

## GRATIOT COUNTY COMMUNITY MENTAL HEALTH SERVICES BOARD

Administrative Manual							
CHAPTER	SECTION	SUBJECT				POLICY #	
Program	Delivery of Board Operated Services	<b>Person-Centered Planning Policy</b>					
ADMINISTRATIVE APPROVAL				DATE	SCOPE	PAGE	
Executive Director				11/13/97	All employees, volunteers, contract agencies/providers, services and programs.	1 of 11	
Board Chairperson				11/13/97			
<b>Date Revised: 3/09/00</b>							
Date Reviewed	4/03/01REW	6/5/02REW	3/10/03 REW				

**I. PURPOSE:**

To establish policy and procedure for GCCMHSP regarding person centered planning as an integral component of service delivery.

**II. REFERENCES:**

MDCH Person-Centered Planning Practice Guidelines, September 18, 1997  
 Act 258, Public Acts of 1974, as amended, MCL 330.1409, 1700-1705, 1712, & 1713  
 GCCMHSB Services Suited to Condition Policy  
 GCCMHSB Staff Development Policy  
 Michigan's Renewed Habilitation Supports Waiver Fiscal Year 1996-2000  
 Implementation Instructions, Revised Edition, April 1996  
 GCCMHSB Appeals and Grievances Policy  
 MDCH Habilitation Supports Waiver Training October 1999

**III. DEFINITIONS:**

Active Involvement: Continuous, aggressive and prioritized activities to help a person function and live as independently as possible and gain more control over life choices.

Case Manager/Supports Coordinator: The staff person who works with the individual to gain access to and coordinate the services, supports and/or treatment that the individual wants needs, or desires.

Consumer: An individual, child/family receiving services from GCCMHSP

Client Advisory Panel: A group of individuals who are primary and secondary consumers of service. The Panel is charged with reviewing feedback received from consumers; recommending improvement in the quality of service and promoting the use of the person centered planning process.

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 in which the individual can reasonably be expected in the near future to physically injure himself, herself, or another person; is unable to attend to food, clothing, shelter or basic physical activities that may lead to future harm; or the individual's judgment is impaired leading to the inability to understand the need for treatment resulting in physical harm to self or others.

Facilitator: The person designated by the consumer to advocate for services and support on behalf of the consumer.

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 fifty percent (50%) of his or her financial support.

Guardian: A person appointed by the court to exercise specific powers over an individual who is a minor, legally incapacitated or developmentally disabled.

Individual Plan of Service/Support Plan: A written plan documenting the services required and provided to the consumer for a defined period of time, directed by the individual as required by the Mental Health Code. The IPOS/Support Plan may also be referred to as a treatment plan.

Life Domain: A single life domain may be any of the following: daily activities, social relationships, finances, work, school, safety, health, family relationships, etc.

Minor: An individual under the age of 18 years.

Multiple Life Domain: A multiple life domain is more than one life domain.

Natural Support: Is someone who is not paid to be involved in a consumer's life, and is built person by person, are reciprocal with both individuals benefiting, can be family, friends, spiritual community, advocates.

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 honor the individual's preferences, choices, and abilities. The person-centered planning process involves, families, friends, and professionals whom the individual desires or requires. The process encourages formal and informal feedback from the individual about these supports and services, the progress made, and any changes desired or required.

Responsible Mental health Agency (RMHA): A Community Mental Health Services Program responsible for arranging and/or coordinating the provision of services for the individual.

Urgent Situation: A situation in which an individual is determined to be at risk or will likely experience an emergency situation in the near future if he or she does not receive care, treatment or support services.

