

**Webinar Transcript:*****“Person-Centered Systems Change:
Reflections from the First NCAPPS Technical Assistance Cohort”***

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SPEAKERS

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Bevin Croft

I am Bevin Croft, co-director of the National Center for Advancing Person-Centered Practices and Systems. We will give folks, another minute to gather. And once it seems we've reached critical mass, we will get started. Okay. Welcome, everyone. My name is Bevin Croft i co direct the National Center for Advancing Person-Centered Practices and Systems with my colleague Alixe Bonardi who is also here. We're glad that you joined us today to learn about the first NCAPPS technical assistance cohort, quick description of myself, I'm a white woman, I have blonde hair pulled back, I'm wearing a striped summer shirt and I'm in a room with some pretty, bright colors on the walls. And this webinar series is monthly webinar by NCAPPS and we're glad to be funded by the administration for community living and the Centers for Medicare and Medicaid Services, all NCAPPS webinars are free and open to the public, a few logistics, about the day. This is, uh, oh sorry, first before I go into logistics, we exist as a center 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 that really is what we're going to be taking



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a deep dive into today. Now a couple of logistic points to make before we get started. This is a webinar format, so everyone is muted, you're more than welcome to use the chat feature to say hello and to engage with everyone. If you are interested in engaging with your fellow participants, be sure to select all panelists, and attendees in the to bar of the chat so that your comment or your question is visible to everyone, accessible to everyone. and it's always great to see dialog and information being shared in the chat. We'll have a little time for questions and answers at the end of this webinar. But if we can't get to all questions. We will also post responses to the questions on our website after the fact. This webinar is being live captioned, in English and Spanish. There is a link to access both the English and Spanish transcripts. You can see the link on the screen, but it is also the live link can be found in the chat box Connor just pasted it in, we'll have a couple polls for this webinar so please be prepared to interact. When we pull those up. You're more than welcome to get in touch with us at any time we're always glad to hear feedback you can email us at ncapps@hsri.org That's H s r i Human Services Research Institute. And just so you know a recording of this webinar and a PDF version of the slides, a plain language summary of the webinar and answers to any questions that we don't get to will be posted on our website, ncapps.acl.gov. You can go to that next slide Connor. Yep. All right, so let's do a poll, we'd like to see who is here there are about 240 folks on today so if you could please pull up the poll Connor, please let us know what roles you self-identify with, you are welcome to select any of that apply, and they are a person with a disability or a person who uses long term services and supports, a family member or a friend of somebody who uses long term services and supports, self-advocate, advocate, peer specialists peer mentor, social worker counselor care manager researcher analyst service



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provider organization employee or a government employee so please take a moment to fill out this poll, we'll give folks about another 10 seconds. Okay, let's see. All right. so, over half of you are government employees. So welcome, and we have a good number of social workers, counselors and care managers service providers, handful of researchers, peer specialists, and also some self-advocates advocates, people with disabilities, and family members have a disability, so everyone is represented here. Thank you for, for sharing and responding, it's always good to know who, who we're, we're in community with today. [Reading Chat] Oh, "all of the above." I like that. I like that Mary, you're a jack of all trades. Okay, so let's go to the next slide. I'm going to introduce our panelists in just a moment. And the reason that we're having this webinar is because we really think it's time to showcase the amazing work that the, the states who are receiving NCAPPS technical assistance have been engaged in. We are wrapping up the final year of a three-year technical assistance period there. There are 15 states that have been working closely with NCAPPS with our subject matter experts to engage in specific systems change goals. All around implementing Person Centered practices. So, we're taking this webinar as an opportunity to showcase that work, But we're also going to spend some time, really looking at the how and why a person centered systems change: What does it look like? why is it important? what are the common opportunities for change? Where are their sticking points?. Hopefully we'll have a rich discussion. So we'll have representatives from four of the 15 NCAPPS states share their efforts and provide us with kind of an overview and then we've invited two leaders within those states who have lived experience of receiving supports in law in long term service and support systems who are going to offer their reflections from the perspective of their lived experience and their experience as leaders within



their states. And then they're going to engage all four of the panelists in a facilitated discussion to really, to dig a little deeper into these topics so that's what's on order for the next 90 minutes. And one other piece to just mention is that we are about to launch actually have just launched the application for the next cohort of NCAPPS technical assistance. So if you're interested in applying for that technical assistance, we'll have the link to the application here that you can go ahead and download and you can get a good flavor for the types of things that you could potentially pursue, you know that that 58% of you who are who are government employees, you are eligible or you are representing an entity that is eligible to apply for NCAPPS Technical Assistance so we hope that you come away inspired to engage in systems change activities of your own. So, let's get started. I will. We're going to start by hearing from Patricia Richardson. She is the statewide aging and disability resource coordinator for the Connecticut Department of Aging and Disability Services, that, that which is the State Unit on Aging and Connecticut. Patricia has been involved in the no wrong door system, and she's also the NCAPPS technical assistance lead. So, Patty I'd like to invite you to share with us what you've been up to in the state of Connecticut.

Patricia Richardson

Thank you Bevin. So, thank you. I'm grateful for the opportunity to share with you what Connecticut has been doing with the NCAPPS Technical Assistance Project. So I am white 61 year old female wearing a pink blouse, I have dark hair. This technical assistance came for Connecticut at a very key strategic time. We happen to have met at a state agency in February 1, 2019 to discuss person sending thinking in our state and you can advance the next state.



