PUTTING THE PERSON FIRST AND RESPECTING DIVERSITY OF NEEDS

MODULE 4

MODULE 4 OUTLINE

1

Learning Objective 1

Explore what it means to "put the person first."

2

Learning Objective 2

Define the values that promote inclusivity and are critical to meeting the diversity of individual needs.

3

Learning Objective 3

Clarify essential knowledge, attitudes, and skills that support an effective person-centered planning process.

4

Learning Objective 4

Identify organizational and staff responsibilities in the implementation of person-centered planning and care.

CORE PRINCIPLE

PUTTING THE PERSON FIRST AND RESPECTING DIVERSITY OF NEEDS

WHY FOCUS ON PUTTING THE PERSON FIRST AND RESPECTING THE DIVERSITY OF NEEDS?

1. To meet the basic needs of the individuals we serve
2. To provide access to services that are related to the identified basic needs
3. To assess individual strengths and integrate these strengths into the achievement of treatment/service goals
4. To provide treatment and recovery planning that addresses the unique circumstances, history, needs, expressed preferences, and capabilities of each individual receiving services

WHY FOCUS ON PUTTING THE PERSON FIRST?

- Each person is a unique individual with the right to determine their own path towards health and well-being.
- Recovery is an individual process – care and services are tailored to a person's preferences, life circumstances, and aspirations which are integrated with their community of supports.
- Everyone's behavioral health and well-being is affected by multiple intersecting factors – biological, psychological, social and economic, as well as family context and cultural background, personal values, and spiritual beliefs.

WHY FOCUS ON RESPECTING THE DIVERSITY OF NEEDS?

The starting point for recovery-oriented practice is to assess, plan, and deliver all services that first address basic needs such as shelter, food, medical, access to benefits, and safety.

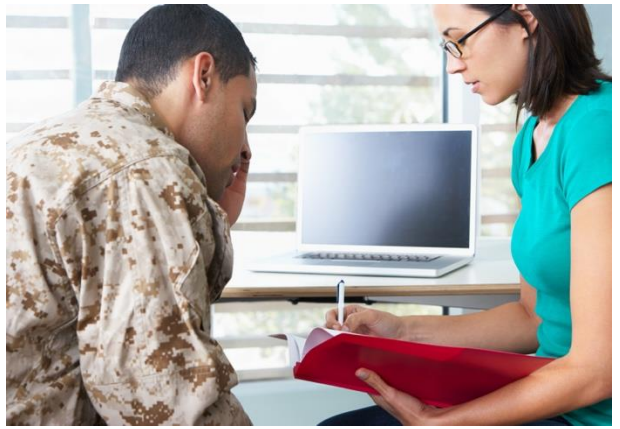
The unique circumstances, history, needs, expressed preferences, and capabilities are assessed to tailor services unique to the individual and their recovery.

Recovery-oriented practices acknowledge that not all groups have equal access to behavioral health services, supports, and treatments. Services seek to overcome the adverse impacts on behavioral health and well-being.

RESPECTING THE DIVERSITY OF PEOPLE'S NEEDS

It is essential to respect and be responsive to people at different stages of life, from diverse backgrounds and sexual orientations, of all religious beliefs and spiritual practices, language groups and communities, and those who live with physical disabilities.






VALUES & ATTITUDES

PUTTING THE PERSON FIRST AND RESPECTING DIVERSITY OF NEEDS

VALUES AND ATTITUDES

- Believe in the ability and right of a person to make their own life decisions.
- View people in the context of their whole selves and lives.
- Appreciate the complexity of needs and aspirations across cultural, spiritual, social, economic, emotional, and physical realms.
- Accept that identity and personhood are not limited or defined by a person's behavioral health status.

Mental Health Commission of Canada (2015)

VALUES AND ATTITUDES

- Respect and accommodate diverse views on
  - mental health and substance use challenges and barriers
  - well-being
  - treatment and services
- Acknowledge personal beliefs as valid and relevant to behavioral health.
- Recognize that individuals express their personal identities differently and have many ways of relating to others, including family, community, and society.

