STATE COUNCIL ON DEVELOPMENTAL DISABILITIES

Person Centered Planning: *What It Is & How to Do It Now*

Planificación Centrada en la Persona: *Que es y como hacerlo ahora*

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Acronyms Used
Siglas Utilizadas

- **DDS** = CA Dept. of Developmental Services
- **IEP** = Individualized Education Program
- **IPP** = Individual Program Plan
- **PCP** = Person-Centered Planning

- **DDS** = Dept. de CA de Servicios de Desarrollo
- **IEP** = Programa de Educación Individualizado
- **IPP** = Plan de Programa Individualizado
- **PCP** = Planificación Centrada en la Persona

Acronyms Used *(continued)*
Siglas Utilizadas *(continua)*

- **RC** = Regional Center
- **SCDD** = State Council on Developmental Disabilities
- **SD** = Self-Determination
- **WIC** = Welfare & Institutions Code

- **RC** = Centro Regional
- **SCDD** = Consejo Estatal de Discapacidades del Desarrollo
- **SD** = Auto-Determinación
- **WIC** = Código de Bienestar e Instituciones

What We Will Cover
Lo Que Cubriremos

- What Person Centered Planning is
- How it relates to self-determination and IPPs
- How it can be used now?
- Who develops it?

- ¿Que es la Planificación Centrada en la Persona?
- ¿Como se relaciona con la Auto-Determinación y IPPs?
- ¿Como se puede utilizar ahora?
- ¿Quien lo desarrolla?

What We Will Cover *(continued)*
Lo Que Cubriremos *(continua)*

- Understanding just how different person-centered planning is from traditional, system-centered planning
- How it is developed and used to plan for services

- Entendiendo que tan diferente es la planificación centrada en la persona, a comparación del sistema tradicional, centrado en el sistema
- Como se desarrolla y utiliza para planear servicios

What's Person Centered Planning?
¿Que es la Planificación Centrada en la Persona

- An ***approach*** to figuring out, planning for, and working toward your "preferred future"
  - Your preferred future is the stuff you want to do in the future
- Un **enfoque** para averiguar, planificar y trabajar hacia su "futuro preferido"
  - Su futuro preferido es lo que quiere hacer en el futuro

What's Person Centered Planning? (cont.)
¿Que es la Planificación Centrada en la Persona (cont.)

- PCP is based on figuring these things out, it's not about a particular method or procedure
  - The methods or procedures should be ***tools*** to discover these things
- PCP se basa en darse cuenta de estas cosas, no es un procedimiento o método en particular
  - Los métodos o procedimientos deben de ser **herramientas** para descubrir estas cosas

Your Preferred Future
Tu Futuro Preferido

- It's about finding out certain things
- What does it describe?
  - Examples
- Do we talk about problems?
- Se trata de encontrar ciertas cosas
- Que es lo que describe?
  - Ejemplos
- Hablamos de problemas?

Your Preferred Future (continued)
Tu Futuro Preferido (continua)

- Role of the planning team
- In summary, it should tell what you want to do on a daily basis, what your goals are, who you want to hang out with, and so on

- El papel del equipo de planificación
- En resumen, debe describir lo que quieres hacer diariamente, cuales son tus metas, con quien quieres convivir, y mas

Underlying Assumptions
Suposiciones Subyacentes

- Different people communicate differently
  - Behavior is communicative!
  - Picture format, PECs, behavioral indicators

- Diferentes personas se comunican diferente.
  - !El comportamiento es comunicativo!
  - Formato de imagen, PECs, indicadores de comportamiento.

Underlying Assumptions (Cont.)
Suposiciones Subyacentes (Cont.)

- Presume competence & respect cultural values
  - People should be met where they are

- Presumir competencia y respetar los valores culturales
  - A las personas se les debe encontrar donde ellos están

Values & Principles of PCP & Self-Determination

Valores y Principios del PCP y la Auto-Determinación

PCP

- Self-advocates & families have a central role
- Empowerment
- Choice
- Diversity

PCP

- Los auto-defensores y las familias tienen un papel central
- Empoderamiento
- Elección
- Diversidad

Values & Principles of PCP & Self-Determination (continued 1)

Valores y Principios del PCP y la Auto-Determinación (continua 1)

PCP

- Circles of support, family support, natural supports
- Community Integration
- Teamwork
- Accountability

PCP

- Círculos de apoyo, apoyo familiar, apoyos naturales.
- Integración Comunitaria
- Trabajo en equipo
- Responsabilidad

Values & Principles of PCP & Self-Determination (continued 2)

Valores y Principios del PCP y la Auto-Determinación (continua 2)

Self-Determination

- Freedom
- Authority
- Support
- Responsibility
- Confirmation

Auto-Determinación

- Libertad
- Autoridad
- Apoyo
- Responsabilidad
- Confirmación

Why Use PCP?
¿Porque usar un PCP?

- "The IPP team shall utilize the person-centered planning process to develop the IPP for a participant." [WIC §4685.8(k)]
- CMS New Rules
  - https://youtu.be/BgSj6C8t0T0
- "El equipo debe utilizar un proceso de planificación centrada en la persona para desarrollar el IPP para el participante." [WIC §4685.8(k)]
- Las nuevas reglas de CMS
  - https://youtu.be/BgSj6C8t0T0

Why Use PCP? (continued)
¿Porque usar un PCP? (continua)

- "The report also found that good self-determination requires intensive person-centered planning, collaboration, and follow-along services and supports."
  - From SB 468, referring to "California's Self-Determination Pilot Projects for Individuals with Developmental Disabilities", May 17, 2002, http://tinyurl.com/juhvfzr
- "El reporte también encontró que una buena auto-determinación requiere de una planificación centrada en la persona intensiva, colaboración, y seguimiento con los servicios y apoyos."
  - De SB 468, haciendo referencia a "Auto-determinación de los proyectos piloto de California para los Individuos con discapacidades del desarrollo", Mayo 17, 2002, http://tinyurl.com/juhvfzr

PCPs & IPP Meetings
Reuniones de PCPs y IPP

- What's the difference between PCPs and IPPs?
- PCPs, IPPs, & and IEPs ***now***
- The Power of a good PCP: **example**
- ¿Cual es la diferencia entre PCPs y IPPs?
- PCPs, IPPs, y IEPs ***ahora***
- El poder de un buen PCP: **ejemplo**

Compared to system-centered planning, person-centered planning is different in the following ways:
Comparando a la planificación centrada en el sistema, la planificación centrada en la persona es diferente de la siguientes maneras:

- The mood is more festive and less rushed
- Time is spent celebrating successes
- People use common words to describe what they know or observe

- El humor es más festivo y menos apresurado
- El tiempo se invierte en celebrando los éxitos
- Las personas usan palabras comunes para describir lo que saben o observan

Compared to system-centered planning, person-centered planning is different in the following ways:
Comparando a la planificación centrada en el sistema, la planificación centrada en la persona es diferente de la siguientes maneras:
(Continued 1/ Continua 1)

- You are considered the best guide for identifying goals
- People who spend a lot of time with the you or people who care most about you are considered the best guides for next steps

- A usted se le considera el mejor guía para identificar metas
- Las personas que pasan mucho tiempo con usted o las personas que más se preocupan por usted se consideran los mejores guías para los próximos pasos.

Compared to system-centered planning, person-centered planning is different in the following ways:
Comparando a la planificación centrada en el sistema, la planificación centrada en la persona es diferente de la siguientes maneras:
(Continued 2 /Continua 2)

- The group together thinks about and creates a plan for the person to achieve a more meaningful life
- Professionals and the entire group link people to resources
- Papers, reports and documents are not a critical part of the process

- El grupo piensa y crea un plan para que la persona logre una vida más significativa.
- Profesionales y todo el grupo conecta a las personas con los recursos.
- Los papeles, informes y documentos no son una parte crítica del proceso.

***Adapted from College of Direct Support, Person-Centered Planning, Manjo McBride mcbri001@umn.edu University of Minnesota Institute on Community Integration (UCEDD)

The "Typical Way" vs. PCP Way of IPP Meetings

La "Manera Típica" vs. la Forma de Reuniones de IPP conforme al PCP

- They're longer meetings
- Role of service coordinator
- Listen, listen, listen
- Requesting new services
  - Maintain in own home, participate in the community, increase independence

- Son reuniones mas largas.
- Función del coordinador de servicios.
- Escuchar, escuchar, escuchar.
- Pidiendo servicios nuevos
  - Se mantienen en su propia casa, participan en la comunidad, se incrementa la independencia.

