South Southwest (HHS Region 6)
MHTTC Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

New England (HHS Region 1)
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# Person-Centered Recovery Planning Webinar Session 1

yale program for recovery and community health

The University of Texas at Austin
Texas Institute for Excellence in Mental Health
*School of Social Work*

# Acknowledgement

Presented in 2024 by the Mental Health Technology Transfer Center (MHTTC) Network.

This presentation was prepared for the South-Southwest Mental Health Technology Transfer Center (MHTTC) and the New England Mental Health Technology Transfer Center (MHTTC) Network under a cooperative agreement from the Substance Abuse and Mental Health Services Administration (SAMHSA). 

At the time of this publication, Miriam E. Delphin-Rittmon, Ph.D, served as Assistant Secretary for Mental Health and Substance Use in the U.S. Department of Health and Human Services and the Administrator of the Substance Abuse and Mental Health Services Administration.

The opinions expressed in the presentation are the views of our speakers and do not reflect the official position of the Department of Health and Human Services or SAMHSA.

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Presented 2024

**The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:**

- Strengths-based and hopeful
- Inclusive and accepting of diverse cultures, genders, perspectives, and experiences
- Healing-centered and trauma-responsive
- Inviting to individuals participating in their own journeys
- Person-first and free of labels
- Non-judgmental and avoiding assumptions
- Respectful, clear and understandable
- Consistent with our actions, policies, and products

Adapted from: https://mhcc.org.au/wp-content/uploads/2019/08/Recovery-Oriented-Language-Guide_2019ed_v1_20190809-Web.pdf

# Housekeeping Items

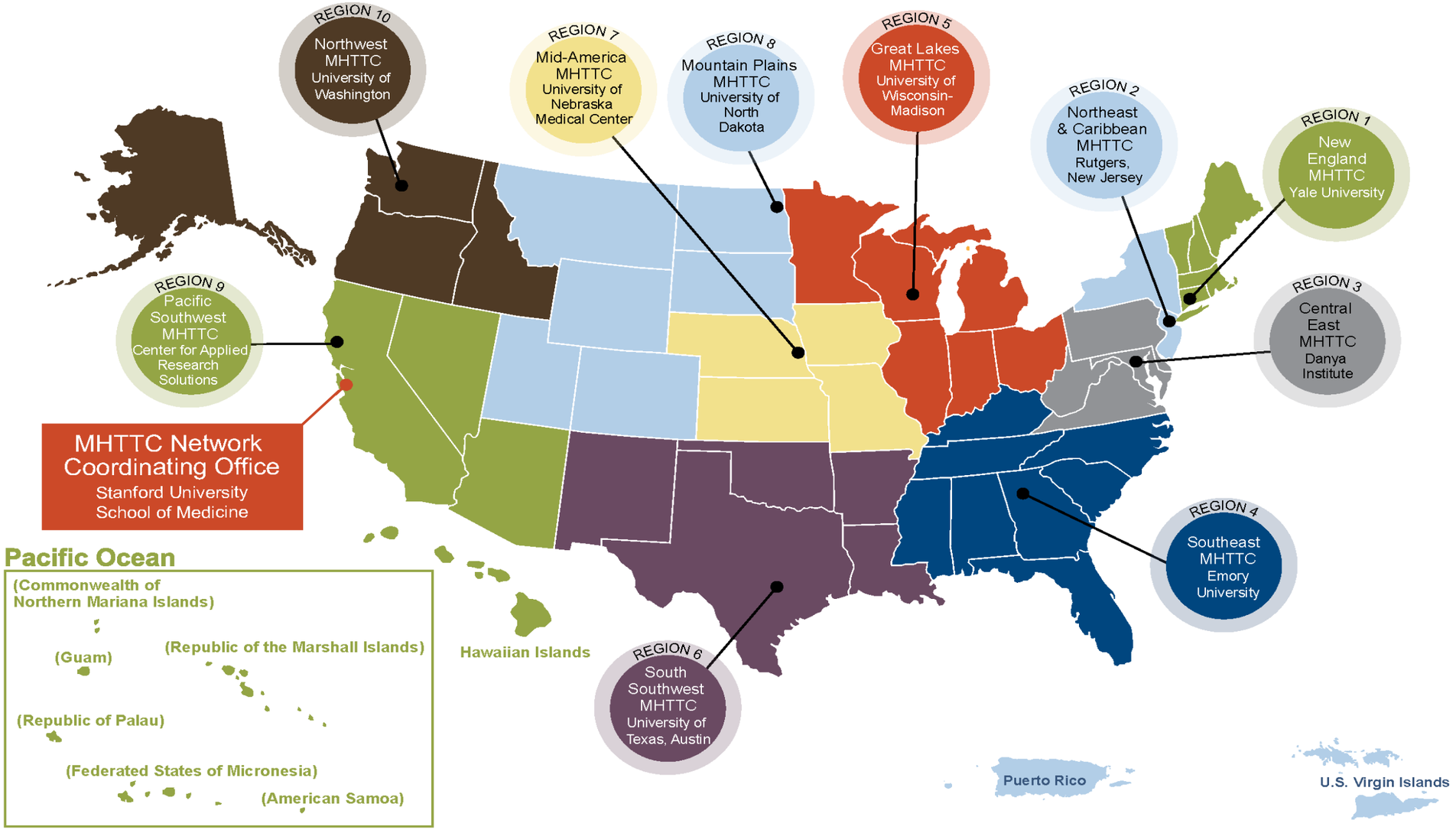
- We have made every attempt to make today's presentation secure. If we need to end the presentation unexpectedly, we will follow-up using your registration information.
- Attendees are able to unmute and share.
- Have a question or comment? Use the Chat.
- A confirmation email will be sent from our South-Southwest email address containing a link to download your CEU certificate.
- Registrants are responsible for checking with their licensing or credentialing board to ensure acceptance of the CEUs issued.
- This session will be recorded.

MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

# MHTTC Network



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# Facilitators

**Janis Tondora, Psy.D., (she/her),** is an Associate Professor in the Department of Psychiatry at the Yale School of Medicine. Her work involves supporting the implementation of person-centered practices that help people with behavioral health concerns and other disabilities to get more control over decisions about their services so they can live a good life as they define it. She has provided training and consultation to over 25 states seeking to implement Person-Centered Recovery Planning and has shared her work with the field in dozens of publications, including her 2014 book, *Partnering for Recovery in Mental Health: A Practical Guide to Person-Centered Planning.* Outside of work, you may find Janis enjoying the great outdoors with her family (human and furry!) on a paddleboard, in the mountains, or at the beach.

**Amanda Bowman, LCSW-S, PSS (she/her)** is a clinical social worker, certified peer specialist supervisor, and WRAP® facilitator, using her professional and lived experience with mental health challenges to promote person-centered practices in behavioral health care. Coming from direct social work practice and administrative leadership within the public mental health system, she joined Via Hope in 2013, where she served as Recovery Institute Director until 2023. In this role, she oversaw the development and delivery of organizational change programs, which included statewide initiatives to support the implementation of person-centered planning, peer support services, and trauma-responsive work environments. As the owner of Sidecar Consulting, Amanda now facilitates collaborative learning events and serves as a subject matter expert for programs designed to support change within and across agencies. Outside of work, you may find Amanda with her family hiking the Barton Creek Greenbelt or enjoying live music.

**Amy Pierce, MHPS, PSS, ALF (she/her)** is an international trainer and consultant and has been working in the Peer Movement in the state of Texas for over two decades. She currently serves as Recovery Institute Associate Director at Via Hope by serving as a subject matter expert on the implementation of peer services and other recovery-oriented practices. She has extensive experience in the peer support sector, having started the first peer support program in the state hospitals in Texas, working as a peer support worker in a community mental health agency, and the Program Coordinator for a transitional peer residential housing project. Amy also enjoys reading secondhand books in the pool, watching birds in the bay, and being a jungle gym to her two energetic nieces.

# How about you? What hat(s) are you wearing today?

## Audience Participant Poll
(Multiple Hats Allowed)

- Direct support practitioner
- Peer support specialist
- Supervisor/team leader
- Family member/natural support
- Guardian/conservator
- Leadership/administration
- Managed Care/Funder
- *Service recipient/person with lived experience
- Advocate
- Other (_____)

*A note on our use of terms: *Service user/participant, client, person in recovery, patient, person with a disability, psychiatric survivor, person with lived experience, person in distress, consumer.* ***Always honor individual preferences and when in doubt, ASK!***

There is more than one kind of “planning.”

