Person and Family Centered Practices in Mental Health and Co-Occurring Disorders
Training and Resource Review Tool

Introduction to this Review Tool

In 2017, the Mental Health Division (now part of the Behavioral Health Division) of the Minnesota Department of Human Service (DHS) funded a two-year training development project in the area of person and family-centered practices (PFCP). The primary audience for the training to be developed was mental health professionals and practitioners with an emphasis on roles fulfilled by Mental Health Targeted Case Managers (MH-TCM) and similar roles. Specifically, the training was to help mental health professionals and practitioners have more clarity on how they could meet the vision of the Minnesota Olmstead Plan, especially the expectations of the Person-Centered Informed Choice and Transition Protocol (PCICTP released By MN DHS in January 2017).

As part of the approach and outcomes of this project, it was recommended that a tool for review of materials be developed. (This was identified as a skill "crosswalk tool" in the proposal.) The purpose of the tool was to provide a consistent set of criteria to look for in available training or resources. This would help project staff be clearer about what was already available in Minnesota and what might be missing. The main components of the PCICTP are included in this review tool. In addition, a set of generally accepted approaches in mental health support and the core functions of the MH-TCM are also included to ensure relevance of materials to this audience.

The tool is meant to be a standard approach to reviews. It is *not meant to assess the overall quality* of the training or resource reviewed. It is meant to help reviewers assessing the likelihood that the resource or training would be helpful for mental health professionals and practitioners in delivering services and supports in a way that aligned well with the vision of the Minnesota Olmstead Plan. This means that a poor-quality training would not be recommended. But high-quality training may also not be recommended for this purpose or audience.

The purpose of the review tool is to help reviewers understand and communicate the likelihood that existing training or resource would be substantially helpful professionals in Minnesota meet the requirements of the PCICTP *in the context of the mental health community*. If materials reviewed were likely to help in a substantial way, the details of that training (name, format, cost, areas it covered well, areas that appeared absent, etc.) would be made available as a resource to professionals. Notable gaps in current options would be used to prioritize what to include in the materials developed as part of this project.

The content of this document and final decisions about what to include were made collaboratively with the Mental Health Division. The review approach was piloted and refined. The process of review is to have at least two (but ideally up to four reviewers) for each review. Each reviewer completes their own review of the materials using this tool. A consensus meeting that included all the reviewers is completed to make a final decision about potential usefulness of the resource.

Section I. Basic Information about Materials Nominated for Review

Directions: This section is to be filled in by project staff for any item nominated for review. All items should be completed on this page. If the material meets criteria for review, it should be assigned to reviewers and a date should be set for consensus.

1. Please provide a name and method of contact for the person who nominated the materials for review using this protocol):
   a. Materials Nominated by (Name):
   b. Email:
   c. Phone:
   d. Other:
2. Title or name of material and listed author name (if one):
3. Please list the publisher or owner of the materials here. Include a description how to access or order materials and provide direct link if possible:
4. Is this material a training option or a resource? (Select one):
   ☐ Training ☐Resource
   a. If this is a training, does this training provide professional CEUs?
      ☐ Yes (if selected fill in comments below with details)
      ☐ No
   b. Comments on CEUs (type of CEUs, cost, directions for obtaining CEUs):
5. Format: (select all that apply)
   ☐ a. in-person
   ☐ b. online
   ☐ c. downloadable document/file interactive
   ☐ d. downloadable document/file static
   ☐ e. book
   ☐ f. website
   ☐ g. other: (describe)
6. General description of materials: (What are they? What is its stated purpose? Who is its stated audience? How does publisher describe the materials and audience?)

7. Anticipated length of time to complete (hours and .25 fraction of hours or N/A and comment):

8. What is the cost?

9. Indicate if the materials are likely to cover at least some of the information in the following section or not.

   a. Project definitions and aligned approaches in mental health recovery. (Section IV)
   ☐ Yes ☐ No ☐ Unclear

   b. The five effects of person-centered practices and the qualities of a successful support person as defined by the PCICTP. (Section V)
   ☐ Yes ☐ No ☐ Unclear

   c. The essential elements of the informed choice protocol as defined by the PCICTP. (Section VI)
   ☐ Yes ☐ No ☐ Unclear

   d. The five principles and the essential elements of the transition protocol as defined by the PCICTP. (Section VII)
   ☐ Yes ☐ No ☐ Unclear

10. If the answer is no to all items in #9, the material should not be included for review. The information above should be tracked in the database to ensure a record of all nominated items and decisions. Use the comments section to clarify the decision and anything else that is important.

    a. Will these materials be reviewed?
    ☐ Yes ☐ No

    b. Comments

Section II. Reviewer Information and Summary

Directions: This section should be completed by individual reviewers before attending the consensus review.