**IV. POLICY:**

- A. In accord with the Michigan Mental Health Code, consumers, children and/or families receiving services from GCCMHSP shall have their Individual Plan of Service developed through a person centered planning process regardless of age, disability or residential setting.
- B. It is the intent of GCCMHSP to assure that the consumer is provided with the most appropriate services necessary to achieve desired outcomes.
- C. The consumer shall be informed of their right to have a person-centered plan; preliminary plans shall be developed within seven days of the commencement of service, or if an individual is hospitalized, before discharge and release.
- D. The consumer shall be the focus of treatment planning. The wants and needs, and opportunities for personal preferences and meaningful choices of the consumer will be considered in the planning and evaluation of supports, services, and treatment. In the case of minors, the child/family shall be the focus of service planning and family members shall play an integral role in the planning process. The wants and needs of the child/family will be considered in the planning and evaluation of supports, services and/or treatment. Support mechanisms shall be in place to address the benefits and risks associated with consumer choice.
- E. The Individual Plan of Service (IPOS) shall include a treatment plan, support plan or both. Person-centered planning shall be reflected in the service delivery and treatment planning process. The plan must address inclusion of the consumer in the community and the accommodations for sensory and/or communication handicaps, and/or cultural diversity.
- F. The development of the treatment or support plan, including the identification of possible services, individuals in attendance, time and location, natural supports, health and safety needs, medication monitoring, safety of the setting, evaluation of the consumer's emergency response capacity, frequency of contacts with the consumer, intervals of service review and the nature and extent of units, and place of service delivery, shall be based upon the expressed needs and desires of the consumer.
- G. Potential issues of health and safety conditions shall be explored and discussed with the consumer, identified within the assessments and person centered plan, include the measures taken to ensure the consumer's health and safety concerns are adequately addressed and actions taken with the consumer to provide, arrange, and/or monitor services or supports.

- H. Health and safety issues shall not be used as a barrier to the achievement of an individual's identified desired outcomes. Health and safety issues should be identified with supports provided to address or remove them as barriers to the achievement of the consumer's desired outcomes.
- I. GCCMHSP will provide services oriented health and safety and shall emphasize health promotion and prevention. Dimensions of safety shall be considered and discussed with the consumers and shall include fire and emergency response; personal, household and community safety.
- J. The consumer shall be given ongoing opportunities to express their needs or desired outcomes including accommodations for communication to maximize ability for expression, identification of outcomes of value, and the expectations of the service delivery system.
- K. Consumers shall be given opportunities to provide feedback on satisfaction with the service, support and treatment and progress toward attaining valued outcomes.
- L. The consumer chart will include documented evidence that the consumer's preferences and choices were considered.
- M. The consumer will be advised of the grievance and appeals process established for dispute resolution, this shall be documented in the consumer chart.
- N. Staff involved in managing, planning and delivering support and/or treatment services shall be trained in the philosophy and methods of person-centered planning and health and safety.
- O. GCCMHSP shall require contract service providers to conduct thorough background investigations on all employees to assure the employee is of good moral character and to provide ongoing training in person-centered planning.
- P. GCCMHSP has established Values and Principles Underlying Person-Centered Planning (**Attachment A**) which will guide all aspects of service and support planning activities.

**V. PROCEDURES:**

- A. Person-centered planning processes start when the consumer makes a request for services.
- B. The Supports Coordinator/Case Manager will be responsible for determining the reason for the request. The role of the Supports Coordinator/Case Manager is assessment, support plan development, linking and coordination of supports and services, re-assessment and follow-up, monitoring or supports services.

