PERSON CENTERED PLANNING

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Developed by St. Clair County Community Mental Health - 1998

FOUNDATIONS OF PERSON CENTERED PLANNING

➡ After reading this material, you will be able to:

- Understand each individual has choices when planning their future.
- Understand how person-centered-planning is different than the current plan of service.
- Know that the individual directs the planning process.

Introduction

The Michigan Mental Health Code says that individuals have a right to certain services. In 1995 the law was changed in many ways. One of the changes has to do with the way people figure out what should go into an Individual Plan of Service. In the past Medicaid standards or other regulatory standards have governed the process of treatment plan development. The standards drove the whole planning process through requirements on the types of assessments to be completed and the professionals to be involved. The changes in the Mental Health Code now say that the individual will direct the planning process; the individual can make choices and even decide what professionals will be on the planning team. This new way is called person-centered-planning and this module will tell you how to do it.

What is Person-Centered-Planning?

Person-centered-planning isn't so new and it isn't hard to do. It's really as easy as listening to people (or their families) about things like:

- Where to live
- How to spend time each day
- Who to spend time with
- Hopes and dreams for the future

It's about supporting people in the choices they make about their life. That can be the hard part!

This module will cover some very important issues about person-centered-planning and how it impacts the persons we serve, such as:

- Individuals can make choices about where to live, how to spend time each day, who to spend time with and plans for the future.
- They can choose to have meaningful relationships with their family and friends.
- They can be fully involved in community life and activities.
- Individual strengths are recognized and supported.
- They are to be supported in their choices.
- They are to be supported to live with their family while they are children and independently as adults.
- Their cultural backgrounds are recognized and valued.
- They are accepted and supported no matter what way they choose to live,

unless they do things that are dangerous to themselves or others.

We all have hopes and dreams for the future. Some we can work toward on our own, many take support from others. Some will happen and some will not. Person-centered-planning is a way of figuring out where someone is going (life goals) and what kinds of support they need to get there. An important part of it is asking the person, their family, friends and people who work with him or her about the things she or he likes to do and can do well. It is also about finding out what things get in the way of doing the things people like to do.

> Person-centered-planning is an approach to determine, plan for and work toward the preferred future.

What it is not!

Person-centered-planning is not a "free" opportunity for the individual to get anything they have ever wanted or desired. This is no different from any of us: some things we want might be too costly, or they might take time to work toward by accomplishing other things first. It is a way to provide the individual with supports and services to help them achieve their goals in the most cost efficient way possible.

In addition:

- Person-centered-planning is not just another technique to be added to the human service industry of fashionable fixes. Meaningful person-centered-plans are not constructed carelessly or mass-produced. Person-centered-planning is

an ongoing process of mutual education, discovery and adventure.

- Person-centered-planning is not a "quick fix" for people's difficulties. What seems to be one person's dream could easily be another's nightmare. In this sense, person-centered-planning accurately reflects ordinary life.

- Person-centered-planning is not doing whatever a consumer requests without regard to issues of:
  - Health and safety
  - The effectiveness or cost of service, treatment or support options
  - Basic standards of reasonableness
- Person-centered-planning is not just a new name for the current I-Team process.
- Person-centered planning is not just a way to improve facilitation of planning meetings but rather a way to change the current culture and strategy in investing in the individual and their choices.
- Person-centered-planning does not focus on the individuals' weakness.

Values

Person-centered-planning should provide a bridge to the community for people with disabilities. Building on people's capabilities and opportunities in networks, supports and communities creates desirable futures. To implement new values and accomplish new outcomes means letting go of service practices that support the

old assumptions. For example, the traditional approach to planning for people with disabilities is to focus on finding deficits. This deficit finding is cumulative as it continues year after year. For each new skill a person acquires and each objective a person meets, new deficits are identified and new goals developed.

The traditional Individual Service Plan process often ends up justifying the continuance of finding deficits and devaluation in the lives of people with handicaps. Some major problems with the traditional approach to planning are:

- ✗ It begins with an assessment process that most often highlights the person's deficits. When you define a person in these terms, the person is in constant need of services and "fixing". With this approach, the person is never ready for community life.
- ✗ The tendency is to establish goals that are already part of existing programs. The plan is designed to fit the person into a particular program, even if that program is not exactly what the person needs or even wants.
- ✗ It relies solely on professional judgement and decision making. Individuals are prevented from taking initiative or directing their plan to affect their own lives.

