South Southwest (HHS Region 6)
MHTTC Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

New England (HHS Region 1)
MHTTC Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Person-Centered Recovery Planning Webinar Session 6:
How to Reinforce PCRP in Practice: PCRP Staff Training, Supervision and Quality Monitoring

yale program for recovery and community health

The University of Texas at Austin
Texas Institute for Excellence in Mental Health
School of Social Work

Acknowledgement

Presented in 2024 by the Mental Health Technology Transfer Center (MHTTC) Network.

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At the time of this publication, Miriam E. Delphin-Rittmon, Ph.D, served as Assistant Secretary for Mental Health and Substance Use in the U.S. Department of Health and Human Services and the Administrator of the Substance Abuse and Mental Health Services Administration.

The opinions expressed in the presentation are the views of our speakers and do not reflect the official position of the Department of Health and Human Services or SAMHSA.

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Presented 2024

MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

MHTTC Network

The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

STRENGTHS-BASED AND HOPEFUL

INCLUSIVE AND ACCEPTING OF DIVERSE CULTURES, GENDERS, PERSPECTIVES, AND EXPERIENCES

HEALING-CENTERED AND TRAUMA-RESPONSIVE

INVITING TO INDIVIDUALS PARTICIPATING IN THEIR OWN JOURNEYS

PERSON-FIRST AND FREE OF LABELS

NON-JUDGMENTAL AND AVOIDING ASSUMPTIONS

RESPECTFUL, CLEAR AND UNDERSTANDABLE

CONSISTENT WITH OUR ACTIONS, POLICIES, AND PRODUCTS

Adapted from: https://mhcc.org.au/wp-content/uploads/2019/08/Recovery-Oriented-Language-Guide_2019ed_v1_20190809-Web.pdf

Housekeeping Items

- We have made every attempt to make today’s presentation secure. If we need to end the presentation unexpectedly, we will follow-up using your registration information.
- Attendees are able to unmute and share.
- Have a question or comment? Use the Chat and direct to EVERYONE.
- This session will be recorded.
- A confirmation email will be sent from our South-Southwest email address containing a link to download your CEU certificate.
- CEUs are contingent upon your participation for the full duration of the event based on our Zoom participation logs.
- Registrants are responsible for checking with their licensing or credentialing board to ensure acceptance of the CEUs issued.

What hat(s) are you wearing today?

Audience Participant Poll

(Multiple Hats Allowed)

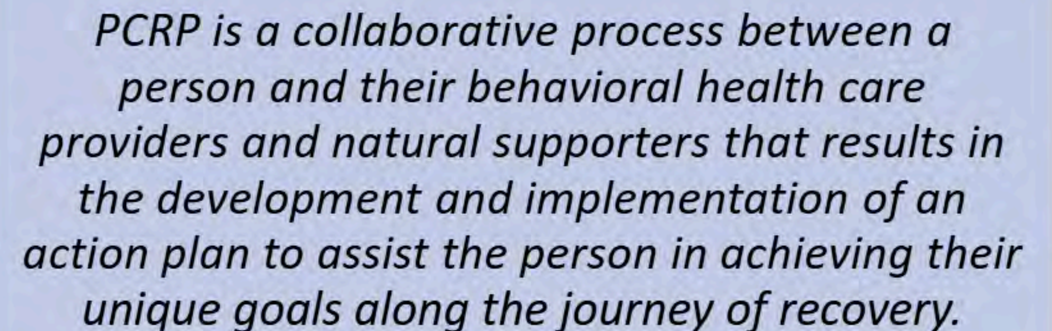
- Direct support practitioner
- Peer support specialist
- Supervisor/team leader
- Family member/natural support
- Guardian/conservator
- Leadership/administration
- Managed Care/Funder
- *Service recipient/person with lived experience
- Advocate
- IT/Technical Specialist
- Other (______________________________)

*A note on our use of terms: *Service user/participant, client, person in recovery, patient, person with a disability, psychiatric survivor, person with lived experience, person in distress, consumer.* ***Always honor individual preferences and when in doubt, ASK!***

Where we have been…
The PCRP Consultation Corner

Date Event (2-3:30pm EST)	Webinar Topic/Title
Webinar March 27th	PCRP Consultation Corner: Overview and Launch
Webinar April 17th	Co-creation of the PCRP Document: Partnering, Goal Discovery, and Emphasizing Real-life Results
Webinar May 15th	Peer Specialist Roles in PCRP: Aligning with Peer Ethics and Values
Webinar July 10th	Promises and Pitfalls: Designing Electronic Health Records to Support PCRP
Webinar July 17th	Person-Centered Advance Crisis Planning to Maximize Choice and Control
Webinar August 21st	How to Reinforce PCRP in Practice: PCRP Staff Training, Supervision and Quality Monitoring

Person-Centered Recovery Planning Defined:



Welcome to Our Panelists

- **Bevin Croft, MPP, Ph.D. (she/her)** is a Senior Research Associate and director of the Behavioral Health team at the Human Services Research Institute.

