

What does a  
meaningful and  
fulfilling life look like  
for you?

# Outcomes

Everyone deserves to have a life they find meaningful and fulfilling.

# Why person-centered planning?

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#1: It just makes sense and it's the right thing to do...

#2: CMS

# What is CMS saying?

Regarding Person Centered Planning...

- This planning process, and the resulting person-centered service plan, will assist the individual in **achieving personally defined outcomes in the most integrated community setting**, ensure delivery of services in a manner that reflects personal preferences and choices, and contribute to the assurance of health and welfare.

**Taken from: Fact sheets: Home and Community Based Services**

**Date 2014-01-10**

# What does person-centered planning require?

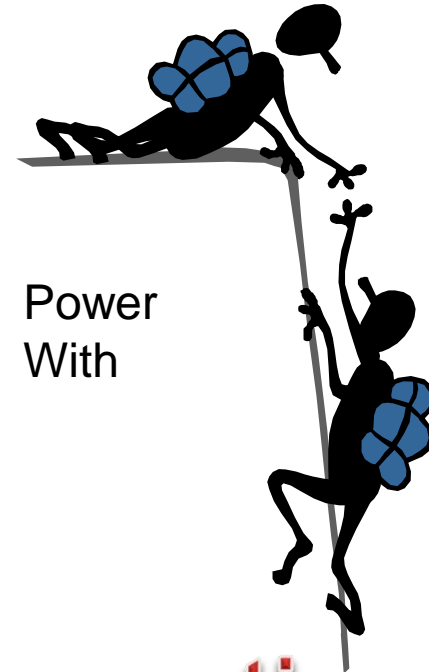
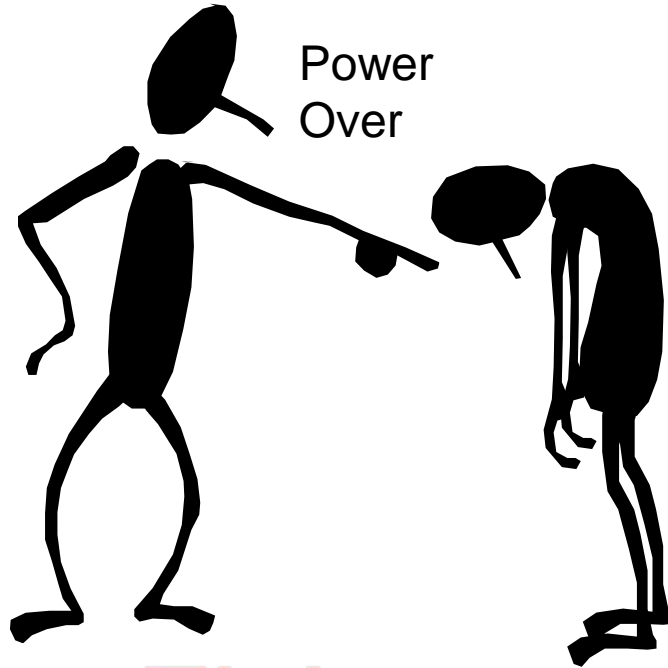
- **A team approach to:**
  - Assess/have conversations about what type of support a person wants and needs
  - Planning – here we determine how the person wants those supports and services delivered and what they hope to accomplish as a result
  - Implementing – Once plans are being carried out, the team communicates regularly

# Person-Centered Planning

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A brief introduction

# Learning about Support



## Fixing vs. Supporting

# Important TO

What is important to a person includes those things in life which help us to be satisfied, content, comforted, fulfilled, and happy. It includes:

- People to be with /relationships
- Things to do & places to go
- Rituals or routines
- Rhythm or pace of life
- Status & control
- Things to have

# Important TO

- Includes what matters the most to the person – their own definition of quality of life.
- What is important to a person includes only what people “say”:
  - with their words
  - with their behavior

*When words and behavior are in conflict,  
pay attention to the behavior and ask “why?”*



# Important FOR

- Issues of health:
  - Prevention of illness
  - Treatment of illness / medical conditions
  - Promotion of wellness (e.g.: diet, exercise)
- Issues of safety:
  - Environment
  - Well being ---- physical and emotional
  - Free from Fear
- What others see as necessary to help the person:
  - Be valued
  - Be a contributing member of their community

