NCAPPS

Oregon Department of Aging and People with Disability's Vision for a Person-Centered Culture: Summary of Onsite Meeting and Process

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August 2019

Summary of Onsite Meeting

Oregon was one of 15 states selected to get technical assistance through the National Center on Advancing Person-Centered Practices and Systems (NCAPPS). The new Center provides technical assistance to state agencies, tribes, and territories to advance person-centered thinking, planning, and practice to support people with disabilities and older adults. Selected states can receive 100 hours of technical assistance for up to three years. The Oregon Department of Human Services, Aging and People with Disabilities (APD), wants to use this opportunity to move from an overarching belief **to actual polices and processes** that support person-centered planning. Oregon developed a technical assistance (TA) plan that includes the following areas:

- Develop a shared understanding of person-centered planning practices by developing a vision and definition to share across its programs,
- Develop ways to hear from older adults, people with physical disabilities to share information and get their feedback,
- Develop person-centered practices that are culturally responsive particularly to the needs of tribal members, and
- Identify strategies to support person-centered planning in the Aging and Disability system through new policies and processes.

One of the objectives in Oregon's TA plan says:

> *Objective 1.2 Convene visioning meeting regarding a system-wide understanding of person-centered thinking and planning that is guided by Charting the LifeCourse framework. This visioning process will shape upcoming changes and embed person-centered thinking into the culture of change.*

This report describes the day-long onsite meeting that was held on Thursday, August 15th, 2019 in Salem with key staff and stakeholders who worked together to learn about Charting the LifeCourse (CtLC) and together build a common vision for person-centered planning (see Appendix A for the meeting agenda).

Attendees

The following table shows the list of attendees along with their role and division.

Name	Role/Department
Max Brown	Policy Analyst, APD Division of Planning
Donna Courtney	Governor's Commission on Senior Services
Cheri Hawkins-Weltz	APD Training Manager -Ambassador Student
Paul Johnson	Ambassador Student
Beth Lee	APD - Ambassador Student
Roberta Lilly	APD – Oregon Home Care Commission
Ruth McEwen	Home Care Commission/Governor's Council on Senior Services
Kathryn Nunley	Ambassador Student
Keith Putnum	Medicaid LTC Quality & Reimbursement Council
Mat Rapoza	Ambassador Student/MLTSS Manager
Judith Richards	Local Disability Services Advisory Council
Monica Sandgren	Ambassador Student
Jane-ellen Weidanz	Long Term Services and Supports Administrator
Bob Weir	APD – Ambassador Student

Meeting Format

The meeting was co-facilitated by Jenny Turner and Yoshi Kardell. To begin, Jane-ellen Weidanz, APD Administrator welcomed people to the meeting. Jenny summarized for the group,

"I heard Jane-Ellen say this morning, we want to blow things out of the water, so to speak, and recreate them in a way that allows for the person-centered framework to be the guide and the way that we do business. We want it to be the way we interact with the individuals we support, families and communities at large. So

transformational change is a move beyond the traditional things to a different way of thinking. "

Next, attendees introduced themselves and described what "person-centered" means to them.

The objectives for the meeting were to:

- Develop a definition of and vision for person centered practices,
- Introduce Charting the LifeCourse framework
- Identify opportunities to hear from seniors, people with disabilities, and their families to improve their experience of "the system", and
- Identify what is going well/not going well and develop ways to integrate or enhance person centered practices.

