

DEVELOPING OUTCOMES THROUGH PERSON-CENTERED PLANNING:

MOVING FROM UNDERSTANDING TO OUTCOMES

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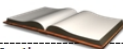


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The graphic features a central white box with a gold border containing the text: "Important To Important For & The Balance Between". A gold 3D figure stands behind the box, pointing at it. Surrounding the box are several colorful puzzle pieces, each with a label: "Donut", "Matching", "Learning Logs", "Working", "Not Working", "4 + 1 2s", "Management Skills" (with a heart icon), "Relationship", "Map", "Routines & Rituals", "Good Day", "Bad Day", "2-Minute Drill", "Communication", "Reputation", and "Discovery/ Listening Skills" (with a magnifying glass icon). The puzzle pieces are arranged in a circular pattern around the central box.


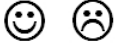




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PCT Skills

Thinking about how to use everyday person centered skills			
Core Concept & Skill	WHAT IT DOES	POSSIBLE USES	If you had permission and support how would you use important to/for?
 <p>Sorting Important To/ Important For</p>	A way to <u>organize</u> the information we collected when using other skills. By sorting our learning into What's Important To and What's Important For we gain a deeper understanding of the person while working towards a good balance. Better informs our actions in partnership with the person and those who love them.	<ul style="list-style-type: none"> Use with all the other tools-to add depth to our understanding of the person's preferred to/for balance To think through a situation before deciding what should happen next 	
SKILLS	WHAT IT DOES	POSSIBLE USES	If you had permission and support how would you use this skill?
 <p>The Donut Sort</p>	Identifies role-specific responsibilities. (Core responsibilities; use judgment and creativity; not usually a paid responsibility)	<ul style="list-style-type: none"> Help people get clear about their responsibilities regarding specific situations Develop job/volunteer descriptions A structure for feedback and evaluation 	
<p>4 + 1 Questions</p>	Helps people learn from their efforts and focus next steps.	<ul style="list-style-type: none"> To evaluate a specific process or effort As a structure for group review 	
 <p>The Learning Log</p>	Directs people to look for ongoing learning A structure that captures learning details within specific activities and experiences	<ul style="list-style-type: none"> Replace the standard "progress note" Track efforts related to a specific area of change Support depth learning over time 	
 <p>Sorting What's Working/ What's Not Working</p>	Analyzes an issue/situation across multiple perspectives. Provide a picture of how things are right now.	<ul style="list-style-type: none"> To get a broader perspective To do pinpoint problem solving Before planning next steps 	
 <p>Relationship Mapping</p>	Creates a picture of who is in the persons' life	<ul style="list-style-type: none"> To record who is in a <u>persons</u> life- their role and relationship Find characteristics of a good match To help the person and planners determine who to invite to help plan 	

PCT Skills

SKILLS	WHAT IT DOES	POSSIBLE USES	If you had permission and support how would you use this skill?
 <p>Rituals Routines</p>	Identifies the specifics of a particular time of day or event	<ul style="list-style-type: none"> To learn what parts of rituals/ routines are important to the person to keep or change. To learn more about what is important to and for the person To learn more about daily supports the person appreciates 	
 <p>Good Day/Bad Day</p>	A way to identify the specifics of what makes up a good and bad day for a person.	<ul style="list-style-type: none"> Use to learn What's Important To and How to Support Maximize good days, and minimize effect of bad days 	
 <p>Two Minute Drill</p>	Helps us learn critical information about how to best support the person (top tips)	<ul style="list-style-type: none"> To learn what people think is most important to and for the person To discover information that the new supporters need to be successful To help people clarify how they balance important to/for when supporting a person 	
 <p>Communication</p>	At-a-glance view of key information about how a person communicates. Especially useful in supporting people who don't communicate well with words	<ul style="list-style-type: none"> Help people to get to know a person more quickly Help people know how to support someone during challenging times 	
 <p>Positive Reputation</p>	A method to help us learn more about what is important to a person; how to support them while organizing a positive description	<ul style="list-style-type: none"> Helps people acknowledge the persons positive characteristic Helps us get to what is important to the person and how to best support from negatives 	
 <p>Matching</p>	A structure to look at important "people characteristics" and the <u>persons interests</u> as well as what skills/supports make for good matches.	<ul style="list-style-type: none"> Help people think about the kind of people they want and need supporting them Hire best matched staff Help person, family to identify possible circle members 	

