# Strengthening Meaningful Person-Centered Supports

# May 31, 2023

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**Kelly Nye-Lengerman:** Hello and good evening everyone. My name is Kelly Nye-Lengerman and I'm excited to be with you this evening to invite our speakers from HSRI, for their presentations, strengthening meaningful person centered supports. Before I do introductions this evening, I have a few housekeeping slides for those of you who are joining us online today. First and foremost, this webinar is being recorded today, and so there will be a transcript of the recording in any of the supporting materials, the slide decks, the links, the references and resources will be shared at a later time.

So when you signed up for this webinar this evening, we'll use the email address that you provided to sign up today to send you recording of this event along with the resources and the PowerPoints and additional information about today's session. You do need to know that as a webinar format you're in attendee mode, which means that you're a viewer only your microphone and your camera are off and will remain off for the remainder of the event this evening.

If you do have questions for the speakers or you do have some technical support needs, you can click on the Q and A Box on the webinar screen and type your question into the box. Our lovely colleague Kate is working the technology today and she'll be able to see the questions that you pose. And at the end of the presentation today, our speakers will be going through Q and A with our in person audience members here, as well as our online audience members. A couple other things, if you're having any issues with your sound, if you look at the audio, drop down and select the appropriate speaker may be able to help you. If you have any issues with sound, look for that audio settings Carrot Menu and Drop Down.

In addition, if you need any closed captioning or prefer that this evening there is a closed captioning option. And you can click on that CC option, which will then provide a live transcription of the speaker's comments as we go this evening. And you can see the CC button on this particular screen. As I mentioned, my name is Kelly Nye-Lengerman and I serve as the Institute on Disabilities Director. And she's not here with me today, but my colleague Jennifer Bertrand is the chair of the IOD's Consumer Advisory Council.

And the impetus for today's event was the Institute on Disabilities Community Advisory Council came together and we were talking about a variety of important issues in disability policy and services in New Hampshire. We really started talking about what are the kinds of information, training, branding, topics that really are of high value and high interest to individuals and families, and providers, and colleagues across the state of New Hampshire.

Although many folks have probably participated in person center planning or thinking training in the past, what we really landed on was this notion of you can never have too many conversations about person centered approaches in our work. And that revisiting how we got to where we are today. What are the priorities that we think about for the future? And what are the benchmarks that we really want to be able to meet at an individual level, a provider level, state level, and a systems level. And that really brought us to choosing and selecting this topic.

Today we have two guest speakers whom you'll meet very briefly here in a moment. Who'll be talking and presenting on their work related to person centered approach services and supports for people with disabilities. Before I turn the speaking over to our guests this evening, I did want to remind folks if they aren't familiar with the Institute on Disability. We are a standalone research and service and training institute in the College of Health and Human Services at the University of New Hampshire. We have more than 45 different programs and services that we offer through the IOD. Many of which our partners here in the room today are familiar with, or many of you online are also familiar with, too.

We're really proud to be able to partner with their Consumer Advisory Council and many of our allies and colleagues around the state to bring this event today. Without further ado, I'm going to turn it over to our two speakers for this evening. Val Bradley and Alex Bonardi from HSRI.

**Audience:** (whisper) acknowledgement.

**Kelly Nye-Lengerman:** I did forget one thing, and it's a very important thing, so I shouldn't forget this. For those of you who have attended UNH events in the past and hopefully more recently, you have seen UNHs, land water in life acknowledgment. Some of you may not know, but the University of New Hampshire is a land grant institution. Meaning that the land and the resources that we have today as part of the University of New Hampshire are based on lands and resources that were taken from our indigenous communities here in the state of New Hampshire.

That's not unique to the state of New Hampshire. This has happened across the United States with many land grant universities. It is very important that as a university that we main positive and productive, and responsible stewardship of the resources that we carry forward today. As a university, we've developed the land, water, and life acknowledgment statement that I'm going to read you today.

Again, as I've mentioned to other colleagues, as I've shared this before, my pronunciation is growing and improving. I appreciate you following along with me today.

As we all journey on the trail of life, we wish to acknowledge the spiritual and physical connection the Pennacook, Abenaki, and Wabanaki Peoples have maintained to N’dakinna [homeland] and the aki [land], nebi [water], olakwika [flora], and awaasak [fauna], which the University of New Hampshire community is honored to steward today.

We also acknowledge the hardships they continue to endure after the loss of unseated homelands. And champion the University's responsibility to foster relationships and opportunities that strengthen the well-being of Indigenous Peoples who carry forward the traditions of their ancestors.

Again, thank you very much for being here with us this evening and I'd like to introduce our speakers from HSRI. Welcome Alixe.

**Alixe Bonardi:** Thank you Kelly. It is a pleasure to be here and I am going to get us started. We will then be moving to introductions with my colleague, Valerie Bradley. We were invited here by Kelly a while back as part of our conversation to carry forward what is a focus on person centered practices in New Hampshire? What I would like to ensure that all people who are participating today come away with is an appreciation of three things.

One is that person centeredness is the direction that is critical for making sure that and making a meaningful difference to support people with intellectual and developmental disabilities to live, love, work, and play in the community of they're choosing here in New Hampshire.

Broadly, we will be talking about some of the work that we have done together. I also want to make sure that all of us play a part in ensuring person centered practices move forward. That can be people who are planning supports directly, people who are designing supports in terms of developing policy and funding mechanisms.

Direct support providers, researchers who are building the evidence base. I think really, primarily also people who are receiving supports and services, also do play a role in advocating for and demanding person centered practices. The third thing I would like people to come away with is to know and just be reminded that person centered practices and person centeredness is not a new concept. And we recognize that.

We recognize that this is a movement that has been building for over three decades and that as systems, as policy changes. We need to continue to rethink how person centered practices fit into our systems of support. You'll see on the screen here, we have logos from NCAPPS, which I'll be talking about. The National Center for Advancing Person Center Practices and Systems. We have a logo from National Core Indicators for Intellectual and Developmental Disabilities. And we have a logo here from Charting the Life Course, which has been used in New Hampshire.

While we don't have any direct connection or oversight, I included it because we want to be sure to have people understand that this is not one organization pushes this approach forward. This is a whole lot of effort coming together in support of this movement.

Today, as I've mentioned this evening we will be talking about person centered thinking, planning and practices. With a brief introduction to the National Center on Advancing Person Center Practices and Systems, we will be providing some promising practices, particularly around competencies for people who are, skills for people who are supporting planning, person centered planning. And then we'll talk about some measurement in a few places about how we could actually know that person center planning is happening.

