

Person/Family Centered Planning

Part 1: An Annual Overview

Adapted from previous writings from
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Why Person/Family Centered Planning?

- It's state law through the Mental Health Code
- It's required to occur in order for us to continue to receive Medicaid and General Fund for mental health services
- Research has shown that if a person/family is involved in their services, they are more motivated to succeed
- People/families want more control over their lives in general and this is the case in mental health as well

Person-Centered Planning

- Is a philosophy and there is generally no “right” way (although DCH has specific “guidelines” of implementing PCP)
- Is a process in helping the person think about and obtain what they want to achieve in their life – not what they want to achieve from a specific service
- Is developed and centered around the person
- Built upon the person’s abilities
- It is not about putting a person in a program – but using creativity and being flexible
- It is not telling the person what needs to occur, but listening to what they think might work
- It is not about assessing weaknesses or deficits
- It does not mean the person is entitled to receive anything they want

Family-Centered Planning

- “Family” can be defined as parents, caregivers, etc.
- Is a process in helping the family think about and obtain what they want as a family unit
- Is developed and centered around not only the “identified child”, but the most important aspect of that child’s life – their family
- Built upon the family’s abilities
- It is not about enrolling a family in a program – but using creativity and being flexible
- It is not telling the family what needs to occur, but listening to what they think might work
- It is not about assessing weaknesses or deficits
- It does not mean the family is entitled to receive anything they want

Differences Between Clinical Treatment Processes and Person Centered Planning

Clinical Problem-Solving

Identify: Deficits
Disorders
Problems

Obtain information about the person through formal Assessment and Standardized Tests

Provide clinical services in specialized treatment centers to resolve identified problems

Assemble professional, interdisciplinary treatment team to make decisions

Person-Center Planning

Focus on: Abilities

Dreams

Aspirations

Invest in knowledge about the person from family, friends and the individual

Provide individual supports to assist the person in the community and centered for them

Teach the individual, family and friends to take the lead in making decisions

Values and Principles of Person/Family Centered Planning

- Each person/family is unique.
- Planning focuses on gifts and capabilities.
- Account for disabilities and prevent them from becoming handicaps.
- Listen to words and behaviors in helping individuals/families realize a lifestyle based on choice.
- Focus on quality of life, health and safety.

FOUR KEY ELEMENTS OF PCP

1. Identify the person's / family's desires
2. Help plan the future the person/family desires in realistic steps and with health and safety in mind
3. Pursue the necessary supports and services, relying on natural supports and community resources first
4. Utilize the person's/family's feedback

Implementing PCP for Consumers in Services for More Than One Year

- Completing a pre-planning document to determine the parameters of the actual planning meeting.
- Let the consumer/family know that they have a choice of who will facilitate the planning meeting.
- Invite those that the consumer/family wants to attend the meeting – friends, family, etc. (Might not be who they are working with)
- Assist in assuring that the meeting remains centered on the consumer/family – not on staff convenience, perceived system barriers, guardian fears, etc.
- Determine what supports fit what the consumer/family needs to meet their goals – within what is realistically available
- Provide a copy of the plan to the consumer/family

Implementing PCP for Short-term Consumers

- Begin at the point of accessing services identifying choice of therapist, times of appointments and who should be involved
- Encourage the consumer/family to include those that they feel will most effect the outcome of treatment either signing information release forms or including them in sessions.
- When developing the plan, make sure that the services and goals are centered on the consumer's/family's wants and needs
- Provide a copy of the plan to the consumer/family

Limits to Person/Family Centered Planning

- We are responsible for health and safety – if the person is capable of making their own decisions, we must at least explain and document risks and benefits of the choices they are making
- Medicaid spent must be medically necessary – services provided must be clearly documented as having been chosen because their going to make a difference in the consumer's/family's life
- Medicaid must be payer of last resort –available community resources MUST be explored, documented, and used first
- Not all services or providers are available upon request. Staff capacity and service eligibility may prevent choice. Document this when it occurs

Natural Supports

Part 2: The Assistance of
Friends and Family
Adapted from Riverwood Center

Definition

- Someone who is involved in a person's life that is not paid to perform care-giving or support functions, but who might naturally assist the individual in different capacities

Natural Supports Are . . .

- A more “normal” way of receiving help for something an individual needs assistance with

Natural Supports are Built . . .

- Person by Person – and individualized to each person’s unique needs

Natural Supports Should Be . . .

- Reciprocal with both individuals (the one providing the support and the person receiving the support) benefiting.

Domain Areas of Natural Supports

- Examples of Personal Networks (people they choose to be with)
 - Friends and/or Family
 - Church contacts and/or Neighbors
 - Club Members and/or Associations
- Examples of Community Mobility (Getting to places)
 - A ride by a friend to the doctors or to the movies
- Examples of Community Role Related (assistance needed to work, volunteer, or go to school)
 - Tutoring
 - Assistance on the job

Domain Areas of Natural Supports

- Examples of Social Interests

- Attending a movie
- Going to a sporting event
- Going shopping

- Examples of Daily Living

- Assistance with shopping, laundry, cleaning
- Having a family member assist in setting up the med box

How to Assist in Developing Natural Supports Over Time

- Spend time with the person and find out what they like to do and what is important to them
- Assist in relationship building by helping the person focus on their gifts, talents, and strengths
- Listen carefully to what they are telling us through their actions
- Understand what is important to them in a friendship

Documentation

- Document the supports that exist in the major areas of the person's life on the assessment
- Document the gaps that exist that could be filled by natural supports
- Document whether the person wants gaps filled by natural supports
- Document in the plan and periodic reviews the goal(s) related to increasing natural supports and the progress of doing so

Natural Supports QISMC Project

State reported project looks at:

- The proportion of person-centered plans where documentation indicated that natural supports were addressed
- The proportion of those with or without supports where natural supports, when desired by the consumer, were recruited
- The proportion of the person-centered plans that when natural supports were desired, we were actively involved in assisting the person to achieve their desired outcomes

Recovery

Part 3: The Outcome

Adapted by Colleen Jasper

Department of Community Health

What is Recovery?

- The outcome of effective person centered planning
- A philosophy in which the consumer accepts responsibility of having an illness and chooses to live fully despite that fact
- An acceptance by both the professional and the consumer that the consumer is in control of their life

Recovering From What?

- The consequences of symptoms
- Stigma – both from the public as well as internal beliefs
- Limited expectations – externally and internally
- Learned helplessness and hopelessness
- Reliance on “systems” that care for them

How Recovery Differs From Person Centered Planning

- Recovery focuses on wellness
- Recovery focuses on risk vs. maintaining health and safety
- Recovery focuses on the consumer naturally determining their own goals in life vs. a formal document that records their goals
- Recovery focuses on what works for that person – not what is available within the constraints of bureaucracy

How Is Recovery Fostered?

- Encourage relationship building
- Help the consumer feel comfortable in making choices (many will resist this)
- Help the consumer take risks – teach consequences of the choices surrounding risks and then allow them to make a decision
- Support the consumer when poor choices are made, and natural consequences are endured – “get back on that horse”

Steps to Recovery: Change

- Resistance – habits of dependency, low expectations, low self-esteem, and lack of knowledge prevail
- Experimenting with Change – by believing in self, taking small steps, understanding the benefits
- Learning – finding out the consequences of good vs. poor choices, finding out first hand one's personal strengths and areas of weakness

The End

