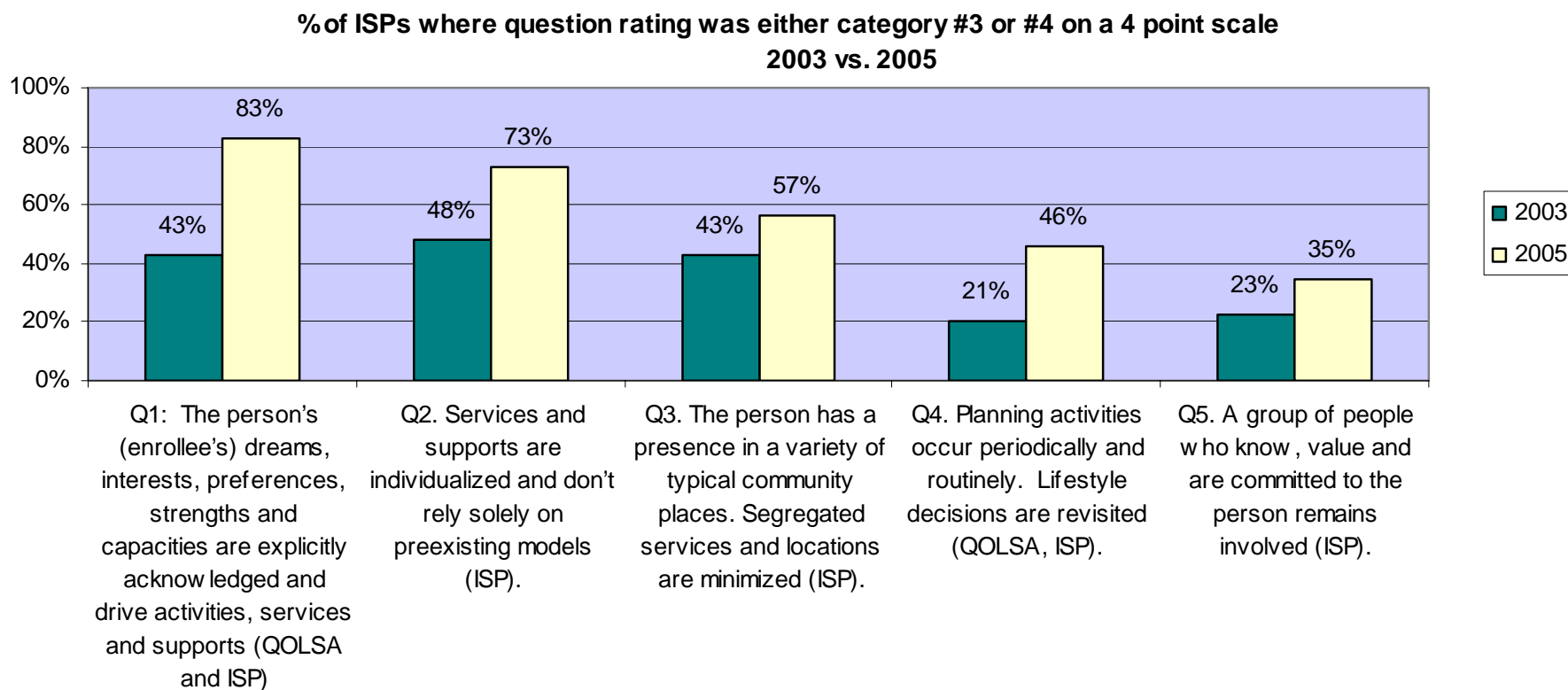
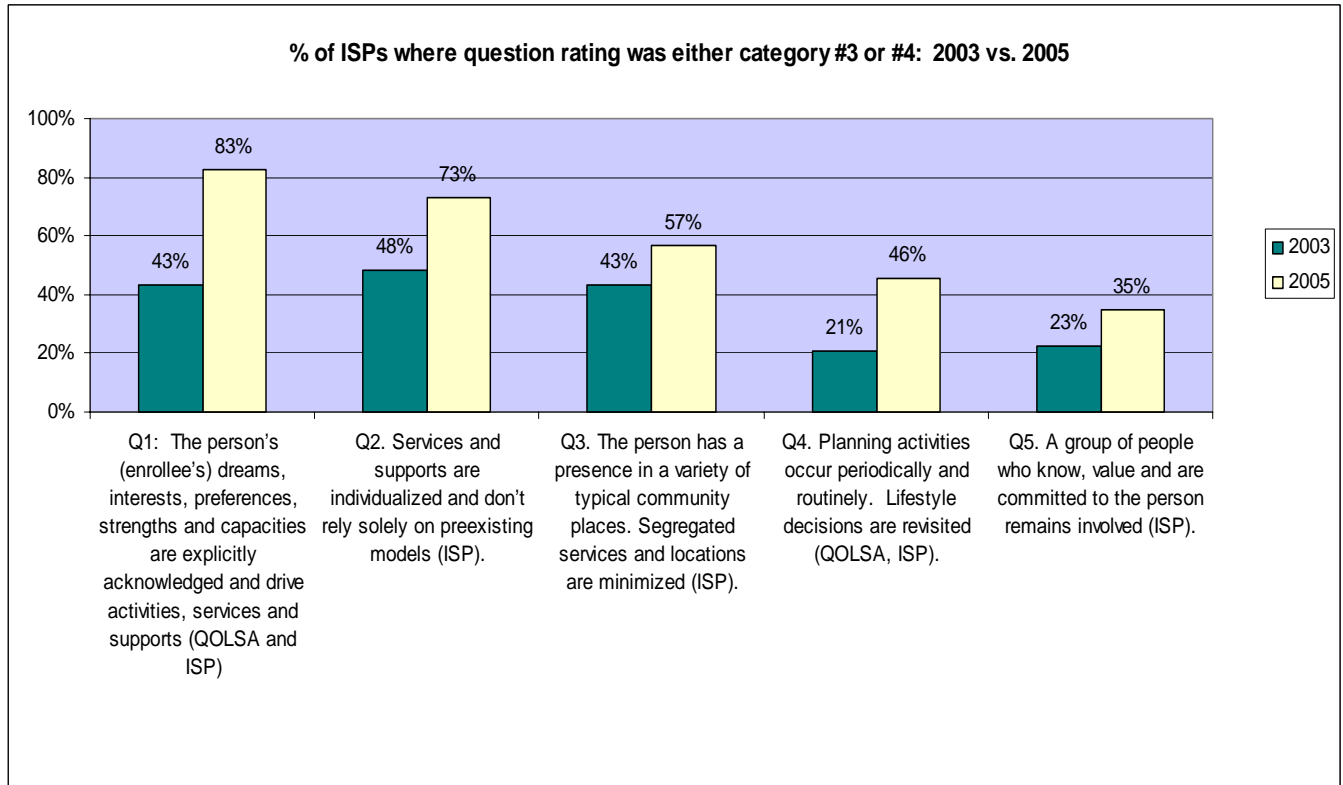