1. List the reviewer's full name, affiliation, and contact information.

2. Scheduled date of consensus review:

3. Review Outcome: After reviewing materials and completing all aspects of review tool, would you recommend these materials as useful to mental health practitioners or others in the MH/BH community regarding understanding and applying person and family-centered practices and the expectations of the PCICTP. (Chose either yes or no and include comments for context. Fill out one or the other but not both.)

   ☐ Yes a.If yes, please use the details of this document to describe why you think the materials would be helpful and for whom.

   ☐ No b.If no, please describe why you recommend not sharing these materials.

c. Additional notes: Use this section to track specific examples regarding perspectives on the match between the content and the training outcomes. (That is how well the materials support professionals in working in alignment with the PCICTP and goals of Minnesota Olmstead Plan in mental health services.)

Section III. Audience and Focus of Materials

Directions: This section is to be completed during the review process. Reviewers will keep these audiences in mind during review. Before attending consensus review please complete this section by indicating which of these perspective and content areas the materials include.

1. **Content relevance by demographic:** Please indicate if the materials include examples and content that apply to professionals or practitioners that work with services users that fit the following demographics. (Select all that apply- provide comments to clarify details or specifics about identified populations, for example specific ages or underserved groups more tightly defined that below.):

   - ☐ Check here for all of the below
   - ☐ Children (11 or under)
   - ☐ Youth and emerging adults (12-26)
   - ☐ Adults
   - ☐ Older adults (over 65)
   - ☐ Parent/caregiver/siblings (family supporters) of younger children and youth with mental health conditions
   - ☐ Parents/Spouses/Partners/Siblings/Adult children (family supporters) of adults with mental health conditions
   - ☐ People living with co-occurring disorders or substance misuse issues
   - ☐ People who are currently or previously homeless, incarcerated, civilly committed, on probations, or have other limits or serious life concerns. Describe:
   - ☐ People from underserved cultural/ethnic/ linguistic/diversity groups (for example, African Americans, Immigrants, American Indian, other underserved such as LGBTIQ, Veterans, rural population, etc.)
   - ☐ Other:

1a. Comments:

2. **Directions**: Please indicate if professionals in the following roles are likely to benefit from content. For the whole category select yes if so and no if not. If the category receives a "yes", please indicate for each example if they would be a primary audience (which means materials were developed for this audience or are highly applicable) or secondary audience, which means materials would be useful to them but may need some adaptations or N/A which means the materials would not be applicable to the professional.)

2a. Coordination/Support Planning Professionals

- Mental Health Targeted Case Manager
  ☐ Primary ☐ Secondary ☐ N/A
- General Coordinator/Case Manager
  ☐ Primary ☐ Secondary ☐ N/A
- Waiver Case Manager (Community Access for Disability Inclusion-Mental Health focus)
  ☐ Primary ☐ Secondary ☐ N/A
- Service Plan Coordinator (e.g. supervisor in an adult foster care)
  ☐ Primary ☐ Secondary ☐ N/A
- Care Coordinator (Health or Managed Care Organization)
  ☐ Primary ☐ Secondary ☐ N/A
- Assertive Community Treatment Team –Case managers/care coordinators
  ☐ Primary ☐ Secondary ☐ N/A
- Other:
  ☐ Primary ☐ Secondary ☐ N/A

c. 2a. Notes:

2b. Other Mental Health Professionals and Practitioner

☐ Yes ☐ No ☐ N/A

- Psychiatrist
  ☐ Primary ☐ Secondary ☐ N/A
- Nurse Practitioner
  ☐ Primary ☐ Secondary ☐ N/A
- Counselor/Social Worker
  ☐ Primary ☐ Secondary ☐ N/A
- Therapist/Counselor
  ☐ Primary ☐ Secondary ☐ N/A
- Chemical dependency counselor
  ☐ Primary ☐ Secondary ☐ N/A
- Diagnostician
  ☐ Primary ☐ Secondary ☐ N/A
- Clinical Social service worker
  ☐ Primary ☐ Secondary ☐ N/A
- ACT Team –Clinicians
  ☐ Primary ☐ Secondary ☐ N/A
- Adult Rehabilitative Mental Health Service
  ☐ Primary ☐ Secondary ☐ N/A

2b. Notes:

2c. Other professionals or natural supporters

☐ Yes ☐ No ☐ N/A

Examples below-check ones you believe are most likely to benefit

- Housing professional
  ☐ Primary ☐ Secondary ☐ N/A
- Financial workers
  ☐ Primary ☐ Secondary ☐ N/A
- Medical/Clinical- Physical health
  ☐ Primary ☐ Secondary ☐ N/A
- Direct support (Non-mental health specific, personal care attendants, home health, group home staff, etc.)
  ☐ Primary ☐ Secondary ☐ N/A
- Corrections/Criminal Justice employee (guard, parole, first responder, judicial)
  ☐ Primary ☐ Secondary ☐ N/A
- Shelter or community outreach worker
  ☐ Primary ☐ Secondary ☐ N/A
- Employer/Voc Rehab.
  ☐ Primary ☐ Secondary ☐ N/A
- People receiving services
  ☐ Primary ☐ Secondary ☐ N/A
- Family members
  ☐ Primary ☐ Secondary ☐ N/A
- Other- advocates, community center staff, librarians, etc.
  ☐ Primary ☐ Secondary ☐ N/A
- Faith leaders, healers, and Elders
  ☐ Primary ☐ Secondary ☐ N/A

2c. Notes:

3. If Mental Health Targeted Case Managers (MH-TCM) are identified as a primary profession for the materials, please identify which of the following components of mental health targeting case management roles and responsibilities these materials are tied to these 4 core functions (select all that apply with a check mark.):

☐ Develop a functional assessment

☐ Develop an individual community support plan (adult) or individual family community support plan (children)

☐ Referring and assisting the person to obtain needed mental health and other services

☐ Ensuring coordination of services, and monitoring the delivery of services

Directions for Remainder of Review Process (Sections IV, V, VII, VIII): Use the following scale to rate how well each item in the remaining sections of the review tool is covered for the *primary* audience of the materials.

Substantial (S): The rating should be *substantial* if the following are mostly present:

- The concepts or skills are introduced, explored, and ties to specific practice standards in identified professions.
- Opportunities for practice and feedback are provided.
- A motivated and attentive learner is likely able to implement this skill at a basic level of proficiency without further training or guidance.

Partial (P): The rating should be *partial* if the following are mostly present:

- The concepts or skill is introduced and described.
- The tie to specific practice standard to any specific professional practice is loose.
- Practice opportunities are minimal or don't exist.
- A motivated and attentive learner may be able to implement this skill at a basic level of proficiency without further training or may need additional support to do so.

Mentioned (M) The rating should be *mentioned* if the following are mostly present:

- The concept or skill is mentioned or introduced in a very general way.
- No specific practice standards are explored.
- A motivated and attentive learner would have heard of the concept or skills but not know how to apply the skill or concept based on this training alone.

Not Applicable (N/A): The rating should be *not applicable* if:

- The concept or skill is not mentioned or covered in these materials.

Section IV. Project Definitions and Aligned Approaches in Mental Health Recovery.

This section is to be completed before attending the consensus review process. Reviewers should be familiar with the project working definitions. Below are three key working definitions that are part of the project.

Directions: Please review the definitions below reviewing the product. Once the reviewer is familiar with the definitions they should rate how well materials embed or tie into the mental health recovery practices described in the section that followings. Use the scale provided on the previous page.

The following definition of Person-Centered Practices comes from the Person-Centered Informed Choice and Transition Protocol. You should be familiar with it.

