

# (Re)Defining Person-Centered Planning in Mental Health Systems

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NCAPPS



# Welcome to Today's Webinar



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Thank you for joining us to explore what person-centered planning should and shouldn't look like in mental health systems.

Today's webinar is sponsored by the National Center on Advancing Person-Centered Practices and Systems (NCAPPS).

NCAPPS is funded by the Administration for Community Living (ACL) and Centers for Medicare & Medicaid Services (CMS).

NCAPPS webinars are free and open to the public.

The goal of NCAPPS 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.





# Webinar Logistics

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- Participants will be muted during this webinar. You can use the chat feature in Zoom to post questions and communicate with the hosts.
- Toward the end of the webinar, our speakers will have an opportunity to respond to questions that have been entered into chat.
- The webinar will be live captioned in English and live interpreted in Spanish.
  - Live English captions can be accessed by clicking the “CC” button at the bottom of your Zoom screen.
  - Live Spanish interpretation can be accessed by clicking the “interpretation” button at the bottom of your Zoom screen (world icon). Once in the Spanish channel, please silence the original audio.
  - Se puede acceder a la interpretación en español en vivo haciendo clic en el botón "interpretation" en la parte inferior de la pantalla de Zoom (icono del mundo). Una vez en el canal español, por favor silencie el audio original.
- This live webinar includes polls and evaluation questions. Please be prepared to interact during polling times.



# Feedback and Follow-Up

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- After the webinar, you can send follow-up questions and feedback about the webinar to [NCAPPS@hsri.org](mailto:NCAPPS@hsri.org).

(Please note that this email address is not monitored during the webinar.)

- The recorded webinar, along with a PDF version of the slides and a plain language summary, will be available within a few weeks at [NCAPPS.acl.gov](http://NCAPPS.acl.gov). We will also include questions and responses in the materials that are posted following the webinar.

# Who's Here?

**“In what role(s) do you self-identify? Select all that apply.”**

1. Person with a disability/person who uses long-term services and supports
2. Family member/loved one of a person who uses long-term services and supports
3. Self-advocate/advocate
4. Peer specialist/peer mentor
5. Social worker, counselor, or care manager
6. Researcher/analyst
7. Community or faith-based service provider organization employee
8. Government employee (federal, state, tribal, or municipal)

# Meet Our Speakers



**EBONY FLINT**



**SERA DAVIDOW**



**LIONEL FRECHETTE**

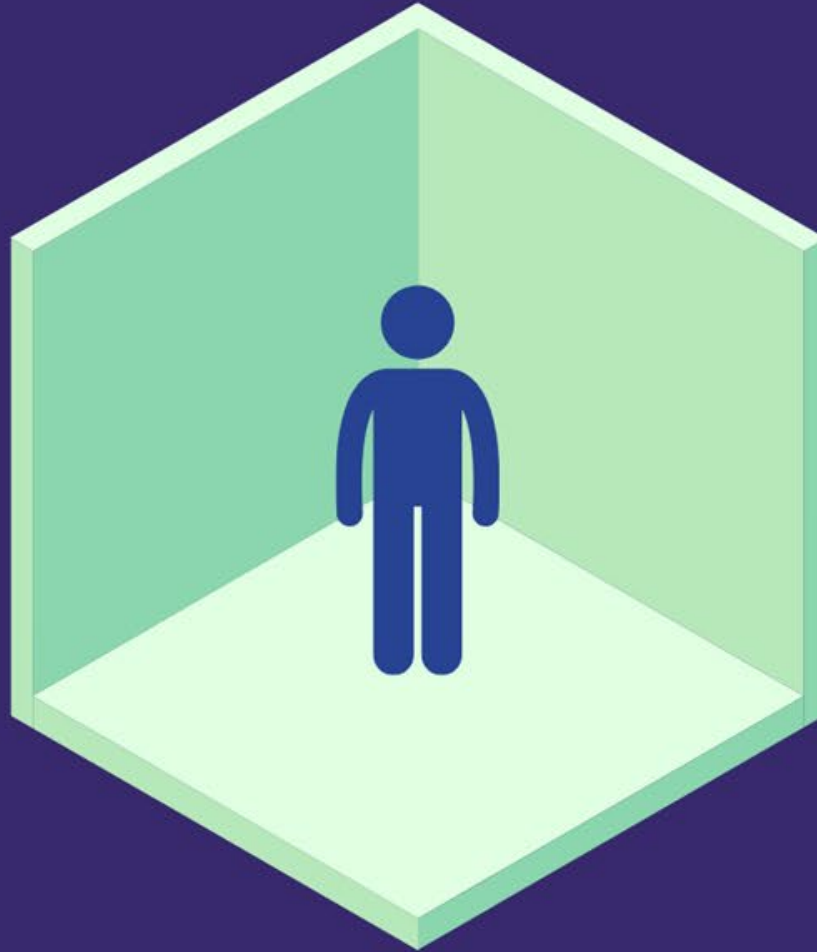


**ANDY BERESKY**



**THOMAS BROWN**

# (Re)Defining Person-Centered Planning



Lionel Frechette

Wildflower Alliance





Person-centered planning should center agency; does this person have agency in their care?

