

DSHS Grand Rounds

Oct. 30

Person Centered Recovery Planning



Presenters:

Anna Jackson, Deputy Director, Via Hope, Univ. of Texas at Austin

Diane Grieder, MEd, CEO, AliPar, Inc.

Tracy Abzug, LCSW, Recovery Program Manager, Austin State Hospital

Logistics

Registration for free continuing education (CE) hours or certificate of attendance through TRAIN at:

<https://tx.train.org>

Streamlined registration
for individuals not requesting CE hours
or a certificate of attendance

1. webinar: <http://extra.dshs.state.tx.us/grandrounds/webinar-noCE.htm>
2. live audience: sign in at the door

For registration questions, please contact Annette Lara,
CE.Service@dshs.state.tx.us

Logistics (cont.)

Slides and recorded webinar available at:

<http://extra.dshs.state.tx.us/grandrounds>

Questions?

There will be a question and answer period at the end of the presentation. Remote sites can send in questions throughout the presentation by using the GoToWebinar chat box or email GrandRounds@dshs.state.tx.us.

For those in the auditorium, please come to the microphone to ask your question.

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Disclosure to the Learner

Requirement of Learner

Participants requesting continuing education contact hours or a certificate of attendance must register in TRAIN, attend the entire session, and complete the online evaluation within two weeks of the presentation.

Commercial Support

This educational activity received no commercial support.

Disclosure of Financial Conflict of Interest

Diane Grieder has shared that she serves as President of *AliPar* consulting firm and receives royalties from Elsevier Publishing.

Planning committee members have disclosed no relevant financial relationships.

Non-Endorsement Statement

Accredited status does not imply endorsement by Department of State Health Services - Continuing Education Services, Texas Medical Association, or American Nurses Credentialing Center of any commercial products displayed in conjunction with an activity.



David Lakey, MD
DSHS Commissioner
is pleased to introduce today's
DSHS Grand Rounds speakers

Faculty



Anna Jackson, MSSW
Via Hope



Diane Grieder, MEd
AliPar, Inc.



Tracy Abzug, LCSW
Austin State Hospital

Learning Objectives

- Describe three basic principles of the recovery model.
- List four elements of Person Centered Recovery Planning (PCRP).
- Describe the strategies for implementation of PCRP at Austin State Hospital.
- Identify at least two successes achieved during initial implementation.
- Identify at least two barriers encountered during implementation and corresponding strategies used to overcome them.

Agenda

- Via Hope: Background, History Context
- Person Centered Recovery Planning: An Introduction to Recovery, the PCP Model, and Putting Theory into Practice
- PCRP in Practice: Austin State Hospital
- Discussion



Via Hope: Background, History, Context

Anna Jackson, Deputy Director
anna.jackson@viahope.org
www.viahope.org



Via Hope's Roots

- Texas Mental Health Transformation Grant (SAMHSA)
 - Consumer and Family Voice Subcommittee
 - Est. Via Hope in 2009
- Currently funded by Texas DSHS and the Hogg Foundation
- Part of The University of Texas at Austin Center for Social Research, Texas Institute for Excellence in Mental Health

Major Initiatives:

- Recovery Institute (Next Slides)
- Peer Specialist Training and Certification
- Family Partner Training and Certification
- Transition Age Youth Initiative
- Peer-Run Organization Project

Via Hope Collaborative Learning Projects

FY2010: Peer Specialist Learning Community

- Designed to encourage/facilitate use of peer specialists
- 10 LMHCs, 1 Peer-Run Organization

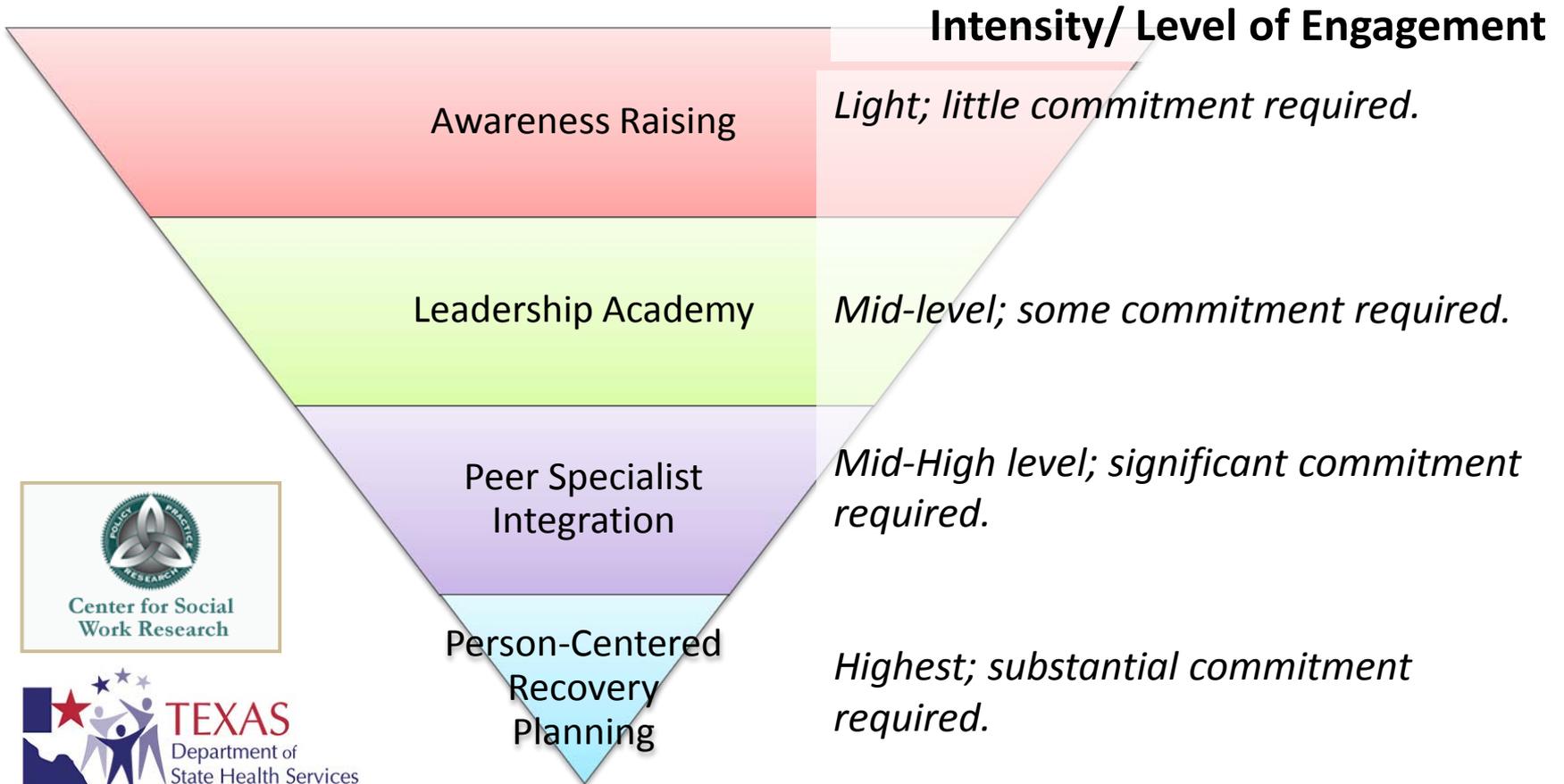
FY2011: Recovery-Focused Learning Community

- Designed to encourage re-orientation of philosophy to recovery focus and highlighted importance of peer support in recovery model
- 5 Hospitals, 10 LMHAs

FY2012: Launched the Recovery Institute

- Awareness building, Leadership Academy, Peer Specialist Integration, Person-Centered Recovery Planning
(22 total organizations)

Via Hope Recovery Institute



For more information, contact Anna Jackson, Deputy Director of Via Hope
anna.jackson@viahope.org

FY 2014-2015 Recovery Institute Application

- Application opened October 23rd after informational webinar. Closes November 22nd.
- Peer Specialist Integration Project, Leadership Academy, and Awareness Raising Projects open for applications.
- Projects go from January, 2014 to June, 2015.
For more information, go to
www.viahope.org/recovery-institute.