PERSON-CENTERED PLAN REQUIREMENTS

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HCBS Rule Person-Centered Plan Requirements



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The HCBS Final Rule established many new standards regarding Person-Centered Planning (PCP), such as requiring:

- A person-centered service plan
- A significantly enhanced version of PCP
- Modifications to the rule's additional standards for provider-owned and controlled settings

The Person-Centered Plan requirements are included in Section 2402(a) of the Affordable Care Act.

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Person-Centered Plan Requirements



Provides necessary information and support to the individual so that they may drive the planning process whenever possible



Includes people chosen by the individual



Is timely and occurs at times and locations of convenience to the individual



Assists the person in achieving outcomes they define for themselves in the most integrated community setting they desire

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Person-Centered Plan Requirements



Ensures delivery of services in a manner that reflects personal preferences and choices



Helps promote the health and welfare of those receiving services



Takes into consideration the culture of the person served

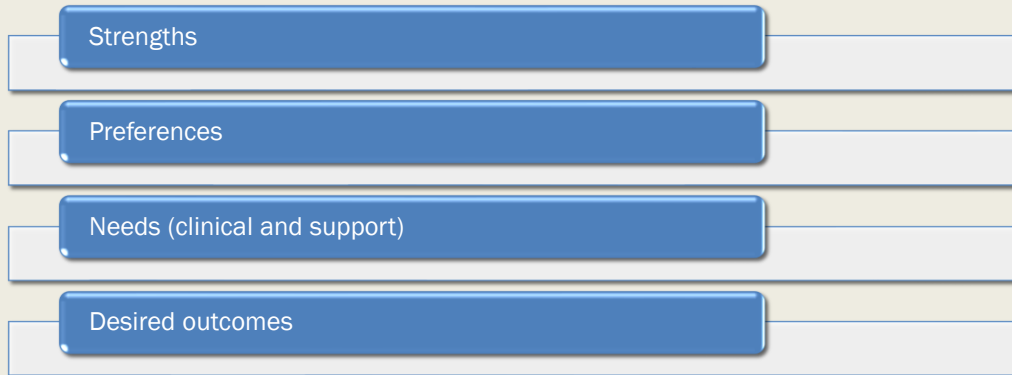


Uses plain language that can be understood by the person and the people closest to them (whenever possible)

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Person-Centered Plans must identify individuals':



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Allowable Modifications in Person-Centered Plans

In **Provider-Owned and Controlled settings**, there are times when supporting the individual may require modifications of the *additional standards* of the HCBS rule, which is allowed.

The *additional standards for all settings, residential and non-residential*, are:

- Freedom and support to control one's own schedule and activities
- Access to food and visitors at any time

The *additional standards for residential settings* are:

- Individuals in residential units have legally enforceable agreements giving them the same protections and responsibilities as any tenant living in that jurisdiction
- Privacy in sleeping or living unit
- Units have lockable entrance doors
- The individual served and appropriate staff have keys/codes to doors
- There is a choice of roommates in shared units
- Freedom to furnish and decorate sleeping or living units

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Who to involve

Content Expert



Process Expert



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The Core Concept for Person-Centered Practices: Balance Between Important To and Important For

Finding a balance between important to and important for

Considering how important to and important for are connected



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Building a Balanced Plan

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Finding a Balance

If something is *important for us* and is also *important to us*, we will do it



If something *important for us* is *not important to us*, we have no interest in doing it



If we want people to attend to what is important for there has to be an aspect of it that is important to

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Mitch's Story



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Looking at a Picture of Mitch's Life

What a supportive environment would like for Mitch



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Everyday Lives

It's no different whether you have a disability or not!!

