Introducing the National Center on Advancing Person-Centered Practices and Systems

Bevin Croft, MPP, PhD
NCAPPS Co-Director
A BRIEF OVERVIEW OF NCAPPS
NCAPPS Goals and Priorities

NCAPPS Goal: *Promote systems change that makes person-centered principles not just an aspiration but a reality in the lives of people across the lifespan*

...transforming how we think, plan, and practice

Key Priorities:
- Participant and family engagement
- Racial justice, equity, and cultural and linguistic competence
- Cross-system collaboration
States, Tribes, and Territories

Systems for people with disabilities and older adults with long-term service and support needs, including

- Brain injury
- Intellectual and developmental disabilities
- Aging and disability
- Behavioral health
Person-centered approaches include person-centered thinking, planning, and practice

<table>
<thead>
<tr>
<th><strong>Person-centered thinking</strong></th>
<th><strong>Person-centered planning</strong></th>
<th><strong>Person-centered practices</strong></th>
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<tr>
<td>- A foundational principle requiring consistency in language, values, and actions</td>
<td>- A methodology that involves learning about a person’s preferences and interests for a desired life and the supports (paid and unpaid) to achieve it</td>
<td>- Alignment of services and systems to ensure the person has access to the full benefits of community living</td>
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<tr>
<td>- The person and their loved ones are experts in their own lives</td>
<td>- Directed by the person, supported by others selected by the person</td>
<td>- Service delivery that facilitates the achievement of the person’s desired outcomes</td>
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<td>- Equal emphasis on quality of life, well-being, and informed choice</td>
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Working toward a vision, expressed by ACL/CMS, for person-centered systems

- **People know what to expect** from planning processes, services, and supports
- Plan facilitators are **well-qualified and well-supported**
- Systems deliver services and supports in a manner **consistent with person-centered values**
- **People with lived experience drive change** at all levels of the system
- **Quality measures** document implementation, experience, and outcomes based on each person’s preferences and goals
- Principles of **continuous learning** are applied throughout the system
NCAPPS COMPONENTS
Technical Assistance

Goal: Support systems change efforts so the participant and their loved ones are at the center of thinking, planning, and practice

- Available to up to 15 States, Tribes, or Territories each year
- Up to 100 hours per year for three years
- Delivered by national experts based on a detailed technical assistance plan
<table>
<thead>
<tr>
<th>State</th>
<th>Lead Agency</th>
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<tbody>
<tr>
<td>Alabama</td>
<td>Alabama Department of Mental Health (DMH)</td>
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<tr>
<td>Colorado</td>
<td>Colorado Department of Health Care Policy and Financing (HCPF)</td>
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<tr>
<td>Connecticut</td>
<td>Connecticut Department of Aging and Disability Services (ADS)</td>
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<td>Georgia</td>
<td>Georgia Department of Human Services (DHS) Division of Aging Services (DAS)</td>
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<tr>
<td>Hawaii</td>
<td>Hawaii Department of Human Services (DHS) Med-QUEST Division</td>
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<td>Idaho</td>
<td>Idaho Department of Health and Welfare, Division of Medicaid</td>
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<td>Kentucky</td>
<td>Kentucky Department for Aging and Independent Living (DAIL)</td>
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<tr>
<td>Montana</td>
<td>Montana Department of Public Health and Human Services (DPHHS) Senior and Long Term Care</td>
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<tr>
<td>North Dakota</td>
<td>North Dakota Department of Human Services (DHS)</td>
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<td>Ohio</td>
<td>Ohio Department of Medicaid (ODM)</td>
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<td>Oregon</td>
<td>Oregon Department of Human Services (DHS) Aging and People with Disabilities (APD)</td>
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<tr>
<td>Pennsylvania</td>
<td>Pennsylvania Department of Aging (DOA) Aging and Disability Resource Office</td>
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<tr>
<td>Texas</td>
<td>Medicaid and CHIP/ Policy and Program Development/ Texas Health and Human Services</td>
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<tr>
<td>Utah</td>
<td>Utah Division of Services for People with Disabilities (DSPD)</td>
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<tr>
<td>Virginia</td>
<td>Virginia Department for Aging and Rehabilitative Services (DARS)</td>
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Learning Collaboratives