When we say “PCRP” what kind of planning are we (and aren’t we) referring to?

# TYPES OF PLANNING

## Service Planning (PCRP)

- Required for anyone receiving health services
- Associated mandates related to system regulations (e.g., medical necessity, billing)
- Must be person-centered to be effective and maximize engagement by person BUT also serve system/provider agency needs
- **Emphasis on service planning highlights the negative impact that NON-person-centered professional care can have**
- **ALL “planning” that impacts a person’s life should BE person-centered**

## Wellness/Self-Directed Planning

- Happens within and outside of the formal health/service system
- Can, but doesn’t always, include professional services (may only include personal, natural action steps/strategies)
- More likely to reflect the true wishes of the person/family rather than professional perspectives
- Many examples (e.g., Charting the Life Course, Making Action Plans (MAP), Essential Lifestyles Planning WRAP®, and more!)

# PCRP Defined

*Person-centered recovery planning is a collaborative process between a person and their behavioral health care providers and natural supporters that results in the development and implementation of an action plan to assist the person in achieving their unique goals along the journey of recovery.*

# Put simply, PCRP is about…

# Forces Behind PCRP

## Now that we're clear on what kind of planning we are talking about…WHY PCRP???

**Platinum Rule!** Values-driven approach first and foremost!

**State-level health/behavioral health authorities**

**Evidence/data** showing improved outcomes

**Voice of service recipients:**

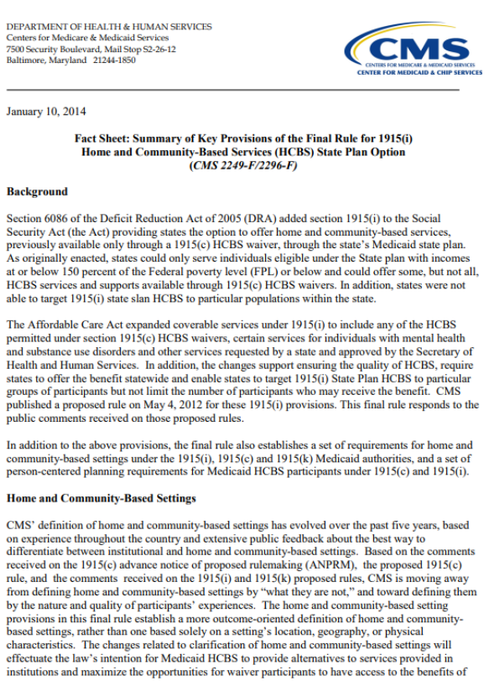
- *You keep talking about getting me in the driver's seat when half the time I am not even in the damn car! -*

**Funders, accrediting bodies, and national best practice organizations**

- CMS, CCBHC, FQHC, CARF, JCAHO, IOM, NCAPPS, NQF, SAMHSA

# A few examples…

- CMS 2014 Rule
  - Service planning for participants in Medicaid HCBS programs under section 1915(c) and 1915(i) of the Act **must be developed through a person-centered planning process** that addresses health and long-term services and support needs in a manner that reflects individual preferences and goals.
- SAMHSA's Guiding Principles of Recovery
  - *Self-determination and self-direction are the foundations for recovery **as individuals define their own life goals and design their unique path(s) towards those goals.***
- CCBHC Criteria 4B
  - *All CCBHCs reflect **person-centered and family-centered, recovery-oriented care;** being respectful of the needs, preferences, and values of the person receiving services; and ensuring involvement of the person receiving services*



DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR MEDICAID & CHIP SERVICES

January 10, 2014

**Fact Sheet: Summary of Key Provisions of the Final Rule for 1915(i) Home and Community-Based Services (HCBS) State Plan Option**
***(CMS 2249-F/2296-F)***

