More Than a Meeting:

A Guide to the Person-Centered Individual Program Plan

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What's This *Guide* All About?

The Lanterman Act is the law in California that says that people with developmental disabilities have a right to certain services. In 1992, that law was changed in many ways. One of those changes has to do with the way that people figure out what should go into an *Individual Program Plan* (IPP). This new way is called *person centered planning* and this *Pocket Guide* is about how to do it. This guide was made by the California Department of Developmental Services with the help of people with developmental disabilities, family members, advocates and people who work for regional centers, developmental centers and support services agencies.

ABOUT USING THIS GUIDE

If you see words in *Italics*, you will know that these are things the *Lanterman Act* says have to be done when working on an IPP. A lot more information about person-centered planning can be found in the IPP Resource Manual. If you would like a copy of this manual, call or write: Department of Developmental Services, Program Services Division, 1600 9th Street, Room 322, Sacramento, CA 95814, (916) 654-1954.

Note: This large scale, excerpted adaptation was completed by *Allen, Shea & Associates* who developed the original version under contract to the Department of Developmental Services.

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What is Person-Centered Planning?

Person-centered planning isn't so new and it isn't hard to do. It's really as easy as listening to people with developmental disabilities (or their families if someone is very young) about things like:

- where to live;
- how to spend time each day;
- who to spend time with; and,
- hopes and dreams for the future.

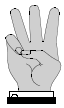
It's also about supporting people in the choices they make about their life. That can be the hard part!

What Does the Lanterman Act Say About Person-Centered Planning?

The Lanterman Act now says that regional centers will:

use this way of planning;

make sure that the choices made by the planning team are written into the Individual Program Plan;



give people all the information they need to make choices for themselves; and

support the many different ways that people choose to live.

More About Person-Centered Planning

Planning Ahead. We all have hopes and dreams for the future. Some we can work for on our own, many take support from others. Some will happen, some will not.

Person-centered planning is one way of figuring out where someone is going (*life goals*) and what kinds of support they need to get there. Part of it is asking the person, their family, friends and people who work with him or her about the things she or he likes to do (*preferences*) and can do well (*strengths and capabilities*). It is also finding out what things get in the way (*barriers*) of doing the things people like to do. If people can't talk for themselves, then it's important to spend time with them and to ask others who know them well.

Important things to remember about person-centered planning are:

- people with developmental disabilities (or their families and friends if they can't speak for themselves) are in the driver's seat; and,

- it's about *supporting the many different ways that people choose to live.*

The Team. Everyone who uses regional center services has something called a *planning team*. The people on the team must be *the person who uses regional center services* (and *family members if someone is under 18 years old*), the *regional center service coordinator* (social worker, case manager, or counselor) *or someone else from the regional center*. The team can also include *people who are asked to be there* by the individual (or consumer) like family and friends.

Team Talk. If someone doesn't speak very well or if someone speaks a different language, then a helper should also be on the team. Remember, the things that people talk about should be easy to understand. It's important to *make sure that people have all the information they need to make choices for themselves.*

Team Meetings. The team gets together to talk about things, like what's going well for someone and what could be better. Remember, person-centered planning is more than a meeting. *It's also the job of the team to look at the IPP to make sure that the services that people are getting are supporting their choices and are making a difference in their lives.* If not, then the IPP can be changed by the team. This kind of planning may take more than one meeting. While the team has to meet at least once every 3 years to look at the IPP, they may need to meet or talk more often.

Working Together. *The team decides what is written into the plan together*. Most of the time, teams can come up with a great plan. If the team can't decide or agree what should be in the plan, *then the person who the plan is written about* (individual or consumer and family) *has a right to have someone help decide*. This is called a *fair hearing*. *The regional center can give names and addresses of people who can help in the fair hearing (like the local Area Board or Protection and Advocacy)*.

The Plan. *The choices people make about their lives are written into the Individual Program Plan*. However, many other things happen in person-centered planning. For one thing, everyone on the team learns more about each other. Also, people with developmental disabilities have a chance to talk about what's important to them and the kinds of support they need from family, friends and people who provide services. The IPP also:

- *lists the <u>kinds</u> of services and supports that people need*;
- *tells <u>who</u> will provide that service and support*; and,
- *tells <u>how</u> that service and support will help people get where they want to go*.

