Transformational Care Planning in California, A Short Implementation Overview

Person-centered/family-driven service planning is an integral strategy for achieving the Mental Health Services Act (MHSA) goals of recovery-oriented and family-driven services. This approach builds on the principles of inclusion, hope, wellness, resilience, and recovery. Person-centered planning is also a driver of system reform regarding the creation of a more recovery-oriented system of care. As noted in The *President's New Freedom Commission on Mental Health Report* of July 2003:

> *In a transformed mental health system, a diagnosis of a serious mental illness or a serious emotional disturbance will set in motion a well-planned, coordinated array of services and treatments defined in a single plan of care. This detailed roadmap — a personalized, highly individualized health management program — will help lead the way to appropriate treatment and supports that are oriented toward recovery and resilience. Consumers, along with service providers, will actively participate in designing and developing the systems of care in which they are involved. An individualized plan of care will give consumers, families of children with serious emotional disturbances, clinicians, and other providers a valid opportunity to construct and maintain meaningful, productive, and healing relationships. Opportunities for updates — based on changing needs across the stages of life and the requirement to review treatment plans regularly — will be an integral part of the approach. The plan of care will be at the core of the consumer-centered, recovery-oriented mental health system. The plan will include treatment, supports, and other assistance to enable consumers to better integrate into their communities; it will allow consumers to realize improved mental health and quality of life.*[1]

It is important to note that we define person-centered planning as an ongoing collaborative process between an individual and his or her team members (including clinical and rehabilitation professionals as well as natural supporters), which results in the development

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[1] *President's New Freedom Commission Report*, 2003.

and implementation of an action plan that will assist the person in achieving unique individualized recovery goals and an improved quality of life. The person-centered planning document should be a meaningful "road map" for pursuing valued life goals, and the milestones that need to be reached along the way (i.e., short-term objectives). This structure can often help to give both the provider and the individual the invaluable experience of success and forward momentum needed to continue on the road to recovery that lies ahead. In this sense, the plan becomes a useful tool that has direct relevance in guiding the work of the team over time. In this framework, the individual receiving services is always viewed as a key member of the team. The plan can be consulted as needed in order to ensure that everyone stays focused and on course. It should be reviewed and revised as needed if the person encounters roadblocks along the way or reaches certain landmarks and wants to set a new destination.[2]

The TCP Project has supported counties and providers in their implementation of person-centered and family-driven treatment planning in California counties from July 1, 2009, to December 31, 2011. The project developed a form of *learning collaboratives* — each containing teams from up to six counties and provided technical assistance and follow-up to these various counties over the course of the past two years. *Learning collaboratives* is in italics due to the fact that these "collaboratives" were loosely based on the CiMH Community Development Team (CDT) model that is used to support and facilitate the implementation of evidence-based practices; however, these collaboratives were less proscriptive and ultimately less, collaborative, than CDT-based implementations.

The project convened, trained, and provided technical assistance to five learning collaboratives over the course of the contract with the California Department of Mental Health (DMH). The TCP training and technical assistance package for each learning collaborative was designed to assist providers and staff in developing skills in person-centered and family-driven treatment

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[2] From *When the Rubber Hits the Road: From Principle to Practice in Person-Centered Planning,* USPRA Chapter, 2012, Tondora, Davidson, Grieder, Mathai

planning while at the same time helping providers to easily meet regulatory requirements for documentation.

III. Background

CiMH staff and consultants have provided training on person-centered treatment planning for almost 10 years. Originally, the trainings were provided to groups of direct-service practitioners who were excited about their learning, but were unable to implement their learning in their work setting because of the protocols of their work place and lack of support from supervisors or administration. Seeing the need to take a more systemic approach, CiMH developed a more extensive curriculum, which was offered to supervisors of direct-service staff in two counties. While the supervisors were excited about the practice, they were not comfortable in training their staff. An additional curriculum was developed and offered to county representatives who would serve as trainers. While there was some value in this approach, only one county undertook the local work that was necessary to try to implement the practice on a regular basis.

CiMH staff took a fresh look at the project in 2008/09 and decided to spend less time on training and more time on technical assistance using a learning collaborative *similar* to the community development teams that were established to implement evidence-based practices. This model was developed in response to research findings concerning the impact of making the necessary organizational changes to support high-fidelity implementation. CiMH developed strategies at multiple levels that are essential to any systemic attempt to sustain model-adherent practice.

Implementation is most successful when:

- *Coordinated at system, organization, program, and practice levels;*
- *Carefully selected practitioners receive coordinated training and coaching;*
- *Organizations provide the infrastructure necessary for timely training, skillful supervision and coaching, and regular process and outcome evaluations; and*

- *Communities and consumers are fully involved in the selection and evaluation of programs and practices.*

At the same time the training format was changing, CiMH added a family-driven treatment planning track to meet the growing demand for training relevant to children and families. The final process of implementation consisted of the following elements:

- *Introductory Webinars, scheduled via region, to introduce the practice and process of implementation;*
- *An initial two-day clinical training.* This training was intended for mental health practitioners, including therapists and case managers, as well as supervisors, managers, administrators, and QA staff and management. The purpose of the training was to provide education and information concerning the foundations of wellness and recovery oriented practice, as well as to teach skills that would allow for staff collaborating with consumers and families in the construction of treatment plans to do this effectively.
- *A site visit approximately six months into the implementation for each implementing site.*
- *Ongoing phone technical assistance* (originally slated for six months but continuing to 12+ months in many instances) for the purpose of supporting and coaching the teams in the acquisition and application of clinical skills in the model. Feedback is given to the teams participating on the calls in writing, utilizing a monitoring tool that allows for the coach to give specific feedback regarding the coach's perception of how well the practitioner constructed the plan elements (See Appendix B).
- *A two-day supervisor training.* The purpose of this training was to help supervisors attain skills that would assist them in coaching and teaching person-centered planning, as well as increase their ability to monitor practice.
- *Ongoing administrator calls* oriented to problem-solving barriers to implementation and maximizing practice efficiencies that are organizational in nature regarding business practices, such as software, forms, and timelines to conduct assessment and planning.

- *A train-the-trainer* event was to conclude the implementation in order to effectively leave behind implementation experts, but it was decided that there were not enough statewide potential "experts" to convene this type of training event.