Person-Centered Recovery Planning



PCRPP is the most intensive *systemic* intervention in the Recovery Institute as well as a recovery-oriented practice that directly reaches people receiving services, requiring organizations to change their practices and individual practitioners to learn new skills.

PCRP Pilot Team/Partners

- Coordinated by Via Hope.
- Funded by Texas Department of State Health Services
 - Partnership with Mental Health Transformation & Operations, Quality Management.
- Evaluated by The University of Texas Center for Social Work Research Institute for Excellence in Mental Health.
- Consultation by Yale Program for Recovery and Community Health and Alipar, Inc.
- Pilot Sites:
 - Austin State Hospital, Bluebonnet Trails Community Services, Hill Country MHDD, Austin Travis County Integral Care.

PCRP Pilot Overview

- Most intensive of Recovery Institute initiatives
- Launched January, 2012 (first two sites) and entered second phase in October, 2012 (added two sites, moved to new units at original sites)
- On-Site Skills Training
- Tailored Technical Assistance Visits
- Individual, Plan-Focused Coaching Calls
- Leadership/System Strategy Calls
- Trainer and Coach Development
- Multidisciplinary Support
 - Clinical Staff
 - Peer Specialists
 - Administration/ Leadership

What Have We Learned?

- Person-centered practices +
- Recovery focus +
- Removing organizational barriers +
- Practicing skill building +
- Clinical Supervision and PCP Coaching +
- Quality Improvement/Data +
- Leadership = real change and implementation of person-centered planning.

Evaluation of this project is provided by the Texas Institute for Excellence in Mental Health at The University of Texas at Austin.

The original pilot sites have spread to new units, and the two new sites began implementation this past winter. The TA strategy used has been intense, but effective.

DSHS MHSA Quality Management Team has developed a new treatment plan review tool that aligns Texas regulations with PCRP quality measures. They have partnered with the PCRP consulting team and pilot sites.

DSHS is also developing a broadcast to communicate about recovery-oriented transformation activities, and their alignment with other changes in the landscape.

Diane Grieder, M.Ed., Alipar, Inc. diane@alipar.org

PERSON-CENTERED PLANNING: THE MODEL

Traveling the Transformation Highway

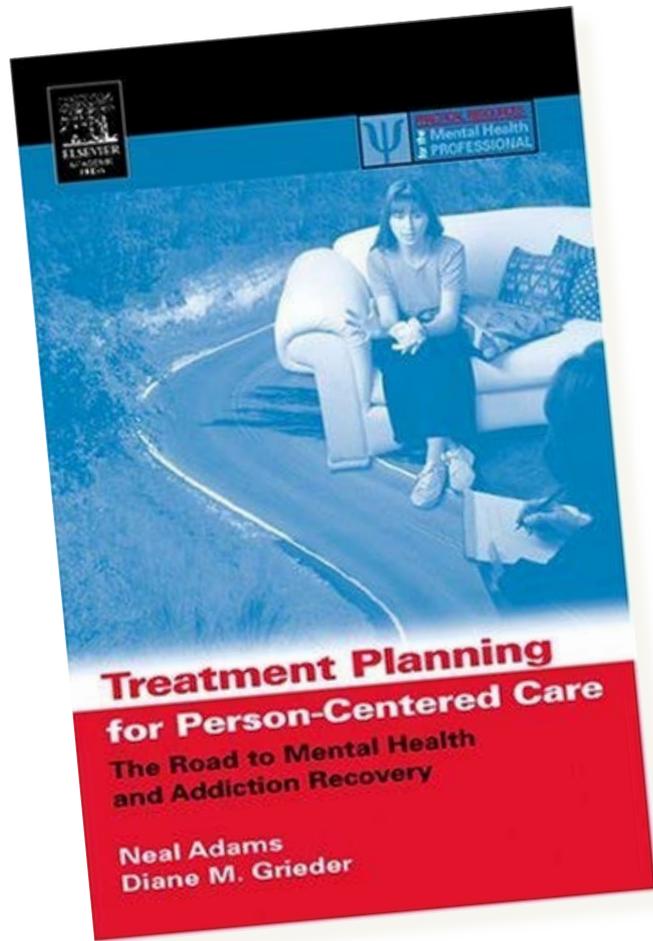


Recovery...a Fuzzy Concept

- **everyone recognizes overall meaning**
 - different connotation for different people
- **core elements of concept are clear**
 - but unclear on the periphery
- **difficult to operationalize in measurable elements**



What is PCRCP?



Person-centered planning

- is a collaborative process resulting in a recovery oriented treatment plan
- is directed by consumers and produced in partnership with care providers and natural supporters
- supports consumer preferences and a recovery orientation

Adams/Grieder



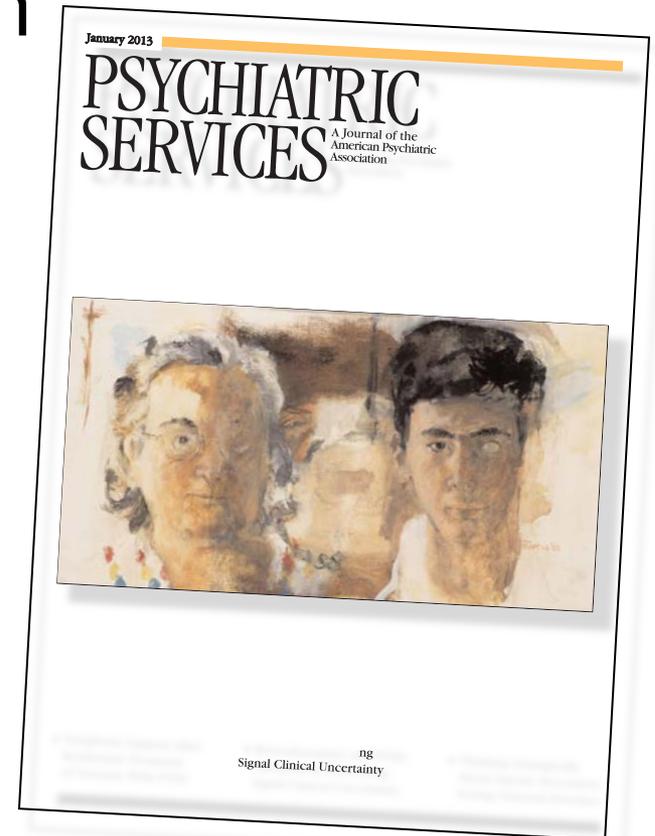
Shared Decision Making for Whole Health



Why Bother?