# Review of Individual Services Plans for Hallmarks of Person-Centered Planning



## Section B3—Individual Service Plan (ISP) Review for Hallmarks of Person-Centered Planning (PCP)



**Reference:** [Analysis of ISP Review for Hallmarks of Person-Centered Planning](#)

## Analysis of ISP Review for Hallmarks of Person-Centered Planning

### EXECUTIVE SUMMARY

#### Background

This analysis is one component of a multi-pronged effort to evaluate the impact of the Western New York Care Coordination Program (WNYCCP). The specific objective of this analysis is to assess the degree to which the program is being implemented in a manner that reflects the key tenets of Person-Centered Planning. The sections below briefly review the methods followed in this fidelity study and summarize key findings. Additional detail can be found in the attachments to this summary report.

#### Methods

In order to assess the level of fidelity to the Person-Centered Planning model, Care Coordinators in each of the six participating counties reviewed Individual Service Plans (ISP) and Quality of Life Self-Assessment surveys (QOLSA) for a sample of program enrollees. Reviewers were asked to rate each case using a standard checklist. Specific areas of interest included:

- The person’s (enrollee’s) dreams, interests and strengths drive activities, services and supports.
- Services and supports are individualized and don’t rely solely on preexisting models
- The person has a presence in a variety of typical community places. Segregated services and locations are minimized
- Planning activities occur periodically and routinely. Lifestyle decisions are revisited.
- A group of people who know, value and are committed to the person remains involved.
- There are steps towards tangible changes in areas where the person is dissatisfied.

Efforts were made to ensure that sample selection was done in a random manner. Sample sizes are noted below:

County	Reviews Completed		
	2003	2004	2005
Chautauqua	9	10	19
Erie	50	65	75
Genesee	1	4	10
Monroe	15	48	82
Onondaga	22	28	50
Wyoming	5	6	10

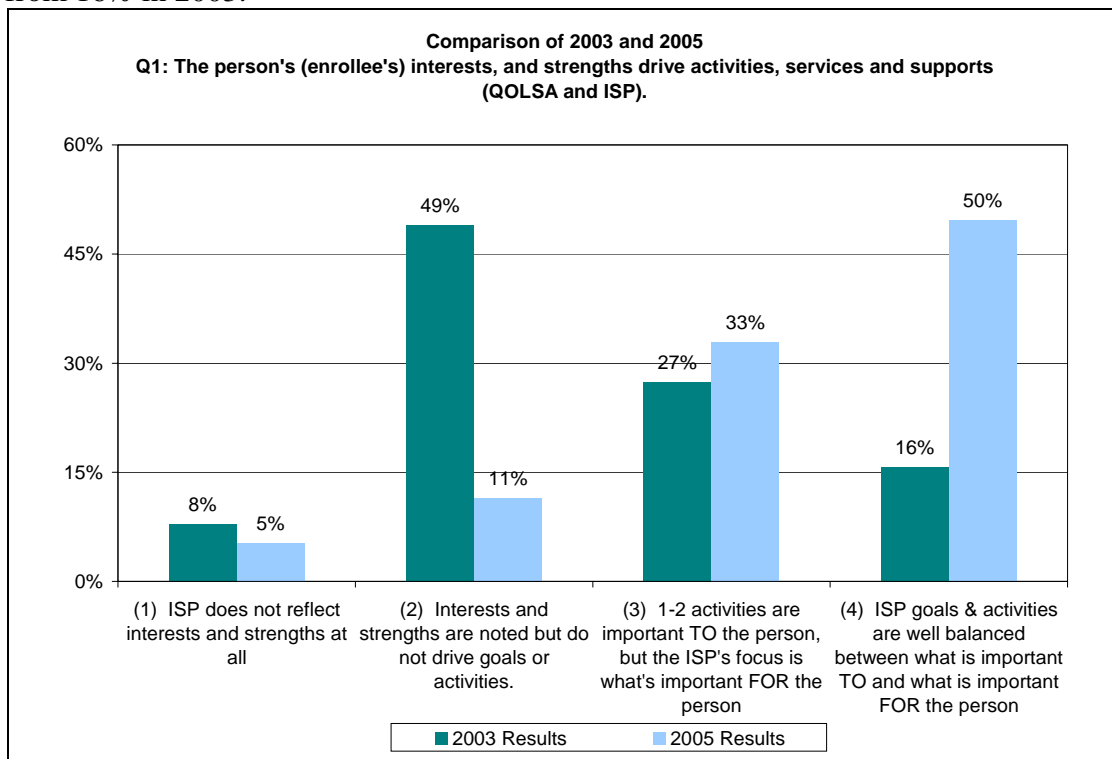
## Findings

In this analysis, we focused primarily on assessing the extent to which there have been any shifts in the distribution across the rating categories for each of the six content areas. In particular, we were interested in learning if during the third full year of program operation we would see an increase in the percentage of cases being rated at the higher end of the spectrum, which would indicate solid, ongoing application of key principles of Person-Centered Planning. As such, the summary that follows focuses on examining the degree of movement across these rating categories between 2003 (the first full year of program operations) and 2005 for each of the review questions.

In reviewing the trended data, it is important to note that there was a change in methodology in 2005. Some ratings completed in 2004 took into consideration other supplemental information, including chart notes. Ratings completed in 2005 relied only on information available in the ISP or QOLSA. While this change was important in achieving consistency in the approach across sites, it does impact the ability to make comparisons between 2004 and 2005. As such, this analysis focuses on examining changes between 2003 and 2005.