The "Typical Way" vs. PCP Way of IPP Meetings (continued 1)

La "Manera Típica" vs. la Forma de Reuniones de IPP conforme al PCP(continua 1)

- Supported decision-making
  - National Resource Center for Supported Decision-Making
    - http://supporteddecisionmaking.org/

- Toman decisiones con apoyo
  - Centro Nacional de Recursos para Tomar Decisiones con Apoyo
    - http://supporteddecisionmaking.org/

The "Typical Way" vs. PCP Way of IPP Meetings (continued 2)

La "Manera Típica" vs. la Forma de Reuniones de IPP conforme al PCP(continua 2)

- Autistic Self-Advocacy Network's The Right to Make Choices: International Laws & Decision-Making by People with Disabilities
- http://tinyurl.com/hvzn8c8

- Red de Auto-Abogacía Autística El Derecho de Tomar Decisiones: Leyes Internacionales y Decisiones Tomadas por Personas con Discapacidades http://tinyurl.com/hvzn8c8

PCP Methods
Métodos PCP

- There are different styles of holding a PCP meeting
  - Personal Futures Planning
  - MAPS (Making Action Plans)
  - Essential Lifestyle Planning
  - Personal Passport
  - And even more!
- Existen varios estilos diferentes de llevar a cabo una reunión PCP
  - Planificación de Futuros Personales
  - MAPS (Creación de Planes de Acción)
  - Planificación esencial del estilo de vida
  - Pasaporte personal
  - ¡Y muchos más!

PCPs
PCPs

- Personal Futures Planning
  - Identifies "capacities" with help of people who care about you, including family, friends, and community members
  - Works to "discover a vision of a desirable future" and make an action plan
- Planificación de Futuros Personales
  - Identifica las capacidades con ayuda de la persona que cuida de ti, incluyendo a la familia, amigos y miembros de la comunidad.
  - Trabaja para "descubrir una visión del futuro deseado "y hacer un plan de acción.

PCPs (continued 1)
PCPs (continua 1)

- Personal Futures Planning
  - Builds stronger and more effective support by making small, positive changes
  - Calls on all participants to work creatively together over time as equals

  http://tinyurl.com/jxe7s4l
- Planificación de Futuros Personales
  - Construye un apoyo mas fuerte y efectivo al hacer cambios pequeños y positivos.
  - Pide a todos los participantes que trabajen creativamente juntos a lo largo del tiempo, como iguales

  http://tinyurl.com/jxe7s4l

PCPs (continued 2)
PCPs (continua 2)

- MAPS (Making Action Plans)
  - Focuses on a your gifts, strengths, and talents over "disabilities"
- MAPS (Creación de Planes de Acción)
  - Se centra en sus dones, fortalezas y talentos, en lugar de las "discapacidades"

PCPs (continued 3)
PCPs (continua 3)

- MAPS (Making Action Plans)
  - Asks key questions including: What is the dream? What is the nightmare? Who are you? What are your gifts, strengths, and talents? What do you need now?
- MAPS (Creación de Planes de Acción)
  - Hace preguntas claves, entre ellas: ¿Cuál es tu sueño? ¿Qué es tu pesadilla? ¿Quién eres tú? ¿Cuáles son tus dones, fortalezas y talentos? ¿Qué es lo que necesitas ahora?

PCPs (continued 4)
PCPs (continua 4)

- MAPS (Making Action Plans)
  - An action plan is developed spelling out who will do what and when
  http://tinyurl.com/gr87s7x
- MAPS (Creación de Planes de Acción)
  - Se desarrolla un plan de acción explicando quién hará qué y cuándo.
  http://tinyurl.com/gr87s7x

PCPs (continued 5)
PCPs (continua 5)

- Essential Lifestyle Planning
  - A guided process for learning how you want to live and developing a plan to make it happen
  - Discover what is important to you in everyday life
- Planificación esencial del estilo de vida
  - Un proceso guiado para aprender cómo quieres vivir y desarrollar un plan para que esto suceda.
  - Descubre lo que es importante para ti en la vida cotidiana.

PCPs (continued 6)
PCPs (continua 6)

- Essential Lifestyle Planning
  - Identify what support you require and any issues of health or safety
- Planificación esencial del estilo de vida
  - Identifica qué apoyo necesitas y cualquier problema de salud o seguridad.

PCPs (continued 7)
PCPs (continua 7)

- Essential Lifestyle Planning
  - Describes what you have learned in a way that is easily understood by those who will help you to get what is important you
  http://tinyurl.com/z95uvlb
- Planificación esencial del estilo de vida
  - Describe lo que has aprendido de una manera que será mas fácil de entender para aquellos que te ayudarán a obtener lo que es importante para ti.
  http://tinyurl.com/z95uvlb

PCPs (continued 8)
PCPs (continua 8)

- Personal Passport
  - Start by focusing on the people who are important to you and help you
  - List your hopes and dreams for the future
- Pasaporte Personal
  - Comienza por centrarte en las personas que son importantes para ti y que te ayudarán.
  - Haz una lista de tus esperanzas y sueños para el futuro.

PCPs (continued 9)
PCPs (continua 9)

- Personal Passport
  - Make a list of things you like to do and what you need to live the life you want
  - List the things that get in your way
- Pasaporte Personal
  - Haz una lista de cosas que te gustan hacer y lo que necesitas para vivir la vida que deseas
  - Haz una lista de las cosas que se interponen en tu camino

PCPs (continued 10)
PCPs (continua 10)

- Personal Passport
  - List the kind of supports you will need to achieve your hopes and dreams

  http://tinyurl.com/hvpsraj
- Pasaporte Personal
  - Haz una lista del tipo de apoyos que necesitarás para lograr tus esperanzas y sueños.

  http://tinyurl.com/hvpsraj

Resources
Recursos

- DDS' IPP Resource Manual: A Person-Centered Approach
  - http://www.dds.ca.gov/RC/IPPManual.cfm
- Manual de Recursos de DDS' IPP: Un Enfoque Centrado en la Persona
  http://www.dds.ca.gov/RC/IPPManual.cfm

Resources (continued 1)
Recursos (continua 1)

- "What is Person Centered Planning?", Families Leading Planning UK
  http://tinyurl.com/zt9trxd
- DDS' Self-Determination Webpage
  http://www.dds.ca.gov/sdp/
- "Que es la Planificación Centrada en la Persona?", Las Familias lideraran la Planificación UK
  http://tinyurl.com/zt9trxd
- DDS' Auto-Determinación pagina electrónica
  http://www.dds.ca.gov/sdp/

Resources (continued 2)
Recursos (continua 2)

- National Resource Center for Supported Decision-Making
  - http://supporteddecisionmaking.org/
- Centro Nacional de Recursos para Tomar Decisiones con Apoyo
  - http://supporteddecisionmaking.org/

Resources (continued 3)
Recursos (continua 3)

- Autistic Self-Advocacy Network's The Right to Make Choices: International Laws & Decision-Making by People with Disabilities
http://tinyurl.com/hvzn8c8

- Red de Auto-Abogacía Autística El Derecho de Tomar Decisiones: Leyes Internacionales y Decisiones Tomadas por Personas con Discapacidades
http://tinyurl.com/hvzn8c8

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¡Gracias Nuevamente!

WHAT IS PERSON CENTRED PLANNING?

We all think about, and plan our lives in different ways. Some people have very clear ideas about what they want and how to achieve it, others take opportunities as they arise. Some people dream and then see how they can match their dreams to reality.

Sometimes it is useful to plan in a structured way, and person centred planning provides a family of styles that can help do this. Person centred planning is not just about services, or disability, it is something that everyone can use to plan their lives.

Styles of person centred planning share common values and principles, and are used to answer two fundamental questions:

- Who are you, and who are we in your life?
- What can we do together to achieve a better life for you now, and in the future?

Person centred planning is not simply a collection of new techniques for individual planning to replace previous approaches. It is based on new ways of seeing and working with people with disabilities, fundamentally about sharing power and community inclusion.

"One of the most common misunderstandings of person centred planning is that is a short series of meetings whose purpose is to produce a static plan. This misunderstanding leads people to underestimate the time, effort, uncertainty, anxiety and surprise necessary to accurately support people's lives over time" John O'Brien and Herb Lovett.

The origins of person centred planning

Person centred planning may appear to be a relatively new, but its roots extend over twenty-five years, emerging from progressive changes in thinking about better ways to include people with disabilities in society.

In the wider community, person centred planning has been developed from philosophies underpinning:

- The social model of disability and the disability movement that demands a shift in the balance of power between disabled people and the services on which they rely.
- The inclusion movement that calls for a passionate commitment to diversity and for intentional community building.

Within services, person centred planning has been influenced and stimulated by:

- Normalisation and social role valorisation that insists on people with disabilities having a quality of life and position in society which is equal to and would be valued by non-disabled people.

From: Families Leading Planning UK, http://tinyurl.com/zt9trxd

- The accomplishment framework that focused services on five areas to improve peoples' quality of life within their community.
- Dissatisfaction with earlier planning approaches leading people to develop creative ways of fully including people with learning disabilities.
- Best practice in social work assessments which emphasised the assessor's expertise in negotiation and problem-solving and imaginatively designing solutions using available service and community resources

Person centred planning is not a fad from America. It has evolved from excellent practice and progressive thinking in communities and services.

