



# National Center on Advancing Person-Centered Practices and Systems

**Transcript:**  
**“Facilitation for Choice and Control:  
Person-Centered Planning’s Best Kept Secret”**

*This webinar was originally broadcast on October 29, 2020*

>> Good day, everyone. Welcome to today's webinar, facilitation for choice and control, person-centered planning's best kept secret, brought to you by NCAPPS. And we'll move on to the next slide, please.

My name is Alixe. I'm one of the co-directors of the national center for advancing person-centered planning systems at HSRI. We're delighted that all of you are here with us today, and we see that a number of people are continuing to arrive in our webinar session.

So I will continue with introductions, but just know that people are continuing to stream into the Zoom room. I would like to welcome our panelists shortly and you'll be meeting our co-director Beven Kraft shortly.

I'd like to say that this center funded and supported by the administration on community living and centers for Medicare and Medicaid services.

And the goal of our center is to promote systems change that makes person centered principles not just an aspiration, but a reality in the lives of people across the lifespan.

And we're delighted that you're all here with us today to continue this conversation.

Next slide, please.

I will go over a few webinar logistics as people are continuing to join us for the webinar. Participants in the webinar will be muted throughout the webinar and you can use the chat feature in Zoom to post questions and communicate with the hosts.

Now, we do leave the webinar open -- the chat open to everyone. And please note, if you want to be entering in the chat that goes to all attendees, you certainly can. Just make sure that you select all panelists and attendees when you're -- when you're entering things into chat. And then that will go to everybody who is participating in this webinar. We often see a lively set of communications in the chat, and we welcome that.

Towards the end of our webinar, our speakers will have an opportunity to respond to questions that have been entered into chat. So as these come up, please go ahead and enter your questions. We will get to as many as we can in the question and answer session and we will also have the opportunity to share these with speakers after the webinar who can answer and will post those on our website.



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This webinar is live captioned in English and Spanish. The link on your screen is included -- is included there. And we will be entering that link into chat shortly.

This live webinar also includes polls and evaluation questions. So please be prepared as you are to interact during the brief -- the couple polling times that we have, including a poll that will be coming up shortly. And we also ask towards the end of the webinar, questions related to the evaluation of the webinar. Next slide, please.

We are recording this webinar, and along with a PDF version of the slides, which is currently posted.

The webinar recording, the slides, and a plain language summary, will be available within two weeks at our website [NCAPPS.acl.gov](http://NCAPPS.acl.gov). We'll also include questions and responses as noted to the materials. After the webinar, if you have any follow-up questions and feedback about this webinar, please reach out to us at [NCAPPS@hsri.org](mailto:NCAPPS@hsri.org).

Please note this email address I read out is not monitored during the webinar.

If you have any particular questions as it relates to this webinar, please enter them into the chat. Our team is monitoring chat. Thank you.

And next slide, please.

And with that, we will get started with our first poll. We're really delighted as many of you have joined us already and we would really love for our panelists to know who's here. We ask that you identify how you -- how you identify in the work that you do.

[Poll window].

>> JIM: Do I put a -- what do I put? Because I'm --

>> Hi, Jim. You can put someone who uses long term services or supports. But I'm not sure if it'll let you since you're a panelist. We want to hear who else is joining us.

The poll results we see here, the most people are social workers, counselors, and care managers. And we really appreciate hearing from as many of you who answered. Right after that, government employees, federal, state, municipal or tribe. Thank you. We're glad all of you are with us.

With that, I'm going to turn it over to NCAPPS's codirector to take us through the rest of this portion of the webinar.

>> Thank you, Alixe. Hello to everyone. We're really happy to be here and to be hosting this webinar on person-centered planning facilitation. We called this webinar person-centered planning's best kept secret because person-centered planning facilitation as its own service, as a separate service is really only available in a couple of different states.



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And we think it's really cool and really valuable. So we're really excited to have this opportunity to bring this panel forward to share with you more about what it looks like, how it works, and then hopefully inspire many of you to think about enhancing your person-centered planning services moving forward with what you learned.

So our speakers today are Jen Billington, Robin cooper, Betsy Gadbois, Elizabeth Martin, gym moor, and Jenny Weldon.

I'll tell you more about the others, but first, I'll introduce our first speaker, Robin cooper who is going to set the stage for us and provide an overview of what it is we're talking about and how we get there.

Robin is well-qualified to share this information with us. She served as director of TA for the national association of state director of developmental disability services or NASDS to 2020. Technical assistance, TA, to all 50 states in the District of Columbia. She's been everywhere. And the focus has always been developing and designing person and family-centered Medicaid financed home and community based services.

So I will turn things over to Robin. But before I do, I want to share one more resource with you, and that is a person-centered planning facilitation guide that contains a good bit of the information that will be shared here as well as information that might be helpful. In the chat now, I put the link to download the guidance for your convenience.

I'll now turn things over to Robin.

>> ROBIN: Next slide. Hello? Hello. Good morning to some. Good afternoon to the rest. I feel like I should have that Johnny cash song going. I've been everywhere. A new little sound track. But anyways, today, today is an interesting day.

We're going to cover a number of topics. Here we are. What is plan facilitation. Why do it? Who can do it? What do we think about it if we're going to do. And what are the experiences of individuals who have had plan facilitation or used a plan facilitator.

I'm going to go through the nuts and bolts kind of things and then hear from folks who have much more experience than I do in plan facilitation and how it works in their lives. Next slide.

I'm -- what is person-centered planning facilitation? Why are we talking about it as a separate kind of thing?

Well, we've tried a definition put together here. But believe me, it's one that will morph and change as we all grow and learn more from this. But so far, what we've got is person-centered planning facilitation is a process or variety of supported activities used to guide the development of a plan. It's a supplemental support which can occur during or after the plan to ensure that what occurs during the annual service planning process and implementation aligns with person-centered practices.



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And fully represents the preferences by the person defined by the individual. The facilitation can include a lot of things. Coaching, working with family and friends, working with the coordinator, supporting the implementation of a plan, developing a circle of support, designing support strategies and even counseling participants.

It's a broad based service and can include a lot of different activities.

So person-centered plan facilitation is intended to be a direct service. It's in addition to case management and service coordination. And facilitation services could include any of the planning supports noted above. Next slide, please.

Washington state has a service that's called planned facilitation. And one of the things they put in their definitions that we thought was really good is planned facilitation is, quote, a broad -- I'm sorry, a broad exploration of an individual's vision for a valued life that offers a platform for individual and his or her trusted friends and family members to express this vision and commitments of support. And that's like the heart and soul of person-centered planning.