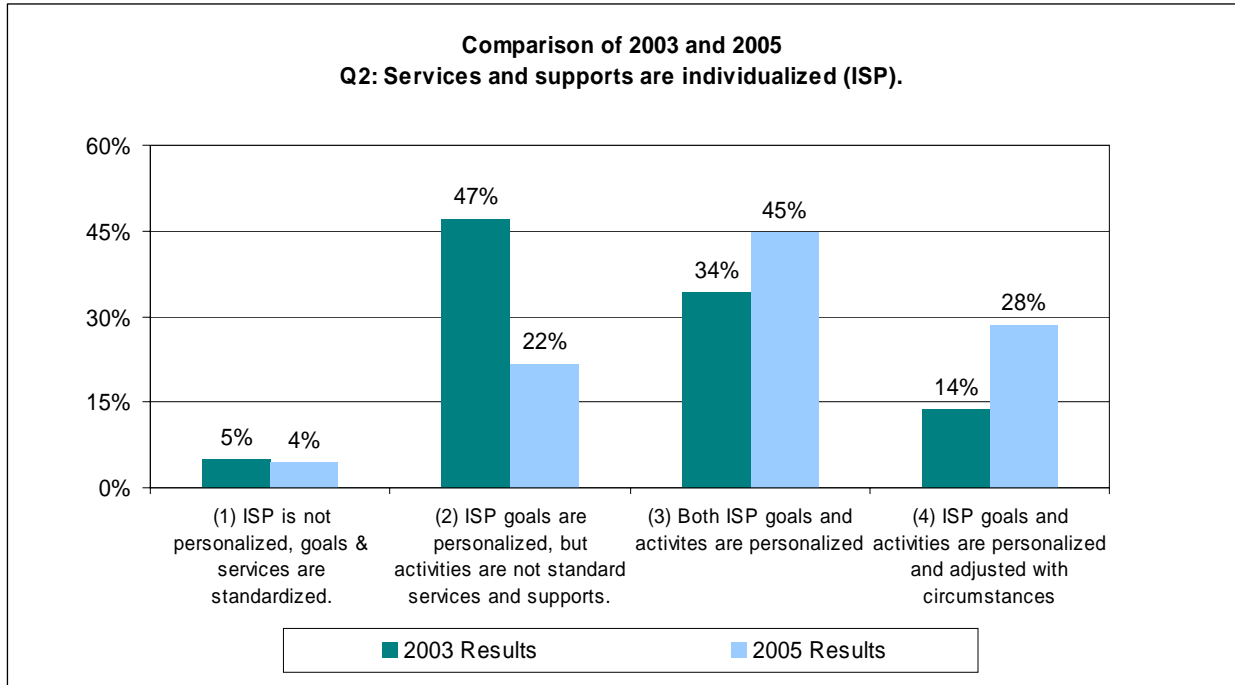
### **Strides are being made in ensuring that the person’s dreams, interests and strengths drive activities, services and supports**

In 50% of the cases reviewed in 2005, the reviewer indicated that “goals & activities are well balanced between what is important TO and what is important FOR the person” – up from 16% in 2003.



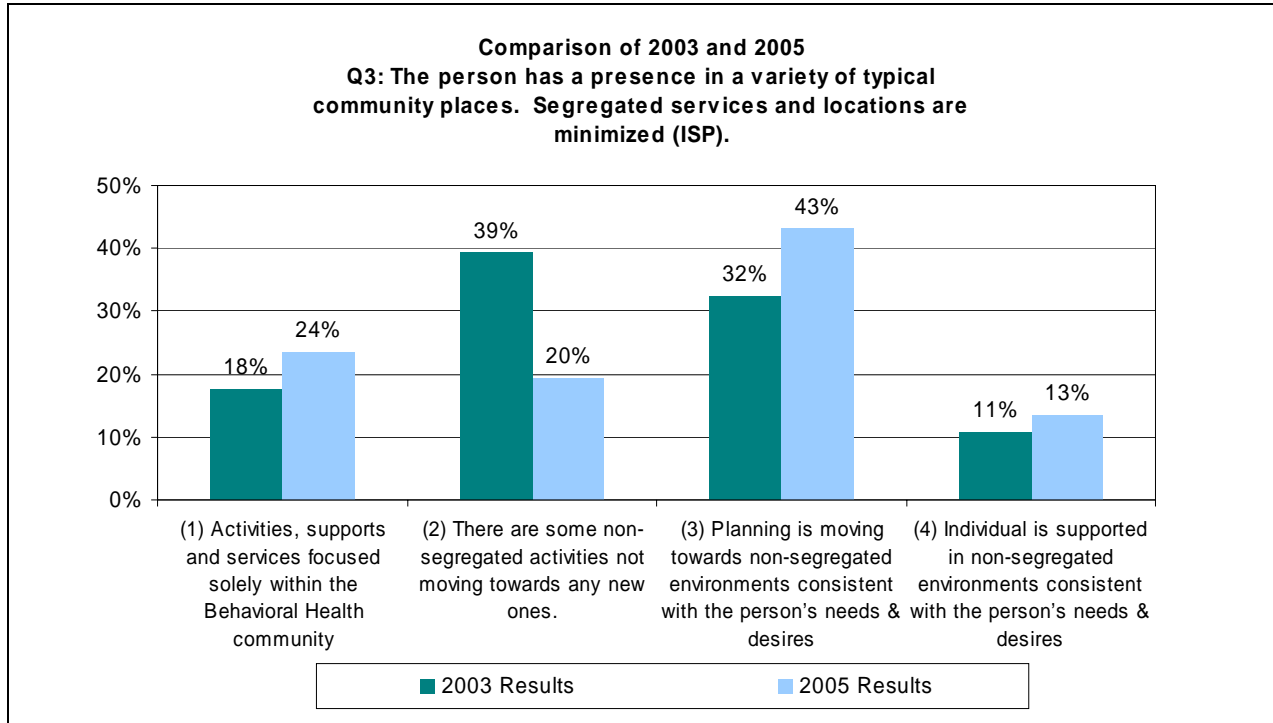
**Case reviews show an increase in service plans that incorporate individualized services and supports, as opposed to reliance on preexisting models.**

In 2005, 28% of cases reviewed were classified in the highest rating category: “ISP goals and activities are personalized and adjusted with circumstances” – up from 14% in 2003. Another 45% of cases fell into the next highest rating category: Both ISP goals and activities are personalized – up from 34% in 2003.