Are they present in the room and informed about what choices are available for them?

What does person-centered mean to them?

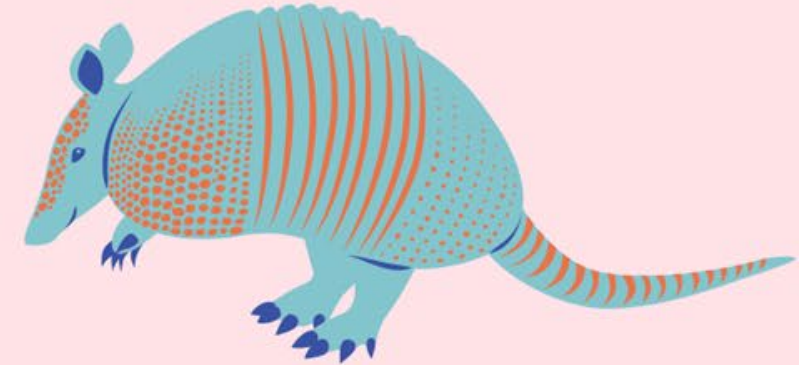
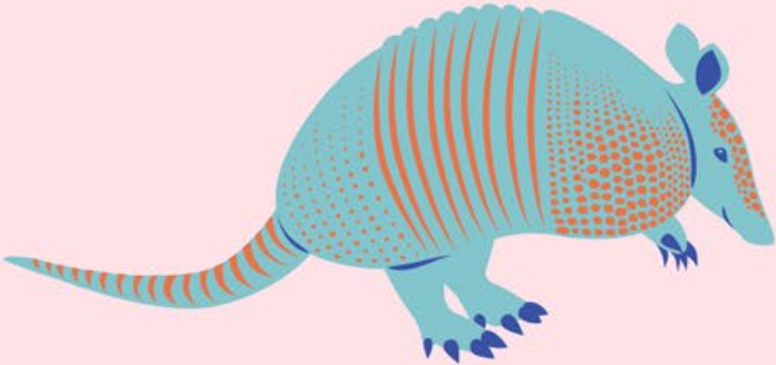
Have you ever seen or had to write these words?

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"Patient declined services. Patient was non-compliant with medication administration.  
Patient refused to meet in person."

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Why is the onus of inadequate services or accommodations often put on the person as a 'difficult client' in their records?



Instead of viewing services provided as an open offer that can be rejected neutrally, services are viewed as 'what's best for them', bypassing the person's agency entirely.

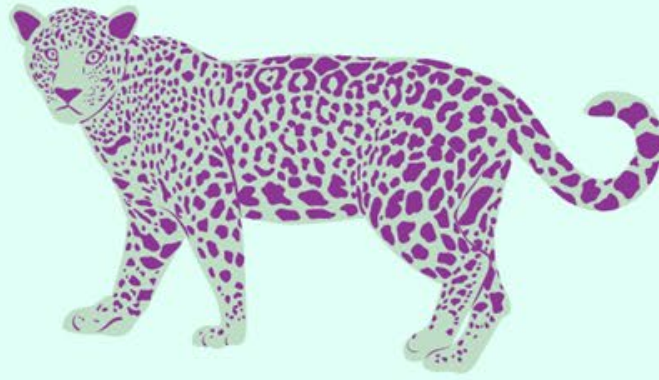


# What does right to refuse mean?

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Childcare, disability, language barriers, cultural differences, work schedule, 'none of your business'... all can be reasons for not finding an offer helpful.



