantees hosted 96 educational sessions for 1,371 individuals, families, and professionals.

CESDM's Guardianship Information Line (GIL) is a unique program that blends education with direct service, providing individualized phone consultation with families, professional caregivers, and individuals. It serves a particular niche in Minnesota by acting as a statewide source of information, education, and navigation support to callers who have questions or need support in learning about or accessing less-restrictive alternatives to guardianship. Prior to the grant, the GIL was staffed by 1 individual and follow-up took approximately 2-4 days. With SDM grant funding, CESDM added an additional staff member to field GIL calls, decreasing the total response time to 1-2 days. During the first 15 months of grant activity, the GIL provided individualized consultation to 1,581 callers from across Minnesota.

Direct Service. Direct service activities involved the provision of SDM services and/or direct support to individuals to build autonomy, prevent unnecessary guardianships, and restore rights. Four of five grantees developed programming to provide SDM services to individuals currently under guardianship or at risk of being placed in an unnecessary or overly restrictive guardianship. Direct service programs funded under the SDM grant varied greatly in their goals, activities, and intensity. For example:

- Two grantees (ARS and LSS) developed programs focused on intervening upstream, or prior to the point at which an individual is placed under a non-emergency guardianship.
- Two grantees (LSS and Rice County) developed programming or practices to identify individuals within their organization currently under guardianship who would be better served by a SDM arrangement or less-restrictive alternative.
- Three grantees (LSS, Rice County, and VOA) developed or refined programs designed to provide SDM services, and act as a supporter if necessary, to elderly individuals and adults with disabilities.

⁵ Rice County recorded both educational and training activities provided to professionals under "educational activities." While some educational activities included presentations to individuals, families, and groups of community members, others included presentations to other county departments as well as groups of professionals through the county (school staff, hospital social workers, etc.). Although some of Rice County's educational presentations were similar in practice to the training activities of other grantees, we have opted to tally them as part of educational activities, recognizing that there is some overlap between educational and training activities across grantees.

Upstream Interventions. Programs that intervene upstream, or prior to petitioning for guardianship, focus on well-known points at which large numbers of individuals enter the guardianship system. Families of youth with disabilities are often advised to pursue guardianship when a young person turns 18. Towards the end of life, an individual who is beginning to lose capacity for decision making or experiences an emergency that necessitates a temporary guardianship can fall permanently into the guardianship system in order to expedite or facilitate health care decision making.

Grantee activities in this area focused on diverting individuals from unnecessary or overly restrictive guardianships, with an emphasis on youth nearing the age of 18 and hospitalized individuals. Because client referrals necessitate connections with other systems (schools, hospitals, etc.), upstream interventions occurred alongside education, outreach, and training to professionals working with young people and those under hospitalization. This type of service often, though not always, utilized less-restrictive alternatives such as health care directives or care or case management to help individuals avoid guardianship when appropriate.

As an example, one grantee recounted a case in which an individual with advanced dementia was placed under emergency guardianship. Although the guardianship was appropriate given his condition, the individual's wife was at risk of being placed under guardianship by the hospital because she was struggling to manage her own health and to care for her husband amidst his condition. However, she had not lost capacity for decisionmaking, and the grantee intervened to prevent her from being placed in an unnecessary guardianship. The grantee provided navigation support to connect the woman with resources and a housing facility that could support her and her husband, as well as identify resources within their existing health plan (such as a health care coordinator). Once the woman was able to access supported housing, her situation stabilized, her visits to the emergency room decreased, and she was able to identify two supporters who could act as health care agents as part of a health care directive.

This example illustrates how an upstream intervention can help avoid an unnecessary guardianship. By providing information and navigation support, the grantee was able to help the client access existing resources, stabilize her situation, identify a surrogate decision maker for health care decisions as needed, and retain her right to make decisions about her own life. The example also highlights the systemic preference for guardianship: in the absence of support to investigate alternatives to guardianship, the woman likely would have been placed under guardianship, despite the fact that her decision making capacity remained intact.

Restoration of Rights. Interventions focused on the restoration of rights assess whether individuals currently under guardianship would be better served by SDM or a less-restrictive alternative to guardianship. Two of five grantees offer guardianship services locally (Rice County) or statewide (LSS), giving those grantees access to individuals who might be able to utilize alternative arrangements if the guardianship is overly restrictive.

For example, at the onset of grant funding, LSS identified a client base of 160 individuals under LSS guardianship to engage in services related to the restoration of rights. However, the approach to services evolved considerably, becoming more structured and self-directed over the 15-month period.

The current program is structured around a 12-meeting model focused on providing information and reviewing and identifying individual goals (4 meetings), assessing progress on goals (4 meetings), and establishing support networks and setting up formal arrangements (SDMAs or petition for rights restoration) as needed (4 meetings). The model is self-directed in the sense that the individual under guardianship determines how and to what extent they want to pursue greater autonomy. While some individuals work towards reduction or removal of an overly restrictive guardianship, others work towards building autonomy without the legal restoration of rights.

It is important to note that certain rights can be restored even within an existing guardianship. For example, one grantee recounted a case in which an individual's guardianship paperwork restricted her right to vote but failed to offer a rationale or evidence for the removal of voting rights. The grantee was able to connect with the individual, her guardian, former case worker, and judge to facilitate restoration of voting rights. The grantee then accompanied the client to the courthouse to vote in the November 2024 election. While the immediate outcome of the engagement was not full removal of guardianship, the restoration of voting rights was an interim step that was described as deeply meaningful to the client and a step in the direction of greater rights restoration.

Supported Decision Making. Programs that assist adults with cognitive impairments or disabilities to identify and enlist supporters to help them make decisions in specific areas of life. SDM is an alternative to guardianship that aims to prevent an unnecessary guardianship or to provide decision making support to an individual after an overly restrictive guardianship is reduced or removed. Because an individual may require support in multiple areas of life, SDM is typically more intensive than other less-restrictive alternatives. It may also be used alongside other alternatives to guardianship. For example, an individual in a SDM arrangement may also have a health care directive in place. Due to the intensive and individualized nature of the work, caseloads in SDM programs are small.

The assistance provided via SDM varies greatly across individuals according to their needs, wishes, resources, and support networks. One grantee noted that the work of supported decision making can involve multiple meetings with clients to determine their views and interest in collaborating, connecting with families and other potential supporters to discuss their perspectives and interests in supporting the client, connecting with professionals such as health care agent, attorney-in-fact, SDM supporter, or guardian/conservator, providing guidance to supporters to facilitate effective interactions, investigating formal resources and supports, and connecting with attorneys to develop formal plans.