Person-centered-planning provides a process to increase the likelihood that individuals will develop relationships, be a part of community life and increase control over their lives.

The value basis for person-centered-planning includes:

- Basing the provision of services on the informed choices and strengths of the individual rather than forcing them to choose among a narrow range of pre-determined services and approaches.
- Helping individuals, their family and support persons to gain access to the resources already available in the community rather than replacing those resources with places populated only by human service workers and people with disabilities and/or mental illness.
- Coordinating services around the life of the individual rather than around the needs of staff and services.
- Recognizing the abilities of friends, families to teach new skills, participate with and to develop relationships.
- Understanding that individuals who have court-appointed legal guardians are to participate in the person-centered-planning to the maximum extent possible. They have authority to make choices in areas that are not specifically delegated to the guardian.

Person-centered-planning emphasizes the process of planning rather than the product. It is a continuous and interactive process.

Supports and Services

In person-centered-planning supports and services to promote community inclusion are considered in this order:

1. The individual (what they can do for themselves).

2. Family, guardian, friends and significant others.
3. Resources in the neighborhood and community.
4. Public funded supports and services available for all citizens.
5. Public funded supports and services provided or supported by St. Clair County Community Mental Health Services.

Children and their families

The person-centered-planning process supports the importance of the family system. In the case of minors, the family is the focus of service planning and is central to the planning process and its success. The parents and significant family member of a minor participates in the planning process unless:

a. the minor is fourteen years of age or older and has requested services without the knowledge or consent of parents, guardian or person who acts in the place of parents.
b. the minor is able to act on his or her own behalf.
c. including the parent(s) or significant family members would create a substantial risk of physical or emotional harm to the minor consumer or substantial disruption of the planning process.

Justification of the exclusion of parents must always be documented in the clinical record.

CHOICES

➡ After reading this material, you will be able to:

- Understand each individual has choices when planning their future.
- Realize some individuals need to learn how to make choices and decisions.
- Understand what their choices are and how they impact all phases in planning their future goals.

It's Their Choice!

Individuals with disabilities and their families know themselves and their own needs better than anyone else. People with developmental disabilities and mental illness should be able to exercise the same degree of choice about where and with whom they live, as people without disabilities in American society. Like any person in our society, individuals with developmental disabilities and mental illness should have opportunities to have homes of their own, meaningful work, and fulfilling personal lives. Thus, people with disabilities and their families should have maximum control over the planning, design, nature and types of services and supports they receive.

Helping the Person Make Informed Choices

Some preparation is needed to help the individual learn how to make choices. The traditional approach to planning was to focus on person's deficits, which did not provide opportunities for the person to make choices and/or learn to make choices.

By focusing on deficits, planning for the future was accomplished by fitting a person into the available programs and services.

Person-centered-planning puts the focus on the individual and the person is encouraged to explore his/her strengths and weaknesses. Certainly there are all levels of ability to do this and it is our job to support the person in self-discovery. Some individuals have limited life experiences in the community with respect to housing, work, and social activities, etc. which would prevent them from making the very best choices/decisions for their future. Therefore, it is critical that choices and options are clearly explained and the individual is given the opportunity to experience various options.

Making choices among several attractive options is a learned skill. Some consumers will be able to do this more easily than others. When making or expressing choices is difficult, facilitation and/or self-advocacy training may be necessary to ensure meaningful participation in the person-centered-planning process.

Choosing between attractive and undesirable options is not difficult for most consumers. Even for those consumers who have difficulty articulating their choices verbally, repeated attempts to avoid an option when it is presented can provide a clear indication that the option is not attractive to them.

To maximize the ability for expression and making choices, accommodations for communications may be necessary. Some people may have difficulty hearing or speaking; some may speak a language other than English; some may not have the experience expressing their needs and desires. The way you express or understand something may not be the way the individual does. Their cultural

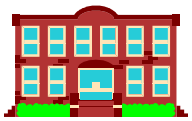
background may be different than yours and this must be recognized and valued. All of these issues need to be taken into consideration when helping the consumer plan their future.

