

PERSON DIRECTED PLANNING GUIDELINES



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PERSON DIRECTED PLANNING GUIDELINES FOR INDIVIDUALS LIVING IN THE COMMUNITY

Purpose:

Reflecting the national trends in the way services are delivered to people with developmental disabilities, the Texas Department of Aging and Disabilities Services (DADS) is implementing person directed planning. The purpose of this document is to provide some direction to individuals, families, professionals, providers, and local authorities (LAs) in the development of effective person directed plans. This planning process will be used to develop services and supports for people with intellectual and developmental disabilities receiving community services. Person directed planning is consistent with the recent emphasis in Texas on self-determination and the achievement of personal outcomes for individuals with intellectual and developmental disabilities in Texas.

While DADS does not require the use of a specific process, it does require that the elements listed below be evidenced in the planning process developed by LAs. This document describes the definitions, discovery process, action planning process, and monitoring process necessary in a person directed system that will satisfy the requirements of the State Authority (DADS). There are a number of processes and products (books, videos, etc.) available on the topic of various types of person directed planning which are listed in the last section of this document (*Resources on Person Directed Planning and Other Related Topics*).

Definitions:

1. ***Person directed planning***: A process that empowers the individual and the legally authorized representative (LAR) on the individual's behalf, to direct the development of a plan of supports and services that meet the individual's personal outcomes. The process must:
 - identify existing supports and services necessary to achieve the individual's outcomes;
 - identify natural supports available to the individual and negotiate needed service system supports;
 - occur with the support of a group of people chosen by the individual and the LAR on the individual's behalf; and
 - accommodates the individual's style of interaction and preferences regarding time and setting.
- Please note:*** *individuals with intellectual and developmental disabilities who have court-appointed legal guardians participate in person-directed planning to the maximum extent possible and have authority not otherwise specifically delegated to the guardian.*
2. ***Individual***: A person in the intellectual and developmental disabilities priority population seeking or receiving services. They may also be referred to as the **focus person** in this document.
 3. ***LAR (legally authorized representative)***: A person authorized by law to act on behalf of an individual and who may include a parent, guardian, or managing conservator of a child, or a guardian of an adult.
 4. ***Discovery process***: The process of identifying the strengths, preferences, and desires of an individual that provides the foundation for developing the person directed plan.

5. **Facilitator:** The person who ensures the proficient development of a person directed plan. This person is usually the service coordinator but could be anyone chosen by the individual.
6. **Service coordinator:** An employee of the LA who provides assistance in accessing medical, social, educational, and other appropriate services that will help an individual achieve a quality of life and community participation acceptable to the individual (and LAR on the individual's behalf) as follows:
 - crisis prevention and management – locating and coordinating services and supports to prevent or manage a crisis;
 - monitoring – ensuring that the individual receives needed services, evaluating the effectiveness and adequacy of services, and determining if identified outcomes are meeting the individual's needs and desires as indicated by the individual (and LAR on the individual's behalf);
 - assessment – identifying the nature of the presenting problem and the service and support needs of the individual; and
 - service planning and coordination – identifying, arranging, advocating, collaborating with other agencies, and linking for the delivery of outcome-focused services and supports that address the individual's needs and desires as indicated by the individual (and the LAR on the individual's behalf).
7. **Open-ended questions:** Questions that allow for more than just a one or two word response.
8. **Natural supports:** Supports that occur naturally within an individual's environment. These are not paid supports or those purposely developed by a person or system. Some examples of natural supports are the family members, church, neighbors, and friends.

Indicators for Administrators Related to Implementation of Person Directed Planning:

This section summarizes the individual and system indicators of successful implementation of person directed planning. The term *individual* in the Individual Indicators section refers to both adult individuals with intellectual and developmental disabilities and families with minors with intellectual and developmental disabilities. The following elements provide information to guide practitioners in the field (e.g. service coordinators) in facilitating a high quality person directed plan.