Person-centered recovery planning and collaborative documentation were associated with greater engagement in services & higher rates of medication adherence

Psychiatric Services 64:76–79, 2013



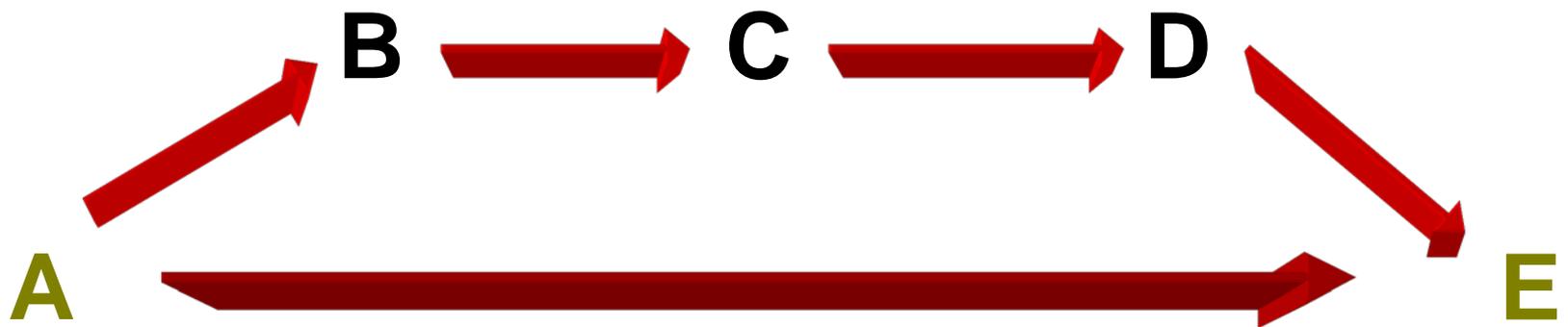
The Recovery Plan as a Contract



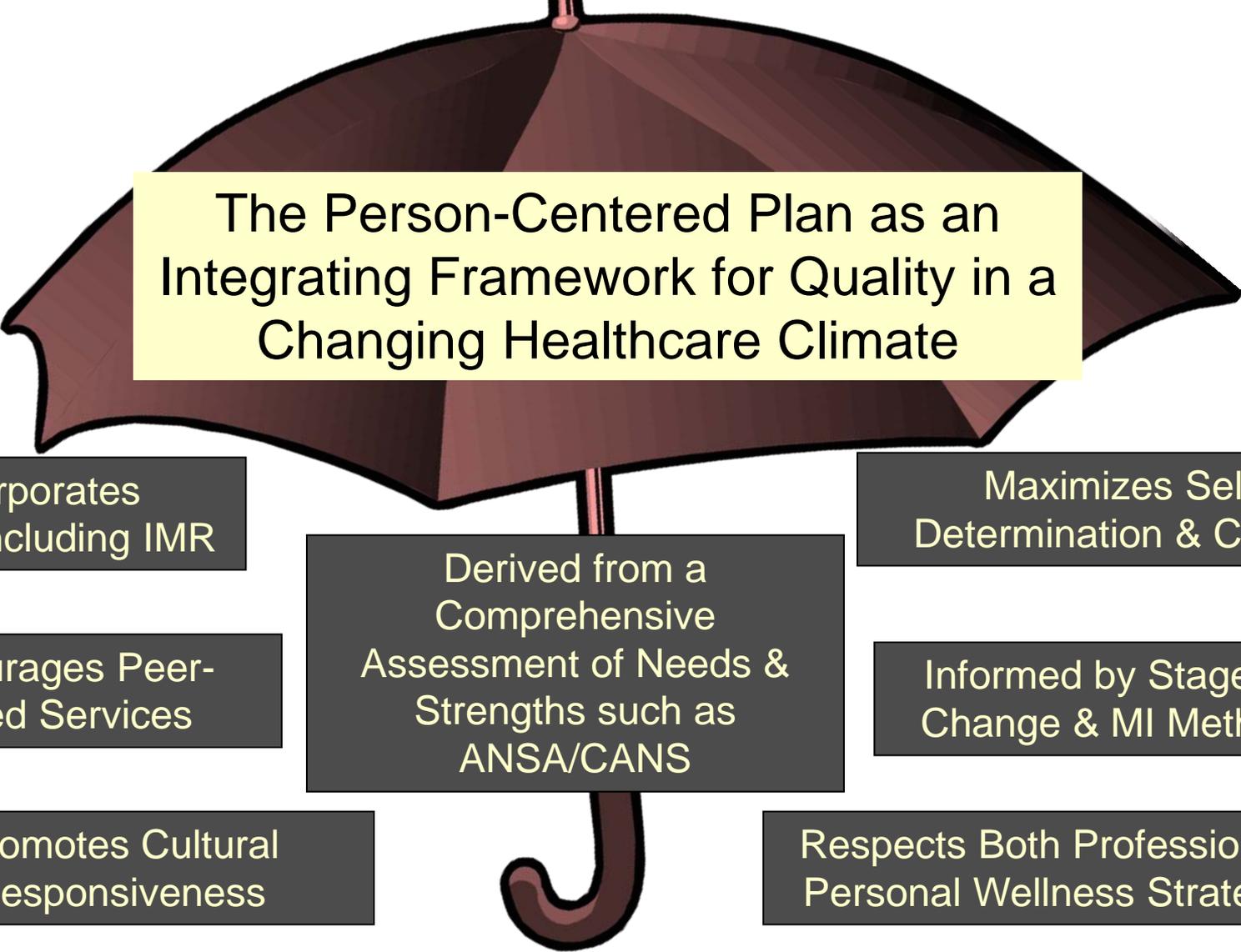
It is the “work contract” created by the person and provider.

The Recovery Plan as a Road Map

Provides hope by breaking a seemingly overwhelming journey into manageable steps for both the provider and the person served.



“life is a journey... not a destination”



The Person-Centered Plan as an Integrating Framework for Quality in a Changing Healthcare Climate

Incorporates EBPS, including IMR

Maximizes Self-Determination & Choice

Encourages Peer-Based Services

Derived from a Comprehensive Assessment of Needs & Strengths such as ANSA/CANS

Informed by Stages of Change & MI Methods

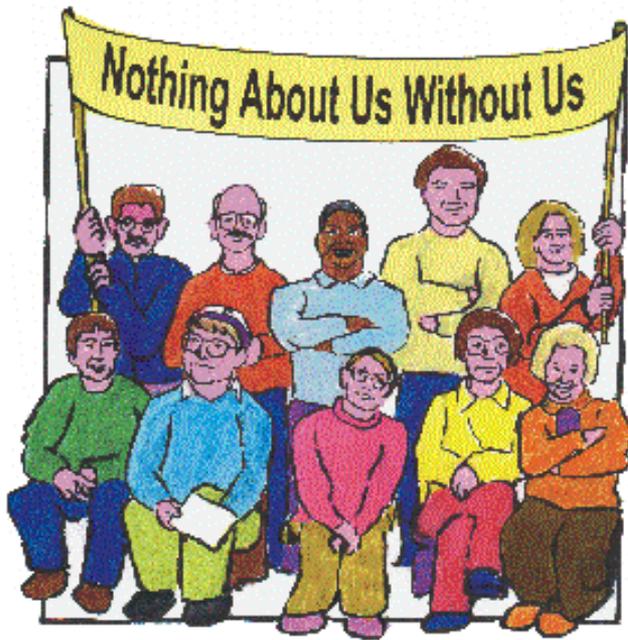
Promotes Cultural Responsiveness

Respects Both Professional & Personal Wellness Strategies

Focuses on Natural Supporters/Community Settings

Emphasis on the Attainment of Meaningful **OUTCOMES**

Consistent w/ Standards of Fiscal & Regulatory Bodies, e.g., CMS, JCAHO, CARF



Simple Truth #1

- Person-Centered planning (PCP) is what people want.

“Nearly every consumer of mental health services expressed the need to fully participate in his or her plan for recovery.”

-The 2003 President's Commission on Mental Health

- Research shows we traditionally *underestimate* consumers' desire and willingness to partner in their care planning

-Chinman, et al., 1999

Simple Truth #2

- Service providers and service agencies rely on payors (Medicaid, Medicare, Managed care programs) to survive.
- PCRPs must attend to medical necessity.



Simple Truth #3

Most people in this world are generally doing the best they can with what skills they possess at the moment.



Simple Truth #4

Many administrators and practitioners feel stuck between a rock and a hard place... as they struggle to reconcile (seemingly) competing tensions.