What Choices Will They Be Making?

Individuals are supported and encouraged to make informed choices regarding personal life goals including but not limited to:

- The choice to live in regular homes, including living with parents, self selected roommates, and varied groupings and environments considered desirable, appropriate, and choices by persons without disabilities at particular ages in their lives.

- The choice to attend the same school he or she would attend if he/she did not have a disability, and/or to receive at school, the individualized educational services which is appropriate for his/her needs.



- The choice of access to a variety of employment opportunities which allows for daily interactions with co-workers, employers, and (where relevant) consumers who do not have disabilities.

- The choice to participate in the kinds of extracurricular, recreational, and other leisure experiences enjoyed by typical peers and citizens.

- The choice and opportunities for choices related to daily and long range social interactions with peers and other citizens (without regard to disability) that are oriented toward developing a variety of relationships, social support networks, friendships, and the ultimate goal, full and active participation in community living.

Limitations

As a result of health or safety concerns or court-ordered treatment, limitations may exist for individual choice. However, opportunities for individuals to express their perceived needs can occur and opportunities to make choices among limited options can be given.

PREPARATION FOR THE MEETING

➡ After reading this material, you will be able to:

- Understand that helping someone plan their future involves more than just a meeting.
- Understand that pre-planning activities are as important as the planning meeting in the person-centered-planning process.

Where Do We Start?

Before the actual person-centered-planning meeting, there are pre-planning activities that need to take place and choices the person needs to make. The individual needs to know what a person-centered-planning meeting is all about. How they are the focus of the meeting and direct the planning process. This can be scary for some people and it may slow the process down, but it can still be done. You know yourself, success breeds success.

Getting To Know Someone

Getting to know someone is at the core of person-centered-planning. The best way to get to know someone is to spend time talking and doing things together, listening and watching. If people can't talk themselves, then it is important to spend time with them and to talk with others who know them well. This is how you will find out what is important to the person.

Some guiding principles for getting to know someone are:

- Recognize that each person is a unique individual.
- Listen to, acknowledge and be respectful of the dreams, fears, preferences, wants and needs of the individual and/or his/her family.

- Take the time to get to know the person and/or his/her family on an individual basis.
- Establish rapport with the individual and/or his/her family.
- Recognize that building trusting relationships take time.
- Acknowledge that discussing personal issues will be difficult without the foundation of a trusting relationship.
- Be knowledgeable and respectful of the individual's family culture and background.
- Abstain from blaming the person for his/her "behaviors".

Who will be attending the meeting?

- The Supports Coordinator will meet with the focus person (consumer) before the person-centered-planning meeting to:
- Find out from the focus person (and family and friends) who should be invited to the meeting.

- Decide where and when the meeting will be held.
- Decide who will facilitate the meeting.
- Talk about what issues the person wants to talk about at the meeting or does

not want to talk about.

The individual decides whom he/she wants at their meeting. Some people choose to meet only with his/her casemanager or supports coordinator. Others invite family members, friends, employers, neighbors, people from their church, and/or people from the drop-in center or other social program. The list can go on and on.

The individual can also choose when her/she want to meet. This time needs to be convenient for all the people they want to invite. Some people can only meet during the evening rather than regular working hours. The individual will need to decide what the best time is so most of the people they have invited can attend. The people who come to the meeting will work together toward meeting the individuals needs and desires.

The individual chooses who will facilitate the meeting. They do not necessarily need to choose the Supports Coordinator. They can choose any person they have invited to the meeting.

A letter should be sent inviting people to come to the meeting. Telephone calls can also be made to invite people however, it is best to use a script written out ahead of time so everyone gets the same information. The following is a sample letter of invitation to the first meeting.