- C. The function of the Supports Coordinator/Case Manager are:
1. Secure, schedule and provide training for support staff;
  2. Train and assist with empowerment;
  3. Manage and coordinate finances;
  4. Oversee health and safety;
  5. Arrange access to emergency assistance i.e, Lifeline;
  6. Procure generic community services;
  7. Problem solve pro-actively;
  8. Assist in the development of relationships;
  9. Pursue desired housing-relating outcomes (roommate, subsidies\_’
  10. Lead planning and delivery team;
  11. Mobilize natural supports;
  12. Perform traditional case management functions;
- D. The role of the clinician (physicians, psychologist, RN, OT, PT, ST, RD is as follows:
1. Perform general assessments;
  2. Submit reports identifying potential treatment needs and recommendations for consideration during planning;
  3. Actively participate in planning committee meetings;
  4. Active participation in the provision of monitoring of treatment modalities;
  5. May be primary provider of treatment or services.
- E. The role of the Supports Coordinator as it relates to health and safety is as follows:
1. Facilitates and coordinates clinical services to assure health is assessed and addressed;
  2. Facilitates the development of the IPOS incorporating identified health care issues; facilitates and coordinates the education of the consumer’s support network; re-assess the effectiveness of the health plan;
  3. Monitor the health plan;
  4. Assess safety;
  5. Develop a safety supports plan
  6. Coordinate and link support; services to ensure optimal safety of the consumer;
  7. Re-assess the effectiveness of the plan ad follow-up as necessary; monitor.
- F. During this process, the consumer's needs, desired future and valued outcomes are identified.
- G. The support and service plan begins by determining what consumers can do for themselves; available resources and supports within the family, neighbors and friends; community resources, and only if needed, identification of formal public supports and services.
- H. When providing consumers with ongoing opportunities to express preferences or make choices in planning their desired future the Supports Coordinator should cover the following areas:

1. Clearly explain choices and options.
2. To the extent possible, the consumer is given the opportunity to experience the options available prior to making a choice or decision. This is particularly critical for those persons who have limited life experiences in the community with respect to housing, work and other life domains.
3. A consumer who has a legal guardian will participate in person-centered planning to the maximum extent possible and will have authority not otherwise specifically delegated to the guardian. When there is a disagreement between a consumer and the legal guardian or responsible parent, a facilitator will attempt to mediate between the two parties in order to provide an outcome acceptable to both parties.
4. Parents and significant family members of minors are integral to the person-centered planning process and will be encouraged to participate in the planning process unless:
  - a. the minor is fourteen years of age or older and has requested services without the knowledge or consent of parents, guardian or person in loco parentis within the restrictions stated in the Mental Health Code; or
  - b. the minor is emancipated; or
  - c. the inclusion of an individual chosen or required by the recipient may be excluded from participation in the planning process only if inclusion of that individual would constitute a substantial risk of physical or emotional harm to the consumer or substantial disruption of the planning process. Justification of the exclusion of parents must be documented in the clinical record.
5. When providing support for health and safety the Supports Coordinator/Case Manager will consider the following:
  - a. How does the consumer define health and safety in relation to themselves?
  - b. What concerns does the consumer have regarding their health and safety?
  - c. Are their health and safety concerns a barrier to their desired outcomes?
  - d. What supports does the consumer want and need in the area of health and safety?
  - e. What input do those close to the consumer and chosen by the consumer have regarding health and safety needs?
  - f. Listen and understand what the consumer is explaining, clarify information as needed.
  - g. Prioritize health and safety needs with specific time frames citing the date of the next review.
  - h. Discuss purposes and benefits of the intervention recommended by the service provider(s).
  - i. Provide many choices for health and safety decisions including the service provider(s).
  - j. Give the consumer opportunities to try choices and options they selected.