I will get started introducing the National Center for Advancing Person Centered Practices and Systems. This is a center that exists at, we administer it at the Human Services Research Institute. And the center is funded by the Administration for Community Living and the Centers for Medicare and Medicaid Services.

Just want to point out one of our main aims, or main aim is to promote systems change that makes person center principles not just an aspiration, but a reality in the lives of people across the lifespan. And what I really appreciate about this center is the opportunity we have to think across systems. This is a center that is designed to promote person centered practices, in not just asylum, developmental disability system necessarily.

I co-direct the center with my colleague Bevan Croft. While I come from a background in occupational therapy and my career really has been focused on population and supports for people with intellectual disabilities, Bevan's background, the she brings is focused on behavioral health supports and has a lot of experience in that area.

As the center has grown, we've really learned how to navigate across systems and include additional systems including support systems for people with brain injury, support systems for age related support needs. Our priorities absolutely include participant and family engagement and a commitment to cultural and linguistic humility and the work we do across all systems.

This slide presents three definitions which often people come to us as we're starting to work with systems. And we can all talk about person centered thinking, We can talk about person centered planning and person centered practices. And often, one of the first steps that needs to happen across systems within a state is to come to a shared definition of these terms.

These are terms, this is a brief overview of how we define these terms. Actually, we've got a couple guides that have actually collected up a number of terms that states are using and how they define these terms. But just briefly, I wanted to share that person centered thinking is the broad foundational principle that puts the idea that a person who is receiving supports really absolutely is at the center of all approaches in terms of even when system design is happening. And that really very much aligns with a value set or culture.

Person centered planning is the term that really is used to talk about the process of developing a plan for supports, both funded and unfunded. That can support a person in a way that aligns with their own needs, goals, values. Then person centered practices is, taking, well a plan is great, but a plan we often say is as good as the paper it's written on. If there is not work to make sure that people can access services and can access services in a way that aligns with their own interests and needs.

An example that sometimes we use is that a person may have a plan that involves wanting to get more exercise and involves going to a swimming pool. If that swimming pool is only open, 8:30-9:30 in the morning for public swim, and that person is not a morning person. That makes a real challenge for actually being able to accomplish what someone's goals are. There could be some work to think about other options that person can really explore.

When we started this work talking about, well, what is a person centered system? What do we really mean about person centered? This, we talked to a lot of people and what often folks would say to us is, well, I know what is a person centered.

And what we heard often was people describing what we've come to describe as a systems focus, in which there's really a lot of emphasis on defining what a person can't do so that they can then be eligible for the services that are just in a category of services, right? And that really is having somebody fit into what the system that has been developed is. It really means that supports are driven by the means of the system, right?

So meeting the means of the system, meeting the needs of for example a funding structure that really creates a lot of rules and boundaries around what is even available to people. A person centered approach.

In contrast, really starts from the emphasis that a person's unique capabilities and contributions are what they bring first and need to be the grounding of thinking about how to support that person. Identifying strengths and preferences and recognizing though truly, that there may be challenges that come with living with a disability.

And that those need to be considered in planning for a future life and thinking about what creatively, about what supports can be put in place. And finally, person center systems of support really build on the capacity of the individual and the community around them and really meets them where they are. The NCAPPS Vision, which I'm sharing with you on the screen, starts with an emphasis of making sure that people know what to expect from their planning processes.

As I've mentioned, making sure that people who are seeking supports, right, or that have support needs know what to expect and can actually advocate for and understand that they are not a passive person in this planning process role. Right? People lived, experience and drive the change at all levels of the system. So that is a broader vision that we have that includes engagement at multiple levels in the system.

The last point on this slide is making sure that there are actually quality measures being collected to document implementation. And make sure that processes are moving forward to make sure that person center practices maintain, stays baked into the system. With that, I'm going to turn it over to my colleague Val Bradley.

**Valerie Bradley:** Thanks Alixe. I'm Val Bradley and I'm the President emerita of the Human Services Research Institute, which means that I started HSRI and I'm old. That's baseline definition. Before I get into the broader history that we really need to understand where these notions came from, I just wanted to talk a little bit about the history of New Hampshire, which probably most of you know, but is a pretty significant foundation.

Really when the whole community movement started, all eyes were turned to New Hampshire because a lot of very important things were happening here. You closed the first institution, Laconia gone, which really pissed off which wanted the last sector to be the first one to close. I've heard of the director there, prisoners on that subject.

Interestingly, New Hampshire was a place before National Corps Indicators started in '97. In '95 and '96 New Hampshire was a guinea pig for NCI. You helped us develop some of those indicators and we tested some of the instruments here in the state. You closed sheltered workshops really before anybody had even thought of doing.

Good old [inaudible], whom some of you may remember, he was in the forefront of that. New Hampshire was a place where self determination thrive. Self direction, really in ways that were very impressive, there was an embrace by the IDD community of self direction that really other states envied. Finally, because I was here when it happened, the passage of the Family Support Act and the creation of the Family Support Councils, all of that pat yourselves on the back.

That is not to say that there isn't still work to do, because having been in this field for years, I know that you can never rest on your laurels. You need to keep reexamining, reassessing, and moving on and watching out for pitfalls and risks. So let's talk a little bit about history. I came into this field in 1966. In 1970, a man with the strange name of Wolf Wolfensberger, that was really his name, wrote a very seminal book called Normalization in 1970.

And for people in my generation It was a real eye opener, I mean we had brought a certain passion to the field, people's rights, etc. Normalization was really about where people live, how we should treat them as part of humanity, as part of our society. And it was Wolf's point that the more you isolate people. More you segregate people, the more you other them, the more you put them in remote places where we can't really see them, the greater the stigma and the more people are dehumanized.

And it was Wolf's assumption that in order to bring those people into our collective humanity, you needed to treat them in the same ways that we would treat everybody else. Without a disability, though it sounds like Well, yeah, Believe me, at the time it was revolutionary and it really meant once you've read that book, you really couldn't look at the system of supports the same way that you did before.

I mean, the whole notion of infantilization, which Wolf talked about if you went into a group home and there were pictures of bunnies and puppies on the wall and there were 60 year old guys living there. You said there's something wrong about that.

Anyway, normalization, very important and really one of the foundations of what we're now calling person centered practice. Some of you may also remember Gunner Dybwad who was the first director of the ARC US back in the '50s. And Gunnar helped forth at Brandeis for many, many years.

And Gunnar in 1968 said, but only now I begin to see how terribly important the concept of normalization is. It is a concept that is elegant in its simplicity and parsimony. It can be readily understood by everyone and at the same time it has far reaching implications. That notion of normalization and the embrace of basically a common humanity really drove a lot of the major changes and reforms that happened in the last century.

