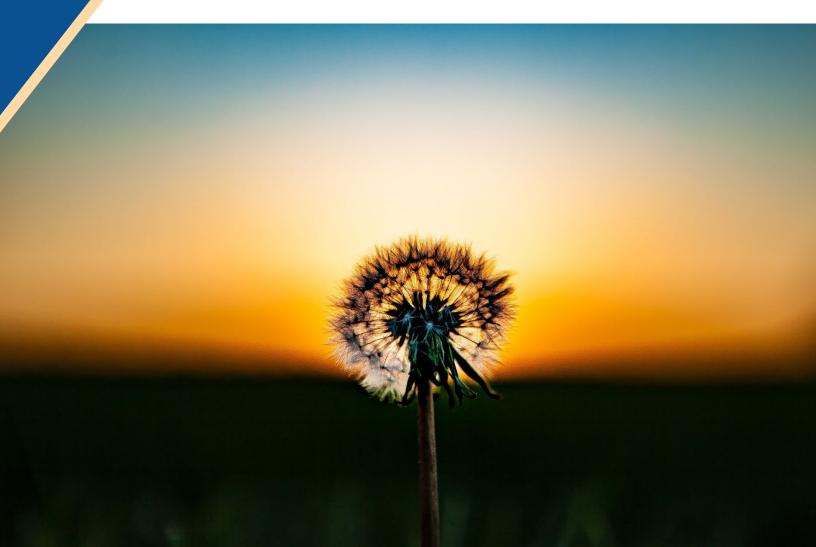


National Center on Advancing Person-Centered Practices and Systems: Summary of Year Five Technical Assistance Activities

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Prepared by the Human Services Research Institute



Introduction

The National Center on Advancing Person-Centered Practices and Systems (NCAPPS) provides technical assistance to States, Tribes, and Territories to advance person-centered thinking, planning, and practices that support people with disabilities and older adults with long-term service and support needs. NCAPPS launched in the spring of 2019 with a cohort of 15 states. In 2021, a second cohort of nine states and one territory was selected to receive 100 hours of technical assistance per year for two years.

In Year Five (the federal fiscal year that runs from October 2022 to September 2023), the second cohort Teams achieved many of their goals with support from NCAPPS and national subject matter experts. In this brief, we describe common themes among Teams' goals for Year Five; provide a brief summary of their activities to enhance person-centered thinking, planning, and practices; and provide examples of products that have resulted from the technical assistance.

NCAPPS Technical Assistance Teams

Alaska, Colorado, Delaware, Georgia, Iowa, Kentucky, North Dakota, Puerto Rico, Utah, and Virginia

Common Themes

In the fifth year of technical assistance, NCAPPS Teams focused on five primary areas: community engagement, cultural and linguistic responsiveness, staff competencies, cross-system alignment, and sustainability.

Community Engagement

All Teams continued to focus on community engagement in Year Five to establish ongoing opportunities for people in services, family members, and other community members to meaningfully engage with Teams around advancing person-centered practices in their systems. The Alaska, Delaware, and Iowa Teams all completed an <u>Asset Mapping</u> process, developed an Engagement Plan, and began to conduct engagement activities and track outcomes. The Kentucky Team engaged with a workgroup of people with lived experience to develop tools to operationalize their person-centered core competencies. The Utah Team gathered and incorporated feedback from people in services and family members on the individual experience survey which will evaluate the quality of people's person-centered planning processes.

Cultural and Linguistic Responsiveness

All Teams pursued goals around enhancing cultural and linguistic responsiveness in person-centered practices. The Colorado Team highlighted ways that the <u>NCAPPS Person-Centered Practices Self-Assessment</u> can be used to support equity and cultural competence while also ensuring that the Team engaged with and received feedback from racially, linguistically, and geographically diverse groups during the assessment process. The Alaska, Delaware, and Iowa Teams all sought ways to engage with historically underrepresented groups during the development of their <u>Asset Maps</u> and Engagement Plans. The Puerto Rico Team updated various processes to promote culturally competent person-



centered practices in their service delivery system. The Virginia Team continued to enhance equity and recovery leadership components as they drafted a Recovery SOAR (strengths, opportunities, aspirations, results) framework and Recovery Inventory.

Staff Competencies and Workforce Development

Establishing core competencies and having a skilled workforce is vital to advancing person-centered practices in systems and several Teams continued to make progress around this. As part of the development of their training plan, the Alaska Team identified what kind of person-centered skills and information a broad cross-section of staff and leadership should have to foster a person-centered culture. The Kentucky Team created tools to organize and implement their person-centered core competencies for case manager, service coordinator, and resource facilitator positions. The Puerto Rico Team used technical assistance to create a strategy for a systemwide training for leadership, interdisciplinary teams, directors, and clinical coordinators on the development of skills in person-centered practices. The Utah Team established an evaluation tool for their brain injury train-the-trainer program and tip sheets on Charting the LifeCourse tools to support greater understanding of person-centered practices within the brain injury community.