Grantees also highlighted that the work of SDM involves modeling for individuals, supporters, and professionals a different way of working with older adults and those with disabilities. For example, one grantee discussed reframing discussions around decision making to center the individual's role:

“One of the individuals I'm working with, he's got a great team surrounding him, but [we are] working to reframe how we talk, and how we work. And not so much ‘you should’ or ‘this must,’ [but rather] ‘here's your option,’ ‘what do you think about,’ ‘let's talk about this,’ ‘how does that feel?’ You know, so we're really engaging and ...placing that responsibility and that decision-making squarely on that individual's shoulders.”

Another grantee discussed modeling for professionals and social workers an approach that presumes capacity and elevates the individual as the decision maker. In this sense, SDM programs not only represent a different set of services, but also a different approach to working with individuals with cognitive limitations or disabilities.

Table 2 summarizes the direct service program models developed under the SDM grant.

Program Model	Program Descriptions	Types of Users
Upstream Intervention Program	<p>Assist client/family in implementing SDM arrangement or less-restrictive alternative <i>before</i> guardianship is applied.</p> <p>Example: ARS legal representation and advocacy to support less-restrictive alternatives to guardianship</p>	<p>County agency (e.g. ARS)</p> <p>Nonprofit organization (e.g. LSS service lines targeting youth and hospital patients)</p>
Rights Restoration Program	<p>Assist client in restoring rights and/or terminating existing guardianship.</p> <p>Example: LSS 12-Meeting Model for Rights Restoration and Snapshot Tool</p>	<p>County agency (e.g. Rice County)</p> <p>Nonprofit organization (e.g. LSS service line focused on assessing clients under guardianship w/LSS)</p>
Supported Decision Making Program	<p>Assist client in identifying and formalizing a system of support in decision making as an alternative to guardianship. Can be implemented prior to guardianship or alongside rights restoration within an existing guardianship.</p> <p>Example: CEDSDM Decision Making Navigator Program</p>	<p>County agency (e.g. Rice County)</p> <p>Nonprofit organization (e.g. CEDSDM, LSS)</p>

Table 2. Direct Service Program Models Developed with SDM Grant Funding

Question 2. What challenges did grantees encounter with respect to implementation of programming?

The most frequently mentioned implementation challenges relate to the overwhelming systemic preference for guardianship and challenges related to specific types of circumstances for older adults and those with disabilities.

First, although Minnesota statute states that a guardian may only be appointed if an individual's needs cannot be met by less restrictive means (Minn. Stat. 525.5-310), guardianship is often a default path for individuals with cognitive difficulties (Minnesota Department of Human Services 2025). The systemic preference for guardianship creates challenges in terms of connecting with other systems and dispelling the narrative and practice of guardianship as the default option. This was discussed in depth in the previous report, where grantees noted the difficulty of connecting with schools, hospitals, and correctional facilities, as well as the challenge of convincing potential partners of the value of SDM as an alternative to guardianship.

While such challenges continued to exist, the data suggest that implementation of SDM grants provided nuance to grantees' understanding of these challenges and how to address them. For example, as grantees learned more about specific systems, they were able to reframe conversations about SDM for those audiences. As one grantee noted:

"[D]ifferent language connects with different professions. So, with the education professionals, this idea of person-centered planning, you know, if you're doing education plans with a student, you want the student's input, maximum direction from the student. You're really trying to create a lot of room for the student to self-direct. And so when you start to match up, well, supported decision-making is another way to involve the student to the maximum level possible, rather than removing and delegating decision-making, you kind of see the light bulb go off. Oh, well, that's what we're already doing with our students."

Another grantee described repositioning SDM as an approach on a spectrum of approaches that includes guardianship, noting that "there has been such contention against SDM because when it's been talked about in the past it has been anti-guardian. Especially when working with current guardians, "this is a hard barrier because it can feel really hurtful." Another individual discussed the importance of coming in hand-in-hand with guardianship: "[The] discourse is what we're chipping away at. We're changing how we approach that and that has softened the embrace." Grantees attributed greater success in engagement with SDM in part to such adaptations in outreach and education.

Not all engagement led to robust or sustainable programming, however. Although grantees reported success in engaging with educational, health, and to some extent, legal systems, there was less success in engaging with correctional systems. The two grantees that attempted to build programs with correctional facilities had less success, with one noting that SDM is not well-placed in such environments due to an overwhelming focus on recidivism and lack of emphasis on guardianship. As a result, neither correctional service line continued into the second grant year.

A second challenge reported by grantees pertains to specific situations involving individuals currently under or petitioning for guardianship. In one set of cases, a guardian did not support moving a petition forward to remove guardianship, which is difficult to move forward without the guardian's approval. In these cases, SDM service providers tried to work with guardians to help them better understand less-restrictive alternatives to guardianship and address concerns. In a second set of cases, individuals were agreeable to being put under guardianship despite it not being necessary for their situation. In these

cases, grantees reported that judges felt pressure to approve guardianship despite the potential for an individual's needs to be met through less-restrictive means. A third set of cases involved individuals who would benefit from SDM but lacked family, friends, or professionals who can serve as supporters. While some grantees were able to enroll these individuals in an SDM program that provides access to supporters, others did not have this capacity and thus were limited in their ability to serve the individual.

Question 3. How did the distribution of grants promote racial and geographic diversity in populations served?

The law that establishes the SDM grants states that “grants must be distributed in a manner to promote racial and geographic diversity in the populations receiving services” and requires the evaluation to assess the extent to which funds were distributed to this end (Laws of Minnesota, 2023). An analysis of data from the first 15 months of the grant shows that the distribution of grantees and services promoted racial and geographic diversity in the following ways.

First, grantee activities were located in both Greater Minnesota and the Twin Cities metro. Five of seven ACT cohort trainings serving approximately 50 young adults and adults with disabilities were located in Greater Minnesota: three in Duluth (two in-person and one virtual), one in Big Lake, and one in East Grand Forks. All grant-funded activities for Rice County occurred in Greater Minnesota, while grant-funded activities for ARS occurred in the Twin Cities metro. LSS and CESDM are statewide organizations and thus educational, training, and direct service activities were located in both Greater Minnesota and the Twin Cities metro. Of 1,460 individuals inquired about via CESDM’s Guardianship Information Line, for example, approximately 68 percent lived in the Twin Cities Metro and 25 percent in Greater Minnesota.⁶

Second, grantees prioritized outreach and education to racially and ethnically diverse populations. For example, Hennepin County’s ARS contracted with the Multicultural Autism Action Network (MAAN), an organization that serves primarily Somali and Oromo families, to facilitate focus groups about supported decision making with families in the community. The focus groups yielded important insights about families’ knowledge of alternatives to guardianship as well as the value of culturally tailored education and dissemination strategies. ARS is currently exploring a continued contractual relationship with MAAN to implement recommendations arising from the focus groups. ARS also conducted education and outreach with Hennepin County’s Office of Multicultural Services as well as organizations that primarily serve communities of color, such as NorthPoint Health and Wellness Center in North Minneapolis.