Serving Two Masters

Understanding

Person-centered

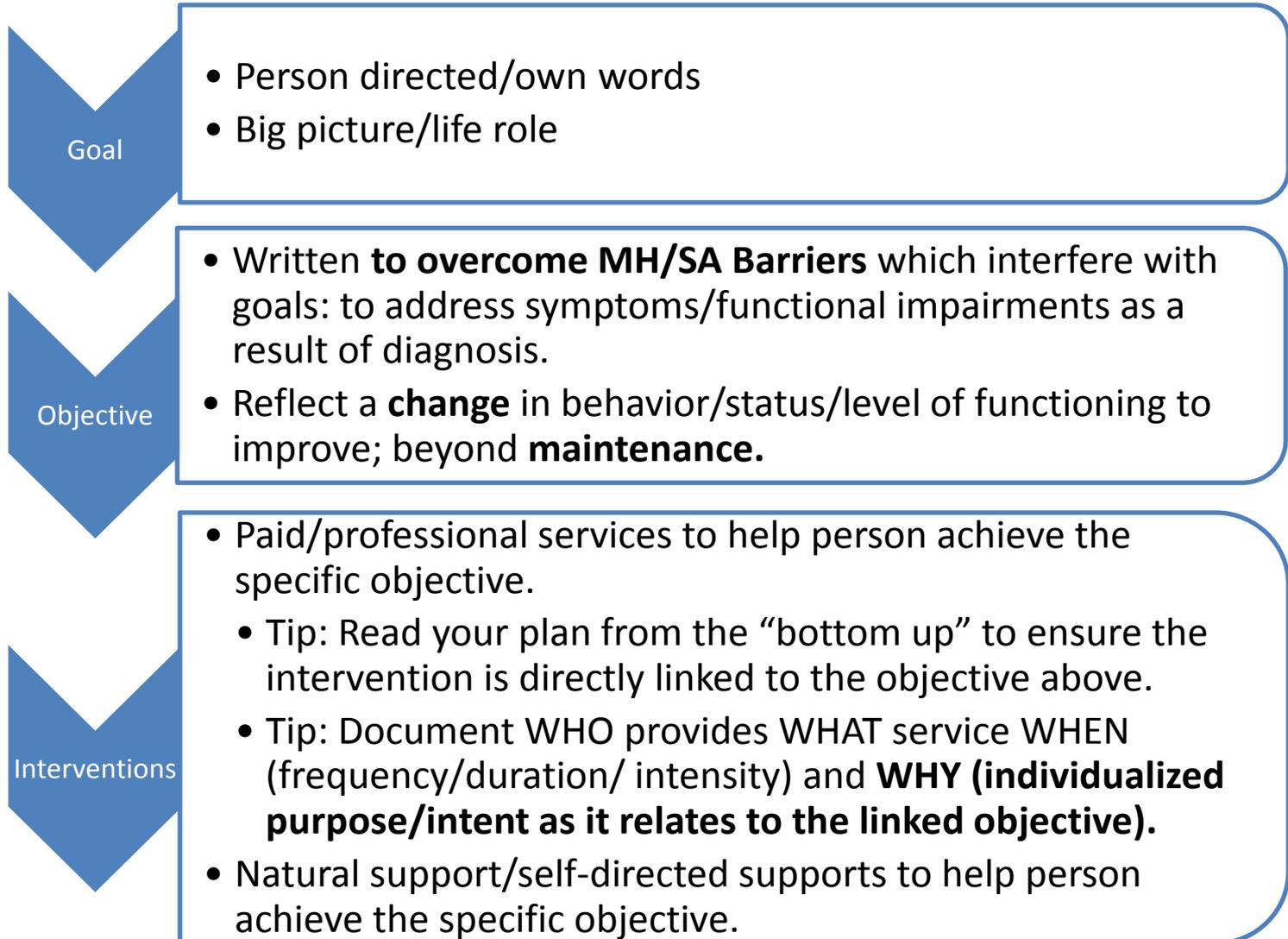
- Recovery
- Community integration
- Core gifts
- Partnering
- Supports self-direction

Regulation

- Medical necessity
- Diagnosis
- Documentation
- Compliance
- Billing codes

Outcomes and Goals

Golden Thread of Medical Necessity

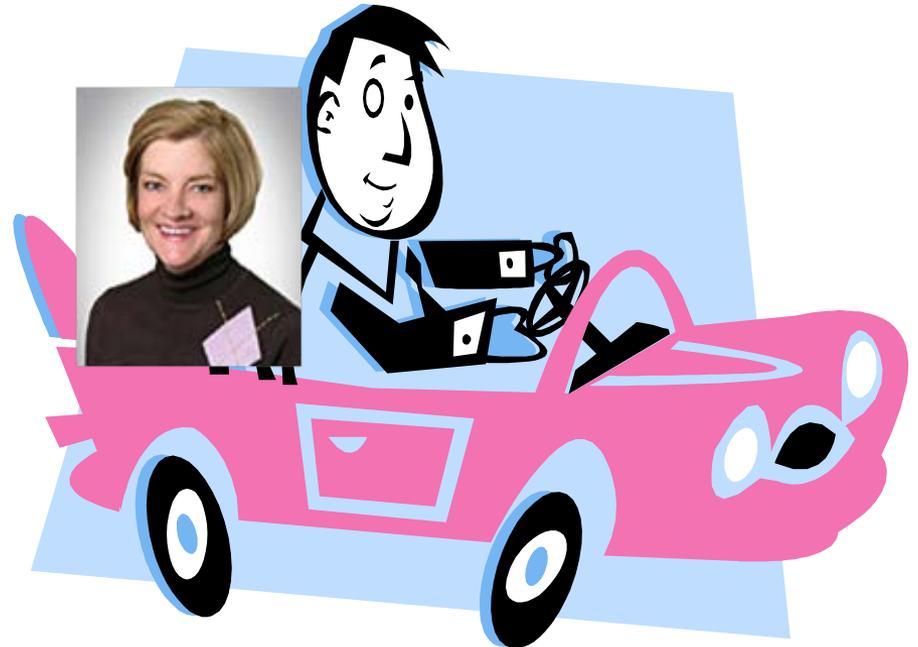


Bridging the Two Worlds



Partnering with People so they can be in the Driver's Seat of their Treatment

- PCRP is based on a model of PARTNERSHIP...
- Respects the person's right to be in the driver's seat but also recognizes the value of professional co-pilot(s) and natural supporters



Building the Plan



A plan is only as good as
the *assessment*.

Assessment

- Initiates helping relationships; ongoing process
- Focus on functional abilities and impairments as opposed to symptoms per se
- Comprehensive domain-based data gathering
 - Identifies strengths
 - Abilities and accomplishments
 - Interests and aspirations
 - Recovery resources and assets
 - Unique individual attributes
 - *Considers stage of change*

“The tasks of treatment differ as a function of the person’s stage of change....”

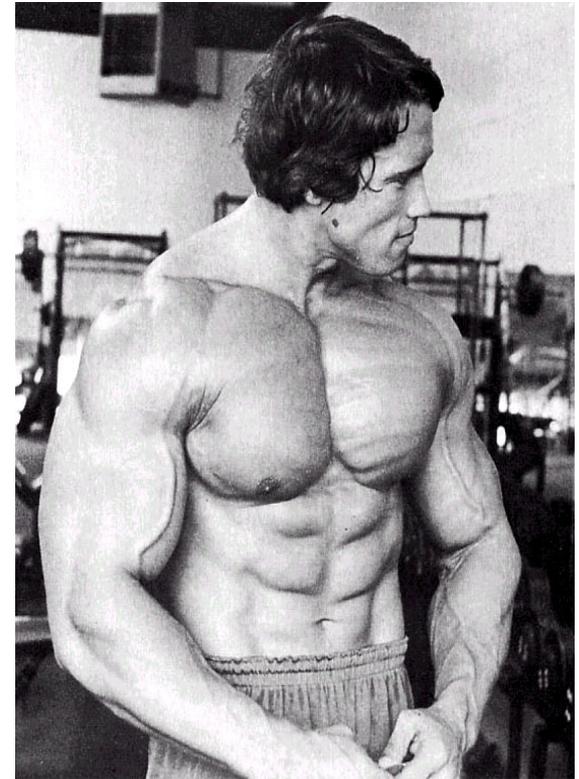


Substance Abuse Treatment and
the Stages of Change
by Connors, Donovan & DiClemente