The values underpinning person centred planning

Person centred planning is:	**Person centred planning is not:**
a powerful way to support positive change	a cure-all
a different way of working together	just coloured posters instead of paperwork
a better way to listen and respond to people	just a more sophisticated assessment
different for different people	a standard package
an invitation to personal commitment	a service routine
working towards inclusive communities	just a better way to put together service packages
for anyone who wants it	just for those who are 'ready'

Person centred planning is based on an explicit set of beliefs and values concerning people with disabilities, services and communities.

All means all

Person centred planning is rooted in the belief that people with disabilities are entitled to the same rights, opportunities and choices as other members of the community. Disability does not justify poor treatment, low standards, injustice or oppression. Person centred planning starts from an assumption of common decency: 'What is a decent way for our society and our services to treat someone of this person's age, gender and culture in terms of their living arrangements, security and autonomy?'.

Traditionally, services have gathered people with the highest support needs or the most challenging behaviour into large segregated facilities, while allowing those who require less support to live more independently in the community. Professionals have 'matched' people to different services along a continuum: the more support people are seen to require, the more strangers they have to

live with and the more differences there will be between their home life and the lives
of other people in their community

Person centred planning challenges the whole idea of batching people together on the basis that they are perceived as needing a similar type or level of assistance. It challenges the assumption that because someone needs a lot of help it is acceptable for them to have an impoverished or restricted life.

'All means all' means that it is morally unacceptable for people to be rejected by
community services or excluded from community participation on the basis of the level or type of support they need. This means that people who practise person centred planning place a high value on loyalty and sticking with people over time, even when they test to the limit our capacity to accept, believe in and include them.

Everyone is ready

The focus of professional effort in the lives of disabled people has traditionally been on the person's impairment. People are channelled into different services depending on the category of their impairment, for example, learning difficulty, sensory impairment or loss of mobility. This leads to a process of assessment which analyses and quantifies the impairment and its impact on the person's ability to undertake a range of tasks. This assessment results in a description of the person in terms of what she cannot do: her deficits.

Professionals then set goals for people to try and overcome these deficits We have tended to focus on what people cannot do, spending years trying to teach people to clean their teeth or tie their shoelaces, to become more 'independent'.

The most serious consequence of this is that people's participation in ordinary community life is then seen as dependent on their success in achieving these goals. People are only given opportunities when staff feel they are 'ready'. They have to earn the right to be part of their own community. People who expected services to help them to manage their own lives have instead become trapped in a world where others make judgements about their future.

Person centred planning starts from the other end. It asks 'How do you want to live your life? What would make sense for you?' before looking at 'How could we work with you to make this possible, given your particular situation and the things
you need help with?'.

It challenges the traditional notion of 'independence' in two ways. Firstly, it sees independence in terms of choice and control rather than physical capacity to carry out particular tasks.

"Real independence is nothing to do with cooking, cleaning and dressing oneself. If you ask me what is my experience of

being independent, I would not automatically think about self help skills but of being able to use my imagination to
create fantasy, of enjoying music and drama, of relishing sensual pleasures and absorbing the natural life around me.".
John Corbett.

Person centred planning is not the same as...

Person centred planning is not synonymous with "needs led" or "client centred" or "holistic" assessment or care planning. These start with the individual but are not necessarily person centred. The definition of "needs" used in care management, for example, is a "system construct". Needs are defined as those things for which the person is deemed eligible according to interpretation of policy and the resources of the local social services department. Person centred planning goes beyond this definition of needs, considers people's aspirations, is not limited by entitlement to services and is not necessarily dependent upon professional involvement. Person centred planning is concerned with the whole of someone's life, not just their need for services.

Jean and her daughter Lucy prepared for Lucy's transition review by doing an Essential Lifestyle Plan. Great effort went into producing a really detailed picture of what matters for Lucy. Jean left the meeting feeling crushed and physically sick. Though several people at the meeting were really enthusiastic about the plan and said how helpful it was for them as professionals to think about their contributions to Lucy's future, the social worker was apologetic. She said " I'm sorry we don't recognise ELP. We don't have the resources to implement it. We can only meet needs not wants" The social worker was confusing assessment for council services and broader life planning. Jean and Lucy did not expect social services to deliver everything in the plan. They wanted the professionals to listen to what was important to Lucy and her family and work out what they could do to contribute towards achieving these things. They also wanted help with problem solving other sources of support and resources.

What can person centred planning be useful for?

- Help people to work out what they want in their lives
- Clarify the supports needed for people to pursue their aspirations
- Help to shape the contributions made from a range of service agencies to ensure these are effective in helping people meet their goals
- Bring together people who have a part to play in supporting people for joint problem solving
- Energise and motivate people based upon better understanding of and commitment to a person

- Show service agencies how they can adjust their activities at both operational and strategic levels in order to better support people to achieve their goals

It is equally possible to be "client centred" or "holistic" without being person centred. The key issues here are about who decides what is important in planning and the power balance within it. Professionals can undertake planning which is centred on an individual but where the focus is exclusively upon professional concerns and judgements.

"Information gained from technical assessments can be helpful, but only in the context of a knowledgeable account of a person's history and desired future", John O'Brien and Herb Lovett.

Key features of person centred planning

Person centred planning has 5 key features:

1. The person is at the centre

Person centred planning is rooted in the principles of shared power and self-determination. Built into the process of person centred planning are a number of specific features designed to shift the locus of power and control towards the person. Simple practical examples of this are that as far as possible the person is consulted throughout the planning process; the person chooses who to involve in the process and the person chooses the setting and timing of meetings.

2. Family members and friends are partners in planning

Person centred planning puts people in the context of their family and their community. It is therefore not just the person themselves that we seek to share power with, but family, friends and other people from the community who the person has invited to become involved. Person centred planning starts from the assumption that families want to make a positive contribution and have the best interests of the person at heart, even if they understand those best interests differently from other people.

3. The plan reflects what is important to the person (now or for the future), their capacities, and what support they require

In using person centred planning we seek to develop a better, shared understanding of the person and their situation. The planning process can be powerful - people's views change, new possibilities emerge, alliances are created, support is recruited, and energy is gathered and focused. The resulting person centred plan will describe the balance between what is important to the person, their aspirations and the supports that they require.

4. The plan helps build the person's place in the community and helps the community to welcome them. It is not just about services, and reflects what is possible, not just what is available.

The focus of person centred planning is getting a shared commitment to action, and that these actions have a bias towards inclusion. In this context services are only part of what people want and need; and planning what services you need comes after planning what sort of a life you want.

5. The plan results in ongoing listening, learning, and further action. Putting the plan into action helps the person to achieve what they want out of life.

Person centred planning is not a one off event. It assumes that people have futures; that their aspirations will change and grow with their experiences, and therefore the pattern of supports and services that are agreed now will not work forever. Person centred planning is a promise to people based on learning through shared action, about finding creative solutions rather than fitting people into boxes and about problem solving and working together over time to create change in the persons life, in the community and in organisations. To fulfil this promise we need to reflect on successes and failures, try new things and learn from them and negotiate and resolve conflict together.

Different styles for different purposes

There are several different styles of person centred planning that can help people to achieve different purposes. Each style is based on the same principles of person centred planning: all start with who the person is and end with specific actions to be taken. They differ in the way in which information is gathered and whether emphasis is on the detail of day to day life, or on dreaming and longer term plans for the future. The common planning styles in use in the UK include Essential Lifestyle Planning, PATH and Maps, and Personal Futures Planning. It is crucial not to divert energy into pointless debates about which is the best planning style. People should consider rather which style might be best used in which circumstances. Styles can be used to complement one another.

The purpose of a person centred plan is to achieve one or more of the following:

1) To develop a 'picture' of the person's desired future and describe the actions needed to move in that direction (PATH and MAPs are useful for this purpose)

2) To look at where the person is now, how they would like their life to change and mobilise and engage people to help the person to become a part of their community (Personal Futures Planning is useful for this purpose)

3) To learn and provide a single place to record, on an on-going basis:

- What has been learned about what is important to the person and what is important for the person
- What others are expected to know and/or do to help the person get what is important to them and what is important for them
- The balance between what is important to the person and what is important for the person where there is a conflict between them
- What needs to stay the same and what needs to change and who will do what (by when) in acting on these (Essential Lifestyle Planning is useful for this purpose)

Each planning style combines a number of elements: a series of questions for getting to understand the person and her situation; a particular process for engaging people, bringing their contributions together and making decisions; and a distinctive role for the facilitator(s).

PATH and MAPs focus strongly on a desirable future or dream and what it would take to move closer to that. In Essential Lifestyle Planning and Personal Futures Planning facilitators gather information under more specific headings. Particular sections - such as the section in Essential Lifestyle Planning on how the person communicates and the section in Personal Futures Planning on local community resources - ensure that someone gathers together what is known and records this information so that everyone can use it.