**Background**

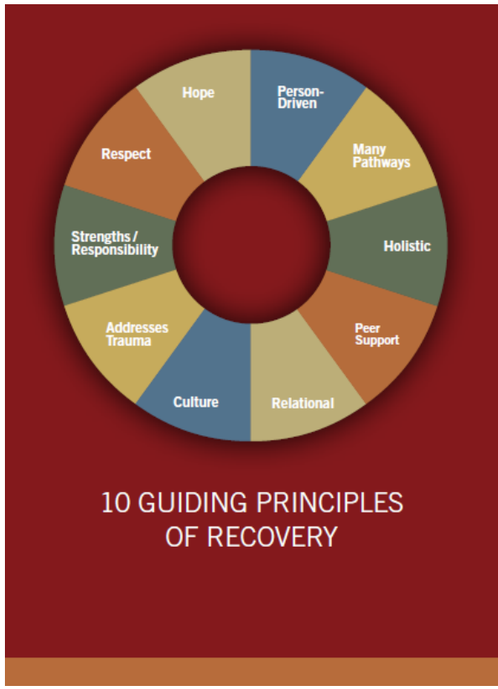
Section 6086 of the Deficit Reduction Act of 2005 (DRA) added section 1915(i) to the Social Security Act (the Act) providing states the option to offer home and community-based services, previously available only through a 1915(c) HCBS waiver, through the state's Medicaid state plan. As originally enacted, states could only serve individuals eligible under the State plan with incomes at or below 150 percent of the Federal poverty level (FPL) or below and could offer some, but not all, HCBS services and supports available through 1915(c) HCBS waivers. In addition, states were not able to target 1915(i) state slan HCBS to particular populations within the state.

The Affordable Care Act expanded coverable services under 1915(i) to include any of the HCBS permitted under section 1915(c) HCBS waivers, certain services for individuals with mental health and substance use disorders and other services requested by a state and approved by the Secretary of Health and Human Services. In addition, the changes support ensuring the quality of HCBS, require states to offer the benefit statewide and enable states to target 1915(i) State Plan HCBS to particular groups of participants but not limit the number of participants who may receive the benefit. CMS published a proposed rule on May 4, 2012 for these 1915(i) provisions. This final rule responds to the public comments received on those proposed rules.

In addition to the above provisions, the final rule also establishes a set of requirements for home and community-based settings under the 1915(i), 1915(c) and 1915(k) Medicaid authorities, and a set of person-centered planning requirements for Medicaid HCBS participants under 1915(c) and 1915(i).

**Home and Community-Based Settings**

CMS' definition of home and community-based settings has evolved over the past five years, based on experience throughout the country and extensive public feedback about the best way to differentiate between institutional and home and community-based settings. Based on the comments received on the 1915(c) advance notice of proposed rulemaking (ANPRM), the proposed 1915(c) rule, and the comments received on the 1915(i) and 1915(k) proposed rules, CMS is moving away from defining home and community-based settings by "what they are not," and toward defining them by the nature and quality of participants' experiences. The home and community-based setting provisions in this final rule establish a more outcome-oriented definition of home and community-based settings, rather than one based solely on a setting's location, geography, or physical characteristics. The changes related to clarification of home and community-based settings will effectuate the law's intention for Medicaid HCBS to provide alternatives to services provided in institutions and maximize the opportunities for waiver participants to have access to the benefits of