A Recovery Plan Should be Strength-based

The plan:

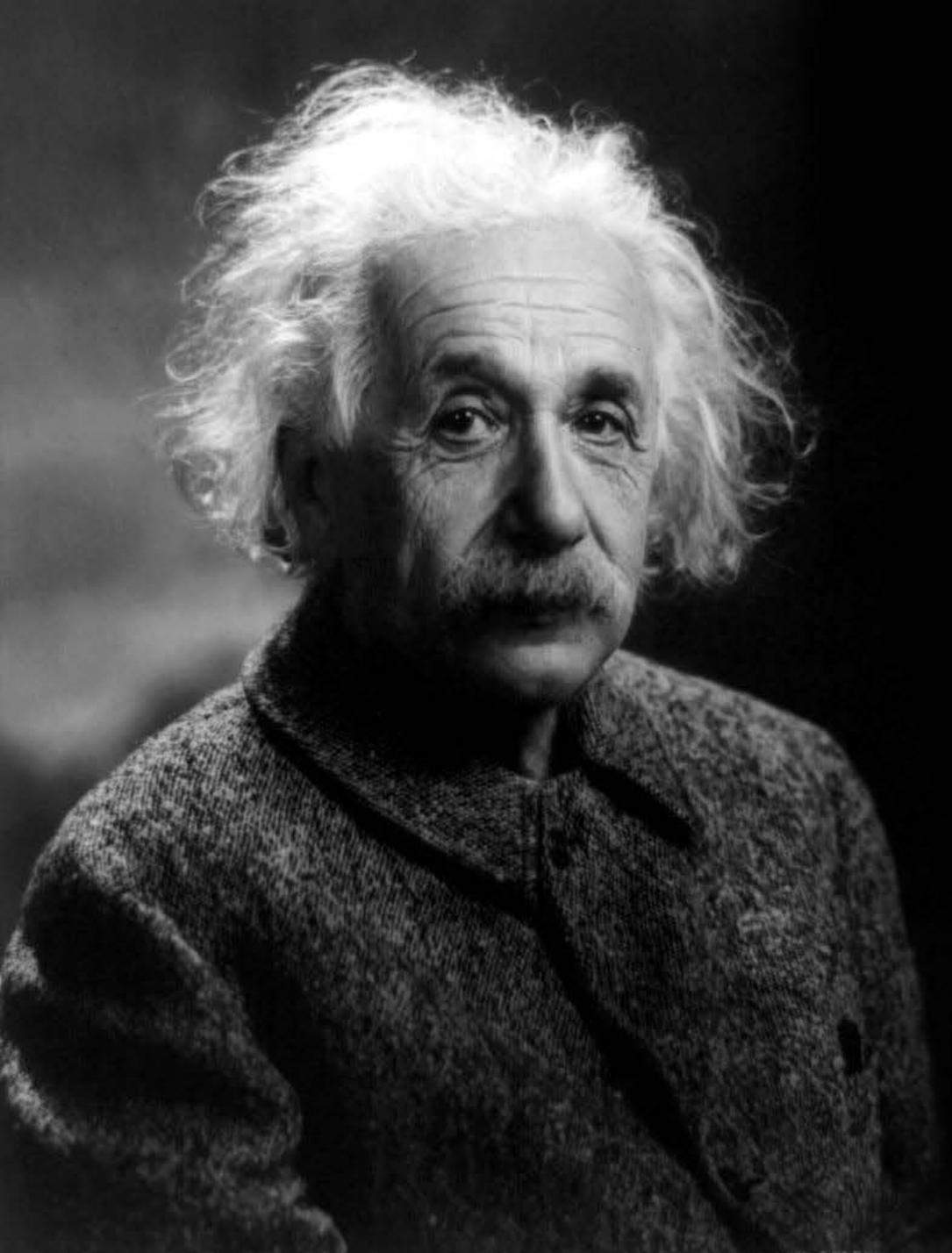
- explicitly asks for strengths and interests.
- focuses on the positive, supports the ability to have dreams.
- revolves around achieving goals rather than addressing deficits.





Strengths

- Identified by the person, the provider, and also natural supporters/collaterals where appropriate:
 - environmental factors that will increase the likelihood of success
 - identifying the person's best qualities/motivation
 - strategies already utilized to help
 - competencies/accomplishments
 - interests and activities, i.e. sports, art
- Strengths shouldn't sit on a shelf! Use them constructively in the development of the plan.



O: Poor eye contact, unresponsive to social cues, preoccupation with parts of things.

A: R/O 299.80 Asperger's

P: Encourage client to explore part-time employment opportunities such as lawnmower repair or animal grooming.

Examples of Strengths

- Motivated to change
- Has a support system –friends, family
- Employed/does volunteer work
- Has skills/competencies: vocational, relational, transportation savvy, activities of daily living
- Intelligent, artistic, musical, good at sports
- Has knowledge of his/her disease
- Sees value in taking medications
- Has a spiritual program/connected to church
- Good physical health
- Adaptive coping skills
- Capable of independent living



Perspective

“It’s about what’s **STRONG**, not about what’s **WRONG!** “

-Gina, a former patient at a state psychiatric hospital



Remember the Power of Language

Glass Half Empty

- Resistant/in denial
- Non-compliant
- “Frequent flier”
- Problems
- Manipulative
- Acting out
- “A Bipolar”

Glass Half Full

- Pre-contemplative
- Prefers alternative approaches
- High user of services
- Needs/challenges
- Resourceful
- Person disagrees
- A person diagnosed with...

Importance of Understanding

Data collected in assessment is by itself *not sufficient* for service planning.



How Does the Assessment Information Come Together to Inform the Plan?

- Data collected in assessment is by itself *not sufficient*.
- Data must be woven together in a cohesive understanding of the whole person in Formulation or Integrated Summary.



- Informed by the person’s view and your professional opinion.
- Is the “bridge” between the data and the plan; should have a direct link to the plan’s content.

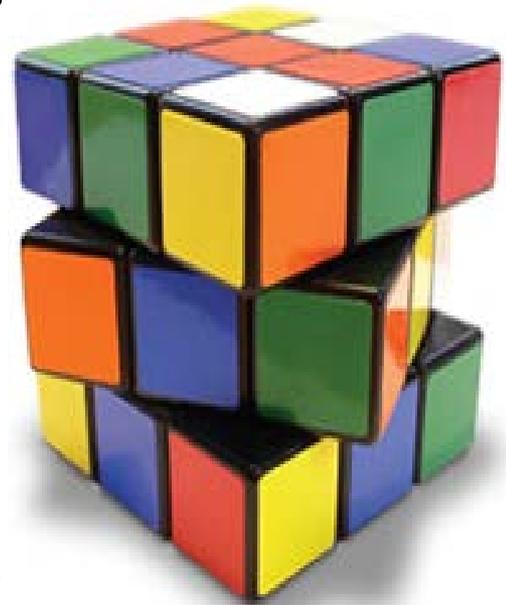
Importance of Understanding

Formulation/understanding is essential:

- Requires skill, experience and judgment
- Moves from “what” (data) to “what does this mean **and how do we use it?**”
- Sets the stage for prioritizing needs and goals
- The role of culture and ethnicity is critical to true appreciation of the person served
- Assess stage of change
- Hypothesis

A Chance to Put the Pieces Together

- Given the incidence of co-occurring disabilities and/or disorders, **effectively addressing co-occurring disorders is critical to successful recovery:**
 - Medical concerns
 - Substance use
 - Developmental disabilities
- When the assessment identifies co-occurring needs, they are considered in the formulation.