- k. What influence does the person's values and cultural beliefs have on

- their health and safety needs?
- l. All interventions must continue to build on trust and respect with the consumer.
  - m. The consumer must be an equal partner in discussing and making decisions about their health and safety. Negotiation may need to take place in order to achieve a balance between choice and desires while ensuring health and safety.
6. Consumers will be given ongoing opportunities to provide feedback on how they feel about the service, support or treatment they are receiving and progress toward attaining valued outcomes through consumer satisfaction surveys. Additionally comments on satisfaction or dissatisfaction will be documented in the consumer's quarterly report.
- F. Consumers will choose who they want to attend their planning meeting. The number of participants will vary dependent upon the preferences of the consumer.
  - G. Typically, participants will include: the consumer, guardian, family members, natural supports, significant others, friends, supports coordinator or therapist, and other professionals and staff. If able, the consumer should extend the invitations to the planning meeting. The location and time of the meeting should be the consumer's choice and may be held in a location determined by the consumer (home, restaurant, etc.).
  - H. Consumers may elect to have ongoing support meetings in addition to their annual planning meeting; Person Centered Planning will occur more frequently if the consumer needs or requests to meet more often in response to changes in needs, desires or progress.
  - I. The Supports Coordinator/Case Manager may use the Guidelines for Elements/Strategies in Person Centered-Planning (**Attachment B**) as an aide to individualize the person-centered planning process in the following situations:
    1. When a request or need is expressed for support, service or treatment in a single life domain, or of a short duration; or
    2. The consumer expresses multiple needs involving multiple life domains for support, services or treatment of an extended duration.
    3. When a consumer is in an urgent or emergent situation, the goal is to first get the consumer's crisis situation stabilized. Following stabilization, the consumer and the Supports Coordinator/Case Manager explore further needs for assistance and if required, proceed to a more in-depth planning process. It is in this type of situation where opportunities to make choices may be limited.
  - J. The Agency will use systemic and individual level indicators to monitor the person-centered planning process:
    1. Systemic indicators include, but are not limited to:
      - a. A policy delineating how person-centered planning will be implemented.
      - b. The consumer will be informed of the right to person-centered planning and associated appeal mechanisms throughout the

course of receiving services. The Agency will investigate complaints in this area, and document the findings in accord with the GCCMHSB Appeals and Grievances Policy.

- c. The quality improvement system has established a consumer satisfaction process to actively seek feedback and provide an opportunity for the consumer to express needs and preferences, and the ability to make choices. A GCCMHSP Consumer Satisfaction Survey (**Attachment C**) is conducted annually during the third quarter Status Review; at any time requested by the consumer; or as clinically indicated. An aggregate, quarterly consumer satisfaction report detailing the results of consumer satisfaction surveys is provided to the Board of Directors, Total Quality Management Steering Committee and the Client Advisory Panel. Consumers or an individual of their choice complete the Consumer's Annual Evaluation (**Attachment D**) prior to the planning meeting. A Consumer Satisfaction Feedback Questionnaire for consumers receiving services as part of the Waiver program is also completed (**Attachment E**). The information from these documents is integral to the planning process and utilized to determine the consumer's preferred treatment and desired outcomes. The surveys detailed above address the consumer's satisfaction with services; participation in the establishment of goals; identification of social, recreational and leisure activities; whether services are meeting the consumer's valued outcome; and recommendations for future services. The Agency also has suggestion boxes and forms, (**Attachment F**) located at all sites. Staff, consumers, and visitors are able to offer their suggestions and ideas for improving services. The TQM Staff Development Committee reviews these suggestions.
  - d. The Staff Development Policy establishes the requirement for a staff development plan for all employees specific to the responsibilities and requirements of the position. Person centered planning is a part of the staff development plan for Supports Coordinators/Case Manger and other clinical personnel involved in this process. This training will involve managing, planning and delivering support or treatment services in the philosophy and methods of person-centered planning. The TQM Consumer Care Committee completes a random quarterly review of consumer files. The review includes the individual level indicators listed below.
  - e. The employee orientation process provides the employee with an overview of the person-centered planning process.
2. Individual level indicators are addressed in the IPOS, and include but are not limited to:
- a. Documentation indicating the consumer was provided information concerning the right to person-centered planning.
  - b. Documentation indicating the consumer was given the opportunity to



address the barriers.

- N. The process of developing supports for a consumer must be:
  - 1. individualized; takes time and commitment requires support from the agency and Team;
  - 2. must involve everyone who supports the person;
  - 3. requires people who know the community/individuals well and want to be involved;
  - 4. requires people to be flexible in their jobs; works best with a trained facilitator;
  - 5. leads to an awareness of what the community may need to develop to support the person.
  