Goal: Promote peer-to-peer learning to accelerate improvement efforts

- Structured group work with support from subject matter experts
- 12-24 months duration, depending on topic and improvement framework
- Membership open to technical assistance recipients and other system stakeholders with expressed interest
NCAPPS Webinars

- Delivered monthly by national experts, including people with lived experience
- Free and open to the public
- Topics derived from technical assistance and priorities identified by the PAL-Group
- All webinars have ASL and captioning in Spanish
- Slides, recordings, and other resources are archived on the website
- Access past webinars and register for upcoming webinars at https://ncapps.acl.gov/webinars.html
NCAPPS Resources

- Five Competency Domains for Staff Who Facilitate Person-Centered Planning
- Person-Centered Practices Self-Assessment
- Engagement Best Practices
- Asset Mapping Toolkit
- Health Care Person-Centered Profile
HHS Accomplishments

Mary Bishop, LMSW
Team Lead
Person Centered Practices
Did You Know?! HHS has:

Certified Person Centered Thinking (PCT)
- Trainers (15)
- Coaches (7)
- Coach Trainers (2)
- Mentor Trainers (2)

In-process to be certified
- PCT Trainer Candidates (8)
- Mentor Trainer Candidates (2)
Did You Know?! HHS has: (cont.)

- Child Protective Services has a (1) Certified PCT Trainer
- Provided PCT Training to over 700 people since 2019 (LIDDA, MCO, and Private Providers, and HHS)
- Completed 2 years of a Technical Assistance Grant from NCAPPS (now we are in year 3)
Did You Know?! HHS has: (cont.)

• A Person Centered Strategic Planning Committee with 97+ participants Statewide including those with Lived Experience
• A Draft Person Centered Strategic Plan
• 7 Person Centered Strategic Planning Workgroups
Strategic Planning Workgroups

Parallel Tracks: Trauma Informed Person Centered Practices in Texas

• Works to expand the breadth of person-centered practices (PCP) across HHSC & State Agencies.

• **Co-Chairs:**
  • Laura Buckner
  • Mary Bishop
Strategic Planning Workgroups (cont.)

Oversight of Rule Changes

• Identifies rules that need to become Person-Centered (PC) and the work required to have the rules become PC.

• **Co-Chairs:**
  • Randall “Randy” Consford
  • J.R. Top
Outward Face of HHS (Are we walking the talk?)

• Works with our Branding Guide, web site, memos, contracts and other internal documents to become Person Centered.

• Co-Chairs:
  • Keisia Sobers-Butler
  • Holly Riley
Quality & Oversight

- Measures if “people get better lives, not just better paper”

- How to provide oversight based on the person’s desired life choice, self-determination and desired outcomes.

- **Co-Chairs:**
  - Amanda Bowman
  - Vacant
Strategic Planning
Workgroups (cont.)

Employment and Meaningful Day* Services

• Looks at how employment and meaningful day services occur based on choice, experience, self-determination and desired outcomes across HHSC and state agency collaboration using PCP.

• **Co-Chairs:**
  • Jonas Schwartz
  • Nethra Davis
  • Terry Wendling
Strategic Planning Workgroups (cont.)

Framework for “My Life Plan”

• Identifies applications and needed adaptations to support all HHSC populations, supports, and services while drafting the planning framework to include tools and guidance reflecting updated rules, policies, and procedures.

• Co-Chairs:
  • Norine Gill
  • Noemi Smithroat
  • Jennifer Caruso
Peer Partners

• Identifies and works with current and future Peer to Peer/People Planning together efforts to strengthen supports provided by people with Lived Experience to support their peers through their recovery and planning processes.

• **Co-Chairs:**
  • Jeff Garrison-Tate
  • Christine Medeiros
Successes of the Seven (7) Workgroup
Parallel Tracks’ Successes

- **Vision:** The HHS system puts the person first. We help the people we support achieve purpose, meaning and well-being, as they define it.

- **Mission:** Incorporate Person-Centered thinking, planning and practices into the HHSC system to help achieve and sustain the vision.

