

Sustaining Excellence—Making Progress

Person Centered Outcomes: From Evidence-Based Practice to State Policy

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Disabilities and Delmarva Foundation

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Introductions

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We will take a look at:

**Person Centered Practices
How We Use Data from Quality
Reviews
Quality Improvement Initiatives
System Improvement**



Purpose

How person centered practices are identified and used in evaluating quality and generating quality improvement

Person Centered Practices



Person-Centered Planning...

- Has been around for a long time.
- Has many faces, versions, systems, such as: MAPS, PATHS, Futures, Circles of Support, Essential Lifestyle Planning.
- Works for everyone, regardless of the amount of support needed.
- All versions have the same principles in common.

It is human stuff....



Principle: Quality Of Life Is Defined By The Person Who Lives It

Each person is an authority on
himself or herself.

Use conversations and tools to
learn each person's preferences.

We must ask lots of questions to
make sure we understand.

Principle: Support People with Dignity and Empower Them

Listen, listen, listen....learn, learn, learn.

Create opportunities for choice and independence.

Transfer **CONTROL** to people in all things possible.

We do not “fix” people; we support them.

Principle: Nothing About Me Without Me

Planning services for the Service Plan (SP)

Controlling and/or Chairing SP Meetings

Continuous assessment of satisfaction

Development of and changes in supports, providers, staff, the SP

Principle: The Organization must commit to a culture of person-centered practice.

Job descriptions customized to a person or a home.

Ensuring staff training and policies reflect the culture and empower staff.

A commitment to matching staff with the person.

People participating in recruitment and hiring processes, including veto power for staff.

People serving on key committees, such as the QI Committee.

Person-Centered Service Planning: Process

The State must develop a written service plan jointly with the individual using a process driven by the individual. The process must be person-centered.



Person-Centered Service Planning: Process

- Service planning process is driven by the individual
- Includes people chosen by the individual
- Is timely; meeting time and location convenient to the individual
- Provides necessary information and support to ensure the individual directs the process to the maximum extent possible

Person-Centered Service Planning: Process

- Discussions are in plain language
- Information is available in a manner accessible to the individual
- Reflects cultural considerations
- Identifies the strengths, preferences, needs (clinical and support), and desired outcomes of individual



Person-Centered Service Planning: Process

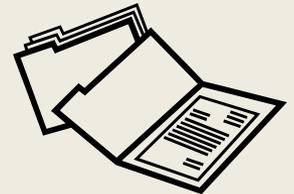
- Includes individually identified goals and preferences related to relationships, community participation, employment, income and savings, healthcare and wellness, education and others
- Reflects what is important to the individual to ensure delivery of services in a manner reflecting personal preferences and ensuring health and welfare
- Identifies risk factors and plans to minimize them

Person-Centered Service Planning: Process

- Includes strategies for solving disagreement within the process, including clear conflict of interest guidelines for all planning participants
- Offers choices to the individual regarding the services and supports the individual receives and from whom
- Provides a method for the individual to request updates
- May include whether and what services are self-directed

Person-Centered Service Planning: Documentation

- Individual's goals and desired outcomes are included
- Provides opportunities to seek employment and work in competitive integrated settings
- Assist the individual to engage in community life, control personal resources, and receive services in the community.
- Linked to individual's strengths and preferences
- Align with assessed clinical and support needs



Making PCP Operational - Support Tips 101

*To support people with dignity, empower them, and create opportunities for choice, independence and to **TRANSFER CONTROL** to people in all things possible....*

- Create an environment of choice
- Be capacity-focused
- Promote maximum self-sufficiency and independence
- Look at people with fresh eyes
- Create real opportunities
- Be respectful



Create an Environment of Choice



- Look critically at daily routines..who decides them
- Each setting should be customized to ensure accessibility
- Create a culture of self-determination
- Does the physical environment promote choice and self-direction

Be Capacity-Focused

- What are a person's gifts and strengths?
- What are the possibilities?
- Define people by what they can do.



Promote Maximum Self-sufficiency and Independence

- Efficiency is not the goal; it is participation. You have the time!
- Don't give help that is not needed. Hang back to see when your help is needed or requested.
- Play the role of a coach vs. a caregiver.
- Give up the control!

Look at People with Fresh Eyes

- Assume that all behavior is communication.
- Remember that people's receptive language skills far outweigh their expressive language skills. Talk to them!
- Listen with intent...all the time.
- Remember some people have limited experience in making decisions and may need to be coached to do so.
- Trust your instincts and use your common sense. Kick it up a notch in all things!