# Important To and For are Connected

- 'Important to' and 'important for' influence each other
- No one does anything that is 'important for' them (willingly) unless a piece of it is 'important to' them

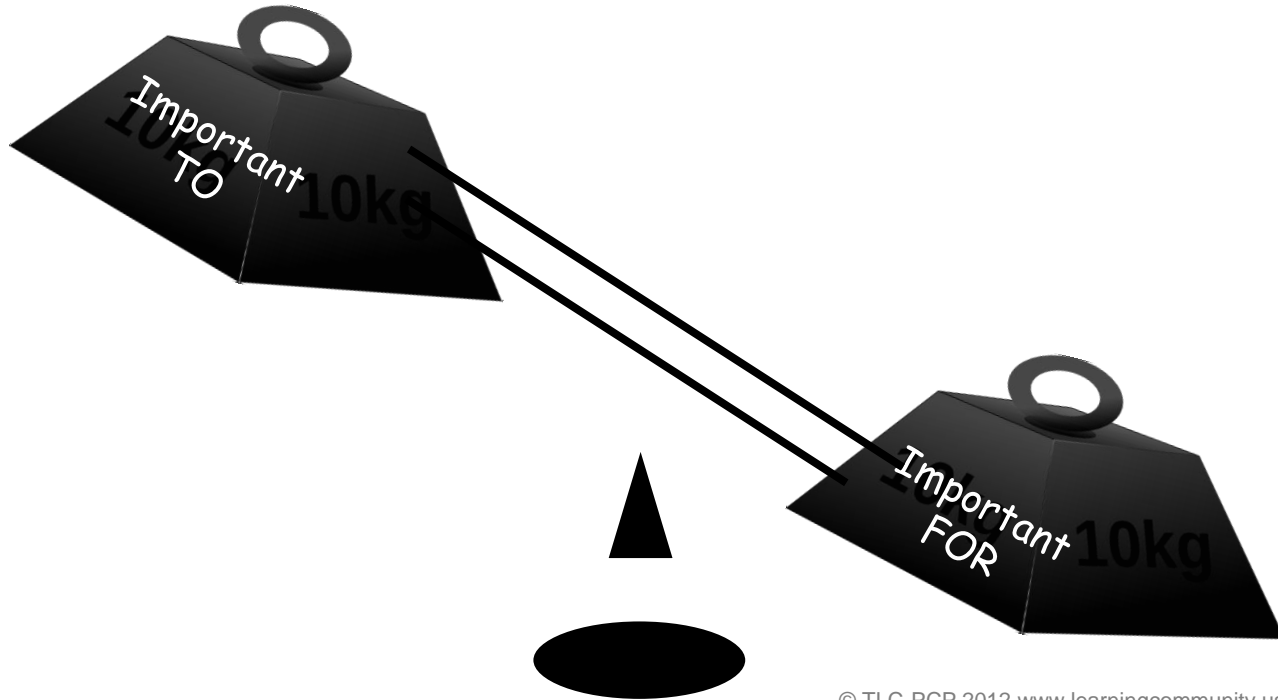
*Balance is dynamic (changing) and always involves tradeoffs:*

- *Among the things that are 'important to';*
- *Between important 'to' and 'for'*