What We Believe!

About People with Developmental Disabilities. The California Department of Developmental Services and the Lanterman Act say that people with developmental disabilities:

- and people who provide services work together as a team;
- *make choices about where to live, how to spend time each day, who to spend time with and plans for the future*;
- who are over 18 can choose how to live and be supported in their choices;
- can say what they want to say without getting in trouble for it;
- *need to have information in a way that is easy to understand so they can make choices for themselves*;
- *are accepted and supported no matter what way they choose to live*, unless they do things that are dangerous to themselves or others.

About Families. Families are important members of the planning team for people of all ages. *They help make decisions for their children when they're under 18, or when the court says they can even if their children are over 18.*

About Community. People with developmental disabilities are important members of the communities where they live. People should have the support they need to do as much in their community as they want to do. Young children should live with families and go to school and play with other children their own age.

About Teamwork. Everyone works together as a team to make sure that each plan is a great one. Each person on the team has something to say and should be listened to by everyone else.

About Paperwork. Writing things down is important, but the most important things are:

- *making sure that someone's choices about life are supported*; and,
- *that when people need services the ones they get make a difference in their lives.*

Everyone Has a Part to Play

People with Developmental Disabilities and their **families** have big parts to play. As team members, they talk about their choices, hopes and dreams and what services and supports they need. *They also help the regional center and the State figure out what services for people with developmental disabilities and their families should look like now and in the future.*

People who provide services and supports help people with developmental disabilities and their families work towards their hopes and dreams and support the choices they make about life. *The IPP is their map and tells them what direction to go.*

People who work for regional centers help by being service coordinators. *The service coordinator helps write up the IPP, looks for service and support when needed and makes sure that the services that people get are the ones they need and want and that they make a difference in someone's life.*

The State of California and the people at the Department of Developmental Services help by making sure that *everyone who needs services is getting them and that everyone is working together.*

How Does this Planning Work for People Who Use Regional Center Services?

Remember. *All regional centers use person-centered planning as a way to work on the Individual Program Plan (IPP).* There are many ways to do this, but some things must be in the plan.

Person-Centered IPPs

What are they? *They are plans which have written into it them the choices of the planning team.*

Who gets a person-centered IPP? *Anyone who uses regional center services.* This includes people in developmental centers.

Consumer Choice

It's about choice! *Choices about where to live, how to spend each day, who to spend time with and hopes and dreams for the future.* Every plan will look different since people choose to live in different ways. *It's also about getting support and assistance for making choices when people aren't used to it. If someone can't make choices on their own or with support, then the regional center director can choose someone who can help.*

It's about information. *People who use regional center and other services paid for by the regional center need to have information that's easy to understand so they can make choices for themselves.*

The Planning Team

People on the team must be *the person who uses regional center services* (and *family members if someone is under 18 years old*), the *regional center service coordinator* (social worker, case manager, or counselor) *or someone else from the regional center.* The team can also include *people who are asked to be there* by the individual (or consumer) like family and friends.

Everyone works together as a team to make sure that each plan is a great one. Each person on the team has something to say and should be listened to by everyone else.

It's important to *make sure that people have all the information they need to make choices for themselves because the choices the planning team makes are written into the Individual Program Plan. The team decides what is written into the plan together.* The plan is written to help people get the support and service they want and need.

Time Requirements

When does this planning take place? This kind of planning takes more than one get together once in a while, it's more than a meeting. While the team has to meet at least once every 3 years to look at the IPP, they or some of the members of the team will need to talk more often. Here is what the law says about meeting as a team:

1
Someone asks for regional center services

2
They find out if they can get regional center services

3
In the next 60 days, a team get together and writes up a person-centered IPP

4
If someone asks for a meeting to talk about their IPP, they can ask for it within 30 days.

5
The team meets at least every 3 years and people are told about the meeting, so they can attend

Assessment

Getting to know someone. Getting to know someone is a very important part of person-centered planning. The best way to get to know someone is to spend enough time together doing things, talking, listening and watching to figure out *where someone wants to live, how they want to spend time each day, who they want to spend time with, their hopes and dreams for the future and things that get in the way of those life choices.* In other words, to learn about how someone chooses to live their life.