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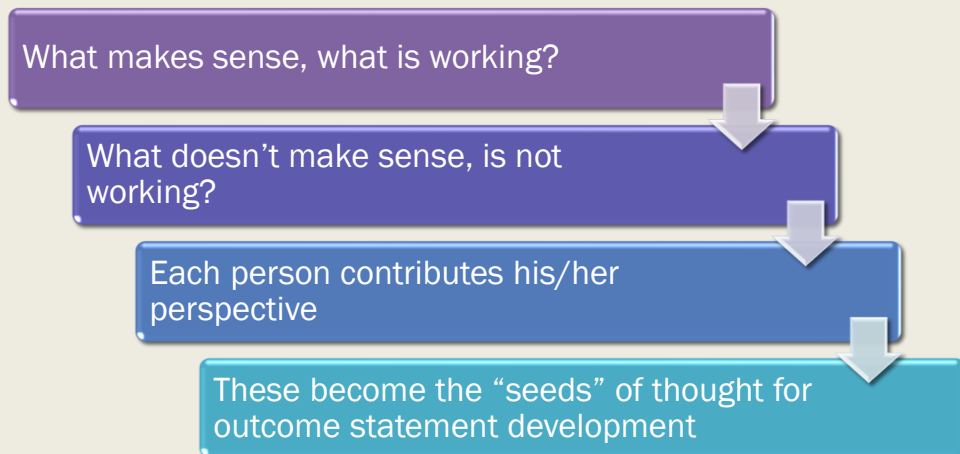
What Works/Makes Sense What Doesn't Work/Make Sense

	What's Working/Making Sense	What's Not Working/Making Sense
Mitch's Perspective	<ul style="list-style-type: none"> • Visits with family • Having my own room • Sitting in the recliner • Eating what and when I want • Getting meals on time • Knowing what to expect • Spending time with Mike (a peer) • People being honest with him 	<ul style="list-style-type: none"> • Having to get up early • Taking medication • Not being understood • Crowds
Others Perspective	<ul style="list-style-type: none"> • Male staff • Extra staff coverage • Own space • Home modifications (pads, plexiglass) • Being honest with him 	<ul style="list-style-type: none"> • Unknown reason for aggression • Not being able to communicate • Stretching his comfort zone too far with activities & crowds

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Steps to Developing Outcomes

Determine what needs to change, what needs to remain the same



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Use to organize perspectives about a specific issue/situation or to get a snapshot description of NOW

What's Working	What's Not Working/What Could Improve
What does the person say is working?	What does the person say is not working or could be better?
What does the service/support team or person (the people closest to the issue/situation) say is working?	What does the service/support team (the people closest to the issue/situation) say is not working or could be better?
What does the family say is working?	What does the family say is not working or could be better?

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	What's Working/Making Sense	What's Not Working/Making Sense
Person's perspective	<p>USE THIS INFORMATION TO BUILD THE</p> <p>A G E N D A</p>	<p>USE THIS INFORMATION TO BUILD THE</p> <p>A G E N D A</p>
Staff's perspective	<p>FOR THINGS THAT ARE TO STAY THE SAME</p>	<p>FOR THINGS THAT NEED TO CHANGE</p>

Disagreements

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Using the Tool: What's Working/Not Working

Use focused questions: For example – What works doesn't work regarding:



Who the person spends time with



What the person's interest are



What activities the person would like to participate in or explore



How the person has fun



What the person wants to learn

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Three Basic Rules for Negotiation



Everyone must feel listened to.

You must start with common ground.