The next slide. And at that point in time and February 1 2019 We became aware of the NCAPPS opportunity. And at that meeting we decided as a state to go forward with technical assistance with the Department of Aging and Disability Services taking the lead, and you can advance to the next slide. So, Connecticut was interested in technical assistance for a variety of reasons, at least seven different state agencies in educational settings in Connecticut were offering a variety of different person centered thinking and training curriculum, and none of us knew each other's curriculum to evaluate whether it made sense for us to be offering that many trainings, we weren't in a position to compare the effectiveness of any of the trainings, and we realize having different curriculum might result in really inconsistency for persons receiving person centered planning throughout the lifecycle that different tools are being used the approaches might be different. And equally stuff moving from one state agency to the other had to retake training since there was no cooperative agreement amongst the state agencies that their training, met the other's standards. So it really didn't make sense for state agencies to be investing financially in so many different curriculum, and we felt it was important to relook at this for sustainability reasons. Since every agency had significant financial and emotional investment in the training curriculum, we welcomed and felt it was really helpful to have technical assistance from an impartial third party to really realize, to be able to reevaluate, all of the curriculums as we move forward -- and you can advance the next slide. As noted, the agencies here, offered all different types of Person-Centered training curriculum some offered multiple trainings, for example, the Department of Developmental Services offer charting the life course in also the No Wrong Door Person Center training, the types of curriculum that we were offering our estate included the Boston KDR renew maps, path the No Wrong Door



Person Centered thinking person centered recovery planning and family focus, training, it can go to the next slide. So Connecticut wrote a technical assistance plan that was approved, and we sought to develop a number of key stakeholders representing a variety of people from a cross section of lived experience, That would be inclusive of older adults, persons in recovery. Persons who had acquired brain injuries, intellectual developmental disabilities, and parents of children within the school system that would help us to inform the process, and we met in on a quarterly basis, you can go to the next slide. So, our goal was to either really to develop a core competencies, and then develop quality standards and to improve our connection with individuals with lived experience. And ultimately I think our goal was to see whether we could agree on one or two curriculums, or in the absence of that, if we could recognize each other's curriculum, and to add any components of the other curriculum that might help to serve individuals better, and we plan to do that by comparing the curriculum so that we could come to an established core competencies between the trainings, and to develop any understanding of how different tools or aspects of training might have stronger elements that one or the other agencies might adopt. So the next goal was to develop quality standards to determine if in fact the planning process and the training that we were conducting was actually being Person Centered for the individuals that were receiving services so that we could improve Person Centered thinking and principles in our state, and we were interested to hear from persons with lived experience to get their feedback on what that experience look like to see if any educational materials might be needed to better inform them and then if that was the case, how to share that information, go ahead to the next slide. So, all the agencies recognize that training is indeed a process, and most of them struggled with ensuring that the person



centered systems were changing as a result of their training. So after the completion of training, we recognize that sometimes the tendency was for staff to return to prior practice so we all were interested in seeing how we could improve what we were doing and go on to the next slide. Our core team actually was larger than was recommended by NCAPPS, but we had so many agencies invested in person centered curriculum we really needed to include all of the agencies that are listed here. And we did experience some transition. So over the course of three years, we had a considerable number of people who retired and others that had changes and responsibilities so the list here is actually not the current list that's that we're, we have as a core team, and go to the next slide. So, the core team met with NCAPPS for technical assistance on a monthly basis. In our first step as I indicated was to compile and forward all of the curriculum content, along with any evaluations of that curriculum to our subject matter expert who is Janis Tondora that was assigned to us from NCAPPS, and then Jenna's Tondora and the NCAPPS team during the pandemic when some of the work was on hold, help to look at that crop at the curriculum and to develop a crosswalk to develop, and identify five domains that were common amongst all the curriculum that is material that you can review. You can go to the next slide. So, along the way. We shared our goals and progress with our stakeholder group that met quarterly. And we discovered in the third year where we had some core group members participating in group technical assistance to develop quality metrics that our state did not have a common definition of Person-centered planning. So, we had a subgroup that met to come to a common agreement and presented that to the stakeholder group and. And clearly, the, the stakeholder group felt that it was not sufficient enough in plain language so that's still something that we're in process of developing a final



definition, and go into the next slide in year two and three, we set out to conduct listening sessions to ask individuals with lived experience, what they knew about person centered planning, and the stakeholder group was extremely helpful in locating existing groups that we could meet with who or who could host listening sessions, helping to connect with those groups, encouraging others to participate in ensuring that we were actually asking the right questions. Each less listening session was held by two members of the core team, one usually familiar with the group that we were meeting with, and the other to record sessions. You can go on to the next slide. At the start of each lesson, listening session, we provided a brief overview of Person-centered planning should be looking like since some people may not actually be experiencing that. And then we asked those with lived experience what they knew about their planning process, whether there were tools that help prepare them for that. Did they think information might be helpful in the absence of that, and if so, what type of education did they feel they needed and how would they like to get that content. You can go on to the next slide. So we're still in that process of completing this phase, we are going to be compiling a survey that is going to be disseminated for those who did not attend listening sessions. And our next steps then would be to develop the educational tools that, in that the persons with lived experience indicated, are needed, and to develop an outreach plan so that we can reach those individuals with those materials. As I indicated earlier, small group of the core team participated in the group technical assistance, the webinars and sessions were extremely helpful and our goal is to develop four to five quality metrics that all the state agencies that you saw earlier, could collect to so that we could come to some agreement of quality standards in our subject matter expert Janis Tondora is going to be reviewing samples of Person Centered



plans from the state agencies that are doing Medicaid, providing Medicaid services so that we can get good feedback on the current status of those plans. So I think you, That pretty much was what were we were doing in Connecticut we have found it very helpful and as I said it is a process. So I thank you for the opportunity to share what we've been doing in Connecticut.

Bevin Croft

And you, Patricia and I did share a few resources that sort of this is Bevin, that's run to mind as Patricia was, was speaking and I'm sure I'll continue to drop, resources into chat. Next we're going to hear from Thom Snyder. He is the Aging Services Coordinator at the Georgia Division of Aging Services with responsibility for community-based case management grant writing program performance measurements. He leads the caregiver Specialist Program seen that He's the senior community service employment program coordinator, and the Evidence Based Services program coordinator, and he's also the division liaison for coordinated transportation and behavioral health, in addition to being the NCAPPS technical assistance lead for the state of Georgia. So Thom, take it away.