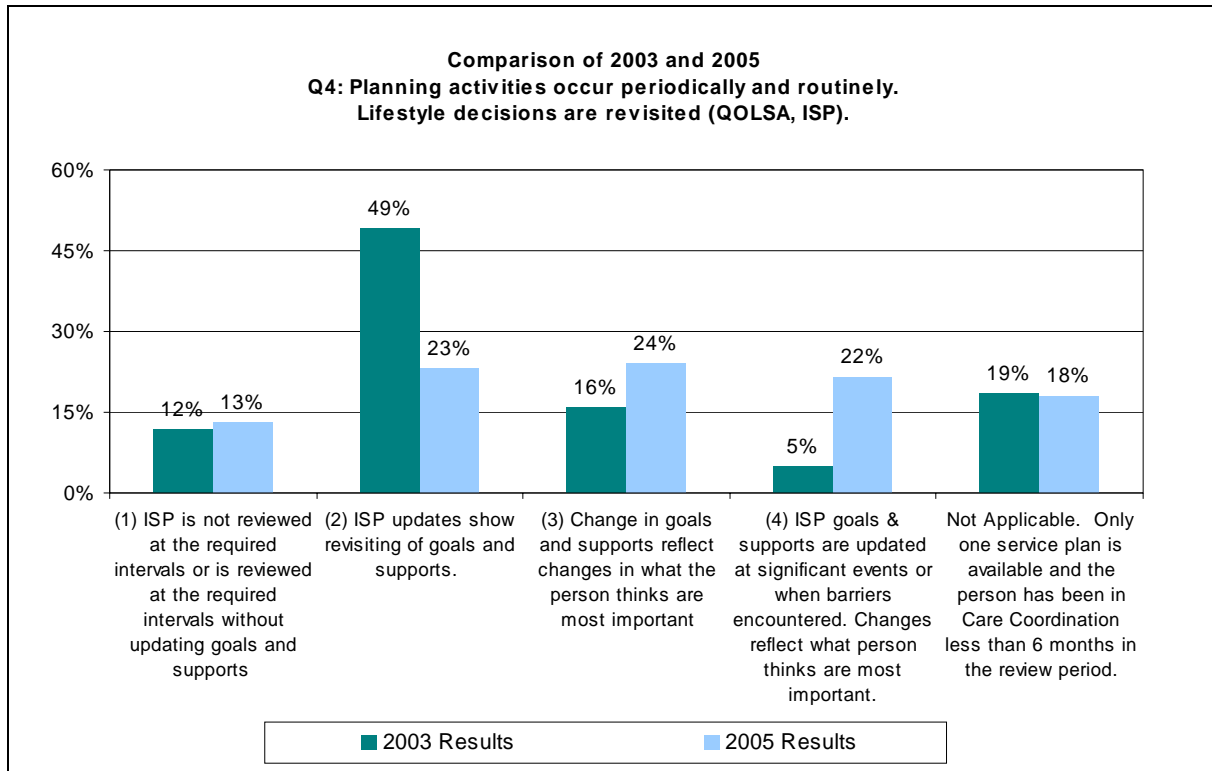
**Data point to continued progress in moving toward non-segregated environments**

In 13% of the cases, the reviewer indicated that the “Individual is supported in non-segregated environments consistent with the person’s needs & desires.” and in 43% of the cases, “Planning is moving toward non-segregated environments consistent with the person’s needs and desires.” This represents a positive shift from 2003 when ratings in these categories were 11% and 32% respectively.



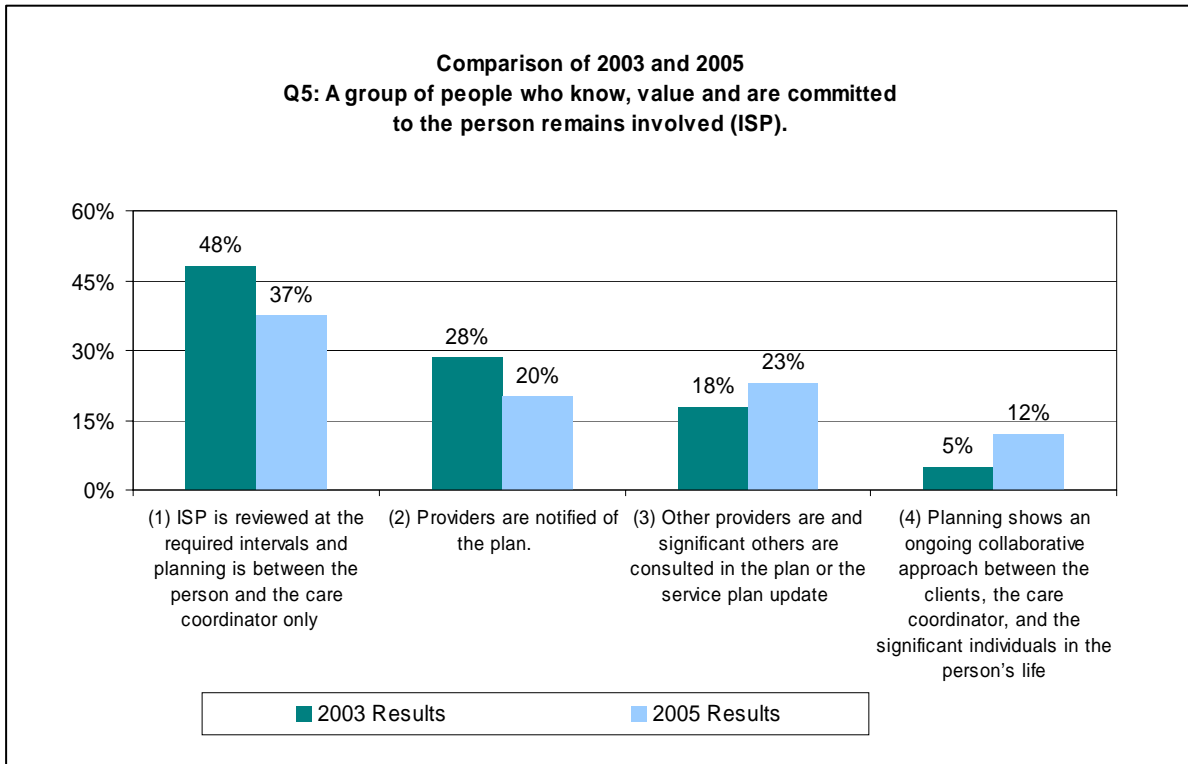
**Progress is being made in ensuring planning occurs on a routine basis and lifestyle decisions are revisited.**

In 22% of the cases, there was evidence that ISP goals are updated at significant events or when barriers are encountered. Changes reflect what the person thinks are most important. In addition, for 24% of the cases, reviewers indicated that Changes in goals and supports reflect changes in what the person thinks are most important. Again, this represents progress since the initial ratings in 2003.