- **Amanda Bowman, LCSW-S, PSS (she/her)** is a clinical social worker, certified peer specialist supervisor, and WRAPⓇ facilitator, using her professional and lived experience with mental health challenges to promote person-centered practices in behavioral health care.

- **Daniel Wartenberg, Psy.D, M.P.H.,** has been instrumental in developing and implementing recovery-oriented, evidence-based behavioral health programs for more than 35 years.

Bevin Croft

- **Bevin Croft, MPP, Ph.D. (she/her)** is a Senior Research Associate and director of the Behavioral Health team at the Human Services Research Institute. Her work is informed by principles of self-determination, social justice, and the social and structural determinants of health. She is co-director of the National Center on Advancing Person-Centered Practices and Systems (www.ncapps.acl.gov) and holds principal roles in behavioral health systems improvement research. In her technical assistance work, she supports change agents to improve their systems using strategies that are both data-driven and values-based. In her research and evaluation work, Bevin uses both qualitative and quantitative methods and works with participatory approaches in keeping with the disability rights and consumer/survivor/ex-patient movements' mantra "nothing about us without us." She holds a Master of Public Policy and a Ph.D. in Social Policy from the Heller School at Brandeis University. In her limited spare time, Bevin runs along the Charles River, practices yoga, and cooks elaborate meals for family and friends.

Person-Centered Approaches 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 involves learning about a person's 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

How Do We Think About Person-Centered Practices and Systems?

Negative perspectives on disability and "mental illness" has led to a SYSTEMS focus

- Limitations define the person
- Focus is on services that people are 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)

A person-centered system of support builds capacity of each person based on who they are.

- The right to choose what, when, and where to get support is paramount
- Focus is on a person's unique capabilities and contributions
- The person's culture, values, and preferences are reflected in the supports they use

In a Person-Centered System

- **People know what to expect** from planning processes, services, and supports
- Plan facilitators are **well-qualified and well-supported**
- Systems deliver services and supports in a manner **consistent with person-centered values**
- **People with lived experience drive change** at all levels of the system
- **Quality measures** document implementation, experience, and outcomes based on each person's experience and what they value
- Principles of **continuous learning** are applied throughout the system

Photo Credit: Disabled and Here

Introduction

Following decades of calls for person-centered approaches to health and recovery from community groups, the landmark 2003 President's New Freedom Commission on Mental Health identified person-centered planning (PCP) as an essential practice that should be "at the core of the consumer-centered, recovery-oriented mental health system."[1] SAMHSA's 10 Guiding Principles of Recovery echo the call for "person-driven" systems where people optimize their autonomy and independence to the greatest extent possible by leading, controlling, and exercising choice over the services and supports with which they engage.[2]

This philosophical commitment to person-centeredness in behavioral health services—and in long-term services and supports for all populations—subsequently evolved into national quality expectations through a series of legislative and regulatory actions that made clear the mandate to provide person-centered care and planning. These include expectations outlined in the Community Mental Health Services Block Grant (MHBG) Program,[3] Certified Community Behavioral Health Clinic (CCBHC) criteria,[4] and Section 2402(a) of the Affordable Care Act[5]—Guidance for Implementing Standards for Person-Centered Planning and Self-Direction in Home and Community-Based Services Programs.

About This SERIES

The Substance Abuse and Mental Health Services Administration (SAMHSA) developed this series to provide guidance to states related to critical issues that may be addressed by the Community Mental Health Services Block Grant (MHBG).

This issue brief provides information for State Mental Health Authorities (SMHA) about strategies for promoting person-centered planning (PCP) to enhance the quality of behavioral health services and the valued recovery outcomes of those that use them.

SAMHSA
Substance Abuse and Mental Health Services Administration

Publication No. PEP24-01-002

A Call to Action

SAMHSA issue brief provides information for State Mental Health Authorities about comprehensive strategies for promoting person-centered planning.

Emphasizes the importance of system-level alignment in recognition of the fact that:

- *Even the most competent and committed PCP practitioners will not be able to fully actualize their competency in practice in the absence of systems characteristics that align in support of person-centered planning.*

- SAMHSA Issue Brief: Person-Centered Planning, 2024

Person-Centered Practices Self-Assessment

For Governmental Agencies That Oversee Human Services

Mary Lou Bourne for the National Center on Advancing Person-Centered Practices and Systems

February 2022

Enhancing Person-Centered Practices at the System Level

Person-Centered Practices Self-Assessment

Plain language version: NCAPPS Person-Centered Self-Assessment for Systems: Plain Language Overview

Spanish version: Autoevaluación de prácticas centradas en la persona

Areas Covered in Self-Assessment

Leadership

How well people in charge know about and support person-centered practices

Person Centered Culture

How person-centered is the intake and assessment process for people seeking supports.