Friends of Lucy Smith
c/o John Smith
4567 Any Street
Anytown, MI 48060

July 29, 2011

Mary and Bill Jamison
1234 Any Road
Anytown, MI 48060

Dear Friends of Lucy Smith:

Lucy has asked me to invite you to her house, 4321 Anystreet, on Monday, July 29, 1998, 4:00 p.m. You will be joined by several of her other friends, and family, to talk about how we can all support Lucy. This will be a chance (a) to share with Lucy the things that make her a friend; (b) to learn what she wants to do (and become) in the future; and (c) to "brainstorm" how she can move toward her goals. The meeting should last about two hours.

If you have any questions, please feel free to call me, Lucy, or her mom and dad.

Hope to see you soon!

Cordially,

John Smith

Pre-planning for the meeting

Pre-planning with the consumer is an integral part of the person-centered-planning process. Before the consumer and the support group meets, the supports coordinator meets with the consumer. Pre-planning will help the support group to keep focused on the consumer's desires and needs for their future. In addition to deciding who will be invited to the meeting, etc. the consumer needs to think about some issues beforehand.

The following represents some questions the consumer may need to think about and answer before the planning meeting.

Things I **love:**

Things I **like a lot:**

Things I **don't like:**

Things I **really don't like:**

Some things make me **happy**:

And sometimes I get **sad** because…

These are my greatest **fears**:

These are **new** things I want to do and learn:

I currently receive these services:

✔

✔

✔

People at work think these things about me:

People at home think these things about me:

My friends and family think these things about me:

These are the best things about my **job**:

About my **home**:

The things I most often need help with at home and work are:

My perfect job would be…
(explain why)

My perfect home would be….
(explain why)

My health needs:

I need this much money to live and this is where it comes from:

Places to go…

People to see…

If my world were perfect, this is what I'd be doing:

At home:

At work:

In the community:

With my friends:

SETTING THE GROUND RULES

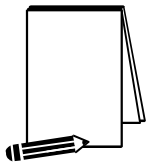
➡ After reading this material, you will be able to:

- Understand how meetings work best.
- Know some ground rules for meetings.

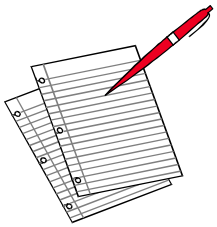
Meetings that work

When people get together to help the consumer to plan their future, those meetings work best when everyone participating knows some of the ground rules. These should be discussed and agreed upon at the beginning of the person-centered-planning meeting. Some suggestions are:

- The facilitator should be chosen in advance by the consumer. He/she will need to write things down and keep the conversation moving along.
- Have an easel, flipchart or large sheets of poster paper, masking tape or tacks (to post large paper) and marking pens.



- Someone should write the team's responses on the large sheets of paper.
- Someone, usually the Supports Coordinator, should take notes.



- Take turns. Let everyone have a chance to talk without interruption.
- Listen to one another, and probe only to clarify.
- Try not to judge anyone's ideas, because this is a time to be creative and to think about all of the possibilities.
- Keep everything that is talked about in the room. Do not discuss it with anyone

outside of the meeting.

- If you say you will do something, follow through.
- Support one another.

Maintaining the support group

The following factors are often critical or very important in maintaining a person-centered-planning support group constructively involved in supporting the person:

- Communication – One person agrees to write up the results of the meeting and to send out notices of upcoming meetings.
- Trust, trying to respond to what the person wants, and consensus – Support groups which listen carefully to the consumer and each other, who respect each person's views, and who base offers of assistance on what the person wants or on what the group perceives as in the person's 'best interests', do best.
- Facilitation – the person chosen by the individual to facilitate the meeting will need to keep track of time, identifying issues and offers of assistance, and seeing that each person has an opportunity to contribute.
- Having fun – Support groups whose members enjoy each other and have fun together, often stay together longer, and are eager to continue to be involved with the focus person within the context of the support group.

- There is no single, best way – One needs to be adaptable and responsive to the needs and desires of the consumer. The group and its processes should reflect these differences.

MEETING TOGETHER

➡ After reading this material, you will be able to:

- Understand that person-centered-planning meetings are not all alike.
- Understand that the consumer is the focus of the meeting.

Getting set for the meeting

The person-centered-planning meeting is an important meeting. The people the consumer has chosen to invite will discuss the individuals' fears, hopes, dreams, and needs. In addition, they will help them plan for their future, assist and support them in making their choices happen. While this meeting is important, what happens between meetings is more important. That's called life!