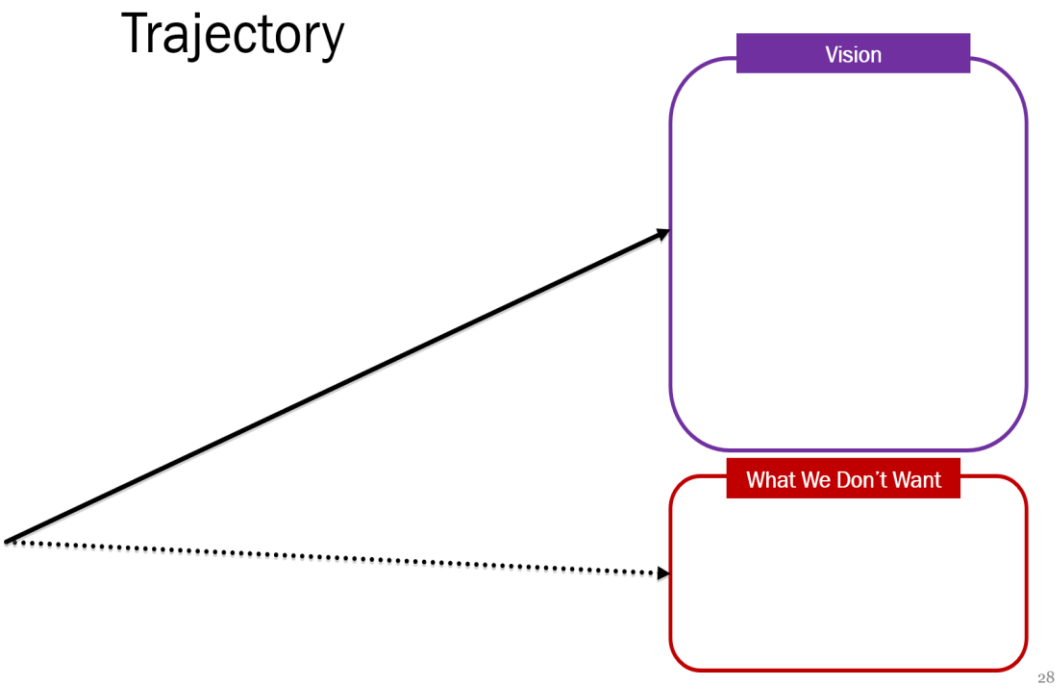
Jenny Turner from UMKC/IHD, provided an overview of the guiding principles of Charting the LifeCourse Framework (see Appendix B for an overview of CtLC principles).

Observations

During the day-long meeting, attendees were talkative and often spoke with passion from their personal and professional perspectives. At the end of the meeting we asked attendees to fill out an evaluation. Most people said they enjoyed learning about Charting the LifeCourse Framework, the small group work, and are looking forward to continuing this work.

Activities

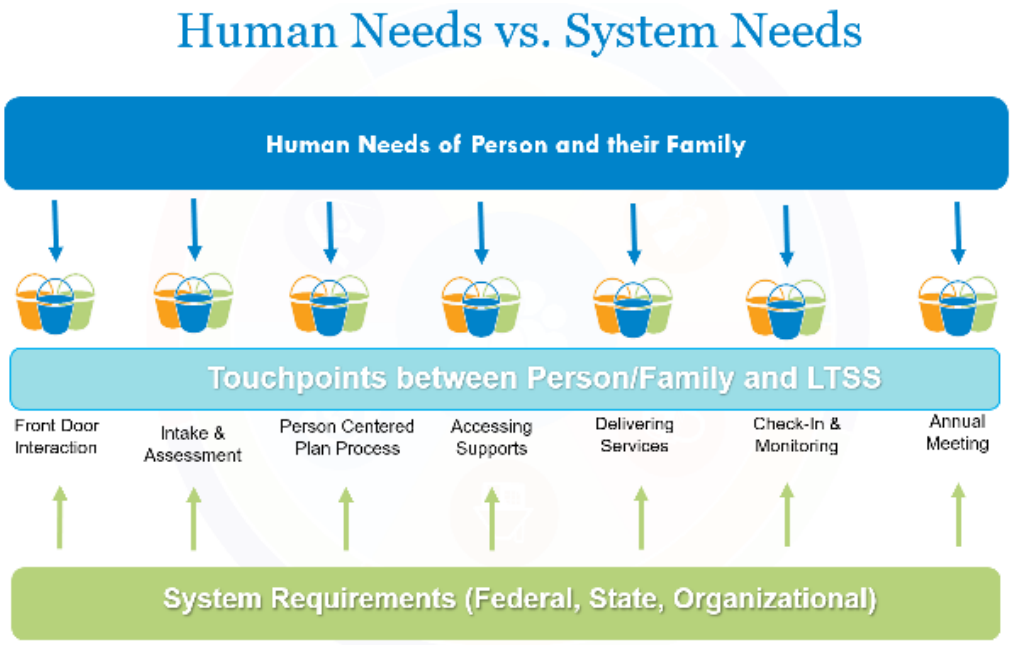
The next portion of the meeting included facilitated group discussion and small group activities. To structure the conversation, we used CtLC tools. For example, the group was led through an exercise using the "Trajectory" where they talked about what they would like to see in a person-centered system for Oregon and what they would like to avoid.



Here is what the group reported.