- **Approved** by the Person Centered Practices Steering Committee
Oversight of Rule Changes’

• Created and completed the first PCP Environmental Scan
• Updated the Scan to include the Texas Workforce Commission
• Updated again to include Texas Statute, Contracts and Manuals
Outward Facing Committee

• Organizational survey created & platform identified
  • Ready to send out
• Use of posters to partner with HHS teams
• Action plan template developed
• Person Centered Thinking "PCT" Video released & HHS Media made it Accessible
• Submitted to HR for New Employee Training
Quality & Oversight

• This workgroup is reforming and will begin it’s work with Dr. Janis Tondora within the next few weeks
• Dr. Tondora will expand on her efforts with this workgroup and where she hopes to take HHS
Employment & Meaningful Day* Services

• Reviewed My Life Plan (MLP) to ensure employment is discussed with the person

• MLP to be shared with Texas Workforce Commission (TWC) Vocational Rehabilitation Counselors as needed for collaboration

• Virtual Training Process outlined for TWC and all others working within Supported Employment Placement to utilize for Person Centered Supports and Focus
Employment & Meaningful Day* Services (cont.)

• TWC Person Centered Training video is being developed and is on schedule for completion by April 30, 2021

• Field testing of the training process to be an integral part & focus to ensure people receive Person Centered Employment Supports to reach their desired employment and meaningful day

• Supports Individual Skills and Socialization (ISS) efforts to be in compliance with HCBS Settings Rule before March 17, 2023
Framework for “My Life Plan”

• My Life Plan (MLP) & MLP Reference Guide (RG) developed
• MLP and RG reviewed by Subject Matter Experts (SMEs)
• Feedback being compiled for final review and updates
• HHS IT is waiting for approval to make the MLP into an electronic version
• With approval from leadership MLP and RG will be piloted by as the STAR+PLUS Home and Community Based Service PC Planning Tool
Peer Partners

- Establishment of a diverse workgroup that currently uses and plans to use the Peer model
- Identified the range of current Peer to Peer Support Programs throughout Texas to build on knowledge
- Development of “Peer to Peer Support Matrix” and the information needing to be captured with the aid of Dr. Bevin Croft and Dr. Janis Tondora
- Presentations held and additional ones are scheduled to share details to demonstrate how the programs are facilitated and documented in the Matrix
Brain Injury Programs Accomplishments
Brain Injury Programs Successes

• Office of Acquired Brain Injury (OABI) and Comprehensive Rehabilitation Services (CRS) work together as Brain Injury Programs provide continuity and wraparound supports to people with all types of brain injury

• CRS and Texas Workforce Commission (TWC) Collaboration

• Brain Injury Programs participation in the NCAPPS Brain Injury Learning Collaborative resulting in program goals being established to achieve person centered practices
Brain Injury Programs
Successes (cont.)

• Developing stories for Person-Centered Thinking (PCT) Training specific to Traumatic Brain Injury and Spinal Cord Injury
• Brain Injury Programs staff accepted as PCT trainer candidates
• CRS Program’s model of care incorporates person centered practices
• Review and updates to the Texas Brain Injury Resource Guide to reflect person centered thinking
PCP Team Accomplishments
PCP Team Accomplishments

- PCT Virtual Trainings began October 2020
  - Replacing the 2 day in person course
  - Due to COVID-19
- Updated Spanish version of Intro to Person Centered Thinking training course
- Shared PCT Video with Dr. Croft at NCAPPS & The Learning Community for Person Centered Practices
PCP Team Accomplishments (cont.)

- PCT Video placed first on NCAPPS “Highlights from the NCAPPS Technical Assistance States” website https://ncapps.acl.gov/technical-assistance.html
- HHSC’s Person Centered Planning web page is being updated including new training links added especially for dementia
On Going Person Centered Practices Overview Training

- Comprehensive Rehabilitation Services "CRS" & Texas Workforce Commission "TWC" Collaborative Groups
- Behavioral and Mental Health teams
- Financial Management Services Agencies (FMSAs)
On Going Person Centered Practices Overview Training

• Orientation for Managed Care Organizations (MCO)
• Local Intellectual and Developmental Disability Authority "LIDDA" Organizations including reaching out to:
  • Interested families
  • Members of the community
• Deaf, Blind & Multiple Disabilities teams
Money Follows the Person Demonstration Grant
Successes in 2019 & 2020

Dr. Camron Camp provided:

- Montessori Inspired Lifestyle®: Montessori Based Dementia Programming®
  - 287 attendees

- Montessori Inspired Lifestyle®: Montessori Based Dementia Programming® & Montessori Principles for Leadership & Staff Engagement
  - 530 attendees
Successes in 2019 & 2020 (cont.)