Because each effort to engage in person-centered-planning is as unique as is the consumer, the process and format are meant to be flexible. In other words, not all person-centered-planning meetings will be alike. The person-centered-planning meeting will be unique to the consumer and the service setting in which they are receiving services. For example, if the consumer has been approved for services in an outpatient program and they live in the community on their own, their planning meeting may include only themselves and the supports coordinator. It is always the individual's choice as to who is invited to the meeting regardless of the service setting. The individual may choose to have their spouse, a friend or clergy or they may not. The individual may

choose just to meet with their Supports Coordinator.

If the consumer is living in a group home and attending a partial day program he/she may choose to invite staff from the group home and/or the day program to attend their meeting as well as family and friends. There are numerous circumstances that will affect the uniqueness of the consumer's planning meeting. Person-centered-planning transcends all service settings whether services are provided in outpatient, in a partial day program, ACT Team or with a child and his or her family.

Communicating in the meeting

If the consumer doesn't speak very well or at all or if someone speaks a different language, then a helper should be included in the meeting. This helper should be someone who knows the language of the individual and who knows him or her. The support group members should use a conversational style that is easy for everyone to understand. It is important to make sure that people have all the information they need to make choices for themselves.

What if the group doesn't get along?

When members of the support group or team don't get along or don't support the choices the consumer makes for his/her life, it's up the facilitator to help get things going again. If things still aren't working well, then the consumer along with the group or team may need to choose a new facilitator or ask someone else to come in and get things going again.

The person-centered-planning meeting

It is more than just a meeting. This is the beginning of a process that continues throughout a lifetime. It is not a product. When you are participating in a person-centered-plan, it is about five things:

1. Getting to know someone really well.
2. Finding out about someone's life **choices**.
3. Supporting someone's **choices** about where he or she wants to live, how he or she wants to spend each day, who he/she want to spend time with, and hopes and dreams for the future.
4. Working with others to come up with a way to make those **choices** a part of someone's everyday life.
5. Figuring out what supports and services someone needs and wants.

For a plan to be successful it is best if:

- ✿ The people involved have a clear and shared appreciation of the talents and capacities of the individual.
- ✿ The people involved have a common understanding of what the focus person wants.
- ✿ The group agrees to meet regularly to review activities.
- ✿ The group includes a strong advocate or family member assuring that the interest of the individual is being met.
- ✿ That the group includes a person committed to making connections to the community.

It's as easy as that, it's as hard as that and it's more than just a meeting.

One way to conduct a person-centered-planning meeting is by using a series of wall charts. Placed on the wall with headings, these charts will help organize the information needed to assist and support the consumer in planning his/her future. There are numerous ways to facilitate the person-centered-planning meeting and process. Wall charts may not be an effective tool in outpatient settings and that is okay. In the following pages there is an example/suggestion of different wall charts and issues that can be used or adapted by the consumer and their support group. Remember, not all person-centered-planning meetings are alike and they should present numerous opportunities to be creative.

Wall charts and issues

The following examples are a series of questions that the consumer and the support group will answer. In this example the consumer is Lucy. What are some great things about Lucy? This question helps set a positive tone for the planning session. It helps develop a picture of the consumer's strengths and capabilities. The consumer may or may not have anything to share when asked this question.

What are some great things about Lucy?

Outgoing

ɔst always happy

Honest

Thoughtful

Dependable! If Lucy says she will do something, she will follow through

Hard worker

Very independent

Plans ahead/likes to schedule things

Concern for others and

Makes people feel comfortable

animals

What would Lucy's best and her worst day look like? Getting an idea of the consumer's best and worst days helps focus the picture of what is important to her. Below is an example of Lucy's best and worst day. The consumer may have a lot to add to this list. It is an issue that they may want to think about before the actual meeting. An actual list may be more detailed.