Indicators for Individuals:

1. Evidence that the individual determines their preferences during the person directed planning process together with their family/LAR and friends.
2. Evidence that the individual chose whether or not other persons should be involved and identified the people to be included in the person directed planning process.
3. Evidence that the individual chose the time and location of the person directed planning session.
4. Evidence that the individual chose their outcomes and support staff whenever possible.
5. Evidence that the individual's preferences and outcomes were seriously considered and in situations where it is difficult to implement the team arrived at a compromise acceptable to all.

6. Evidence exists that the service coordinator ensures that the plan remains current at all times and is monitored on an ongoing basis for effectiveness in achieving the outcomes identified by the individual with the support of their family/LAR. This is a critical element since an individual's goals and preferences are constantly evolving. It is important to keep asking questions, listening and discovering the preferences of the individual.

Indicators for Systems:

1. The local authority has a clear plan which delineates how person directed planning will be implemented throughout the agency.
2. The local authority's staff development plan ensures that staff involved in administering, planning, delivering, and monitoring services and supports receive on-going training and mentoring in state of the art person directed planning.
3. The local authority makes every effort to utilize resources available to them in their community (e.g. volunteers, natural supports) when helping individuals and families achieve their outcomes.
4. The local authority makes every attempt to develop a flexible system driven by the needs of individuals and families served.
5. The local authority's quality improvement plan actively seeks feedback from individuals and families receiving services and supports regarding the opportunities they have to express needs and preferences and the ability to make choices.
6. The priorities set by the local authority in its local plan are driven by the feedback provided by individuals and family members regarding the services and supports they receive within the broad framework provided by the State Authority.
7. The local authority has a clear plan which indicates how it will increase public awareness regarding person directed planning.
8. The local authority provides opportunities for individuals served and their families to learn about the philosophy and mechanics of the service delivery system.

Guiding Principles for Person Directed Planning:

1. Individual differences and differences in family dynamics and composition are respected and accepted.
2. Person directed planning requires that it is the individual who defines what is meaningful in their life.
3. All individuals can make choices and contributions, and need to exercise control of their lives. Sometimes in order to do this effectively they must be supported by others, either in their natural environment or from within the system. In the case of young children, their families and primary caregivers can make choices and contributions in the child's life.
4. There is choice among flexible, dependable services that meet each individual's immediate needs and support each individual's goals and aspirations for a lifestyle that affords personal control, informed decisions, dignity, and respect.
5. Person directed planning builds on an individual's strengths and contributions.
6. Person directed plans encourage the "growth of community" around individuals and families. It helps develop supports to facilitate relationships with people within the individual's community.
7. Individuals should have full participation in all the decision-making activities that affect their lives.
8. All issues that emerge during a person or family directed plan are negotiated to ensure that resulting activities are consistent with the individual's or family's preferences and goals.
9. As needed, the individual, family, and support staff work in partnership to explore creative options to meet the preferences and goals expressed by the individual or family.
10. Resources authorized to support individuals are based on identified needs that the focus person may have and are available in the agency. These needs typically cannot be supported by the individual's natural supports. *To fill the gaps created by limited resources, generic resources presently available in the community are used to complement the agency resources. In instances where generic resources may not exist, they may need to be developed within the community.*
11. All strategies and resources used must support the desired outcomes and identified needs of the individual or family.
12. The person directed plan is revised when significant changes occur in an individual's or family's life (or needs). It is a dynamic rather than a static process.
13. A person's or family's cultural background is acknowledged and valued in the planning and decision-making process.