Planned facilitation is intended to be intensive and highly individualized. Okay?

So it's there to help people prepare for formal meetings where you would develop your official annual person-centered planning or review it on whatever basis that is appropriate.

Planned facilitation really assists individuals to articulate their preferences and goals and outcomes, making planning meeting more effective and person centered. Next slide.

What is person-centered planning facilitation plan continued? It's to help the individual and family to understand the choices that they have in front of them and become knowledgeable about possibilities of paid and unpaid support services and activities in their communities.

Facilitators can be available at times other than during the planning process to help the individual and family assess and articulate how the person-centered plan implementation is going for them.

This is really critical. I think it's really important.

Case managers, you're my tribe. I was a case manager for many, many years for California and other places. Loved it loved it loved it. And I want to make sure we really understand the plan facilitation complements but does not in any way replace the scope and responsibility and work of case managers.

And in fact, it is there to really make the work of case managers even more effective. So one analogy you might think of maybe possibly in your state or your experience is in the self-directed support.



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We have many situations where case managers provide the supports to individual whose are self-directing. But we also have the opportunity especially for people who may need additional support to more intensive support to hire a support broker as a one on one service that assists the person to -- teach them how to hire, fire, train, assess their own employees.

So it's analogous to that. It doesn't replace case management in any way. It is there to undergird and make case management even more effective. Next slide, please.

So again, this is sort of to make sure we don't get into difficulties with CMS. One of the things we would say is that case management -- I'm sorry, planned facilitation is a direct service. It's to one individual and has a broad scope of responsibility like case management. But case management is usually not seen as a direct service. It's seen as an overarching or management or pivotal service in the person's life.

You can do case management and a direct service like planned facilitation, but CMS says if you're going to do that, you want to make sure that if the state chooses to offer these other direct services, they should have their own distinct definition, and rate structure. It's important to make sure there's a real clear separation of roles and responsibilities of qualifications in order that we do not duplicate the work we pay for management or replace the scope of what is the case manager' responsibilities.

So next page, please.

So this is a little list. I don't know -- again, we're new to this. We're learning this. We're learning about it.

We know that planned facilitation exists in many forms all throughout the country, and we're talking more about how do we take that and really make sense of it and make it into an actual direct service that people who may need more support in their planning could identify.

In fact, one state targeted their planned facilitation to people who were in transition and that makes a lot of sense, you know. You're coming out of high school, college, you're moving to a different job, had a big change in your life and you may need some intensive support to figure out what the next steps are in your life.

So we have -- the typical definition of case management -- this exists in a lot of the waivers, evaluation, reevaluation of care, now we're speaking case managers, right? Assessment, reassessment for needs of services, plan development review, coordination of services, coordination of non-waiver services linking people to other supports and services, monitoring and oversight, one of the most critical roles of case managers. Absolutely.

And including monitoring if planned facilitation is a direct service under your program, monitoring of plan facilitation. Is it working? Is it as intended? Is it necessary? Is it working well with case management?



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And on the other side, planned facilitation, the way we conceived of it was a one to one direct service, individual coaching and training. It's working with that person. Maybe, you know, going over how I'm going to present my point of view and my plan. How I want to present my plan to the planning team.

It's much more one on one and very individually tailored. Again, not to say that case management isn't individually tailored. Of course it is. The case management, you deal with one person is not the same as you do with another. But as case manager you typically don't do one on one training, teaching people how to express themselves well in a planning meeting.

That's, unfortunately -- case managers usually don't have enough time in the day to do that kind of stuff given their case load. Certainly, that was my experience. I would have loved to have done that, but I was really happy when someone else did because people came to their planning meeting well prepared. Next slide, please.

Why do it? Why do it? Why do it? As you are all well aware, the outcome in quality in an individual's life rests on the integrity of the person planning process and the person-centered planning. It's the road map, the critical piece that everyone shared and understands as to how to have this person experience their life as they wish it to be.

So planned facilitation, why do it? It can help people come prepared to the formal person-centered planning meeting that often has, you know, a time frame it has to be done in, whether it's hours or certain target dates that have to be met.

So having people come be prepared to really move that along.

The family and the family -- the circle of support come to the meeting with the same knowledge and agreement as to -- to be able to support the individual going the direction they want to go.

It's really to undergird and inform the person-centered planning process and really focus prior to the meeting can be really interesting.

Certainly in my experience, I had some situations where perhaps the individual who is an adult may not have the vision for their life as mom and dad. And during that preplanning, really working through some of that stuff can make the formal meeting so much more effective in bringing forward the concerns and the life the person wants to have.

And again, this is coaching, training, really hands-on stuff so people can make for an -- be an effective member of their own planning team. Next slide, please.

I think we went over some of this. I think one thing -- it is important. It's not just the individual skills. It's family skills as well. And as I say, working through some of the concerns and issues that family might have that might differ from what the individual wants and having that base kind of set together, you know, coming in together in agreement can really be a very



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valuable -- to smoothing the path and getting to the most important stuff in the person-centered planning of what's the actual road map.

What are we going to do? What do you want to have happen? And having more time, then, to choose the supports and services that make it happen.

The other thing I thought was interesting, too, that the PCP facilitation can also develop a circle of support and help maintain those relationships.

It's really great when people have those circles, but it does take time, energy, and skills to develop and keep that circle going. And a plan facilitator can certainly participate in that as well.

Next slide.

Who does it? [Chuckling]. Okay. There isn't, you know, any one right exact one right answer to this. Ideally, you want a facilitator who is trained and skilled in person-centered planning methods, whatever those might be. We have maps, paths, all kind of ways. Home-grown, wonderful person-centered planning processes in many states.

I certainly read every single state's home and community waiver and there's tons of great stuff in there. So you know, having the kinds of skill set that will really make that planning process move well is pretty important.

So training and experience in developing and building collaborative relationships, skills development, coaching skills and training skills, has experience working with individuals and has knowledge about supporting families through the lifespan, has experience in training and facilitating meetings.

The publication that was mentioned at the beginning of our introduction is listed here as well. And there's some really good suggestions on the skills that might be important for facilitators to have.

Next slide, please.

Yeah. The question is can case managers be plan facilitators? Of course. They already are. I mean, they do a lot of management of the person-centered planning team and guide and lead that team.

But as we're saying, case managers would need -- the plan facilitation we're talking about is much more intense. It's a real one to one service. So yes, case managers can do that, but then it might become a direct service. Or the question for me is, how do we do that when our caseloads are not as small as they need to be for us to be able to do have that kind of time to spend working one on one with an individual?