Cross-System Alignment

Coordination and collaboration across systems to promote person-centered thinking and practices remained key for several Teams. The Iowa Team aligned engagement efforts between agencies through the creation of their Engagement Plan and established an action plan to coordinate intake processes across the state's aging and disability network. To implement their Brain Injury Resource Facilitation Program, the Georgia Team developed protocols and a training plan to address person-centered cross-system service delivery with the aim of ensuring seamless cross-referrals, collaboration, and mutual service delivery. This included a review of referral processes, eligibility, and person-centered approaches across housing, behavioral health, aging, recovery, refugee services, public health, and more. The Utah Team finalized their My Vision of Adulthood tool with support from a cross-agency workgroup including Vocational Rehabilitation and the state's Board of Education to align person-centered supports for transition age youth.

Sustainability and Scalability

In recognition of the end of the second NCAPPS TA cohort, many Teams looked towards ensuring sustainability and scalability of the progress they have made to date. In particular, the Alaska Team used TA to explore how to implement their training plan on an ongoing basis. The Delaware Team established a strategy to ensure that their Diversity, Equity, and Inclusion Strategic Plan continues to be operationalized following the end of TA. All Engagement Plans created by Alaska, Delaware, and Iowa address how to ensure ongoing implementation of the identified engagement activities.



State Activities

Alaska

Lead agency: Alaska Senior and Disabilities Services (SDS)

Population: Physical disabilities, intellectual and developmental disabilities, transition age youth, children

After identifying available person-centered training resources in Year Four, the Alaska Team developed a training plan to infuse person-centered thinking and practices into all levels of their work in Year Five. The Team also used their Journey Map created in the previous TA year to identify small changes that could be made immediately to improve the experience of individuals and families moving through the eligibility process. Larger changes to adjust the current eligibility processes were put on pause due to work being done to explore use of a new assessment for purposes of establishing eligibility for SDS services. TA team members are part of that exploration process and intend to be informed by the information gathered through the Journey Map development process as they look to what an assessment should offer to improve people's individual experiences. A new TA goal centered around actively engaging with community members to analyze available data to further codify and define ongoing efforts around improving the person-centeredness of services and service delivery.

Colorado

Lead agency: Colorado Department of Health Care Policy and Financing

Population: Physical disabilities, brain injury, mental health, intellectual and developmental disabilities, substance use disorders, older adults with long-term needs

In Year Five, Colorado amped up their efforts around completing the <u>NCAPPS Person-Centered Practices</u> <u>Self-Assessment</u> process. The Team generated buy-in from staff and leadership on the purpose of the Self-Assessment and reviewed baseline data. After analyzing the results of the Self-Assessment, the Colorado Team determined strategic goals for improvement and an action plan for implementing the goals. Subsequently, they gathered feedback from national experts to ensure representation of racially, linguistically, and geographically diverse needs within the action plan.

Delaware

Lead agency: Delaware Division of Services for Aging and Adults with Physical Disabilities (DSAAPD)

Population: Physical disabilities, older adults with long-term needs (No Wrong Door population)

Using their Asset Map from Year Four, the Delaware Team created an Engagement Plan which identified methods of increasing their connection with culturally, ethnically, and linguistically diverse communities. DSAAPD also created a new position focused entirely on engagement with individuals using services, families, providers, and the broader community at large. This new position was charged with guiding implementation of the engagement plan. The Team began implementing and initiating engagement activities in line with their Engagement Plan which they anticipate will help further a shared understanding of person-centeredness among partners and collaborators. Additionally, the Delaware



Team worked to crosswalk their engagement plan with DSAAPD's larger Strategic Plan to ensure the Diversity, Equity, and Inclusion focus of their engagement plan was thoroughly reflected within with DSAAPD's larger Strategic Plan.

Georgia

Lead agency: Georgia Brain and Spinal Injury Trust Fund Commission (BSITFC)

Population: Brain injury, spinal cord injury

The Georgia Team continued to work towards fully implementing their Brain Injury Pilot Resource Facilitation Program by finalizing a needs assessment and revising their Traumatic Brain Injury (TBI) state plan. As defined by the Administration for Community Living, Resource Facilitation is an evidence-based, personalized intervention that promotes access between people with TBI and their support networks as well as the appropriate community-based resources, supports, and services.¹ The Georgia Team has been building the infrastructure for the program through the development of policies, procedures, and training protocols. They have incorporated cross-system referral and system delivery expectations into these protocols to maximize outreach efforts and collaboration across agencies.

lowa

Lead agency: Department on Aging

Population: Older adults with long-term needs (No Wrong Door population)

Building on their Logic Model and Asset Map from Year Four, the Iowa Team facilitated a cross-agency workgroup and developed an Engagement Plan to align community engagement efforts. They also created a set of recommendations which outline ongoing activities the state should undertake to continue to improve the overall person-centeredness of their system. Additionally, the Iowa Team worked to create and implement an action plan focused on establishing a coordinated intake process between the Aging and Disability Resource Centers (ADRCs) and the state's aging and disability network.