Thom Snyder

Thank you, Bevin, and good afternoon everyone. Greetings from Georgia. And thank you, Patricia for sharing the great work that you all are doing in Connecticut. I'm pleased to share with you some of the work that we've been doing in Georgia. Around person centered planning and Connor if so go to the next slide and actually skip that one. So, Georgia was very fortunate and then we had multiple partnerships and collaborations that were already underway. When



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word of the NCAPPS opportunity came to us and so for example, Georgia has worked for several years to develop a no wrong door system of care across aging, traumatic brain injury spinal cord injury, behavioral health, developmental disabilities. Adult Protective Services, and a variety of other partners. We also have a very solid coalition of older adults in behavioral health, that's been working over several years to strength, coordination among Behavioral Health and Aging networks, and has facilitated statewide planning to improve access to behavioral health services, and the Georgia Alzheimer's disease and related disorder or GADD as we call it state plan was approved by our legislators and works across numerous systems to improve screening diagnosis and service coordination on behalf of families that are impacted by dementias. So, these various systems had been working to include person centered principles throughout our policy trading and practice efforts. So when we learned of the NCAPPS grant we recognize that that support would help us synthesize these efforts in a coordinated way. What we found was that each of us were using Person Centered jargon, but often we didn't know what each other meant by it and sometimes didn't know what our own partners meant by it. So, we found that this intergroup integration of a person centered philosophy and of all of our networks, was imperative to building a true no wrong door system. Okay, Next slide please. So our partners had recognized several demographic shifts that impacted our work and facilitated the need to enhance this collaboration and so people with disabilities and or behavioral health conditions were living longer, entering the aging network that we didn't feel necessarily competent to work with persons with behavioral health issues were living longer and often developing symptoms of cognitive impairment, and those two systems were not real comfortable working with, and then we were also seeing our older adults



were experiencing behavioral health and substance abuse symptoms at higher rates, or we're just becoming more aware of it and learned how to screen them better. So, these things kind of met at a really good time to facilitate us working in this area. Next slide please. So, our team included several sections from our Department of Behavioral Health and Developmental disabilities that included adult mental health recovery transformation, cultural and linguistic competence. The Division of Developmental Disabilities. We had to read two sections from our Division of Aging represented. We had represented some two of our area agencies on aging. We had someone from my elderly and disabled waiver program, the Carter Center Mental Health Program and the Emory Fuqua center for late life depression, and then we built around that several affiliated partners such as the Georgia advocacy office, The Brain Injury Association centers and Centers for Independent Living, and some other partners. Next slide please. So we divided our project into three components, with the goal of doing one per year and so Year One was to look across all of our systems, and come up with a common operational definition of Person Centered practice, and the technical support team for NCAPPS was really critical and did an environmental scan of some common definitions and that was really helpful for us. So we developed a common definition that we could use across systems, year two. Our goal was to establish objective measures by which each partner, and our system as a whole could evaluate both quantitatively and qualitatively, the extent to which we were being person centered. And so, the definition in metrics will provide the foundation for our updates to policy for consistency and training and technical, technical assistance, across our networks and year three, which will be starting soon is focusing on ensuring that strategies for standards training, and staff competence are consistent across all of our systems. Next



slide please. So as I mentioned here one focused on our common definition, and we came up with four key components that sort of anchored our definition. So the first is a holistic approach that acknowledges that families are the experts in their own lives, and an approach that centers on that person and family and explicitly includes their strengths, interest values, and that is trauma informed and culturally aware. We also felt like we wanted to have a flexible and collaborative plans of care that defines all the roles of all the members of the support team that allow for multiple pathways of success and then also account for and help overcome challenges, and that includes the concept of multiple pathways both clinical and non-clinical. The third component of our definition focuses on intentional conversations that encourage individual and families to dream and explore possible futures, and that build their resilience. And the last was to develop a system of care that ensures that the individual and families have maximum access to all the benefits of living in the community so that they can achieve their desired outcomes. The next slide please. Yours, you're too focused on identifying indicators and again the NCAPPS team was extremely helpful, and doing an environment environmental scan to find out what was out there, both externally and internally. The driving principle for this work was that we wanted to use existing evaluation data points wherever possible. And for each partner to use data points that were meaningful for them. So, what we're, what we end up with is each partner has a set of indicators that lead back to those four core statements of our definition, we'll be able to analyze those both as agencies and across agencies as a system to identify best practices and to inform each other, of what works and what doesn't work, as far as these measures. Next slide please. So our next steps are to continue to gather feedback on our definition from the community we said, See that is an ongoing issue, and an ongoing



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opportunity. We want to gather enough data to begin to evaluate our indicators, which may lead, lead to changes in either our definition or our indicators, there's an ongoing challenge of retaining buy in from leadership. We anticipate that happening through periodic updates on our progress, both to analyze, internal and external stakeholders. We're going to be working over the next year to develop an ongoing evaluation plan tenanted that that looks like our core team will meet every six months to evaluate data and recommend changes to our process. In year three, we're going to be, we are in the process of drafting an environmental scan for current training across all of our partners agencies. And then, we've identified the need to also look at expanding consumer direction or self direction in our different systems, and also start to look at issues around direct care workforce shortages. So that's an overview of what we're doing here in Georgia, and we appreciate the opportunity to share this information with you. Thank you.

Bevin Croft

Great, thank you Thom. I'm next we're headed west to Texas to hear from Mary bishop who believes that our social work, every social work position in her career has prepared her to be the Texas Health and Human Services Person Centered practices team lead, she's partnered with people living in intermediate media care facilities directed to children shelter nursing communities hospice, home health, and supported elders meeting behavioral health supports. She's owned a social service agency and has worked with the state of Texas, in various rights and advocacy roles for over 20 years. Mary,

Mary Bishop



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Thank you very much for that introduction. It's an honor to be here today so thank you very much NCAPPS, not just for having us here. But for having Texas involved and selecting us as part of this fantastic opportunity. I consider myself, having long brown and great graying hair, clearly someone has been here 20 years plus and all the other experiences I've been around for a little while. So the rest of the story is, is that I recognize myself as a human being, I consider my, my labels is she, her and hers. And I'm wearing a white blouse with some orange and yellow flowers in the room I am in is not as bright and cheery as Bevins is because I'm in a hotel so I've got neutral colors. The very first thing that we did to begin our journey, other than our application was to identify the need for a strategic planning committee to help guide us to direct our path and becoming a more person-centered organization and system. Originally, we established the workgroup for this strategic planning committee that had six additional workgroups. This entire committee, originally was about 95 people from various places from managed care organizations, both public and private providers, people of course with lived experience and their family members, as well as the Texas Workforce Commission, just to name a few. The very first strategic, I forgot to tell you to advance the slide, so I apologize. The very first strategic planning workgroup that we developed was called parallel tracks in trauma informed person-centered practices in Texas. And, basically, what this workgroup originally developed was our vision and mission for our strategic plan that health and human services system puts the person first, we help the people we support achieve purpose, meaning, and wellbeing, as they define it. The mission is to incorporate Person-Centered thinking, planning and practices into the health and human services system to help achieve and sustain this vision. The next thing that we did was the oversight and rules change workgroup, they did a