Grantee’s direct service activities and CESDM’s Guardianship Information Line engaged a diverse group of participants, shown in Figure 2. A snapshot of the direct service activities of ARS, CESDM, LSS, and

⁶ The remaining individuals either did not live in Minnesota or had an unknown residence (7.2 percent).

Rice County shows that of the clients served in April 2025, 50 percent identified as White, 24 percent as Black or African American, 2 percent as American Indian, 2 percent as Multiracial, and 4 percent as some other race.⁷ The racial and ethnic distribution of persons served by CESDM’s Guardianship Information Line is comparable. Of the 1,460 individuals about whom a call was made, 53 percent were White, 15 percent Black or African American, 2 percent American Indian, 4 percent Asian or Pacific Islander, and 4 percent Multiracial. During this period, approximately 4 percent of individuals were Hispanic.⁸

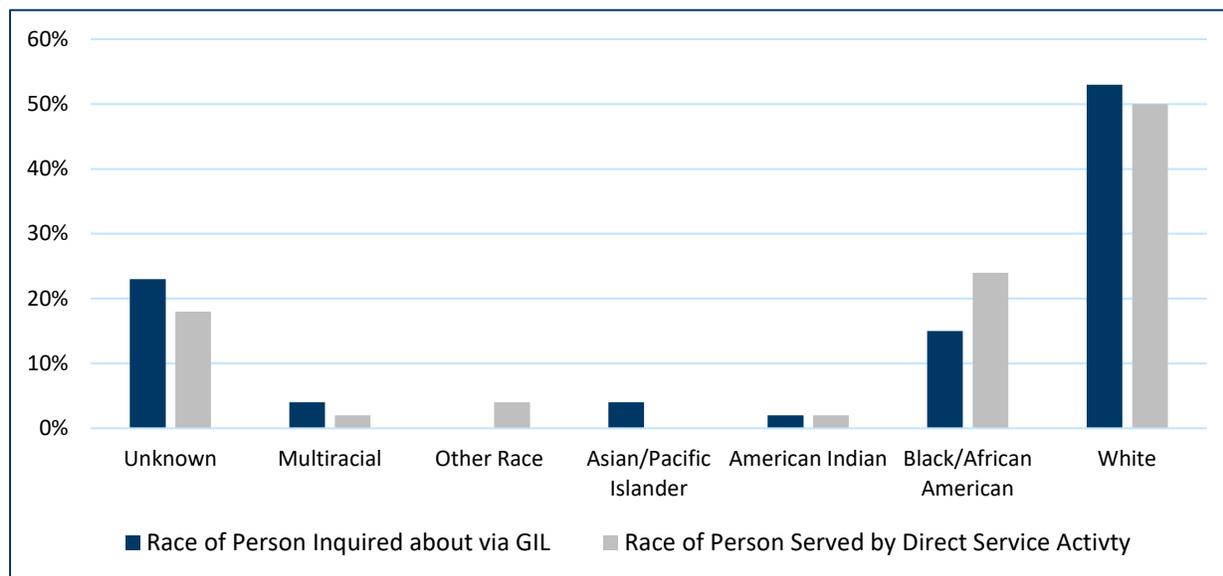


Figure 2. Race of Person Served by SDM Programs.

Third, grantees worked to translate materials into languages relevant to local communities. In Rice County, SDM documentation and forms were translated into Spanish and Somali - the two largest racial/ethnic communities in the county. In Hennepin County, ARS worked with an outside organization to translate educational videos from CESDM into Spanish, Somali, and Hmong. CESDM Fact Sheets on supported decision making are available in English, Spanish, Hmong, and Somali. In addition, though they were used infrequently, translators were available in all direct service work. Over the course of 15 months, for example, CESDM Guardianship Information Line assisted callers in Spanish (N=11), Somali (N=4), Vietnamese (N=2), Hmong (N=2), Korean (N=1), Tigrinya (N=1), and ASL (N=1).

Finally, grantees prioritized outreach and education to other marginalized or at-risk groups, including LGBTQ+ populations and adults in rural communities. For example, in June 2025 LSS’s hospital

⁷ This calculation includes LSS’ programs targeting youth, incarcerated populations, and hospitalized patients, as well as the direct service programs of ARS, CESDM, and Rice County. During this month, approximately 18 percent of clients served did not report a race. Calculations are estimated for a point in time to avoid duplication.

⁸ Data from CESDM show that 22.7 percent of individuals had an “unknown” race and 22.9 percent had an “unknown” ethnicity.

decompression service area hosted an educational session with 23 individuals representing rural LGBTQ+ older adults who are interested in developing coalitions around health care needs.

Question 4. Did grantee programs increase utilization of supported decision making and reduce/avoid more restrictive forms of decision making? If yes, which strategies/programmatic changes were most successful?

Grantee programs increased the use of supported decision making arrangements and reduced or avoided more restrictive forms of decision making such as guardianship. Over the 15 month period, 567 individuals were engaged with the aim of pursuing SDM or a less restrictive alternative and/or removing an unnecessary guardianship or restoring rights. Of those engaged:

- 281 were actively supported in building autonomy, including through the provision of SDM, application of less restrictive alternatives, restoration of rights or removal of guardianship, and/or by working towards building autonomy within an existing guardianship.
- 81 individuals were engaged in an SDM program with the aim of formalizing a system of support and/or reducing or removing an overly restrictive guardianship.
- 71 successfully enacted a less restrictive alternative to guardianship, had rights restored under an existing guardianship, or terminated an unnecessary guardianship.

There is considerable variation within each group. For instance, the total number served includes individuals who were provided consultative services with the aim of building autonomy, individuals who were provided short-term support to establish a less-restrictive alternative to guardianship (such as a health care directive), as well as those who were actively engaged over multiple months to build autonomy and/or reduce guardianship. Some of those engaged were unable to access further support due to limited capacity or other individual circumstances or were not interested in pursuing an SDM arrangement or less-restrictive alternative in the near future.

The 281 individuals who received active support to pursue greater autonomy include those under emergency guardianship in healthcare settings, those working towards greater autonomy and/or rights restoration under a current guardianship, young adults and their families interested in pursuing SDM when the young adult reaches age 18, and currently incarcerated individuals interested in SDM services upon reentry into the community. Individuals in this category varied in terms of their current involvement with the guardianship system. Some were already under guardianship or in immediate risk of being put under guardianship. Others were not under immediate risk and were considering different options that might be leveraged in the future.

81 individuals were engaged in an SDM program with the aim of formalizing a system of support and/or reducing or removing an overly restrictive guardianship. While engagement varied greatly across individuals, this type of program was typically longer in duration, often spanning multiple months. Very

few individuals engaged in SDM programs enacted a Supported Decision Making Agreement (SDMA) or written legal agreement outlining who an individual's supporters are and the types of decisions they support an individual in making.