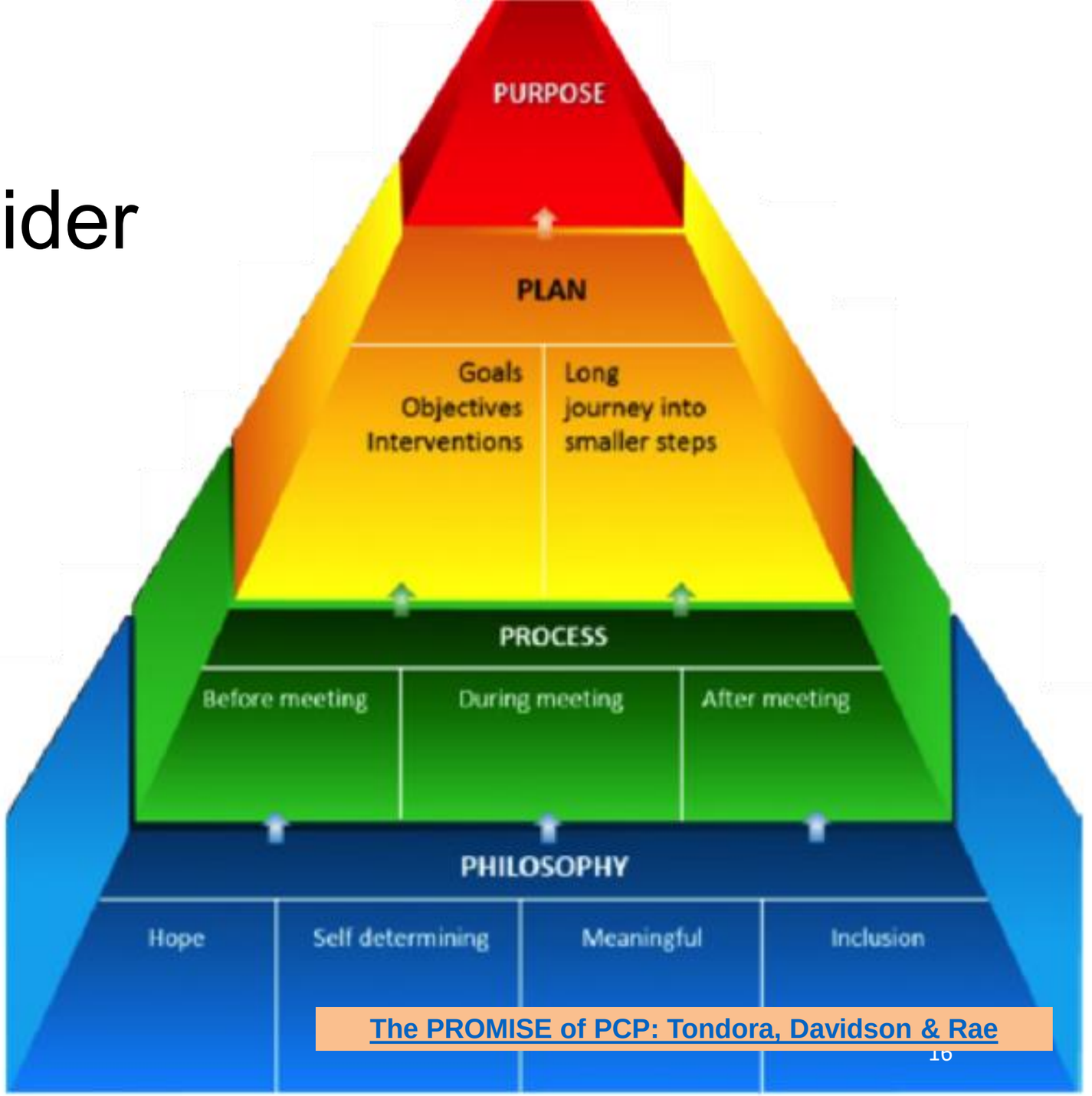

If we know PCRP is the RIGHT thing to do and know we are REQUIRED to do it, **then why isn't it universally being done?**

**Consumers demand it, public service systems endorse it, medical and professional programs are encouraged to teach it, and researchers investigate it. Yet,* ***people struggle to understand exactly what "It" is and what "It" might look in practice.***

*Tondora et al., 2005. Implementation of Person-Centered Care and Planning: How Philosophy Can Inform Practice

# A Person-Centered Vision: 4 “Ps” to Consider

- **Philosophy** – core values and beliefs
- **Process** – new ways of partnering and sharing decision making
- **Plan** – a concrete roadmap to guide the work
- **Purpose** – meaningful person-centered outcomes