People may need to focus on different areas of their lives at different times, and therefore use one planning style at one time and another at another time. We need to learn what is important to people on a day to day basis and about the future they desire. Sometimes it is important to learn about the day to day issues first, and then move on the learning about a desirable future. In other situations we need to hear about peoples dreams, and later learn about what it is important on a day to day basis.

In considering what style to use facilitators need to consider the context and resources available to the person. Whether the person has a team to support her, or lots of friends and neighbours who want to get involved or a circle of support can influence the decision about which planning style to use. If the person has a team who do not know her very well, then starting with a planning style which invests a lot of time in really getting to know the person, for example Essential Lifestyle Planning, could be a useful place to begin. If the person has family and friends or a circle who know and love her, then starting with dreams through PATH or Maps is useful.

There are dangers in focussing too much on the process of planning to the detriment of the desired outcomes. In exploring the uses of person centred planning we must be really careful to keep our eyes on the prize of people getting better lives.

This does not mean that how planning is done is unimportant, but that it will vary in different circumstances. Long before anyone developed person

centred planning some people were getting better lives when people listened to them closely and cared about them enough to act on what they heard, solving sometimes very difficult problems on the way. Person centred planning approaches are simply (sometimes very powerful) aids to doing this. Some people will benefit greatly using the methods of some of the well-developed styles of person centred planning. Other people might plan or start to plan in less structured, "on the move" ways like Mike and Graham

Mike had spent many years in various institutions. He has autism and a bi polar disorder. He eventually was discharged at the age of 40 into a group home with 3 people from the institution randomly chosen to " get on with each other ". He hated the home he lived in and the people he lived with. Several violent incidents at the home made him anxious and worried and he was eventually moved to another group home to share a double bedroom with another tenant and two other tenants in the home. He again had nothing in common with the other 3 men. When I met him he was confined to his room, indeed his bed, and refusing to participate in any outside activity. He was depressed and unwilling to engage in any planning about his future.
At the time a property became available to the charity that I work for as a short life property on lease from the Local Council. It needed a lot of work doing to it and, as it was only a short-term lease, we had much debate about whether we should take on the lease.

Mike agreed one day to come for a walk with my colleague and me to see this house. We had no intentions of Mike moving to the home but thought it would be good to get him away for the day from the place he was living. Mike went to the house with us, sat in a room with no television, bed, carpet and with a large hole in the wall and roof, and said he would like to stay there forever. That is how unhappy he was with his previous accommodation and life. His previous tenancy was at a place where he shared with people he did not like and which was run on quite an institutional basis with regular, stipulated meal times, bed times and personal support times. The place was attractively furnished and well maintained but it was not a home to Mike.

This was the first step of his person centred plan because Mike wanted to persuade us that the best course of action was for him to stay at this house with no facilities whatsoever. By listening to his stilted words charged with emotion and frustration we realised we had to help him do something in his own way and not impose our standards and expectations of appropriate housing on him. We compromised on another room, found a bed and some bedding and asked the full time resident caretaker, looking after the security of the property while it was being renovated, to "keep his eye on Mike".

Just to make sure we still had some "control factor in this" we agreed with Mike that he needed to go home to "his real home" when work was taking place and to get support from the staff at the home (he never went back once). We also insisted this was a temporary measure (that was seven years ago!).

Graham is a man in his early forties who lives in a small village. He has lived there all his life with his dad. Every weekday morning he is picked up by the

social work bus which takes him to a day centre in the local town. Graham knows everyone in the village. He goes to the local pub every Friday and shops in the post office almost every day. Recently his father was diagnosed as having terminal cancer.

It looked like Graham would have to leave the village and provision would have to be found for him elsewhere. Graham's social worker began looking at the options available in the local town.
At the day centre they knew that Graham would be devastated to lose both his father and his community at the same time. One of the support workers, Fergus, decided to see if anything else could be done. He travelled to the village one day and began knocking on doors. He explained to Graham's neighbours that he would have to move out into supported housing when his father died. Nobody wanted that to happen. Graham and Fergus called a meeting to which about twenty people came. Between them they sorted out how they could support Graham to stay living in his own home when the time came.

Two months ago Graham's father died. Graham feels the loss deeply but he has insisted on remaining in the house when he has always lived. He still attends the day centre and someone from his support circle meets him off the bus everyday and goes home with him to cook a meal. No one thought he would manage to sleep on his own but he does. There are fourteen people from the village in Graham's circle of support. Between them they are determined to ensure that he does not have to move away.

Where is the evidence?

In public services, we are increasingly and rightly looking for evidence to justify expensive activities and interventions. Some have questioned the application of person centred planning approaches on these grounds. Obviously evidence of effectiveness is important and the Department of Health has recently commissioned a major study to be undertaken in the near future. Having said this, the key issue is not "should we undertake person centred planning?" but rather to establish how to make person centred planning most effective. This is because a key purpose of person centred planning is to find out what is important to people and to act on this knowledge. If we do not do this we must ask ourselves serious ethical questions about our activities as professionals, staff and managers.

In one local authority area recently a presentation was made to the Social Services Committee. The presentation was by a group of managers and staff from the Learning Disability Section of the SSD who had been introducing person centred planning for some of the people who use the service. The elected members were suitably impressed by the presentation but one asked a question along the lines of:"Let me get this clear, you are introducing an approach that finds out what is important to people so that we can make sure that services are responsive to them? You mean to say we don't do that for everyone already!". The surprise of the elected member reflects the views of many advocacy organisations and family groups who feel strongly that we

need to get much better at hearing and responding to people's concerns. We don't need evidence to know that we should do this.

Summary

- In it's fundamentals, person centred planning is a way of helping people to work out what they want, what support they require and then helping them to work out how to get it. It is about life not just services
- Person centred planning has its roots in changing philosophies about people with learning disabilities and in better practice in supporting people
- Person centred planning is not synonymous with "needs led", "client" or "patient centred" planning or "holistic" assessment
- There are five main features of person centred planning. These can be used to test "person centredness"
- Different styles can be useful for different purposes and in different circumstances
- Though there are some well developed styles, it is vital not to undermine person centred work simply because it does not come under the name of these styles. Remember the goal is better lives
- Equally, approaches that are fundamentally not person centred must not be re-labelled or tinkered with and presented as person centred
- We need evidence about how to do good person centred planning, not about whether we should do it. This is fundamentally an ethical issue
- Person centred planning should not be denied to any groups of people Helen Sanderson and Martin Routledge. With extracts from People, Plans and Possibilities by Helen Sanderson, Pete Ritchie, Jo Kennedy and Gill Goodwin. If you want to read more you can order People, Plans and Possibilities from Inclusion Distribution

LOOK BACK, PLAN FORWARD

Person-Centered Planning Practice Guidelines

Person-centered planning is an individualized approach to planning that supports an individual to share his or her desires and goals, to consider different options for support, and to learn about the benefits and risks of each option. Although the process must be customized differently for each person, the following guidelines summarize universally accepted "operating principles" for person-centered planning:

1. The individual is the focus of the planning process and involved in decision making at every point in the process, including deciding how and where planning will take place. Decisions made in the planning process can be revisited whenever the person wants.

2. The individual decides who to invite to the planning team. Planning teams include those who are close to the person, as well as people who can help to bring about needed change for the person and access appropriate services.

3. Planning team members help to identify and foster natural supports. Natural supports include family, friends, community connections, and others in the person's social network. Development of natural supports is encouraged by inviting family members, friends, and allies to participate in planning meetings.

4. The planning team explores informal and formal support options to meet the expressed needs and desires of the individual. Informal supports—family, friends, neighbors, church groups, and local community organizations—are considered first. These natural supports are supplemented by formal services, including services such as personal care services, adult day services, residential services, home care services, nursing services, Meals on Wheels, and caregiver supports.

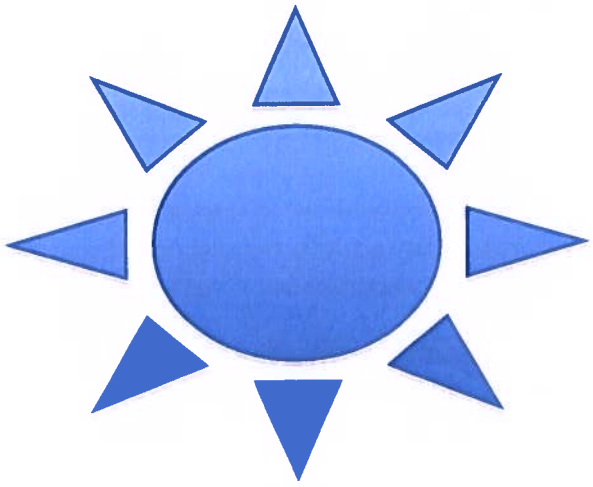
5. The individual has the opportunity to express his/her needs, desires, and preferences and to make choices. Appropriate accommodations should be made to support the individual's meaningful participation in planning meetings.