Create Real Opportunities

- For people to become a valued part of their community
- For people to develop real social roles and status
- To promote community connectedness
- To make sure people never look silly, undignified or ridiculous



Be Respectful

- ***ALWAYS Use People First Language:***
 - The word “person” or “people” is the first word in a phrase
 - people with disabilities
 - people who use wheelchairs
 - people who do not communicate using words

Be Respectful

- Refrain from terms like:
 - non-verbal
 - low functioning
 - he’s a runner, scratcher
 - non-compliant
- Never use the “collective we”
 - How are *we* doing today?



Be Respectful

Be sincere in your interactions with people; really listen to them, look them in the eye.

Be respectful in your interactions with the people we support as peers, coaches and as friends. It means respecting someone's belongings, personal space wheelchair, privacy.

Value people's contributions to a conversation, listening without interrupting, and giving people time to respond to a comment or a question.



How do we use data to promote and generate person centered practices?



Where We Get Data: Delmarva Reviews



How We Share Data

- **Regular reports to the State**
- **Ad Hoc reports for State, Regional Offices, or providers**
- **Data Summaries for Quality Improvement (QI) Councils**
- **Quality Improvement Studies**



Quality Improvement Study Results

Florida Statewide Quality Assurance Program

Analysis in 2006 indicated several provider performance areas that best predict the percent of Personal Outcome Measures (POM) present:

- **Communication**
 - **Importance of interaction among providers**
 - **Create an environment of cohesive action**
 - **Outcomes are everyone's responsibility**
- **Ensuring individuals are developing desired social roles**
- **Ensuring individuals have privacy**



Quality Improvement Study Results

Provider Systems and Driver Outcomes (2014)

- Identify predictor outcomes
- Provider performance that impacts driver outcomes

