Person-Centered Planning Promising Practices Discussion

1. **What is the role of your agency (PIHP or CMH) in supporting Person-Centered Planning? What promising practices have you found for supporting Person-Centered Planning?**

   Southwest Michigan Behavioral Health on PIHP promising practices:

   - Policy and procedures incorporate the inclusion of family and natural supports as a critical component of creating a community support team around the consumer and their recovery. Supervisors train and monitor the pre-planning and PCP meeting processes of their staff, and the resulting written IPOSs. Ongoing training and discussion take place in 1:1 supervision as well as department staff meetings.

   - Annual monitoring of providers and direct operated services occurs to ensure that the PCP process is followed, and services are delivered in accordance with the Individual Plan of Service. Consultation and ad hoc trainings are provided to support plan development. Participation of peers in the person-centered planning process has been found to be valuable.

   - SWMBH reached out to CMHs to have this discussion in a regional clinical practices meeting. They also offer a "Building Better Lives" training. These are opportunities for PIHPs to support person-centered planning in the CMH network.

   Newaygo County Mental Health on CMH promising practices:

   - NCMH has started researching both Maps and Path, and Charting the Life Course, to see which option would be best for our clients and our agency.
   - Maps and Path are a really good way to beef up pre-planning. Clinical leaders in affiliation have created some of their own tools.

2. **How can PIHPs and CMHs work together to promote person-centered practice? What promising practices have you found for working together to optimize person-driven outcomes for the individuals served?**

   Southwest Michigan Behavioral Health: Some CMH responses have indicated that the PIHP is too far removed from the process and therefore collaboration and coordination of efforts can be shored up including staff training opportunities and review of policies/procedures. What has been working in Region 4 is that the IDD workgroup is a good forum for discussion and sharing of helpful resources. It has been suggested that improvements can be made by carrying that dialogue forward in other CMH/PIHP regional committees, especially as it relates to common issues found through site reviews to create a shared learning environment.

   Montcalm Care Network:

   - It would be helpful to have a region-wide training on different types of/alternative methods for conducting person-centered planning…different options available. It would

be helpful also if training could include how to align PCP processes with requirements such as HCBS.

- The thought is there are so many tools, there's a lot of research and conversation about what's going to be best for our organization. How can we work together as a region look at what's out there to use and get some training?

Advocate Perspective: It's important to debrief about what findings are gathered from reviews or evaluations, because it gives the lived perspective to data points. It's about advancing the quality.

Midstate Health Network: It's a great idea to bring in those with lived experience to the site review result discussion related to person-centered planning.

Montcalm Care Network: Person-centered planning efforts need to be about what's value added for the person served vs. just compliance related. Part of this includes making the person-centered planning documents themselves more beneficial to the consumer. This could also alleviate documentation burdens for program staff.

Newaygo County Mental Health: The PIHP (MSHN) has assisted the CMHSPs with locating resources in Region 5, which has been an ongoing project at the regional clinical leaders committee. The options provided have been diverse, allowing for each CMHSP to make a decision for what is most beneficial for their clients. The PIHP has also incorporated review of person-centered planning into their delegated managed care review, to ensure the CMHSPs in Region 5 have incorporated all MDHHS required standards in their practices.

Pathways CMH: Look at increasing efficiency and decrease red tape. The CMH's are not in control of the forms that are being filled out. Clinicians are buried under paperwork and requirements in the documents we use. There are areas that are required for responses, and some are meaningful but others are not meaningful in this process. The prioritization of what information is truly required and the effect this information places care.

3. **What are the barriers to supporting person centered planning from the PIHP level?**
Southwest Michigan Behavioral Health: Again, it has been shared that the CMHs feel that the PIHP is too far removed and most of their staff are unaware of what takes places at a CMH level. It can be difficult to qualify that PCP principles are being upheld. A better system can be identified to mitigate the disconnect. PIHPs do not see the clients on a day-to-day basis, making it difficult to be hands on during the actual person-centered planning process. While the PIHP can provide training to the CMHSPs and feedback about their processes through the annual audits, there is a limited knowledge about the process before the process takes place. Additionally, both CMH and PIHP responses have suggested that the amount of paperwork and documentation required can be a real burden. Over the years, as new requirements have been added, and as we've received citations from HSAG or MDHHS, and a lot of "PCP" becomes compliance – making sure things are documented correctly in paperwork, adding check boxes, etc. For the people who write plans, making sure paperwork has all of the required elements

documented detracts from actually providing a great PCP process. It has always been difficult to implement all of the PCP requirements and processes for people who just need outpatient therapy or medications. Pre-planning, for example, isn't really helpful in those cases.

Pathways CMH: As a clinician, you have to be highly skilled to weave much of the required questions into conversation while staying focused on the PCP process. It can regularly take 2 hours aside from the meeting to write the plan. The excess in requirements that are not meaningful for the CMHs also increases the turnover rate for clinical staff, this in turn requires us to keep training new staff instead of nurturing the staff we already have. For example, we are federally required to complete the BH-TEDS. Why are there still requirements for other documents that are duplicative in information?

4. **What Person-Centered Planning training is offered to your provider network beyond Relias training? What have you found to be especially valuable?**
   Southwest Michigan Behavioral Health: Charting the Life Course, Person Centered Planning with MAPS and PATHS training, monthly ARC PCP webinars, and training resources from Improving MI Practices.

   Montcalm Care Network: Montcalm Care Network has developed a very extensive training module that is constantly adapted and updated--our own "home grown" training-- that is required to be taken by new direct provider new hires. This is a face-to-face training--either 1:1 or group--which offers opportunity for Q&A and open discussion which is not possible with an online training. This training can also be assigned as a "refresher" training for any staff who seem to need additional training beyond the annual Relias training.