CT DMHAS Person-Centered Planning Implementation Initiative

Introduction:

Connecticut DMHAS recently applied for, and was awarded, a CMS (Centers for Medicare & Medicaid Services) Real Choice Systems Change (RCSC) Grant to advance the state-wide implementation of person-centered recovery planning. The proposed grant activities described below draw upon the learning and progress which has been made in CT over the course of the past 5-years through numerous efforts including the DMHAS Recovery Institute, the DMHAS-Yale PRCH NIMH study *Culturally Responsive Person-Centered Care for Psychosis*, the SWCMHS Automated Recovery Planning initiative, and, most recently, the signing of Commissioner's Policy #33 on "Individualized Recovery Planning." Receipt of this award may be viewed, in fact, as a primary vehicle for implementation of this recently approved policy.

Significance:

CT DMHAS has emerged, and has been recognized frequently in recent years, as a leader among the states in its commitment to creating a person-centered, recovery-oriented system of care. This CMS project and its proposed interventions allow DMHAS to build on that reputation while offering an action plan for the implementation of Commissioner's Policy #33. Few, if any, state systems have directly targeted re-design of their planning documents and protocols with a focus on maximizing person-centered principles and practices. This project will use a combination of CMS and DMHAS resources to do just that. The successful development of a prototype for the statewide implementation of PCP will have a major impact on both state and national recovery transformation efforts.

Brief Summary of Proposed Grant Activities:

The core structure of this project will be a state-wide training and technical assistance effort to develop the agency organizational structures as well as the stakeholder competencies which are necessary for high-quality PCP implementation. Project staff will offer regular and intensive on-site training and technical assistance at participating agencies regarding the key principles and practices of person-centered planning. The project plan and roll-out have yet to be fully decided, but one possibility would be a Year 1 intensive effort to fully implement PCP at Southwest Community Mental Health System (SWCMHS) with Years 2 and 3 involving expansion to the state-operated and the PNP LMHA systems respectively. Training and TA will support the development of an innovative model of PCP that draws upon the best of existing tools (e.g., PCP models from the broader disability field) while tailoring its approach to meet the unique needs of individuals with serious behavioral health disorders, e.g., as is illustrated in the NIMH PCP grant and SWCMHS PCP initiatives. The CMS PCP grant will pay particular attention to integrating efforts with other key DMHAS initiatives including T-SIG activities, Electronic Medical Record development, and MRO preparation. The training and TA plan will be modified as necessary to reflect this integration. This will serve to avoid duplication of efforts, to promote consistency of person-centered strategies across the entire system, and to promote the long-term sustainability of PCP implementation in the DMHAS system. Specific proposed components of the grant include the following:

A) Implementation of a standardized, person-centered planning tool and protocol. The state-wide development and dissemination of a standardized planning tool *driven by a commitment to maximize key PCP principles* is a core goal of the proposed project. Multiple strategies regarding the design of planning templates and the development of associated procedures have been successfully piloted at the SWCMHS in their Recovery Institute Center of Excellence effort and in their Automated Recovery Planning (ARP) initiative. The ARP prompts

key person-centered principles while *also* a) supporting accreditation and billing requirements and b) generating aggregate quality improvement data. While the technological infrastructure of the ARP (in an ACCESS database) does not lend itself to state-wide dissemination, there are many lessons which have been learned regarding plan design and practice protocols that can inform future efforts at statewide plan development. For example, rather than being limited to the application of a new "format" for planning, ARP implementation has also involved extensive consensus building, phased-in training plans for staff and persons in recovery, re-alignment of administrative structures, and development of multiple user-friendly PCP practice tools. These tools and strategies can further enhance the progress that has been made in other areas of DMHAS (e.g., the Electronic Medical Record) or they could ultimately lead to the creation of consumer-driven on-line PCPs through the "Network of Care" (NOC) website.

B) Creation of a web-based Comprehensive Community-Based Resource Directory. Within this component, the project will establish an innovative method of asset-mapping utilizing an ever-growing database containing consumer-identified community assets (e.g., local libraries, book shops, cinema and fine arts theaters, park systems, barber shops, banks, ethnic grocery stores, vocation and educational development). These resources will include personal reviews and data denoting the accessibility and welcoming nature of community resources. Using cartography technology (i.e., "map-making" via tools such as Google Earth), these data can then yield highly individualized maps that can serve as valuable recovery and community inclusion tools. Again, there is the potential to link this community asset data to the NOC website for download to both a personal "My Folders" section and/or an aggregate web-based Community Resource Directory. This represents a potential enhancement to the NOC website as well as the efficient use of an existing DMHAS technology resource.

C) Expansion of peer-support capacity to provide mentoring and coaching specific to preparing for the PCP process and for pursuing community activities. In this component, the project taps a growing DMHAS resource by training cohorts of peer providers already employed within each LMHA to fill unique roles as PCP Peer Specialists. These peer-based roles will mirror those which are currently being evaluated in the context of the NIMH-R01 on person-centered planning. Specifically, grant staff will provide intensive on-site training and technical assistance to prepare LMHA peer staff to function as Peer Recovery Mentors and Peer Community Connectors. Mentors will be trained to assist individuals, through a process of strengths-based inquiry and coaching, to re-discover, or discover for the first time, their interests, talents, and dreams and to think about how such things can, and should, be built into their PCP. Mentors will focus directly on preparation for upcoming PCP team meetings (e.g., providing pre-planning support and coaching on setting goals, establishing priorities, and assertively communicating preferences) and will be available to attend such meetings as a supporter when this is desired by the consumer. Connectors will be trained to use an Asset-based-Community-Development approach to directly assist individuals in pursuing community activities, valued roles, and relationships which will support their long term recovery.

Resources and Project Staff:
This project capitalizes on the talents and resources available from a number of organizations either operated by, or closely affiliated with, CT DMHAS. Implementation sites will ultimately include all LMHAs across the state with each site being expected to identify an internal project contact/coordinator to collaborate with Grant staff. The core component of training and technical assistance will be coordinated by faculty from Yale PRCH.