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So again, it's not that you can't. It's just that the way we conceived of the services is definitely more intensive. Okay? So it seems like given the scope of responsibility of case management, it would be difficult to provide this level of support to an individual who needs a lot of support in order to participate fully in their person-centered planning.

Next slide, please.

Instead of writing out, you know, you must do this, this, and this, say to families, hey, these are the skills and abilities people need to have for -- you might want to think about having when selecting a plan facilitator. There's, again, some references here that you can find that Minnesota works here and we have somebody from Minnesota here today.

So I like that the protocol focuses on knowledge, skills, attitudes and values, experience. And does the person have the person have the opportunity to continue to grow in their skills and abilities.

Again, it hits those things that are really important about what's needed to be able to be a facilitator.

Washington's established competencies. And they have trainings that people have through a person-centered planning facilitation and they need to have a certain experience. So there's a variety of ways to approach this. There's no one right answer. Yes, you must have a master's degree. No. It's something you want to put together with your stakeholders as to what makes the most sense in your state in terms of the qualifications of the people who are doing it.

Next slide, please.

One of the questions is, what about people with disabilities, peer mentors? Of course, of course. Again, it's a question of skills and abilities.

Or maybe peer mentor can do a piece of facilitation. You might conclude -- one of the people who can do this kind of training under the services facilitation.

There may be a qualified group of people that can do the training. Okay?

Another question that comes up is can family members be paid to be facilitators. Again, the home and community services waiver does include family members to provide services. The question is, if so, what are the qualifications? What about if the person's a guardian? How do we make sure we honor emancipated adults who may or may not want a family member as their facilitator? Again, it's not yes or no. It's your state, your stakeholders and the individuals who will be receiving these services.

This is up to each state as they craft a definition to decide if this -- if they will pay family members. Next slide, please.





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Well, what do we need to think about? [Chuckling]. Well, we can go -- a lot because we're learning and growing into this. This is the first round -- go-round on this as, hey, we need to think of plan facilitations as a stand-alone service. Or do we want it as a part of service definition?

Again, we agree that many states do a lot of elements of planned facilitation, but only a few have it as a stand-alone.

It's up to you how you want to think about it. We're suggesting -- we're thinking of it as a stand-alone service. One of the questions that comes up is, is planned facilitation, does it have to be available to everyone who wants it? Is there screening criteria?

Well, yes or no. The home and community based waiver as every case manager knows if a person needs to have assessed needs and it's covered under the program, they have a right to the service.

The question is, well, does everybody need this? How would you assess whether there's a need for the service?

Again, good questions. I'm not sure we know the answers yet. I think this is one that we're going to learn and grow into.

A really important piece of this is that facilitators should not have conflicts of interest. Case managers, you know this. You should not be providing direct services for anyone for whom you're a case manager. Same thing with planned facilitation. Same rules.

Next. Many more things to think about. How do we pay for it? Home and community based waiver, it can be a Medicaid funded service under those authorities. Certainly, we have states who are doing it, but, you know, we have to decide what method -- what financing you want to use. And again, we're suggesting the home and community based waiver is good financing.

How do you establish a payment rate? There's tons of questions in here. Minnesota uses what they call a market rate. Washington pays \$17 per quarter hour. Again, these are -- whenever you stand up a new service, it's figuring out how do we pay for it and what do we pay? Do you want to put caps or limits on the amount of facilitation a person may have?

These are things to just think about. Next slide.

And of course, what about quality? How do you know that people are getting the outcomes that are intended of this service? How would you assess plan facilitation? How would you know that the quality is there.

Again, case managers have a strong role in assessing the quality and outcomes, what are the bench marks and criteria. How would we know it's working? And you can look at



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things like meeting qualifications, the case manager's monitoring and oversight, indicators of satisfaction with the planning practice.

Outcomes that are actually occurring. So you will have to think about how you'll measure and establish the quality and outcomes of this service if you're going to stand it up as a service. Next slide, please.

So fundamentally, the bottom line is as we strive to continuously improve everyone's skills and understanding of person centered practices, plan facilitation is an opportunity to make sure that the PCP clearly focuses on the individual. Thank you.

>> Great. Thank you, Robin. Hopefully, Robin's -- you got a better sense of what person-centered planning facilitation looks like from, you know, the service perspective, how to set it up, a high-level overview.

And now, we're going to hear from folks who actually, you know, are truly living this, who have themselves used these person-centered planning facilitation services.

And I will note in chat, do keep the questions coming. We've made note of them. But we did get one question from Mark asking what's the difference between a facilitated person-centered plan and an individual plan of service or POS.

And I think probably as -- Robin has laid out a lot of differences. And then as you hear Elizabeth and Jim and Jenny speak, you'll get an even better sense of that because we'll ask them.

We posed three questions to our speakers to kind of get us started and introduce themselves. And we're going to hear about -- from Elizabeth, Jim, and Jenny about how they found out about person-centered planning facilitation and why they decided to use it, how it's different for them from, perhaps, a typical plan of service and also how person-centered planning facilitation has supported them to live their desired lives.

Let's do it. Let's jump in. We're going to hear from Elizabeth Martin first. She's an artist and small business owner. Elizabeth has a developmental disability and uses services and supports to manage her small business, build meaningful relationships, and volunteer in her community.

Elizabeth is supported by a committed circle of support, and some of them are with Elizabeth, as you can see. And with the help of an independent facilitator, Elizabeth -- from the person-centered planning process she has planned a future to lead a self-determined life.

Please share with us a little more about your experiences with person-centered planning facilitation.



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>> ELIZABETH: Thank you. Person-centered planning works for me. Working towards my dreams, I was planning. I said my dreams are, like, building my business, elegant designs by Elizabeth, sell, speak at conferences. My circle helps me with my dreams.

My other dreams are going on vacations, getting healthy.

I wanted my business to be great. I was pounding the clay, counting the money, carrying it, organizing shows. That's my calendar. Next slide.

I was -- I use technology for my business. I use designs, computer, use iPad for my sales, and I do the Square for my business on my phone. Next slide.

This is my website, my business. You can find my products online, elegant designs by Elizabeth. Next slide.

This is my -- some of the shops I'm in. Yellow door, Tootie and Tallulah's, art center, DVR. And that's my business card. Next slide.

I have sales and orders. I do custom designs for -- I sell -- mail different designs. Next slide.

