

**Shared Decision Making Summit**  
**Reports back to larger group**

***Creating Clinical Guidelines and Policy  
to Support SDM***

**Group #1**

**Reporter: Suzanne Piening, CQI**

- Our group discussed difficulties faced by agencies, consumers, the stuck system, attitudes of providers –and ideas to move them forward:
- First and foremost, the more that mental health policy and budgetary considerations support SDM, the more it will happen. Funding services will be influential in pushing forward this new approach.
- Ideas à include on every client's treatment plan a place for them to rate their treatment plan. That would allow them to participate by providing a rating.
- Another idea is including client goals on the treatment plans
- Ideally agencies and state groups that describe how a treatment plan be designed, should include a place for client goals and ratings as well.
- There should be a place for all stakeholders to sign off on a particular plan so that providers, consumers, and family all know what is going to happen moving forward.
- It's important to meaningfully include family on any decision making and planning meeting not just one client to ten providers: one or two won't do.
- There is a need for a change in attitudes on everyone's part in terms of sdm and in terms of person centered planning, everyone must be willing to take risks on both sides of the table, try something new.

**Group #2**  
**Facilitator: Rick Beinecke,**  
**Suffolk University, Sawyer School of Management**

- **Schools – why aren't they teaching this? Simmons is the only one.  
Teach SDM as a core course and specific EBP**
- **Problems in agencies – how do you change philosophy, how do clinicians get info, how can all of this be reasonably applied?**
- **technology as a helper?**
- **Programming stuff in terms of embedding the philosophy**
- **Fundamental change in paradigms – clinician as god to clinician as collaborator, dependence is easier**
- **Minorities – how do you access people with no access? Funding? Culture differences? Other disabilities?**
- **Use of peers and collaboration → how do you convince clinicians that peer specialists are good for them? Create a culture → the leader needs to foster a vision that people buy into**
- **Need to sell them on this – saves money, better outcomes, increase effect of outcomes**
- **Bottom line – how do we build this into policy? Hopefully these comments stimulate that**