Person-Centered Practices: Efforts, particularly of the professionals involved in a person's life, that share power with individuals and recognize each person as a whole individual with unique strengths, assets, interests, expectations, cultures, and goals. Person-centered practices are structured in ways to support individuals' comfort and his or her ability to express choice, control, and direction in all aspects of services and supports. (MN Olmstead Plan, January 2017)

The project started with the definition of person-centered practices as listed above. Using a structured process of feedback with community co-creators, the following project vision statement of developed regarding person and family-centered practices. This version was last adapted on 01/11/18 with minor edits. Reading level and final comments from participants will be attended to in the development of training. However, reviewers should be familiar with this.

The Project Vision Statement of Person and Family-Centered Practices: Person and family-centered practices honor and support people's abilities, strengths, and personal power. Each individual, family, and community has the ability to co-create a path that includes health, wellness, recovery, and resilience. Person and family-centered practices are rooted in cultural humility. Professional supporters engage in these practices to co-create unique paths with each person in the context of their current circumstances, preferred life choices, family/family of choice and/or other natural supporters. Professional supporters also engage in these practices in their organizations and communities in order to create and sustain positive changes toward these practices.

The term cultural humility (as opposed to cultural competence) was included in early vision statements. Community co-creators were pleased but also wanted more definition around this. As a result the following definition of culturally humility and what defines culture, identity, and world view were developed and refined. This version was last adapted on 02.06.18 with minor edits. Reviewers should be familiar with this.

Culture, cultural identity, and worldview are multidimensional. They are influenced by aspects such as the following: (not a complete list)

- *language, ethnicity, and heritage;*
- *spiritual practices and beliefs,*
- *family and community norms;*
- *personal attributes such as gender, age, race, abilities, sexual orientation, and gender identity; and*
- *personal experiences such as others' responses to personal attributes, economic status, military service, education, trauma-experiences, and geography.*

Cultural humility acknowledges that culture influences all things and exerts a powerful force on behaviors and beliefs. It acknowledges that all people, communities, organizations, and systems are cultural carriers whether they are conscious of this or not.

Cultural humility acknowledges that the current human service systems unintentionally but powerfully perpetuates a historical and limited set of cultural norms and patterns of inequity. These norms and patterns include a perspective of people and families in these systems as being separate, broken, and needing to be fixed.

Cultural humility makes a commitment to lifelong learning about self and others. It includes a commitment to equalize power imbalances in our work, systems, and communities. It commits to co-creation of communities where all are included, valued, and represented in power.

1. Rating of how well the materials cover the key components of aligned mental health recovery practices. Many mental health practices are aligned with person-centered and family-centered practices as defined above. This section looks at six key aspects of alignment based on current practices in mental health services and gives examples for context.

Directions: Using the previously introduced rating scale to provide a rating regarding how well how well you think these materials explicitly help the audience understand and/or apply the following. (Rate a-f)

a. ____Views mental health in context of holistic health and wellness practices. For example:
   - Considers multiple dimensions of wellness (SAMHSA)
   - Integration of treatments (medical) and supports (social)
   - Integrated dual diagnosis treatment (holistic views, coordination across service silos)
   - Supports use of indigenous and culturally defined health and healing practices

b. ____Maintains a recovery and resiliency focus. For example:
   - Hope
   - Strengths-based/positive regard
   - Inclusion of enhance relationships (of choice) and meaningful opportunities as outcomes
   - Trauma-informed

c. ____Values diversity and equity practices in mental health and substance use recovery. For example:
   - Value of culturally and linguistically specific practitioners/materials/approaches
   - Recognition of intersectionality and equity issues in access, resources, concepts, etc. (WHO)
   - Materials use rich and varied examples of people with various backgrounds/ worldviews

d. ____Supports self-determination Individualized/Person-directed. For example:
   - Shared and supported decision-making
   - Use of peer support
   - In context of individual's valued social roles and relationships (family and other)

e. ____Explores the value and limits of evidence-based practices specific to mental health services. For example:
   - Accountability and consistency of care
   - Effects/limits in diverse and culturally-specific groups
   - Focused on needs/views of funders (business, government)

f. ____Provides context of mental health and chemical health in history of services and supports. For example:
   - Stigma/misinformation/prejudice
   - Use of forced treatments/isolation to deinstitutionalization movement
   - Self-advocacy movement/recovery & self-determination
   - Family advocacy movements
   - Movement toward evidence-based practices and research to practice gaps
   - Context of system fragmentation/services uses experiences today

Section V. The Five Effects of Person-Centered Practices and the Qualities of a Successful Support Person as defined by the PCICTP.