phenomenal job of doing a person-centered environmental scan, it was updated to include the Texas Workforce Commission's efforts. And then it also included the third update Texas statues contracts and manuals. Next slide please. We then decided. Are we walking -- Are we walking the walk, or just talking the talk? And so he developed the outward facing workgroup which included taking a look at our branding guide or website or man memos or contracts, and other internal documents to become person centered? But this, this team didn't stop there. We moved, they moved on and developed an organizational survey to identify what areas within the agency. still don't even know what person-centered practices is. And so that survey went out last week through our human resources team newsletter to all managers and above. And to follow up with the findings after we determine who needs that additional support to become more person centered. We have posters ready in hand to be able help those teams develop their own plan to become more person centered. This team also provided us with the, the thoughts of becoming having a person centered. Thinking training video, that could be used to help people become more person centered that included not just employees but definitely people who have lived experience. The most recent thing that this team was able to accomplish was helping the human resources department, identifying the need to have a SharePoint folder for the new employee training on Person Centered practices, we're very excited for the work that they're doing. The other workgroup that's really moving forward with identifying how to measure the quality and oversight of what people need to have to have better lives not just better paper that to assure that people have their desired life choices, their self-determination and their desired outcomes is happening with Again, the assistance of Dr Janis Tondora and she's working with some of our top leaders within the agency to come



together to identify what questions need to be asked in a survey to, to truly work with the very top, policy development person for each of the five departments, the deputy executive Commissioners and their measurement person whoever their analyst is to really come together to figure out how do we measure, not in silos, the success of person centered, but collectively as an agency, and then it'll come back to this quality and oversight work group, and they will provide us guidance to help us make sure we're using the core indicators, and the survey results. Next slide please. When we move forward. You can't move forward to help people have the lives that they choose, without including what they're doing throughout their day. So, the next workgroup we named employment and meaningful day, you notice there's an Astra that's to definitely indicate that that person determines what their day is not the rest of us. So when you take a look at that workgroup. Right now they have just finished reviewing the my life plan and you'll hear more about that in a few minutes, they are in insured employment is discussed with the person. And it's to be shared with the Texas Workforce Commission vocational rehabilitation counselors as needed for collaboration. The my life plan is added employment app will add an employment application phase. Once our waiver policy is in place, virtual training on that process that outlines for the Texas Workforce Commission and all others working with the supported employment placement to utilize, person centered supports and focus is in place, and they're in their final stages of reviewing a person centered video that's being developed, or was developed. And it's having voiceover for accessibility, being put on the piloting of the training process is also being developed by them. And they also have support for individual skills, and socialization, that's being developed to assure compliance with the HCBS settings rule before March 17 of 2023 which you all know about. They also have a



training video that was developed by a provider organization to help educate folks on the importance of the meaningful day. The. They're drafting a crosswalk. Also, as a final stage of completion. And, of course, they to have people with lived experience, and all these other folks as part of that community in that workgroup. In September, 30 of 2021, we develop the peer partners. You often hear peer support you also hear of people playing together there's lots of different names for people who are working to support one another. And we decided we need to figure out who, who's doing what, who's on what base, and how can we come together. And so, this very diverse workgroup is currently putting together a peer model and identifying what difference peer supports Texas is using, and how to support that through a peer-to-peer support matrix. And of course, Dr. Tondora is involved as well as Dr Croft, so I'm really excited about seeing the matrix that they will also provide to us. Next slide please. The final workgroup was the, the fourth framework of the life plan, And it identifies how people are to receive their supports and services, how do we make sure that their, their plan reflects what their dreams and aspirations are. And right now, that whole plan has been submitted to information technology to be piloted as recommended by the intellectual and developmental disability system redesign Advisory Committee for implementation of acute care services and long term services and supports, as a star plus home and community based services as a person centered planning tool next and final slide. For more information on the video that's highlighted by NCAPPS, technical assistance can be found at the NCAPPS website. Thank you for this opportunity. Have a good day. Thanks so much, Mary.

Bevin Croft



And now we're going to go even further west and hear from Saska Rajcevic. She's a policy, this is Bevin, by the way, Saska is a policy specialist for the Division of Services for People with Disabilities and serves as the lead for the Utah and caps ta grant. In her role she focuses on the implementation of Person-Centered practices, systemic change stakeholder engagement and compliance with the settings rule. Her background is in the field of disability advocacy, advocacy with an emphasis on public policy. Saska.

Saska Rajcevic

Thank you Bevin, and thank you to Mary. Thom and Patti for all of your phenomenal work. So as Bevin said, my name is Saska, I am a white woman in my mid 20s with straight brown hair, brown eyes, and according to my grandmother too many wrinkles for my age, so what can you do. I am wearing headphones and a floral top. My background is white with the logo of the Utah Division of Services for People with Disabilities, or DSPD. So, a little bit about DSPD. We represent over 6000 people with disabilities in the state of Utah. To live self-determined lives through our home and community-based waivers, as Bevin mentioned, I am the lead for our NCAPPS Technical Assistance Grant, and I am grateful for the opportunity to talk with you all today about our experience and the work that we have done so far, with the assistance of NCAPPS. So next slide please. So, for context I want to discuss what our goals are and what we have been working to achieve. So our first goal is to increase our engagement with people who use our services, and that is both in general and also specifically around Person Centered practices. We believe it's very important to make sure that people in our service system are both informed and involved in the work that we're doing. Our second goal is to revise our



person-centered planning standards and procedures to really embed the philosophy of Person Centered thinking into our policies, our planning software, and just the way that we approach our work, overall. Finally, we wanted to develop and implement a way for us to measure the experiences of people in our services and their families with the person-centered planning process. We want to make sure that people in our services make progress towards their desired life outcomes, and that they lead their planning process, whatever that may look like for them to the extent that they desire. So, next slide please. Some of the successes we have had include increased communication with stakeholders through the quarterly stakeholder meetings that we started hosting. And when I talk about our stakeholders. I mean, people in our services, self-advocates support coordinators and service providers. The quarterly meeting serves as a way for us to communicate updates and changes to our stakeholders and also include a dedicated time for them to ask questions and get answers, we record all of our quarterly meetings and post them to our be informed and be involved web page, which really serves as a one stop shop for people who want to connect with us. We have a number of different resources on that web page to support people and having the knowledge that they need to provide input at every level. And on this web page. We also have a list of different active work groups and committees, and one of those work groups is the stakeholder workgroup for the new person-centered support plan software that we have been in the process of developing for a number of years now. We decided to create new software for service plans to better align with settings rule requirements and person-centered principles and practices. The workgroup has been helping us in developing this new software and reviewing potential changes and suggestions. And one of the objectives that came out of the workgroup