The facilitator of the discussion is unconditionally constructive

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Two Expectations that Guide the Development of Outcomes

That we should collaborate across roles, agencies, and all the other lines

- *This is not always easy to do!*

That we should know how to use person centered information and skills to develop outcomes and to inform decisions regarding people we support.

This may be outside your comfort zone

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Questions about Barriers to Collaboration If We Know Collaboration is Key...

1

What prevents us
or makes it difficult
for us to
collaborate?

2

How can we
overcome these
barriers?







3

Is it worth it? What
would the pay-offs
be?

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Partnership and Experts

-  All good planning is done in partnership
-  The person comes first and should be the final decider whenever possible
-  Partnerships that work have agreed upon roles
-  Think about the roles from the perspective of content experts and process experts
-  Who are the process experts? (those who know the requirements and what must be accomplished)
-  Who are the contents experts? (the person and others who know the details of what must be captured in the plan)

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Fostering Effective Partnership

Requires clarity of roles

Clearly defined expectations of each person

Agreement on what is to be accomplished

A commitment to :

- Never give up
- Openly discuss issues which must be addressed
- Recognize each others hard work
- Be unconditionally constructive when improvement is needed

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Six Principles of Partnerships

Everyone
desires
respect

Everyone
needs to
be heard

Everyone
has
strengths

Judgments
can wait

Partners
share
power

Partnership
is a process



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What's Important TO John:

- Staying connected to his family- Celebrating birthdays with his brother and sister, having lots of pictures of his family and talking to them on the phone
- His girlfriend Cheryl
- Doing things for himself and making his own decisions
- Working and making money –for now that means shredding at the Courthouse and SASMG, contract work at the workshop and occasional opportunities to be a Person Centered Thinking Trainer, which he really loves!
- Spending time with his friends (David, Bobby and Richard)
 - Going out to eat, Movies, shopping
- Cooking and baking (Pies, waffles and desserts)

Desired Activities

- Meeting up with friends he knew from Club Connect
- Summer camp
- Shopping, going out to eat, movies, sporting events, bowling, Outdoor Music Concerts
- Arc Events and Self-Advocacy Groups
- Weekend trips, Vacation to FL

John's One Page Profile



What do people like and admire about John?

- Devoted to his family
- Daring and gutsy
- A happy person who makes others smile
- Self Confident
- Helpful
- Devoted to his Work
- Dependable
- Friendly and caring
- Courageous, trustworthy and kind

Important FOR John:

- Feeling safe – for John this means having confidence he can safely evacuate his home in case of a fire
- Having a wheelchair that folds
- Carrying contact information in his pack
- Taking prescribed medication (no alcohol)

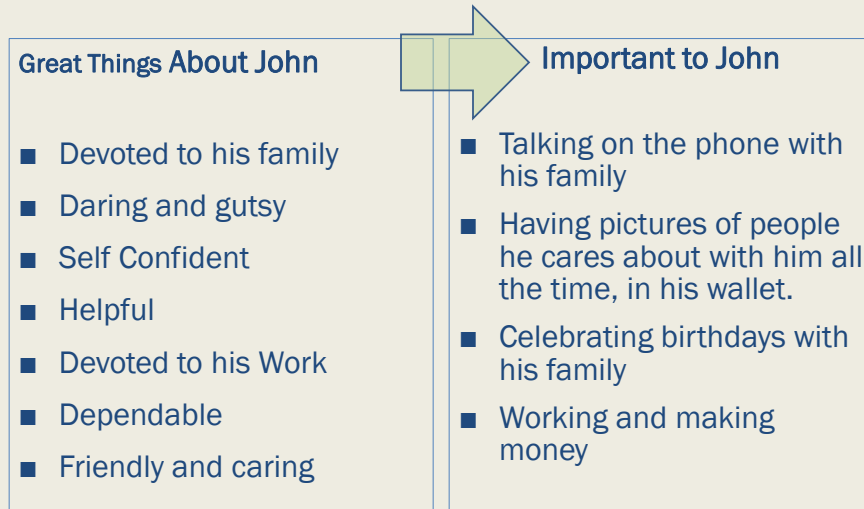
Know and Do:

- John will let you know when he wants to call or visit his family/friends. Help him make the call and arrangements.
- Accessibility and adaptations (for fine motor tasks) are needed so that he can be as independent as possible.
- Help John look his best but only offer assistance when he needs it (Always assist with getting in/out of shower, washing his hair/back)
- Sometimes it is hard for other people to understand what John is saying, he is patient and will repeat what he is saying, but may need your help to translate with people that don't know him well.
- Help John use the stove/microwave as he is afraid of getting burned

What's Working/Not Working Example

	What Makes Sense	What Doesn't Make Sense
From John's Perspective	<ul style="list-style-type: none"> -Making money with the jobs he has -Spending time with friends and family both at home and at work -No one gets into his stuff -Doing things he enjoys out in the community -Making his own decisions 	<ul style="list-style-type: none"> -Being bored when there is downtime at workshop -Pay checks are less and rent went up, don't get to do a lot of Training -Noisy neighbors -Can't go out as much as he wants -Fill in staff don't know John -Hard to open doors, can't open some cupboards -Afraid of getting burned when cooking
Staff's perspective	<ul style="list-style-type: none"> -His work in the community and at the workshop, -Safety features in the apt. -John having friends at his apartment building and people to help him out Doing as much as possible for himself to maintain his muscle strength 	<ul style="list-style-type: none"> -John asking his friend Bobby to do things for him that he can do himself -Possibility of John having difficulty communicating with people who do not know him well -John likes to bake but needs a lot of help in the kitchen

“Important To” Example



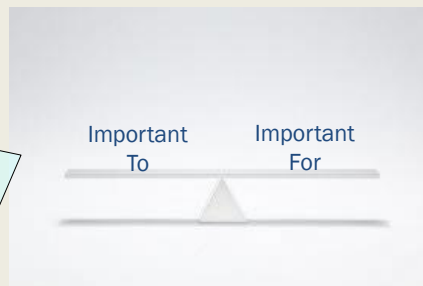
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Example of Outcome Statement

What's important to John?

- Working and making money
- Spending time with his friends
- Shopping, going out to eat, going to the movies
- Doing things for himself and making his own decisions

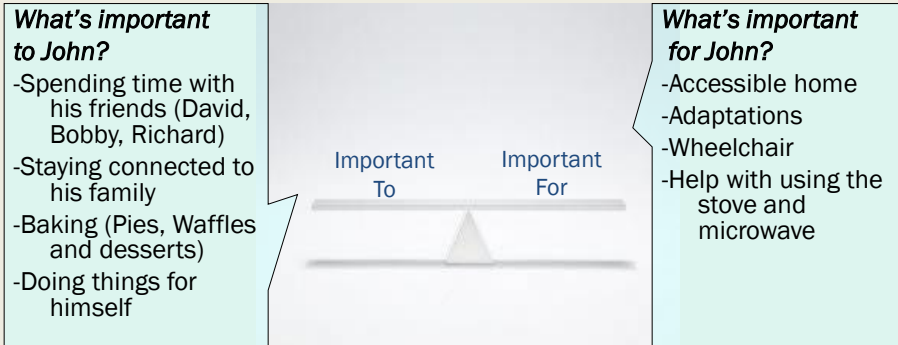


Outcome: John works as a Trainer so that he makes more money and can afford to do fun things in the community with his friends.

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Example of Outcome Statement



Outcome: John bakes pies and invites friends/family over for dessert so that he can stay connected with the people who are important to him.

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WHAT GETS IN THE WAY OF WRITING GOOD OUTCOMES:

“goals, outcomes, it’s all the same thing, just different words.....”

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Two Major Beliefs

Resources are abundant, it's connections that are scarce.