6. Some individuals may require assistance in making choices about their individual plans and their supports and services. In these cases, the individual still participates in the person-centered planning process and makes all decisions that are not legally delegated to a guardian or other substitute decision maker.

Institute on Disability | 56 Old Suncook Road, Suite 2 | Concord, NH 03824 | P: 603.228.2084 | F: 603.228.3270 | Relay 711 | Contact Us

My Plan

Name:_____ **Date:**_____



Reflection: What about Self-Determination is Important to Me?

Freedom: What I need to control – to have and do the way I need it?

Authority: What must I make decisions about?

Responsibility: What must I do myself? What happens if I do not do what I commit to?

Support: The people listed below help me. The circled people are paid to help me. Do I need to direct the people who help me more?

What are my Hopes and Dreams?

What do I want and need to be healthy and safe?

What do I want and need to feel like my home is my own?

What do I want and need to be part of my community?

What do I want and need for good relationships?

How much money do I want to make?

How do I want to make money?

What transportation works best for me?

ACTION PLAN

1.

I need this to happen:_____

These people will help me:_____

By this date:_____

2.

I need this to happen:_____

These people will help me:_____

By this date:_____

3.

I need this to happen:_____

These people will help me:_____

By this date:_____

4.

I need this to happen:_____

These people will help me:_____

By this date:_____

5.

I need this to happen:_____

These people will help me:_____

By this date:_____

EXAMPLE: BUDGET of ALLOWABLE EXPENSES

1.

I need this item/service to make this happen:_____

It will cost: $_____

2.

I need this item/service to make this happen:_____

It will cost: $_____

3.

I need this item/service to make this happen:_____

It will cost: $_____

4.

I need this item/service to make this happen:_____

It will cost: $_____

5.

I need this item/service to make this happen:_____

It will cost: $_____

TOTAL:$_____

EXTRAS TO HELP

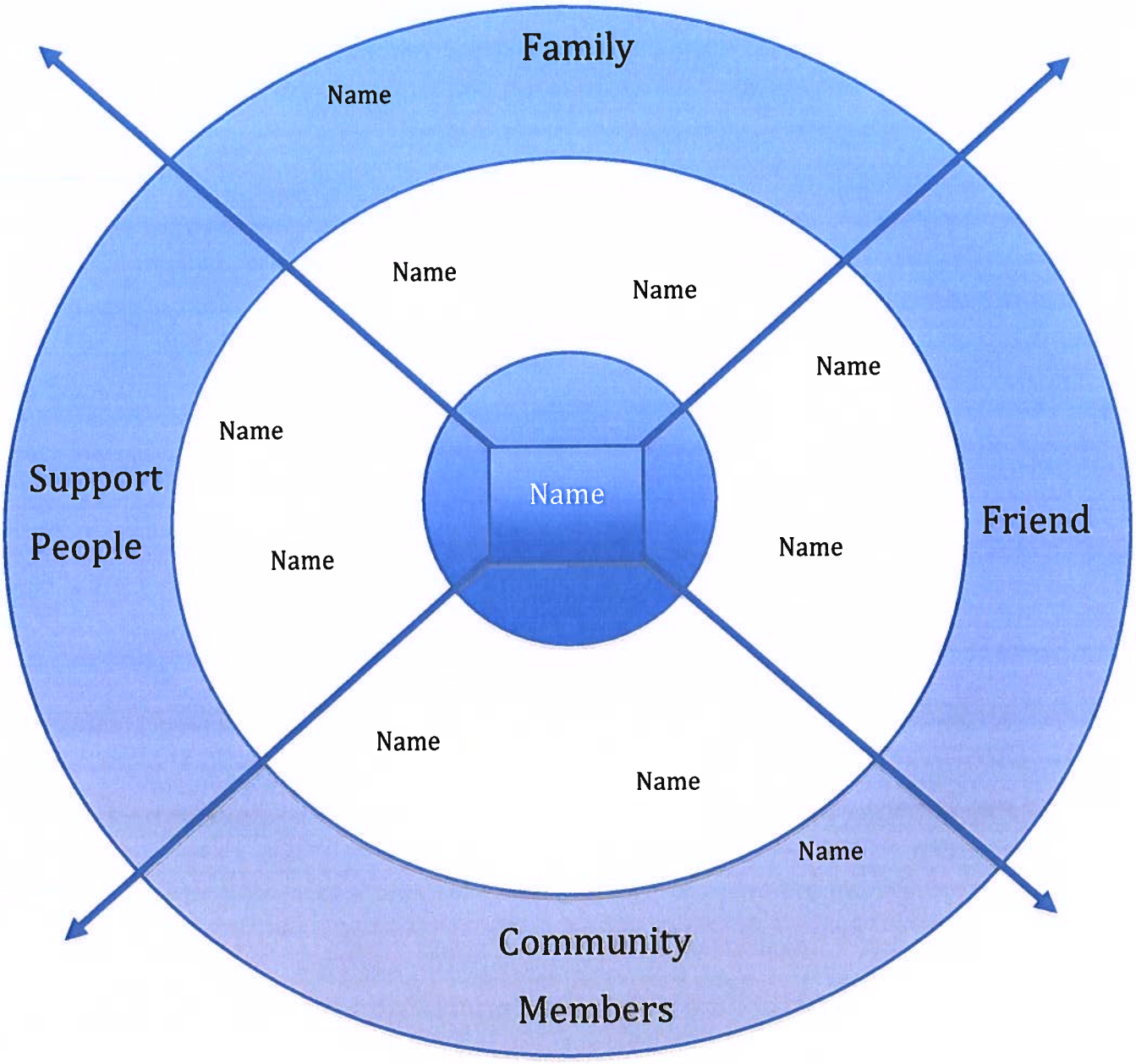
What makes a day good for me?

What makes a day bad for me?

Important to me:

Important to People who care about me (family, friends, co-workers):

Relationship Map



Communication Information

When this happens (or when this has just happened)	I do this	It usually means	I want you to....

	What's Working	What's Not Working
From The person's Point of View		
From The person's Families Point of View		

Daily Routines

Weekends

Weekdays

What is PATH Strategic Planning?

"PATH" is an acronym for *"Planning Alternative Tomorrows With Hope"*

PATH was developed by Jack Pearpoint, John O'Brien and Marsha Forest in 1994 as a planning and problem solving strategy for individuals and schools, and the process lends itself well to any group wanting to develop a collaborative and innovative strategic plan. The PATH process encourages participants to visualize a future based on shared values and beliefs. It includes the identification of specific timeframes and accomplishments as well as a description of current and potential resources.

PATH is a creative process for strategic planning. Using graphic facilitation, the PATH process helps individuals and organizations identify their vision of the "ideal future", and develop a plan for achieving it. The process emphasizes creativity and "dreaming big." It is energetic and interactive, involves all the key stakeholders, and challenges us to leave our assumptions about what is possible or impossible aside. Ideally, groups will allocate two to four hours to a PATH process.

A PATH Plan has 8 sections:

1. **The Dream**. This represents the "north star" or long-term goal, and provides direction to the plan. It is high level, and includes your ideals and values.

2. **The Goal**. This examines the dream, and builds a vision of what the dream would look like once manifested. We know that the more tangible a goal is, the more likely you are to achieve it. This is a creative process that encourages participants to imagine themselves in the future.

3. **The Present**. We create an honest description of the current situation. The outcome of this step is to identify the gap between the current situation and the goal; if there isn't enough of a stretch, we revisit the goal.

4. **The People**. This step identifies whom we need to include in the plan; who will support it and help us achieve success? Identify what their contribution can/will be. (As a follow up step, the individuals listed in this section must be approached for their support, and a plan around who will do that is developed.)

5. **Building Strength**. This step identifies what skills, knowledge and competencies will you need in order to achieve the work ahead?