My best sellers are bowls, fish, ceramics, pottery, and billows. And that's towels. Next slide.

That's supports me. This is my job description. They have to sign it, and I have to sign it to agree. Next slide.

These are the interview, some questions I do. Interested in the job. How did you hear about me? How is understand me -- speaking -- support -- planning. I was -- describe work experience, people who have disability. Next slide.

My family helps me with my goals, get better, going on vacation to Disney. This is Seattle and to Texas.

My family helps me -- goals with getting healthy. Better bones and water aerobics. Next slide.

>> Elizabeth -- I'm Elizabeth's sister and we asked Elizabeth's independent facilitator for their thoughts. If we can go to the next slide. For Elizabeth's facilitator, she said the person-centered planning is a joy.

Initially, we developed invitations and agenda together. Now Elizabeth does this plus lets us know what she wants to talk about and what she does not wish to discuss. As her independent facilitator, I may assist Elizabeth in the process, but she's always in the driver's seat. We're not compelled by system checklists or wrongful interpretations of person-centered planning that limit creativity. We are motivated by Elizabeth. Next slide, please.



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So to kind of hear from Elizabeth's independent supports coordinator, kind of how those two work together, we asked her independent support coordinator. What is her name?

>> ELIZABETH: Diane Dudash.

>> She said I worked closely with Elizabeth and her circle to decides what she wants or needs from her family, her circle, the community, and behavioral health system. We developed this as apert of her person-centered planning process. As a coordinator, I work for Elizabeth and not the system.

I answer to Elizabeth and she approves my payment each month. If Elizabeth decides that I'm not doing a good job she can --

>> ELIZABETH: I can fire her.

>> That's right. My job is to make sure that all needed supports are identified in Elizabeth's plan of service so that funding is attached to Medicaid covered services.

People know what parts they are responsible for, and as the support coordinator, she follows up on the timelines and assesses assignments to make sure that everything is being coordinated to follow all of Elizabeth's needs. So we thank you for gives Elizabeth the chance to share her thoughts.

>> Thank you so much, Elizabeth. Very helpful to give us this illustration. And we'll hear another one. So next, we're going to hear from Jim. So I'll introduce Jim first and then hand it over. Jim moor is a self-advocate and public speaker from Minnesota.

His motto is just grab life by the horning. Jim will share his experiences of using person-centered planning to move out of the group home and into his own apartment. Jim, take it away. Tell us about your experiences with person-centered planning facilitation.

>> JIM: Yeah. Thank you for having me again. I -- in 2010, I think it was, I moved back here from -- moved back from being in Minnesota and I lived on a farm and I didn't like it there.

And then I moved into this group home in Apple Valley and I didn't like it there either. Then I met Andrew, and Andrew was my social worker at the time.

He is no longer with me. But I still keep in contact with him. We go out and do stuff together, and I was just on the boat this summer.

So anyway, so Andrew said -- because I wasn't happy because they were -- they were making me do things like -- I had a token program that if I took -- did this, this, and this -- one of them was take a shower every day, they would give me a token and I can earn rides to go wherever I wanted to go. But I didn't like that. So I -- I knew how to take a shower and, you know, do all that stuff.



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So then I talked to Andrew about it, and Andrew said there's this person named Betsy that does person-centered planning. And so I said, yes, sure, let's meet them -- her.

And I met Betsy and we went for coffee a couple of times and got to know each other. And we decided to do this. And then so the next step was -- the next step was that -- to set up a personal training session. And I did my planning with a whole bunch of social workers from Dakota planning.

Do you think it was different or am I off on that?

>> BETSY: Jim, it was different. Jim didn't have a very large support team. Andrew was looking for ways to help our case managers learn more about person-centered planning. So Jim volunteered to let those case managers sit in and help do some brainstorming around him. And we used a process called picture of a life and developed a nice person-centered description. Go ahead, Jim.

>> JIM: Okay. So then after I said, Betsy, let's do this, we did it. And I -- I'm the spitting image that it can be. It can be done by anybody.

And so then after -- I've been on my own for about five years now, five, six years. And me and Betsy have kept in contact. We've done -- we've done -- refresh -- we did a person-centered planning for -- to see what the last five years looked like.

And I'm engaged to get married, and I live in my own apartment. And so -- and I guess -- let me see here. I guess what I would tell social workers is that -- listen to your clients. They know what they want. And even if you think it's hard to achieve, believe in them and support them as much as you can.

And also, just be there for them. That's -- I mean -- I know Andrew and Betsy are always there if I need something or, you know, need help with something. I know I can call them and Andrew. Like I said, I -- me and Betsy and Andrew go out for coffee a lot, like, try to once a month. But now that's been on a hold because of COVID.

You know, so we haven't been out this summer. This is probably only the -- well, the second time or first time I've seen Betsy in like a year.

>> BETSY: Yeah, it's been a long time.

>> JIM: Yeah. Is that pretty -- does that pretty much describe my personal -- do I need to add anything?

>> I think that's great for now, Jim. And we'll circle back and have a few more questions for you later on. Thanks.

>> JIM: Okay.



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>> And congrats on the engagement. That's rad.

>> JIM: Yeah. Thank you.

>> All right. Next, we're going to hear from Jenny Weldon about her experiences with person-centered planning facilitation. Jenny's a vivacious, social articulate young lady and she'll tell anyone she would like -- anyone what she would like in her life and what support she needs. She has learned from medical professionals to take care of her health needs.

Jenny would like to -- Jenny participated in person-centered planning to map the supports out and she'd like to share her experience in determining her supports and how person-centered planning can help others have their voice heard. So Jenny, welcome, and please tell us a little bit about your experiences with person-centered planning facilitation.

>> JENNY: Well, I [audio cutting out] recently. I think it was a good idea to have it done. My social worker was the one that helped me to get into this, and she is the one that found Jen Billington for me.

Jen Billington has been a great person for me. She's really helped me out a lot. And she helped me really cope with a lot of ways to get my staff to help me in so many ways to get them to listen to me better and to -- to do things the right way for me, especially for my cares because before, they were just doing cares the way they wanted to because they felt that -- [clearing throat]. Excuse me.

They felt that since I'm the only one in my house that can communicate my needs, they felt that -- that they could just do care any way that they wanted to do them.

And so having Jen come help me kind of do that made me feel good.

And so now I feel like I have a voice to communicate my needs to my staff and I just feel more comfortable that they listen to me now and I still have issues here and there, but they're doing better in listening.

With some of it, I still have issues here and there. [Chuckling].