Outcomes must lead the search for interventions. Interventions should NOT lead our search for outcomes.

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What Is an Outcome?



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An event, occurrence,
or condition

AFTER

services have been
provided

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Outcomes: what are they?

*Specific description of the experience or situation that will exist as a **result** of the specific actions that are taken or support received. It is the expected state, not the current state.*

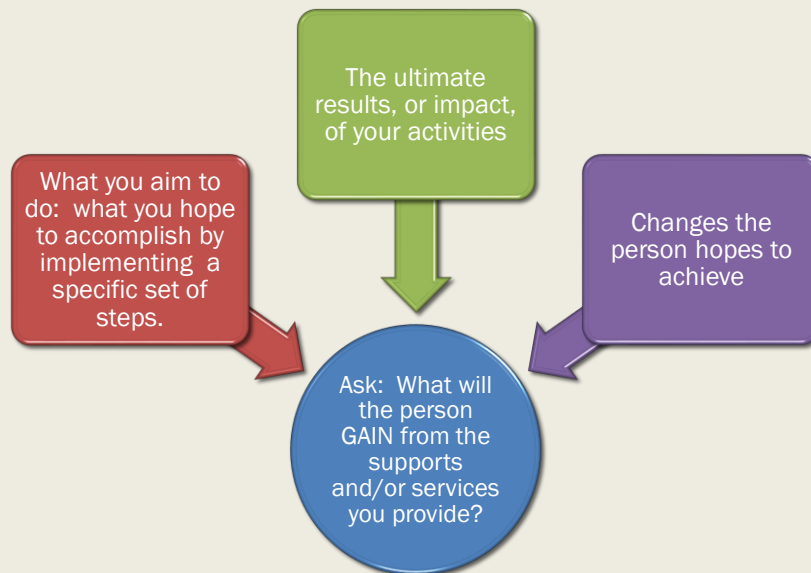


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Outcomes Describe:



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The big difference:



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Goals and outcome statements are NOT the same---

- Goals are passive, hopeful, but not definitive, it's okay not to reach a goal.
- Outcomes are about the results that are desired, failure is not an option

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Services are not outcomes! Examples that are NOT outcome statements:

I want a day program.

I want to go to physical therapy.

I want speech therapy.

I want to be in the workshop.

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Quality of Life or Person-Centered Outcomes (Blue) vs. Traditional System-centric Goals (Red)

- Laura exercises in Zumba Class at the Rocky Run YMCA so that she meets new friends and stays fit.
- *Laura will exercise three times a week with verbal prompts for 6 consecutive months by 12/23.*
- Jenny takes a class at the Community College of Allegheny County so that she can meet new people and learn how to prepare healthy, tasty meals.
- *Jenny will participate in 1 social/recreational outing a week with staff supervision until 12/23.*

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Writing Outcome Statements

Begin with the aim of the outcome: Using the person's name followed by an action verb or phrase

It is helpful to complete the statement with how it will make a difference using the phrases "so that/in order to"

If it wouldn't make sense for a person without Intellectual and Developmental Disabilities, then don't do it!

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Outcome Examples

- Mary volunteers at a day care center so that she gets to spend time with children and knows that she is needed.
- Bernice sings with the choir on Sundays so that she stays active and connected to people in her church.
- John delivers mail at the hospital in order to gain job skills.
- Carol organizes photos from weddings and parties into small albums in order to give them as gifts to her friends and family.
- Jake sustains his close relationship with his family so that he feels safe.

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The Most Important Question:

Before developing outcome statements, the team should figure out:

*How does this relate to What
Is Important
TO the person?*

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Examples of Outcome Statements

This is what's
important TO
Cynthia

- Cynthia **joins the Allentown Hiking Club.....in order to enjoy the outdoors and maintain her weight.**

This is important
FOR Cynthia

- Suzanne **works at Sheetz.... So that she makes enough money to pay her bills, and so that she does not have to take a bus to work.**

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5 Questions that help us know if an Outcome is Person-Centered



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1. When looking at an outcome, can we identify what is Important To the person?