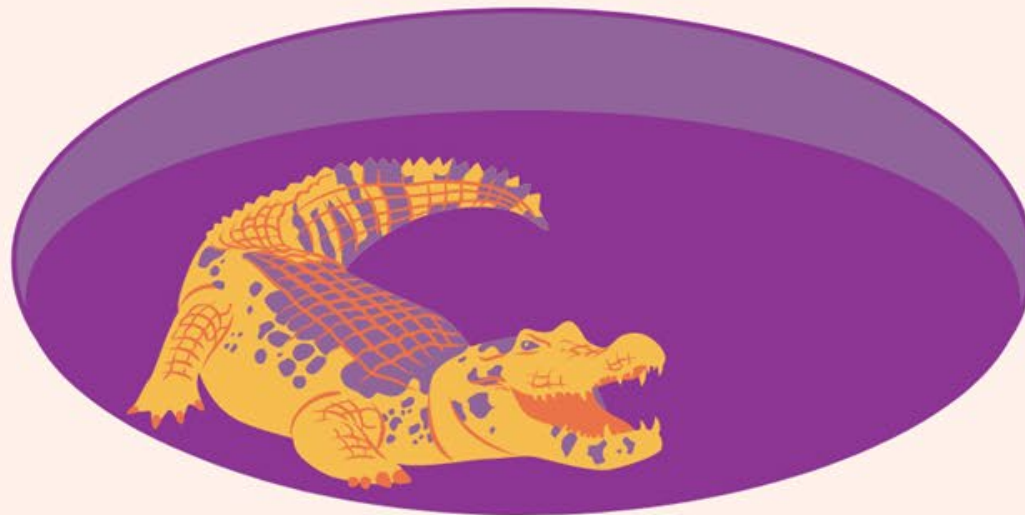


One reason for declining an offer of services:  
By proxy of being Deaf, my communication is dependent on the  
ability to be understood by my interpreters.

Receiving services can be frustrating, and the hidden labor of  
constantly requesting interpreting can take a toll on me.

A trap workers can fall into is 'how can I help this person when they don't want to be helped?'

There is no way to help someone in ways they do not want to be helped. The best that can be done is to connect them to their lives and the decisions they make. A reaction to feeling powerlessness can be appearing to self-destruct as a form of recovering agency.





A businessman losing money on stocks does not get a conservatorship. The intersection of class, race, gender, mental health diagnoses, and disability inform the level of authority given to others over a person.

"Everyone will be graded on their  
ability to climb this tree."






"Everyone will be evaluated on their ability to assimilate."



For true "person centered planning" that empowers someone, put them in the room and let them guide the conversation.

Sometimes the best we can be, is present.





Thank you for  
your time!

# 8 Dimensions

## 7 Attributes

## 6 Elements

Coordination

Continuity

Empathy

Informed

Attentive

Preferences

Aftercare

Fear Management

Family

Evidence-based

# Nothing About Me Without Me

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Okay, you can come to the meeting where we are going to talk about you!

We will give you a seat at OUR table!

Speak up if you can! (We've got a lot to say!)

- 1. 8 Dimensions:** #1 is “respect for the patient's values, preferences, and expressed needs,” but “culture” only appears once in the 3619 words, and only related to use of e-mail.
- 2. 7 Attributes:** From the same document, starts out with “Superb Access” same old care options as always
- 3. 6 Elements:** #2 is “Evidence-backed” treatment that reads as not taking seriously people’s own research and knowledge of what they want; Writes them off as being overly influenced by celebrities with the doctor holding ultimate responsibility for real information (no occurrences of “culture” or “cultural” at all)



## What It Looks Like

## What It Should Be

Provider provides information	Parties exchange information
Information available in other languages	Information is in other languages <u>and</u> informed by other cultures
Doctor slows down enough to make space for patient's questions and concerns	Providers practice humility and consider many perspectives, <u>including those that make them uncomfortable</u>
Centers evidence-based practices	Centers relevant cultural practices alongside evidence-based practices
Can read notes or request access	Can read notes without having to request access and suggest corrections
Gives seat at the table	Builds new table (with tools to manage this table until that can happen)



Questions?



# Real-Time Evaluation Questions

- Please take a moment to respond to these six evaluation questions to help us deliver high-quality NCAPPS webinars.
- If you have suggestions on how we might improve NCAPPS webinars, or if you have ideas or requests for future webinar topics, please send us a note at [NCAPPS@hsri.org](mailto:NCAPPS@hsri.org)

# Real-Time Evaluation Questions (cont.)

- 1. Overall, how would you rate the quality of this webinar?**
- 2. How well did the webinar meet your expectations?**
- 3. Do you think the webinar was too long, too short, or about right?**
- 4. How likely are you to use this information in your work or day-to-day activities?**
- 5. How likely are you to share the recording of this webinar or the PDF slides with colleagues, people you provide services to, or friends?**
- 6. How could future webinars be improved?**

# Thank You.

Register for upcoming webinars at

[ncapps.acl.gov](https://ncapps.acl.gov)

NCAPPS is funded and led by the Administration for Community Living and the Centers for Medicare & Medicaid Services and is administered by HSRI.

The content and views expressed in this webinar are those of the presenters and do not necessarily reflect that of Centers for Medicare and Medicaid Services (CMS) or the Administration for Community Living (ACL) .