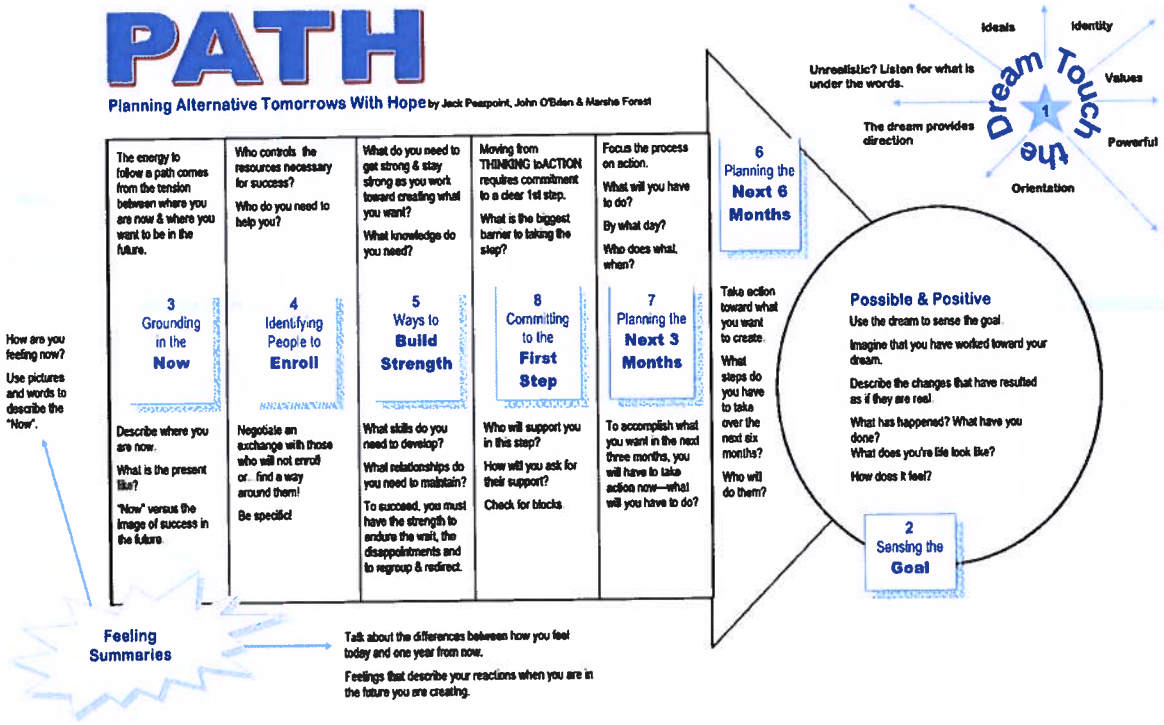
6. **Next Steps**. We identify what needs to occur within the next 1-3 months to move us closer to our goal.

7. **Immediate Steps**. A specific plan identifying what will be done and by whom within the next month. This step identifies responsibilities and timelines.

8. **Commitment**. Individual identified in the last step explore what is needed for them to complete their task(s). This includes a discussion about potential barriers, supports, and blocks. This step is critical to ensure the work does not stall, and the group experiences success over the coming month.

The P.A.T.H. strategic planning process requires two to four hours of time and a safe, quiet, and comfortable space. It is vital that the time be free of distractions. Anyone who owns a beeper or cell phone must leave it behind and everyone must be beyond reach by the office!

- The space must have comfortable seating with refreshments freely available.
- Fifteen – twenty people is an optimal group size, but the process can work with fewer people, as well. With more than twenty, it is challenging to engage all the participants.


PATH
Planning Alternative Tomorrows With Hope by Jack Pearpoint, John O'Brien & Marsha Forest
The energy to follow a path comes from the tension between where you are now & where you want to be in the future.
3 Grounding in the Now
Describe where you are now.
What is the present like?
"Now" versus the image of success in the future.
Who controls the resources necessary for success?
Who do you need to help you?
4 Identifying People to Enroll
Negotiate an exchange with those who will not enroll or... find a way around them!
Be specific!
What do you need to get strong & stay strong as you work toward creating what you want?
What knowledge do you need?
5 Ways to Build Strength
What skills do you need to develop?
What relationships do you need to maintain?
To succeed, you must have the strength to endure the wait, the disappointments and to regroup & redirect.
Moving from THINKING to ACTION requires commitment to a clear 1st step.
What is the biggest barrier to taking the step?
8 Committing to the First Step
Who will support you in this step?
How will you ask for their support?
Check for blocks
Focus the process on action.
What will you have to do?
By what day?
Who does what, when?
7 Planning the Next 3 Months
To accomplish what you want in the next three months, you will have to take action now—what will you have to do?
6 Planning the Next 6 Months
Take action toward what you want to create.
What steps do you have to take over the next six months?
Who will do them?
Possible & Positive
Use the dream to sense the goal.
Imagine that you have worked toward your dream.
Describe the changes that have resulted as if they are real.
What has happened? What have you done?
What does you're life look like?
How does it feel?
2 Sensing the Goal
Unrealistic? Listen for what is under the words.
The dream provides direction
Dream
Touch
the
1
Ideals
Identity
Values
Powerful
Orientation
How are you feeling now?
Use pictures and words to describe the "Now".
Feeling Summaries
Talk about the differences between how you feel today and one year from now.
Feelings that describe your reactions when you are in the future you are creating.

~Name

PERSONAL

CENTER PLAN

May 13, 2017

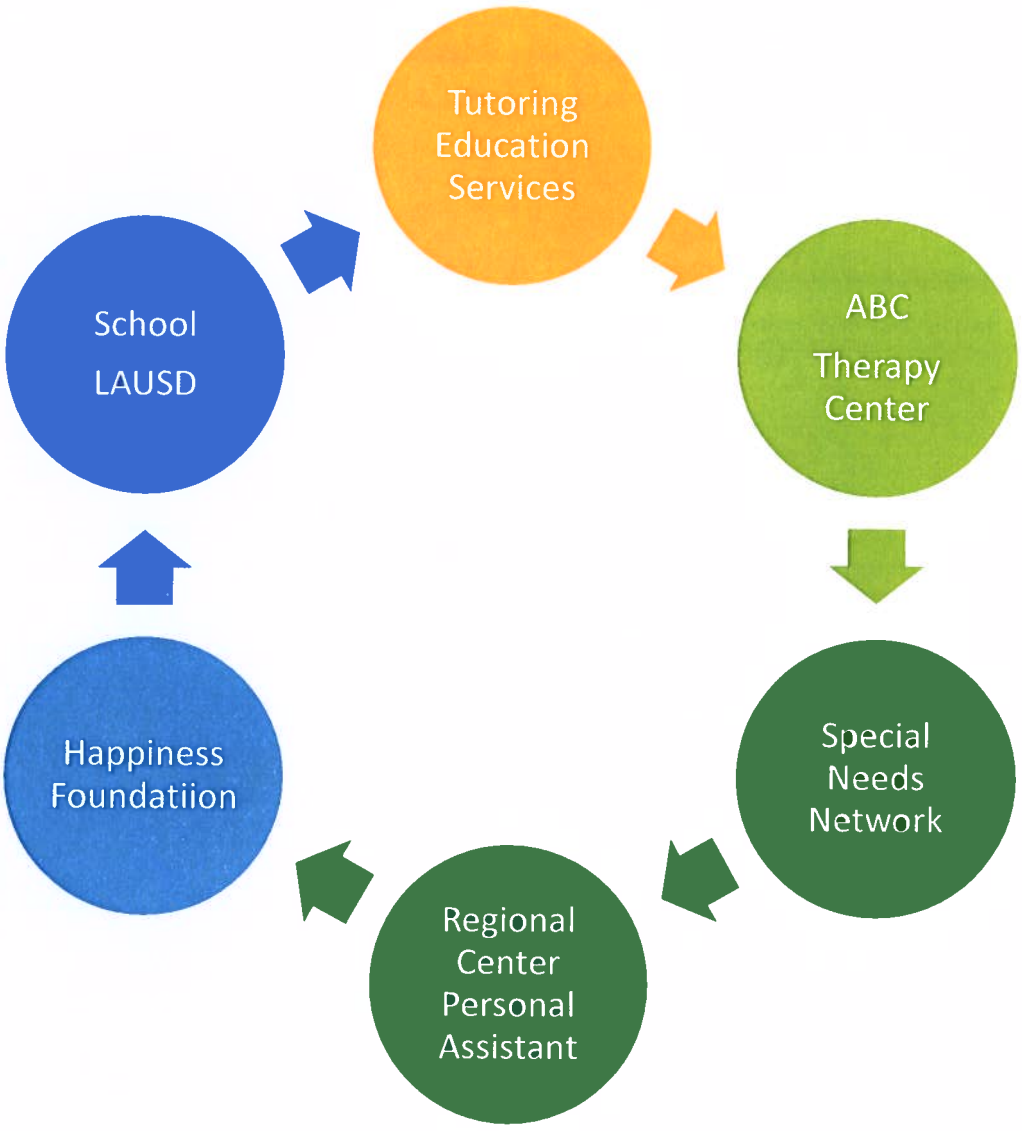
Picture here

Self-determination is so important to me, to have the control over the important things, services, and supports that I need to accomplish my goals in life.

I can decide what services, and providers can be a better for my plans in life.

I have to learn to be responsible with the commitment that my centered plan may require, in order to meet my goals

People that get paid to help me grow and learn. I need to stay in constant communication with them, in order to keep all the supports working the way is needed to cover my needs and desires.



My Dreams

1. Football player
2. To be a soccer or any sport coach assistant
3. To have my own arcade machines
4. To go to college
5. To have a yellow Ferrari car
6. To have a job
7. To build arcade machines
8. To have a new iPod with keyboard.
9. I want to be a copy maker
10. To buy a house

Needs and wants

Needs

- To keep my health coverage

- To have some to support me to guide me every day in my daily routine safely

- To continue having a home

- I need some to help me organize my weekly/monthly schedule.

- I need someone to drive me and guide me to my different activities and appointments

- I need someone to help me to prepare my meals.