The Support and Connection Series

• Held two “Person Centered Practices During COVID: A Free Virtual Training Series for High Risk People and Their Support Networks” trainings which focused on:
  • Trauma Informed Care
  • Behavioral Health
  • People Planning Together for Self Advocates
  • 510 attendees
Successes in 2019 & 2020 (cont.)

• We certified six 2-person teams, “People Planning Together” trainers
  • Trained 126 + attendees
• Story Writing for PCT Training for Child Protective Services and those with Traumatic Brain Injury and Spinal Cord Injury
Texas HHS Environmental Scan

Person Centered Planning and Practice:

J.R. Top. Texas HHS Person-Centered Planning Environmental Scan, 11/12/19.

78 Statutes, Contracts, and Manuals
• 21 statutes are managed by individual departments
• 10 statutes overlap two officer areas (IDD&BH, Medicaid & CHIP) across three departments
• 28 statues in one officer area (Medicaid & CHIP) involve two departments (PPD & MCCO)
• 19 statutes in one office area (Medicaid & CHIP) involve two departments (PPD & PCS)

61 Rules
• 18 rules applicable to individual departments
• 25 rules applicable to one officer area (Medicaid & CHIP) involving two departments (PPD & PCS)
• 12 rules applicable to two officer areas (Policy & Regulatory, Medicaid & CHIP) involving three departments (Regulatory, PPD, PDS)
• 4 rules applicable to two officer areas (IDD&BH, Medicaid & CHIP)
Blue shading indicates direct role in statute, contract, manual or rule.
Green shading indicates, at minimum, an indirect role in oversight or support.
Divisions within departments included when the link to PCPP was known.
What can we learn from the scan?

- Texas HHS has a long history and experience implementing person-centered practice and planning.
- With this long history also comes very different ways of interpreting and implementing PCCP across HHS divisions.
- There are many opportunities to develop collaborative learning across the agency to coordinate process improvement efforts and increase the effectiveness and efficiencies of our PCPP work.
• Need for concise and user-friendly core competencies in PCP
• Broad look across a range of widely endorsed PCP approaches and state and federal practice guidelines; inclusive of lived-experience input
• Extends the work of the NQF multi-stakeholder expert panel on PCP and Practice
A note regarding applicability of this resource

This resource is intended to apply broadly to any/all individuals who support the development of PCPs whether they occupy a formal “facilitator” role or not

• Methods of PCP vary based on the unique structures of systems and the unique needs and preferences of the people they support.

• In ALL circumstances, the relationship between the person and the facilitator is a mutually respectful partnership where the plan is co-created with the goal of helping the person realize their unique vision of a good life.
Process for Coding Competencies

- Multi-rater process carried out twice to support reliability and to revise domains as needed
  - Systematic but not “scientific”
- Aids in the extraction of “core” competencies or “must do’s”
- Helps show which models are particularly rich in which domains

<table>
<thead>
<tr>
<th>Core Competency Set/Framework</th>
<th>Document or Source Material Reviewed</th>
<th>Source Number #</th>
<th>Domain of Competency</th>
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<tbody>
<tr>
<td>*Comprehensive set of core competencies informed by multiple source models across multiple disability systems/target populations. For each core competency framework presented, the particular source is noted in column A in RED followed by the set of “core competencies.” Note: No systematic collection of “Core Competencies” in PC thinking and practice currently exists (aside from those currently being catalogued by the National Quality Foundation). For the sake of this effort, core competencies will need to be extrapolated from essential skills, practice standards, federal regulations, learning objectives, etc. (Source: Core Competency Set/Framework: National Quality Foundation Person-Centered Planning and Practice Report, Interim Report, November 2019).</td>
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1. FOUNDATIONAL SKILLS
   - Understanding the Individual
   - Contextual understanding—Appropriate planning occurs with a full recognition of the person within the context of family, friends, and community.
   - Actuating effective freedom—Understanding the factors that affectuate the successful implementation of the person's freedoms and choices.
   - Group power dynamics—Person-centered planning optimizes the person's autonomy and control, which in many instances may be limited by the people around the consumer, even those who care deeply for the person. The facilitator understands limitations to the person's ability to actualize their plan, including the power dynamics between the person and their family, caregivers, systems, and broader social and cultural dynamics.
   - Understanding disabilities—The facilitator considers the influence of the person's race, gender, sexual orientation, culture, and other factors in creation and maintenance of the plan.
   - Empowering the individual
   - Advocacy—Ability to support the person in speaking up for their interests and to model the behavior when asked by the individual.
   - Strengths-based thinking—Focus is on the positive attributes of a person; the process is person-led, and centered on strengths-based outcomes and positive attributes. Facilitators interact and respond with a positive focus.