was the idea to create a foundational handbook for support coordinators on the person-centered planning process, and the philosophy behind it. So, the workgroup helped us create an outline of information, they thought the handbook needed to include. And this idea really expanded to include other stakeholder groups, so we ended up collaborating with the Utah Parent Center on a person-centered planning handbook for parents and guardians, and we are anticipating creating a plain language manual for self-advocates, and an add on for providers that covers their role in the planning process. So next slide please. So while we have had a number of successes we've also faced some barriers and challenges, which is just a natural part of the process. One of the biggest challenges is that support coordinators and providers have asked us, Why are we doing this, we're already person centered. And this is really where enhanced training on best practices, has been crucial and will continue to be crucial. We have had to also work on rebuilding trust between us and our stakeholders by trying to create positive relationships through our workgroups and quarterly meetings, along with collaborations and partnerships with other organizations. And then, as well that increased stakeholder engagement and communication has also been crucial to trying to tackle the spread of misinformation and a lack of understanding about the way certain things work in our system. So, next slide please. So what have we learned throughout all of this. Well first we have learned the importance of not just gathering feedback, but closing the feedback loop. Too often we would tell our stakeholders we want your input, and then we would gather it and they would be left wondering what we did with that information, if anything, we learned that it's important to not just say, we hear you, but we hear you, and here's what we're going to do with what you told us. We've also learned not to underestimate the power that sometimes just



simply being present can have, and we lost a little bit of this with COVID, but those smaller interactions with people before and after a meeting or at an event can really make an impact and be the start of a long term relationship. And this has been a really crucial lesson when it comes to engaging with stakeholders. It's also really important to understand your history and how that impacts the work that you do today. So where have the breakdowns occurred, what have been the successes. And finally, the importance of patience, and continued effort when it comes to creating lasting systemic change. We recognize that we have done a lot of work over the past three years, and we are still not done. We have started to lay a foundation, but we will need to continue to build on that moving forward because true authentic change takes time. So, next slide please. All of that being said, what is next for us. We are going to be developing a framework for measuring Person Centered Outcomes and the experiences of people in our service system with person centered planning. We are going to be collaborating with our state intermediate care facility to see where and how we can embed the principles of person centeredness into their practices, and using the person centered planning handbook we mentioned before, we are going to be revamping our video core training series for support coordinators to ensure that they are trained on best practices. And really, we hope to finally officially release some of the things that we have been working on, including that handbook and our new planning software, and a whole bunch of other things that are not listed on this PowerPoint slide like, considering how we can embed Person Centered practices into our intake and waitlist process, how do we ensure that we have a culturally competent system. So, our work will certainly continue. So thank you to NCAPPS again and I'll turn it over.

**Bevin Croft**

Great, thanks Saska. This is Bevin. Um, it's time to move to the second portion of our event today. And we're going to meet our two facilitators of the panel. The first is Michaela Fissel. Michaela is a person in long term recovery and Executive Director at advocacy Unlimited Inc, a peer run organization. She's worked in the behavioral health field, as a community researcher, activist, and nonprofit administrator for nearly 15 years. Michaela please share your reflections so far.

Michaela Fissel

I thanks so much for having me and thank you to Patti from Connecticut who shared earlier for inviting me to join the stakeholders groups and participate in the the process over the last couple of years. It's been very rewarding work because I'm actually a qualitative researcher by in my background, and I've conducted, you know, many focus groups just across the state of Connecticut, where I've had a chance to connect with people who are recipients of services, and I felt as though being involved in this current project, that the group really took the time to hear from individuals from across the state who you know are engaged in services or who have loved ones engaged in services and I was, you know, encouraged by what was happening. I also need to share that I am a 35 year old white woman wearing a yellow sweater with a navy blue tank top. I've got some shiny dangly earrings and I wear glasses. I'm smiling awkwardly because zoom always makes me feel a little bit silly, and I have a tapestry behind me with an embroidery of kind of flowers so, so I can continue my reflection. I was also, you know, participating as a person with direct lived experience myself as a recipient of mental



health and addiction services, and, you know, when I navigated mental health services. When I first got involved in, I was in and out of psychiatric hospitals and inpatient, outpatient programs, you know, that was about 15 years ago when I started my journey there and I had no idea about person centered planning, there was no conversation about, you know, any sort of rights that I may have and even though I know that the people doing the work in these settings were doing the very best that they could with the resources available. I was, I was a bit surprised at how long we've been talking about person centered planning and how much more work has to be done. And to get everyone oriented to the language and to the principles of Person Centered practices and policies. And that came through very strongly in the focus groups and systems works takes a ton of effort and it's a multi tiered process and again I just have to say that to any states that are applying for these dollars like your application and taking the time to get clear on where you're at and what are your goals are Person-Centered Planning is worth the time. Because, by having that conversation with your internal team, you'll begin to get curious about where your state is and as you do so I would encourage you right from the get go to include people who have direct lived experience navigating services so you can create equitable inclusive and person centered right out of person centered approach to the work. And I believe that that's what Connecticut did and that's why our work was so successful and with the technical assistance that we received. You know, it came through, you know, the, the lessons that came to the focus groups and through all of the the conversations that took place that it will be carried forward and the work and the implementation and the influence right of this, this, this implementation, or I'm sorry this technical assistance period. It's already having



an effect right it's already starting to influence the way that people who do the work. So, thanks so much for having me today, and I'm excited to hear more from the panel. Great,

Bevin Croft

thank you, Michaela. This is Bevin again. Finally we'll hear from our second facilitator Jonas Schwartz Jonas's program manager for the vocational rehabilitation Division at the Texas Workforce Commission. Jonas has worked for the past 25 years on public policy issues that impact people with disabilities in Texas, including employment, housing, transportation, and ensuring that Medicaid long term services and supports are available to the people who need them. Join us welcome