>> All right. Thank you, Jenny. So I'd like to bring in a couple more folks to the discussion and kind of keep things rolling. I'll introduce Jen and Betsy. Jen Billington has been supporting people for 25 years and she completes formal person-centered planning processes and educates the people that she works with, guardians, case managers, direct support providers on important to and important for, power with, power over, and other critical concepts of person-centered thinking.

And she's been providing training to person-centered planning thinking to various organizations in Minnesota for many years.



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And Betsy Gadbois is director of person-centered development with star services, in the fields of developmental disabilities for 40 years. Betsy a PCP person-centered thinking trainer and mentor and has delivered training nationally and she's passionate about people having positive control over lives that are meaningful to them.

So my first question is for Betsy and Jen. And what I'm interested in hearing from you both, having worked in this field for a number of years in the state of Minnesota, what can be done in your view to increase awareness and use of person-centered planning facilitation services for all?

And when you answer, I would specifically love it if you can touch a little bit on how we ensure that person-centered planning facilitation is culturally and linguistically competent and that our facilitators are culturally and linguistically competent as well. Why don't we hear from Betsy and then Jen.

>> BETSY: I always wonder why do I put that 40 years in there? I might be able to fool people that I'm 30 or something. But thank you for having us.

One of the things Jen and I are doing is we started an initiative -- I don't know, maybe a year ago -- and we were interested in kind of sharing stories like Jim's and Jenny's and other people with successful planning.

And one of the things we hope to share is the successes. The other thing is we have a mission for ourself to get out to the counties in Minnesota and talk about what person-centered planning is because in the title of our presentation, I think you're right on, it's the best kept secret.

People have no idea that it's out there, that it's available, that you can have an independent facilitator come out, spend time, lead your team through the process.

That's one of the big things we've done. As far as assuring increasing cultural and linguistic facilitators, we have recently applied for a grant to work with different organizations where maybe English isn't their primary language to take kind of the foundations of person-centered planning and figure out what does that mean to a different community, people that have a different cultural background.

So we have been trying to -- because the way that we do it, we may not work for something who's Hmong or Somali. We want to gather information, provide training, and then have people go out and train within their communities that they understand much better.

So that's our big hope and dream. Our grant is out there, but we haven't heard yet. And Jen I hope I didn't say everything because I know we're doing a lot of things.

>> JENNY: It doesn't help that Betsy and I both work together -- or maybe it does. So yes, everything she talked about.





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And one of the best ways I've seen awareness happening is with teams that I have been doing facilitation with, just experiencing the actual process really helps people see how, oh, maybe this could also support someone else that I provide case management to.

Betsy and I both do person-centered thinking training, too, so expanding knowledge for case managers and in Minnesota, we have MN choice assessments, which are eligibility for services.

Educating those assessors also in how this does not necessarily have to be an additional service. It is an enhancement to services.

So in Jenny's case, she was receiving pretty much all the services that her medical needs needed. But what was missing and hopefully is being better established in her plan is that voice for her, that Jenny is a person and she knows what she wants and needs and how to best support her versus, as Jenny said, just doing it the way you were trained to do it because maybe that's not how it works for Jenny.

So it's not -- at least in Minnesota, it's not you can do this or you can do that. It's a combination of both and really making services work for the person versus the person needs to work for the services.

>> BETSY: I'm going to add one thing. It's really powerful when you can listen to someone like Jim talk about the difference in his life. I think that has a big impact when we're trying to expand services and making it available to people.

>> Thank you, Jen, and Betsy. I'd also like to pose this question to Angela Martin, Elizabeth's sister. Hi, Angela, and welcome. We're glad you're here.

I don't have your bio, actually, in front of me, but I know that you know quite a bit about person-centered planning facilitation in Michigan. So I'd love for you to tell us just a bit about your background and what you think can be done to increase awareness and use of these services for all, and anything about cultural and linguistic competence would be great, too.

>> Thanks. I work at the Michigan developmental disabilities institute, the university center for developmental disabilities. Every state has one. And we have been training independent facilitators similar to the roles that Betsy and Jen have been providing for a while in Michigan.

In Michigan, person-centered planning is the required way that behavioral health support so that includes people with intellectual developmental disabilities, mental health supports, substance use disorders, person-centered planning is the required way that you're supposed to plan for those supports.

But one of the -- one of the good things you can choose an independent facilitator in Michigan who does just the facilitation for you, and it's covered under Medicaid. You can pick a person and they're paid.



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It doesn't mean you have to pay the person. You can facilitate your own or you can have the person help you facilitate the planning because going alone is sometimes scary when planning processes.

I do think that diversity as Betsy and Jen shared -- we live in very large states that are very urban, rural, suburban, and you need to have a diverse population of facilitator who have different lived experiences, both geography, language, cultural, and then the lived experiences of a variety of disabilities.

So it's really important that the people that we recruit to serve as facilitators be as diverse as the people as the system it supports. It's important to have folks -- and I do want to say it doesn't have to be just people that work in the disability field.

Some of the people that we have facilitated and prepared they're just savvy community people that are well-connected and good facilitators, back to Robin's point.

They're just -- they have the flare to make things of a group and get the best out of people. So people that are really good at networking and have savvy skills of getting good group collaboration.

So I do encourage you, as you think about who needs to be in the facilitator pool, it needs to be as diverse as the population we support. So thanks.

>> Nice. Thank you, Angela. All right. I have another set of questions. We can't have a webinar without thinking about how the global pandemic, the COVID-19 crisis, has impacted -- how we think about any topic.

And so in this case, you know -- and people have touched on this a little bit, you know, we would expect that COVID and the requirements around quarantine and staying separate and all of the different disruptions that have happened have an impact on person-centered planning facilitation.

So my question for each of you is how is person-centered planning facilitation different in 2020 during the COVID-19 pandemic.

And you know, as we do, are there any -- are there any learnings, any opportunities, that have emerged? Anything we've learned how to do differently that might -- that we might take with us beyond 2020? So how are things different during COVID and what opportunities have emerged?

And for this question, I would like to hear from Jenny first.

>> JENNY: [Chuckling]. Well, it's been hard because -- haven't really been able to get out much. So it made it very difficult for people to really do the things that they need to do. It's just -- you know, it's made a lot of difference for a lot of people to go to appointments or go to work or wherever or to be with family, especially for me. For me to be able to be with my



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family, especially. I mean, I myself haven't seen my parents -- I see them every so often, but just to be able to visit with them more often and just have some time with them would be nice.