Outcomes Measured Through PCR Interview

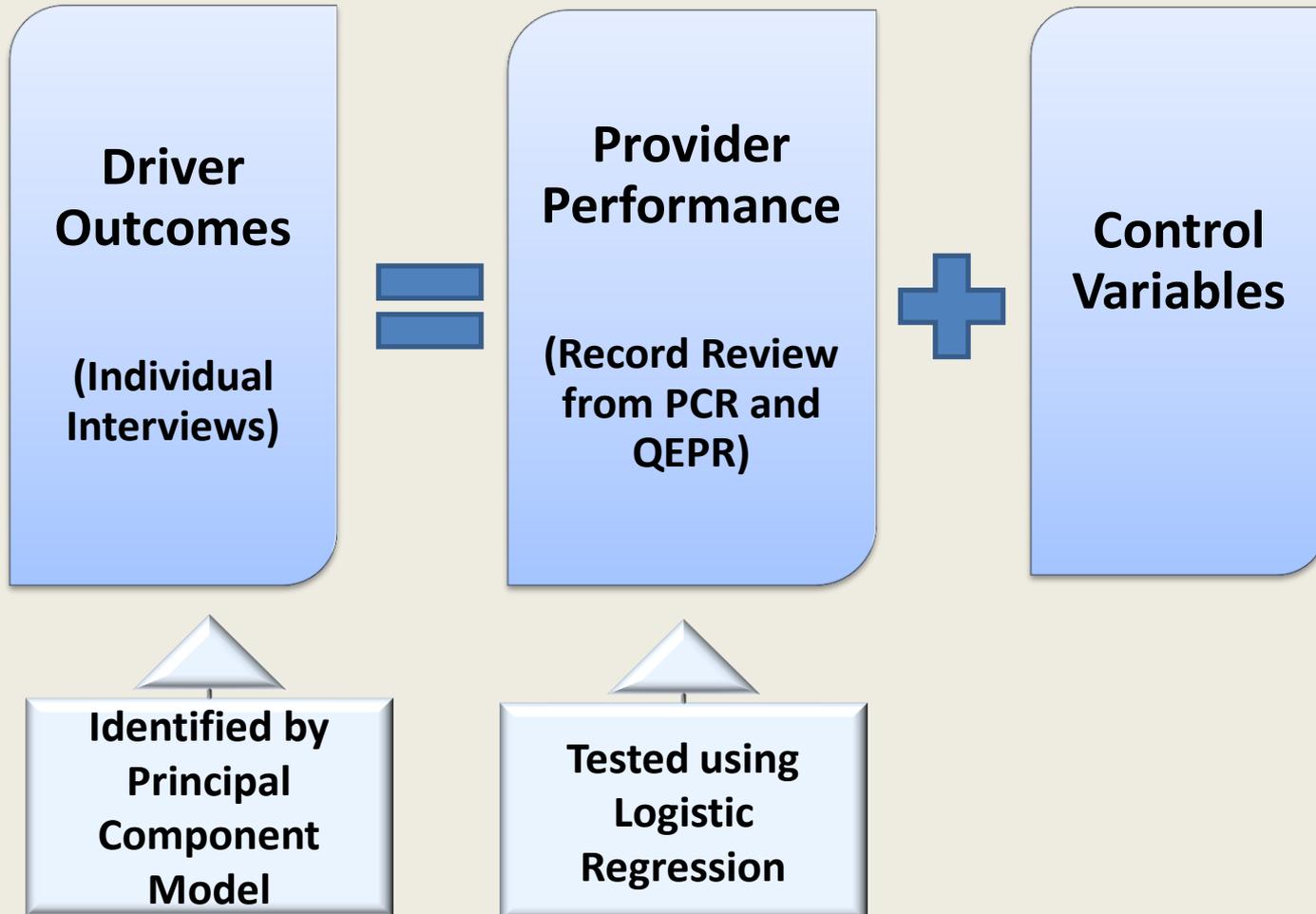


Provider Record Reviews (PRR) to Identify Predictors of Driver Outcomes

- **Assess the quality of provider documentation**
- **Review records for all services the individual receives**
- **Documentation shows how well providers implement policies and support individuals served**

Provider Systems and Driver Outcomes

Georgia Quality Management System



Strongest Driver Outcome

Person Centered Planning

- ✓ **The person is afforded choice of services and supports.**
- ✓ **The person is involved in the design of the service plan.**
- ✓ **The person's goals and dreams are reflected in supports and services.**
- ✓ **The person is achieving desired outcomes and goals.**

Second Driver Outcome

Community Integration and Rights

- ✓ **The person actively participates in decisions concerning his or her life.**
- ✓ **The person is educated and assisted to learn about and exercise rights.**
- ✓ **The person has opportunities to access and participate in community activities.**
- ✓ **The person is developing desired social roles.**

Logistic Regression Model

Dependent Variables

Driver Outcomes, when present other outcomes are more likely to be present

**Person Centered
Planning**

Community

Logistic Regression Model

- **Explanatory/Independent Variables**
 - **Residence**
 - **Age**
 - **Disability**
 - **Region**
 - **Service**
- **PPR Indicators of provider performance**



Control Variables

Strongest PRR Predictors of Driver Outcomes (OR = PCP and C/R Odds Ratio)

Strongest predictor of both driver outcomes is if the person is provided a choice of community services and supports (OR 2.52, 3.54)

If provider ensures a choice of services and supports, person is much more likely to have both driver outcomes (OR 2.20, 2.23)

If documentation shows providers assist person to direct supports and services, both driver outcomes are more likely to be present (OR 1.91, 1.86)

Strongest Predictors of Driver Outcomes (OR = PCP and C/R Odds Ratio)

Providers who use a person centered focus in their documentation positively impact driver outcomes (OR 1.70, 1.68)

Documenting how the person is progressing toward and achieving desired goals positively impacts driver outcomes (OR 1.57, 1.56)

Having the means to identify health status and safety needs increases the persons community integration (OR 1.77)

Key Findings

- **Elements of Person Centered Planning are the most important driver outcome—impact presence of other outcomes**
- **Findings show importance of having the person involved in planning and choosing services that reflect desired goals.**

Key Findings

Providers who offer

- ✓ choice of services and supports,
- ✓ choice of community supports, or
- ✓ ensure the person directs services

are **2 to 2.5 times more likely to impact Person Centered Planning**, a key driver outcome that impacts overall quality of life for the person

Evidence based quality improvement initiatives



What the Department Did and Continues to Do

- ✓ Continued to develop and enforce Department policies and standards which reflect **Person-Centered Best Practices**
- ✓ Developed and continue to provide training for all stakeholders in the areas of **Choice** and **Self-Direction**
- ✓ Developed and continue to offer one on one **technical assistance** to providers and individuals
- ✓ Identified and recognized providers who have developed **Best Practices** and share those with all stakeholders
- ✓ Presented study to QI Councils who used findings to develop the main theme of **Choice for QI initiatives**.