   Additional noted—The ability to have clear goals for the person through well-directed and goal-setting.
Several “core domains” emerged as consistently valued across ALL sources...
Common Domains of Person-Centered Planning

A. Strengths-based, Culturally Informed, Whole-person Focus
B. Cultivating Connection – Inside the System and Out
C. Rights, Choice, & Control
D. Partnership/Teamwork, & Facilitation, & Coordination
E. Person-centered Documentation, Implementation & Monitoring
Strengths-based, Culturally-Informed, Whole-Person Focused

Representative Competencies:

- Completes a comprehensive, strengths-based profile with the person that helps them discover or rediscover themselves as a whole person with strengths and interests beyond their disability or diagnosis.

- Conveys high expectations for meaningful outcomes across a broad range of quality of life areas valued by the person that go far beyond the management of a disability or diagnosis.
Representative Competencies:

• Understands the systems and supports a person may access (e.g., LTSS) and facilitates linkages as appropriate,

• Connects people to the valued natural community activities and relationships that matter most to them. Encourages a person’s experiences and activities beyond those provided in segregated environments designed only for people with disabilities/diagnoses
Rights, Choice, & Control

Representative Competencies:

- Provides basic education about one's rights in services as well as one's right to be free from discrimination, both within the service system and in the community at large.

- Supports people to advocate for themselves (and/or advocates for them when appropriate and desired) when their preferences or values are not being honored in the person-centered planning process and during times of tension or disagreement with providers or supporters.
Representative Competencies:

- Solicits meaningful input about the design of planning meetings, including who the person would like to involve, preferences around logistics (location, schedule, etc.), priority areas for discussion, and preferences around facilitation (e.g., self-facilitated or supported).
- Facilitates 1:1 or team meetings in a respectful, professional manner and ensures the person is at the center.
Representative Competencies

- Writes plans using the person’s preferred name and language and identity preferences throughout.
- Actively includes the person’s strengths, interests, and talents in their plan and its implementation.
- Solicits ongoing feedback from the person and their supporters on progress and concerns and revises the plan as needed in an expedient manner.
What it might look like in practice to use competency domains to support PCP implementation?

<table>
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<tr>
<th>Identify</th>
<th>Confirm</th>
<th>Align</th>
<th>Apply</th>
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| Identify the Competency  
- Actively identifies and incorporates strengths into the planning process and documentation | Confirm the Competency is Covered in Training  
- Good day/bad day, Important To/For Sorts, One-page profiles  
- BH PCRP Curricula (Tools and exercises exploring: strengths/assets  
- CLC: Integrated Supports Star to tap both natural and professional support assets | Align QM Tools  
- Develop QM tools/items  
- Carry out observational audits of PC process in-vivo  
- Complete chart reviews to assess presence of SB content in PCPs  
- Assess quality directly from participant perspective | Apply Data to Support PCP Implementation  
- Design prep/training programs  
- Inform HR decisions  
- Identify training needs  
- Spotlight “exemplar” staff and programs  
- Inform performance eval and improvement  
- Align expectations across MCOs, the state, providers, and participants |
Future Directions

• Resource can be adapted to address state-specific culture and context
• Plain-language version recently released to promote accessibility across all stakeholders
• Wide distribution to various stakeholders across the country,
• A matrix cross-walking core competencies with existing (or to be developed) PCP QM tools
• Potential for the tool to be piloted by interested states in supporting their various PCP implementation efforts
From Micro to Macro: Systems Characteristics to Support PCP

Even the most competent and committed PCP facilitators will not be able to fully actualize their competency in practice in the absence of systems characteristics that align in support of person-centered planning.
BECOMING A PERSON CENTERED ORGANIZATION

It requires more than person-centered planning

Presented By: Michael Smull
Support Development Associates, LLC
For every complex problem there is an answer that is clear, simple, and wrong.