Directions: Using the rating scale provided please rate each component of this section in terms of how well the following concepts, skills, and attitudes are globally supported by the materials in ways that are meaningful to the primary audience. (These are primarily knowledge and attitudinal based in this section. Would the learner have an understanding of what these are, why they are important, and what they might look like in practice.)

1. **The Five Effects of Person-Centered Practices as Described in the PCICTP. (Rate areas a-e.)**

   a. _____1. Grow in relationships

   How can we expand and deepen people's relationship and connections with others?

   b. _____2. Contribute to their community

   How can we support people to contribute and help them discovery and express their gifts and capacities?

   c. _____3. Make choices

   How can we help people experience choice and have positive control over their life?

   d. _____4. Are treated with dignity and respect and have a valued social role.

   How can we enhance the reputation people have and increase the number of valued ways people can contribute by having a valued roles in their community?

   e. _____5. Share ordinary place and activities.

   How can we increase the person's participation in local community life?

2. **The Qualities of a Successful Support Person as Described in the PCICTP. (Rate areas a-d.)**

   a. _____Necessary background and knowledge of key concepts:

      1. History of replacing long-term care options with less isolating community settings (deinstitutionalization)
      2. Commitment to people having a valued social role, as defined but the person himself or herself
      3. Difference between community presence and community participation.
      4. Competitive employment and employment planning and supports
      5. Concepts of most integrated environments and inclusion
      6. Self-determination, dignity and worth of the person
      7. Commitment to equity and a culturally inclusive and affirming approach

   b. _____Understanding and ability to act in accordance with the values of that are the foundation of person-centered practices

      1. Promoting dignity, respect, and trust for each person
      2. Ensuring that each person can contribute to the community and has the ability to choose supports and services that help them contribute to the community in a meaningful way.
      3. Understanding and demonstrating how to balance preference and health and safety.
      4. Using a "power with" as opposed to a "power over" approach to support people to pursue what is important to them.

5. Promoting and establishing a shared vision between the person and his or her team

6. Promoting and demonstration that with information, experience and assistance a person can "choose of the menu" to select support and services that work for him or her

7. Honoring the person's ability to express choice and preferences even in situation where the person has limited rights or mandates, such as civil commitment or guardianship

8. Affirming a person's civil and legal rights

9. Honoring each person's unique identity and culture, including planning supports and services accordingly.

c. _____Necessary skills

1. Working collaboratively with other professionals, people with disabilities and/or mental illness and their family and friends.

2. Acting with respect to all team members and diverse opinions

3. Creating respectful partnerships and consensus within the team

4. Cultural awareness

5. Respecting and building on the values, beliefs, cultural and preferences identified, when possible by the person who is the focus of the plan, or if not possible, by the person's preferred spokesperson and/or those designated to her or her circle of support.

d. _____Commitment to the professional development

1. Building skills

2. Updating to emerging best practices

3. Seeking out support and assistance when needed

Section VI. The Essential Elements of the Informed Choice Protocol as Defined by the Person Centered Informed Choice and Transition Protocol (PCICTP).

Directions: Using the rating scale provided please rate each component of this section in terms of how well the following concepts, skills, and attitudes are supported by the materials in ways that are meaningful to the primary audience.

For this section items are shortened and paraphrased. You should be familiar with the PCICTP (DHS, January 2017) and have it with you during review for clarity.

INFORMED CHOICE –Lead Agency standards for person-centered practices

Overarching Characteristics: (OC) (Rate a-b)

a. ____OC1-process

OC1.A. individualized (cultural)

OC1.B. supports self-determination

OC1.C. person-driven/with support as needed

OC1.D. supports increase experience-ability to make 'informed choices'/not restricted by funding or service ability

OC1.E. assumed person is a valued member of community (embed natural support)

OC1.F. accurately elicits important information (capacity to manage differing views appropriately and effectively)

OC1.G. focus on *enhance* quality of life (more than maintenance)

OC1.H. elicits understanding of short and longer term goals

OC1.I. results in a strength-based written plan with to/for balance and preferences

OC1.J. results in a written plan that matches needs/choices and actually works to direct services and supports