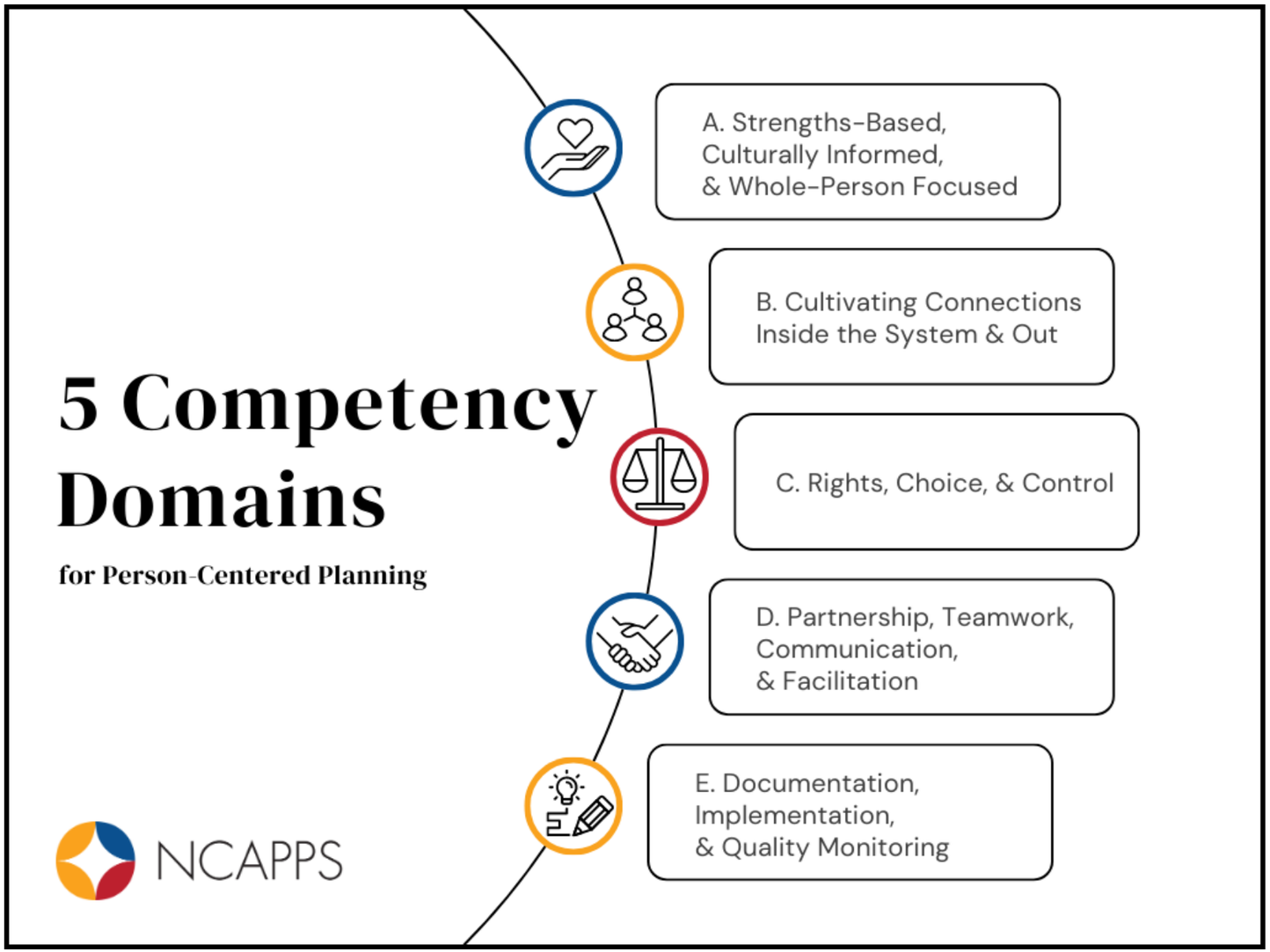

The PROMISE of PCP: Tondora, Davidson & Rae

We know there can be a disconnect between VISION and REALITY…

So, what can we do about that?

What do professionals need to know/do to authentically support PCRP?

# Five Competency Domains for Person-Centered Planning




Five Competency Domains for Staff Who Facilitate Person-Centered Planning, NCAPPS, 2022

# Strengths-Based, Culturally Informed, Whole Person-Focused

- Assumes people grow, change, and realize personally valued goals; focuses on the universally valued goal of living a good life; all activities are “whole-person” oriented
    - **comprehensive strengths-based profile; cultural humility; focus on goals most “IMPORTANT TO” the person/family**

# Cultivating Connections Inside the System and Out

- Supports linkages with paid and unpaid supports; Maximizes connections to activities and relationships in inclusive settings (and in accordance with the preferences of the person).