Jonas Schwartz

afternoon everyone, I'm so pleased to be here. And I appreciate the opportunity to share some reflections. To start, I am a 53 year old white man with gray hair, brown eyes, I wear glasses. I'm wearing a vase suit with a blue shirt and a pink tie, and I'm in my, my home office. So, I want to say first of all thank you to Mary bishop who has been the lead for the Technical Assistance Project that Texas had, I've been a part of that project from the beginning. And, you know, when we started that project. The first thing we did was to take an inventory of, of what we're doing in terms of Person Centered practices, what, what are the policies that we're using, what, what is the language that we're using, and who are the stakeholders that are most important to, to be at the table, and most importantly, who are those individuals with lived experience one of the things I forgot to tell you in the description of myself is I am also a



person with lived experience I have cerebral palsy and walk with crutches and scooter for mobility. And so, when our steering committee started, we wanted to be sure that everyone was at the table, and we have a diverse group of people as Mary said, and we're really, we did a review of what we're doing. And we developed a common language, so that everyone knew what person centered practices is and how it's being used. And we have worked very hard over the last three years to ensure that person centered practice is a common language that is discussed in every aspect of the work that we do if we're trying to deliver a service to a person, or if we are talking with a person about what their needs, aspirations and dreams are, what is it that they want to do, what is important to them, and how do we use all of the resources and tools at our disposal to help them engage in the best person centered life that they can have no matter what that is, that they want to do. I really, if I was listening to what the other states, accomplished. I really noticed that there were some common themes around. I'm really working with your stakeholders developing understanding, developing a common feedback loop, being certain that the changes that you are making are instituted in your policy, because the way that your system finally changes is having it written down in policy and have it, and that policy leads to very specifically how the change is going to be operationalized. so I'm excited about all the work that the states have accomplished, and particularly excited about what we are accomplishing in Texas, in that regard and what we will continue to accomplish. I encourage states who are thinking about applying for the next round of technical assistance. To do so, because what the end NCAPPS, technical assistance does is give you a framework, and, and some really knowledgeable guides to help you through the process so that you can do the work in your state that you need to do. Thank you very much.

**Bevin Croft**

And this is Bevin, we're now in the panel portion so Michaela and Jonas, the floor is yours and we can, if the four panelists from the States could please turn on your videos as well we'll get the discussion going.

Michaela Fissel

Hello everyone. I so I'll be asking the first question this is Michaela. So generally systems that provide services to people with disabilities are based on a historical institutional care model that was designed based on the fundamental belief that people with disabilities are going to remain dependent on care for the rest of their lives. How have you grappled with this reality in your work on this project.

Saska Rajcevic

So I can go ahead and start this as Saska, it's a really good, and also a really tough question. I think that to a certain extent by promoting Person Centered thinking within my organization myself and others who really serve as representatives of that system. Acknowledge that people with disabilities should direct the direct their own lives in their homes and communities, and it represents a shift away from that institutional mindset. But, you know, systemic change is tough, and it doesn't happen overnight. And I feel like I'll probably keep reiterating this all the time is, patience is really key. Because you know, sometimes your system can feel stagnant and it's not maybe moving as fast as you want it to or, you know, there's some different issues



around that. So for me it's been really important to remind myself, where the system started acknowledge where it is now, and continue to work to push the system to be better for the people we support. And, you know, I also think continuing our efforts to engage people with disabilities to better understand what they want from our service system. And I really believe that the hope is that if we can get people to truly start putting the person at the center, and support them and integrating in their communities, that that person centered system almost seems like it comes pretty naturally then.

Mary Bishop

Thank you. This is Mary Bishop again. I just have had my focus a little bit differently. Um, I think it's difficult to help people in their families see the value of a person who has a disability working when they are not offered a living wage and benefits that cover their costs for health care attendant care home modifications therapies, etc. Until the system can address the needs to pay a living wage and offer all people equal access to health care, by changing the policies at both the federal and state levels. It is a challenge for people to not be dependent on the person's need to maintain their Medicaid benefits. There are people who I know who have degrees, even working on doctoral degrees, but cannot find work, that can afford them the supports they need to end their reliance on a system to simply help them get in and out of the bed every day, the struggles are real, and the personal for many in the community forum should be held within our many stakeholders, so they can truly tell us what they need to help change policies. It's also important for us that we continue to work to help with our leadership



buy in, and we're working desperately to make that happen. With the assistance of the National Center for Advancement of Person-Centered practices. Thank you.

Thom Snyder

This is Thom, I'm not really sure what order, we're supposed to go in but I. That's a really painful question. We've become very aware of. In spite of all of our talk about wanting to be person centered in the direct practice. Our system is very provider centered, 90% of what we do is based on contracts and budgets and money and data and outcomes, and I think Mary put in her thing about, about papers. You know, and shifting from that to developing a, an infrastructure that supports the work of Person Centered services. That, that one's a tough one. And we've really struggled with that and probably will struggle with it a while longer. So, and this is Thom, I'm sorry. Thank you.

Patricia Richardson

This is Patty from Connecticut. I would agree with what everyone has said, I firmly believe that until individuals that are receiving services are better informed of their rights and are better educated about their, what they should be expecting from the system that we will continue to struggle. I know part of what our effort has been in Connecticut is to, in what was, what is concerning I guess is despite all of the training that we've provided when we had our listening sessions, the vast majority of people that we asked the question, What did you know about or what should you be expected and Person-Centered Planning was very little knowledge. So I think the key for me is, in addition to some of the other system work is to ensure that the image



of individuals receiving services are getting as much information in as many tools as possible so that they can provide feedback to the system of what it may be missing, and what needs to be occurring in order for system change to actually be occurring. It's uh, you know, I do agree that it tends to be service connected, and I also think for our state we've tried to include Person Centered thinking not just for those that are receiving paid services but for individuals that are receiving help from senior centers or from, you know other non Medicaid related services in educational settings, and the Department of Labor, other systems that are providing supports to individuals that might not be paid through the Medicaid system so as you, there's more of a recognition that all of the individuals within our state, regardless of what the situation is that they all deserve to have a assistance in making sure that they have what they need to have the best life possible. So it's, it can be frustrating sometimes but I think that it is, you know, I think it's a work in progress and hopefully, I think we've made improvements over time, Hopefully that we will continue to do so.