Eligibility and Service Access

How person-centered is the system's culture and how can person-centered approaches help address risks

Person-Centered Service Planning & Monitoring

How is the process for creating person-centered plans and ensuring services are working

Finance

How are agreements with providers structured, are services helping people reach their goals

Workforce Capacity & Capability

How well staff know about and have the skills to deliver person-centered planning and supports

Collaboration & Partnership

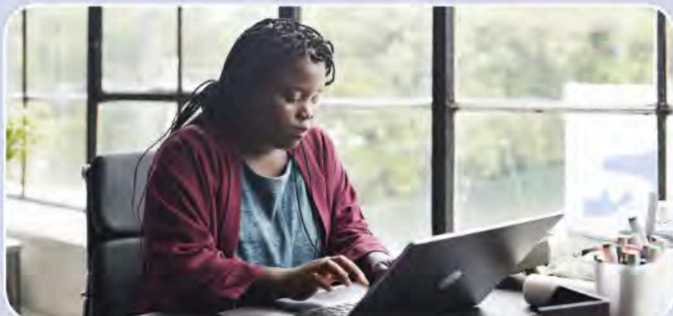
How are partnerships with service users, families, service providers, and advocacy organizations

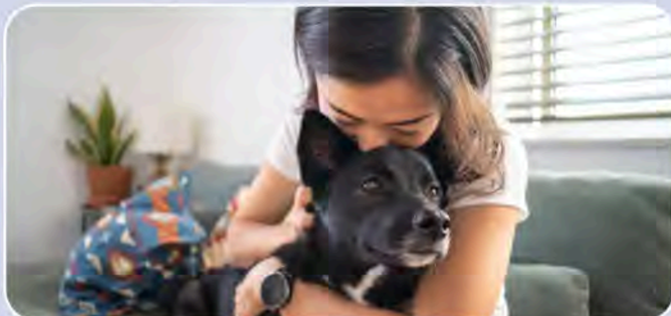
Quality & Innovation

The agency's missions and standards

Adapted from slides by Mary Lou Bourne

Purpose of the Systems-Assessment Tool





To set a baseline of where each individual part of the human service system stands relative to person-centered practices

To help a state system set goals for expanding or improving person-centered practices

To determine if a state system is making progress in reaching its vision for a person-centered system

Adapted from slides by Mary Lou Bourne

State Example: North Dakota

- Assembled state Health and Human Services staff and community partners to:
  - Define PCP
  - Identify shared principles
  - Create an Asset Map
- Hosted two ND PCP Summits open to the community
- Created Community Engagement Guidance with emphasis on equity
- Training new staff in PCP
- Produced video overviews of PCP
- Forged partnership with Protection & Advocacy
- Developed guidance on dignity of risk
- All divisions of Health and Human Services are completing the self-assessment and creating action plans

https://www.hsri.org/ND-PCP

ND Community Members Described Person-Centered Practices

individualized
supportive
meaningful
respectful
respect
personal
empowering
unique
personalized
compassionate
independence
individual
support
collaborative
empathetic
goals
dreams
listening
caring
choice
choices
kind
positive
inclusive
discovery
freedom
motivating
personable
holistic
understanding
thoughtful
compassion
flexible
individual goals
communication
life
me
selfless
team work
complex
adaptable
creative
ownership
partnership
self-determination
customized
successful
individuality
happiness
involvement
engaging
learning
people first
centered
enlightenment
focused
empathy
transparent
engaged
what the person wants
dynamic
matters
empowered
supporting
important
needs
awareness
specific
values
my
listen
power
self-driven
holistic view
harm reduction
client choice
not agency driven
practice based evidence
about the person
the circumstance
a person's needs
person facing
being supportive
life giving
meeting where they are
unique to person
centered around person
understanding the person
humble
descriptive
self directed
on time
designed for the person
achievements
about the individual
one's dreams or wishes
supplementing
making dreams a reality
walk with them not above
honor their story
based on love
solution-focused
personal to the client
setting aside bias
gender identification
consistent support
patience
self determination
person first language
strenths
mindful planning
story
what the person needs
what is important
supporting others
specialized
total involvement
doing what i want
lifetheydesire
living your fullest life
their goals not mine
teaching
goal oriented
strength-based
understand
building a relationship
directed
personal preferences
responsibility
satisfied with life
person's own wishes goals
truly listening to people
accommodating for needs
important to the person
humanity and empathy
self-expression
enhance independence
great to use
me-focused
shared power
collaboration
agency supports pcp
fairness
client-directed
self-focused
just 4 family
involved
being positive
in charge of self
book
really listening
person interests
possibilities
respecting autonomy
overcoming barriers
non-judgemental
goal setting
personal independence
meaningful and accurate
who you are
person's own words
professional
outside the box
validate
what's important to indv
working on-follow through
nonjudgemental support
inclusive communities
everyone learns different
making own choices
life dreams
see what works and doesnt
a plan specifically them
dignity to try and fail
person specific
health
trying new things
unique to each person
molding plan to fit persn
health concerns
based on persons wants
based on persons needs
respect the individual
grounded
trauma-informed
a person's dreams
my words
attentive
personal values
non judgmental
healthy
natural
togetherness
external brains
detailed
wants - not clinical
sacrificial
successes
life goals
own
based on what each person
focused on the individual
dignity of risk
real life
powerful
values and beliefs
results
worthy
essential
outcome driven
power with
relevant
framework
integrity
patient
personality
thriving
developed
rewarding
authentic
empathetic
achievable
helpful

