

| | | | | |
|---|----------------|--|---------------|--|
| COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEASTERN MICHIGAN | | <i>Policy and Procedure</i> | | |
| Department: Clinical Services | | # of Pages: 8 | | |
| Policy Name: PERSON CENTERED PLANNING | | Type of Policy: [] WCHO [<input checked="" type="checkbox"/>] Regional [] Network | | |
| Policy Number 12.011 | Effective Date | Revision Date | Approval Date | |
| Administrative/Board of Directors Sign Off | | | | |
| Administrative Signature: | | | Date: | |
| Board of Directors Signature: | | | Date: | |

I. PURPOSE

To establish a framework for the provision of Person Centered Planning and Practice to persons receiving supports and services through the Community Mental Health Partnership of Southeastern Michigan (CMHP).

II. APPLICATION

All recipients while under the care of any CMHP staff, students, volunteers and/or contractual agencies within the provider network.

Persons with legal guardians will be included in person centered planning. Wherever possible, guardians shall be educated regarding the values and principles of person centered planning and encouraged to offer the person served maximum input and control over choices and decisions.

Parents and significant family member of minors shall participate in the planning process unless:

1. The minor is fourteen years of age or older and has requested services without the knowledge or consent of parent, guardian, or person in loco parentis within the restriction of the Mental Health Code.
2. The minor is emancipated.
3. The inclusion of the parents(s) or significant family members would constitute a substantial risk of physical or emotional harm to the person or substantial disruption of the planning process as defined in the Mental Health Code. Justification of exclusion shall be documented in the clinical record.

Persons with emergent or urgent needs, including those which present an imminent danger to self or others, or a health and safety risk, shall receive those immediate services needed to assure the person’s well being and stabilization of the situation. To the extent possible, person centered values and principles will be honored in the provision of emer-

gency services, although the complete Person Centered Process may not be feasible. Limitations of choice and rights will be only those sufficient and necessary to assure the health and safety of the person and others. Following stabilization of the situation, should the person continue in services with the CMHP, the person shall be invited to participate in Person Centered Planning.

Persons expressing a need or making a request for a single support or service, or short term services, will be offered services based upon the principles in this policy, assuring maximum choice, control and individualization of services. Persons will be invited to participate in Person Centered Planning if desired. This may include futures planning for children or adults living with family members, particularly when it is anticipated that additional supports will be needed over time.

All persons expressing complex needs which involve multiple life domains and supports, services or treatment of an extended duration will receive supports and services through the Person Centered Planning Process.

All programs and services provided directly by the CMHP or through contractual agreements with service providers are obligated to follow these guidelines.

III. DEFINITIONS

Client Services Manager/Supports Coordinator: A designated individual responsible for assisting the individual in accessing needed supports and services. Activities include needs assessment, pre-planning, planning, coordinating, monitoring and evaluating the effectiveness of needed supports and services.

Emancipated Minor: The termination of the rights of the parents to the custody, control, services and earnings of a minor which occurs by operation of law or pursuant to a petition filed by a minor with the Probate Court.

Emergency situation: A situation where the individual can reasonably be expected within the near future to physically injure himself, herself, or another person; or is unable to attend to the need for food, clothing, shelter or basic physical activities, and this inability may lead in the near future to harm to the person or to another person; or, the individual's judgment is impaired, leading to the inability to understand the need for treatment or support which can be expected to result in physical harm to self or others. The sudden disruption of the person's system of supports may constitute an emergency if s/he is unable meet basic needs and maintain health and safety in the absence of these supports.

Family member: A parent, stepparent, spouse, sibling, child, or grandparent of a primary consumer, or an individual upon whom a primary consumer is dependent for at least 50 percent of his or her financial support.

Guardian: A person appointed by the court to exercise specific powers over an individual who is a minor, legal incapacitated or with a developmental disability.

Individual Plan of Services/Person Centered Plan: A written individualized plan of supports and services directed by the individual as required by the Mental Health Code. This plan may include both support and treatment elements.

Minor: A person under the age of 18 years.

Person Centered Planning: A process for planning and supporting the individual receiving services that builds upon the individual's capacity to engage in activities that promote community life and that honor the individual's preference, choices, and abilities. The person centered planning process involves family, friends and professionals as the individual desires or requires. The process is directed by the person and focuses on his or her desires, dreams, strengths and needs for support.