In part, the small number of written agreements reflects the length of time it can take to develop and execute an SDMA, particularly when individuals lack active family and friend networks. As one grantee stated: "There's a lot of work that we have to do before we can get to that [SDMA]. We're doing a lot more of kind of figuring out where things are at and helping create that stability and finding that network." In addition, not all grantees view a written SDMA as an essential component of service delivery, with one noting: "We continue to be reflective and wary of creating situations where professionals believe there must be written agreements in order to "do" or honor supported decision making arrangements." Thus the number of written SDMAs underestimates the progress made in supporting individuals to pursue greater autonomy through supportive decision making services.

Finally, 71 individuals enacted a less-restrictive alternative to guardianship, had some or all rights restored under an existing guardianship, or terminated an unnecessary guardianship. A majority of these individuals enacted a less-restrictive alternative to guardianship, such as a health care directive. The small number of individuals who had guardianship terminated and/or rights restored reflects in part the length of time it takes to develop and execute a petition for rights restoration. For example, LSS staff noted that petitions to restore rights did not begin to emerge until 8 months into the program. The number of individuals restoring rights or removing guardianship can therefore be expected to grow.

It is difficult to assess which strategies were most "successful" given the varied aims of the programs and the person-centered approach of SDM. Because individual needs and circumstances differ, a successful outcome for one person will be different than a successful outcome for another. For one young person, success might look like avoiding an unnecessary guardianship and instituting an SDM arrangement. For another, it might look like a guardianship that is limited in both time and scope. For still another, success might look like being supported in learning how to advocate for oneself or take on more tasks (such as cooking one's meals) within an existing guardianship.

Question 5. What other outcomes are associated with grantee strategies and programmatic changes, both for organizations and individuals served?

Because SDM is a relatively new practice in Minnesota, grantees were asked about other outcomes associated with grant-funded activities. Grantees identified four additional outcomes for individuals and organizations. These outcomes, which are discussed in greater detail below, include:

- Increased knowledge and skill development among older adults and adults with disabilities, their supporters, and professionals with whom they interact
- Increased autonomy for participants in direct service programs
- Increased collaboration internally and externally
- Development of tools to support increased autonomy at an individual and organizational levels

Increased knowledge and skill building. Grantees pointed to increased knowledge and skill building about SDM, less restrictive alternatives, and guardianship as important outcomes of grant activity for both organizations and the individuals those organizations served. Increased knowledge was an explicit aim of most training, both with respect to increased knowledge of the less-restrictive alternatives to guardianship and available resources and services to support such alternatives. Although feedback was not collected systematically across grantees, several grantees provided evidence of increased knowledge and skill development following education and training sessions. For example, of participants who responded to a feedback survey following a CESDM-led training in November 2024, 94 percent reported increased confidence in their ability to advocate for SDM and guardianship termination as a result of the training (62 percent response rate).

For older adults and those with disabilities, increased knowledge and skill development were also key outcomes of program engagement. In direct service work and training sessions, grantees reported discussing a wide range of topics with clients, including budgeting, caring for oneself, independent living, and self-advocacy, with the aim of building autonomy and often, though not always, restoring rights or removing guardianship. One grantee offered an example: “I’m working with one person right now who is ... working to employment and walking through budgeting. You know, he hasn’t worked in employment, so ...today we just were talking about how do you track your employment compared to your SSI? And walking through all those things. It’s really fun to watch those lights go on. It’s like: *Oh! Oh, I get to do that!*”

Because SDM involves a different way of working with adults with cognitive impairments, knowledge and skill building among supporters and professionals was also highlighted as an important outcome of grant activities. One grantee referred to “side-by-side learning” as the process through which professionals learn about SDM by assisting those with disabilities during SDM training or direct service activities, noting: “There was a staff person who has two children with disabilities. And, she admitted, she goes, I’m their guardian, and my daughter is, I don’t know, 19 or 20, but yet, she goes, I now realize that I want the control. ...And so, that was really eye-opening for her as a staff person.” Another grantee discussed the value of seeing supporters and professionals learning to support clients in different ways.

Increased autonomy. Grantees pointed to increased autonomy, defined broadly to include changes in the legal structures that shape participants’ decision making rights as well as changes in participants’ actions or behaviors, as a key outcome of program participation. While restoration of rights and implementation of less-restrictive alternatives are important indicators of increased autonomy, so too are changes in behavior that promote enhanced self-advocacy and decision making. One grantee provided an example:

“And there was one particular gal [who] talked about her transportation. She was on a van or a bus with someone that she didn’t get along with. And so she took her [SDM] manual with her, because this came up in part of her completion of the manual... And *boom*. She said, I don’t have to ride on that van anymore with that person who I didn’t get along with, and who caused

me anxiety and anxiousness.... So, she was able to [change]... and she was so excited about being able to express that.”

Another grantee stated that the process of building autonomy and restoring rights can and does occur in small steps: “Success will look like what [the person] wants. For example: I want to work on independent living. My goal is to choose where you want to live, but what that looks like is I am going to safely cook a meal for myself. So there are small successes.”

One grantee reported that in reviewing existing guardianship cases, it was apparent that there was an advocacy role missing in many teams supporting young people with disabilities. In offering a structured program to help individuals specify their wants and needs, the grantee was able to help individuals build their autonomy, which did not always result in the restoration of rights. This in turn supported the wellbeing of the individual and offered information to support restoration of rights in the future. The grantee noted that this type of engagement can be particularly important for young adults, who face a time-limited guardianship and may benefit from greater knowledge about their guardianship, as well as skills related to accessing information and paperwork about their guardianship.

Increased collaboration internally and externally. The success of SDM programs depends in part on collaboration within and across systems. For example, organizations funded under this grant relied in part on partners to provide clients with information about alternatives to guardianship as well as referrals to SDM programs. Grantees pointed to increased collaboration internally (particularly for county agencies) and with external partners as an important outcome of grant activities. As one grantee noted: “Internally, it’s really cool to see. I mean, we’re seeing it from our own staff, whether its adult intake to the case managers. They’re looking at, who do I have on my caseload, or who are new referrals that maybe would be a good fit for SDM?”

External collaboration is evident in many of the examples discussed above, including collaboration between grantees and school districts, hospitals, and other community providers. Grantees also collaborated with one another through joint presentations and trainings, program partnerships, individual meetings, and shared resources. For example, ARS and LSS developed a program partnership in which clients who executed a health care directive with the support of ARS but lacked a health care agent could access a health care agent through LSS. While the partnership and program model is still being refined, it provides an illustration of the collaboration that developed across grantees over the first year of the grant.