ND’s Focus Areas

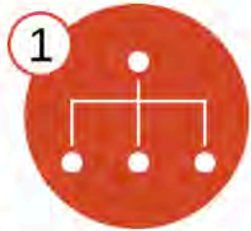
Bring diverse voices to the table

Support individuals participating in services and statewide system change efforts

Transform policies to reflect statewide person-centered values and culture

Ensure communication is accessible and relatable

North Dakota's Self-Assessment Process



Assign Division Leads and Determine Participants

Participants Take Online Self-Assessment

Review Scores and Establish Consensus on Baseline Status

Engage Stakeholders and Service Users to Inform Action Plan

Use Information to Create Action Plan

Communicate Action Plan Throughout the Division

Evaluate Progress Every Nine Months

Update System Goals

Other NCAPPS Resources to check out:

9 Elements of a Person-Centered System

Promising Practices for Person-Centered Plans

Cultural Considerations for Person-Centered Planning: A Companion Guide to the NCAPPS Culture and Person-Centered Practices Shorts

Applying Peer Support to the Top 10 Concerns About Person-Centered Planning in Mental Health Systems

Person-Centered Practices Self-Assessment

Engaging People Who Receive Services: A Best Practice Guide

Amanda Bowman

- **Amanda Bowman, LCSW-S, PSS (she/her)** is a clinical social worker, certified peer specialist supervisor, and WRAPⓇ facilitator, using her professional and lived experience with mental health challenges to promote person-centered practices in behavioral health care. Coming from direct social work practice and administrative leadership within the public mental health system, she joined Via Hope in 2013, where she served as Recovery Institute Director until 2023. In this role, she oversaw the development and delivery of organizational change programs, which included statewide initiatives to support the implementation of person-centered planning, peer support services, and trauma-responsive work environments. As the owner of Sidecar Consulting, Amanda now facilitates collaborative learning events and serves as a subject matter expert for programs designed to support change within and across agencies. Outside of work, you may find Amanda with her family hiking the Barton Creek Greenbelt or enjoying live music.

Training, Supervision and Coaching in PCRP Implementation and Sustainability

“Coaching”

- With individual provider or multidisciplinary team
- Similar but distinct from clinical supervision/case consultation - focused specifically on PCRP and related principles (e.g., trauma-informed)
- Coaching focuses on philosophy, product (intended outcomes), process & plan (4 P’s)
- Ideally coaches observe a PCRP planning session & review the plan document before facilitating the coaching session
- Lesson learned for coaches: engage people being coached in discussion of the person served FIRST before offering any feedback; ask questions; prioritize relational work over documentation
- Small group of trained, coordinated PCRP coaches can serve as expert consultants across an entire organization & feed information back to the implementation team/committee

Successful Implementation Goes Beyond Training!

Who influences PCRP implementation?

- Trainers
- Direct Supervisors
- Coaches
- Quality Management Staff
- Executive Leaders
- Informal leaders (e.g., team members with greater authority or influence, co-workers)
- Clinical Supervisors (if different from direct supervisor)

Structure & Support for Trainers, Supervisors, Coaches, QM

- Make time to create & compare messaging (subtle differences can yield different meaning in PCRP)
- Training, supervision, coaching are not easy - takes skill development over time
- Resource:
    - Coaching Competencies

Common Implementation Barrier: Inconsistent Messaging/ Staff Unclear About Expectations

- Necessitates coordination across almost **ALL aspects of the organization**
    - Front desk staff
    - Policies/procedures
    - Forms
- Those providing guidance and feedback to staff MUST be **coordinated, consistent and clear on priority messaging**
- Feedback loops/ mechanisms for timely communication about PCRP standards, barriers, solutions to identified barriers
- One person responsible for coordinating implementation efforts with frequent contact/support of top leadership is best practice

So much time and so little to do.

Wait a minute. Strike that. Reverse it.

How can we avoid the overwhelm of everything that needs to be done to fully implement PCRP?

- Assess where you’re truly starting from
- Set priorities
- Phased approach
  - What outcomes can your agency (or pilot unit/clinic) achieve easily (at least with clear communication, training, measurement)?
  - What changes will build staff confidence and a cultural shift to serve as a foundation for further change?
- Distribute responsibility and planning among formal & informal leaders (including people with lived experience, ideally who have received services from your program)

Common Implementation Barrier: Staff Resistance, Burnout, Change Fatigue

- Emphasize the phased approach/ priorities to staff ("eventually we'll…but this next year we're mainly focusing on…")
- Be curious about what the resistance is about without immediately letting go of agreed upon implementation priorities/standards
- Be ready to address staff wellness needs if this has gone unaddressed for sometime!
- Resource:
  - Top Ten Concerns

Strengths-Based Implementation & Staff Support

- Acknowledge what the agency/staff are ALREADY doing well
- Make room for PCRP insights, examples, solutions, stories from direct care staff (rather than assuming an expert-driven stance as a leader)
- Rely on curiosity and learning together when "answers" aren't readily available or known
- Celebrate true successes regularly
  - Standing agenda item at dept meetings?
  - Ways to incentivize?

