

High-Fidelity Person-Centered Planning in a Multi-ACT Team System

Regina Janov, Allegheny County Office of Behavioral Health
Deborah Duch, Community Care Behavioral Health
Kim Patterson, Allegheny HealthChoices, Inc.
May 17, 2012

Today

- Tell you a bit about our ACT system of care.
- Describe our fidelity review process.
- Outline specific strategies we use to improve person-centered planning on our teams.
- Assist you in developing a plan of action to achieve and standardize high-fidelity person-centered planning on your teams.

Handouts

- Person-Centered Planning Guidelines (TMACT): paper and checklist
- 'What's It Gonna Take Plan' (Blank)

Fidelity: Overview

- PA OMHSAS requires annual fidelity assessment.
- Tool for Measurement of Assertive Community Treatment (TMACT)* is most current, comprehensive tool available.
- Allegheny County has been a beta site for several years and is considered expert in the administration of the tool and using the results of the tool in quality improvement.

*Monroe-DeVita, M., Moser, L.M. & Teague, G.B. (2010). *The tool for measurement of assertive community treatment (TMACT). Unpublished measure.*

Overview of the TMACT

- 47 items; 5-point anchored scales
- 6 subscales:
 1. Operations & Structure (OS): 12 items
 2. Core Team (CT): 7 items
 3. Specialist Team (ST): 8 items
 4. Core Practices (CP): 8 items
 5. Evidence-Based Practices (EP): 8 items
 - Includes 1 Supportive Housing item under development
 6. Person-Centered Planning Practices (PP): 4 items

Allegheny County: Fidelity Review

- The TMACT is administered by a review team that includes OBH, AHCI, and Community Care staff responsible for quality improvement, care management, and monitoring activities.
- Each team receives a full report, including specific strengths and recommendations.
- Reports are reviewed with provider and team leadership.

TMACT: Person-Centered Planning

	1	2	3	4	5
PP1. Strengths Inform Treatment Plan	Strengths are not assessed.	Less than 30% of treatment plans incorporate strengths/resources in the goals and action steps.	30-59% of treatment plans incorporate strengths/resources in the goals and action steps.	60 - 89% of treatment plans incorporate strengths/resources in the goals and action steps.	At least 90% of treatment plans incorporate strengths/resources in the goals and action steps.

TMACT: Person-Centered Planning

	1	2	3	4	5
PP2. Person-Centered Planning	Team provides no more than 1 element of person-centered planning OR 2 elements provided, at least PARTIALLY.	Team FULLY provides 2 elements of person-centered planning OR 3 provided, at least PARTIALLY.	Team FULLY provides 3 elements of person-centered planning OR provides 4 elements, at least PARTIALLY.	Team FULLY provides 4 elements of person-centered planning.	Team FULLY provides ALL 5 elements of person-centered planning.

TMACT: Person-Centered Planning

	1	2	3	4	5
PP3. Interventions Target a Broad Range of Life Goals	Interventions do not reflect a range of life areas OR interventions do not target person-centered plan goals.	Team is not systematic in delivering interventions that reflect a range of life areas OR interventions PARTIALLY target person centered plan goals.	Team delivers interventions that reflect a range of life areas but in a less systematic manner AND interventions PARTIALLY target the goals specified within the PCP (#1 and partial #2).	Team systematically delivers interventions that reflect a range of life areas AND interventions PARTIALLY target the goals specified within the PCP (#1 and partial #2).	Team systematically delivers interventions that reflect a range of life areas and interventions target the goals specified in the PCP (both #1 and #2 - see under definition).

Strategies to Improve PCP

- Set clear, recovery-focused guidelines as established in the TMACT
- Specify a set of tasks to be completed by each provider to insure improvement and sustainability
- Provide support and feedback on a regular basis to teams during the improvement process

ACTA 2012 19

Strategy #1: Set clear, recovery-focused guidelines

- Develop a 'White Paper' of sorts for reference.
- The fidelity tool, the TMACT, is the basis for the content.
- The format of the 'White Paper' is designed to illustrate that items across all 6 subscales contribute to the team's achieving high fidelity person-centered planning.