But I don't get to see them as much as I want to. So yeah, the COVID-19 has been hard and they have to wear the mask all the time and having to be 6 feet apart and all that, that's hard. So this COVID-19 has been hard.

>> Yeah, Jenny, thanks for sharing. It sure has. It sure has. Is the work that you do with Jen any different now since COVID-19 started?

>> JENNY: A little bit because we haven't been really been able to see each other person to person. Yeah. I mean, I know a while back, she wanted to be able to come to a staff meeting to be able to talk to my staff regarding some of my person-centered planning stuff, but she couldn't because of the COVID stuff. So that's been difficult.

>> Yeah. Yeah. Jen, how about from your perspective, from your side of things. How has it been different? And have you seen any opportunities emerge?

>> Jen: The main difference is that most of the in-person meetings that I would normally do during the discovery process is definitely, they're not happening as frequently.

It is always the person's choice. I always leave it up to them, do you want to meet in person, do you want to meet in Zoom, teams, however you want to do it, but most people are saying, let's just do virtual for right now, which can be a negative.

I mean, obviously, it would have been great if Jenny and I -- if I could have come to a staff meeting and help her speak to her staff, just kind of been that support behind her physically to say, you've got this. Just say it, Jenny. You know what you need.

But it really -- it has worked really well for some people. I've had at least three teams I've done planning with that have said this worked so well for whoever it was because they're anxious about meeting new people or they have so many people walk into their home and just kind of expect to share everything about them.

So being able to meet you virtually was easier, less intimidating.

And it also -- as a planner, it opened up my eyes to the fact that even if someone important to someone in their life can't be physically present for the planning session, there's so many more options to engage people. Why it never dawned on my before COVID that you could Facetime somebody into a planning session, no idea why.

But for me, that's a happy coincidence that I learned from this.

>> Yeah, a lot of us have gotten a lot more agile and learned to harness technology in ways we never thought we would have to. That's for sure. Thanks, Jen and Jenny.



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Jim, how about you? How is your experience of person-centered planning facilitation different in 2020 in the midst of this COVID-19 crisis?

>> BETSY: You're muted, Jim.

>> JIM: Can you hear me now?

>> Yup.

>> JIM: Okay. What changes in 2020 for me, I guess, is I really haven't been able to see Betsy as much as I would like to and do, you know -- and it's really hard to see my mother and friends.

I mean, I'm not going to lie. I've been out. But to mask up, you know, whenever you're out, which is part of it. But I'd like to see my mom a little bit more, you know. But that's probably the biggest thing about COVID is -- and just not being able to -- like, I would -- well, I know some of you are from Minnesota.

I mean, I would have liked to gotten to meet you today but because of COVID, we have to -- I'm in one room. Betsy's in the other, you know. So I guess COVID has really changed a lot of people's lives because -- and you know, it's just common sense. My mom keeps saying, you know, not to get political but why do these people not getting their hand sanitized and not wearing masks. And that's why it's growing because people aren't doing what they're supposed to be doing and wearing a mask and stuff.

But for me, it's been real hard. And hopefully, we're hoping for a better year in 2022.

>> Definitely. Looking to the future with hope. Betsy, what do you think from your experiences working with Jim and working with others? How is it different this year?

>> BETSY: Yeah. Jim and I aren't really planning anymore. We just more, like -- he's great. He's a great guy. He's, like, hey, I like you guys. Let's hang out and have coffee. So we're not necessarily working together. But I do -- COVID was really hard for him. I think he didn't get to see his fiancée because she lived at a group home. Right?

>> JIM: Yeah, I forgot about that. It was actually four months.

>> BETSY: Yeah. So he's had a lonely period of time. As far as person-centered planning goes, one of the things I have found to be of great benefit, when people have access to Zoom, Jim doesn't. Or a computer. So that's a struggle. When people have access we can touch in a little more often and do a little bit better follow-up and I've appreciated that.

Some people I've supported have been extremely isolated so we just make a point of connecting once a week and chatting through Zoom.



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I do -- Jen is the queen of remote planning and I do have most teams remotely. But the majority of the time, the people I'm planning with have been in the room with me either with somebody that they really care about or a mom or -- well, they care about their moms, but maybe the family will be in the room.

I think for some people I've planned with who maybe have autism having that -- we do a graphic process, so having that unfold in front of them has been helpful.

The other thing that I would add is it seems to be a more respectful process when you have a facilitator and the person is on video because I guess you could mute them, but the person really gets to be in charge and you can facilitate a bit better. People aren't jumping in as much.

I've appreciated people aren't necessarily talking over the person who's plan it is and they have a bit more control over what's going on.

>> That's really interesting, Betsy. Yeah, fascinating. Thanks for sharing that, Betsy. And thanks for sharing, Jim.

>> JIM: Yup.

>> Next, I'd like to pose the same question for Elizabeth and Angela, if you have anything to add as well about how things have looked different for you this year.

>> ELIZABETH: It's really -- we were on Zoom because we had to -- it was March because it was -- in March, we had to Zoom with people and phone -- join phone and emailing and computers. And circles help me on Zoom.

>> ANGELA: What you didn't like is you can't have a --

>> ELIZABETH: Party with food and drinks.

>> ANGELA: On Zoom. And Elizabeth shared with us, early in COVID, Elizabeth had a planning meeting scheduled in March 23rd which was only ten days after COVID shut down in Michigan happened. And so it was -- everyone was going through a lot. But I was a little bit nervous as a family member that it was going to be a totally different planning process.

And what Elizabeth told me afterwards is that she really liked it because she -- it's kind of where Betsy said. People listened more. And it told us as the people in her life and circle we needed to talk less. Talk less and listen more.

And one thing that we were able to use on Zoom is that -- so I hosted the Zoom because I have a Zoom account and we pinned Elizabeth's picture. So her picture was at the time. And so that seemed that -- seems you can do pin or another feature on Zoom, highlight. And that seems to help. And having been a facilitator and participant, to focus people's attention on it.



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But the other thing Elizabeth liked -- so her circle continues to meet over the summer with people being aware in the summertime in Michigan. People tend to go to their cottages and people did this summer because it was a bit safer. It means you don't have to miss the circle meetings because we're using Zoom.

Where there would have been times where people couldn't join because we have a meeting in person and that's what Elizabeth wanted, but during Zoom, we can make sure everyone can participate because they can join by their phone or laptop.

>> ELIZABETH: Yeah, laptop.

>> ANGELA: So Elizabeth thought it worked. And you want to keep doing this?

>> ELIZABETH: Uh-huh.