What We Want	What We Don't Want
True person-centered planning	More administrative work, paperwork
Oregon as a leader	Barriers within a team
Definition of person-centered planning	Systems that don't communicate
People are educated about person-centered planning	Barriers go unaddressed
Ways to measure success	Fall back into old patterns
Knowledge of what's possible	Government rules that limit or prevent good person-centered planning practices
Celebrate success!	Cultural insensitivity
Community approach	
People are independent	
People are heard	
End of discrimination	
People have control	
Consistency across the state	

The next activity was to map the "touchpoints" in the process a person who needs support goes through from intake, to receiving services, and ongoing monitoring. These are the points where a person will interact, maybe face-to-face or by phone, with a person from the service system (intake worker, case manager). The group was asked to think about the human needs and the service system needs for each touchpoint. Thinking about the human needs helped make sure we were being person-centered. At the same time, we knew that there are system needs to think about.



The following touchpoints were presented as common to most systems:

- Front Door Interaction (making a first phone call to ask about services)
- Intake & Assessment (finding out if a person can receive services)
- Person-Centered Plan Process (developing a plan for services)
- Accessing Supports (finding a service provider)
- Delivering Services (getting needed services)

- Check-in & Monitoring (making sure that services are working well)
- Annual Meeting (planning every year to keep services going)

The group was asked to make touchpoints for the APD system in Oregon. The group agreed that these touchpoints seemed right. During this discussion, the group said that there is a pre-step before someone calls looking for services. Usually something happens which sends the person and their supporters into a research phase. This phase can include lots of sources of information – some good, some not so good. It is important to know how people might be molded by this information.

Next, attendees could select to join a small group for one of four touchpoints – Assessment, Planning, Service Delivery, or Check-in & Monitoring. The small groups then worked together to define the vision for each touchpoint and talked about what's working well and what the barriers are.

The vision for each touchpoint is listed below.

- **Assessment** – Create a comfortable, non-threatening environment. The person chooses who they would like to attend. Build trust with the person. Give them choices. Questions are respectful and asked in a conversational way.
- **Planning** – All members of the planning team are involved. Knowledgeable staff are able to help. Everyone has a voice. Person drives the process. There is a consistent process across the state. Identifies what is important "to" and important "for" the person. The process is welcoming and collaborative and everyone agrees with the plan. Focused on meeting goals, not just ADL/IADLs. Uses real language – not jargon and sets clear expectations especially around cost.
- **Service delivery** – Services include a standard defined by the individual. Services are welcoming and not overwhelming. Education offered before and during process

of service delivery. Feedback can be provided freely. More mentoring services.

- **Check-in & Monitoring** – The person feels supported and heard. The process builds trust and is a positive experience. The person feels confident call to us. The person leads the conversation. The person is happy with services and feels safe and respected to share honestly.

Here are some things the small groups said were working well or could be improved for each of the four touchpoints.

Assessment	
What's Working	**Barriers/Opportunities for Improvement**
Case managers create a comfortable environment	Case managers need to know it's okay to have a conversation
Case managers make it clear that others can be included	Building skills such as looking at surroundings to inform the assessment
Gathering enough information	Too much paperwork for staff
Providing lots of opportunities	
Planning	
What's Working	**Barriers/Opportunities for Improvement**
Lots of service options	IT system
New case management positions	People don't like change
Better rates for providers	Workload issues
Diversion/Transition staff	Need to reduce repetition and duplication
Public site with licensing	Education to the field about services
Choice counseling	Review how often specialized services are used

Standard expectations for planning process and service options	
Service Delivery	
What's Working	**Barriers/Opportunities for Improvement**
Strengthening training	Inflexibility of IT to capture, record new services
Buy-in and support from leadership	Need to collect more relevant data
Strong advocates	Removing silos
Robust QE/monitoring	Expanding certifications
Empowerment	Restrictive funding
	Need innovative ways to bring services to underserved
	Consumer/employer training
Check-in & Monitoring	
What's Working	**Barriers/Opportunities for Improvement**
Required element process established	Scarcity of resources
System to track accountability	QA for desired outcomes
People appreciate the follow-up	Opportunity to increase feedback loops
Early adopters can model and train	Opportunity to assess if it takes more time
OC's are trained to do check-in	Increase case managers' soft skills
Leadership is supportive	System changes that support new thinking/practices

Vision for a Person-Centered Culture in Oregon

During the last section of the meeting, the major themes from the day were discussed.