    - **builds circles of support; avoids clinical/professional gate-keeping and the “trap of the one-stop-shop”**

# Rights, Choice, and Control

- Assumes people are competent and have the right to control decisions that impact their lives; Supports people in discovering (or reclaiming) their voice; Educates people about the range of legal protections that promote both fundamental safety and community inclusion
    - **maximizes the use of self-determination tools, including advance crisis planning (e.g., WRAP, PADs)**
- Educates people about the range of legal protections that promote both fundamental safety (i.e., the right to be free from abuse and neglect) and community inclusion (i.e., the right to be free from discrimination)

# Partnership, Teamwork, Facilitation, and Coordination

- Respects the preferences of the person/family in “meeting” logistics and facilitation; Supports expansion of the “team” as desired (or not) by the person; Makes space for ALL voices;  Elevates the person’s priorities and preferences

    - **person’s preferences shape meeting logistics, agenda, and facilitation design; NO “talking about;” the person**

# Documentation, Implementation, and Quality Monitoring

- Plan reflects the person's priorities and preferences; Plan is written in accordance with established expectations around person-centered plan documentation; Plan is a "living document;" Follow-up and monitoring are critical
    - **Plan uses preferred name and identity preferences; goals are about the person's vision of a "good life;" strengths are identified and used; person/identity-first language is consistently used**

# No More Plans that Look Like THIS!

**I’m here to return YOUR goals. You left them on MY service plan!**

- Comply with meds
- Increase insight
- Reduce aggressive behavior
- Maintain boundaries
- Adhere to group schedule

# Person-Centered System Design:

## An Essential Resource


Person-Centered Systems Self-Assessment, NCAPPS 2020

# How does PCRP get undermined?

Scan the QR code above or click the link in the CHAT BOX
to answer the question & create a word cloud

# The Consultation Corner:
# How can it support quality PCRP implementation?

## Series designed to offer something for everyone

- Organizing systems to support PCRP  (organization and systems leaders)
- Implementing PCRP best practices at the individual level (practitioners)
- Ensuring lived experience voice in PCRP (peer supporters/specialists)

## A 6-Month Learning Series

- Monthly topic-focused webinars (open to a national audience)
- Follow-up TA sessions open ONLY to people who participated in the monthly webinar
- Follow-up TA (prioritized for webinar participants from regions 1 (CT, MA, ME, NH, RI, VT) and 6 (AR, LA, NM, OK, TX) *May open to a broader audience if space allows
- Invitations to register for monthly TA sessions will be sent to you via email
- **What might a TA Session look like???**

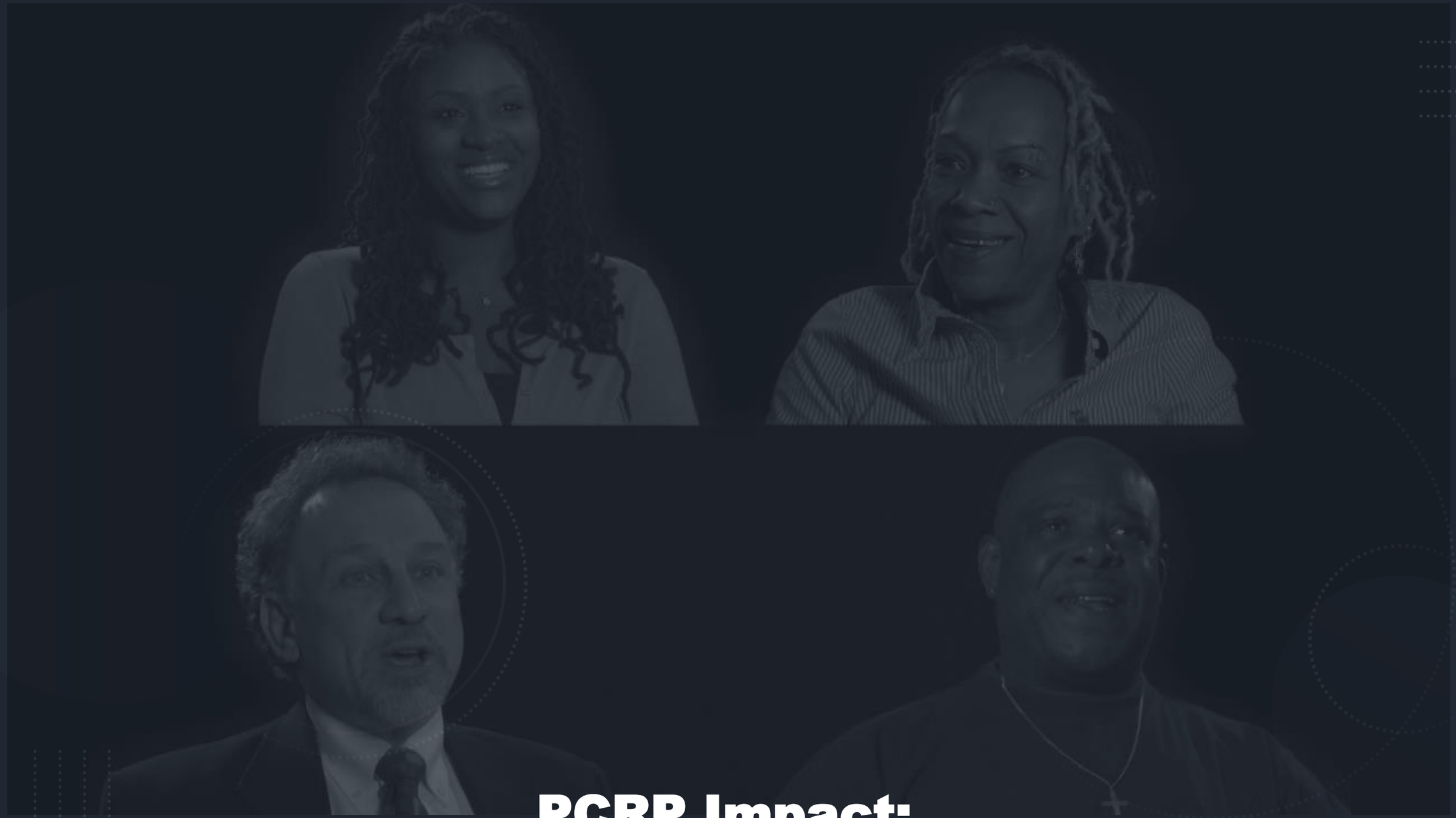
# We’d like your input for sessions 2-6:

# Priority Topics Poll
(*Choose up to 3)

- Peer Specialist Roles in PCRP: Aligning with Peer Ethics and Values
- PCRP Staff Training and Supervision Models: How to Reinforce PCRP in Practice
- Co-creation of the PCRP Document: Partnering, Goal Discovery, and an Emphasis on REAL-LIFE RESULTS
- Promises and Pitfalls: Designing Planning Templates and Electronic Health Records to Support PCRP
- Person-Centered Advance Crisis Planning to Maximize Choice and Control
- The Role of Psychiatrists and Other Medical Professionals in Supporting PCRP
- Service System Alignment to Support PCRP: Organizational and Leadership Strategies
- Cultural Considerations in PCRP
- Quality Monitoring in PCRP: Strategies and Tools
- Other (_____)

# Opportunity for Others to Weigh in on Priority Topics

- Do others at your organization have questions/ needs around PCRP? We'd like to hear from them too!
- Please share our survey via QR code or link (see chat box) to help us solicit additional feedback to design sessions 2-6.
  - **PCRP Priority Topics Poll**
- Priority Topics Poll will be closed at 5pm on Monday, April 1st



# PCRP Impact:

***I've done things that people never thought I would do……***

# PCRP RESOURCES

**ENGAGING PEOPLE WHO RECEIVE SERVICES: A BEST PRACTICE GUIDE**

August 2020

LINK

**FIVE COMPETENCY DOMAINS FOR STAFF WHO FACILITATE PERSON CENTERED PLANNING**

November 2020

LINK

**PERSON-CENTERED PRACTICES SELF-ASSESSMENT**

October 2020

LINK

**RECOVERY ROADMA: PROCESS AND DOCUMENTATION QUALITY INDICATORS**

March 2017

LINK

Yale Program for Recovery and Community Health

# Evaluation

Scan the QR code to provide your valuable feedback through our evaluation survey. Your input helps us improve our services. Thank you for your participation!

MHTTC

Mental Health Technology Transfer Center Network

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The MHTTC provides a comprehensive range of technical assistance services, catering to universal, targeted, and intensive needs. Our offerings encompass dynamic webcasts, informative clinical briefs, engaging podcasts, concise fact sheets, and personalized intensive consultations. We actively disseminate our wealth of resources through our user-friendly website and vibrant social media platforms, ensuring widespread accessibility and impact.