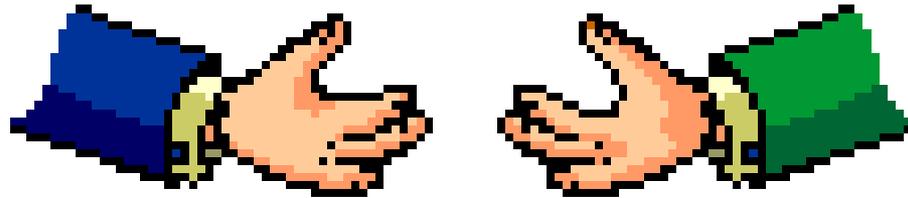


Being “Transparent”

- Sharing the findings from the summary and/or sharing progress notes with the consumer is receiving much publicity now in healthcare, e.g. the Robert Wood Johnson “Open Notes study”, demonstrating increased patient satisfaction, understand care plan better, and increased medication conformance.
- Collaborative documentation with the consumer is the essence of being person-centered and promotes engagement.

**Recovery-Oriented
Care**

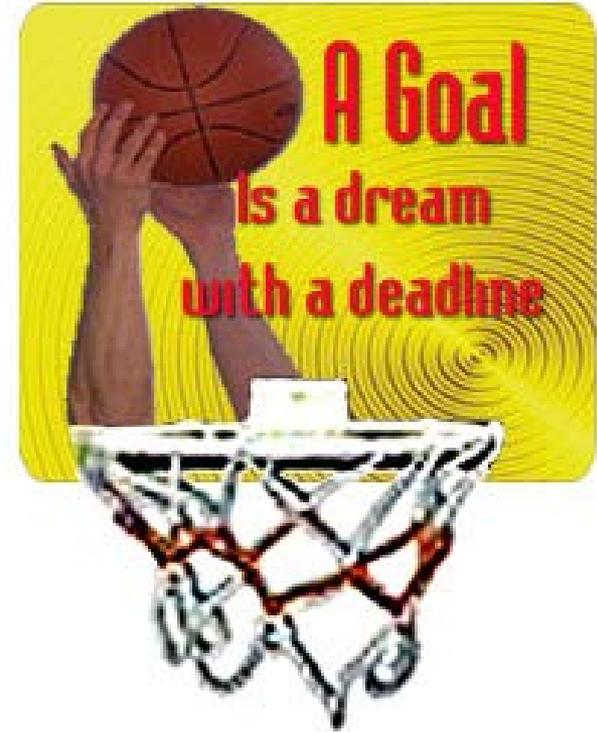
**Person-centered
Shared
Decision-making**



**Treatment Plans
and
Shared Understanding**

Goals

- Long term, global, and broadly stated
- Life changes as a result of services
- Ideally expressed in person's words
- Written in positive terms
- Consistent with desire for self-determination
 - may be influenced by culture and tradition



What Do People Want?

- Manage their own Lives
- Social Opportunity
- Accomplishment
- Transportation
- Spiritual Fulfillment
- Satisfying Relationships
- Quality of Life
- Education
- Work
- Housing
- Health/Well-being
- Valued Roles

To be part of the life of the community...

And not just...



Collaboration and Goals

An essential part of engagement

Reaching agreement on the goal is essential

- The provider understands and appreciates the importance of the goal.
- The goal has immediate meaning and relevance for the consumer.
- The goal becomes a shared vision of success.
- Knowing consumers goals increases medication conformance, per APA Psychiatric News Alert (10/9/12).

Some of What We See...

**I'm here to return your goals.
You left them on my recovery plan.**

Remain at B&C for next 6 months

Reduce angry outbursts

Shower at least 1x/week

Take medications as prescribed

Refrain from alcohol consumption

Reduce ER visits

POWER OVER



Barriers = Challenges

- What is getting in the way of the person achieving their goal?
 - Why can't they do it tomorrow?
 - Why can't they do it themselves?
- Our job is helping the individual to identify and then remove/reduce/resolve/overcome barriers that occur as a result of the mental health challenges
 - symptoms
 - functional impairments
 - distress



Objectives

- Expected near-term changes to meet long-term goals; big chunk/little chunk
- Essential features
 - behavioral
 - achievable
 - measurable
 - time framed
 - understandable for the person served



Services are not an objective!!

Objectives should be SMART

- Here's a way to evaluate your objectives.
Are they SMART?
 - **S**imple or Straightforward
 - **M**easurable
 - **A**ttainable
 - **R**ealistic
 - **T**ime-framed

Interventions: Action Steps

- *Actions* by staff, family, peers, other natural supports
- Specific to an objective
- Respect recovery choice and preference
- Specific to the stage of change/recovery
- Availability and accessibility of services may be impacted by cultural factors
- Describes medical necessity



Five Critical Elements

- Interventions must specify
 - provider and clinical discipline
 - staff member's name
 - **modality**
 - frequency/intensity/duration
 - **purpose/intent/impact**
- Clarifies who does what
- Including non-professionals

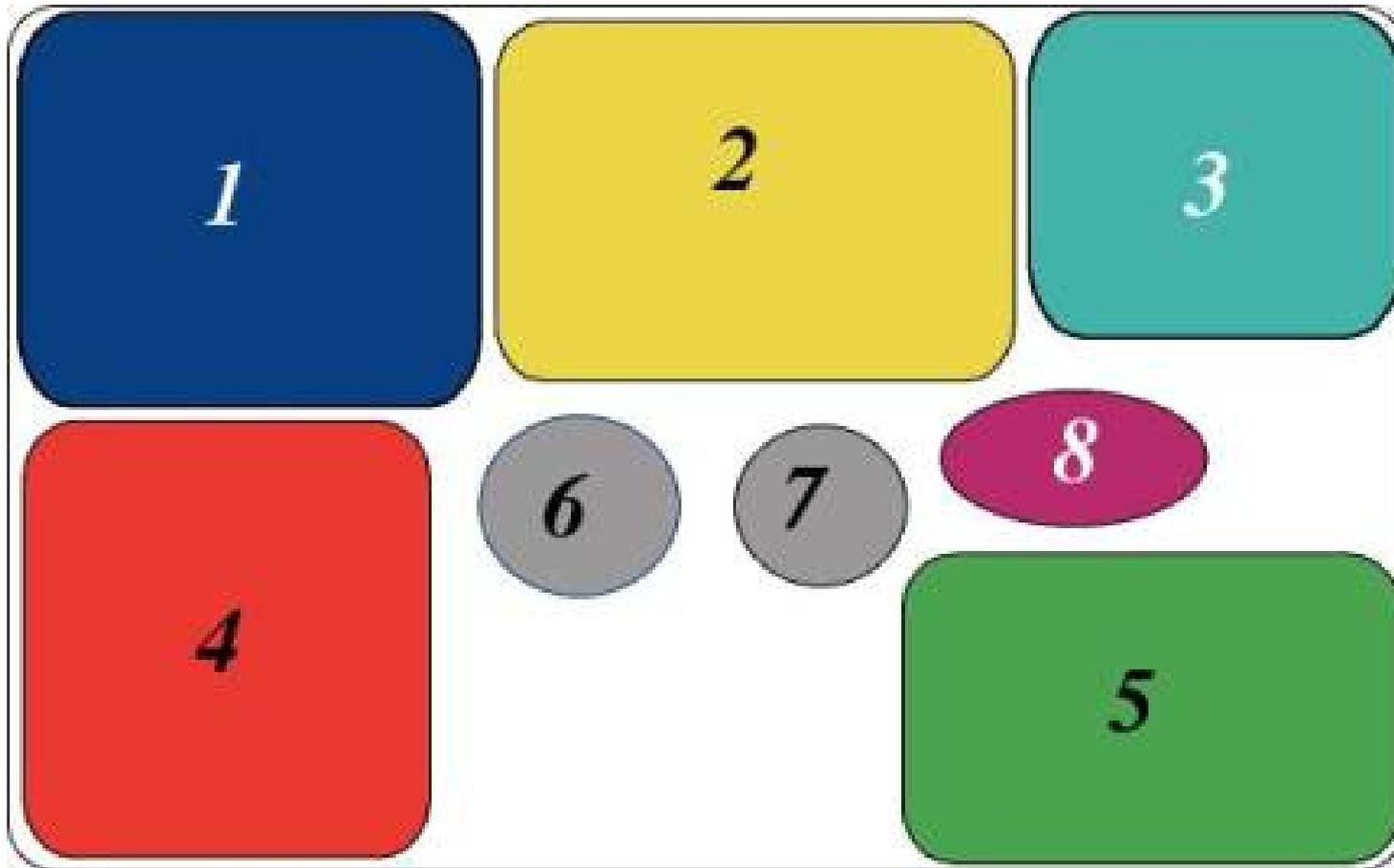


Critical Elements

Wherever possible, include a task for the individual as well as family or other community or natural supporters.