Jonas Schwartz

Thank you. And this is Jonas. The next question. What was your most successful strategies for engaging people who use services, and we'll start with Mary.

Mary Bishop

Thank you, Jonas. This is Mary Bishop again. You know, I think it's the repeated ask, you have to really rely on your own networks to identify people with lived experience to participate in all of the planning. I read in a chat. Nothing about us without us, that was already in my scripted



answers and responses, because we can't be the decision makers on other people's lives. We need to empower each and every one of them. And so when I think of the seven workgroups and the strategic plan, we have to have those people there. And one of the things that I was really going to suggest, was that you have one of those folks who have lived experience as part of your co M. You're your co chair your co host whatever you want to call it. And then it dawned on me, every one of the seven workgroups co leaders co chairs all have lived experience. So I'm humbled by that and recommend you consider the same. Thank you.

Thom Snyder

this is Thom and I don't want to be too controversial about this, but it's what I do. I think that one of the, one of the difficult. Well, let me back up. One of the problems that our networks run into is, we tend to look at persons with lived experiences as someone other than us. And and and the aging network. We are all persons with lived experience we are all aging. And so, for, for my network. The real issue is, is the network such that I would want to participate in it. What I want to receive services from it. And the other piece I will say to that is, there's in my brain, there's a difference, difference between including and involving. Okay. And the day. Having some having people with lived experience on, you know, in groups, you know, it looks really good on paper but the real key to me is the extent to which we are involving each other in the work and accepting each other as partners in the work, understanding that each of us brings different perspectives, different experiences with the network to the table and that's where that's where you really get the benefit. So, thank you

**Patricia Richardson**

This is Patty from Connecticut. I think our most successful strategy was identifying already existing groups that we knew that had people with lived experience specially those that were already meeting together where they it was their own group and we were asking to participate or to ask to, to reach out to them. I also think, state agencies that knew of individuals that are being paid as peer support, that was really good doctors they were often already connected with a lot of individuals of Africa getting connected. I also think very, it's very important when engaging with individuals with lived experience that you make sure that that what you're asking for for them is that you've make it as accessible as possible so that's inclusive of getting in what I heard very clearly, and then it's another question that comes up later. Is individuals are asking for materials well ahead of time so they could review the content, so they can be much more informed and be prepared to be able to participate fully in conversations. So getting content ahead of time, a week or two weeks, hopefully, ahead of time in plain language, making any accessible options available so pit that people with various needs can participate fully so I think having that feature I think is important and making sure that people are heard when they are asking for any kind of special considerations to make sure they're fully involved, I think is helpful. But I do think there are state agencies in there many in our agency that I mean our state that hire individuals that are peer support so that that group there I think is really key. They tend to change a lot I do find, you know, some of that that are hired for a short period of time so you really have to make sure you're staying in connection with them to make sure that you're not losing their contact information, but that would be what I would suggest. That's good.

**Saska Rajcevic**

Yeah so I think some of our most successful strategies are similar to what Patti described so we kind of started out with an asset map. And what that means is really looking at other organizations who are engaging with self advocates people with lived experience who are using our services. And I think Bevin actually put a. The Best Practice Guide for engaging people who receive services in the chat we've definitely referred back to that many times you know, the concept of getting things out in advance and making things plain language and accessible has been really important in that engagement work. I think one of one of the greatest partnerships that we found kind of through that exploration of the asset map was our State Developmental Disabilities Council. They are very focused on building a strong network of self advocates, and we have had the most success building off of that foundation that they've already been working to create. Along with that, I actually also just took over as my organization's representative on the DD Council, and have been able to meet self advocates through there. And I think that just reiterated, how important it is to be in spaces where people who use services are present, and really connecting with them not just on a professional, you know, tell me what you want out of the service system level, but on a human level, you know, what do you like to do, what are your interests and connecting that way.

Michaela Fissel



Thank you. The next question, this is Michaela. The next question is looking back, what would you have done differently. And what advice do you have for the next cohort. We'll start with Thom,

Thom Snyder

um, to be honest, I'm not sure we would have done a whole lot differently than we did. We had a really good network in place. And I think one of the keys to our success was not only did we have a network in place but the partners that that network. We've been working together and we trust each other so we could have difficult conversations without, you know, having to put a pretty hard on the things. And I think that that's real important that that trust among partners that we didn't have to spend time building cars we already had that and what wasn't. What was the second part of the question. Oh, advice for new grantees. I would say one of the one of the real, real benefits for us was relying on the technical assistance team. We were very fortunate that Terry and Val were our technical assistance leads and the the support and the guidance and the direction, and just the knowledge that they had really helped us focus. And I think it's just, it was just critical to our success. Going back to the course. First question, I think we may have taken stronger advantage of the TA. Probably a lot sooner. There was a little bit of. Who are these people and what are they doing and you know that, but I really would encourage future grantees to really rely heavily and quickly on the Technical Assistance Teams.

Michaela Fissel

Thanks Thom. We will hear from Patti now.

**Patricia Richardson**

I would have to totally agree with what Thom said, I think, because we were the first states that were requesting assistance, I think there was uncertainty of really where our role as the core team, and the technical assistance where that came in and what, what, what should we be expecting. So I think maybe having a very early on conversation in meeting and becoming more aware of really what the technical assistance expert subject matter expert can do to assist with a process I think would be helpful. I think it was clear to understand the role of the stakeholders, the caller's our stakeholder group which is our individuals with lived experience that we're meeting with, but I think it was a little harder and I think we're in I, I agree with Thom that I think we did. We struggled a little bit for the first year, not realizing really the value of or what we could ask of the of our subject matter experts, although I think they were willing to provide that. I also think that it was more time than I anticipated. And I think I would sit down at the, in the beginning and really ask for every member to be equal participants and try to get a commitment right from the outset from your core team, so that it's not so that everyone is fully engaged and it's clear what each everybody's responsibilities are so I think that would be a little bit more helpful we had a large number of board members and did and I would say if you do that, which I think we had to do in our state to developing more subcommittees and being really clear on what the goals of each the subcommittee would be helpful we started doing that in our second and third year but it would have been helpful to do that right from the outset.

Michaela Fissel



Great, thank you. This is Michaela and we'll now hear from Saska.