Focus on Aspects of PCRP that Enrich the Work

- Individualization is at the heart of PCRP = more opportunity for clinical judgment, creativity, authentic relationships by providers
- PCRP helps to minimize power struggles
- PCRP is practical, often driven by common sense wisdom
- If there isn’t one benefit of PCRP for the staff person that you’re supporting, they may benefit from being coached out of the job

Be Concrete/ Help Staff APPLY Standards to their Work

- Offer examples
- Demonstrate the logic & process of planning (how to expand the plan using the core components)
- Resources:
  - Objectives Tip Sheet
  - Vignette Activity (Slides)
  - PCRP Framework & Core Components with Sample Questions for Providers

Develop Agreed Upon Action Steps for Staff Improvements

- Encourage team/clinic/program-specific implementation planning
- Supervisors can discuss specific actions supervisees can take to strengthen their PCRP skills or try out new approaches with people receiving services
    - Consider offering choices or asking employee what actions they think might help, then agree upon a deadline and hold them accountable

A Review

- Take time to assess where you're starting from
- Coordination & communication among those teaching/leading
- Phased Approach
- Set Priorities (only so much can change at once)
- Strengths-based approach
- Emphasize benefits to staff and people in recovery
- Measurable outcomes/accountability
- Identify creative, specific, and individualized actions for staff to improve PCRP skills

A Review...of PCRP Itself!

- Take time to assess where you're starting from - **Assessment**
- **Coordination** among those teaching/leading
- Phased Approach - **Incremental Success**
- Set Priorities (only so much can change at once) - **3 Objectives is rule of thumb**
- **Strengths-based** approach
- Emphasize benefits to staff and people in recovery - **WHY (goal)**
- Measurable outcomes/accountability - **OBJECTIVES (short term goals)**
- Creative, specific, and **individualized actions** for staff to improve skills

Daniel Wartenberg

Daniel Wartenberg, Psy.D, M.P.H., has been instrumental in developing and implementing recovery-oriented, evidence-based behavioral health programs for more than 35 years. As the CEO of the Southwest Connecticut Mental Health System, he led the transformation of a traditional CMHC to a person-centered, recovery-oriented system of care. In collaboration with national experts from Yale, he has designed and fully implemented an entirely recovery-driven electronic health record (EHR). Dan has served as a Person- Centered Recovery Planning subject matter expert for the New England Mental Health Technology Transfer Center and has developed Person Centered Assessment Practice Guidelines for the District of Columbia Department of Behavioral Health. He has successfully operationalized a number of evidence-based practices including Integrated Dual Disorder Treatment, the Zero Suicide approach to suicide prevention, ACT, Individualized Placement and Support and Dialectical Behavioral Therapy. Outside of work you can find Dan playing saxophone with his aging rock star cover band.

Person-Centered Transformation: How do we get there?

Leadership

How well people in charge know about and support person-centered practices

Person-Centered Culture

How person-centered is the system's culture and how can person-centered approaches help address risks

Eligibility & Service Access

How person-centered is the intake and assessment process for people seeking supports

Person-Centered Service Planning & Monitoring

How is the process for creating person-centered plans and ensuring the services are working

Finance

How are agreements with providers structured and how well are services helping people reach their goals

Workforce Capacity & Capabilities

How well staff know about and have the skills to deliver person-centered planning and supports

Collaboration & Partnership

How are partnerships with service users, families, service providers, and advocacy organizations

Quality & Innovation

The agency's mission and standards

Person-Centered Systems Self-Assessment, NCAPPS 2020

Common Domains of Person-Centered Recovery Planning

Quality Improvement in Person-Centered Care

- Competing Priorities - What you choose to focus on sends a message to your staff as to what is important
- Your Quality Improvement activities should mirror your implementation phase both in terms of what you collect and how you respond to the data
- Importance of **both** the documentation and the processes/interactions
- There is a tendency to focus on that which is most easily measurable
- *Sources of information:*
    - *Documentation/audit*
    - *Observation*
    - *Direct feedback from service recipients*