- *Indicate the specific actions the person served will take to support achievement of the objective*
- *Indicate the actions/support the parent/guardian/community/ others will provide*

Putting Together the Pieces



An Example to Consider...

- Greg reports he is very lonely and that he just wants a girlfriend. He used to go to the downtown jazz fests and meet lots of people, but now he feels like a “zombie.”
- He is not getting out of the group home to do much of anything other than come to the Center. He wonders if this is due to his meds.
- Greg admits to being “terrified” to get out in the community and meet women, and states that its been 10 years since he had a girlfriend. He wouldn’t know where to start.
- He is currently unable to take the bus and is afraid to go anywhere alone.

Greg's Plan

Goal: I want a girlfriend

Strengths

- motivated to reduce social isolation
- supportive brother
- has interests and activities that he enjoys in the community (e.g., music, Chinese restaurants, bicycling)
- well-liked by peers
- humorous



Greg's Plan

Barriers/Assessed-Needs/Problems

- intrusive thoughts/paranoia increase social situations
- possible negative symptoms of schizophrenia and/or med side effects result in severe fatigue/inability to initiate
- easily confused/disorganized
- need for skill development to:
 - use public transportation/increase community mobility
 - develop symptom management/coping strategies
 - improve communication and social skill
 - attend to personal appearance



Greg's Plan

Objective:

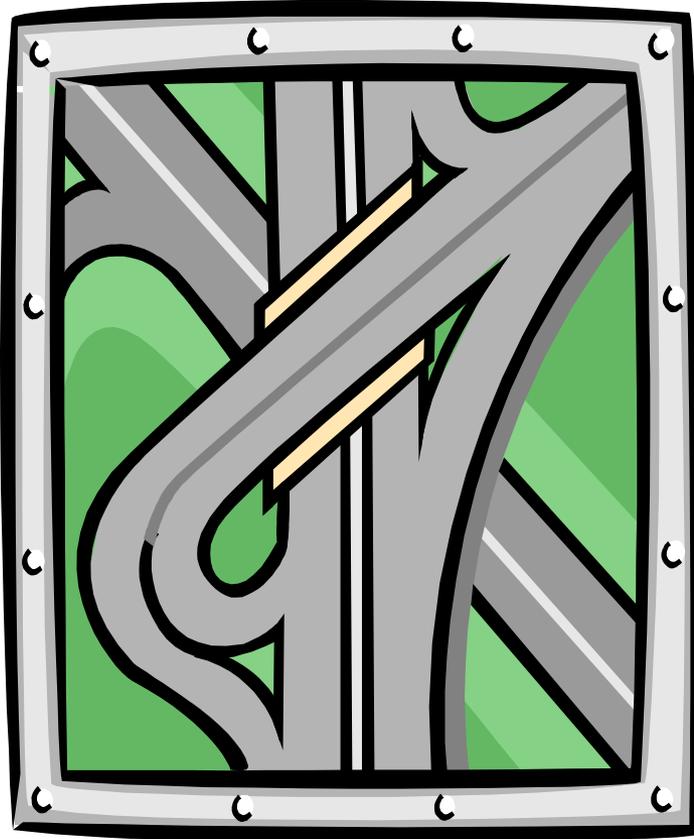
- Greg will effectively use learned coping skills to manage his intrusive thoughts to participate in a minimum of 1 preferred social activity per week for the next 90 days.



Greg's Plan

Interventions

- ❖ Jane Roe, Clinical Coordinator, to provide CBT 2X/mos. for next 3 mos. to increase Greg's ability to cope with distressing symptoms in social situations.
- ❖ Dr. X to provide Med management, 1X/month for next 3 months to evaluate therapeutic impact and possible side effects to reduce fatigue and optimize functioning.
- ❖ Greg will complete a daily medication side-effect log for the next 2 months while meds are evaluated and adjusted.
- ❖ Greg's brother, Sam, will go for a bike ride with him 1x p/w to help Greg reduce stress/anxiety.



And, finally...

“If you don’t know where you are going, you will probably end up somewhere else.”

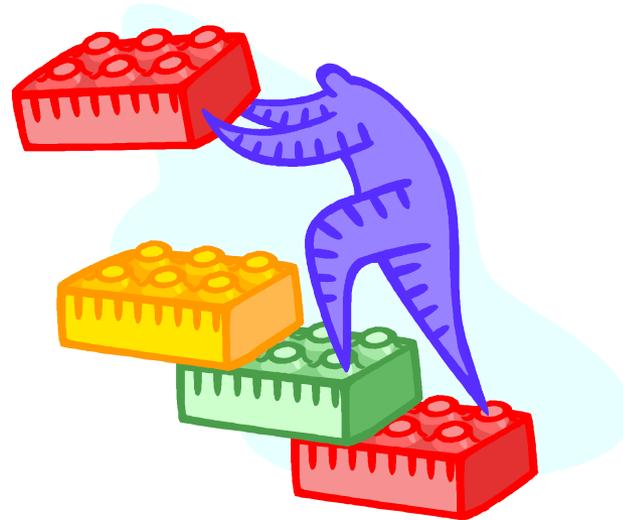
-Lawrence J. Peter

Tracy Abzug, LCSW tracy.abzug@dshs.state.tx.us

**PCRP IN PRACTICE:
AUSTIN STATE HOSPITAL (ASH)**

Where to from Here?

- From PCRP *knowledge* to PCRP *implementation*
- Lessons learned from the field - ASH



ASH

- Peer Support Program
- Reduction in use of Seclusion/Restraint
- Creation of the Recovery Program
Manager position

Background

2004 - Hogg Foundation training on seclusion and restraint reduction

2007 - ASH was one of four state hospitals in Texas selected to participate in the STARS grant (State of Texas Alternatives to Restraint and Seclusion)

Byproducts of the STARS Grant include:

- Peer Support
- Comfort room supplies added
- Sensory integration
- Environmental enhancement strategies i.e.. Project Hope

2008 - Healing Today, Hope for Tomorrow training was developed

2012 - ASH was selected to be the hospital site for Via Hope's PCRPP pilot (SS EF)

2013 - PCRPP pilot with Via Hope's support on SS CD and APS

- Integration of sustainability tools; i.e., in-house support, coaching, training