Mental Health Commission of Canada (2015)

VALUES AND ATTITUDES: CULTURAL COMPETENCE

- ***Cultural competence,*** fundamentally, is the ability to recognize the importance of race, ethnicity, and culture in the provision of behavioral health services.
- It acknowledges that people from other cultural groups do not necessarily share the same beliefs and practices or perceive, interpret, or encounter similar experiences in the same way.
- It is set of attitudes, strategies for personal self-awareness, and cultivation of skills and behaviors around diversity to work effectively with persons in our care.

A set of congruent practice, skills, attitudes, policies, and structures which come together in a system, agency, or among professionals and enable that system, or those professionals to work effectively in cross cultural situations.

Cross, Brazron, Dennis, & Issacs (1989)

Substance Abuse and Mental Health Services Administration (2015)

CULTURAL COMPETENCE REQUIRES COMMITMENT

- As an organization, cultural competence is a multi-faceted and ongoing process that begins with ***awareness*** and ***commitment*** that evolves into culturally-responsive, person-centered organizational policies and procedures.
  - Developing awareness involves being open to learning, taking time and taking risks, sitting with uncertainty and discomfort, and not having quick solutions or easy answers.
  - Making an ongoing commitment means having a willingness to be more transparent in evaluating current services and practices, and in developing policies and practices that meet the diverse needs of the persons served.