ACTA 2012 20

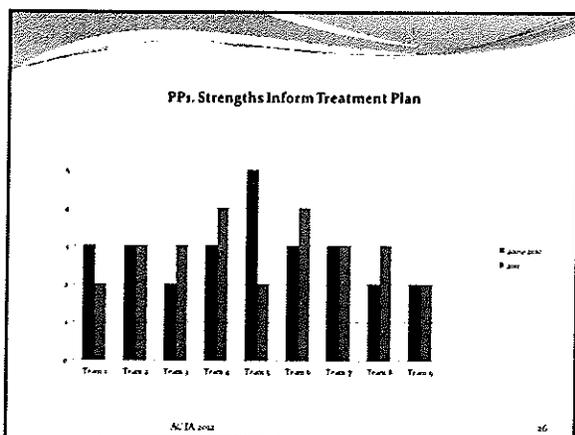
Strategy #2: Specify a set of tasks to insure improvement and sustainability

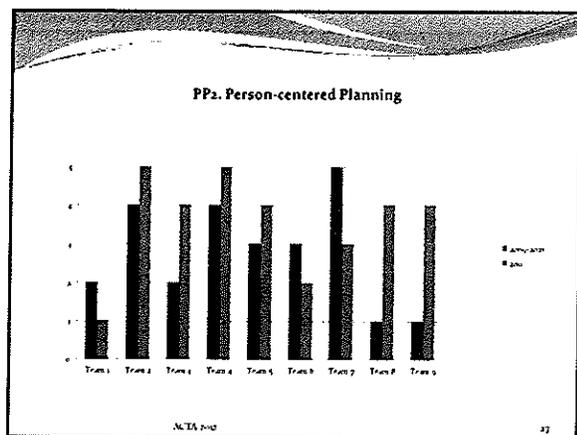
- Policy and procedures
- Orientation for new staff
- On-going training for existing team staff
- Supervision
- Quality assurance

ACTA 2012 21

Results

ACTA 2012 25





Contact Information

Kim Patterson Kpatterson@ahci.org
Regina L. Janov Regina.Janov@alleghenycounty.us
Deborah Duch Duchd@ccbh.com

ACTA 2012 v

Assertive Community Treatment Teams, Allegheny County
Expectations for Person-Centered Planning Practices¹

- I. Person-Centered Planning (PCP): What is it and why?
 - a. Does the training curriculum adequately describe PCP? If no, describe what is missing.
 - b. Does the training curriculum adequately describe how PCP is distinguished from traditional planning? If no, describe what is missing.
- II. Person-Centered Planning: Key Ingredients (a.-g.)
 - a. PCP process is *consumer-driven*.
 1. When does consumer input occur?
Is this clearly described?
 2. Why is it important for consumer involvement throughout this process?
Is this clearly described?
 3. What is the team expected to do to ensure that consumers are involved?
Is this clearly described?
- III. What team members can take the lead in involving consumers?
Is this clearly described?
 - a. The PCP process is coordinated by the individual treatment team (ITT). The ITT includes the consumer.
 1. What is an Individual Treatment Team (ITT)?
Is this clearly described?
 2. What are an ITT's responsibilities?
Is this clearly described?
 3. Incorporating natural supports in the ITT.
Is this clearly described?
 - b. *Engagement strategies* are used in PCP beginning with the initial visit through on-going monitoring of the progress of the implementation of the PCP.
 1. Why use engagement strategies the PCP process?
Is this clearly described?
 2. How do team members engage consumers in the PCP process?
Is this clearly described?
 3. Careful consideration of stages of change readiness will improve the team's ability to successfully engage with consumers.
Is this clearly described?

¹ **Primary source of information:** Monroe-DeVita, M., Moser, L.M. & Teague, G.B. (2010). *The tool for measurement of assertive community treatment (TMACT)*. Unpublished measure.

- c. *Assessment practices* are incorporated on an ongoing basis, and throughout the PCP process. Assessment information informs the plan by identifying existing strengths and resources of the individual, his/her family and/or natural supports.
 - 1. Initial assessment begins upon the first visit with a consumer and consumer-identified supports.
Is this clearly described?
 - 2. A quality comprehensive assessment is completed using multiple sources.
Is this clearly described?
 - 3. Teams routinize assessments throughout the planning process.
Is this clearly described?
- d. PCP goals are supported by *consumer-identified strengths*.
 - 1. How are consumer identified strengths obtained?
Is this clearly described?
 - 2. What types of strengths could be included in a PCP?
Is this clearly described?
 - 3. How do strengths fit into a PCP?
Is this clearly described?
- e. PCPs contain interventions that address a *wide range of treatment goals*.
Is this clearly described?
- f. The team demonstrates *ongoing adherence* to PCPs.
Is this clearly described?

IV. Person-Centered Planning: The meeting
Is this clearly described in the training curriculum?

- V. Person-centered Planning: How to assess for quality?
- a. Beneficial questions that teams should ask themselves on an ongoing basis to help ensure that PCP goals are being addressed:
Is there any evidence that these areas are incorporated into the QA process?
 - b. Are any of the following deficiencies that interfere with relevant, timely and consumer-driven planning present?
Is it clear how deficiencies are addressed and corrected in the QA process?

VI. How do you recognize a team with high fidelity to person-centered treatment planning?
Is it clear in the documentation submitted that the provider understands what to look for in a high-fidelity planning process?