IV. POLICY

V. EXHIBITS

VI. REFERENCES

Michigan Mental Health Code, Public Act 258 of 1974, as amended - 330.1409(1-7), 330.1700(g), 330.1707(1-5), 330.1712(1-3)

Department of Community Health Person- Centered Planning Guideline - Working Draft, May 19, 1997

Michigan ReNewed Habilitation Supports Waiver FY 1996-2000, Section 7: Person Centered Process, April 1996

The Howell Group, Statement on Person Centered Planning, 1994

VII. VALUES/PRINCIPLES

Planning shall be based upon individual strengths and abilities and shall presume competence and assume readiness.

Each individual has the ability to express preferences and to make choices with appropriate supports. The capacity for growth and choice shall be recognized in all persons.

Individual choices and preferences shall always be honored, if not always granted.

The individual's perceptions, expressions, thoughts, and experiences are the most valid avenue of relatedness.

Only the person him/herself can develop his/her potential. Person centered services and supports create a climate and context for that development.

Professional services shall be made available to individuals as part of a full array of supports and services and provided based upon individual interest, preference and need. Pro-

Professional services are offered in the context of providing resources and opportunities and will facilitate a climate of safety for growth.

Planning shall promote the provision of services to children within the context of their family and to adults in the home of their choice.

Supports and services are provided with the goal of promoting meaningful connections through relationship, work, recreation and community involvement.

Services shall promote growth, maximum independence, and interdependence within the context of natural support systems, and community membership and recognition.

Community inclusion and participation include choice and control over living arrangements, relationship building, opportunities to contribute and be productive, and leisure and recreation.

Community accountability for services includes addressing health and safety concerns, assuring fairness, equity and privacy and assuring quality.

VIII. PRACTICE STANDARDS

A. Needs Assessment and Pre-Planning

All eligible persons are informed of their right to engage in Person Centered Planning. The person is offered the opportunity to express needs, desires and preferences. Any needed accommodations for communication are provided. Pre-planning begins with the person's initial contact with CMH. Information gathering activities include eliciting information with regard to the person's needs for food, shelter, clothing, health care, employment opportunities, educational opportunities, legal services, transportation and recreation, as defined by the Mental Health Code.

The needs assessment and planning process shall acknowledge that the person and those closest to him/her know the individual best. Information may be gathered from family, friends, co-workers teachers and current service providers with the permission of the person.

Potential issues of health and safety are explored and discussed to determine if there is a role for other professionals to provide additional information, opinions or recommendations for supports and services. Such services are arranged for and provided based upon needs assessment and pre-planning activities.

As a result of health or safety concerns, or court ordered treatment, limitations may exist for individual choice. Within the context of any such limitations the individual will be offered the maximum input and control over decisions.

If the individual currently has a legal representative, the level of and/or the appropriateness of the legal restriction shall be reviewed in light of expressed desire for independence.

Valued outcomes are identified from the perspective of the individual.

Potential sources of services and support, including natural, generic, and specialized supports are explored fully with the person. Initial expectations of the service delivery system are identified. Satisfaction with any current services and supports is explored.

Persons are assisted in exploring their support network to identify who they would like involved in the person centered planning process, and are offered support and assistance in inviting those persons to participate. Persons are also offered the opportunity to identify which professionals or support providers they would like to participate in their planning meeting.

Within the context of support for communication needs, and education regarding potential options, the person is given ongoing opportunities to express preferences and make meaningful choices. Choice making shall include adequate information regarding options available. Opportunities for exploration, dialogue and experimentation shall be provided. The service system shall provide education, supports and skill development when needed to support the person's development of the ability to make meaningful choices. The knowledge of those closest to the person regarding the person's preferences shall also be honored and acknowledged.

The person is offered the opportunity to identify what information will be shared and discussed during the planning meeting in the presence of all participants and what information should be discussed privately.

The person is also offered the opportunity to select a facilitator who will facilitate the meeting on his/her behalf. Ideally, this will be the person him/herself, an advocate, or a person trained specifically for the task.

B. Planning

Planning occurs at a time and place convenient and comfortable to the person and others who have been invited to participate in the process.