Kentucky

Lead agency: Kentucky Department for Aging and Independent Living (DAIL)

Population: Physical disabilities, brain injury, intellectual and developmental disabilities, older adults with long-term needs

The Kentucky Team concentrated all their attention in Year Five to wrapping up one of their major goals to organize and implement core competencies cabinet-wide for case manager, service coordinator, and resource facilitator positions that are aligned with the person-centered standards they developed in previous years of NCAPPS TA. Using the core competencies and consulting with a workgroup of people with lived experience, the Team created a recommended training plan along with developing a toolkit to operationalize and use the core competencies. The toolkit includes indicators and measures for case

¹ HHS-2023-ACL-AOD-TBSG-0044, pg. 6



managers to self-assess how well they are meeting the core competencies, tools to help people receiving services understand what to expect from case managers along with questions to assess the person-centeredness of their case management services, tools for supervisors, and indicators for quality management teams. Along with the toolkit, the team included information on how to use the various tools within existing case management processes.

North Dakota

Lead agency: North Dakota Department of Health and Human Services (DHHS)

Population: Physical disabilities, brain injury, mental health, intellectual and developmental disabilities, substance use disorders, transition age youth, older adults with long-term needs, children

North Dakota completed several community engagement activities including finalizing a Communications Plan and disbursing materials for families and people who receive services to understand the person-centered planning process and what they should expect from it. They also successfully hosted a second five-part Summit to celebrate and highlight the work they have done since 2018 to advance person-centered practices across the state.

Additionally, the state has developed content for a person-centered train-the-trainer initiative and made plans for broad implementation. Products from North Dakota's technical assistance can be found on their <u>person-centered practices webpage</u>.

Puerto Rico

Lead agency: Puerto Rico División de Servicios a las Personas con Discapacidad Intelectual (DSPDI)

Population: Mental health, intellectual and developmental disabilities

The Puerto Rico Team updated several resources and processes to achieve their goal of promoting culturally competent practices in their service delivery system. This included reviewing and revising the updated manual for *Participant-Centered Planning Principles Protocol (PPCP)* for the purposes of establishing an agency-wide policy that includes communication and implementation to engage with people in services, family members, and providers. Additionally, upon updating the PPCP, the Team established a plan to implement the Individualized Transition Plans (PTI), Personal Focus Worksheet (PFW), and the Individual Support Plan (ISP) to ensure person-centered practices. The Puerto Rico Team also created a strategy for a systemwide training for leadership, interdisciplinary teams, directors, and clinical coordinators on the development of skills in person-centered practices. The Team created a monitoring indicator plan in the service plans which includes a data collection strategy to demonstration effectiveness. The review of the monitoring mechanism happened across the domains of documentation and implementation, rights, cultural sensitivity, and informed consent. Finally, the Puerto Rico Team identified measures that demonstrate the presence of person-centered practices in developing employment goals. These indicators are for consideration for inclusion across the various plans (PTI, PFW, ISP) to increase the possibility for employment among people who receive services.



Utah

Lead agency: Utah Division of Services for People with Disabilities (DSPD)

Population: Physical disabilities, brain injury, intellectual and developmental disabilities, transition age youth, older adults with long-term needs

After five years of development through NCAPPS TA, the Utah Team achieved their biggest goal to date when they rolled out their new person-centered planning case management software which incorporates Charting the LifeCourse tools and life domains. Using feedback received from people in services and family members, the Utah Team also launched a systemwide survey which will gather information from people about their experiences with their planning process to identify systemic strengths and gaps. Brain Injury representatives finalized tip sheets on the Charting the LifeCourse tools which will be integrated into their train-the-trainer process for brain injury survivors. Additionally, TA supported the development of an evaluation to improve the brain injury train-the-trainer process. Utah has been working in collaboration with Vocational Rehabilitation and the Board of Education to implement the My Vision of Adulthood tool to support youth with disabilities who are transitioning to adult services or employment. Finally, New Choices Waiver representatives made changes to parts of their person-centered care plan addendum in collaboration with a workgroup of Case Management Agencies to better align with the HCBS Final Rule person-centered planning requirements. Products from Utah's technical assistance can be found on their person-centered planning webpage.

Virginia

Lead agency: Office of Recovery Services (ORS), Department of Behavioral Health Developmental Services (DBHDS)

Population: Mental health, substance use disorders

Using lessons learned in Year Four around Appreciative Inquiry, Equity, and Recovery, the Virginia Team drafted a Recovery SOAR (strengths, opportunities, aspirations, results) framework on current initiatives and community priorities. They also worked to develop asset mapping and storytelling techniques, along with a Recovery Inventory which is a quantitative survey of all recovery related services and supports in the state.



About NCAPPS

The National Center on Advancing Person-Centered Practices and Systems (NCAPPS) is an initiative from the Administration for Community Living (ACL) and the Centers for Medicare & Medicaid Services (CMS) to help States, Tribes, and Territories implement person-centered practices. It is administered by the Human Services Research Institute (HSRI).

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

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