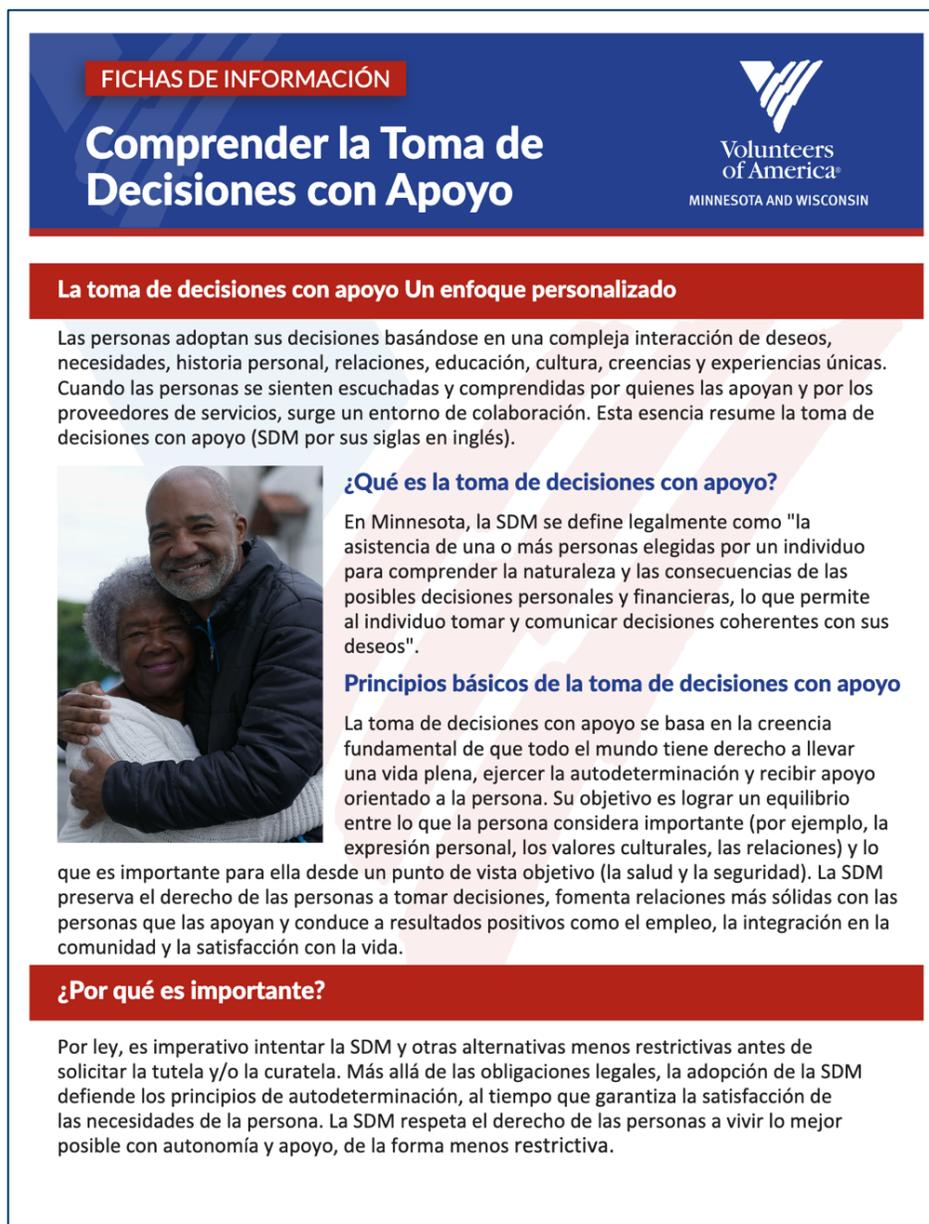
Tool Development.

Alongside the development and refinement of education, training, and direct service programs, grantees developed tools to promote individual autonomy and education about SDM and less-restrictive alternatives.

Examples of tools include videos and fact sheets on supported decision making translated into multiple languages; materials used to compile detailed information on an individual's wishes, needs, and supporters; and presentations and other materials that describe guardianship, SDM, and less-restrictive alternatives. Some tools, such as the fact

sheet shown in Figure 3, are already available via grantees' websites. The intent is to make many of these tools available to individuals, their supporters, and organizations that work with older adults and those with disabilities to promote understanding, autonomy, and use of SDM and less-restrictive alternatives when appropriate.

Additional examples of tools developed with grant funding are shown on the next page.



FICHAS DE INFORMACIÓN

Comprender la Toma de Decisiones con Apoyo

Volunteers of America
MINNESOTA AND WISCONSIN

La toma de decisiones con apoyo Un enfoque personalizado

Las personas adoptan sus decisiones basándose en una compleja interacción de deseos, necesidades, historia personal, relaciones, educación, cultura, creencias y experiencias únicas. Cuando las personas se sienten escuchadas y comprendidas por quienes las apoyan y por los proveedores de servicios, surge un entorno de colaboración. Esta esencia resume la toma de decisiones con apoyo (SDM por sus siglas en inglés).



¿Qué es la toma de decisiones con apoyo?

En Minnesota, la SDM se define legalmente como "la asistencia de una o más personas elegidas por un individuo para comprender la naturaleza y las consecuencias de las posibles decisiones personales y financieras, lo que permite al individuo tomar y comunicar decisiones coherentes con sus deseos".

Principios básicos de la toma de decisiones con apoyo

La toma de decisiones con apoyo se basa en la creencia fundamental de que todo el mundo tiene derecho a llevar una vida plena, ejercer la autodeterminación y recibir apoyo orientado a la persona. Su objetivo es lograr un equilibrio entre lo que la persona considera importante (por ejemplo, la expresión personal, los valores culturales, las relaciones) y lo que es importante para ella desde un punto de vista objetivo (la salud y la seguridad). La SDM preserva el derecho de las personas a tomar decisiones, fomenta relaciones más sólidas con las personas que las apoyan y conduce a resultados positivos como el empleo, la integración en la comunidad y la satisfacción con la vida.

¿Por qué es importante?

Por ley, es imperativo intentar la SDM y otras alternativas menos restrictivas antes de solicitar la tutela y/o la curatela. Más allá de las obligaciones legales, la adopción de la SDM defiende los principios de autodeterminación, al tiempo que garantiza la satisfacción de las necesidades de la persona. La SDM respeta el derecho de las personas a vivir lo mejor posible con autonomía y apoyo, de la forma menos restrictiva.

Figure 3. CESDM Fact Sheet on SDM (Page 1), Translated into Spanish

 Lutheran Social Service of Minnesota

Supported Decision-Making and Guardianship Options

SUMMARY OF RIGHTS WHILE UNDER GUARDIANSHIP

888.806.6844 | GuardianshipOptions.org

RESPECT
You have the right to be treated with dignity and respect and to be protected from discrimination.

PARTICIPATION
You have the right to participate in decision making and to voice your preferences. You have the right to participate politically by voting unless restricted by the court.

PRIVACY
You have the right to personal privacy where not restricted by the court.

SERVICES
You have the right to have services provided to you that meet your needs to the best of your guardian's ability. This includes health, comfort, care, education and socialization.

PETITION
There are various petitions that you have the right to file at any time. These include topics around place of abode or restoration of rights. You also have the right to legal counsel.