We want a person-centered culture in Oregon to be:

- Welcoming, non-judgmental, and respectful
- Built on safe, trusting relationships
- Holistic and all-inclusive to support goals, not just skills or services
- Empowering and educational to set clear expectations, rights, and roles
- Supports the person's choices including who is part of the process at all stages

So that people…

- Are heard
- Have control of their life/destiny
- Are independent
- Are free from discrimination

Next Steps

At the end of the meeting we talked about next steps.

- **Share Information.** Write a summary of this meeting and send to members who were unable to attend.
- **Get more input.** Are the visions for touchpoints what they should be? Have the right elements for defining person-centered been captured? Are there elements missing? Are there elements that should be removed? The hope is that these questions help refine this early vision and broader conversation kicked-off by the group.
- **Charting the LifeCourse Ambassador Series.** Staff who are taking part in Charting the LifeCourse Ambassador series will use the information from today's meeting to guide their discussions and homework assignments.

The NCAPPS TA team will continue to work according to the goals and objectives of the TA plan including outreach and engagement with a broad range of stakeholders in Oregon.

About NCAPPS

The National Center on Advancing Person-Centered Practices and Systems (NCAPPS) is an initiative from the Administration for Community Living and the Centers for Medicare & Medicaid Services to help States, Tribes, and Territories to implement person-centered practices. It is administered by the Human Services Research Institute (HSRI) and overseen by a group of national experts with lived experience (people with personal, first-hand experience of using long-term services and supports).

NCAPPS partners with a host of national associations to deliver knowledgeable and targeted technical assistance.

You can find us at https://ncapps.acl.gov

Appendix A: Meeting Agenda

NCAPPS

Oregon NCAPPS "Kick Off" Event
Thursday, August 15, 2019 – 9:30am to 3:30pm

Attendees: APD Central Office Team and Regional Office Leadership, NWD Initiative Representatives, OR Disability Commission, Governor's Commission on Senior Services, Homecare Commission, Senior Commission, Tribal Navigation Program Leadership

Objective: Develop a unified definition of and vision for person-centered practices.

Time	Activity	Objective
9:30 - 9:40	Welcome and Introductions	
9:40 - 10:30	Overview of Charting the LifeCourse Framework	• Introduce the CtLC framework as common language and principles
10:30 - 10:40	Golden Circles: Ted Talk Video	• Introduce and understand the importance of focusing on the "why"
10:40 - 11:45	Developing a Vision for Supporting Seniors and People with Disabilities their Families	• Strategic brainstorming to develop the "why" for person centered practices
11:45 - 12:15	Identify System "Touchpoints"	• Identify and agree upon the key opportunities to engage with individuals and their families • Establish a framework for defining "how" APD will implement reach the agreed upon vision for supporting individuals and their families
12:15 - 12:45	**Working Lunch**	

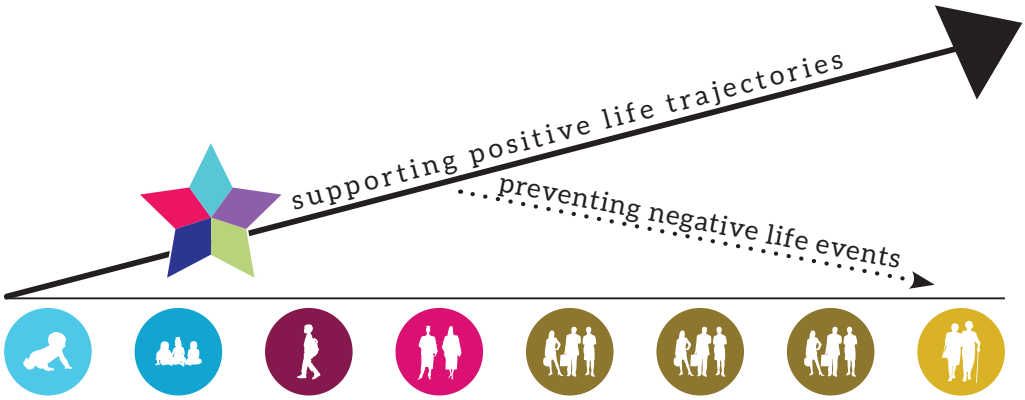
12:45 - 2:30	Assessing Current Practices at each Touchpoint	• Develop a vision for each touchpoint, tying it to the larger vision for supporting individuals and families • Identify what is going well/not going well at each touchpoint • Identify goals/barriers for each touchpoint
2:30 - 3:30	Wrap Up and Reflections	• Synthesize the conversation, identify themes and "ahas" • Develop an understanding of how each of the initiatives contributes to the vision and strategies

Appendix B: Charting the LifeCourse Principles

Charting the LifeCourse™

Guiding Principles

Core Belief: All people have the right to live, love, work, play and pursue their life aspirations just as others do in their community.