- I need help on taking my medicines.

-I need help to do my self-care routine, daily

- I need help to stay safe in the community

- I need to learn how to keep in touch with my friends, and how to make new friends.

- I need to have a job, to earn money, to buy my house, to buy a new car, my arcade machines, and all my wants

- I need someone to help me advocate for my rights, and learn how to do it, more independently.

Wants

-I want to go to college, to learn how to work

-I want to have my home, with my mom and dad

-I want to have my Ferrari car

-I want be a professional soccer player

-I want to have a girlfriend

-I to go to Chuckee Cheeses

-I want to keep in touch with my friends, (Bryan, Alejandra, Lorena, Carlos)

-I want to stay in touch with my cousins

-I want to watch my favorite TV shows (Family Feud, Peg+Cat, Steve Harvey)

-I want to make a lot of money, to buy a big house with my own arcade room, a soccer field, and my dream cars (Ferrari, and Volkswagen)

-I want to make money, by having a job, or maybe winning the lotto

-I want to go to play arcade machines (Batman, Artic Thunder, etc.)

Nightmares and things that bother me

-To be left alone

-Getting lost

-Crossing roads

-Loud and, or unexpected noises, noisy cars, loud music, speakers

-4 of July (fire-works)

-Rain, and thunder storms

-flying insects (bumble bees, mosquitoes, or flies)

-Raw vegetables

Things that I enjoy doing

-Love playing all kind of sports, my favorites are; soccer, and basketball

-Love music (like to have to control on the volume)

-Love people, I am very friendly and funny guy

-I like to make knock-knock jokes

-I like to eat junk food, like hamburgers, and pizza. But, I love homemade food that mom makes. Also, I love Mexican food, and pasta.

-I Like Pretzels, gold-fish, and chocolate cookies for snack

-I like to relax in my room, watch TV, playing with my iPod, playing with my math game

-I like to build my own key chains with my favorite cars, from the Cars movie.

-I love to make copies of Peg+cat, and my favorite soccer teams, and carry them where ever I go

-I always like to carry a bag-bag with some of my very favorite things (papers, videos, T-shirts. It gives me sense of security

-I like to watch soccer games, my favorite teams are Galaxy, and Leon from Mexico.

-I like to watch videos on my iPod, or computer.

ACTION PLAN

1-Need: Look for other activities in the community e.g. football social clubs, adult education, college

Who can help me: Case worker WRC, and my parents

By this date: July 30, 2017

2-Need: _____

Who can help me: _____

By:

3-Need: _____

_____

Who can help me: _____

_____

By:

4-Need: _____

_____

Who can help me: _____

By:

Budget and Expenses of allowable expenses

1. I need this item/service to make this happen:

_____

_____

_____

It will cost:

_____

2. I need this item/service to make this happen:

_____

_____

_____

It will cost:

_____

3. I need this item/service to make this happen:

_____

_____

_____

It will cost:

_____

4. I need this item/service to make this happen:

_____

_____

_____

It will cost:

_____

Total: $ _____

EXTRA INFORMATION

What makes my day?

-I get happy when I don't have to go to school

-makes me happy when it's sunny outside

-I enjoy going to Chuckee Cheeses, Dave and Busters, Game Works

-I love going to the park to play soccer, tennis, basketball

What makes a bad day for me?

-Rainy day

-When I don't have the supports I need to access to activities I have to do, or want to do.

What is important to me?

My dad, and mom

My keychain collection

My paper collection

My favorite items

Important people in my life (family, friends, other)

My Dad, he is my best friend

My mom

My friend Bryan, I like to hang out with him, and he seems to enjoy spending time with me.

My other friends that are around me, in different settings (school, social activities, sports, etc.)

COMMUNICATION INFORMATION

When this happens (or when this has just happened)	I Do this	It usually means	I want you to...
Loud noises inside or outside the house	Get anxious cover ears finger tensing	It's bothering me, or even hurting my ears	Help me to redirect me to calm down, deep breathing, cover my ears
When I am asked to turn TV or iPod off	Don't want to do it	I want more time with that	Give ne 5-10 minutes warning or even use a timer
When I have to brush teeth/hygiene Wipe after going #2	Do not want to do it. Says, I did it already (it's not necessarily true)	Avoiding	Remind me that it needs to be done. And make sure it's done correctly
When I talk to fast	I can't control the speed of my speech		I need to be reminded to slow down on my speech

What's working (from the person's point of view)

What's not working

DAILY ROUTINES

Weekends:

-Play sports (depending on the season)

-Hang out at the mall w/a friend (with supervision)

-Any social activity going on with Friendship Foundation, or Sonja's lunch once a month

-Go out with mom and dad (mountains, beach, arcades, etc.)

-

Weekdays:

-Go to school

-Go to my therapies

-Go to volunteer at Napa Center

-Behavior T. at home

WEAKNESSES

-Waiting for too long is hard for me

-Loud noises can make me anxious and nervous

-My attention spasm it's limited, I get distracted easily

-Need extra time to finish my assignments

-Need help explaining what I need to do and how

-My comprehension is low (on different areas)

-Safety

-Need to learn to be more independent

-I trust anyone

-I might get frustrated at times

-Hard to communicate sometimes what I really want

-I might get distracted when outside in the community, and get lost

STRENGTHS

-Always happy

-Very friendly and positive

-Willing to do things (even when I say "no") I always try.

-I speak and understand a little Spanish, and read it very well.

-Enjoy been around others

-I follow directions when they are clear to me

-I love math

-I am a good reader (not too good on comprehension)

-I try to include others in the group, when needed

STATE COUNCIL ON DEVELOPMENTAL DISABILITIES

THE ROLE OF THE FACILITATOR IN SELF-DETERMINATION

EL PAPEL DEL FACILITADOR EN LA AUTO-DETERMINACIÓN

Christofer Arroyo, Los Angeles Regional Manager
State Council on Developmental Disabilities
Los Angeles Office
818/543-4631 • www.scdd.ca.gov

Role of the Facilitator
Papel del Facilitador

- Handout – review the one pager
- References in the law
  - WIC §4685.8(b)(2)(E)
  - WIC §4685.8(c)(2)
  - WIC §4685.8(d)(3)(A)
  - WIC §4685.8(d)(3)(F)
  - WIC §4685.8(n)(1)(A)(iii)
  - WIC §4685.8(n)(1)(B)(iii)

- Folleto – repase la pagina
- Referencias en la ley
  - WIC §4685.8(b)(2)(E)
  - WIC §4685.8(c)(2)
  - WIC §4685.8(d)(3)(A)
  - WIC §4685.8(d)(3)(F)
  - WIC §4685.8(n)(1)(A)(iii)
  - WIC §4685.8(n)(1)(B)(iii)

2

Roles and Responsibilities of an Independent Facilitator In CA's Self-Determination Program
Roles y Responsabilidades de un Facilitador Independiente En el Programa de Auto-Determinación de CA

- A participant may choose to hire an independent facilitator to assist them with their participation in California's Self-Determination Program. As defined by the self-determination law, an independent facilitator means:
  A person, selected and directed by the participant, who is not otherwise providing services to the participant pursuant to his or her IPP and is not employed by a person providing services to the participant.

- Un participante puede elegir contratar a un Facilitador Independiente para que le ayude con su participación en el Programa de Auto-Determinación de California. Según lo define la ley de auto-determinación, un Facilitador Independiente significa:
  Una persona, seleccionada y dirigida por el participante, que de otro modo no brinda servicios al participante conforme a su IPP y no es empleado/a por una persona que brinda servicios al participante.

***Slides 3-8** From material developed by Russell Rankin, Kern Regional Center Self-Determination Pilot Project Liaison and language from California's 2013 Self-Determination law. Autism Society of Los Angeles. November 2014*

***Imágenes 3-8** Del material desarrollado por Russell Rankin, Coordinador del Proyecto Piloto de Auto-determinación del Centro Regional Kern y del lenguaje de la ley de Auto-determinación de California 2013. Sociedad del Autismo de Los Ángeles, Noviembre del 2014*

3

Roles and Responsibilities of an Independent Facilitator In CA's Self-Determination Program (Continued 1)
Roles y Responsabilidades de un Facilitador Independiente En el Programa de Auto-Determinación de CA (Continua 1)

- The independent facilitator may assist the participant in making informed decisions about the individual budget, and in locating, accessing, and coordinating services and supports consistent with the participant's IPP. He or she is available to assist in identifying immediate and long-term needs, developing options to meet those needs, leading, participating, or advocating on behalf of the participant in the person-centered planning process and development of the IPP, and obtaining identified services and supports.

- El facilitador independiente puede ayudar al participante a tomar decisiones informadas sobre el presupuesto individual y a ubicar, acceder, y coordinar servicios y apoyos consistentes con el IPP del participante. Él o ella está disponible para ayudar a identificar necesidades inmediatas y a largo plazo, desarrollar opciones para satisfacer esas necesidades, liderar, participar, o abogar en nombre del participante en el proceso de planificación centrada en la persona y en el desarrollo del IPP, y para obtener servicios y apoyos identificados.