Certainly all the legal assaults by the public interest community on institutions including that's why Laconia isn't here anymore, right? Because there was a lawsuit. Now, the lawsuit was welcomed by many of the people who were in charge of this system. But it would have taken many more years without that.

The passage of the right to education law, which again emphasize the fact that kids with disabilities belong with their age peers in public schools. The Medicaid home and community based waiver which really did away coming into the '90s, it was still the case that there was an incentive in Medicaid to use it in large public facilities as opposed to being able to use it in communities.

The advent of the HCBS waiver was huge and really spawned the industry that is now our community system. And finally, money follows the person initiative. There was also a context for a lot of these changes, certainly the Civil Rights Movement, which a lot of the leaders of my generation grew up in. Which really was a very exciting period of time in terms of changes that were brought about in terms of the right to vote segregation, Brown v. The Board, etc.

The Women's Movement, another reform effort, the Independent Living Movement. Which I think most of you may have heard of. Judy Human who passed away, unfortunately a few weeks or a few months ago now. But Judy and her colleagues who had physical disabilities, really pioneered the independent living movement. They were unstoppable, chained themselves to fences outside of public buildings. They were really the early reformers in this movement, and people we should all thank for their early activism.

The Family Support Movement, which is important here in New Hampshire, and grew up around the late '80s into the '90s, which really began to recognize the fact that family members are probably the experts on their family member and that they really needed to be part of the conversation.

And finally, the self advocacy movement, which really continues to grow in importance and power. Martha Barbone is a woman who Alixe and I have met. She's great. She's what they call in the behavioral health system, a peer specialist. She herself has lived experience. She says many in my community, people with disabilities, have felt disempowered regarding decisions concerning their treatment, well being, and quality of life, and have not been given the necessary knowledge to make the informed choices about their care.

Collaboration between providers and patients through person centered planning is vitally important to achieve a person's desired outcomes and enhance one's quality of life. So, let's talk a little bit about what the federal expectations are, which has really been sharpened over the last several years.

CMS in 2014 issued the settings requirements, which I, in reading them, when I first read them, it really struck me that basically what they were saying is what normalization was saying. They were saying that people who have disabilities, older adults, need to live in similar circumstances to everyone who does not get Medicaid.

So again, that notion continues to permeate, but the settings requirement was really interesting, because those of you who followed HCBS over the last couple of decades, CMS for many years was not terribly prescriptive about what those services and support should look like. There was a very thin basis for the regulation of HCBS and it really included those six assurances. States had to make sure people had a level of care assessment. They had to make sure that providers were certified. They had to make sure that people had choice of providers, et cetera. The bare bones of the system.

But with the settings required, CMS really began to say, okay, we've got some other ideas about what you all ought to be doing out there. And they talked about person centered planning.

They talked about where people lived. They basically said, our purpose is to ensure people receiving federal funding for long term services have full access the benefits of community living and opportunities to receive services in the most integrated setting appropriate.

So we're not going to tolerate people being isolated. We're not going to be tolerating people not having the ability, the opportunity to have friendships, to be part of their community, the civic life of their community. The rule requires that services and supports are integrated with full support to the greater community. Ensure that people receive services in the community, again, with the same degree of access of people not receiving Medicaid, that they are provided opportunities to seek employment.

The rule basically says, everybody should be offered the opportunity to be employed. Everybody should be offered the opportunity to self direct. And unfortunately, our data suggests that not everybody has been offered the opportunity to be employed, even if they want to be.

So if you're an individual who lives in a provider owned controlled residential setting, there were a whole new list of rights, first of all, that you had to have a lease, you had to have privacy, You had to be able to choose your roommates, You had to be able to furnish your room the way you wanted to. You had to control your own schedule and activities so that everybody didn't have to get up at six in the morning and go to bed at 09:30. Access to food at any time visitors at any time, and physical accessibility.

Now, for some people, some of those rights might conflict with their own risk situations. So, if any provider were to circumscribe any one of those rights, it had to be justified in the individual plan. The rule speaks very directly to what is expected of person centered planning plan has to identify strengths, preferences, supports has to have individually identified goals.

It has to reflect what's important to the individual. Has to identify risk situations and provide accommodations. It needs to be understood by the person for whom we're planning and it needs to reflect cultural considerations. It also talks about the plan being at the convenience of the individual. That it be in language that the individual can understand, that the person can bring friends and family, others, supporters, his or her circle of support to the planning meeting.

Quite recently, and we think the last two or three weeks, CMS has issued yet another. This is now a proposed regulation that they call the Access Rule. Basically, at least from a quick reading and it's 120 pages or something, CMS has become concerned that people's plans don't necessarily reflect their current needs.

That if one's needs change, they're not at all sure that in every situation the plan changes, the supports are reconfigured in order to meet the current needs of An individual. That seems to be the overarching idea. But this rule contains a number of interesting, and some would call somewhat radical changes for all beneficiaries of Medicaid HCBS.

It definitely talks about an emphasis on person centered planning, and it assumes that the state has the ability to assess whether or not person centered planning is actually happening in the way it's supposed to be happening. It also will require states to construct robust quality monitoring structures. It will require some very specific data collection around people's outcomes and circumstances, and also relies heavily on assuming that states will use this information for quality improvement.

One very interesting part of this new rule, and again this is all proposed, people are responding to it 90 days, I think is the comment period. It will require that any provider receiving a rate for their service provision has to channel 80% of that rate to front line staff. So as you can imagine, that will cause a certain level of conversation around the country.

So we'll see what happens in the next three or four months when the final rule comes out. Anyway, again, another part of CMS beginning to say, yes, we believe in persons centered planning. We want to know that it's happening, and we're going to ask you to provide us data to show that it's happening in general. In fact, measurement.

**Alixe Bonardi:** Thank you Val. As I mentioned I promise that we would be spending a little bit of time talking about how you note that person centered supports are holding that planning and supports are actually person centered. This is something that a number of states and systems that we've been working with have been working through. And I'm just going to touch on a few of the measures that are used at a few different levels in the system.

This is a small to read, probably for those of you who are looking on small screens at home, and this is testing the limits of my glasses to look across the room. But I will do my best here if you're thinking about understanding person centered approaches for providers.

Now, providers of supports and services are really those that are at the crux of actually putting practices into place so that they're person centered, right? A few of the indicators that one would be looking at is making sure that for example this uses the term participants. I will use the term people.

That people are encouraged to make decisions about their daily schedule, meals, recreation. And I would venture also some of the bigger things in life too, like where they live. So that's one piece of it. Now for providers, they've got less choice perhaps about the big choices, but certainly in day to day choice making. But there are conversations conducted in the language that are favored by the participant, as Val already mentioned, that people are supported to be involved in the lives of their communities, whatever communities they find themselves in in a meaningful way and according to their choosing.