HEALTH CARE DIRECTIVE
You have the right to complete a Health Care Directive if the court hasn't granted the guardian power over abode, care needs, or medical decisions.

COMMUNICATION
You have the right to communicate with others as long as there is not a restriction in place.

FAMILY
You have the right to marry and procreate unless court approval is required.

OTHER AREAS OF LIFE
You have the right to control any areas of your life that the court has not assigned to your guardian.

*These rights are based on MN Statute 524.5-120 as of 12/12/2024.

This project was supported with funding from the Minnesota Department of Human Services, Aging and Disability Services Division.

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 Lutheran Social Service of Minnesota

Supported Decision-Making and Guardianship Options

10 POWERS OF GUARDIANSHIP*

THESE ARE POWERS ASSIGNED TO YOUR GUARDIAN UNLESS THEY HAVE BEEN RESTORED TO YOU.

888.806.6844 | GuardianshipOptions.org

- 1. ABODE**
Your guardian helps you choose where you live to ensure that you are in a safe and supportive home.
- 2. CARE, NEEDS, AND COMFORT**
Your guardian will do what they can to make sure you have the things you need — like food, clothes, medical care and social connections.
- 3. PROPERTY**
Your guardian will help make sure your belongings (things like clothes, furniture, etc.) are cared for to the best of their ability.
- 4. MEDICAL CONSENT**
Your guardian works with you to give consent for medical treatment and gives permission to doctors and other medical professionals so you can receive the care and support you need.
- 5. CONTRACTS**
Your guardian has the authority to sign contracts that may affect you, like rental leases, credit card applications and more.
- 6. SUPERVISION**
Your guardian can protect you by limiting your rights or access to people who may harm you. This happens when there are health or safety concerns.
- 7. BENEFITS**
Your guardian can help you apply for and maintain public assistance and funding.
- 8. VOTE**
Sometimes the right to vote can be restricted by the court, but unless specified by a court order, you retain the right to vote.
- 9. ABLE ACCOUNT**
Your guardian can set up a special ABLE account for your money so you can qualify for benefits.
- 10. LEGAL PROTECTION**
Your guardian can start legal proceedings on your behalf. They can represent you regarding concerns such as having any criminal records sealed, in cases of harassment and in any civil court proceedings.

*These 10 powers are based on MN Statute 524.5-313 as of 12/12/2024.

This project was supported with funding from the Minnesota Department of Human Services, Aging and Disability Services Division.

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Figure 4. Posters Developed by LSS to Provide Information about Rights under Guardianship and Powers of Guardianship

Question 6. What do grantees view as key successes of the grant program?

Of the outcomes discussed above, grantees point to diversion or removal/reduction from an unnecessary or overly restrictive guardianship, increased autonomy within or outside of a guardianship arrangement, increased awareness of SDM and less-restrictive alternatives to guardianship, and systems-level intervention as key successes of the SDM grant program.

First, preventing or removing an overly restrictive guardianship is viewed as an important success of programming. Not only does this outcome allow an individual to retain their rights, but it also permits compliance with Minnesota law, which states that a guardian may be appointed only if the individual's needs cannot be met with less-restrictive means (Minn. Stat. 524.5-310). The fact that nearly 50 individuals who were at risk of guardianship or currently under guardianship were better served by SDM or a less restrictive arrangement provides initial evidence of a need for SDM programming in Minnesota. This finding is also consistent with reports that Minnesota's guardianship system is overused.

It is important to note that while the prevention or removal of an unnecessary guardianship is seen as a success of programming, the opposite is not viewed as a failure of programming. Often, a less-restrictive option is simply unavailable due to client circumstances or available resources or support. As one grantee noted:

“Even when we must petition for the appointment of a guardian..., it is after intensive, good-faith efforts to seek arrangements outside of those involving court interventions. We do not, nor should anyone, consider petitions for guardianship... a failure of philosophy, approach, intention, but rather, failure of less restrictive means being available to meet the person's needs.”

Second, grantees view increased autonomy as a key success, whether or not it was associated with the prevention, reduction, or removal of guardianship. Increased autonomy is apparent in smaller actions such as cooking dinner as a step towards independent living, advocating for one's preferences involving transportation, and learning how to budget. It is also apparent in petitioning the court for rights restoration. While not measured as part of this evaluation, there is support for the importance placed on increased autonomy. As noted above, research demonstrates a positive relationship between one's sense of self-determination and their overall well-being, suggesting that increases in autonomy may be valuable for participants even within a guardianship (Blanck and Martinis 2015; Shogren et al. 2018).

Third, increased awareness of SDM and less-restrictive alternatives to guardianship, both at the individual and systems level, is seen as an important success of programming. For individuals, learning about alternatives to guardianship is an important step in building greater autonomy over time. Even within guardianship, information and awareness are important. As one grantee noted: “You have choices within that umbrella of guardianship, to ask the questions, to lead your own annual meeting, to speak up... You know, my hope was that people would be introduced to the idea that there are alternatives to guardianship, and that within guardianship, you still have rights and can still speak up for yourself.”

Another grantee viewed increasing awareness of SDM as having potentially cascading positive effects for individuals and their supporters:

“The supported decision-making does more than just what's happening in the decision that brings people to it. It kind of sets them up going forward for the presumption of competence. Caregivers are more likely to presume confidence on other things. The person who needs the support is reminded that they have the choice, and they make the decision. Whatever that might look like for the individual.”

Perhaps because knowledge of SDM and less restrictive alternatives remains limited, grantees also highlighted the value of increased awareness within the systems that serve older adults and those with disabilities

Finally, while systems-level change was noted as a key area of future work, the changes in local policy that did occur during the 15-month period are viewed as a key success of grant-funded activity. For example, one grantee was able to work with a large urban school district to change the wording of a letter given to parents of children with disabilities who are approaching adulthood. As one individual noted, “the notice to parents, it’s very scary: *‘If you don’t get guardianship, you will not have any access to your children’s school, information...’*” The grantee worked collaboratively with the school district to provide alternative language for the letter that was more encompassing of less-restrictive options such as SDM. This type of systems-level change has the potential to reach a greater number of youth and their families and reduce the number of unnecessary guardianships applied when youth with disabilities reach age 18.

Question 7. What do grantees view as important next steps in furthering supported decision making in Minnesota?

Grantees view continued program innovation, increased funding, and systems-level intervention as key next steps in furthering supported decision making in Minnesota.

First, grantees continue to innovate in the delivery of training, education, and direct service. For example, to increase awareness and support of SDM and less restrictive alternatives at a county-level, one grantee raised the idea of presenting to county commissioners at their annual gatherings and trainings. To increase awareness in the schools, another grantee discussed aligning education and outreach activities with spring activities focused on transitioning students. One grantee described initiating quarterly meetings across county departments to provide information and increase referrals, while another is developing monthly meetings on SDM and guardianship to provide information to the community. Such innovations, adaptations, and refinements have the potential to continue raising awareness of alternatives to guardianship across the many systems that serve older adults and those with disabilities in Minnesota.