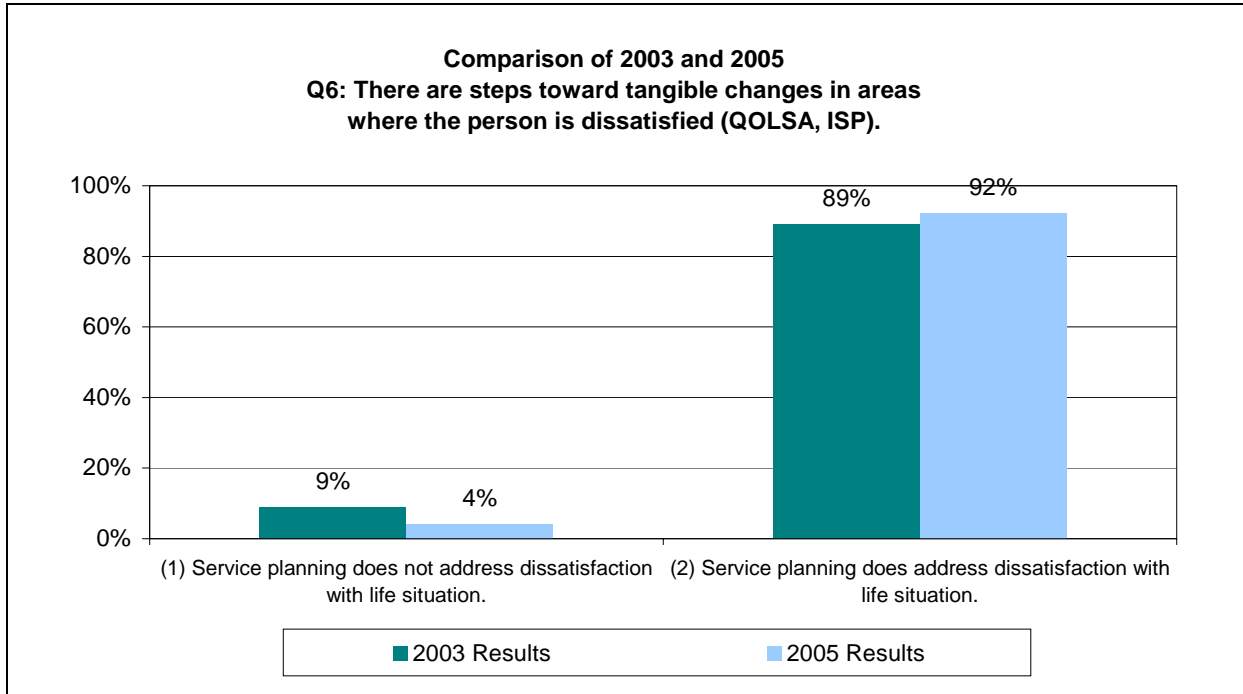
**Some progress is being made in efforts to engage others in the enrollee's ISP.**

In 2003, nearly half of the cases reviewed (48%) indicated that planning was between the enrollee and care coordinator only. In 2005, this figure dropped to 37%, while the number of plans demonstrating evidence of engagement with providers and significant others rose slightly.



**In most cases, tangible steps were taken to make changes to plans when the enrollee was dissatisfied.**

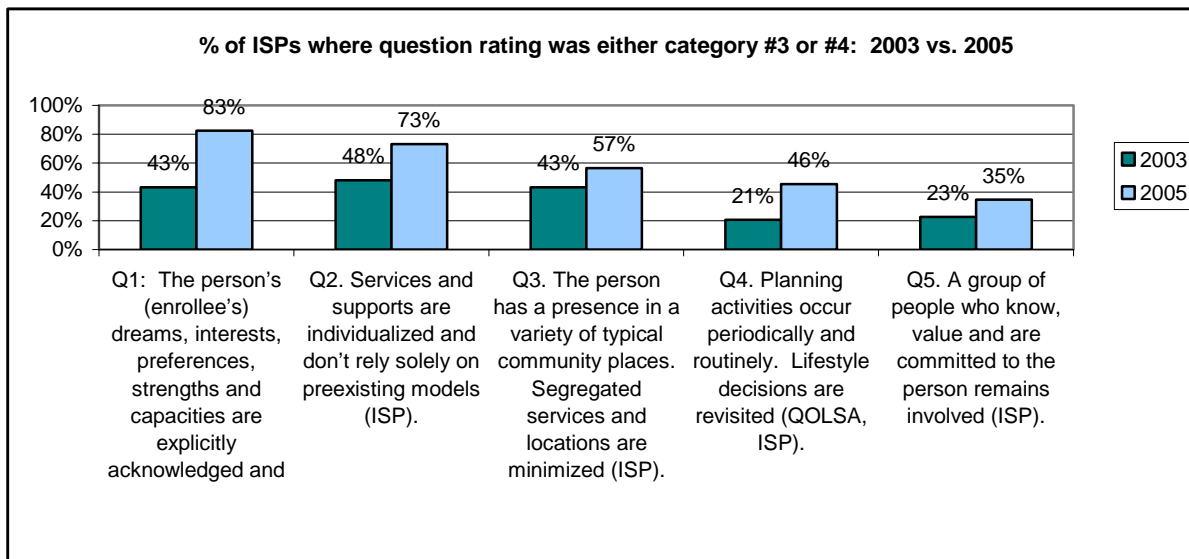
In 2005, 92% of plans reviewed showed evidence that steps were taken to make changes when the enrollee was dissatisfied – up from 87% in 2003.