2. Are Outcomes related to health/safety (Important For) addressed within the context of what is Important To the person?

3. Will the action steps help the person achieve their desired outcomes?

4. Can you measure if the outcome is present in the person's life? Identify how.

5. What services and supports are needed to help the person achieve this outcome?

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What are SMART Goals

- Statements of the important results you are working to accomplish.
- Designed in a way to foster clear and mutual understanding of what constitutes expected levels of performance and success.

What is the SMART criteria?

- **S**=Specific What will be accomplished? What actions will you take?
- **M**= Measurable What data will measure the goal? (How much? How well?)
- **A**= Achievable Is the goal doable? Do you have the necessary skills and resources?
- **R**=Relevant How does the goal align with broader goals? Why is the result important?
- **T**=Time-Bound What is the time frame for accomplishing the goal?

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Where to start?



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Outcomes
suggest
goals.

Goals
suggest
actions.

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What People Like & Admire About Mitch

- He's intelligent & resourceful
- Silly
- Insightful
- Complex & interesting
- Decisive
- He's a spectacular person



What is Important TO Mitch

- To interact on his own terms
- Spending time with his family
- Honesty
- Going for walks
- Listening to soft music and watching nature movies

Supports Mitch needs to be Happy, Healthy and Safe

- Learn how he communicates so he is understood
- Be flexible with activities and follow Mitch's lead on when he wants to leave
- Talk with his family daily and be honest with them
- It is best to always walk behind him in order to respond to his needs

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Example Outcomes for Mitch

- Mitch lives by himself in a suburban neighborhood with assistance from neighbors and paid supporters so that he is no more than 30 minutes from his family and visits with them every Sunday.
- Mitch walks to neighborhood stores and parks in order to learn his new neighborhood, and discover who has free food samples, and make new friends.

Examples of SMART goals to help Mitch reach his outcomes.

- Mitch organizes his daily routine with assistance from paid supports to increase his comfort around places and people
- Mitch shops weekly at the grocery store with assistance from paid supports to purchase foods he likes in order to help him manage his diabetes

What We Love About Emma:

- Hard Worker
- Role Model
- Great Co-Worker
- Outspoken
- Helpful to Everyone
- Knows What She Wants

Emma



Important Things to Know about Emma...

- Having time to myself in my room is crucial
- Taking medicine for anxiety is hard for me.
- I need time to talk on the phone with my family and friends
- No interruptions when I am talking on the phone
- Getting to work in a job I enjoy
- Sticking to my routines

A Few Things That Are Important TO ME...

- Hanging with my friends, making new friends
- Talking on the phone with my friends and family
- Doing things I enjoy (church, Cardinals games, video games)
- I love my penguin collection
- Time to be in my room by myself
- Decorating my room the way I like

Best Supports for Emma (from discovery):

- Help me connect with friends more often
- Help me get to and from activities I enjoy
- Talk to me in a calm voice if you have to interrupt me when I am on the phone
- It is ok for me to stay in my room
- Support me to learn what I need to learn so I can get a better job and move into my apartment someday...one day I might live alone-right now I want people around me

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Example outcomes for Emma

- Emma attends courses at Eastern Cali Community College so that she can follow the best educational path to help her with her dream of helping others with disabilities.
- Emma takes the bus to work, social activities, and for errands in order to independently travel to the things she needs and wants to do.

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Examples of SMART goals to help Emma reach her outcomes

- By November 1, 2023, Emma meets with a guidance and admissions counselor to learn about possible courses of study for people who want to help those with disabilities.
- By November 15, 2023, Emma has audited 2 community college classes related to her interests.
- By November 30, 2023, Emma chooses a preliminary course of study for her community college enrollment.
- By December 31, 2023, Emma has enrolled in her first semester of community college at ECCC.