In addition, while early program activities were focused on the development of program models, grantees are turning their attention to the sustainability of direct services and partnerships with external organizations. This requires further refinement in program models and continued innovation in working with partners. Additional time and funding will allow grantees to build upon learnings of the first two years with the aim of better serving those at risk of guardianship or under guardianship in Minnesota.

Second, grantees point to the need for continued funding to support current program implementation and innovation as well as address funding gaps within the current system. As noted earlier, there are few existing sources of funding to support individuals in pursuing less restrictive alternatives to guardianship. As one grantee noted: “Funding is what we need. People in this field know this is a gap and a need that existing systems can’t fill.” Grantees point to funding as particularly important in serving adults with cognitive impairments who lack family, friends, or professionals who can act as supporters in a SDM arrangement or a less restrictive alternative.

Finally, grantees view policy change at both the local and state levels as critical for continued forward movement in SDM and less restrictive alternatives to guardianship. At the local level, one grantee discussed the importance of continued work with school districts to reach young adults with disabilities before they turn 18. Referencing the agency’s collaboration with a local school district, the grantee noted: “I think that will have an incredible impact moving forward, and if we can replicate that with other school districts who’ve shown a little bit of tentative interest here, that would be fantastic.”

At the state level, several grantees discussed the importance of state-level action and policy change to counter the systemic preference for guardianship across systems that serve older adults and those with disabilities. As one grantee stated: “We need some legislative components, we need some restricting, and redefinition. I know there was statutory changes that just allude to that proof of less restrictive alternatives such as SDM, but we need to start building legislatively some support and capacity around SDM and really formalizing it if you want to see change.” Because the policy changes to reduce the likelihood of unnecessary guardianship are not well-defined at this point, grantees pointed to the importance of dedicated attention to determining how best to promote SDM and less restrictive alternatives.

VI. Report recommendations

This section incorporates findings from the previous report, which reviewed existing research and assessed Minnesota's need for SDM and alternatives to guardianship, as well as the findings described above. Together, the analyses lead to the following recommendations.

- **Sustain and/or increase funding for SDM grantees.** This grant is one of the first dedicated funding sources for SDM to yield measurable positive outcomes as an alternative to guardianship. Guardianship is required to be funded for adults who lack resources by counties and the courts through [Sec. 524.5-502 MN Statutes](#). Attorneys and courts are paid for initiating and monitoring guardianship. There is no corollary payment sources for SDM. With funding dedicated to guardianship, but no sustained funding dedicated to SDM, there is no viable option to guardianship in Minnesota. Lack of sustained, dedicated funding contributes to systemic preference for guardianship.

The data show that grantees have developed programs and are delivering services that are promoting the use of SDM and less restrictive alternatives and reducing unnecessary guardianships in Minnesota. Program growth and interest in education, training, and direct services provides initial evidence of demand for information and services related to alternatives to guardianship. Such findings warrant further investment, and potentially expanded investment, in Minnesota's SDM programs.

- **Disseminate information and tools developed as part of this grant program across Minnesota.** Grant funding led to the development of several innovative program models for promoting and delivering SDM services, as well as tools to support individuals in building autonomy. Providing centralized access to information may help other entities develop programs for reducing unnecessary guardianships in Minnesota. Disseminating information and tools widely through professional networks, conferences, and other avenues can also help promote awareness and use of SDM across the state.
- **Address the systemic preference for guardianship through state-level intervention.** Grantees note that the overwhelming systemic preference for guardianship, including well-documented school-to-guardianship and hospital-to-guardianship pipelines, necessitates intervention at both program- and systems-levels. At the state level, convening a group of experts and providers, as well as individual decision makers and their supporters, would help to identify points of programmatic intervention for funding as well as policy changes to reduce the systemic preference for guardianship and promote use of alternative approaches.
- **Invest in enhanced data reporting, collection, and analysis.** In Minnesota, a lack of data limits understanding of the guardianship system as well as the benefits and cost effectiveness of alternative approaches such as supported decision making. Emerging evidence that SDM may yield economic benefits suggests that efforts to reduce unnecessary guardianships may have

cost savings for Minnesota. Making evidence-informed decisions about the costs, implementation, and effectiveness of guardianship and less restrictive alternatives will require Minnesota to invest in more rigorous data collection and analysis.

- **Continue to invest in evaluation activities.** Finally, this evaluation helped to identify and refine key outcomes for organizations that provide SDM services, as well as individuals who receive such services. Continued evaluation activities will contribute to a growing body of research on outcomes associated with SDM programs and effective models for supporting adults with cognitive impairments in Minnesota.

VIII. Appendix: Grantee Organizations

Advocating Change Together (ACT)

Advocating Change Together (ACT) is an organization that focuses on self-advocacy education and coalition-building for people with intellectual and other developmental disabilities. Since 1979, ACT has led programming, training, and engagement activities to help those with disabilities better understand disabilities rights and justice and develop tools for making choices about their own lives. The organization is governed by a Board of Directors, 75 percent of whom have a disability. ACT serves approximately 2,500 people with disabilities across Minnesota.

Empowering those with disabilities to make choices about their own lives using person-centered approaches is core to ACT's mission and the organization has been delivering programming consistent with supported decision making for decades. It is the only grantee focused on delivering self-advocacy education and training directly to those with disabilities.

Supported decision making grant funding will enable ACT to expand its existing curriculum focused on Goal Setting for Individuals with Intellectual/Development Disabilities to include supported decision making in a range of areas such as housing, services, and transportation. With grant funding, ACT hosted 10-week sessions with cohorts of 10-12 people in the Metro and Greater Minnesota. Feedback from the sessions enabled ACT to develop a handbook for supported decision making in collaboration with interested participants in each cohort. The handbook will be distributed to self-advocates to provide additional information and links to existing resources related to supported decision making.

Adult Representation Services, Hennepin County

Adult Representation Services (ARS) is a Hennepin County department that provides independent legal representation, advocacy and support to clients experiencing poverty in civil matters where they are entitled to an attorney. ARS was created in 2018 to provide representation and support to parents in child protection cases. Since that time, the scope of the agency has expanded to include issues related to housing and eviction, immigration, and guardianship. ARS began representing residents subject to guardianship in 2022. Between 2022 and 2023, ARS served more than 1350 clients in guardianship cases.

ARS's model is unique in Minnesota in that it provides legal representation for persons currently or potentially subject to guardianship in Hennepin County. By having attorneys as employees, ARS can standardize service delivery, offer consistent training to staff, and monitor service quality. It also facilitates connection to other types of services and supports administered by or available through the county.