This is not everybody goes out on Thursday nights to go bowling because that's what we as a group do, that people are supported to be involved in the lives of their communities of their choosing. Now, if everybody wants to go bowling, that's cool. If people want to choose some different activities, there need to be meaningful opportunities to try and make choices.

The people are supported to participate in the faith communities of their choice again, that needs to be having opportunities to try and seek out those opportunities. The people are encouraged to stay in touch with friends and family to the extent they want to be right. That involves some conversation or some exploration about what is the right fit for people.

Some people want to be fully into runs of family on a daily basis. For some people it's cool, just do it on weekends. I just need my space. Other people Another indicator for providers is to support people and have systems in place so that people choose the staff who support them.

In a self directed model of services, typically that is absolutely the way it is. But that doesn't mean that if someone is receiving services from a provider, that there can't be systems put in place so that people make choices about who is supporting them. Making sure that people have their adaptive and augmentative communication technology in place so that they can continue to communicate preferences, needs, choices. And making sure that the person's rights and goals are respected and brought forward at all times.

We've also worked to help some systems develop some indicators of person centered approaches for case managers or service coordinators. Some of the questions to be answered are whether the first time the person connects with the system, the intake assessment, for example whether that really emphasizes strengths as well as needs. Right?

Not just a focus on some of the things that are difficult for a person, for example but their strengths and what they're interested in. Working to describe personal goals sometimes takes some work. Asking a person what their personal goals is, goals are just out front doesn't necessarily demonstrate that somebody has actually done the work and supported to think about what really is meaningful to them.

The list goes on many of these indicators listed on this slide, Really very much line up with elements of the HCBS settings rule, in fact, making sure that people have choice of providers, that people can choose where they live. One of the things I want to point out is having systems in place so a person can be supported by a peer mentor for example, is something that can allow for a more person centered connection.

And an opportunity that sometimes is a little eye opening for case managers to even think about where there are other options for people to be supported. Now I'm going to talk a little bit about the National Core Indicators.

Valerie mentioned this earlier and just a brief brief overview. The National Core Indicators is a survey program that started more than 25 years ago, and New Hampshire was one of the first states that was actually engaged in getting this launched off the ground. It was originally developed to ask the important questions of people who are actually receiving services about their own experience of supports and services.

It really was developed to be a person centered way of hearing from people about their experiences. You can always count the number of units of services someone gets, how much money is spent. That's something that states have managed to figure out how to do and have been doing for a long time. But understanding from people what their own experiences, is it an important element. And this has been going on for a number of years with National Core Indicators.

And I'm going to focus on the in person survey, face to face survey with the person who's receiving services. And in this case, this really includes people who are receiving at least one service. In addition to case management from the Intellectual Developmental Disabilities Agency in the state, I should say that National Core Indicators is a survey that is now currently in over 48 states plus the District of Columbia, and New Hampshire has participated in quite a number of years.

New Hampshire, I'm sharing some slides here and I will tell you all of these slides and all is available publicly on the National Core Indicators website. There's links that you'll have available to you, but I'm sharing some of the data from the most recent year in which New Hampshire participated. And this shows from a survey in which I think there were 26 states participated in data collection that year.

Nearly 20,000 individual people were interviewed for the purposes of collecting this information across the whole country. A sample of roughly 400 people in New Hampshire were asked a number of questions about their experience.

Here I'm just showing a couple examples of how the results come out. For example, the first chart on the left shows that the case manager, service coordinator, asks what they want. So that is a question that's asked of people or their proxy respondents. And in this particular case, we see that in New Hampshire, about eight, actually 80% of people said yes. That as part of my service planning, the case manager asks what I want. And that compares to 88% in the national sample, right?

So these are how some of these data come out. I will say that these data can allow you to get a pretty high level of view of how things are happening in any given state. They can tell you what you see there. You don't get the answers from this survey about why and what's underneath all of that. That is where the work quality monitoring, quality management and some of the local coalitions need to come together and investigate why are we seeing this?

And a lot of that work happens in states in partnership and collaboration with advocacy groups. Another question, for example that we asked about when we're at the less service planning meeting, people, the person who was receiving support. That include the people you wanted to be there. And in this case, pretty high percent, both in New Hampshire. And the national sample said yes.

When we look at measures of specific measures of person center planning, some additional ones like was the person able to choose the services they get as part of the service plan? You'll see how this plays out in New Hampshire in 2020, 2021 year of data. And you'll see that while there were a number of people that were saying that they did, they were able to choose services they get as part of the service plan. 61% six out of ten people say we're able to.

That compares not quite with national average of about three quarters, or 76% of the people said that they were able to choose services in an earlier conversation today. Certainly that sparked a bit of conversation about, well, why is that? And there are a number of questions that could come from this, right? Is it related to access? Just having access is related to the service categories that are available to people.

Is it related to limitations that happen because of the workforce just not being there and that they're just there aren't as many options as people would hope. Or is this related to the fact that this was collected in the tail end or the waning years of what we would call the pandemic, And there were people having less choice around some of that. Those are some of the things that engender conversation.

But when people are thinking about this, this gets people having conversations about well, how can we move towards being more person centered? And really that's what the purpose of some of this data collection is. National Core Indicators also collect some measures around specifically choice and control. A couple examples shown here are about are whether the person chose or had some input in choosing where they live. That is the chart on the left and then on the right is having enough choice in their daily schedule.

We see this as you see both in New Hampshire and across the country. That there is, people report that they have pretty high opportunities to make choice in their daily schedule. Those day to day choices. Much more limited choices in choosing where they live. Right. It's not necessarily unexpected, but it's something important to think about as we look to the future.

Because there really do need to be opportunities for people to early on start thinking about how they've got building some choices around where they live. Some of the bigger choices in life. In New Hampshire, we see that more people than the national average have voted as a measure of exercising their right to vote.

And I would expect that to play out in New Hampshire as a state where voting is certainly part of a culture and on the national stage for sure. It's cool to me, frankly, to see that this is also borne out in the population with intellectual and developmental disabilities who are receiving support in this state. When we ask people about whether they are able to go out and do things they like to do in the community.

Some of these questions about, well, are you really able to get out, do what you like in the community? We see in this year of data that New Hampshire has fewer people than the national average, saying that they are able to get out and do what they like to do in the community.