Focusing on ALL

100%

4.9 million citizens with developmental disabilities

75%

25%

25% national percentage receiving state DD services

Based on 1.49% prevalence, US Census 2013. Braddock et al, State of the State 2013

Life Stages and Life Domains

Meaningful Day & Employment:
What you do as part of everyday life– school, employment, volunteering, communication, routines, life skills.

Community Living
Where and how you live– housing and living options, community access, transportation, home modifications.

Safety & Security
Staying safe and secure– emergencies, well-being, guardianship options, legal rights and issues.

Healthy Living
Managing and accessing health care and staying well– medical, mental health, behavior, developmental, wellness and nutrition.

Social & Spirituality
Building friendships and relationships, leisure activities, personal networks, faith community.

Citizenship & Advocacy
Building valued roles, making choices, setting goals, assuming responsibility and driving how one's own life is lived.

Prenatal/Infancy
Early years, wondering if meeting developmental milestones

Early Childhood
Preschool age, getting a diagnosis

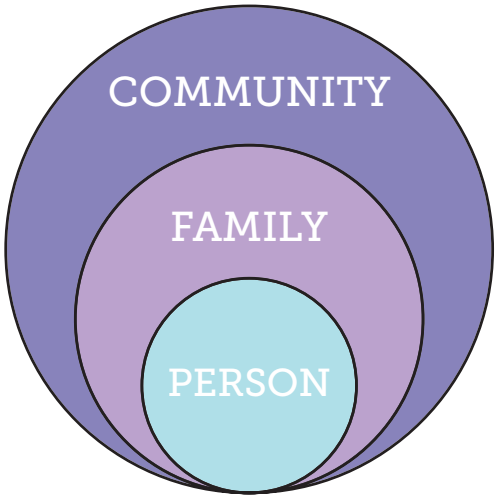
School Age
Everyday life during school years

Transition
Transitions from school to adult life– Realizing school is almost over!

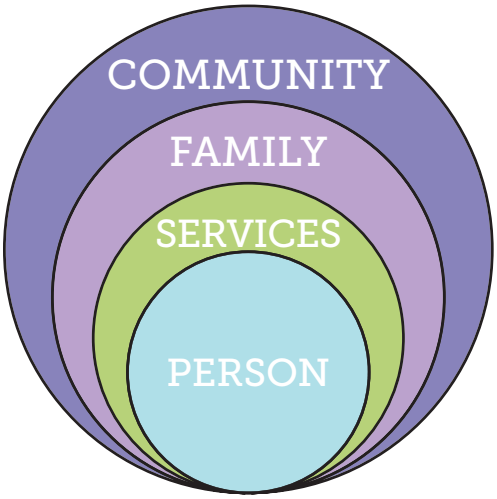
Adulthood
Living life as an adult

Aging
Getting older and preparing for end of life (parent/family/individual)

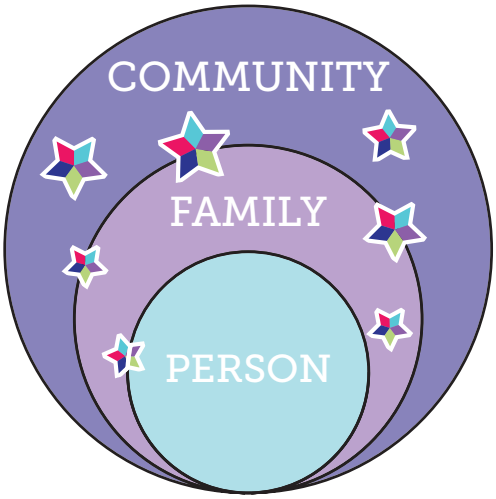
Person within the Context of Family & Community