OC1.K. results in people growing in or maintaining important relationships

OC1.L. results in people living in the most integrated possible place of her or her choice

OC1.M. includes support of employment/goal of employment as appropriate to age

OC1.N. is revised as needed and on-going (with new discovery)

OC1.O. changes are coordinating and communicated to appropriate people

OC1.P. is reviewed and approved by the person

OC1.Q. signed by person as evidence of exercising right to informed choice

b. ____OC2-Record-keeping

OC2.A. written plans use plan accessible and common language that is useful/ understandable to person

OC2.B. different opinions are document with explanation of final decisions

OC2.C. plans are distributed to the person and everyone who has a role in implementing

OC2.D. all implementers will sign as indication of understanding and agreement

Discovery and Learning (DL) (Rate a-c)

a. ____DL1-The person and planning participants

DL1.A person's name

DL1.B planner helps person set up planning meeting

DL1.C person choses who they want to attend

DL1.D all participants are written on the plan name/function including the person writing the plan

b. ____DL2-How the person currently lives

DL2.A brief history (document all or n/a)

DL2.A.1 date of birth

DL2.A.2 pertinent health issues

DL2.A.3 pertinent behavioral issues

DL2.A.4 pertinent diagnosis

DL2.A.5 living situation or moves

DL2.A.6 description of community involvement

DL2.B important place for the person at home, school, or work and the community

DL2.C opportunities for relationships including unpaid, natural support

DL2.D opportunities for self-advocacy

DL2.E strengths

DL2.F preferred method of communication

DL2.G meaningful life choices

DL2.H physical/mental/substance use health

*DL2.K(I) transportation access described

DL2.I.1 ability to use transportation

DL2.I.2 issues accessing transportation

*DL2. I (J) Mobility issues

DL2.J (K) communication issues

DL2.L personal and preferred rituals and routines

c. ____DL3-How the person *wants* to live and documentation of process of gathering information

DL3.A specific statement about person's dreams or goals specific enough to create action steps

DL3.B preferred living situation and support for exploration (beyond service provider lists)

DL3.B.1 ongoing support to check on this and provide more exploration

DL3.C with whom the person wants to live (people/characteristics)

DL3.D with whom the person wants to spend time (people/characteristics)

DL3.E Work/education/productive activities the person wants to do

DL3.E.1 ensure person has enough experiences, information, and support to consider competitive employment. Incorporate into the plan.

DL3.F social, leisure, spiritual/religious activities or interests to participate in.

DL3.G skill or leisure activities they want to learn

DL3.H skill desired or plans related to controlling personal resources

DL3.I list of barriers to above, why they are thought of as barriers, and what areas may be adversely impacted.

Supports and Action Planning (SAP) (Rate a)

a. ____SAP1-plan must include the following unless documented as unnecessary

SAP1.A purpose is clearly stated and related to person's desired and preferences

SAP1.B states desired outcomes and goals in contexts to personal discovery

SAP1.C actions steps to achieving outcomes and goals

SAP1.D Plans for meeting preferred housing goal

SAP1.D.1 how to find

SAP1.D.2 how to pay

SAP1.D.3 how to maintain (pay rent, follow lease, etc.)

SAP1.E if there are barriers describe them

SAP1.F training needed for supporters

SAP1.G list needed materials, equipment and assistive tech (tested in actual environment)

SAP1.H least restrictive supports, resources, protections, and services, including natural supports. (must not provide unnecessary support)

SAP1.I positive support plan (when needed)

SAP1.J functionally appropriate skills for defining and meeting needs and preferences

SAP1.K a plan for known/anticipated risks

SAP1.L a plan for monitoring progress towards goals and outcomes

SAP1.M a plan for monitoring changes in how the person wants to live

SAP1.N process for quality review of the plan (within legal constraints)

SAP1.O natural and paid supporters who are part of the plan must have a thorough understand of the plan and how they support the person's goals, outcomes, preferences.

