Welcome to The Webinar

Thank you for joining today’s webinar! This webinar will provide more information about the Learning Collaborative that NCAPPS is convening to help service systems across the country implement practices that are effective and person-centered for persons with Brain Injury.

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Our Faculty Experts

• Mary Lou Bourne, National Association of State Directors of Developmental Disabilities Services
• Anastasia Edmonston, National Association of State Head Injury Administrators
• Kelly Lang, family member and self-advocate
• Monica Lichi, Ohio State University
• Carole Starr, self-advocate
• Eric Washington, self-advocate
• Janet Williams, Minds Matter
The goal of NCAPPS is to promote systems change that makes person-centered principles not just an aspiration but a reality in the lives of people across the lifespan.
Person-centered principles include person-centered thinking, planning, and practice

**Person-centered thinking**
- A foundational principle requiring consistency in language, values, and actions
- The person and their loved ones are experts in their own lives
- Equal emphasis on quality of life, well-being, and informed choice

**Person-centered planning**
- A methodology that identifies and addresses the preferences and interests for a desired life and the supports (paid and unpaid) to achieve it
- Directed by the person, supported by others selected by the person

**Person-centered practices**
- Alignment of services and systems to ensure the person has access to the full benefits of community living
- Service delivery that facilitates the achievement of the person’s desired outcomes
Person Centered Planning focuses on the individual and their needs. The Planning Team includes service providers, case managers, and support systems specific to the individual. The team develops goals and the steps necessary to achieve these goals. Each plan is unique to the individual just as each person is unique. The plan will change as the needs of the individual changes. Person-centered planning follows the person in all aspects of their life.

Kelly Lang, Parent, Living with TBI, NCAPPS PAL-Group Member and Learning Collaborative Faculty
So... why are we talking about person-centered practices and systems?

Negative perspectives on disability has led to a ‘SYSTEMS focus’:
• Limitations define the person
• Supports for brain injury are ‘services’ that people become eligible for, based on the extent of their ‘impairment’
• Overemphasis on problems
• Supports are driven by the needs of the system (structure, forms, professional rules and boundaries)

Person-centered approaches:
• Recognize person’s unique capabilities and contributions
• Identify strengths and preferences
• Recognize the challenges of brain injury in planning for a future life and identify supports
• A person-centered system of support builds capacity of each individual based on who they are
What is a Learning Collaborative?

- Teams from around the country coming together with experts to share insights and experience about a particular, mutual challenge.
- We are using a modified version of the model that the Institute of Healthcare Improvement has pioneered.
  - This model has been used successfully in many different health and human service systems.
  - It’s based on the Model for Improvement (Plan → Do → Study → Act)
- Learning Collaboratives can accommodate large numbers of teams (between 10 and 100)
How do Learning Collaboratives work?

• Teams develop a **local aim** based on a **global aim** for the whole collaborative

• Our global aim:

  Expand and enhance person-centered, community-based supports for people with brain injury through:

  • Engaging people with lived experience in self-advocacy and systems change
  • Incorporating and improving person-centered needs identification
  • Establishing person-centered planning best practice
  • Improving and expanding person-centered services and supports
How do Learning Collaboratives work?

- Teams select **strategies** based on their local aim. These may include:
  - Self-advocacy skills training for people with brain injury
  - Using person-centered discovery tools
  - Implementing person-centered planning best practices
  - Expanding peer support or peer mentoring
  - Promoting linkages to housing, education, and employment
  - Expanding self-direction options
How do Learning Collaboratives work?

• Each month, teams report data on **measures** that correspond to their strategies

• Teams gather for three Learning Sessions throughout the Collaborative to share challenges and successes and learn from experts and one another

• Teams also have access to experts during monthly coaching calls
Timing

- **November 13th, 2019 to December 16th, 2019** – Application Period
- **December 20th** – Teams Confirmed
- **Late January 2020** – Learning Session #1
- **June 2020** – Learning Session #2
- **January 2021** – Learning Session #3
- **June 2021** – Learning Collaborative Summit
- **Ongoing** – Monthly coaching calls
What Will the Collaborative Address?

**Covered**

- Engaging people with lived experience in self-advocacy and systems change
- Incorporating and improving person-centered needs identification
- Establishing person-centered planning best practice
- Improving and expanding person-centered services and supports

**Not Covered in this Collaborative**

- Identifying individuals who should be receiving brain-injury services
- Creating a system for better case management
- Helping to create an organizational definition for “person-centered”
- Staff competencies and training related to brain injury awareness
Logistics and Expectations

• No travel required
• No fee for participation
• All team members attend three Learning Sessions and a final Summit. The same team members must attend all three Learning Sessions.
• Team members attend monthly all-team coaching calls
• Teams adopt measures, collect data, and report data on a monthly-basis
• Between Learning Sessions, teams are actively engaged in testing strategies, measuring success, and creating procedural and institutional change
Forming Your Team

A single learning collaborative “team” will represent a system but not necessarily a single organization. Each team will look different, reflecting the different shape of each system. Most, if not all teams will be composed of people from multiple organizations.
For team:

• Somewhere between 4 and 8 individuals who have a good understanding of brain injury programs and policies, and are in a position to effect systems change

• Organizations/members should have a strong working relationship

• Team members should have the approval and support of their organizational leadership to participate and engage in systems change activities

• It is okay if you haven’t involved all team members, as long as you have clear plans to engage remaining members before the first Learning Session
Forming Your Team

• Teams must identify the person who will be the primary contact/team lead. This person should complete the application.

• May include some, or all of, the following:
  • State/Tribe/Territory human service agency employees
  • Brain Injury program administrators
  • People with lived experience of brain injury*
  • Other stakeholders, including providers, family members and caregivers of people with brain injury and advocacy organizations.

*Engaging with people with lived experience is critical to this system change effort. Each team is expected to include at least one person with lived experience of brain injury.
Application Process

• Why an application?
  • Helps us to understand your plans for participation
  • Acknowledges that the team members are able to commit to participation

• We expect that all teams that meet the expectations outlined here will be accepted to participate

• Applications are due December 16th at 5pm Eastern time
Questions?
NCAPPS is funded and led by the Administration for Community Living and the Centers for Medicare & Medicaid Services and is administered by HSRI.

Thank You.

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