Saska Rajcevic

I too would like to reiterate everything that Thom and Patti have already brought up and you know I think that in terms of what we would have done differently is ensuring that we have that infrastructure straight out of the gate to truly make systemic change happen. Um, in terms of advice to I just, again, I'm just going to reiterate the message of patience to have patience with yourself, others your system. There are really rough days but also really wonderful days, so you know take the bad with the good and keep going as my motivational message here. And I also think identifying external partners who are passionate about this work can really assist you. And it's very critical I noticed that there was some discussion in the chat about non-governmental partners, we were really fortunate to work with the delightful, Lisa Wade I'm going to give her a shout out at the Utah Parent Center, and then also some folks from our Center for Persons with Disabilities and you know they in their work are constantly looking at how they can promote persons in our practices and what they do, just in our general community so that support is really invaluable, and I encourage you to utilize it.

Michaela: This is Michaela and we will hear from Mary Now

Mary Bishop

this is Mary, thank you again. So, we were in the in the shoot, that that whole, that whole thing the bull, the calf whatever you want to be in that shoot even the horse we were all there ready to go.



Bevin Croft

Except, Mary, it looks like you just froze. This is Bevin. Perhaps we could, this is Bevin perhaps we could give Mary a moment and and and circle back. Sure. Would you like to move on to the next question, Jonas.

Jonas Schwartz

Yes, this is Jonas. Looking ahead, what did you are, and what will you carry forward, and we'll start this question with Patty.

Patricia Richardson

We're, we're continuing all of the work that we're doing as I indicated, we have a lot of lessons learned from my listening sessions we still are engaging and have a lot of work to do with quality metrics and determining indicators of whether or not all of the work that we're doing is really demonstrating that the services people are receiving or the types of that the planning that they're receiving is person centered, but there are also things that need to happen across the whole system. I would love to see materials across the board are reviewed and developed with support from people lived experience to make sure the content is, is understandable is culturally appropriate that the content, indicates what it needs to be I think until we get continued and I know that one of the other states had done some of this work already, but I think there were across the board of looking at all areas of where you can be your system can be more person centered inclusive of. I think having priority setting on a, on a governor's end



of things, where our state is does not have an umbrella agency where all the state agencies around are underneath so they kind of exist in, they have commissioners that make decisions, unlike some other state agencies where if the decisions are made that you're going to put this as a priority, while other states follow that. I think there's a need to prioritize this and would love to see that happening. I, in other webinars that we've heard regarding some of this work some of the states that were the most successful that I was hearing us when there was requirement to do that because of lawsuits, unfortunately. So I do think putting having a leadership level of a state having that as a priority does make it easier to ensure that staff have time devoted to continuing to work on this and not have it as being kind of a separate initiative that in the absence of someone being passionate. If doing this on their other, other times of their schedule that they continue to work so I think we will continue improving our systems RC has been kind of advanced in our work already and I think we'll continue to strive to improve as much as possible.

Michaela Fissel

Jonas, this is Michaela, I noticed that Mary has joined us again and I'd like to give Mary an opportunity to respond to the last question. So, welcome back, Mary.

Mary Bishop

Thank you, I apologize, I guess my I timed out. Anyway, um, I think that we have to remember a couple of things. I think we have to remember that people with lived experience are no different than we are. It's really about how are they like us not different from us and how we



have to have them at the table with us, which has already been mentioned, but at the same time, it's really about, no one person can do this by themselves. This has to be a global adventure, so that we can make the changes that people so desire, so deserve to have positive control of their lives, and have the people in the ivory towers, listening and learning. Otherwise, we're never going to get people to move forward with their lives and be in control of their lives. So I do encourage you to meet them at their convenience. Also, not at the convenience of staff. Thank you so much.

Jonas Schwartz

Thank you, Mary. So back to this is Jonas back to our last question. Looking ahead, what did you learn that you will carry forward Saska. Yes,

Saska Rajcevic

thank you, try and keep this short because I know we're closing in on time. I just like to reiterate how crucial stakeholder engagement and trust is when it comes to systemic change and how important it is to make sure that people understand the why of what we're doing and just acknowledging that person centeredness, is an ongoing evolution and process that will just continue on, you know, Beyond the people on this call today and beyond everyone else. So, thank you.

Jonas: And Thom,

Thom Snyder



I would agree this thing about patience. It just occurred to me that, You know if we were really Person Centered we would include it we would be including folks in the design of our programs, rather than just doing customer satisfaction and saying where we're interested in what people think so. You know, looking forward, it's like finding this balance of where do I push the system, and where do I kind of relax and wait for openings in the system to do things that need to be done. It's really like a sweater when I start pulling the threads the whole sweater unravels and I have to be prepared for that. So, thank you. Jonas: Thank you Thom and Mary.

Mary: I already answered it a few minutes ago but thank you.

Bevin Croft

I want to thank everyone for your wisdom for your reflections thank you to Michaela and Jonas for facilitating this conversation and to Saska married Thom and Patricia, for being really honest and open about your experiences leading these challenging but important systems change efforts we are honored to be supporting you in this work. We are wrapping up, and I want to say just a couple of things if folks have one more minute to stay, please download the technical assistance application Connor if you could put it in the chat one more time, there is guidance. After the application form itself, it is a short application form. The advice that you've received on what constitutes a successful technical assistance effort is very is going to come in very handy one piece that we didn't touch on a lot in this discussion, but that I want to highlight is that we are deeply committed at NCAPPS to to ensuring and upholding equity in person centered practices and you'll see that in the guidance for the technical assistance that's been



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strengthened since our last round, we're really interested in ensuring that for example, when we're partnering with stakeholders that we're not just partnering with the usual stakeholders who show up with the we're really taking a look at who's showing up to the table, and who is not at the table, and you need to think about that in terms of disability identity, race, culture, language spoken, how can we make things even more accessible, in an equitable way, so please do be thinking about equity as you as you apply for NCAPPS technical assistance, it's going to come up again and again because it's important. One other important note is that we have 15 states and you've heard from state employees. In the first cohort of technical assistance that our technical assistance is also open to tribal governments, and to territories. So, if there are folks here from tribes from territories please apply. Please encourage your contacts and tribes and territories to apply. We would very much be excited to to work with tribal governments and with folks and territories to, to advance person centered principles within those systems. And once again, big props to our panelists and thank you to the hundreds of folks who tuned in today. We're glad that you were here, and I hope everyone has a great rest of your day. Take care.