Implementing Quality Review (QR) (Rate a)

a. ____QR1- person-centered supports implementation

QR1.A follow the plan and document findings

QR1.B notice and document changes in the way the person wants to live

QR1.B.1 type of preferred living situation/ housing

QR1.B.2 people they want to live with

QR1.B.3 people they want to spend time with

QR1.B.4 school, work or other valued experiences person wants to do

QR1.B.5 social, leisure, spiritual/religious or other activities they want to do regularly

QR1.B.6 services are delivered in in a person-centered way

QR1.B.7 what's been done and how it is going? Any barriers? Are they being addressed?

QR1.C a plan for revising when changes impact plan, outcomes or goals, or do not result in outcomes

Section VII. The five principles and the essential elements of the transition protocol as defined by the PCICTP.

Directions: Using the rating scale provided please rate each component of this section in terms of how well the following concepts, skills, and attitudes are supported by the materials in ways that are meaningful to the primary audience.

For this section items are shortened and paraphrased. You should be familiar with the PCICTP (DHS, January 2017) and have it with you during review for clarity.

TRANSITION PROTCOL- additional requirements specific to people moving from one residential setting to another

1. **The Five Principles of the Transition Protocol as Described in the PCICTP. (Rate a-e.)**

   a. _____1. Involve person and family- all aspects, greatest extent practicable

   b. _____2. Use of person-centered practices and processes- built on strengths, preferences, goals, of person

   c. _____3. Expression of choice and quality of life- preferred activities that make life of quality for the person

   d. _____4. Life options and alternatives- reasonable alternatives for choices/goals

   e. _____5. Provision of adequate services in community setting- ensure protections, not just freedoms

2. **Transitions Requirements: (TR) (Rate a-c.)**

a. ____TR1-overarching characteristics

TR1.A planning for more integrated setting begins upon admission to a more segregated setting-unless the person is opposed

TR1.B natural supports and community connections are embedded in all aspects of the plan (to support integration)

TR1.C includes sufficient proactive support and organization to prevent unnecessary life disruption and/or loss during transition periods.

b. ____TR2-options and informed choice

TR2.A support and time to ensure the person understands choices

TR2.B Sufficient information, support, and experiences to make meaningful informed choices and balance risk and responsibilities with choice.

TR2.C do not assume that the first transition from segregation is the last. People may need time and experience to know better.

TR2.D process for exploration and support of decisions making is documented.

c. ____TR3-coordination/transfer of responsibilities

TR3.A plan in place for preparing for the move, that includes what will be provided, who will do it, and when

TR3.B plan in place for supporting person through the move, that includes what will be provided, who will do it, and when

TR3.C person is kept informed about the process including any changes (paid or unpaid).

TR3.D summary of key information will be shared with all involved to ease the move and keep all parts coordinated (list of specifies included)

TR3.E use transition meeting to introduce and inform/coordination between all people involved in transition

TR3.F people responsible for identifying and resolving problems after move knows the plan

Quality Review for Transitions (TQR) (Rate a.)

a. ____TQR1-implementation

TQR1.A First week/day: Person doing follow-up goes within a week and sooner as needed to ensure: supports, services, medication, equipment is in place; service providers know the plan; person understands crisis and back-up plans.

TQR1.B First 45 days: Visit and compare plan to reality: living where wants to be; housing stable; budget and funds are sufficient; receiving services from plan in person-centered way; able to go out and see people and work etc.; professionals working toward goals in plan; barrier and are they addressed.

TQR1.C Ongoing: follow-up as needed (frequency and type) to ensure stability and progress.

TQR1.D. If crisis has occurred. Planner/ follow-up person will work to create a person-centered plan for stability.

Section VII. Outcome of Consensus Review

Directions: Use this section to document outcomes of the consensus review.

1. Date:

2. Name of Reviewers and Affiliations:

3. Which form of review did the reviewers use? (Check all that apply and only those that apply.)
   - ☐ a. Participated in an in-person or online training or demonstration of the tool guided by an experienced instructor.
   - ☐ b. Reviewed instructors manual or materials on how to use resources or training.
   - ☐ c. Engaged with materials without any instruction (ie, read a book, etc.)
   - ☐ d. Other (describe):

4. Consensus on strengths of the material or resource based on the criteria of the review tool:

5. Consensus on weaknesses or gaps of the materials based on the criteria of the review tool:

6. Will this item be recommended to professionals, practitioners and others in the Minnesota Mental Health community? (Chose one)
   - ☐ a. Yes
   - ☐ b. No

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