**Hot Topic:**

**Barriers to writing person-centered/person-directed goals & objectives**

**Barriers from care coordinators**

* Particularly difficult for 15-minute unit services
* Team members bring pre-conceived idea of what the person needs/wants to work on, or limitations to work on
* As a care coordinator, try to bring 12 months’ worth of information based on what I know
* Challenges at different levels –
  + turmoil at state level
  + providers – struggle finding qualified support staff to work with people, needs to be focused on. Concerned inadequate training, supervision – staff finding opportunities to support them
  + concern about safety, risk avoidance by providers and families, can limit what an individual is able to do – even if they state a goal they are interested in.
  + Recipient: communication barriers – takes a long time to get to know a person well enough to understand how they communicate their interests and needs so depend on families and long-term providers to translate. Sometimes second or third hand info doesn’t get at what the person wants.
  + Behaviors are communication – we lack the skills at all levels to interpret, so get into controlling or shaping instead of seeing it as telling us what they want or need.
  + Community - lack of integration, lack of transportation. People are often very capable of attending, interacting but lack the ability to access it. Get dependent on waiver services to be involved in their communities.
* We have to be able to measure, so have to be able to count. Easy to write goals how many times someone brushed their teeth – easy to present data and justify services. More complicated goals that aren’t as black and white are more challenging to develop. I see us falling back on those “countable” goals.
* Importance of language – language shapes how a person is seen, especially people who are new to a person. Shapes how they approach the work. Pushed in this medical model, especially now, to justify. Get in this deficit-based, controlling language – harms the relationship an individual has with the staff they work with.
* Be more intentional as far as what the person’s need is, not just the hygiene. Find out strengths and individualize.
* Some people are asking for one-on-one meetings, not big planning meetings.
* Get so busy with trying to meet deadlines, worried about getting goals in there to justify services. How do we remember to make the goals more meaningful?
* CC shared she’s trying to be more intentional about asking families/individuals if they want to lead their meetings. Do they want a big meeting? Need to know from the service provider where you are at, what it looks like. Ask person - who from that provider do you want to be there? Also can have a planning meeting where certain people provide input and then they leave – don’t have to be there the entire time.

**Barriers from Providers**

* Struggle is real on both sides, underlying thread of fear that people will lose services. Feel that every time we have a planning meeting. At FCS, we don’t write goals. We’ve been approached about writing goals but there’s no compensation, also don’t know how to get training to staff.
* Since heightened fear of losing service (i.e. group home to supported living) if not hyper-justified, seeing plans with high number of objectives. Extreme – 60-80 objectives in a plan, then the DSPs have this many objectives to measure. While the plan looks bulky and comprehensive, the daily data is skewed, unrealistic. Takes lots of time on notes. Harmony is also an unknown system, so care coordinators want information 4 months ahead. Shortens plan of care time, is it still meaningful data … What is a reasonable amount of goals & objectives in a particular service block? Limited being one provider’s view. There’s a big range in the number of objectives. Would like more clear information from SDS, plans are becoming more deficit focused because this is an easier way to measure.
* Also as a provider, I notice the reviewers have different expectations for goals. One reviewer is more easy-going than the other, unclear expectations.
* Many reviewers don’t have experience with direct care, there’s lack of understanding about the amount of time and details that it takes to address a single objective. For example, working out at the gym for 30 minutes – lots of time to motivate, to gear up, to get there, etc. Are we communicating all the details on a single objective?
* Comment from the reviewer – perception that providers are money motivated.
* Difficult to meet needs of the person versus the provider versus the state.
* Two similar people, two similar levels of service, different care coordinators, different reviewers, different levels of approval – not fair.
* Harmony has limited character space, information needs to be communicated more concisely.
* Also difficult that the justification has to be re-created every year, even if people’s disabilities are life-long, unchanging. But every year so much work into justifying continuation of services. Trying to move away from group home model but easiest services to get.
* Removes the person-centeredness if the state doesn’t support a change in service (i.e. POC requesting SL instead of GH – state denied # of units to make this a possibility).
* Anything over 10 hours of hab services, need two weeks of notes, 24-hour care calendars. But service providers don’t always provide the documentation needed, challenging to go to the state but don’t have the information. Denials often based on notes not reflecting habilitative services – outside of care coordinators’ ability to control. Providers really need to be in there working with DSPs on their notes.
* Methodology is helpful – control the number of goals & objectives, advocate for what the individual wants. Goals may not change much, but objectives change as people grow. Maybe 3-5 goals per service area, 4-6 objectives per goal.
* Feedback that progress data needs to be more quantitative. How are agencies doing this to create good summaries? Response: Therap is helpful – can run a report on each objective to give good feedback.
* For agencies that are writing goals & objectives, will we be able to do this now that Harmony has some limitations?
* Barrier: some providers don’t give care coordinators the methodology.

Other: Ken Hamrick Center for Human Development has a person-centered planning course as well as other courses.