Sometimes, it's important to find out more about things like health or problems with getting along with people. At those times, it's important to bring someone on the team like a doctor or a psychologist.

For children living at home, someone should be on the team who can help figure out what will support the family right now. Also, to figure out what support is needed to make sure that children can stay living with families.

Preparing for a Planning Conference

Getting together. When the team gets together for planning and working on the IPP, here are some things to remember:

- be positive;
- work together as a team;
- person-centered planning is more than a meeting, make sure to talk and see each other between meetings;
- make sure people have a chance to talk about their hopes and dreams before the meeting (making a recording or a video tape is helpful);
- everyone should get to say what's on their minds; and,
- listen to what everyone has to say.

Meeting Together to Write a Plan

Planning Conferences

What' are they? When the team gets together to work on the written plan *everyone should be there to work on it together*. This is an important meeting because it gives everyone on the team an idea of how things are going. Are people living where they want to live, spending time they way they want to spend it, working on their hopes and dreams for the future? While this meeting is important, what happens between meetings is more important. That's called life!

Scheduling the Conference

Getting set for the meeting. Here are some things to remember when setting up a meeting to work on the written plan:

- these meetings may take longer because there's a lot more to talk about;
- *they have to be held at least every 3 years*;
- *if someone asks for a meeting to work on the plan, they can ask for it to be held in 30 days*;
- *everyone should know about the meeting far enough ahead so they can plan to attend*; and,
- *meetings should be somewhere that everyone likes, if possible*.

Setting the Groundrules

Meetings that work. When people get together to work on a plan, those meetings work best when:

- *teams talk about someone's life choices, what's going well, what could be going better*, hopes, dreams and things might scare people about the future;
- *choices about how people want to live are supported by the team*;
- everyone works together;
- everyone listens to what others have to say; and,
- someone takes notes.

It's okay if it takes more than one meeting to finish working on the plan.

Discussion Pattern

Most important. The most important things to talk about at the meeting are someone's *choices about where to live, how to spend time each day, who to spend time with and plans for the future.* After talking about the future, the team should spend some time talking about how things are going now. This will give everyone an idea of what's working well and what needs to be done to move in the direction of the plan for the future. The IPP also has:

- *a list of the different kinds of services and supports that people need*;
- *who will provide that service and support*; and,
- *how that service and support will help people get where they want to go*.

The basic parts of a plan are:

- **Goals**
- **Objectives and action plans**
- **Family Plan Component** (when someone is under 18 and living at home)
- **Schedule of Services and Supports**
- **Review Schedule**

More about working together as a team. When people get together to work on a person-centered plan, everyone has a job to do:

Team Leader. This can be anyone on the team who wants to help keep the meeting going.

Team Recorder. Someone who will takes notes about the meeting. This is usually the regional center service coordinator.

Team Members. Everyone who comes to support the person and his or her family in working on a plan for the future.

What happens when the team doesn't get along? When team members don't get along or don't support the choices someone makes for their life, it's up to the team leader to help get things going again. One way is to write down a list of the things that people agree on and another list for the things that people don't agree on. Next, the team thinks of new ways to look at the things they don't agree on until everyone sees something that can work. If things still aren't working well, then the team may need to choose a new leader or ask someone else to come in and get things going again. The important thing to remember is that *the team decides what is written into the plan together* and the plan is written to help people get the support and service they want and need.

Goals

What are they? *Goals are the things that people want to do in the next few years. They are the choices that people make about where to live, what to do during the day, who to spend time with and hopes and dreams.* They can be things that someone wants to change about their life or they can be things that people want to stay the same. Here are some ideas of what goals might look like:

I will learn how to ride the bus.

I will go to church.

I will get a job.

I will meet new friends.

I will live in my own apartment.

I will go to the after-school program at my school.
I will invite family and friends to a circle of support meeting.

I will take care of my own money.

Objectives

What are they? *Objectives are the steps we take to move toward the goals. They have to have a date written into them so that everyone will know if something is getting done or not.*

If someone's goal is:
I will decide what to do with my free time each day.

An objective might be:
By the end of April, I will go to the store and buy a daily planning notebook.

or:

By the end of April, I will have a picture calendar.