Recently, ARS has prioritized upstream (or pre-petition) services to individuals for whom guardianship is considered, but who may be better served by a less-restrictive option. The intent of this shift is to connect with a person in need of support *before* a guardianship is established. Such a shift enables the person to retain their rights in a less restrictive or supported decision making context, while eliminating costs associated with establishing and monitoring an unnecessary guardianship (including future costs associated with ending a guardianship).

Supported decision making grant funding allowed ARS to expand offerings in two areas: (1) training, education, and outreach to expand use of SDM as a less-restrictive alternative to guardianship, and (2) pre-petition legal services to avoid guardianship when appropriate. These offerings aim to disrupt “pipelines” that lead individuals with cognitive or intellectual disabilities into guardianship without appropriate consideration of less-restrictive options.

With grant funding, ARS continues to expand training, education, and outreach to targeted groups serving individuals who are at risk for guardianship, and provide financial assistance to individuals who seek a health care agent but lack the means to pay for this service.

Lutheran Social Services of Minnesota Supported Decision Making, Guardianship Options, and Pooled Trust

Lutheran Social Services (LSS) is a non-profit organization that was the first to offer professional guardianship services in Minnesota beginning in 1988. The Lutheran Social Services (LSS) of Minnesota Supported Decision Making, Guardianship Options, and Pooled Trust division currently provides a continuum of guardianship and supported decision making services for adults with disabilities and older adults. LSS provides guardianship services to approximately 1,500 individuals with disabilities and older adults throughout the state, representing approximately half of all individuals under professional guardianship in Minnesota. Prior to grant funding, LSS was supporting approximately 50 individuals with supported decision making services, primarily under a private-pay model.

LSS prioritizes a person-centered approach to guardianship and works with those under guardianship to restore their rights when appropriate. In addition to guardianship services, LSS is working to intervene at critical junctures to divert individuals from unnecessary guardianship. Specifically, youth with disabilities ages 16-17 and their families, and older adults in the hospital who are under an emergency guardianship, and those transitioning out of incarceration are targeted for supported decision making services in place of a restrictive guardianship. This final population is an especially under-served group when it comes to guardianship and support services and represents a new service area under this grant.

Grant funding allowed LSS to significantly expand outreach, education, and provision of supported decision making services to divert individuals from guardianship where appropriate. With grant funding, LSS continues to serve youth with disabilities, older adults, as well as adults currently on guardianship who may be better served by a less-restrictive option. An additional outcome of grant-funded activities

is the identification of invention points for working with individuals transitioning out of correctional facilities.

The experience and expertise of LSS positions it as a leader in providing supported decision making services, education, and outreach throughout Minnesota. As a leader in this area, LSS is also engaging in robust data collection efforts to better understand the need for supported decision making services, outcome of supported decision making-related interventions, and implications for policy and practice in Minnesota.

Rice County Guardianship Services

Rice County Guardianship Services (Guardianship Services) provides professional guardianship services to adults in Rice County who qualify for guardianship and are at risk of harm without such an intervention, have limited income, and have no person available to act as a supporter. Guardianship Services was established in 2010, after a local guardian was charged with defrauding individuals under her care. Since that time, Rice County Guardianship Services has grown from one full-time and one part-time social worker to a team of six that together provide guardianship services to 105 individuals in Rice County.

While Guardianship Services was initially established as a standalone service for those in need of assistance from a guardian or conservator, in practice it became a division that works across county departments to provide person-centered support for those under its care. Rice County is one of the few counties in Minnesota that directly provides professional guardianship services, with the County bearing much of the cost.

In recent years, Guardianship Services has observed an increasing number of cases that do not meet the criteria for restrictive guardianship, but are nevertheless in need of some level of service. In 2021, these individuals numbered five; in 2023, ten cases reviewed by Rice County did not require guardianship, but still had an unmet need for support. With supported decision making grant funding, Guardianship Services is working to meet this need by expanding its offerings to include supported decision making services.

Guardianship Services has two areas of work funded by the supported decision making grant. The first is the provision of supported decision making services to adults in Rice County who require support in making decisions but who do not require a restrictive guardianship, and the second is an outreach and education initiative within and across the county. With grant funding, Rice County hired two full-time social workers to deliver supported decision making services to adults who would benefit from support but do not meet the criteria for guardianship. Guardianship Services also continues to organize and provide training and education to community members and internal and external partners about supported decision making and the services it provides.

Center for Excellence in Supported Decision Making (CESDM), Volunteers of America - Minnesota

Volunteers of America - Minnesota is a nonprofit health and human services organization that provides a wide range of services to support the well-being of Minnesotans in need. In 2016, VOA-MN opened its Center for Excellence in Supported Decision Making (CESDM), which expanded upon a previous area called VOA-MN Protective Services. Since that time, CESDM has supported older adults and adults with disabilities, as well as their caregivers and professionals who serve them, with education, consultation, and direct services, with the promoting supported decision making and other options to avoid unnecessary guardianship while preserving rights and choice; using best practices when guardianship is necessary; and promoting client rights in guardianship arrangements. CESDM's grant-funded activities fall into two broad categories:

1. Providing individuals, families, and professionals with the resources and expertise to choose supported decision making as an alternative to guardianship or conservatorship when appropriate, as well as in-person decision making navigation to those seeking person-centered decisional support.
2. Educating and advocating to professionals across services areas about the philosophy and benefits of supported decision making

Services to Individuals and Families

CESDM has two primary programs for providing services to individuals and families, including a Guardianship Information Line and Decision Making Navigator Service. Both are existing programs that have been expanded using supported decision making grant funds.

The Guardianship Information Line (GIL) is a program that provides in-depth phone consultation with families, professional caregivers, and individuals. In 2023, the GIL provided nearly 1400 callers with information, consultation, and referrals pertaining to individual's decision-making capacity, guardianship and conservatorship, less-restrictive alternatives, and system navigation. Attesting to the need for this program, CESDM records show a steady increase in the number of calls to the GIL, from 633 in 2019 to 1378 in 2023.

CESDM's Decision-Making Navigator Service provides direct social work services to individuals, families, and professionals to help them assess options available to assist individuals with cognitive or intellectual disabilities, including supported decision making and other less-restrictive alternatives to guardianship and conservatorship. Under this program, services are available to individuals and families who lack the financial or personal resources to pursue resolution without assistance.

Services to Professionals

CESDM has become the preeminent source for trainings and expertise related to SDM in Minnesota. Staff have developed an array of general and specific trainings that have expanded the knowledge base for professionals and community members that interact with and influence Guardianship/Conservatorship and SDM arrangements. These trainings focus on promoting supported decision making, avoiding unnecessary guardianships, the potential harms, costs, and unintended consequences of guardianships, rights of people subject to guardianship, and balancing the dignity of risk with safety/vulnerability concerns.

With grant funding, CESDM continues to expand training and advocacy focusing on providing individuals, families, and professionals with the knowledge and tools they need to make informed decisions that balance the health, safety, well-being, and independence of community members across the State.

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