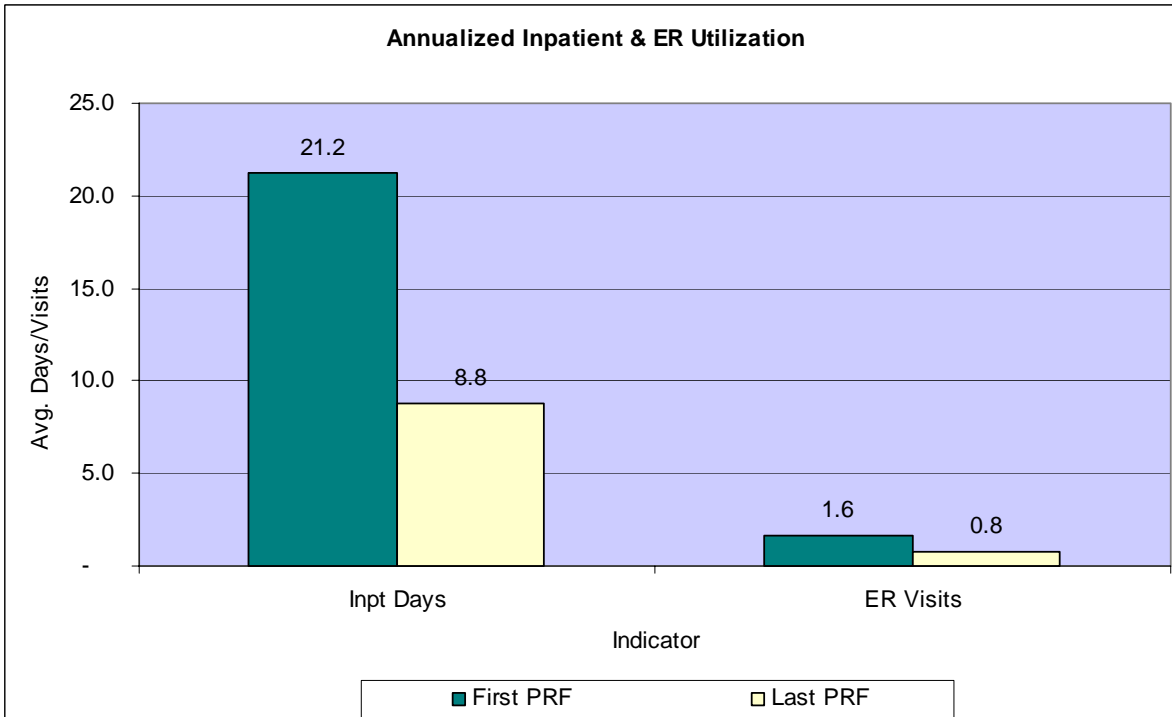
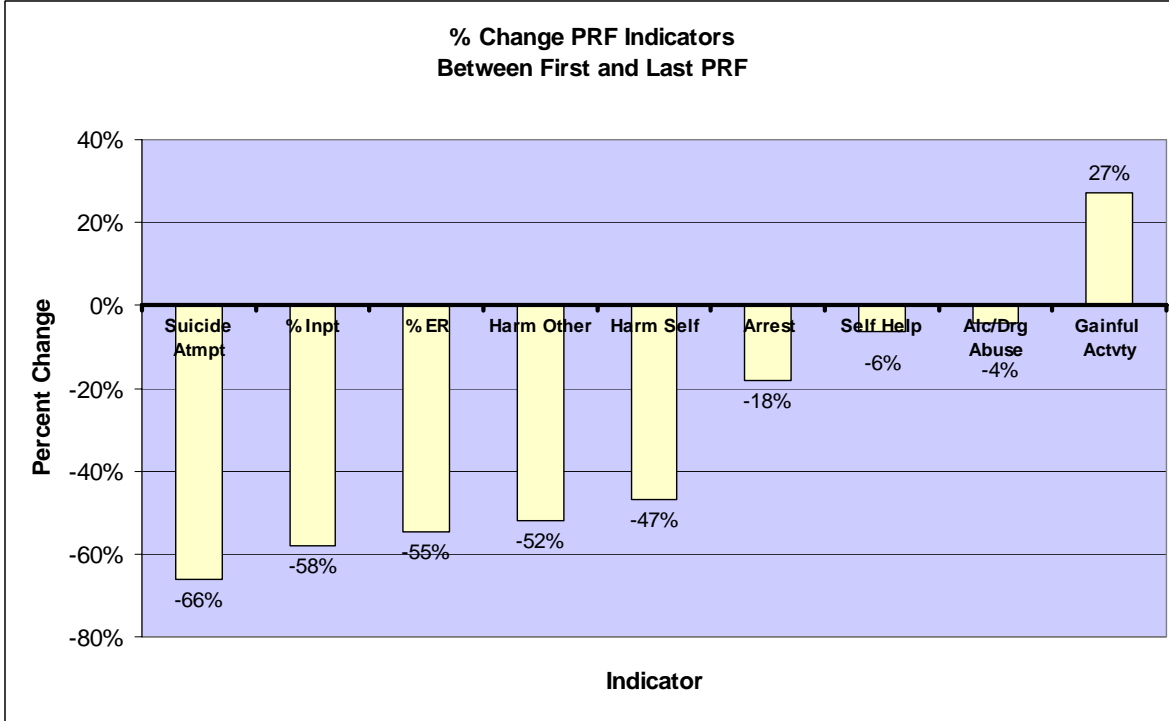
**WNY CCP**  
Western New York Care Coordination Program

In addition to examining the shift across individual rating categories, we were also interested in examining the percentage of cases that fell into the top two rating categories in 2005 as compared to 2003. As illustrated on the chart below, the data suggest a considerable improvement between the plans examined in 2003 and those assessed as part of the 2005 study.