Lucy's Best Day	**Lucy's Worst Day**
Lucy said: Go for walk with my dog Have a party Volunteer at church Listen to music Others said and Lucy agreed: Got out to eat Make a pizza Talk with people Play card games Take care of animals Use coupons and go shopping See my friends Visit with sister Walk to the store on her own Do something fun with sister	Lucy said: Fight with my sister Talk too much Others said and Lucy agreed: Brother and sister doing things she can't do Being treated like a child When someone says she is little People are late Things are not ready on time She doesn't understand directions Something she really wants to do is interrupted

What are Lucy's hopes and dreams for the future? If all things are possible, Lucy needs to let her support group know her hopes and dreams for the future.

Lucy's
Hopes and Dreams for the Future

Lucy said:

Get a job

Leave home and live with a friend

Learn how to use a computer.

Others said:

These are the three things Lucy talks about often.

What is in the Way? This is a very important part of planning, even though it is sometimes hard to talk about in front of others. It is important for the team to find out about the health issues in Lucy's life (remembering to take medications and preventing further hearing loss).

What's in the Way?

Lucy said:
Who would help me with my medicine?

Others said:
Sister is worried that if Lucy does not learn to be more independent, she can not live on her own.

Lucy is afraid of a greater hearing loss.

How can we support Lucy? Lucy and the support group need to answer the question, "What support would help most right now?" "How can we support Lucy in moving toward her future?" "How can we support her in making those things that

are important to her a part of her everyday life?" This part of the person-centered-planning meeting can be exciting. Everyone usually has great ideas about the future and about what they could do right now to support the consumer. It also helps reinforce everyone working together as a team.

How Can We Support Lucy?

Lucy said:
I need some help from someone in finding and learning a job
When I live on my own I need help with cooking
I will also need help getting groceries home
I need help with my medications

Others said.
Someone could help Lucy find a job working around animals
Mom could put marks on oven dial, so that Lucy can start using the oven
Lucy could help put together a book of her favorite recipes using picture symbols
Lucy might need help for a while in changing sheets, getting used to public transit, getting to the doctor's office for her appointment, doing her laundry, and keeping her place clean
Make sure we help Lucy look for a place to live near a grocery store
Dad can get a small cart with a basket for Lucy to use to haul groceries from the store while she

Lucy's Person-Centered-Plan:

My Plan for the Future Starts Now

This plan belongs to: Lucy Smith When did I make this plan? 07/29/11

Moving toward the future, what are some first steps that I could take over the next six months to a year?	What kinds of support will I need from…..	
	Family, friends, and community	Services
For fun: • Start a crafts project with my sister Learn how to type and use a computer	• Go to the hobby store with my sister to see what kind of craft might be interesting. • Look at the adult education catalog to see if there are any interesting hobby or craft classes we could take together • Jenny will go with me to see what computer would be best for me • Make an appointment at the computer center in town	
For work: • Get a job	•	•
For living: • Learn more about	• Work on a plan at	•

The example of Lucy's Person-Centered-Plan is just that, an **example**. Agency forms will be used to document the individual's plan. The example is to illustrate that this indeed is the individual's plan based on their choices.

Person-centered-planning meeting critique

To determine if the individuals' person-centered-planning meeting meets all of the criteria and principles of person-centered-planning, compare the meeting with the following checklist:

✿ ✿ ✿

	Yes	No
The individual (or family, friend, or advocate if needed) chose who would be at the meeting and where it would be held.	[ ]	[ ]
The individual was at the meeting.	[ ]	[ ]
The individual was part of the team and the focus of their work.	[ ]	[ ]
The individual (or family, friend, or advocated if needed) was asked first to share, and then others were asked to share information.	[ ]	[ ]
The support group talked about the individual's preferences and strengths.	[ ]	[ ]
The support group talked about the individual's hopes and dreams for the future.	[ ]	[ ]
The support group talked about barriers to the individual's preferred lifestyle (e.g., living, working, relationships) for both now and the future.	[ ]	[ ]
The meeting was positive.	[ ]	[ ]
The meeting was supported by an effective facilitator who made sure that everyone had an opportunity to share in a nonjudgmental atmosphere.	[ ]	[ ]
Someone was there to talk or communicate for the individual if he or she could not talk or communicate for him or herself.	[ ]	[ ]
The support group talked about how to make sure the person-centered-planning would reflect the individual's preferences, strengths, hopes and dreams.	[ ]	[ ]
The support group committed to work together to carry out the plan and to meet again to talk about their progress.	[ ]	[ ]

The final product

Although there is not usually a "final" product as person-centered-planning is an ongoing process, the results of the planning meeting are prepared. Whether handwritten or typed the Person-Centered-Plan must be prepared in a form that is understandable to the consumer and family. The Person-Centered-Plan should be distributed to the members of the planning meeting within a reasonable time after the meeting.