- H. L. Mencken -
It is more than planning

Person centered planning – by itself:

Results in Better paper

More often

Than it results in Better Lives
It is also more than isolated examples of best practice.
It requires more than training

GOOD TRAINING RESULTS IN COMPETENCE

ROUTINE USE OF WHAT IS LEARNED REQUIRES PERCEIVED RELEVANCE AND SUPPORT
It is a change in thinking and practice

Power Over

Power With

Fixing vs. Supporting
So...

What does a person centered organization look like?

How would we know?
Leaders ensure that 8 parts are present and work together

1. Vision, mission, and values that are routinely used

2. Advocacy – external and internal - for the vision, alignment, and outcome implementation.

3. Effective ways to learn the outcomes that each person wants

4. Effective support for those who implement (paid and not paid)
Requirements for a person centered system - continued

5. Planning, practices, and supports that are Trauma Informed

6. Alignment of external and internal pressures to support the first 5

7. A quality management system that measures effectiveness and identifies areas for improvement

8. Leaders that understand all of the above and engage in sustained and consistent actions for their implementation
Change doesn’t just happen. Change is a response to pressure.

We want change that is real and lasting.

We want change without wreckage.

This requires positive pressures that are sustained and aligned.

The pressure felt has to exceed the resistance present.
Positive Pressure, not just Compliance Pressure

Compliance Pressure
- A change in rules, policy
- Can just meet the minimum
- May not invest in the underlying values

Positive Pressure
- Efforts that generate buy in
- Support for meeting the intent, expecting more than the minimum
- The perceived benefit is worth the time and effort required

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Discontent can create positive pressure for change if you…

- Create and support optimistic discontent
  - The belief that change is needed and possible
  - Trust that what is promised will be acted on

- Recognize and reduce cynical discontent
  - The belief that change is needed but will not happen
  - The absence of trust in promises that change will happen
Where pressures are not positive, comprehensive, sustained, and aligned you get:

People making cosmetic changes – to look good

The “foxhole” response – “hunker down” and wait for the pressure to go away
In becoming a person centered organization

The most powerful predictor of success is sustained engagement of leaders

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Start from where you are

To what degree is each component present?

How well do they work together?

Given the learning from the assessment, what are the next steps for each?

Remember that at the core it is about a change in thinking as well as practice – going from power over to power with

Leaders assure that implementation plans are developed and stay informed as they are implemented
Leaders establish and support the vision

- Vision as a compelling aspiration
- What is your vision for the people you support?
CHANGE TAKES TIME
Change is incremental . . .
The changes we need will take years

HAVE SHORT TERM GOALS –
UNDER PROMISE AND OVER DELIVER

BUILD TRUST
The “law” of unintended consequences

All efforts to change complex systems have unintended consequences

*If you expect them you are not surprised*

*If positive – how can we support/reinforce?*

*If negative – what can we learn?*
There has to be a learning culture

■ What is and is not OK to try is known
  – Use the donut framework of what are core responsibilities and then where can you use judgment and creativity

■ If it is OK to try, doing things that don’t have the desired outcome is OK
  – If we look for the learning and
  – The learning is acted on

■ What does and doesn’t have the desired outcome is used to improve the efforts
  – The everyday learning skills are used –
    ■ Learning Logs that journal learning as it occurs
    ■ What does and doesn’t contribute to the desired life (working/not working)
    ■ 4+1 questions (what we have tried, learned, pleased about, concerned about, and what should we do based on the answers.)
You need both “top down” and “bottom up” pressure.
Top-down pressure

Changes that make the old way harder and the new way easier.
Change that is done “with” not “to”
Top down pressures are effective when...

