Module 1
Person Centered Planning

Overview of Person- Centered Planning

Application for Participation (AFP)

The Application for Participation (AFP) in October 2002 required all Pre-Paid Inpatient Health Plans (PIHP) to document their ability to implement a wide array of services and supports to Medicaid eligible recipients, including independent facilitation.

What is Person- Centered Planning?

Person- Centered Planning builds upon each individual's capacity to engage in community life, and honors his/her preferences, choices, and abilities. It's a way to assist the individual and family in planning for his/her life, or to get more of what he/she wants in their life.

Why is Person- Centered Planning Required?

Person- Centered Planning has bee required by the Michigan Mental Health Code since 1996 to ensure that individuals can direct the process of planning for their mental health services and supports.

In Chapter 7 of the Mental Health, Section 330, 1700, Person- Centered Planning reads as follows:

Why is Person- Centered Planning Required? (continued)

"Means a process for planning and supporting the individual receiving services that builds upon the individuals capacity to engage in activities that promote community life and that honors the individuals preferences, choices, and abilities. The Person- Centered Planning process involves families, friends, and professionals as the individual desires or requires".

Culture of Gentleness

The concept of “Gentleness” is integral to the Person- Centered Planning Process. Gentle Teaching focuses upon four (4) Pillars of Companionship which involve a recognition of companionship and community as the most basic values in care giving:

1. It’s good to be Loving
2. It’s good to be Loved
3. It’s good to be with Me
4. You are Safe with Me

Culture of Gentleness (continued)

The concepts are copied from Mending Broken Hearts, by John McGee.

Detroit- Wayne County Community Mental Health Agency is in the process of working with the Michigan Department of community Health (MDCH) to promote the Spirit and Culture of Gentleness throughout our Contracted Provider Network.

Essential Elements for Person-Centered Planning

1. Person- Directed

   The individual directs the Planning process and decides when an where the PCP meeting is held, what is discussed, and who is invited.

2. Person- Centered

   The PCP process focuses on the individual, his/her goals, desires and preferences.

Essential Elements for Person-Centered Planning (continued)

3. Outcome-Based

   Outcomes in pursuit of the individual's goals and preferences. As well as services and supports which enable the person to achieve his/her goals.

4. Information, Support and Accommodations

   The provision of information on Comprehensive Community resources and available providers.

Essential Elements for Person-Centered Planning (continued)

5. **Independent Facilitation**

   The choices/option of an independent facilitator to assist him/her in the planning process

6. Pre- Planning

   The purpose of the pre-planning is for the individual to gather all the information and resources (e.g. people, agencies) necessary for effective PCP and set the agenda for the process every individual is entitled to the Pre- Planning process.

Essential Elements for Person-Centered Planning (continued)

The following items are addressed through Pre-Planning:

a) When and where the meeting will be held

b) Who will be invited and who will issue the invitations

c) What will be discussed

d) Individualized accommodations needed to participate in the meeting

e) Who will facilitate the meeting

f) Who will record what is discussed at the meeting

Essential Elements for Person-Centered Planning (continued)

7. **Wellness and Well Being**
   - health care coordination and integration
   - Personal health goals

8. **Participation of Allies**

   Through Pre- Planning, the individual selects allies (friends, family members, others) to support him/her through the PCP process.

What is an Individual Plan of Services (Plan)?

The Plan is developed annually and includes each individual's goals and outcomes. It also includes the supports and services which will help the individual to : Achieve his/her outcomes; connect to the Community; participate in activities they choose.

Each individual must receive a copy of his/her plan within 15 days of completion of the meeting.

What is an Individual Plan of Services (Plan)? (continued)

Goals:

Must be individualized and measurable.

Examples:

“I want to live on my own”

“I want to work in a grocery store”

“I want to drive a car”

(Group Exercise)

What is an Individual Plan of Services (Plan)? (continued)

Due Process

Medicaid consumers may file for a Medicaid Fair Hearing when services in the Plan are denied, suspended, reduced, or terminated.

Consumers without Medicaid may access Alternative Dispute Resolution at the Michigan Department of Community Health, after completing the Local Dispute Resolution Process.

THIS IS
Person-Centered Planning

- Gathering individuals who know, love and care about the person
- Listening to the person
- Breaking down barriers
- Being creative
- **HAVING FUN!**

Person Centered Approach

- Focus on skills, solution, not problems
- Respect the person's values and opinions
- Build relationships that support their plan
- Ask open-ended questions, present real choices
- Arrange for lots of learning opportunities
- Find meaning in behavior
- Be a responsible support person
- Be flexible, creative and collaborative

Person- Centered Planning (Key Principles)

- Medical Necessity
- Recovery
- Self Determination

Person- Centered Planning (Key Principles) (continued)

Medical Necessity:

Refers to Mental Health Developmental Disabilities, and Substance Abuse Service, Supports, and Treatment which are:

- **Necessary** for screening and assessing the presence of a mental illness, developmental disability, or substance use disorder; and/or
- **Required** to identify and evaluate a mental illness, developmental disability or substance use disorder; and/ or
- **Expected to** arrest or delay the progression of a mental illness, developmental disability, or substance use disorder; and/or
- **Designed** to Assist the beneficiary to attain or maintain a sufficient level of functioning in order to achieve his goals of **community inclusion** and **participation**, **independence**, **recovery** or **productivity**.