IS THE PLAN WORKING?

➡ After reading this material, you will be able to:

- Understand that follow-up meetings are important to find out if the plan is working.
- Understand the consumer's rights if they are not satisfied with the plan.

Getting feedback

Getting feedback on the person-centered-plan regularly is important to determine how the supports and services are working or to determine how to make them work better for the consumer.

It is important for the consumer to receive feedback on their progress. This should be done by the supports coordinator, informally, and regularly. How supports and services are being delivered, the consumer's satisfaction with their delivery, and progress toward the consumer's desired outcomes are among a few issues that need to be discussed.

The support group gets together again

Everyone involved in the consumer's person-centered-planning meeting needs to determine the frequency of follow-up meetings. At the follow-up meetings which may be monthly, or every three (3) or four (4) months, the support group talks about how things are going. The consumer can help with the agenda or decide who will do an agenda

for the follow-up meetings. Again someone should take notes to help keep the group on track.

In addition, the group should determine when the consumer's whole plan would be reviewed and updated. Perhaps the frequency will be six months or even a year. The same process is used as before of reporting and recording what had happened on each of the consumer's goals.

If the consumer is unhappy with the plan

If an individual is not satisfied with his/her Person-Centered-Plan (Individual Plan of Service), the consumer, the guardian of the consumer, or the parent of a minor consumer may make a request for review to the Supports Coordinator. The review must be completed within thirty (30) days. If the consumer is still not satisfied they may consult with the Recipient Rights Officer and/or the CMH Customer Services Department.

QUESTIONS AND ANSWERS

Question: Is person-centered-planning just for the developmentally disabled population?

Answer: No. The Michigan Mental Health Code does not differentiate between developmental disabled and mentally ill when defining person-centered-planning. The Mental Health Code definition is:

> "Person-centered-planning" means a process for planning and supporting the individual receiving services that builds upon the individual's capacity to engage in activities that promote community life and that honors the individual's preferences, choices, and abilities. The person-centered-planning process involves families, friends, and professionals as the individual desires or requires.

Question: When does the Person-centered-planning process begin?

Answer: The person-centered-planning process begins when the individual requests services. In other words, it begins when the individual calls the Access Center in a crisis or expresses a need or makes a request for services. If the individual is in a crisis, the goal is to get the individual's crisis stabilized. Following stabilization, the individual and the Agency will explore further needs for assistance and if required, proceed to a more in-depth planning process. More information is included in the Person-Centered-Planning policy #01-010-0005.

Question: What if there is a disagreement between the consumer and their legal guardian or responsible parent regarding their choices?

Answer: The Supports Coordinator should attempt to mediate between the two parties in order to provide an outcome which is acceptable to both parties.

RESOURCE MATERIALS

Making Futures Happen, Mount, Beth, Reprinted by the Minnesota Governor's Council on Developmental Disabilities, August 1994.

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Person-Centered Planning Practice Guideline, Department of Community Health, March 1998.

More Than A Meeting, California Department of Developmental Services, October 1994.

Listen, Understand, Plan, Support, Allen , Shea & Associates, CARF, 1996.

It's Never Too Early, It's Never Too Late, Mount, Beth, & Zwernik, Kay, Reprinted by the Minnesota Governor's Planning Council on Developmental Disabilities, October 1989.

Individual Program Plan Resource Manual, California Department of Developmental Services, January 1995.

Friends, Amado, A.N., Conklin, F., & Wells, J., Human Services Research and Developmental Center, 1990.

Facilitating Inclusion through Case Management, Wolfe-Branigin, Karen, Michigan Developmental Disabilities Council, Department of Mental Health, & Social Services, June, 1995.

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