>> ANGELA: So we'll continue to have the circle meet. But she does like the party with food and drinks and it's just not going to happen for a while. So I do think there will be times when you meet with your circle and planning that will be in-person and sometimes it'll be virtual.

>> ELIZABETH: Uh-huh.

>> ANGELA: It was a different learning experience for sure.

>> Thanks. Thank you. And I think the feature on Zoom is called -- I think it's called spotlight.

>> ANGELA: Spot light, yes, thank you.

>> Really good practical tip. Yeah, you can spot light a person on Zoom during a Zoom meeting so that their picture is the biggest. So what a great way to keep the person at the center using technology by making them bigger than everybody else in the meeting. So that's kind of a cool, practical way to center the person, you know, literally. Awesome. Thank you.

We did get one question in chat that I can quickly relay to you, and that is Elizabeth and Angela, if you could in chat put in the link to your Etsy page, I think some folks wanted to check it out.

So if you can put it in the chat and make sure you select all panelists.

>> ELIZABETH: We'll put it in the chat. Okay.

>> And I do have one of her hand towel said. It's gorgeous. I'm afraid to use it because it's so pretty in my bathroom. I can personally attest to the qualities of Elizabeth's products.



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Robin, kind of zooming out to a Medicaid policy perspective, programmatic perspective, I'd like to hear your thoughts, too, about how person-centered planning facilitation is different in the era of COVID.

>> ROBIN: I mean, it's -- there's so many negatives, I mean, we know. But one of the things I was happy to see is it's bringing technology to people who have been cut off before.

There's been a loosening in the regulations and a realization that computers and internet access are essential health services and can be covered through Medicaid, through, you know, equipment, supplies, you know, which is really exciting because we have so many people who did not have this kind of access.

Since we moved so much to telehealth and video and all, this is just an essential service now. I'm pleased to see that we're making ourselves available to each other through these new tools. That's really great. So I'm really happy about that.

The other thing is [chuckling], you know, we were on a bit of a path to look at what people did during the day with the home and community settings roles. We were starting to push ourselves into new areas.

Well, with COVID, it's forced us to be much more creative to say, well, what do you like to do?

You know, what interests you? Oh, you really hated your day program? God, I never knew. [Chuckling]. There's real opportunities here for transforming the way we support people that have been made really stark by the COVID situation.

And you know, now all the planning really is kind of one by one, you know. You can't just say the group goes here, the group goes there. We're not doing ride around in the van stuff anymore. Well, what do you enjoy? What do you like? What artistic pursuits you have, what do you like -- do you like film? Dance? Movies? Whatever.

What hobbies might you want to engage in? I think that's an incredible opportunity and I hope we don't lose sight of that and drift backwards into, you know, the congregate kind of stuff we've been doing.

And I think the other thing that came out of COVID that was very clear -- and we've been saying it, and Jim, we're totally with you, that congregate care is not the answer to supporting people.

And it brings a whole host of its own issues. Just think about how if you were in your own place, maybe your mom could visit, you know. You can have family members. Right? Well, when you're in a group living situation, multiple, multiple people, it can't be done. You know, it made it clear the kind of restrictions that those settings impose on people became much clearer.





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And also the safety and health and well-being of rotating shift staff. We discovered, hmm, maybe not such a good idea for people's health and well-being for the people supporting folks and the peep being supported.

So what do we learn? Relationships matter. Having stability and continuity of support. So there's some real amazing lessons that are hard-learned. I mean, I'm sure none of us wish we had the situation to learn it, but I certainly hope we don't lose sight of that learning. So that's where I'm seeing it from.

>> Yeah. Thanks, Robin. Great, great points. Yeah. The points about congregate care, we've been hearing and thinking about these pieces a lot, and I think it's really critical, and we may have a real opportunity on our hands to really radically rethink our systems with COVID. So yeah, thanks.

All right. So now, we're in the Q&A portion of the webinar. And we've gotten lots of good questions. Also check our chat because elegant designs by Elizabeth on Etsy is in there.

And one of the thing, we had a request for your contact information. If you're comfortable sharing, Betsy, I think you put your email in. But if you're comfortable sharing your contact info, people do want to get in touch with you. Please put that in chat.

And I will also say that as usual, our chat is sort of a hot bed of people connecting and sharing information and looking for support. We will capture all of the information in chat. And when we post the webinar recording and the slides on [NCAPPS.acl.gov](https://ncapps.acl.gov), we'll include the various information and resources people shared so you can download and have available on the website. And also the questions. There's more questions in here than we'll have a chance to get to.

So any questions we don't get answered, we'll work with our presenters here to get written answers and we'll post those as well.

If you ask a question, you'll probably get it answered, if not now, then later.

My first question, I think, is going to be geared toward Betsy and Jen and maybe Robin you can weigh in on this as well. It touches on a few of the questions we've gotten. And that's how do we ensure the quality of facilitation?

What are the ways that people can make sure that person-centered planning facilitation services are, you know, of the quality that we would expect? And specifically, I guess I'll add how do we make sure that -- what staff competencies are we looking for? And how do we measure -- how do we know if those competencies are present?

And maybe this time, I'll start with Jen.

>> BETSY: You're muted, Jen.



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>> JIM: I don't know what's going on.

>> She's coming back, Jim.

>> Jen: Repeat the question again. I was typing in chat.

>> No problem, Jen. What staff competencies are needed for person-centered planning facilitation, and how do we measure them? How do we do quality oversight?

>> Jen: So in Minnesota to be a person-centered planning facilitator, there are no qualifications required by the state. So the company that Betsy and I do work for, Betsy provides a training for her, so I'll let her speak about it.

Quality is -- [sighing] it is knowing person-centered thinking skills. But I think what the facilitator needs is the ability to listen without bias and really ask those questions in a professional manner but also in a way that -- it might be a sensitive topic. So really being cautious while getting to the root of what the person needs or wants and maybe listening to their actions versus their words.

And so being in tune to who you are as a facilitator but also who the person is that you're talking to and what kind of dynamics the team might have. To me, those are the most important qualities.

I'm not trying to impose any biases or cultural standards of your own with the people that you're working with, supporting.

>> Thanks, Jen.

>> BETSY: In Minnesota, we had a group that was working through the department of human -- the department of human services, thank you, that was really looking at what makes a grade person-centered planning facilitator. And we came up with this credentialing, kind of, document.

And now, you can also find it -- and you posted it today, Beven, about questions you should ask of your person-centered facilitator. Do they know the history of services? Do they know what's happened in Minnesota to make sure we stay away from that?