Family Plan Component

What is it? *For children under 18 living at home, the plan must say what will support the family most right now. Also, what support is needed to make sure that children can stay living with families.* Kids under 3 years old (and their families) get a plan called the Individual Family Service Plan (IFSP). The IFSP is a lot like the IPP.

There are many ways to support children with developmental disabilities and their families, some examples are:

- a parent support group;
- emergency housing;
- respite;
- infant programs; and,
- special medical or dental service.

Schedule of Services and Supports

What are they? When people need more than the support of family, friends and communities to reach their life goals, the plan will have a *schedule of services and supports*. *This schedule tells who will be giving the service and support and how it will help support someone's choices on where to live, how to spend time each day, who to spend it with and dreams and hopes for the future. If the schedule of services and supports gets changed by the regional center, people have a right to ask for a fair hearing to talk about why the schedule is important to them.*

There are many kinds of services and supports, some of them are:

- a place to live (emergency housing, foster family, group home, supported living, help in finding a place, homemaker services);
- a place to learn or work (education, supported employment, competitive employment);
- family support (infant programs, day care, out-of-home care, parent training, respite, voucher services);
- getting around (transportation, travel training, recreation, adaptive equipment); and,
- staying healthy (counseling, mental health services, medical or dental services.

The law says that regional centers must first try to get services and supports from natural or generic places before spending money for special services and supports.

Review Schedule

Getting Together again as a team. *The plan should also have written into it some times when everyone on the team will get together and look at how things are going. This is also a time to find out if the person with a developmental disability (and their family if someone is under 18) is happy with their services and supports.* If things aren't going well or someone is unhappy with their services and supports, then it's time to change the plan.

Remember, while meetings are important, what happens between meetings is more important.

IPP Implementation and Monitoring

Where do Services and Supports come from? Regional centers can help people get the services and supports they need as long as:

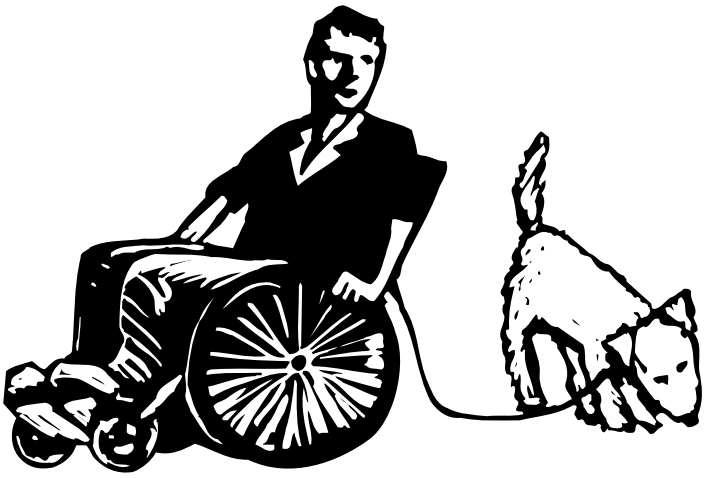
- *they are* **not** *services and supports that someone could get somewhere else (from another agency);*
- *they are services and supports that help someone with their life choices;*
- *they are the services and supports that someone needs, wants and chooses;*
- *they are services and supports that are near wheresomeone lives (and a person would not have to move to get them);*
- *they are services and supports that people like;*
- *they are services and supports that are cost effective;*
- *they are services and supports that make a difference in someone's life;* and,
- *someone from the regional center checks to make sure that service and supports are there when they should be and they're what someone wants and needs.*

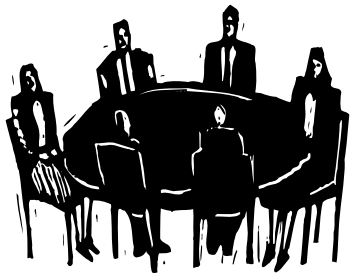
More than a Meeting

Some things to remember. When you're working on a person-centered IPP, remember that it's about 5 things:

1. getting to know someone really well;
2. finding out about someone's life choices;
3. supporting someone's choices about where they want to live, how they want to spend each day, who they want to spend time with, and hopes and dreams for the future;
4. working with others to come up with a way to make those choices a part of someone's everyday life; and,
5. figuring out what supports and services someone needs and wants.

It's as easy as that, it's as hard as that and it's more than a meeting.





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