Ground rules are established to insure that the person is the focal point, that the process is not "professionalized" and that the meeting is conducted in the manner the person chooses.

The person, and those he or she has selected, explore the desired future and valued outcomes, and determine what resources and supports are needed to support

those outcomes. The focus is on strengths, abilities and building on the capacities of the person.

The person's preferences, choices and abilities are honored in the planning process. The role of professionals is to consult and make recommendations and contributions based upon their expertise and their knowledge of the person. The person retains the right and responsibility to make decisions, and to determine who will be a part of his/her decision-making process.

The person's dreams, desires and preferences are captured in short-term and long-term outcome which are consistent with the person's values.

Exploration of resources, and the building of a support plan are to be considered in this order:

1. The person
2. Family, friends, guardian, and significant others
3. Resources in the neighborhood and community
4. Publicly funded supports and services available to all persons
5. Publicly funded supports and services available through the CMHP

A written individualized plan of supports and services shall be developed which includes those supports to be provided by natural supports, generic community supports, and the CMHP service system. Specialized supports augment, enrich and do not necessarily supplant those provided by an existing network of natural and community supports. The plan is specific as to the supports to be provided and who/how those supports will be delivered.

The plan or accompanying documentation will specify the rationale for deferring, not addressing or not providing any of the supports and services identified as needed or desired.

The plan will specify the CSM/Supports Coordination activities to be provided and the planned frequency.

C. Service Provision and Follow-Up

Supports and Services are provided as identified in the person's plan, and delivered by the providers of the individual's choice wherever possible. Depending upon the preferences of the person and/or family, the CSM/Supports Coordinator will arrange for and coordinate the provision of supports identified.

Supports and Services remain focused on the person and his/her needs, rather than on program elements or slots.

Persons are provided with opportunities to provide ongoing feedback regarding their individual supports and services. These mechanisms include both informal feedback through persons providing or monitoring supports, formal satisfaction and outcome measurement processes, and problem resolution/complaint processes.

Planning is an ongoing process. Services are tailored or adjusted over time based on changes in needs or preferences. The plan shall be updated and refined as frequently as needed. The person will be provided the opportunity for a person centered planning meeting no less than annually.

The CSM/Supports Coordinator monitors the provision of supports and services at a frequency identified in the planning process to assure implementation and to assess the effectiveness of supports in achieving the outcomes identified.

IX. ORGANIZATIONAL IMPLEMENTATION AND ASSESSMENT

Persons are provided with regular opportunities to provide feedback regarding the process used to implement person centered planning and to make recommendations and suggestions for improvements in the process. Mechanisms include the opportunity to provide feedback immediately after the Person Centered Planning meeting, ongoing contacts with the CSM/Supports Coordinator and through annual satisfaction surveys. As a part of the Self Determination Initiative, the CMHP will pilot a broad based quality of life measurement protocol which will seek to measure the impact of person centered planning and practices. Quality assurance and outcome measures will offer opportunities to examine both the planning process and the actual supports provided. This information shall be incorporated into the Quality Improvement system.

The CMHP shall maintain a Person Centered Planning Implementation team consisting of consumers, advocates, administrative staff, and direct service staff (including staff of contractual agencies). This team holds responsibility for the implementation, refinement and monitoring of the implementation of person centered planning. The Person Centered Planning team interfaces with other teams, committees and work groups to insure the infusion of person centered principles and practices in all aspects of practice and operations. The team is responsible for monitoring the established implementation plan and maintains a record of its' activities.

Agency-wide and program-specific Staff Development Plans shall incorporate elements to ensure that staff involved in managing, planning and delivering support and/or treatment services are trained in the philosophy and methods of person centered planning. The Person Centered Planning Implementation Team shall provide overall coordination of training related to person centered processes and shall maintain an annual training plan.

Additionally, the Person Centered Planning Team shall seek to identify alternatives to CSM/Supports Coordinators routinely acting as facilitators of person centered planning meetings.

X. DISPUTE RESOLUTION/APPEAL MECHANISMS

Persons have the right to access the CMH appeals, rights and problem resolutions processes if they believe that:

1. They have not received the opportunity for person centered planning
2. They have believe they have been inappropriately denied a requested service
3. They disagree with limitations that have been placed on choice or preference for health and safety reasons