But I would say that again brings up some questions about when the data were collected and the time period we're looking at what is borne out. And we look at the next slide as well. Is that when you ask people about, well, did you go out for entertainment, how I think the question plays out, how often do you go out for entertainment? And just looking at the data that comes back, 16% said that they had gone out for entertainment at least once in the past month, right? That means a lot of people had not gone out at all for entertainment. A lot of reasons why that could happen, why people might be experiencing that. Some of it can be weather related, some of it can be related to finance and having money available to fund that thing and transportation.

But this is a starting place for some of the conversations that happen in states. One thing I do want to note, we added questions to ask about people's preferences for going out for entertainment and other community activity, other ways of being engaged in their community. We see that in New Hampshire. 82% said for the, okay, so you go out for entertainment, how often do you go? And then when we asked, well, do you want to go more, less, or about the same, 82% said, oh, I'd like to go out more for entertainment, right?

So we're feeling that the interest is there. And that, to me, points to some pent up demand, let's say. And some interest in figuring out ways to support people to achieve what we're seeing here at the high level as being goals of an entire population. So back over to my colleague Val.

**Valerie Bradley:** So that statistic about more people wanting entertainment suggests that I guess streaming Game of Thrones wasn't sufficient in any event, I think it's important to think about what are person centered practices that we're all reasonably familiar with that really captured that sense of knowing what the individual needs wants, et cetera.

Positive behavior supports, you know, you can't do Positive behavior supports without really understanding the individual circumstances or you're total missing point. Because it's really about understanding where the behavior is coming from, what's the person's experience, Has there been trauma in the person's life?

Really trying to get behind the behavior to understand in a very person centered way, why that behaviors happen. Self direction is the essence, right, of person centered practices because it really is about the person and sometimes the support of the family. Really deciding what resources ought to be mobilized and hiring the people who are going to provide the supports.

Life course planning, again, is a very specific way of honing in on one's individual circumstances. And not just what they need out of service life, but what other assets do they have around them, in their communities, in their families? Non Medicaid, non paid supports that people can also mobilize to provide for their quality of life.

Supported decision making, which is certainly becoming more and more prevalent. Alixe and I are part of a national project called the Center for Youth Choice, Youth Voice Youth Choice at the University of Massachusetts. Which is really working with selected states to really try and find alternatives to guardianship through the use of supported decision make.

Again, another person centered practice as opposed to just graduating from high school. And the counselor says, y'all ought to get guardianship, better do it right away. Coming up with a more individually tailored way of supporting people into adulthood.

The recovery model in the behavioral health world is really all about finding out how people who have behavioral health issues want to be supported if and when they have an episode.

And then finally, the whole issue of aging in place. Instead of thinking that grandma, when she gets to be my age, has to go to a nursing home that people really want to be supported. Just like people with intellectual disabilities, older adults to the extent humanly possible want to be supported in their own homes.

I think it's also important to think about making the plan experience fit the individual circumstances. And as we know, people's circumstances change. And it really is a continuum from no any plan has to meet those CMS requirements: convenient, in plain language, blah, blah, blah, but it doesn't have to be 4 hours long necessarily.

On one end of the spectrum, you've got somebody who's been receiving support for some time, who has a job, good circumstances in their residential setting, needs haven't changed. It's really about getting back together, how's it going? Any goals changed? That may be a more truncated plan. All the way to somebody's dad just died, somebody's graduating from high school, somebody's going into retirement, somebody's changing their residential situation.

Really thinking about the comprehensiveness and the extent of the plan based on the individual's immediate life circumstances. How we do this? We have somebody studying the chat, and we have people in the room. But let's think for a minute and then Alixe will go into more detail. What do you think are the most important competencies or qualities that a good facilitator of a person centered plan should have? People here. Please. Those of you online, please put it in the chat and then we'll take questions from here, yes.

**Audience:** [inaudible]

**Valerie Bradley:** Respect Well done. Other capabilities qualities, talents, competencies that Yes, ma'am.

**Audience:** Flexible thinking?

**Valerie Bradley:** I'm sorry?

**Audience:** Flexible thinking?

**Valerie Bradley:** Flexible thinking, Yes, being flexible, yeah, exactly. Not just with the checklist, but really thinking in a very flexible way.

**Audience:** Being outside the box.

**Valerie Bradley:** Thinking outside the box, that's what I do all the time. Absolutely. All the time. Absolutely. How do you turn a particular goal into a reality for an individual? And many times it takes some very creative thinking to make that happen. Yes, sir.

**Audience:** I think it would be important for the person to be well connected with their community so that they know where the resources are that can be used.

**Valerie Bradley:** That's a really good point, that the individual comes from the community and therefore understands what the assets are in that community. Other quote, anything in the chat my dear?

**Unknown:** not yet, listens actively, asks clarifying questions, is free of assumptions and judgment is creative.

**Valerie Bradley:** Very good. Free of judgment, creative

**Audience:** Focus on a person's cultural, culture and individual identity. Someone who can listen, someone who can ask questions.

**Valerie Bradley:** Absolutely. Really trying to figure out what the person's goals are.

**Audience:** [inaudible]

**Valerie Bradley:** Confide. Yeah. To make people feel comfortable telling their story. Right. Yeah, that's a really good point. And the point about not bringing judgments I think is really important. I mean, we all fight biases every day, mine are particularly political. But other than that, bringing a bias saying, I don't think this guy can really do that. You know, standing back, being non judgmental. Do you have some?

**Unknown:** I have some open minded. Open minded. Open minded. Had a sense of humor to get everyone through the conflicts.

**Valerie Bradley:** That's great. That didn't come up this morning. Yeah, that's terrific. I'm sorry, go ahead one more. From the floor.

**Audience:** I was just going to say, you know, really setting high expectations versus low, like setting the bar higher. Very good setting the bar high people will reach it.

**Valerie Bradley:** Yes. Exactly. But if you don't set the bar high, that's right. Yeah, yeah.

**Unknown:** Center positive future and goals. Focus on strengths. Focus on strengths And then also someone who can communicate effectively and in multiple ways and is patient.

**Valerie Bradley:** Especially with people who don't use words to speak. Right. People who use augmentative communication, et cetera. Yeah. Very important. Okay. Well, I'm going to turn it back to Alixe. There you are, my dear.

**Alixe Bonardi:** Thank you. Thank you, Val, in the few remaining slides that we have in our formal presentation here, I want to present some of the resources that we've developed over the last several years through the National Center on Advancing Person Center Practices and Systems.

These are all available publicly on our website. And again, those links will be made available to you or just if you're online. And I'd like to open another browser window, you could say www.NCAPPS.ACL.gov is our website. And these are all available under the Resources tab.