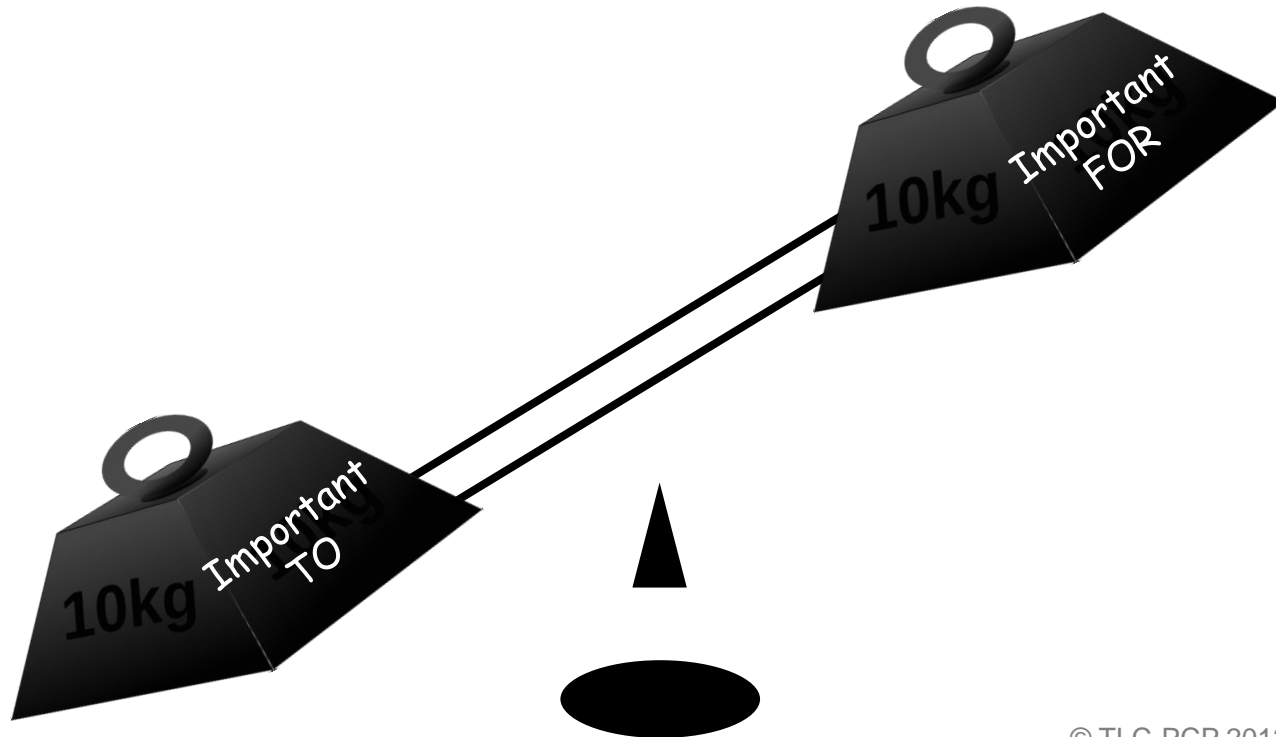
# Finding the Balance

- We all make tradeoffs between the many different things that are *important to us*.
  - Some people may love living in a particular place.
  - And are willing to make the tradeoff when living there means a longer commute to the work they love.
- We also make tradeoffs between what is *important to us* and what is *important for us*. These tradeoffs can be temporary OR long term solutions.
  - Fun time with my friends is important to me. Having a clean house is part of being valued by my friends. House cleaning occasionally comes before having fun with friends.
  - Expressing personal opinions and speaking my mind is important to me, but not cussing in front of my neighbors is important for me