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Roles and Responsibilities of an Independent Facilitator In CA's Self-Determination Program (Continued 2)
Roles y Responsabilidades de un Facilitador Independiente En el Programa de Auto-Determinación de CA (Continua 2)

- The cost of the independent facilitator, if any, shall be paid by the participant out of his or her individual budget. An independent facilitator shall receive training in the principles of self-determination, the person-centered planning process, and the other responsibilities described in this paragraph at his or her own cost.

- El participante pagara por el costo del facilitador independiente, si es que hay alguno, de su presupuesto individual. Un facilitador independiente deberá recibir capacitación en los principios de auto-determinación, el proceso de planificación centrada en la persona, y las demás responsabilidades descritas en este párrafo a su propio costo.

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Roles and Responsibilities of an Independent Facilitator In CA's Self-Determination Program (Continued 3)
Roles y Responsabilidades de un Facilitador Independiente En el Programa de Auto-Determinación de CA (Continua 3)

The Independent Facilitator can do some or all of the following:

- Provide guidance, resource information,, and support
- Assist in defining support needs and life dreams
- Assist with locating and developing innovative resources
- Support with advocacy and advice
- Develop and coordinate person-centered planning meetings including scheduling meetings, writing plan, and developing the individual budget

El facilitador independiente puede hacer algunos o todos de los siguientes:

- Proporcionar orientación, información de recursos, y apoyo
- Ayudar a definir necesidades de apoyo y sueños de la vida
- Ayudar a localizar y desarrollar recursos innovadores
- Apoyo de abogacía y consejo
- Desarrollar y coordinar reuniones de Planificación Centrada en la Persona, incluidas las programación de reuniones, el plan de escritura y el desarrollo del presupuesto individual

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Roles and Responsibilities of an Independent Facilitator In CA's Self-Determination Program (Continued 4)
Roles y Responsabilidades de un Facilitador Independiente En el Programa de Auto-Determinación de CA (Continua 4)

The independent Facilitator can do some or all of the following:

- Assist the participant with implementation of the plan including negotiating prices, developing and issuing contracts and agreements
- Assist to find supports to meet the changing needs of the participant
- Maintain regular face-to face or telephone contact with participant, if desired by the participant

El facilitador independiente puede hacer algunos o todos de los siguientes:

- Asistir al participante con la implementación del plan, incluidos los precios de negociación, el desarrollo y la emisión de contratos y acuerdos
- Ayudar a encontrar apoyos para satisfacer las necesidades cambiantes del participante
- Mantener un contacto regular cara a cara o por teléfono con el participante, si así lo desea el participante

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Roles and Responsibilities of an Independent Facilitator In CA's Self-Determination Program (Continued 5)
Roles y Responsabilidades de un Facilitador Independiente En el Programa de Auto-Determinación de CA (Continua 5)

The independent Facilitator can do some or all of the following:

- Provide intervention in complex and high risk situations
- Maintain confidentiality and secures signed releases
- Ensure public funds are used appropriately
- Maintain a working relationship emphasizing quality, collaboration, and partnership
- Facilitate emergency intervention plans as needed

El facilitador independiente puede hacer algunos o todos de los siguientes:

- Proporcionar intervención en situaciones complejas y de alto riesgo
- Mantener la confidencialidad y asegurar los comunicados (formularios) firmados
- Asegurar que los fondos públicos se usen apropiadamente
- Mantener una relación de trabajo que enfatice la calidad, la colaboración y la asociación
- Facilitar planes de intervención de emergencia según sea necesario

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What Makes a Good Facilitator?
¿Qué hace un buen facilitador?

- The facilitator can be described as a "skilled generalist" with strong personal qualities and a values system that recognizes the participant's inherent worth, uniqueness, and right to live the life they choose

- El facilitador puede describirse como un "generalista hábil" con fuertes cualidades personales y un sistema de valores que reconoce el valor intrínseco del participante, su singularidad, y el derecho de los participantes para vivir la vida que elijan.

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What Makes a Good Facilitator? (Continued)
¿Qué hace un buen facilitador? (Continua)

- The facilitator must understand how the developmental disabilities service system works and have excellent professional and technical skills
- El facilitador debe entender cómo funciona el sistema de servicio de discapacidades del desarrollo y tener excelentes habilidades profesionales y técnicas

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Personal Qualities & Skills of a Good Facilitator
Cualidades Personales y Habilidades de Un Buen Facilitador

- A commitment to empowering people while safeguarding basic human rights
- An acceptance of the participant's right to make their own decisions without imposing personal or professional bias
- Un compromiso para empoderar a las personas mientras salvaguardando los derechos humanos básicos
- Una aceptación del derecho del participante a tomar sus propias decisiones sin imponer opiniones personales o profesionales

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Personal Qualities & Skills of a Good Facilitator (Continued)
Cualidades Personales y Habilidades de Un Buen Facilitador (Continua)

- Self-directed and able to prioritize work tasks
- Calm under pressure
- Other attributes such as tact, diplomacy, initiative, sound judgment, empathy, patience, integrity, a sense of humor, tenacity, and trust
- Auto-dirigido y capaz de priorizar tareas de trabajo
- Calma bajo presión
- Otros atributos como tacto, diplomacia, iniciativa, buen juicio, empatía, paciencia, integridad, sentido del humor, tenacidad y confianza

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CALIFORNIA SCDD State Council on Developmental Disabilities

STATE OF CALIFORNIA
Jerry Brown,
Governor

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WHAT IS SELF-DETERMINATION?

Adults with disabilities or families of children with disabilities, with the support of family, friends, and professionals whom they trust, taking charge of their own futures by gaining control over the services, supports and resources that they need. You decide what services you'd like and who should provide them. Additionally, Self-Determination is voluntary.

How does it work?

- You are given an INDIVIDUALIZED BUDGET

The law says that individualized budgets must be determined fairly and that everyone must be treated the same way. The law also says that Self-Determination will be phased-in over three years. The amount of money spent on services for the previous 12 months will be the amount of money you get for your Individualized Budget. The budget will be good for one year and it can be adjusted for reasons such as a change in circumstances or unmet needs. A new Individual Program Planning (IPP) will be needed to reflect the change and document any budget adjustment.

- A person-centered plan is written with the help of a FACILITATOR

A Facilitator is someone you hire to help you. Hiring a facilitator is *optional*. You pay for the Facilitator out of your budget, but you can get a facilitator for free if you have a family member or friend willing to take on that task – but they have to be trained and qualified. Your Facilitator helps you find the services and support you need. Some of your supports will be free and come from your family, friends, and other people you know. Some of your services will be paid for out of your budget. Your Facilitator helps you find and hire the right people to support you and to decide how much they should be paid. The Facilitator makes sure everyone you hire is qualified and that you don't spend more money than you have in your budget.

- The money in your budget is sent to a FINANCIAL MANAGEMENT SERVICE

YOU CHOOSE THE FMS. When your plan is finished and your services and supports are in place, the regional center sends the money in your budget to a Financial Management Service, or FMS. The money is given to the FMS to protect you from having to pay taxes and from being sued. The FMS takes care of paying taxes and insurance and makes sure the people working for you don't have criminal records. The FMS does not tell you how to spend your money. The FMS keeps your money safe and pays the people you hire. The FMS keeps track of how much you spend.

When can people get Self-Determination?

- Self-Determination will not be available until California gets a FEDERAL WAIVER

Getting a federal waiver allows the state to get back some of the money spent on Self-Determination services. The state has already applied and been rejected. Another version of the waiver will be submitted within the next few months. After the waiver is approved regulations will likely have to be written. Self-Determination is probably at least six months away from implementation.

What can people do now?

Let your service coordinator know that you want Self-Determination and have it put in your IPP. The Department of Developmental Disabilities (DDS) is responsible for applying for the federal waiver. Call DDS at **(916) 654-1690** and tell them to act quickly. Receive updates from www.dds.ca.gov/sdp/ and actively participate in the Self-Determination Advisory Committee meetings at your regional center.

In the near future, it is expected that regional centers will hold "pre-enrollment information meetings". Individuals interested in participating in the Self-Determination Program will be required to attend these meetings. Afterwards, individuals may add their name to a list of those interested in Self-Determination, which will be sent to DDS. DDS will then randomly select who shall participate in Self-Determination during the roll out of the program for the first three years.

Self-Determination
The Main Ideas

Your Life, Your Choices

Person-Centered Plan

Facilitator + Team

Financial Manager **(required)**

Budget = $ spent for last 12 months

CALIFORNIA SCDD
State Council on Developmental Disabilities

Self-Determination

What To Do Now

Ask regional center for services you need now

Learn all you can about self-determination

Go to self-determination advisory committee meetings

Sign up for updates

www.dds.ca.gov/sdp/

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