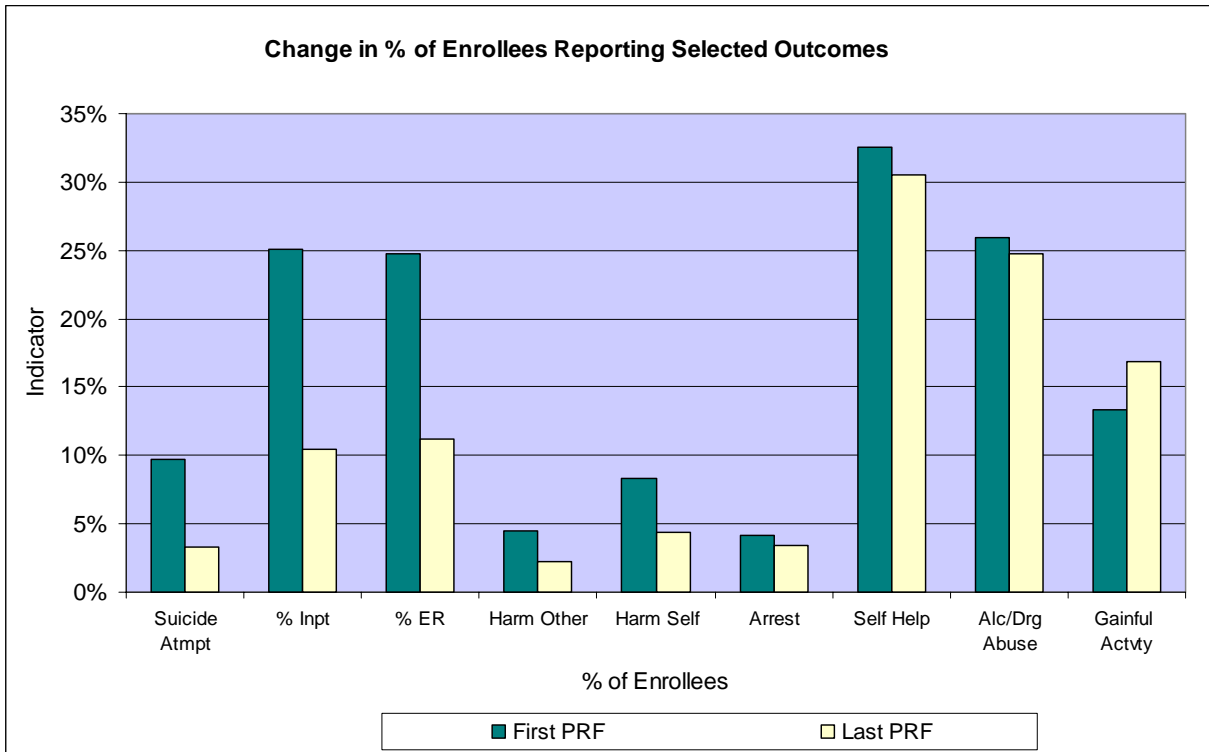
ISP Review Question -- % of cases rated either 3 or 4	2003	2005	Change	% Change
<b>Q1:</b> The person's (enrollee's) dreams, interests, preferences, strengths and capacities are explicitly acknowledged and drive activities, services and supports (QOLSA and ISP)	43%	83%	39%	91%
<b>Q2:</b> Services and supports are individualized and don't rely solely on preexisting models (ISP).	48%	73%	25%	52%
<b>Q3:</b> The person has a presence in a variety of typical community places. Segregated services and locations are minimized (ISP).	43%	57%	13%	31%
<b>Q4:</b> Planning activities occur periodically and routinely. Lifestyle decisions are revisited (QOLSA, ISP).	21%	46%	25%	121%
<b>Q5:</b> A group of people who know, value and are committed to the person remains involved (ISP).	23%	35%	12%	53%



## Section B4–Periodic Reporting Form (PRF) Outcomes Data



**WNY CCP**  
**Western New York Care Coordination Program**



**WESTERN NEW YORK CARE COORDINATION PROGRAMS**  
**Outcomes Reported on the Periodic Reporting Form 2005 and 2004**

Report on selected outcome indicators for individuals enrolled in the Western New York Care Coordination Program with a first Periodic Reporting Form dated no earlier than 1/1/03, and with a minimum of 2 Periodic Reporting Forms at least 6 months months apart.

	<b>Analysis as of 9/30/04</b>	<b>Analysis as of 9/30/05</b>
Sample Cohort	778	1,429
Total Enrolled at End of Period	1,870	2,165
Sample % of Total Enrolled	42%	66%
Clients with < 6 months between PRF's		543
Clients with only 1 PRF for time period		484

	<b>First Quarterly PRF</b>	<b>Last Quarterly PRF</b>	<b>Change</b>	<b>% Change</b>	<b>First Quarterly PRF</b>	<b>Last Quarterly PRF</b>	<b>Change</b>
Clients with ER visit	29%	13%	-16%	-56%	25%	11%	-14%
Average ER visits per cohort member (per quarter)	0.4	0.2	(0.2)	-59%	0.4	0.2	(0.2)
Clients with Inpatient Days	29%	13%	-16%	-56%	25%	10%	-15%
Average Inpatient Days per cohort member (per quarter)	5.6	2.1	(3.5)	-62%	5.3	2.2	(3.1)
Clients with self harm indicated	8%	5%	-3%	-34%	8%	4%	-4%
Clients with suicide attempt indicated	5%	2%	-3%	-60%	10%	3%	-6%
Clients involved in gainful activity	10%	15%	5%	44%	13%	17%	4%
Clients with physical harm to others indicated	3%	2%	-1%	-32%	5%	2%	-2%
Clients with arrests indicated	5%	3%	-3%	-50%	4%	3%	-1%
Clients involved in self-help	34%	32%	-2%	-6%	33%	31%	-2%
Clients with substance abuse indicated	26%	25%	-1%	-5%	26%	25%	-1%

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**% Change**

- 55%
- 55%
- 58%
- 58%
- 47%
- 66%
- 27%
- 52%
- 18%
- 6%
- 4%

Comparison of WNYCC PRF Outcome Measures for Results in 2004 and 2005 in Total and By Groupings

