


Person Centered Planning 101

St. Clair County
Community Mental Health
Promoting Discovery & Recovery Opportunities for Healthy Minds & Bodies

2024

Course Objectives

Through the Person Centered Planning process, individuals served through CMH will identify their hopes, dreams and plans for the future. An Individual Plan of Service will be developed through this process.

This course will provide an overview of the Person Centered Planning process, including:

- Values, Principles and Responsibility
- Roles of the participants
- Relationship between IPOS document and the PCP process

Michigan Mental Health Code

- Person Centered Planning has been required by the Mental Health Code since 1996.

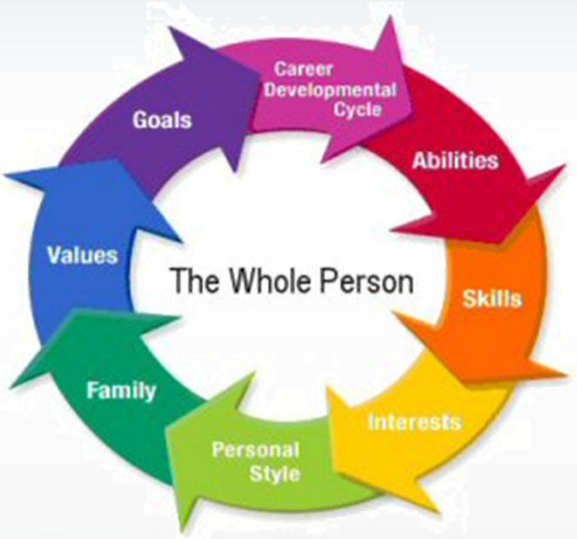
  PCP as defined by the code, "means a process for planning and supporting the individual receiving services that builds upon the I individuals capacity to engage in activities that promote community life and that honors the individuals preferences, choices and abilities"

- The Code requires the use of Person Centered Planning for development of the Individual Plan of Service which is the document developed through the process

Person/Family Centered Process

This strength based approach always:

- ✓ Establishes near and long term goals
- ✓ Relies on the individual and their chosen supports
- ✓ Is directed by the individual
- ✓ Compliments the Recovery Pathways
- ✓ Encompasses treatment recommendations
- ✓ Enhanced through assessments and other forms of pre-planning



PCP Values and Principles

PCP is a highly individualized process designed to respond to the needs and desires of the individual served. It is a positive, strength based approach that:

- ✓ Empowers individuals to direct the planning process
- ✓ Develops a meaningful life in the community
- ✓ Establishes chosen goals and outcomes
- ✓ Honors and implements choices
- ✓ Contributes to the community
- ✓ Recognizes the individuals cultural background
- ✓ Utilize least restrictive interventions to achieve outcomes
- ✓ Always looks toward maximizing independence and discharge planning.

Elements of PCP

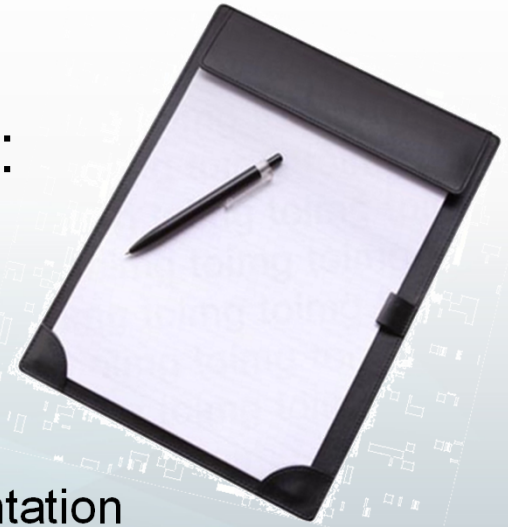
- Person Directed: where meetings are held, what is discussed and who is invited
- Person Centered: focus on the individual, not the system or the family/guardian
- Outcome Based: measurable progress toward identified medically necessary goals
  - ❖ Goal is often direct quote from individual; Objective are steps toward achievable goal
- Information: individual has knowledge of the array of service options
- Independent Facilitation: offered choice of support to facilitate the PCP meetings
  - ❖ Facilitator is chosen by individual and can be: him/her self, family member, friend, chosen representative, caseholder or Independent Facilitator
- Pre-planning: opportunity to gather information
- Wellness: inclusion of an integrated approach to health
- Participation: exploration and involvement of personal allies

Exploring Allies

- Process begins at Pre planning
- Use methods like charting or listing people who are influential
- Indicate the current relationship status
- Think beyond service providers
- Consider natural supports (friends, family), community supports (clerks, managers, churches), other resources (local/state/federal agencies)
- Role of primary caseholder is to assist in maximizing natural, community and CMH resources

Recording the Meeting

- Recording options are endless and much like PCP should be individualized. Methods historically used are-MAPS, PATH, PFP, Circles and ELP.
- Examples of method options include:
  - ✓ Charts, markers, drawings
  - ✓ Table top charts and markers
  - ✓ Secretary style note taker
  - ✓ Prepared index card topics
  - ✓ Technology-computer for collaborative documentation



Agency Standards

- Individual Awareness/Knowledge: information is understandable and accessible
- Person Centered Culture: policy, training and supports are available
- Training: all staff are provided with PCP philosophy training and direct care staff are trained on the written plan when directly involved
- Roles and Responsibility: the plan indicates, specifically who will be responsible for each item identified whether individual, natural or paid support
- Quality Management: best practices, training and satisfaction measured to ensure consistency and achievement

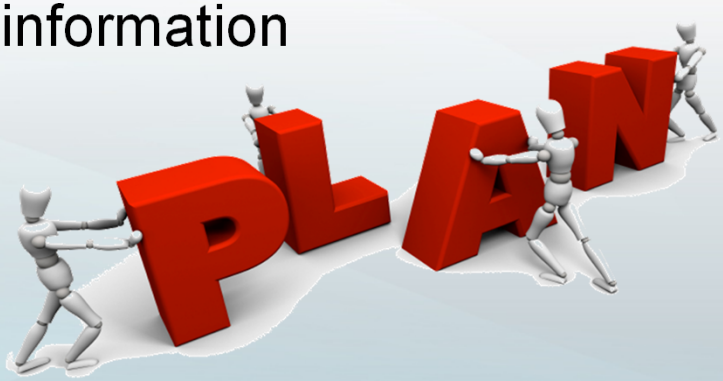
Barriers to Consider

- Individuals may encounter various barriers that can affect achieving their dreams and goals and may require others to mention for discussion. Some include:
  - Communication
  - Mobility
  - Transportation
  - Vulnerability
  - Financial Security
  - Lack of personal responsibility
  - Lack of allies
  - Social Acceptance
  - Privacy

IPOS Document

The IPOS document must include the items gathered through PCP and its elements and additionally, must include:

- ✓ The date the services begin
- ✓ The specified scope, duration and amount of service related to goal/objective
- ✓ Transition/Discharge and option of a Crisis plan
- ✓ Satisfaction and Recipient Rights information
- ✓ Timeframe for reviewing the plan



Person Centered Planning And IPOS Should Always..

- Be about, for and guided by the individual
- Based on strengths, personal wishes and needs
- Result in meaningful activities
- Increase participation in the greater community and
- Allow for choice

Exit Course and Take Exam

You have reached the end of this course. Please click the “EXIT” tab in right hand corner of this slide to exit course and take exam.