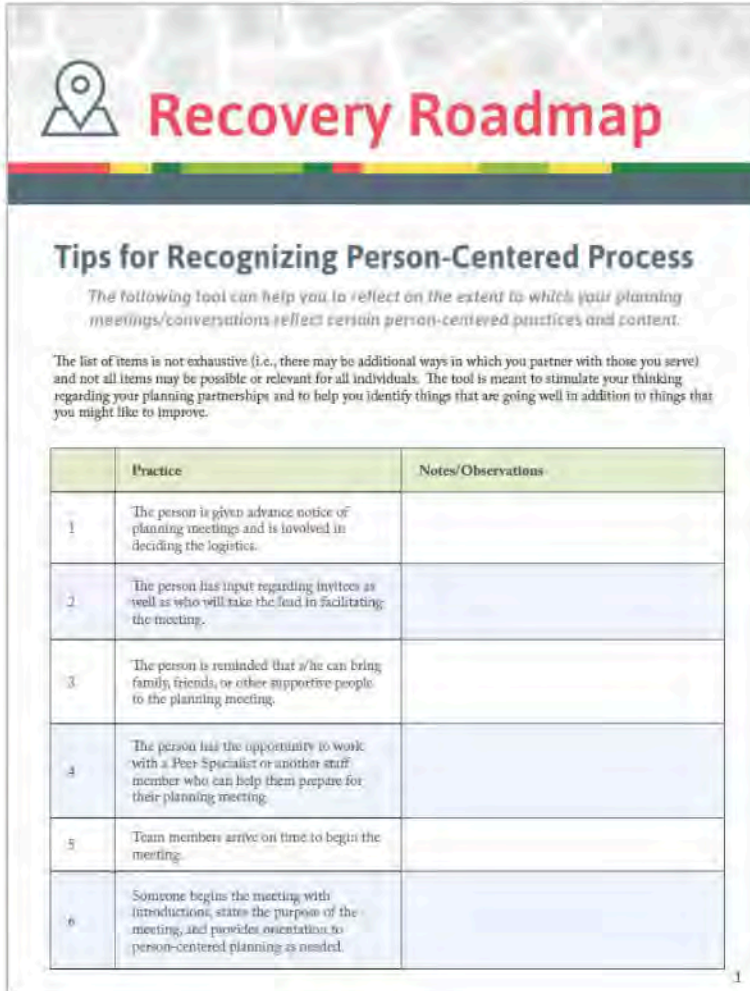
Important QI Considerations:
What you measure sends an important message about what you think is important (or not!)

- Relationships!!!
- Conduct a work flow analysis to determine if sufficient time has been devoted to honor the PCRP process
- Both the recovery planning meeting and the process leading up to the meeting are important
- Process data should include both observation and some form of self report

Sample Indicators Person- Centered Process

- Elements of a quality person centered plan are evident in the process.
  - Goals discussed are about having a meaningful life in the community.
  - The individual's capabilities, talents, and strengths are identified.
- The process is respectful and empowering
  - The overall "tone" of the meeting feels like it is a collaborative effort and the person's ideas and wishes are heard and respected.
  - During the meeting, providers regularly invite the person's input and check for understanding or questions.
- Tools and processes that foster self-efficacy and recovery are built into the process
  - The person has the opportunity to work with a Peer Specialist
  - The person is offered education about personal wellness, advanced directives, personalized relapse prevention plans, and/or Wellness Recovery Action Planning (WRAP).

Sample PC QM Tools – Observational Audit of Process



Recovery Roadmap

Tips for Recognizing Person-Centered Process

The following tool can help you to reflect on the extent to which your planning meetings/conversations reflect certain person-centered practices and content.

The list of items is not exhaustive (i.e., there may be additional ways in which you partner with those you serve) and not all items may be possible or relevant for all individuals. The tool is meant to stimulate your thinking regarding your planning partnerships and to help you identify things that are going well in addition to things that you might like to improve.

	Practice	Notes/Observations
1	The person is given advance notice of planning meetings and is involved in deciding the logistics.	
2	The person has input regarding invitees as well as who will take the lead in facilitating the meeting.	
3	The person is reminded that s/he can bring family, friends, or other supportive people to the planning meeting.	
4	The person has the opportunity to work with a Peer Specialist or another staff member who can help them prepare for their planning meeting.	
5	Team members arrive on time to begin the meeting.	
6	Someone begins the meeting with introductions, states the purpose of the meeting, and provides orientation to person-centered planning as needed.	