September 2013 - Starting PCRPP pilot with Via Hope's support on CAPS and APS B

- More focus/training on enhancing internal sustainability

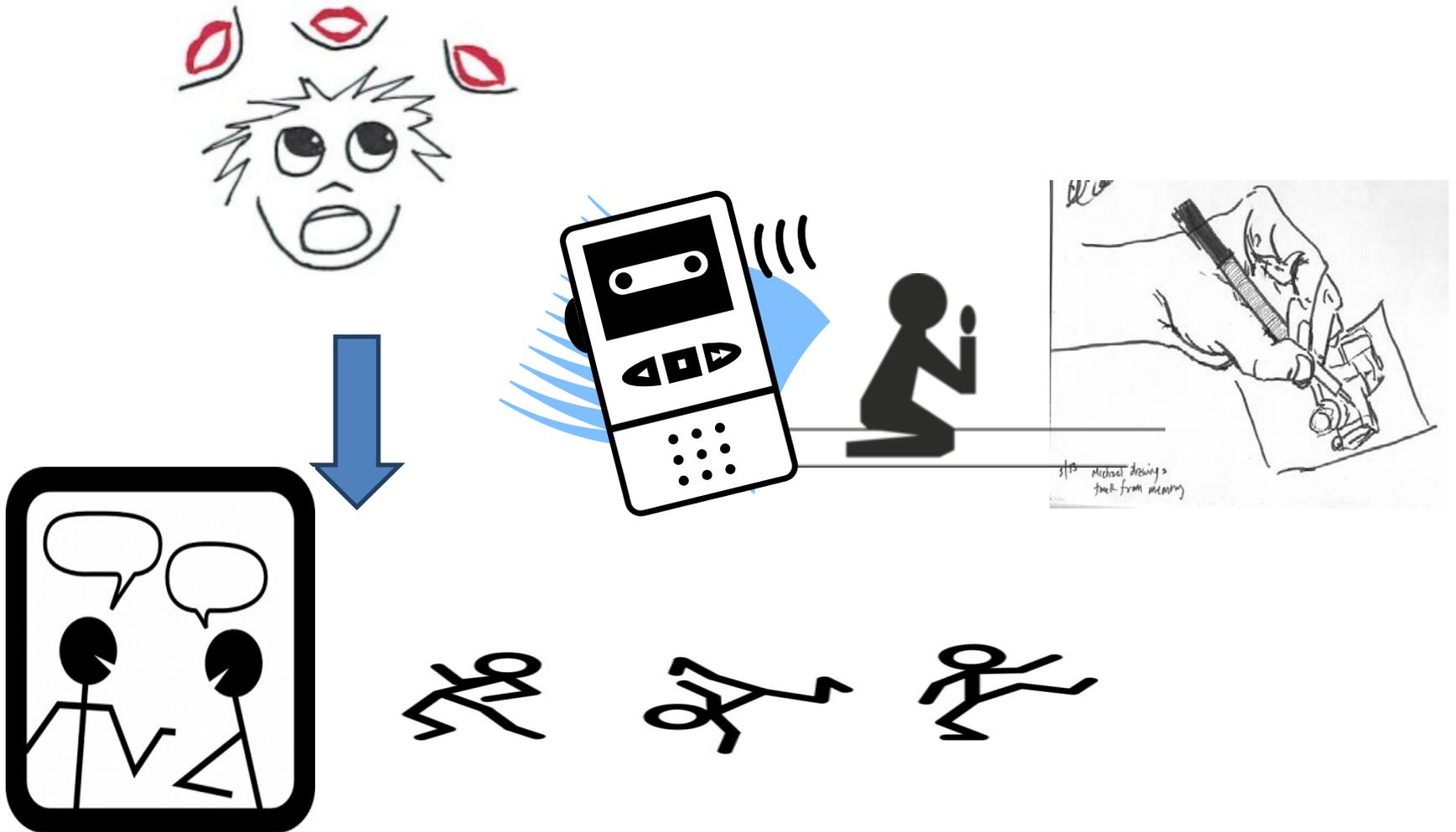
Welcome Packet



Communication



Visual Safety Plan



Re-telling the Person's Story



Staff Training

- PTSD
- Coping Skills



Chewing Gum



Support at all Levels



Employee Recognition Program “Caught in the IACT”

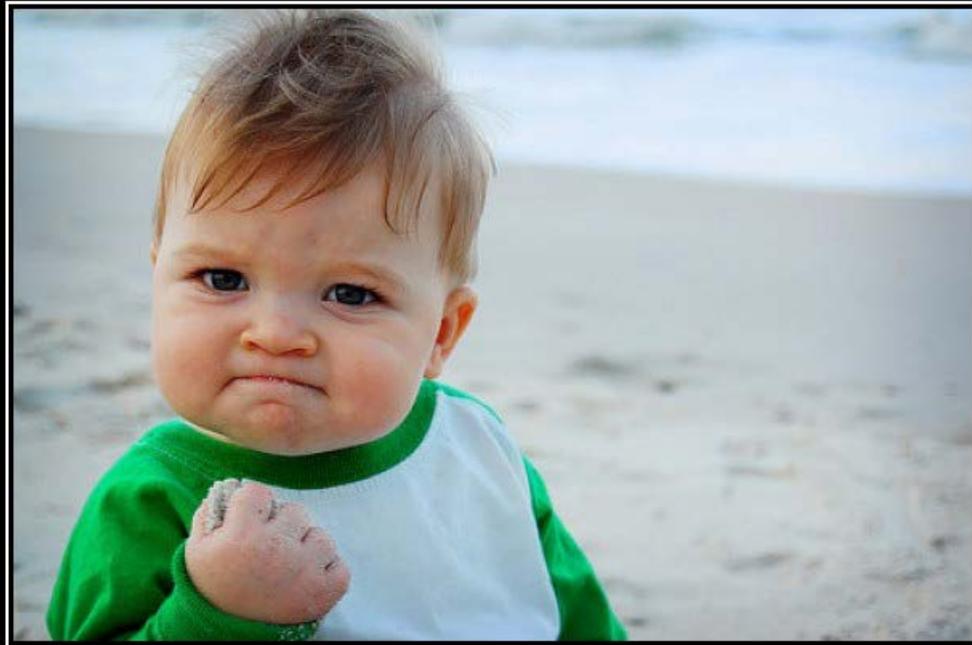
Informing ASH’s Culture and Treatment:

- *Supporting* person centered care in recovery
- Partnering – with persons served, Recovery Teams, all staff, families, students, the community – EVERYONE
- *Offering* choices/options
- Demonstrating *flexibility & creativity* in providing services
- Identifying and *integrating individual strengths* – persons served and all staff
- Encouraging the *involvement of persons served in their own recovery*
- Communicating HOPE
- Advocating / assisting *on behalf* of patients
- *Actively spending time with patients* – more than just watching & directing
- Using person first language

Challenges

- Change in processes, procedures, way of thinking
- Large organization
Training all staff – direct care and ancillary resources
- Software incompatibilities
- Keeping the plan alive after the hospitalization (outpatient)

Person-Centered Planning Success Stories



S U C C E S S

Because you too can own this face of pure accomplishment

Epilogue to *Treatment Planning for Person-Centered Care*

- Dr. Laurel Blackman, Austin State Hospital has written the epilogue for the 2nd edition book.
- She says....
 - “PCRP is not an idea or outcome on a piece of paper. It is not something patients do when they are better or keep handy for later reference after they discharge from the hospital. It is not something staff might do or try when they have the time or external motivation to do so. It is not some new age philosophy or academic think tank consensus for better delivery of mental health care and services...”

Dr. Blackman cont.

- PCRP is “action and activity and connection and consideration at every possible exchange or juncture occurring at any time of day on any day of the week. It is what we try, do, or help make happen with individuals who come to us either by circumstance or choice. It is a far and wide reaching priority for the preferences and things of importance to those with whom we partner, whatever that might be whenever and however voiced, as we go about our workdays to offer the best care we can to the great variety of people who are our patients. Each detail and interaction, large or small, counts.”

Questions and Answers



Mike Maples, Assistant
Commissioner, Assistant
Commissioner of Mental
Health and Substance
Abuse, DSHS

Remote sites can send in questions by typing in the *GoToWebinar* chat box or email GrandRounds@dshs.state.tx.us.

For those in the auditorium, please come to the microphone to ask your question.

Next Grand Rounds

Nov. 6

**Healthy Texas Babies:
Antenatal
Glucocorticoid
Therapy, Past,
Present,
and Future**



Presenter:

Donald Dudley, MD, UT Health Science Center at San Antonio