Do they know different planning processes and how to use them?

Do they know about facilitating groups? Do they know -- and there's a number of things and I would encourage you to take a look at that.

The other thing that when we -- so how do you assure that things are happening for people? I can't tell you there are certain things that must be included in a plan. We came up with eight things one is positive and look at what do people like and desire, that it's based on their strengths, there's good follow-up.



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But because each plan is so different, you can't say that this has to be it.

One of the things we do do in Minnesota or Jen and I really make an effort to do is that we have the plan. We roll the plan out for the person and we say, well, we'd like to follow-up. So it happens often, and I don't want to lie to anything, but it happens often that we'll go back to the team six weeks later and minimal has happened.

And we can talk -- this is being paid for by your State of Minnesota and we've asked these questions of these people and how dare us we ask them if we're fought going to take action on them.

Even though your person-centered planning facilitator don't have authority, people see don't see it that way. Jim wants to move out. What have you done? It seems to move things a little quicker.

We have lead agencies that have their own checklist and say that the plans have to be, you know, focused on the person. It is not a perfect system. But we've got good things in place.

The other thing we do in the class we offer, we provide six months of follow-up. It is not just go to a class, walk out, and be a facilitator. It's about understanding team dynamics and what are you going to do once somebody starts to cry and what are you going to do once somebody gets mad? What are you going to do?

We get people in here, practice this stuff and maybe in six months after you've done it on some safe people -- that's what we say.

But like Jen said, there isn't that -- that standard isn't there yet. We've just done things in Minnesota to move closer to it.

>> Nice. Thanks, Betsy. And I'll put out a little teaser here that at NCAPPS we've done some work stepping from work from the national quality forum panel on person-centered planning to do a little more articulation of what the core competencies are for person-centered planning facilitation, so stay tuned for some of that as a resource. There may be a webinar on that topic in the near future.

Robin, over to you. What can be done for thinking about quality? What are the key quality considerations for person-centered planning facilitation?

>> ROBIN: I would say that asking Jim how it's working would be probably [chuckling] -- or Elizabeth or Jenny. They're the arbiters of whether or not this is working or not in supporting them. That's the first check-in. That's the case management role, very much so to say, is this -- are you getting out -- because it's coming out of your budget, potentially. It could -- this may be a service you're choosing to pay for out of your budget. Right?



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Well, you want it to work. And I think that's really, really essential that there's that immediate feedback loop all the time. That Jim, Jenny and Angela all know where to go if it's not working.

So I think that's really important. That's No. 1 to me. Okay?

The other thing is, you know, when you're assessing the quality of a person-centered plan, to me it's how unique is it because if you're seeing plans that look like other plans, look like other plans, and we call that person-centered planning for a long time, it's not person-centered planning.

So one of the ways to, quote-unquote, tell is to see how unique and individual one by one are the kinds of things that are coming out of those efforts in the plan facilitation meetings. So I think that's really important.

>> BETSY: I think Jim would also tell you that the strength of his plan had to do with his committed champion. Somebody who was 100 percent on board for Jim, and Andrew was there for him. That was his case manager.

>> ROBIN: Great. Again, absolutely critical role. And I kind of -- I really appreciate what Minnesota's trying to do is kind of feeling their way and say, we have a protocol that says if you're going to do this, these are the kind of skills you want to make sure the individual has. You as the person, the individual being supported or their circle of support is looking at, well, who is this person, what are their skills?

Do they have these qualities that are essential to be able to do this work, and that's a really nice way to assess it.

It also leaves things open enough to bring in a wide array of people, and I think that's really important.

You know, we've assessed quality by either counting the amount of stuff people got or looking at the qualifications of the individual, like, did they have a degree, three years of experience. And we found those are not necessarily the markers.

The question to me is, is the person having outcomes in their life that they want to have happened, and how did that formal planning meeting, how did it go? Did you get to where you thought you were going to get to?

And to me, that's truly the best way to look at it.

>> Awesome. Yeah, that makes real good sense to me, Robin.

So we have just a couple minutes left. I want to give Jim, Jenny, and Elizabeth a chance to say a last word. Any parting words you'd like to share about people -- what people



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here should take away in terms of your experiences with person-centered planning facilitation?  
Let's start with Elizabeth?

>> ELIZABETH: They have to do it. It makes your life a lot better.

>> Makes life better. Thanks.

>> ELIZABETH: Thank you.

>> Thank you, Elizabeth. Jim, any parting words?

>> JIM: Yeah. Just believe in your clients and anything -- and have a dream. I mean, that's really what it's about. I mean, just to have a dream. Dreams do come true. And I'm spending every inch of it. I thought I would never live on my own. If you would have told me before I met Betsy if I was ever going to live on my own, I probably would have said no. But now -- it was always a dream of mine, but I didn't think I was going to achieve it until somebody took the time to believe in me and what I was capable of, and that's why case managers are so important because they have to let the.

Guardians know that yeah, he can do this. And I'm living proof of it.

>> Yeah, thanks.

>> JIM: So you know, it's just -- and who knows where this is going to go down? I might make a career of it. Who knows. I might do that.

>> Awesome. Thanks, Jim. Nice to have that hopeful message for today. And Jenny, what do you think? Last words? Anything you'd like to leave this group with?

>> JENNY: I've enjoyed living on my own. I've been on my own for quite a long time myself. But with all of my medical problems I've had, I've been from group home to group home and hospital to hospital and nursing home to nursing home.

But I've really enjoyed living on my own the past few years. And I just -- I -- especially now, having had Jen Billington come and do the person-centered planning, this experience has been really great for me because I just feel that staff has been so much better with listening to me because I've never had staff really listen to me in other group homes as well as they do now.

So she's been a really good asset to me, and I just think the person-centered planning has just been a real god-send to me.

>> Thank you so much, Jenny. Thank you to all of our panelists for all this wonderful information you've shared.



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I'm really, really pleased to be able to host all of you and share your wisdom. It's wonderful.

We're at time, so I'd like to ask Conner to pull up our evaluation. If you could, just before you log off, take a few moments to answer the seven questions that are going to appear on your screen and be sure to scroll down to get all of the questions in. We do love to hear from you.

And I would like to just, you know, thank the administration for community living and the centers for Medicaid and Medicare who support NCAPPS. Once again, thank you to all of you and the wonderful information you shared.

Stay tuned for our upcoming webinars. And we hope to see everyone soon. Bye.

>> Thank you.

[End of webinar].