People with disabilities are members of their families and communities

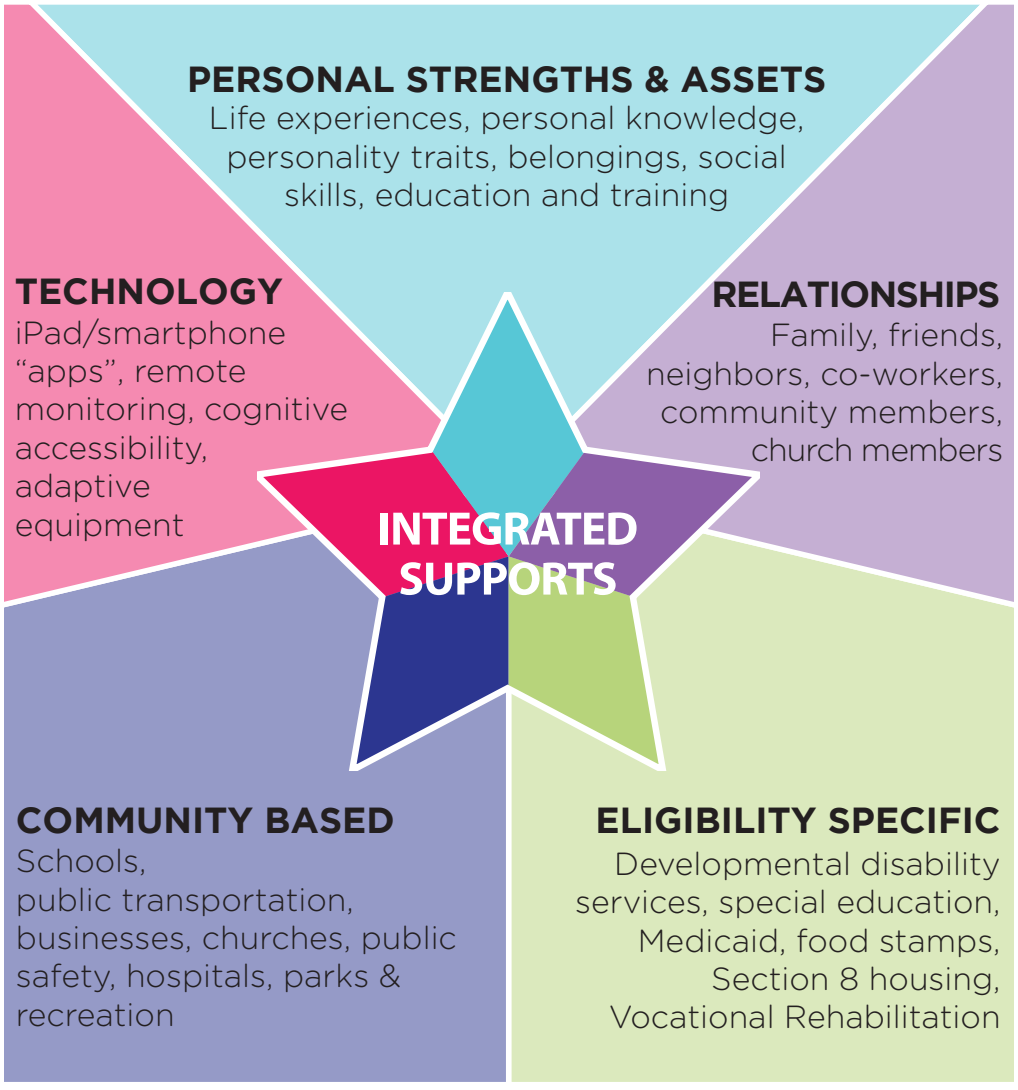


With the best of intentions



All people receive integrated services and supports

Integrated Supports for a Good Life



Strategies for Supporting Real Lives

Discovery & Navigation:
Knowledge & Skills

- Information on disability
- Knowledge about best practices and values
- Skills to navigate and access services
- Ability to advocate for services and policy change

Connections & Partnerships:
Mental Health & Self-efficacy

- Parent-to-Parent Support
- Self-Advocacy Organizations
- Family Organizations
- Sib-shops
- Support Groups
- Professional Counseling
- Non-disability community support

Goods and Services:
Instrumental Supports

- Self/Family-Directed services
- Transportation
- Respite/Childcare
- Adaptive equipment
- Home modifications
- Financial assistance
- Cash Subsidies
- Short/Long term planning
- Caregiver supports & training

Access the Charting the LifeCourse™ tools and framework at lifecoursetools.com