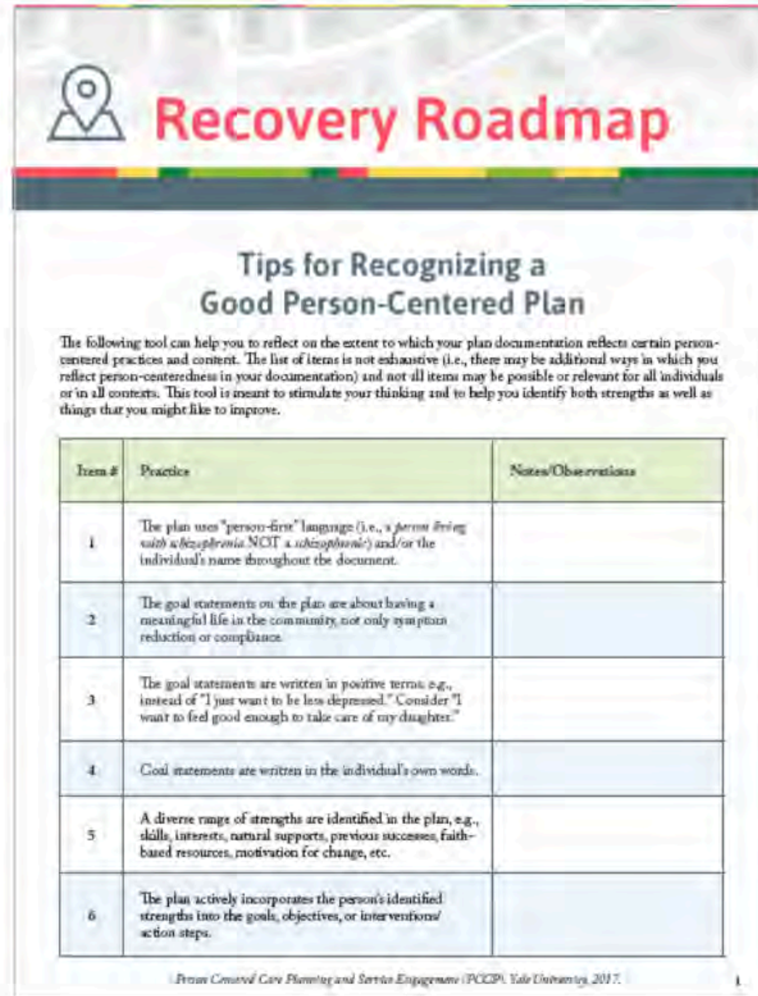
1

Competency Assessed: *Actively identifies and incorporates strengths into the planning process and documentation*

- The individual's capabilities, talents, and strengths are discussed in the meeting.
- Providers show awareness of, interest in, and sensitivity to the individual's cultural/spiritual background and views and incorporate this into planning.
- The person is offered education about strengths-based personal wellness tools, advanced directives, personalized relapse prevention/crisis plans.

* Note: parallel quality tools should be available to assess these practices directly from the perspective of the person served.

Sample PC QM Tools – Documentation Review



Recovery Roadmap

Tips for Recognizing a Good Person-Centered Plan

The following tool can help you to reflect on the extent to which your plan documentation reflects certain person-centered practices and content. The list of items is not exhaustive (i.e., there may be additional ways in which you reflect person-centeredness in your documentation) and not all items may be possible or relevant for all individuals or in all contexts. This tool is meant to stimulate your thinking and to help you identify both strengths as well as things that you might like to improve.

Item #	Practice	Notes/Observations
1	The plan uses "person-first" language (i.e., a *person living with schizophrenia* NOT a *schizophrenic*) and/or the individual's name throughout the document.	
2	The goal statements on the plan are about having a meaningful life in the community, not only symptom reduction or compliance.	
3	The goal statements are written in positive terms e.g., instead of "I just want to be less depressed." Consider "I want to feel good enough to take care of my daughter."	
4	Goal statements are written in the individual's own words.	
5	A diverse range of strengths are identified in the plan, e.g., skills, interests, natural supports, previous successes, faith-based resources, motivation for change, etc.	
6	The plan actively incorporates the person's identified strengths into the goals, objectives, or interventions/ action steps.	

Person Centered Care Planning and Service Engagement (PCCP). Yale University, 2017. 1

Competency Assessed: *Actively identifies and incorporates strengths into the planning process and documentation*

- The goal statements are written in positive terms.
- A diverse range of strengths are identified in the plan.
- The plan actively incorporates the person's identified strengths into the goals, objectives, or interventions/action steps.
- The plan includes self-directed actions that focus on personal, strengths-based activities the person will do in support of their plan, and NOT only on the act of attending professional services.

NMH PCRP Tools to Support Implementation
PCRP Quality Review Tool

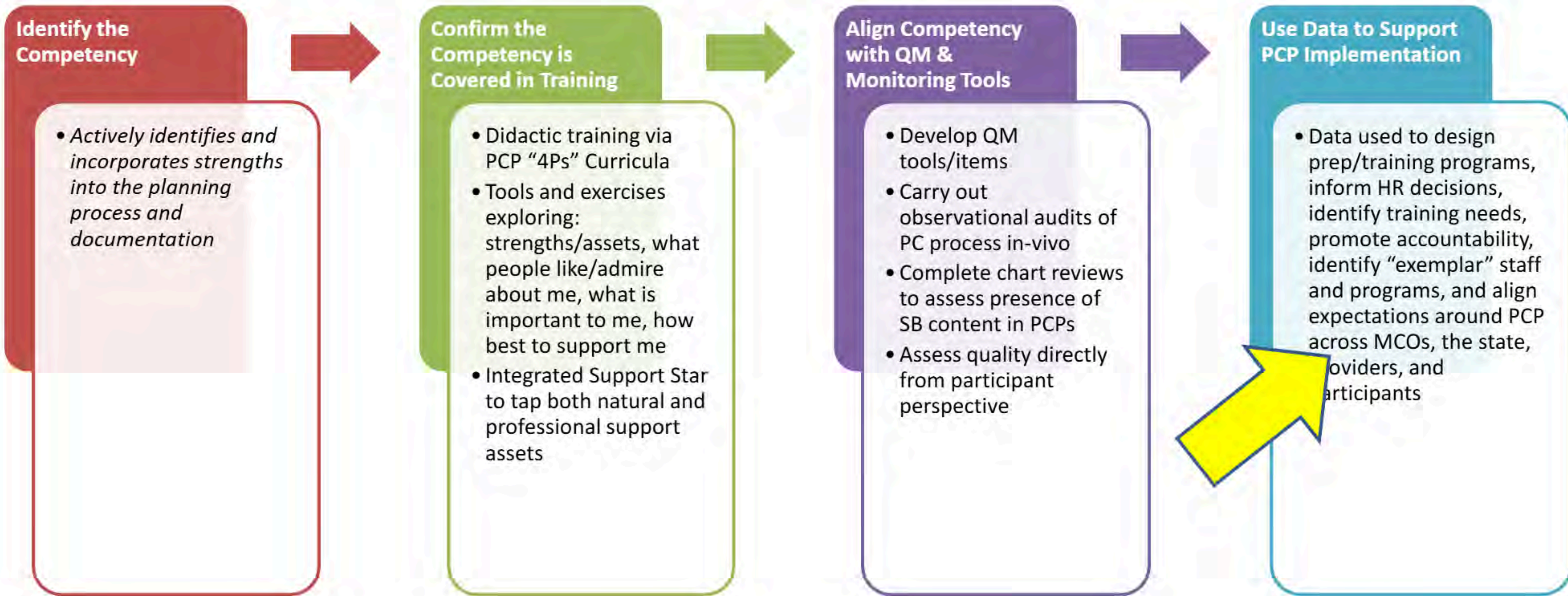
Newport Mental Health - Person Centered Recovery Plan Quality Review Tool NMH PCRP QI Tool