WHAT WE KNOW

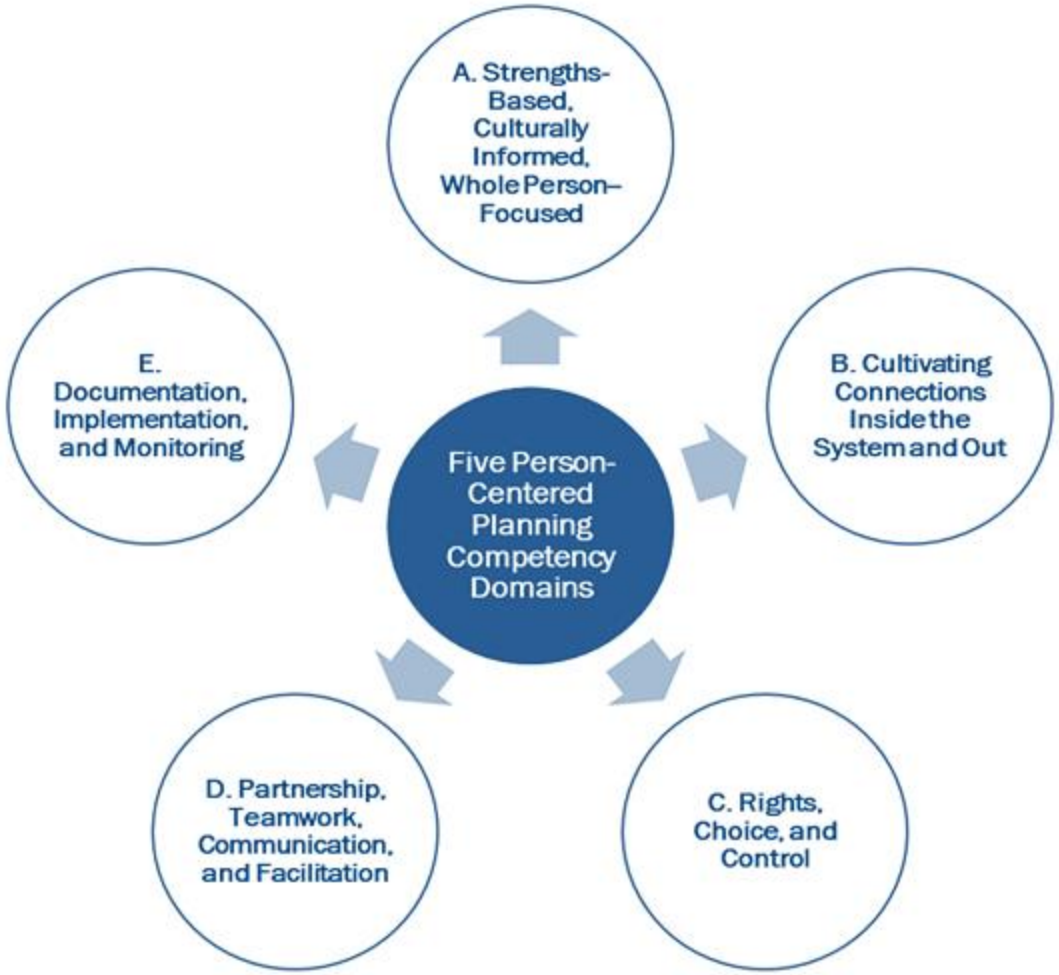
PUTTING THE PERSON FIRST AND RESPECTING DIVERSITY OF NEEDS

PERSON-CENTERED PLANNING

1. The person is at the center.
2. Family and friends are partners in planning.
3. The plan reflects what is important to the person, his/her capacities, and what support is required.
4. The plan results in actions that are about life, not just services, and reflects what is possible, not just what is available.
5. The plan results in ongoing listening, learning, and further action.

NEEDED KNOWLEDGE BASE: PERSON-CENTERED PLANNING

- Service providers are “facilitators” of person-centered planning.
- They need certain skills and abilities (competencies) to make person-centered planning work.
- There are five competency domains that support an effective person-centered planning process.



Tondora, Croft, et al. (2020)

STRENGTHS-BASED, CULTURALLY INFORMED, WHOLE PERSON–FOCUSED

- Demonstrate self-awareness and practice cultural humility; intentionally develop personal cultural competence skills.
- Learn about a person's cultural and linguistic preferences, values and beliefs, customs, and other cross-cultural differences.
- Skillfully use planning techniques that foster goal discovery and self-direction.
- Convey high expectations for meaningful outcomes across a broad range of quality-of-life areas.
- Create a comprehensive, strengths-based profile with the person.

Tondora, Croft, et al. (2020)

CULTIVATING CONNECTIONS INSIDE THE SYSTEM AND OUT

- Understand the systems and supports a person may choose to access across a range of health, human services, employment, education, spiritual, cultural, and safety net areas.
- Understand basic issues related to different populations served (age, gender, disabilities, etc.).
- Promote the person's connection to natural community supports and relationships that matter most to them.
- Actively involve family caregivers and/or other supporters in accordance with the preferences of the person.
- Support the right of the person to have a meaningful life in the community.

Tondora, Croft, et al. (2020)

RIGHTS, CHOICE, AND CONTROL

- Presume competence among persons served.
- Understand the concepts of dignity and risk.
- Provide basic education about rights, including the right to be free from discrimination.
- Support people to advocate for themselves.
- Practice supported decision-making using strategies to assist the person to make and communicate decisions about their life.
- Understand and recognize abuse, neglect and exploitation, and how to handle these issues.

Tondora, Croft, et al. (2020)