This first resource is getting at what many people here have already identified the main competencies or skill areas person centered planning. These were derived actually from a recognition that, look, there's lots of different ways to get at person centered practices and person centered planning and there's a lot of consistency.

Some of you who have been here in New Hampshire may have participated in some person centered thinking training. There may have been some chart life course training. There might have been wrap around training and some of the behavioral supports models. There are a number of models that are all getting at person centered planning approaches.

This group of our colleagues came together and basically organize all the themes and distill this down to five competency domains that really are essential for supporting people through a person center planning process. In this tool, we really want to make sure that people know that person center planning is one of the main focus areas. Is that person center planning is a way to learn about what the person's idea of a good life is for them. And identify the supports needed to achieve that life using some of the framing that came very much from our colleagues and Support Development associates and Michael Small and colleagues, it really is about not something that you do to a person.

Not something that you do for, it's what's important for the person. But the planning itself is really done by the person with support from a facilitator as needed. And desired people coming into a person center and planning process. As I've mentioned earlier, this is not a passive experience for anyone in the room.

Facilitators really can be anyone from a case manager, but can also be a friend or a trusted ally or a support provider. Now the case manager may be the one responsible for the paperwork and making sure that everything is documented in the most appropriate way. But the person centered planning process isn't owned by one person. It really can be a much broader process. Just noting that we use the term competencies, that really is just referring to the skills and abilities that you all have already mentioned that are very important.

The five competency domains that we found that really cut across all of these different ways of presenting person centered planning and knowing that person centered planning process is good, there are five competency domains that really bubbled to the surface. And this is what we share in this document in quite a bit more detail.

The first is that people who are supporting person centered planning need to approach this using a strengths based, culturally informed whole person focus, right? So that means that people are, as people were saying, really emphasizing what strengths a person brings to the conversation.

Making sure that they have the capacity to cultivate connections inside the system and out, as you were saying, knowing about what resources there are in the community, and then continuing to build connections to support some of the creative ideas around achieving the goals that come through this process.

Making sure that people's rights are held up and that there's an ongoing effort to make sure that they have the opportunity, to make choices, and then continue to be able to explore what is important to them. And that they are able to be in control of the process. Making sure that there's partnership, teamwork, and communication that happens. There's a skill to that.

Being able to, somebody mentioned having a sense of humor about this. Being able to navigate through what may actually be some conflict at times. Being able to work through that with humor, with teamwork, with a creative approach to facilitation of person centered planning.

And finally, the Big D documentation that people maybe don't want to talk about. But essential to be able to make sure that people have a clear documentation of what the plan is so that we can refer back to it. And importantly, we can say, is this happening according to the plan? If the plan is not written down, we don't really know. I don't know about you, but my memory does not hold as well as great as it used to be. And it's very hard for anybody to remember what the outcome of big conversation like that is, writing it down, having ways of documenting it.

Some people may even want to do a video. There's people who have developed websites, blogs, whatever. But having that documented is really essential. Another tool, which I'm going to highlight quite briefly here is a person centered practices, self assessment. This was designed for governmental agencies that oversee human services. So for example, BDS in New Hampshire or any actually across governmental agencies. This could be done to use this self assessment to examine the extent to which the human services system is person centered.

Right there again, the links are available and those can be found on our website, including a Spanish language translation of this person centered assessment. The main domain areas of this person centered assessment, encourage people who are going through this tool and it can be really, walking through as a group.

Going through this tool encourage people to consider the degree to which the leadership, the people in charge, how much they know about and support person centered practices, starting really very much at the top. Then secondarily, as we've talked about person centered culture and how person centered the intake and assessment processes are the first time that people connect with the system.

How does that feel as a person centered culture? Making sure that the eligibility and service access is absolutely person centered and helps to address some risks that might come up in a person centered way. Making sure that planning and monitoring is in place. And that the state system has actually developed processes to make sure person centered service planning and monitoring is happening. And that the services are working.

The final piece is important, really understanding about how, how agreements with providers are structured and whether services are really helping people to reach their goals. For an example, for finances, we hear sometimes that there a particular provider agency has five slots that need to be filled, right? That is a system focus. And yes, there are financial reasons that one might say that, but there are other ways to think about how that is being driven by the needs of the system and that the individual needs to be centered in the process.

So that leads to some of that self assessment conversation. Workforce. We've mentioned workforce. We know that there remains workforce challenges. That said, making sure that the state system has been putting enough emphasis and making sure that the workforce knows about and has the skills that they need to deliver person centered planning and support.

Going back to some of the competencies as well as other areas beyond just planning in a person centered way. Collaborations across systems are really essential to make sure that, that this works for everyone, right? You can't just have the state agency focused on this but making sure that collaborations are happening in a meaningful way.

So that service providers, advocacy organizations and families, and people who use services are seen as partners in making sure that the system provides services that are person centered. And then finally, making sure that the quality measurement and improvement efforts align with person's mission and their standards around person centered practices.

Quick conclusion, there. Measuring progress is an essential reason why you would be collecting information and developing a system to track measures of person centered practices is some work that has been done underway and other work that is underway in New Hampshire.

As I've mentioned, National Core Indicators provides an indicator of some high level indicators of person centered practices. And there are plenty of opportunities for other systems and service delivery systems to dig down and build accountability into their processes. It's essential to figure out. Part of this is to figure out what all needs to be done and then to identify where to focus limited resources, because nothing happens without some limited resources typically. And then of course, creating the time line and goals to track them.

I've got a couple of final slides here really focusing on the positive trajectory towards moving towards a person centered system. In this conversation, I think we're going to be moving to a place where we'll just be able to have a bit more questions coming through from chat. But the notion here is while this, Charting the LifeCourse tool is sometimes used in planning processes, where at the star you've got a person who's receiving supports.

And part of the planning process is to talk about what are the things, where is your goal, where would you like to be? And then what are the things that would get you to that goal? Similarly, what do you not want to happen and how to avoid those? That's some of the risks and risk management processes that happen. This can equally be applied when we're thinking about a systems change effort, such as moving towards person centered systems.

I'm just sharing this as a way to frame of the conversation as people are thinking about what are the steps needed and how we can move the system to be more person centered, right? These are just other ways to think about how we can really drive this work forward.

And with that, there's a few resources that are available on these slides. At the end, again, plenty more on the NCAPPS website. And I will take us to the point where we're going to maybe have some questions or conversation. I'm not sure how we're operating in this remote virtual hybrid environment.

**Unknown:** We do have a couple of questions in the chat you can start there. When you were on the slide about five competency domains for person centered planning, there was a question that came in about, wouldn't it be important to identify obstacles too?

