

STATE OF WISCONSIN
Department of Health and Family Services
Division of Mental Health & Substance Abuse Services

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Index Title: Person Centered Planning
Training and Technical Assistance in
Wisconsin

To: Listserv

For: Area Administrators/Assistant Area Administrators
Bureau Directors
County Departments of Community Programs Directors
County Departments of Developmental Disabilities
Services Directors
County Departments of Human Services Directors
County Departments of Social Services Directors
Program Office Directors/Section Chiefs
Tribal Chairpersons/Human Services Facilitators

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Administrator



Subject: Person Centered Planning Training and Technical Assistance in Wisconsin

Document Summary:

This memo describes an opportunity for counties and tribes to receive nationally recognized training in the Person Centered Planning approach to Assessment and Treatment Planning in the delivery of mental health and substance abuse services and supports that meets the proposed language in the new Center for Medicare and Medicaid Services (CMS) psychosocial rehabilitation rule for agencies providing publicly funded psychosocial rehabilitation services.

The Division of Mental Health and Substance Abuse Services has a limited grant from CMS to provide recovery based person centered training and technical assistance specific to the population that needs psychosocial rehabilitation services because of mental illness and/or co-occurring substance abuse disorders. The training is a two day intensive workshop with national trainers, followed by a series of follow-up phone calls where agencies would work on using the person centered format and training to re-write treatment plans that are recovery based, person centered and measurable in terms of outcomes.

Training Objectives:

- Understand the need for practice change in the context of calls for larger systems change / transformation
- Identify how emerging new frameworks of person-centered recovery, resiliency and wellness differ from past and current practice to guide the plan of care and meet medical necessity
- Understand the importance of a clinical formulation from comprehensive multidisciplinary strengths-focused assessment data as an essential step in building a healing partnership and creating an effective outcomes-driven person-centered plan
- Define the key elements of a treatment / recovery plan as a logic model that creates a roadmap to recovery and wellness

- Begin to develop an interpretive summary and person-centered plan
- Understand and apply a stage of change framework to engagement and planning
- Specify the technical criteria of the plan elements
- Craft a plan consistent with those regulations
- Evaluate an individual's / family's stage of change to inform and guide the planning process
- Help individuals / families articulate person-centered goals and discharge / transition needs
- Elaborate objectives to resolve barriers to attainment of the individual's recovery goals in partnership with the person and family served
- Build on strengths, choices, preferences and stage of change to recommend interventions, services, supports and other strategies to promote positive change
- Identify and begin to address organizational system barriers to implementing person-centered planning

(Neal Adams, Diane Grieder- Alipar Inc. April 2007)

Requirements to participate in this no-cost Person-Centered Planning training in Wisconsin are as follows:

- Willingness to participate in the prerequisite trainings of Recovery 101 and Systems Transformation Using the Recovery Oriented Systems Assessment. If counties have already participated in these trainings, they do not need to repeat the trainings. The prerequisite is considered met.
- Willingness to utilize the Recovery Oriented Systems Indicators (ROSI) tool for a random selection of consumers to measure outcomes and share this data in an excel worksheet format with the Division of Mental Health and Substance Abuse Services.
- Willingness to involve both CSP and CCS where both exist within a county. Counties currently working with the CSP program only are also welcome.
- Must be utilizing the mental health functional screen to determine admission criteria for CSP and CCS for adults where they both exist within a county. Counties who only have a CSP program need to currently be using the functional screen for CSP admission criteria.

The rationale for the requirement to use ROSI and the mental health functional screen by an agency is the data driven evaluation of the grant which requires a pre-and post test measurement of the success of implementing this approach. The mental health screen data can provide functional progress indicators overtime as well as measurement in the reduction of risk factors. The ROSI tool responses can be divided into certain aggregate categories that can measure an agencies effectiveness to meet consumer outcomes in areas of treatment plan effectiveness and satisfaction, staff responsiveness to recovery principles, staff engagement of the consumer as a full partner, etc.

County expectations at the training:

- To bring a supervisor, two or three line staff and preferably have consumer and administration representation as deemed appropriate by individual counties. A maximum of six participants from each county can be incorporated into this training.
- To have participants available to participate in the two full days of training.
- Participants should be willing and able to share the information from the training with staff, administration, and consumers from their county upon their return to their agency.
- To bring at least one de-identified assessment and treatment / recovery plan for a consumer in their service system to work on as a model during breakout sessions. Breakout sessions will be organized by county to maximize the learning potential within a given county.
- The willingness to participate in follow-up technical assistance teleconferences to assist counties in implementing the elements of person-centered planning into their current service provision.

For questions regarding the county participation pre-requisites and any other questions you may have regarding this memo please contact Alice Mirk at mirka@dhfs.state.wi.us or 608-261-8878

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