Module II

Responsibilities of Independent Facilitator

Independent Facilitator

The Independent Facilitator should meet with the Consumer/legal guardian as needed to build a sense of trust, and explain the PCP process.

What is an Independent Facilitator?

A person who is: trained in the PCP Process; capable of effectively facilitating the PCP process for consumers/families; not employed at the provider agency of the consumer/family; not a relative or family member.

The Skills required to facilitate the PCP may be gained by:

- Consumers and family members
- Friends of the consumer
- Case Managers/Personal Agents
- Advocates
- Peer Support Specialist
- Independent Facilitators

The Personal Qualities of an Independent Facilitator

- ✓ Ability to listen
- ✓ Ability to understand the person's point of view without mixing in one's own
- ✓ Ability to stay calm and control his/her emotions when there is a difference of opinion
- ✓ Ability to accept and honor the person's point of view

The Responsibilities of an Independent Facilitator

- ✓ **Knowing** the person
- ✓ Understanding what is **important** to the person
- ✓ Understanding the person's **communication** style
- ✓ Having a **trusting** relationship with the person
- ✓ Supporting the person in different **environments**

The Responsibilities of an Independent Facilitator, cont'd.

- ✓ Helping the person choose who will attend the person- centered planning meeting
- ✓ Helping the person choose the date, time and place of the Person- Centered Planning meeting
- ✓ Facilitating the Person- Centered Planning meeting
- ✓ Ensuring that the Person- Centered Plan includes assignments for meeting attendees which are documented and followed
- ✓ Including feedback from family and natural supports in the person-centered plan

How to make a Person- Centered Planning Meeting Productive

- ✓ Keep people on task, but don't dominate
- ✓ Make sure that everyone gets to talk
- ✓ Make sure that the person has ample time to communicate his/her point of view
- ✓ Keep the language of the meeting focused on strengths
- ✓ Periodically summarize the discussion and make sure everyone is participating

How to make a Person-Centered Planning Meeting Productive, cont'd.

- ✓ Let people take a break
- ✓ Keep meeting to one to two hours
- ✓ Use fun methods to record information, e.g. a flip chart
- ✓ Allow time for mingling, more food and chat at the end

The Independent Facilitator

- Is not employed by the provider of services for the consumer.
- May be paid for services, up to $60.00 per plan.
- Is selected from a pool of available candidates.
- Services are **authorized** by the MCPN.

Module III

Outcomes of effective Independent Facilitation

What outcomes are facilitators looking for?

- The person feels empowered
- The person selects the pertinent issues to discuss at his/her meeting
- The person discusses sensitive issues on his/her terms
- The person is surrounded by a team composed of natural supports and professionals of his/her choice who make a commitment to support him/her and work with him/her on personal goals
- The person becomes truly known to his/her team
- Plans developed in this context are more meaningful
- The Person makes an informed choice regarding the development of a Crisis Plan, and Advance Directive, as well as housing and employment.
- The person's individualized goals are captured in the Individual Plan of Service/ Person- Centered Plan (IPOS/PCP).
- The Amount, Scope, and Duration of services and supports are identified in the IPOS/PCP.

Advance Directives

The Independent Facilitator must be aware of each step within the PCP Process and offer the options of developing a Crisis Plan, and Advance Directive with the Consumer during the PCP Process.

Crisis Plan

Crisis Planning results in the development of a written document which specifies the choices and preferences of the individual when in a period of decompensation.

Crisis Planning provides a greater sense of control during all phases of the illness.

Permanent Supportive Housing (PSH)

Individual's have a right to individual goals in the PCP which address his/her desires to move into PSH. Individuals who live in PSH are generally "happier", and less likely to access emergency room/hospital services.

Advance Directive

An Advance Directive is a legal document which is developed by a “competent” adult which gives instructions about health care, and treatment decisions to be implemented when the person lacks the ability to make decisions.

Summary and Next Steps

- Effective Independent Facilitation is a skill which is acquired through experience and training.
- Compassion, Commitment and Motivation are essential qualities of all Independent Facilitators
- Individuals who successfully pass the Post- Test have indeed completed the training required to be added to the pool of available Independent Facilitators
- Additional experience and training opportunities are strongly recommended if this training is the very first exposure to the PCP process.
- Consumers benefit from the advocacy provided by family, friends, and peers.

Independent Facilitation References

1. Michigan Department of Community Health: Person- Centered Planning Best Practices Guidelines
2. U.S. Department of Health Administration, Michigan Department of Community Health: National Consensus Statement on Mental Health Recovery
3. Michigan Broken Hearts, John McGee
4. The Detroit- Wayne County Community Mental Health Agency, Individual Plan of Service/Person-Centered Planning Policy. (March, 2009)