PARTNERSHIP, TEAMWORK, FACILITATION, AND COORDINATION

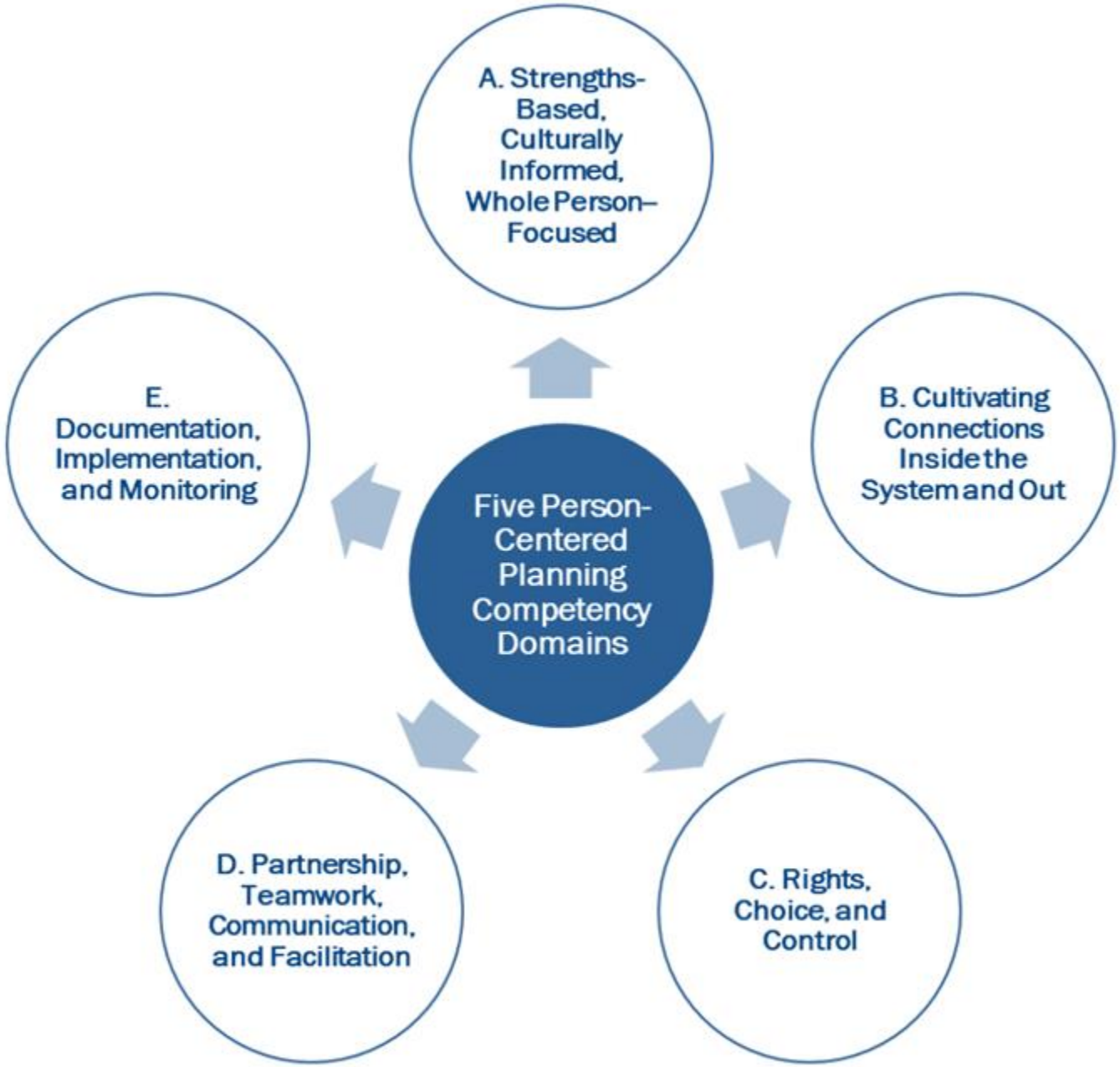
- Attend to language and respect the preferences of the person.
- Respect the person's input regarding the planning of meetings, areas for discussion, and preferences.
- Facilitate meetings in a respectful and professional manner.
- Make space for contribution of all team members, making sure the person's voice is heard.
- Understand and know how to work through conflicts.
- Maintain a focus of the conversation on the person's desired goals and outcomes.

Tondora, Croft, et al. (2020)

PERSON-CENTERED PLAN DOCUMENTATION, IMPLEMENTATION, AND MONITORING

- Actively include the person's strengths, interests, and talents in their plan and its implementation.
- Write plans using the person's preferred name and language, and identity preferences throughout.
- Frame goal statements using language that is clear and accessible.
- Reflect the services and supports in plan documentation.
- Solicit ongoing feedback from the person and their supporters on progress and concerns, making needed revisions to the plan.
- Monitor and oversee the implementation of the plan.

Tondora, Croft, et al. (2020)



DISCUSSION

Based on the presentation of essential skills and abilities that are necessary to effectively facilitate person-centered planning in support of, and alongside, people receiving services…

WHAT AREAS DO YOU BELIEVE NEED THE MOST ATTENTION IN OUR ORGANIZATION TO PREPARE STAFF TO BE EFFECTIVE "FACILITATORS"?

APPLICATION TO PRACTICE

PUTTING THE PERSON FIRST AND RESPECTING DIVERSITY OF NEEDS

FEDERAL IMPETUS FOR PERSON-CENTERED CARE

- **Section 2402(a) of the Affordable Care Act (2010)** requires all states receiving federal funds develop service systems that are responsive to the needs and choices of persons receiving home and community-based long-term services (HCBS), maximize independence and self-direction, provide support coordination to assist with a community-supported life, and achieve a more consistent and coordinated approach to the administration of policies and procedures across public programs.