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Each of us want lives where:



(graphic from The Learning Community of Person Centered Practice, Inc.)

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Help people get better lives

Not just better paper

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Support the person to be healthy and safe within the framework of what is Important To them

Important To



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Important For



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Support the person to be healthy and safe within the framework of what is Important To them



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Supporting Good Balance

Support the person in having a reasonable balance between important to and important for present in their life, within the available resources.

Important
To

Important
For

- People
- Purpose & Meaning
- Status & Control
- Culture & Identity
- Things To Do
- Routines
- Pace Of Life
- Things To Have

- Health & Safety
- Being Valued

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Measuring Progress

It is important that evaluative strategies are developed that let us know if our supports and services are making a positive difference in the lives of people receiving supports

- Are people reaching their desired outcomes? What is different in the person's life? What new or different thing is happening from when you started?
- How does the system record/verify/check this?

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Two Ways to Show Progress

Differences in the Person's Life

- Observable changes in the person's life
- Internal (within the person's life)
- Related to 'so that'

Documentation Methods

- System changes
 - *Quarterly*
 - *Learning logs or monthly reports*
- External (within the formal system)
- Directly record progress related to 'so that'

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Two Ways to Show Progress

Outcome Statement:

John works as a trainer so that he earns more money.

Differences in the Person's Life

Example

- John's personal income increases.
- John has a schedule for training
- John delivers training more frequently

Documentation Methods

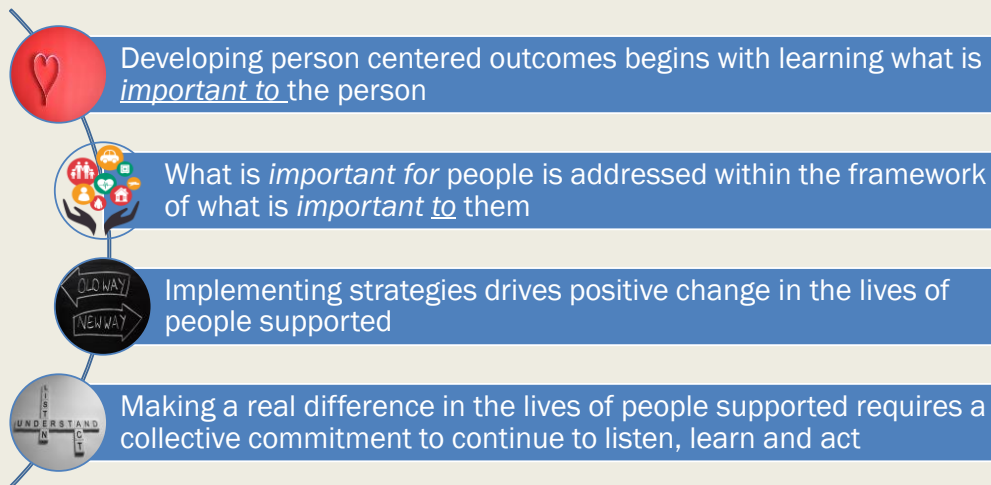
Example

- Staff records training dates and contact made in the learning log and quarterly reports
- John's personal income increases as documented in his financial ledger.

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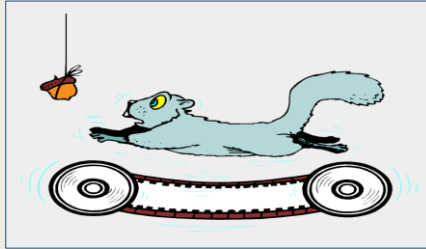
Tying it All Together It's About the Person – Not the Process



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If you always do what you always did . . .



. . . you will always get what you always got.

Kenneth W. Jenkins, President, Yonkers, NY, NAACP
 OR
 Henry Ford
 OR
 Albert Einstein
 OR
 Tony Robbins

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A Story about an Orange



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Questions and Answers (from chat)

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