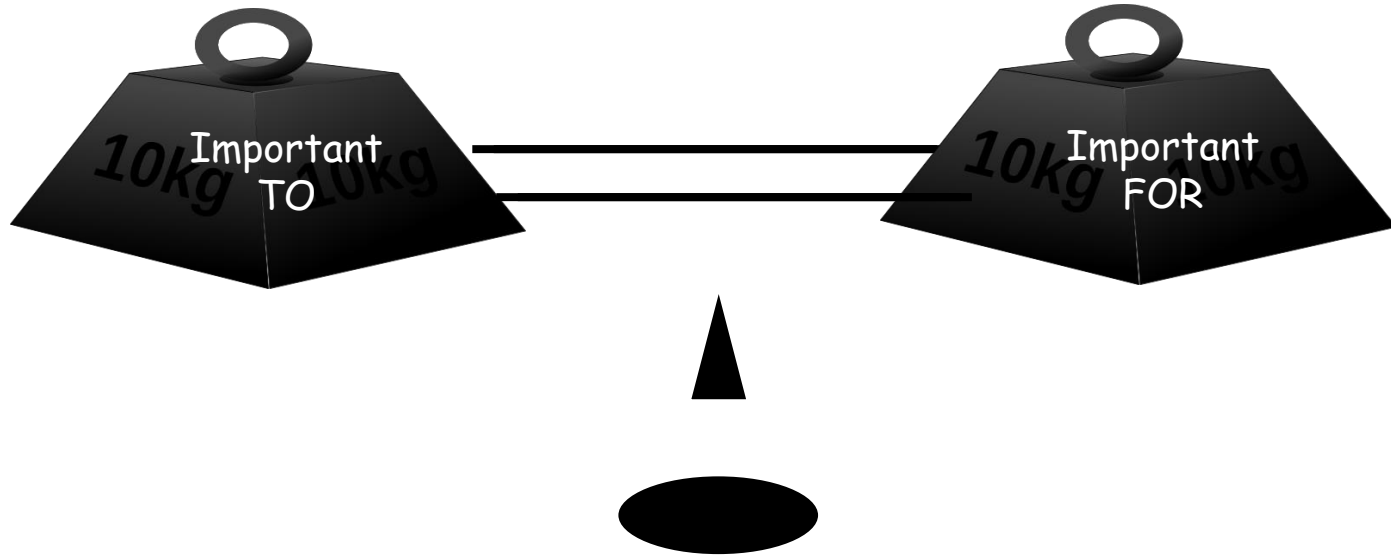
# Health and Safety Dictate Lifestyle



# All Choice No Responsibility



# Balance



## A little about outcomes...

- Outcomes are the RESULTS we see from the support or service that is provided
- Outcomes are specific – they should relate to something important to the person, while balancing what's important for them.
- Outcomes are accomplished by implementing a specific set of steps (Action Plans)

# What are outcomes?

Changes a person  
wants to achieve

Ultimate result or  
impact of services

Directly relate to  
important to

Balance with  
important for

“What” someone  
wants and “why” they  
want it





# Why outcomes?

*“This planning process, and the resulting person-centered service plan, will assist the individual in **achieving personally defined outcomes in the most integrated community setting**, ensure delivery of services in a manner that **reflects personal preferences** and choices, and contribute to the assurance of **health and welfare**.”*

- Source: Fact sheets: Home and Community Based Services

Date 2014-01-10

*What tips do you have for discovering outcomes?*

Some simple tips for when we know...

## Tips for Discovering Outcomes

Dig deeper when people tell you what outcomes they are interested in exploring. Say things like, "Tell me more about that" and "What is it about it that interests you?" This will help uncover the true desires of the person.

Be on the lookout for "important tos" and "important fors" that haven't been discovered yet. These make great outcomes.

Outcomes should build on or enhance people's strengths.

### Important To

What makes the person happy?  
What is the person interested in doing?

### Important For

What health considerations are needed?  
What does the person need to stay safe?

### What is Working and Not Working?

What is the reality of how things are now  
versus where the person wants them to be?

*What if the person doesn't want an outcome?*

*What if they want everything to stay the same?*

*What if they don't know what they want?*

*What if they aren't able to tell  
us what they want with their  
words?*

# Tips for writing outcomes

Simple. Everyday. Language.

Use “I” statements if you’re certain the person said it or would say it the same way.

Use the person’s words.

Include “what” and “why”

Helpful to use “so that” or “in order to”.

## #5: Clear outcomes and action steps



- Outcomes are clear and action steps describe how progress will be measured
- Outcomes that describe something the person will accomplish and reflects information contained elsewhere in the plan
- Length of time it takes to accomplish an outcome may vary
- Each outcome has services connected to it, but not every service is connected to an outcome
- If the outcome describes a one-time event then at least one additional outcome is listed

# Common questions or concerns

That's not an outcome

Outcomes in categories of “important to” and “important for”

Someone's outcome wasn't achieved

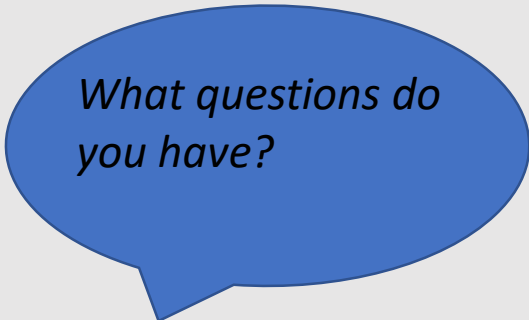
How many outcomes

How long? Span dates?

Services tied to outcomes

What do the words mean?