Indicators of Effective Person Directed Planning:

Discovering the Person:

1. Listen, acknowledge, and discover the personal goals, preferences, choices, and abilities of the individual or family directing the plan:

- a) A person directed planning process must occur with the individual present. If the individual is a child and having the child present during the meeting becomes difficult, then meeting with him or her at a later time is essential to discovering his/her preferences and needs.
- b) Before meeting with a group of people, the facilitator goes over the issues to be discussed with the individual or family/primary caregiver. They delineate those issues that will be discussed in a larger group (public issues) and those that are to be discussed more privately (private issues).
- c) The facilitator asks open-ended questions to elicit information from the individual or family/primary caregiver in order to discover the preferences, choices, goals and abilities of the individual.
- d) The discovery process does not have to occur in a planning meeting with a large group of people. It can occur separately with the individual or family/primary caregiver and those who know the individual well.
- e) The discovery process solicits information based on the individual's strengths, capacities and contributions.
- f) All the information collected from team members (outside of the person directed planning meeting) during the discovery process must be confirmed with the individual to ensure accuracy before documenting it.
- g) Person directed planning is an ongoing processes and not a one-time/annual planning process. The individual's goals and preferences are constantly evolving so it is important to keep asking questions, listening and discovering the preferences of the individual.
- h) Ensure that the individual and family is fully informed to make responsible choices.

2. Documentation of the information gathered during a person directed planning process is important:

- a) All information should be written in a respectful manner.
- b) Documenting the information gathered from the individual or family is crucial to ensure that it is available to all pertinent staff (new and old). This ensures that individuals and family members are not asked the same questions repeatedly by new staff.
- c) All the information must be documented in the plan without changing the meaning that the individual or family member attributes to it.
- d) The documentation should cover the individual's daily routines and desired goals. It should be descriptive, but concise, painting a picture of the individual. Describing issues functionally provides a better picture of the individual's need for support. For example, when documenting a behavior such as verbal or physical aggression, a description of how it manifests and the situations in which it occurs must be included. Merely stating that an individual is verbally or physically aggressive may not provide sufficient information to determine the supports an individual may need.
- e) The person directed or family directed plan must include information relevant to any issues concerning the individual's health and safety. Supports to maintain the individual's

health and safety should be developed within the context of his or her preferred lifestyle so that it does not conflict with his/her preferences.

3. ***The individual or family determines who is involved in the planning process:***
 - a) The individual or family chooses the members of the service planning team. The team may include family members, friends, and paid staff.
 - b) The team members must respect, trust, and support the individual.
 - c) If bringing together a team for the planning process is difficult, then developing one should become a priority. However, the planning process can be initiated while the team is being developed.
 - d) The team members meet in a comfortable location, as defined by the individual. This may help the individual feel relaxed and open enough to share things that are important to him/her with the rest of the team.

4. ***Identify the existing supports (natural or paid), both used and unused, that are consistent with the individual or family achieving identified goals:***
 - a) In most situations family members, friends, and individuals have the most knowledge about the preferences, capacities, and contributions of the individual and themselves, while professionals have knowledge of resources available in order to provide appropriate supports and treatments. All members should play an active and collaborative role in order for the planning process to be effective.
 - b) Individuals, families, and professionals recognize and document in the plan the existing supports in the individual's life.
 - c) Previously unexplored natural supports in the community are discovered during the process.
 - d) Identified supports match the preferences of the individual or family.
 - e) The planning process considers the supports that the individual may require for issues that may not be directly related to the outcome but influence the strategies and actions that are developed to achieve the outcome.

5. ***Other professionals (not originally included by the individual in their planning team) are identified as consultants, when needed:***
 - a) All professional consultations, such as a nurse or psychologist, occur in the presence, or with the permission, of the individual or LAR and are conducted in a manner respectful to the individual.
 - b) The individual, family, and professionals are encouraged to have a trusting and collaborative relationship.

6. ***Issues of safety, health, rights, and freedom from abuse and neglect are dealt with in the person directed plan:***
 - a) The planning process includes a discussion of individualized health and safety issues in the context of the life desired by the individual. The process maintains a respectful balance between rights (choice/control), responsibilities, and risks (health/safety), as experienced by all citizens.