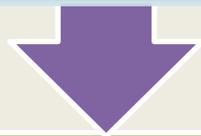
What the Department Did and Continues to Do: Redesign of Individual Service Plan

Data Indicated Need for ISP Revision:

Individuals not involved in developing or modifying their plans

Lack of person centered goals

Little documented evidence of person centered service delivery



Stakeholder Feedback:

Support Coordinators, Providers and Regional State staff want changes to streamline the addendum and service plan modification/approval process



Initiative from Division of DD

Created a stakeholder workgroup tasked with recommending revision of both the ISP template and ISP processes.

Benefits of ISP Redesign



Regional & Statewide QI Councils

- Established in Oct 2008
- Representation
 - Self Advocates
 - Parent Advocates
 - Providers & Support Coordination
 - Key Regional & State Representation
 - Advocacy Organizations



Role of the Councils

Use Data to:

Take Action

Make Changes

Remediate

Improve Quality

Council Improvement Projects

To Increase Person Centered Practices

- Changed statewide policy to improve efficiency of the ISP Addendum process
- Piloted a project to ensure all goals in ISP are person centered (increased from 6% to 25%).
 - Lead to statewide policy change for all goals to be person centered
- Created a video for parents and self advocates, with individuals telling what person centered practices mean to them

<https://www.dfmc-georgia.org/>



Council Improvement Projects to Enhance Information by Developing:

- Statewide Guidelines for Choice



Guidelines to Support Choice

An individual has the right and the power to select from a variety of options, with an awareness of the risks and responsibilities of those options.

Success of choice is measured by the amount of control an individual has over his/her life.



- Brochure and Guide for Supported Employment



Success Stories

Joseph is an Assistant Teen Counselor at his local YMCA- Villages at Carver Family. He greets members, sets up for special functions, and assists in the fitness and child care center. Joseph's favorite part of his job is giving back to his community and the YMCA.

Mike loves his job at Publix bagging groceries and helping customers. He also collects carts, keeps the parking lot clean and helps out with stocking. After a year on the job, Mike wants to increase his hours at work.

It is for
YOU!!

Place holder for DBHDD logo. Will be inserted once approved by the Department.

Contact Information:
Georgia Department of Behavioral Health and Developmental Disabilities
www.dbhdd.ga.gov
404-657-2680

Council Improvement Projects to Enhance Choice

- Exploring mentoring program for new providers
- Creating community resource book
- Develop monthly calendar of community events
- Job fairs and employment education to support employment options
- Creating a choice survey to support informed choices
- Creating town hall meetings to educate individuals and families on services available
- Utilizing PC tools during the Pre- ISP and ISP process to ensure choices & preferences are included

System Improvement



Percentage Point Increase (pts) FY10-11 to FY14-15

Service provider documentation (PRR) shows

- Individual is achieving desired goals (↑16 pts).
- When providing medication oversight and/or management, proper rules, regulations and best practice guidelines are followed (↑ 11 pts).
- Provider meets all waiver documentation requirements (↑10 pts)

Percentage Point Increase (pts) ISP Expectations FY10-11 to FY14-15

Support Coordinator ensures ISP

- Has at least one goal that reflects the person's hopes and dreams (↑12 pts).
- Includes an annual informed consent for psychotropic medications (↑11 pts).

Percentage Point Increase (pts) ISP Expectations FY10-11 to FY14-15

All 4 criteria present on ISP expectations:

- Person centered important to/for (↑ 28 pts)
- Service Summary (↑ 20 pts)
- Rights, Psychotropic Medications, Behavior Supports Section (↑ 25 pts)
- SIS is complete and identified needs are addressed in the ISP (↑ 22 pts)
- Health/Safety Review Section completed (↑ 45 pts)

What Was the Impact For Individuals

Individual outcomes: comparing combined results from July 2008 – June 2011 to July 2014 – March 2015

- Average increase in outcomes of 7.2 percentage points
- 8 of 15 Outcome Indicators have improved by 5 percentage points or more

Individual (III) Outcomes: Percentage Point Increase (pts) July 2008 – June 2011 to July 2014 – March 2015

The person is:

- Safe or has self-preservation skills. (↑ 14 pts)
- Educated and assisted to learn about and exercise rights. (↑ 14 pts)
- Involved in the design of the service plan. (↑ 13 pts)
- Actively participating in decisions concerning his or her life. (↑ 10 pts)

Outcome results for July 2014 – March 2015, compared to July 2008 – June 2011

Pertaining to Goals:

- The person is achieving desired outcomes and goals. (↑ 12 pts)
- The person's goals and dreams are reflected in supports and services. (↑ 10 pts)

**Please Feel Free to Contact us with
feedback and questions!**

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