- The desired response to the pressure has been made clear
- There is accessible capacity to have the desired response
- The pressures are sustained
- Superficial compliance is not accepted
- There are skilled people who can look at what is working and not working, give feedback, suggest changes/adjustment

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Where system funding, rules and practices are aligned they create opportunities, remove obstacles
THE IMPORTANCE OF ADVOCATES
Advocacy Groups

Always exert pressure

- Effectiveness and helpfulness varies
- The more they know and understand the more effective they are
Support the external advocates

- Help them see the difference between “power over” and “power with”
- Offer opportunities to participate in training
- Support their use of relevant skills
- Share stories of successful change efforts
- Showcase the positive impacts of their advocacy

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Internal Advocates that are skilled and knowledgeable . . .

- Help avoid negative unintended consequences
- Have persistent impatience. Keep the effort alive, push for immediate change
- Help evaluate external requests for consequences thru the lens of person centered practices
Champions from among your Internal Advocates

Select people with gift and commitment

Support them in using the skills

Encourage them to spread the skills thru modeling/demonstrating

Encourage them to make changes and record them

Leaders: Select some changes to be the basis for stories; Share the stories; Listen for the need for more changes

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Help champions with lived experience become peer mentors.

- Provide powerful and effective support for those using supports.
- Give clear feedback about how the system structures are working and where improvement could be made.
Support the use of the person centered thinking skills

- Arrange for and support widespread PCT training
- Senior leadership takes the training
- Recognize that it requires more than training
Important To

Includes those things in life which help us to be **satisfied, content, comforted, fulfilled, and happy**.

Includes what matters the most to the person – our own definition of quality of life.

includes only what people “say”: with our words and/or with our behavior

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Important For

**Issues of health**: Prevention of illness; Treatment of illness / medical conditions; Promotion of wellness (e.g.: diet, exercise)

**Issues of safety**: Environment; Physical and emotional well being; Free from Fear

What others see as necessary to help the person: Be valued; Be a contributing member of their community
Important To
Important For &
The Balance
Between

Management
Skills

Donut

Matching

Routines &
Rituals

Good Day

Bad Day

2-Minute Drill

Reputation

Communication

Learning Logs

Working

Not Working

4 + 1 = 5

Everyday
Learning Skills

© TLC-PCP 2012 www.learningcommunity.us
Use the relevant PCT tools and concepts to address organizational issues

- Rebalancing important to and for due to COVID
- Tools/skills for managers – as you implement changes in practice
  - *Makes sense/doesn’t make sense*
  - 4+1 (*What have we tried, learned, pleased about, concerned about, and what will we do based on the learning?*)
  - Donut (*making performance expectations clear*)
  - Learning logs (*journaling learning as it happens*)
A 4 + 1 example:
NorthStar’s learning in developing purpose and meaning for those they support
As NorthStar seeks to have people find purpose and meaning...

<table>
<thead>
<tr>
<th>What have we tried</th>
<th>What have we learned</th>
<th>What are we pleased about</th>
<th>What are we concerned about</th>
</tr>
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<tr>
<td><em>Really digging deep with learning what is Important to a person and Important for a person</em></td>
<td><em>You have to keep committed and keep talking about it</em></td>
<td><em>It matters to NorthStar!</em></td>
<td><em>Staff changes within a team can and does alter the commitment level and the focus of our energy</em></td>
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<td><em>Using many different skills/tools to get more/different results</em></td>
<td><em>You have to have the right people on the team.</em></td>
<td><em>Relationships make success possible</em></td>
<td><em>The work is never done</em></td>
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<td><em>Holding focus meetings to keep us all on the same page and moving forward</em></td>
<td><em>Your agency has to value the importance of having purpose and meaning in your life</em></td>
<td><em>We keep having the conversations</em></td>
<td><em>It is easy to get complacent and just focus on the day to day grind</em></td>
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<td><em>Having the right training</em></td>
<td><em>It is important to get to know the community and community places as well as the person supported</em></td>
<td><em>We try new things</em></td>
<td><em>One change can throw off the balance such as health, staff changes, scheduling, vacations...</em></td>
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<tr>
<td><em>Quarterly get togethers focused on community and what we are trying</em></td>
<td><em>Knowing how to support a person in different situations is critical</em></td>
<td><em>When we aren’t successful we try again</em></td>
<td><em>As people age we have to be conscious to change with them.</em></td>
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<td></td>
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<td>*We have many different skills and tools to choose from. If one doesn’t get the desired outcome, we try a</td>
<td><em>Doing the same thing over and over can get old</em></td>
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<td>different one</td>
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To learn the desired outcomes, those who write plans have a broad set of expected competencies
Person centered planning is . . .