Action Plan:

1. *To identify additional natural supports and negotiate needed service system supports:*

- a) Negotiate both natural and system supports to develop the best possible support plan to achieve what is important to the individual.
- b) The individual or family determine their own supports by participating in selecting, evaluating, and when necessary, changing their support staff.
- c) The person directed planning team members identify opportunities to connect the individual and the family to their community.
- d) The individual or family is supported to develop community connections.

2. *Implementation of the support strategies becomes the responsibility of the planning participants:*

- a) The plan of action includes:
 - i) goals and strategies,
 - ii) person(s) responsible for the completion of the goal and strategy, and
 - iii) the date by which it is to be completed.

(**Note:** Including specific names of people and dates instead of approximations facilitates the monitoring process.)
- b) The goals and aspirations are prioritized by the individual or family.
- c) The most important goals and aspirations are addressed first.
- d) A plan is more easily implemented if the team works on a few goals and aspirations at a time.
- e) Preferences should not be considered to be the same as services and supports. Services and supports are used to facilitate the acquisition of an individual's preferences. For example, an individual may express a preference to work in a bank. However, he or she may require the support of a job coach to achieve the desired goal. The support of a job coach is not the expressed preference of the individual in this case. The job coach is the support needed to achieve a goal based on the expressed preference.
- f) In a case in which there is a disagreement between the individual and their LAR, every effort should be made to negotiate and clarify conflicting issues. The facilitator must keep the individual's preferences and desires the main focus of the planning process and resolve the LAR's concerns to come up with the best compromise between the two.
- g) There must be a partnership between all the team members to implement the plan. No single team member should be responsible for its implementation.

3. *When people choose outcomes that conflict with state or programmatic standards, the following strategies should be considered to meet the individual's needs:*

- a) Identifying goals or needs that can be achieved within the existing standards, rules and regulations within the DADS system, while problem solving on how to accomplish the ones that are more difficult to achieve.
- b) Explore resources in other systems and programs serving people with disabilities and services available to all citizens, whether or not they have a disability, in the community to fulfill these needs.
- c) Use the existing system to its fullest potential and negotiate to create the best possible arrangement for the individual or family.

- d) Discover why a particular choice or the refusal of an alternative presented in place of the original choice is important to the individual.

Monitoring the Quality of the Person Directed Planning Process

The quality of a person directed planning process is defined by the individual or family and is reflected in more personal outcomes being achieved. There will be a multi-level monitoring process to ensure the quality of person directed plans:

- a) The service coordinator periodically monitors the planning process and services an individual receive to achieve their desired outcomes.
- b) A review by the local management structure and its local quality improvement process.

Resources on Person Directed Planning and Other Related Topics

Website Links: The Learning Community for Person Centered Practices <http://www.elpnet.net/>

Statement about person centered thinking from this website:

Person Centered Thinking

For people being supported by services, it is not person centered planning that matters as much as the pervasive presence of person centered thinking. If people who use services are to have positive control over their lives, if they are to have self directed lives within their own communities then those who are around the person, especially those who do the day to day work need to have person centered thinking skills. Only a small percentage of people need to know how to write good person centered plans, but everyone involved needs to have good skills in person centered thinking, in the value based skills that underlie the planning.

There are a number of reasons for this. Teaching and supporting the use of person centered thinking skills will mean that:

- It is more likely that plans will be used and acted on, that the lives of people who use services will improve
- You will have a number of ways to get plans started
- Updating the plans will occur “naturally,” needing less effort and time

Every style of person centered planning is rooted in a person centered way of thinking. It is made up of a set of value based skills that result in seeing the person differently and give us a way of acting on what is learned. Training in person centered planning is training in a way of thinking as much as it is in a way of developing a plan. In essential lifestyle planning we have identified basic skills and tools that help learners understand and embrace this way of thinking.

Quality Mall links to resources on Person Centered Planning
<http://www.qualitymall.org/directory/dept1.asp?deptid=23>