Item #	Documentation Indicator & Review Tips	Fully Meets Criteria (Exemplar example – No recommendations for improvement)	Meets Most Criteria (Good demonstration of quality criteria but would benefit from some enhancements)	Limited Criteria Met (Limited demonstration of quality criteria; requires some significant improvement)	Does Not Meet Criteria/ Plan Element Absent (Does not reflect understanding of quality criteria; requires major revision)	Comments/ Observations* *Please add a qualitative comment for "exemplar" examples if something was particularly well-done AND for all "Most/Limited/Does Not Meet" ratings please describe what was lacking.
1	The **narrative/interpretive summary** includes brief references to the following required elements: 1. Strengths, interests, and current and/or desired life roles and priorities. 2. A brief reference to primary presenting problem/barriers. *This is critical to include in supporting your golden thread of medical necessity and explains the person's need for services. Note this can be a brief reference as you have the opportunity to elaborate later in the Recovery Plan in the Barriers fields. 3. Individual's stage of change/stage of recovery (Stage of readiness for any relevant behavior change that could help them move towards their goal) 4. Natural supports or community resources 5. Cultural factors and any impact on treatment 6. A core theme/understanding re: what drives the					

PC QM Implementation Tips

- Providers tend to collect more data than they actually use
- Make it clear that PCRP is a priority
- Devote sufficient resources to see the full process through
  - Selecting and deploying the measures
  - Reliably collecting the data
  - Turning findings into understandable, actionable reports
  - Using results to improve programming
- Ensure you have the PCRP expertise available to interpret data and guide program and staff development

What might it look like in practice to use competency domains to support PCP implementation?



Resources and Tools

- SAMHSA Person-Centered Planning Issue Brief
- Person-Centered Practices Self-Assessment
- Plain language version: NCAPPS Person-Centered Self-Assessment for Systems: Plain Language Overview
- Spanish version: Autoevaluación de prácticas centradas en la persona
- North Dakota Person-Centered Practice: https://www.hsri.org/ND-PCP
- PCRP Coaching Competencies
- Top Ten Concerns
- Objectives Tip Sheet
- Vignette Activity (Slides)
- PCRP Framework & Core Components with Sample Questions for Providers
- My Recovery Roadmap Tips: Recovery Roadmap
- Newport Mental Health Copy of PCRP Quality Review Tool: NMH PCRP QI Tool

Closing Q&A… Your Thoughts and Ideas

New England (HHS Region 1)

MHTTC Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

ATTENTION PLEASE!

The New England MHTTC, and all other Regional Centers and the Network Coordinating Office, will conclude on September 29, 2024.

Thank you for all the support throughout the years!

Scan of Click Here

Our resources will be available on The Yale Program for Recovery and Community Health website scan or click on the QR code.

Yale School of Medicine / Psychiatry /

Yale Program for Recovery and Community Health MENU

The Yale Program for Recovery and Community Health

The Yale Program for Recovery and Community Health, located at Erector Square in New Haven, CT, does collaborative research, evaluation, education, training, policy development, and consultation. We work to transform behavioral health programs, agencies, and systems to be culturally responsive and re-oriented to facilitating the recovery and social inclusion of the individuals, families, and communities they serve.

We seek to promote the recovery, self-determination, and inclusion of people experiencing psychiatric disability, addiction, and discrimination through focusing on their strengths and the valuable contributions they have to make to their communities.

Click here to learn more about Connecticut's Wraparound Initiative Wraparound Overview March 24 and 25.

Where to find us in the future:

Website:

The Yale Program for Recovery and Community Health

Evaluation

Scan the QR code to provide your valuable feedback through our evaluation survey. Your input helps us improve our services. Thank you for your participation!