- O. To build community relationships the Supports coordinators/Case Manager must:
  - 1. know your community;
  - 2. find people who are well connected to others;
  - 3. advocate for community supports;
  - 4. develop partnerships;
  - 5. build networks;
  - 6. seek allies.

**VII. GUIDELINES FOR THE DEVELOPMENT AND PROVISION OF TREATMENT, SERVICES AND SUPPORTS:**

- A. An initial service and support plan will be developed outlining the type, duration and quantity of service units to be provided. The plan will be developed in accord with the person centered planning principles and agreed upon by the consumer.
  
- B. The service and support plan outlines the consumer's long and short term plans. The plan will emphasize the consumer's capabilities and provide opportunities to perform meaningful endeavors, be part of the community, express their identity, and for growth and development in relationships. The plan must be individualized and honor the consumer's preferences while protecting the consumer's health and safety.
  
- C. The person responsible for implementing the plan will assist the consumer with arranging a planning meeting. Following the planning meeting, referrals will be made as necessary, to implement the services and array of supports requested by the consumer as appropriate. Requests for services may be screened or prioritized by Administrative staff or utilization committees based upon service selection guidelines, and program priorities. Referrals will be made for additional clinical assessments only as desired by the consumer and deemed appropriate.

- D. Staff will follow a support approach when working with consumers. A support

approach means that relationships will focus on:

1. training and assistance with individual empowerment;
  2. training and modeling of pro-active problem solving;
  3. modeling appropriate social interaction and assisting the consumer in the development of relationships;
  4. teaching the consumer how to access activities and resources in the community;
  5. assisting the consumer with securing full acceptance and participation in the community; and
  6. educating the consumer regarding their mental health diagnoses.
- E. A support approach also means utilizing the least intrusive degree of mental health involvement feasible; providing only mental health services that are clinically necessary; allowing the consumer to determine the extent of staff intervention, unless health and safety is at risk; and educating the consumer in risks and safe practices if the consumer refuses treatment. The consumer's choice will be considered unless there is immediate risk, and unless there are any legal contraindications (i.e. the treatment has been court ordered).
- F. Active involvement with the consumer within the framework of requested services must be maintained. Active involvement includes:
1. dynamically and aggressively making changes in the service and support plans as the consumer's situation changes;
  2. maximizing the opportunities that each person has for growth;
  3. advocating for the consumer in an enterprising manner; and
  4. focusing in on dominant or critical needs.

## **VIII. ATTACHMENTS:**

- A. Values and Principles Underlying Person-Centered Planning
- B. Guidelines for Elements/Strategies in Person Center-Planning
- C. GCCMHSP Consumer Satisfaction Survey
- D. Consumer's Annual Evaluation
- E. Consumer Satisfaction Feedback Questionnaire
- F. Suggestion Box Form

## **VALUES AND PRINCIPLES UNDERLYING PERSON-CENTERED PLANNING**

Person-centered planning is a highly individualized process designed to respond to the expressed needs/desires of the individual, child/family.

The consumer's desired future will be used as a framework for planning services and supports.

Each individual has strengths, and the ability to express preferences and to make choices.

Treatment planning will focus on the consumer's abilities and capacity to express preference and to make choices.

The individual's choices and preferences shall always be considered and granted when possible.

Treatment planning will include issues and concerns which the consumer or others involved have about health, welfare and safety.

A person-centered approach will encourage and provide opportunities for ongoing feedback from the consumer about services and supports.

Individual treatment planning will be appropriately modified as the consumer's needs, desires, and circumstances change.

GCCMHSP will provide training in the person-centered planning process. Staff involvement occurs if the individual, child/family expresses or demonstrates a need that could be met by their professional intervention.

Treatment and supports identified through the person-centered planning process shall be provided in an environment that promotes maximum independence, inclusion in the community and quality of life.

An individual's or family's cultural background shall be recognized and valued in the decision making process.