- Part celebration, part exploration
- A structured way of listening
- A way of learning and describing –
  - *Who the person is*
  - *What matters to the person*
  - *How the person wants to live*
Importance and use of stories

- Stories are a core way we learn
- What convinces us varies from person to person
  - *We need stories that appeal to:*
    - Our intellect
    - Our emotions
    - Our concerns with cost
- Success stories that resonate sustain momentum
A Trauma Informed Organization

<table>
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<th>Everyone has a basic understanding of –</th>
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<tr>
<td>• What can cause trauma</td>
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<td>• The impact of trauma on the brain and behavior</td>
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<tr>
<th>When you see a “challenging” behavior you assume trauma</th>
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<td>• Treatment is available and offered</td>
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<td>• Where needed, healing environments are developed and provided</td>
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<th>Planners routinely ask –</th>
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<td>• How does the person define a safe setting?</td>
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<td>• Where do they need control?</td>
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<tr>
<td>• What relationships are healing?</td>
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<th>Staff routinely act on the learning that planners share</th>
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As you address the challenge of change

Given the components that need to be in place –

- Where is the organization in each component?
- What strengths and capacities does the organization have?
- What do you think the challenges will be?

To develop a change strategy that will work for you

- Look at what the “change gurus” suggest as a strategy
- Think about what will be helpful for your organization
Keep in mind: Stages of adoption of the change in thinking (Rogers, Diffusion of Innovation, 4th edition pg 262)
William Bridges: Managing Transitions

The three phases of transition:

- Ending, losing, letting go
- The neutral zone
- The new beginning

From Bridges, Managing Transitions
Kotter’s 8 Steps For Major Organizational Change

1) Increase urgency
2) Build guiding teams
3) Get the vision right
4) Communication for buy-in
5) Enable action
6) Create short-term wins
7) Don’t let-up
8) Make it stick
Expect resistance

Substantive change evokes resistance

A lack of resistance may mean a perception that the change is not real or lasting

Embrace resistance

Understand the why of the resistance and how you can address it
Remember that a cynic may be a disappointed optimist

But –

There may be some people who believe in having “power over” and you may have to help them find other work
You have to be a change target as well as a change agent.
Kantor, talking about change efforts, said:

The beginning is exciting

The end is satisfying

The middle is a slog
We are all in the middle –

• Learn where you are for each domain
• Apply positive pressure for change where you can
• Find opportunities for renewal

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PETER DRUCKER FAMOUSLY SAID:

Efficiency is doing things right; effectiveness is doing the right things.
But efficiency is also... 

Doing things right using the fewest resources
PERSON CENTERED PRACTICES CAN IMPROVE EFFECTIVENESS AND EFFICIENCY
For more information

The Learning Community for Person Centered Practices
- www.tlcpcp.com

Support Development Associates
- www.sdaus.com

National Center for the Advancing Person-Centered Practices and Systems
- www.ncapps.acl.gov
Michael Smull
michael@sdaus.com
www.sdaus.com
## Next Steps!

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<th>What Would You Like To Do?</th>
<th>Who will do it and who can help?</th>
<th>By when?</th>
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Thank You

- **Bevin Croft, MPP, PhD** NCAPPS Co-Director & Research Associate with Human Services Research Institute (HSRI)
- **Mary Bishop, LMSW**, Team Lead Person Centered Practices
- **Stacey Manser, PhD**, Associate Director of the Texas Institute for Excellence in Mental Health & Research Scientist at The University of Texas at Austin Steve Hicks School of Social Work
- **Janis Tondora, Psy.D.** Associate Professor, Yale Program for Recovery and Community Health
- **Michael Smull**, Founder and Past Chair of The Learning Community for Person Centered Practices (TLC-PCP) & Senior Partner, Support Development Associates (SDA)
Thank You.

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