FLORIDA'S IMPETUS FOR PERSON-CENTERED CARE

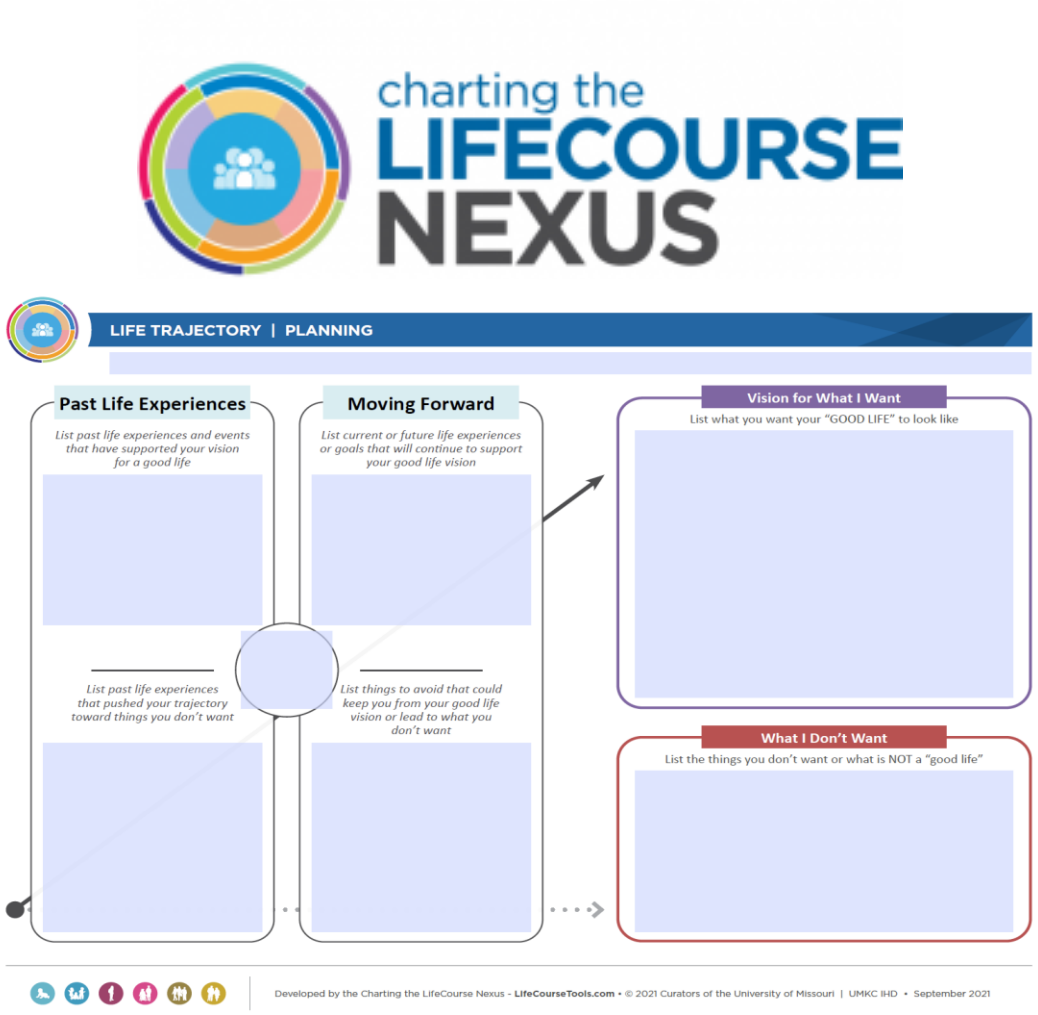
- **Section 394.4573, Florida Statutes**, provides for a coordinated system of care, annual assessments, performance measures, system improvements, and reports.
- The law references ***"no-wrong-door"*** language to emphasize that individuals come to treatment or other services through many pathways and follow diverse paths in recovery.
- "No-wrong-door" refers to a model for the delivery of acute care services to persons who have mental health or substance use disorders, or both.

RESOURCES FOR IMPLEMENTATION OF PERSON-CENTERED PLANNING

- **The National Center on Advancing Person-Centered Practices and Systems (NCAPPS)**
- Access the Center at https://ncapps.acl.gov

- NCAPPS is an initiative from the Administration for Community Living and the Centers for Medicare & Medicaid Services that helps States, Tribes, and Territories implement ***person-centered thinking, planning, and practice*** in line with U.S. Department of Health and Human Services policy.
- NCAPPS partners with a host of national associations and subject matter experts to deliver knowledgeable and targeted technical assistance.