Which words should we use?



*What questions do you have?*

For most of these answers, check out the Outcomes Guidance Doc here: [Seven Essential Elements](#)

(Click on element five, then select the document titled “Outcomes Guidance”)

# Other discussions:

- Valued Social Roles – “No goals, without roles”
  - Outcomes should be focusing more on roles that help people build status, rather than just activities. Ex: “Someone likes video games” which is an activity. Focus more on the social role of “gamer” – what do gamers do, where do they go, who do they spend time with, what things do they need to be a gamer?
- Pulling the thread of interest...
  - Someone likes cartoons... If they like cartoons, maybe they’ll like comics, maybe a convention, etc. Keep thinking, “if they like this, maybe they’ll like that”
- Frequently changing outcomes
  - First off, are we sure we have the right outcome? Is it connected to something that is truly meaningful to person?
  - If you’re not sure, perhaps an exploration outcome makes more sense, however, exploration outcomes require that as you learn (and share what you’re learning), the plan is updated to reflect the learning.



# Other discussions:

- The Outcome discovery process
  - Outcomes drive services...not the other way around. (Meaning, you don't start with services/providers and then find an outcome that fits.)
  - Conversations should uncover potential outcomes (see earlier slides), then the team should discuss what that outcome might look like, how they can support the person to get there, and THEN – which services and who will provide them.
- Measurable outcomes:
  - What we're looking for here is: Is progress being made? If not, is it clear why not and is the team having discussions to work through it?
  - The plan should state what progress will look like to the person and team. It should be clear that the supports and action steps align with the outcome and connect in a way that we will know if progress is happening.
  - Providers – document what's working and not working related to an outcome. If the outcome isn't working...communicate this with the SSA so the team can discuss.
  - Providers – if the outcome doesn't make sense to you or the services and supports don't seem to connect – you must have a conversation with the SSA. Don't sign the plan until you are certain you understand and agree.

# Other discussions:

- Lack of funds for outcomes:
  - This is a team discussion, if an outcome is going to require cost – the team must figure that all out and determine who pays for what (think vacations or trips...who pays for staff's ticket, etc?)
  - Also consider, many people want to go on vacation...we all do. We get there by working and saving money. It shouldn't be different for people we support.
- Same outcome, year after year
  - Long term outcomes are okay, as long as we're being realistic about how long things take. (Moving out, getting a degree, etc. may take a while...just be sure you're looking at progress. However, having an OSU football party, saving money for a new t-shirt shouldn't take several years. Be real.
- Finally, people who don't use words to tell us what they want
  - First, look at commonly held valued social roles – neighbor, friend, employee, etc. Is there a potential outcome we could try?
  - Secondly, are we ensuring we talk to the people who know the person best?
  - Exploration outcomes are great here...just be sure to keep good documentation around what's working/not working and what you're learning
  - Finally, I'm working on a couple of examples that will help with this, hopefully. As soon as it's ready, I'll send it to David to share with you all.

3

Makes connections. Important ideas are organized and interwoven throughout the plan.

Indicators	Yes	No	Strategies or Tools
Is information written clearly, accurately and without judgement?			
Is it clear that outcomes and services flow from information elsewhere in the plan or assessment?			
Is important support information organized throughout the plan, not just pasted into a portion of the document?			
When not all support information is included in an area, are there references to another area of the plan or assessment for more detail?			

4

Detailed and thorough. Important to and important for are specific, detailed and reflected in outcomes and services.

Indicators	Yes	No	Strategies or Tools
Is important to and important for information described in enough detail to create a rich picture of the person?			
Do outcomes and services weave together important to and important for and other information throughout the plan?			

5

Clear outcomes and action steps. Important to and important for are specific, detailed and reflected in outcomes and services.

Indicators	Yes	No	Strategies or Tools
Does the outcome describe something that is meaningful to the person?			
Are the person's employment preferences clear? If they are interested in employment, is there an outcome identified?			
Is it clear how progress will be measured?			
Does the outcome reflect information contained elsewhere in the plan or assessment/discovery?			
Does each outcome have service(s) connected to it?			

# Are we looking at the quality of our work?

*Any tips for looking at the quality of outcomes and plans?*