**Alixe Bonardi:** Obstacles to person centered planning?

**Unknown:** Or within, when you're working on your five competency domains. Right. So your strengths and the strength based, culturally informed, you know, rights and choice, all of that. Do you also consider obstacles in your planning?

**Alixe Bonardi:** Indeed, indeed, and that is part of the bigger tool as part of the exploratory conversations and being able to listen, that certainly can identify some of the challenges. And then the competency that comes through is being able to explore open minded way and then support, well, some creative ways of addressing challenges.

**Audience:** I have a very basic question about you all Is the Human Services Research Institute a New Hampshire Institute? Is it a National Institute? And what is NCAPPS?

**Alixe Bonardi:** I will tell you all about that. Sure. I'm sorry. I moved a little quickly through some of the, I wanted to get to the meat. I will give the real 30 second overview. HSRI, Human Services Research Institute, is based in Cambridge, Massachusetts, and we are a company that has grown well Was founded by Valerie Bradley in 1976.

Yes, It is a company that has really, was established to support state agencies and substate entities to do the best job they can in supporting people with disabilities to live lives of their choosing in the community through solid research and evaluation work. We've grown recently to we're a company now of almost 80 people, and we have staff working in 26 states.

Well now we have staff working in almost every state, but we have staff living in 26 states. Now that's the spread of the organization, NCAPPS. NCAPPS is the National Center on Advancing Person Centered Practices and Systems, which we call NCAPPS, because that's a mouthful. When you try and say National Center on Advancing Person Center Practices and Systems, that is a project that is funded by the federal government to advance person centered practices around the country, the states, tribes, and territories.

The center was funded, was first established about five years ago. And it was in response to all of this work that Val had been talking about. This federal initiatives to require states to be more person centered. And there was a lot of recognition that sure, you can say that in a federal rule, but there also needs to be support. And it turns out that it takes a fair bit of work to help states figure out how to navigate and shift their system to be more person centered.

That's been a lot of what we've been doing. A lot of our work is focused on developing resources which we've developed. I've shared a couple of. We also do monthly webinars which are all free and available publicly on our website. You can access those, the recorded versions of them, or you can see what's coming up next.

Topics for the webinars for a whole range of areas, including person centered IEPs in the school system, person centered approaches to parenting for young children, housing issues around housing issues around employment, and a whole range of webinar topics. We've also developed a number of videos of people who are support users talking about what person centeredness means to them.

We're trying to pass that information out publicly. We also do technical assistance with states around the country which are pretty we get involved, we roll up our sleeves. We help state systems and people running government agencies to identify what their gaps are and how to move their system to be more person centered.

**Unknown:** All right. I have another was a comment in the Q&A back when we were talking about the NCI Survey itself. Caroline mentioned, I think it's important to note in the first part of the NCI survey, the individual has to be able to answer independently without assistance from a proxy.

Caroline goes on to say, the second part of the survey does allow the individual to be supported by a proxy. Just kind of clarification of how the survey is administered, I have a follow up about the NCI survey. I noticed that New Hampshire on the Of Developmental Services has been administering the NCI survey for several years. The report is just the last year, 2022, a single year has New Hampshire in the past or other states compared across years.

**Alixe Bonardi:** Yes, one of the ways that states can use their data is to look at how they compare across years. And that can only be done with states. You can't really look at how nationally things compare across years because different states participate in different groups each year. Yes, states have done that, they have done that to track that.

Our website is under a bit of a redesign, so it's not that easy to find some of the previous reports. They're on our NCI legacy site, which you can get to from our website right now. So the data are still publicly available? But yes. Yeah, you certainly can look at how some of the things might have trended over years

**Unknown:** And that's a great way to do quality improvement, right? If you start a reform year one, check your two year, three, year four or five to see whether you've moved the needle at all. Yeah. Okay. Any other question? We have a couple more in chat, but wanted to give others the room on opportunity if there was a question.

Another question that has come in, are person center practices being implemented for folks on Medicaid who are not receiving area agencies services, but are receiving community mental health services in New Hampshire? If not, how can we advocate for it with our loved ones receiving such care? That's probably for people here in New Hampshire to be concerned.

So I would say generically no, that they're not formally offered. I think earlier Val referenced the home community based services transition plan that's happening in all states. And so home and community based services is available to a wide variety of populations. However, at least in the work that we've been exposed to through the Institute on Disability, not a coordinated effort.

However, I would say some of the benchmarks that Val and Alixe talked about in terms of are there approaches that are being utilized that that would meet some of these person centered benchmarks in the behavioral or mental health community in New Hampshire? Yes, sort of, but maybe a little bit sparse. Melissa, were you going to add to that?

**Melissa:** I was because I know that for children in the mental health arena that there are Medicaid funded wraparound support services under something called fast forward. And I don't know detail, so I'm afraid to be too expansive on it. But I know that that is available. But I think you're right, we need to.

**Alixe Bonardi:** What I can tell you is that our colleagues who work in the behavioral health arena at human services research institute have done some work in New Hampshire. And honestly, if whoever asked the question and wants reach out to us, we'd be happy to put them in touch.

**Unknown:** That would be a good follow up too, because the other piece of that, the person is asking the question in New Hampshire, we do have a current project with the state that the university and the state of New Hampshire that is looking at the no wrong door, access to long term supports and services. And one of that is establishing more governance within the Department of Health and Human Services and with stakeholders and what we call a New Hampshire and New Hampshire care path partners.

Right. And those entities include our area agencies on developmental disabilities, our service link aging and disability resource centers, our community mental health centers and our district offices, um, that are throughout the state. And one of the, one of the frames and one of the things that this group, these groups are thinking about is person centered philosophy plans.

You know, and how do we, how, how is person centeredness in the philosophy and in the planning being done when somebody's trying to access long term supports and services. So the Bureau of Mental Health Services is very much at the table on that. And they're very much at the table in the New Hampshire Care Path Regional meetings. So it's another way. But I think that's one of the reasons I think the Institute on Disability brought this conversation forward is right.

How do we make sure that across anybody who's seeking long term supports and services, whether it's publicly funded, privately funded, they get an opportunity to have planning done for them. The other resource that I'll reference in the behavioral health space in New Hampshire, although it is available in other states through the Institute on Disability.

The Renew Project, or the Renew Implementation that stands for Resilience Empowerment and Natural Supports for education and Work. And that is a person centered wrap around intervention. For young adults who are in public schools who have behavioral health needs and behavioral challenges. While renew is not available or implemented in every school, there are pockets of schools that implement renew around the state and around the country.

There's another question, is there a special certificate to be a facilitator? Does a caregiver just attend a course? Are area agency service coordinators a resource? A lot of questions all at once.