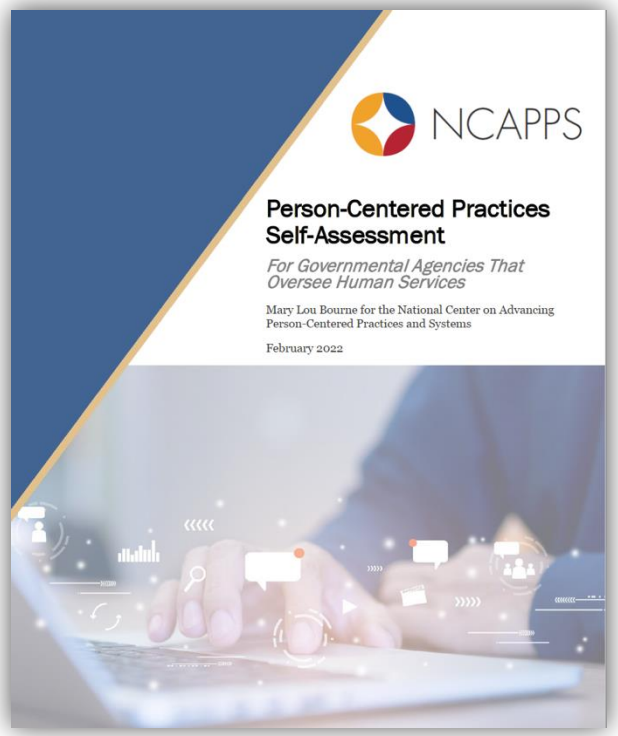
RESOURCES FOR IMPLEMENTATION OF PERSON-CENTERED PLANNING



- The **Charting the LifeCourse** framework was developed by families to help individuals with disabilities and families at any age or stage of life develop a vision for a good life, think about what they need to know and do, identify how to find or develop supports, and discover what it takes to live the lives they want to live.
- A variety of resources are available to facilitate visioning, planning, learning, etc.
- https://www.lifecoursetools.com/

HOW DO WE MOVE AHEAD?

- First step: Conduct a ***Person-Centered Practices Self-Assessment***



- It measures progress in eight different domains:
  - **Leadership**
  - **Person-Centered Culture**
  - **Eligibility and Service Access**
  - **Person-Centered Service Planning and Monitoring**
  - **Finance**
  - **Workforce Capacity and Capabilities**
  - **Collaboration and Partnership**
  - **Quality and Innovation**

PRACTICES/ACTIONS FOR ORGANIZATIONS

Align	Align person-centered planning standards with organizational program and practice standards to embed the structure.
Commit	Make a commitment to advance policies and practices that put the person first and meet their diverse needs.
Create	Create an organization culture that believes in the ability and right of a person to make their own life decisions.
Support	Support staff to develop personal competencies as “facilitators” of person-centered care through ongoing training and supervision.
Measure	Establish goals for expanding or improving person-centered practices and culturally-responsive care; measure periodically.

PRACTICES/ACTIONS FOR STAFF

Explore	Explore your individual cultural competence; consider your skills, knowledge, and awareness in your interactions with others.
Build	Continually build the knowledge, skills, and attitudes for effective facilitation of person-centered planning and service delivery.
Engage	Engage with the systems and supports a person may choose to access across a range health, human, and other service areas.
Use	Use an evidence-based, structured process for conducting person-centered planning actions, sessions, and documentation.
Advocate	Be an advocate for person-centered care/suggest creative strategies to address the needs and desires of the person.

QUESTIONS FOR REFLECTION

PUTTING THE PERSON FIRST AND RESPECTING DIVERSITY OF NEEDS

Direct Service Providers: To what extent do you believe you align clinical or support services you deliver with culturally and linguistically competent, person-centered assessment, planning, and monitoring practices?

Managers: How has our agency engaged people of all cultural and ethnic backgrounds who use our services to be involved in program changes/new developments and have a valued role in providing feedback regarding our system?

Administrators: Can you describe how our mission, vision, and values connect directly to a set of standards that reflect person-centered policies, procedures, and practices in our service delivery?

REFLECTIVE PRACTICE QUESTIONS

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THANK YOU!

QUESTIONS?