Data Measure	2004			Comparison <sup>2</sup> E/W to M/O/C	2005			Comparison <sup>2</sup> E/W to M/O/C
	Erie/Wyoming	Mon/Onon/ Chaut	Overall		Erie/Wyoming	Mon/Onon/ Chaut	Overall	
Total Enrolled at End of Reporting Period			1,870		792	1,331	2,165	
Sample Cohort <sup>1</sup>	291	487	778		463	966	1,429	
Sample % of Total Enrolled			42%		58%	73%	66%	
# Clients With Only 1 PRF for Time Period					274	210	484	
# Clients With < 6 Months Between PRF's					285	258	543	
# Clients With ER Visits on First PRF	145	82	227		190	164	354	
# Clients With ER Visits on Last PRF	38	63	101		58	102	160	
ER Visits Per Client on First PRF	0.7	0.3	0.4		0.7	0.3	0.4	
ER Visits Per Client on Last PRF	0.2	0.2	0.2		0.2	0.2	0.2	
<b>ER Visits Used (% Change) <sup>3</sup></b>	<b>-77%</b>	<b>-35%</b>	<b>-59%</b>	<b>42%</b>	<b>-70%</b>	<b>-37%</b>	<b>-55%</b>	<b>33%</b>
# Clients With Inpatient Days on First PRF	134	91	225		195	163	358	
# Clients With Inpatient Days on Last PRF	44	54	98		72	78	150	
Hospital Days Per Client on First PRF	6.6	5.0	5.6		7.1	4.5	5.3	
Hospital Days Per Client on Last PRF	2.7	0.1	2.1		3.3	1.8	2.2	
<b>Hospital Days Used (% Change)</b>	<b>-59%</b>	<b>-98%</b>	<b>-62%</b>	<b>-39%</b>	<b>-54%</b>	<b>-60%</b>	<b>-58%</b>	<b>-6%</b>
Self Harm Indicated on First PRF	24	37	61		38	81	119	
Self Harm Indicated on Last PRF	7	33	40		11	52	63	
% Clients Indicating Self Harm on First PRF	8.2%	7.6%	7.8%		8.2%	8.4%	8.3%	
% Clients Indicating Self Harm on Last PRF	2.4%	6.8%	5.1%		2.4%	5.4%	4.4%	
Self Harm % Variance Between Time 1 and 2	-5.8%	-0.8%	-2.7%		-5.8%	-3.0%	-3.9%	
<b>Self Harm Indicated on PRF (% Change)</b>	<b>-71%</b>	<b>-11%</b>	<b>-34%</b>	<b>60%</b>	<b>-71%</b>	<b>-36%</b>	<b>-47%</b>	<b>35%</b>
Suicide Attempt Indicated on First PRF	21	21	42		94	45	139	
Suicide Attempt Indicated on Last PRF	6	11	17		28	19	47	
% Clients Indicating Suicide Attempt on First PRF	7.2%	4.3%	5.4%		20.3%	4.7%	9.7%	
% Clients Indicating Suicide Attempt on Last PRF	2.1%	2.3%	2.2%		6.0%	2.0%	3.3%	
Suicide Attempt % Variance Between Time 1 and 2	-5.2%	-2.1%	-3.2%		-14.3%	-2.7%	-6.4%	
<b>Suicide Attempt Indicated on PRF (% Change)</b>	<b>-71%</b>	<b>-48%</b>	<b>-60%</b>	<b>24%</b>	<b>-70%</b>	<b>-58%</b>	<b>-66%</b>	<b>12%</b>
Clients Involved in Gainful Activity on First PRF	20	61	81		56	134	190	
Clients Involved in Gainful Activity on Last PRF	30	87	117		69	173	242	
% Clients Involved in Gainful Activity on First PRF	6.9%	12.5%	10.4%		12.1%	13.9%	13.3%	
% Clients Involved in Gainful Activity on Last PRF	10.3%	17.9%	15.0%		14.9%	17.9%	16.9%	
Gainful Activity % Variance Between Time 1 and 2	3.4%	5.3%	4.6%		2.8%	4.0%	3.6%	
<b>Clients Involved in Gainful Activity Change %</b>	<b>50%</b>	<b>43%</b>	<b>44%</b>	<b>7%</b>	<b>23%</b>	<b>29%</b>	<b>27%</b>	<b>-6%</b>
Physical Harm to Others Indicated on First PRF	15	10	25		44	20	64	
Physical Harm to Others Indicated on Last PRF	7	10	17		10	21	31	
% Clients With Physical Harm to Others on First PRF	5.2%	2.1%	3.2%		9.5%	2.1%	4.5%	
% Clients With Physical Harm to Others on Last PRF	2.4%	2.1%	2.2%		2.2%	2.2%	2.2%	
Physical Harm to Others % Variance Between Time 1 & 2	-2.7%	0.0%	-1.0%		-7.3%	0.1%	-2.3%	
<b>Physical Harm to Others Indicated on PRF Change %</b>	<b>-53%</b>	<b>0%</b>	<b>-32%</b>	<b>53%</b>	<b>-77%</b>	<b>5%</b>	<b>-52%</b>	<b>82%</b>
Clients With Arrests on First PRF	30	10	40		43	17	60	
Clients With Arrests on Last PRF	16	4	20		24	25	49	
% Clients With Arrests on First PRF	10.3%	2.1%	5.1%		9.3%	1.8%	4.2%	
% Clients With Arrests on Last PRF	5.5%	0.8%	2.6%		5.2%	2.6%	3.4%	
Arrests % Variance Between Time 1 & 2	-4.8%	-1.2%	-2.6%		-4.1%	0.8%	-0.8%	
<b>Clients With Arrests Change % <sup>4</sup></b>	<b>-47%</b>	<b>-60%</b>	<b>-50%</b>	<b>-13%</b>	<b>-44%</b>	<b>47%</b>	<b>-18%</b>	<b>91%</b>

**Comparison of WNYCC PRF Outcome Measures for Results in 2004 and 2005 in Total and By Groupings**

Data Measure	2004				2005			
	Erie/Wyoming	Mon/Onon/ Chaut	Overall	Comparison <sup>2</sup> E/W to M/O/C	Erie/Wyoming	Mon/Onon/ Chaut	Overall	Comparison <sup>2</sup> E/W to M/O/C
Clients Involved in Self-Help on First PRF	87	178	265		141	324	465	
Clients Involved in Self-Help on Last PRF	95	155	250		122	314	436	
% Clients Involved in Self Help on First PRF	29.9%	36.6%	34.1%		30.5%	33.5%	32.5%	
% Clients Involved in Self Help on Last PRF	32.6%	31.8%	32.1%		26.3%	32.5%	30.5%	
Involved in Self Help % Variance Between Time 1 & 2	2.7%	-4.7%	-1.9%		-4.1%	-1.0%	-2.0%	
<b>Clients Involved in Self-Help Change %</b>	<b>9%</b>	<b>-13%</b>	<b>-6%</b>	<b>-22%</b>	<b>-13%</b>	<b>-3%</b>	<b>-6%</b>	<b>10%</b>
Substance Abuse Indicated on First PRF	121	84	205		202	168	370	
Substance Abuse Indicated on Last PRF	110	85	195		167	188	355	
% Clients Indicating Substance Abuse on First PRF	41.6%	17.2%	26.3%		43.6%	17.4%	25.9%	
% Clients Indicating Substance Abuse on Last PRF	37.8%	17.5%	25.1%		36.1%	19.5%	24.8%	
Substance Abuse % Variance Between Time 1 & 2	-3.8%	0.2%	-1.3%		-7.6%	2.1%	-1.0%	
<b>Substance Abuse Indicated on PRF Change %</b>	<b>-9%</b>	<b>1%</b>	<b>-5%</b>	<b>10%</b>	<b>-17%</b>	<b>12%</b>	<b>-4%</b>	<b>29%</b>

**Notes:** 1. Sample Cohort includes Clients who have their first PRF later than 1/1/03.  
 2. Comparison column notes the difference in Change % for the Erie/Wyoming group to the Monroe/Onondaga/Chautauqua group.  
 The groupings are based on the fact that Erie and Wyoming data is in the CAIRS system, and the other counties' data is at CCSI.