**Alixe Bonardi:** That is a lot of questions. And I think starting at the bottom of the list, our area agency case managers a resource. I think the answer to that would be yes as a resource generally, for some of this work, although that isn't an ongoing conversation. Right.

In answer to the question, is there a certificate? Well, as I've mentioned, there are certain different approaches to person centered planning at whether it does not necessarily mean that there is a certificate stamp of approval. It's not like a qualification that people achieve generally, and states are not generally taking that approach that you must do this approach.

That was part of the reason that we developed the guide that really brings together all of the elements so that when states are trying to make a decision about, well, what training are we going to bring in? What are we going to do to try and build this up?

These are the elements we know need to be included in training. Supports competency development and competency monitoring. But because there have been a lot of different ways that this movement, person centeredness movement has really played out in a lot of different settings and systems. There's not one certificate that exists. There's plenty of training out there, plenty of training models, many of which are very good. It's what we were trying to say is there's plenty of good training models, make sure that it includes these components.

**Audience:** I have a lot of comments, I don't want to bogart to time here. But one I want to make is that about 15 or 20 years ago I was a parent who was sent to a workshop in Vancouver, put on by Plan Institute, and came back to New Hampshire. And we tried to implement that model here in New Hampshire. And it failed miserably.

The big reason, I think, why it failed was that families were expected to finance the facilitator, and families in New Hampshire are very tight with their money. And I can understand that I've always felt that it should be a role that the area agencies support and they should, a facilitator can handle many different well, I won't say many. They can handle a few families and situations. They can be trained on it. They should be the ones who are financed through the system to help implement this. And it's never, the idea was never germinated.

**Alixe Bonardi:** Val would love to step in and might jump into the screen here.

**Valerie Bradley:** Don't trip on the wire. The one place where that is happening, I think is in self direction. Because many states will allow the individual who is being, who is self directed to use part of the budget, or even to pay for it separately to have a personal agent. Some call it an independent facilitator or a support broker, or someone whose job it is to facilitate the planning process for the individual.

**Audience:** That sounds very good. We have been through different programs and one of them was Consumer Direct Services, saying all of this wonderful things is one thing. Implementing it is bloody hard. In fact, we're transitioning now from the well, we started out in the regular thing, Corey, then transition to a different area agency and went into consumer directed services which was a step up, I will say that.

However, his parents are now aging and I know everybody thinks I'm probably in my mid-forties. But I'm not I'm not aging tonight. So we have we're transitioning more of the trans to the traditional because that's where the guardianship comes in and so on and so forth. And it's, it's another evolving, sure is a challenge.

**Valerie Bradley:** Well that is, we just finished an evaluation of self direction in Massachusetts. Had a new law called the Real Lives Legislation. I interviewed a lot of families and people with disabilities in the Self Direction Program. Massachusetts, like New Hampshire, has been in it for a while. We talked to a lot of aging parents, are saying, my son lives in Denver, my daughter lives in Seattle.

I'm not going to be able to do this forever. What do I do? I think Massachusetts is thinking hard about adopting the service agents, the individual agent for people who could continue to help facilitate. Because getting the time sheets in and dealing with the fiscal intermediate, there's a lot of administrate directed, just had a webinar on micro boards, which is another possibility that the family and people care about.

The individual form this small corporation whose whole responsibility is to provide the support to the person and help them decide what supports they need. It's not for everybody, but People really swear by people who were. And some of it comes from Canada. As you could imagine

**Unknown:** Nancy asks, is there a form of a living document that can be used year by year to see like the growth and changes within? I think Nancy might be referring to a plan.

**Alixe Bonardi:** The short answer to that is yes. A lot of plans should be reflecting year to year change, growth, adjustments to plans. Do we have a specific form that we put out for people? We don't. And it's a little bit intentional because there's so much variance in terms of requirements and expectations within jurisdictions, within agencies within a particular states.

Also because our emphasis has always been on the planning process and the documentation coming after the process, versus having a form that people can pick up and use. There are plenty of forms out there we can point people to some. But what I would say is emphasis should be on a consistent process and then expecting that that gets documented on a year over year or whenever people are doing the planning process.

Being tied to an annual process is just an artifact, really, people should be planning when there are service needs that change. And of course, the annual thing has just come in because of requirements and regulation.

**Valerie Bradley:** In our field as we try to become more person centered, you always systemization, is that the word? Because we're humans and as a reversion to the norm, we want to have something predictable as a checklist. And we're constantly keeping that at bay. Trying to keep the process as fresh as possible.

And it's entirely possible people will come back here in ten years and say you're not doing it right. It's become too routine, too predictable. You got to open it up again. But I would, as Alixe said, really argue against a form that everybody uses early days of the IHP a hundred years ago. You could go online and download pretty soon, chat GPT will do it for you.

**Unknown:** I have a question. I think it's like slide 38. When you like things to consider as New Hampshire reenergizes person centered approaches in the, in the IDD system. You know, as I've mentioned, one of the things that New Hampshire is looking at is kind of the no wrong door system across, you know, area agencies, ServiceLink aging and disability resource centers, mental health centers, district offices. Have you seen other states kind of reenergizing and thinking about person centered approaches across those many systems? And are there any, like lessons learned you might want to share with us around that?

**Alixe Bonardi:** I have some personal experience with a couple of states which I'm not going to out right now, that we're focusing specifically on no wrong door systems and trying to integrate across all of these systems. In my experience, and this is just lessons learned, people were starting from immense variability about their understanding and expectations about what we're talking about with person centered systems.

And for that reason, it was an important exercise to go through of saying, how are we defining what are these definitions. That's where we have a little synopsis on our website. Definitions of person center planning that different states use. Because it frankly was an exercise that, that needed to happen to get people on the same page. That was one of the first steps that we found. Then people were able to start moving forward incrementally but had to think about how it worked within their systems. Yeah.

**Unknown:** You say person centered to one person. You say long term supports and services or long supports and services. Some people will only see an aging network. Only long term care facilities. Right. Not that whole the whole construct. So yeah. Yeah. You say provider in one area and that's only medical providers, not your whole community providers. That's right.

**Alixe Bonardi:** That's right. I mean, you like systems and we'd like to use shortcuts in our language as well as people so that it's important to try and pull it apart a little bit to help people understand what they're talking about.

**Kelly Nye-Lengerman:** So for the folks on zoom, you have follow up questions, comments, things that you'd like to know about. You can email us at the Institute on Disability. As I mentioned at the beginning of the session today, there will be materials that we'll send out to all of the registrants with a recording of this session this evening. So you'll be able to go back and look at that. And that will also have the contact information of our speakers as well today.