Tennessee Department of Intellectual and Developmental Disabilities

July 18, 2014
Influencing Factors in Tennessee

- In 2008, Tennessee along with five other states became a part of a national community of practice to learn how to building person centered organizations.

- Support Development Associates (SDA) worked with state leadership on developing person centered systems in Tennessee.
Influencing Factors in Tennessee

• The first three (3) providers selected to participate were Easter Seals, Buffalo River Services, and Prospect.
• The following year, 3 new providers were selected to participate in the process, and the work continued to grow.
• Currently we have 14 providers across the state who have participated in the work of becoming a person centered organization.
How change occurred

- Participating organizations engaged in processes to determine level 2 and level 3 changes that needed to be addressed.
- Participation at the sites (providers) included provider staff at all levels, state employees (regional office and central office staff), Independent Support Coordinators (case management), and Behavioral Analysts.
How change occurred

- Once level 3 changes were identified, workgroups were formed to tackle the most important changes needed (the ones that had the most impact). The Individual Support Planning (ISP) process quickly emerged as an area needing to change.
- A workgroup created a new and improved ISP training, that focused on the principles of person centered practices.
Embedding PCP in State Structure

- Changes made included:
  - Requiring all Independent Support Coordinator’s/Case Managers to attend Person Centered Thinking Training
  - The Independent Support Plan (ISP) template was updated to include prompts in each section of the plan that requires the use of the PCT tools
  - ISC’s and Case Managers are now required to demonstrate the use of PCT tools during the annual ISP planning process.
  - ISC’s and Case Managers were recruited to participate at sites (providers) as coaches.
  - Participation at the sites also included leadership from the state level (DIDD), including the Commissioner of DIDD, the Director of Protection from Harm, the Director of Quality Assurance, and the Regional Directors.
Embedding PCP in State Structure

- Changes were made to DIDD organizational structure to further embed PCP within the system. Changes made included:
  - The Person Centered Practice in DIDD Central office was moved under the Policy and Innovation/Development unit in order to have direct impact on all DIDD policy development.
  - Director of Person Centered Practices, and a Deputy Director of Person Centered Practices.
    - The role of the Director of Person Centered Practices is to work with case managers, ISC’s, and providers on spreading the work of PCP.
    - The director also works with regional and central office staff of DIDD on changes that need to occur within policies and practices.
    - The director participates in various councils and workgroups to ensure that the philosophy of PCP is at the core of all that the department does.
Embedding PCP in State Structure

- Person Centered Practice Units are now located in the regional offices of DIDD (9 staff total).
- The DIDD Provider Manual was revised effective 3/15/14, and person centered practices, planning, and principles are embedded within the document.
- There is a PCP section on the DIDD website, which contains information about what we do.
What’s next?

• Currently there are twenty (20) credentialed PCT trainers within the state.
• There four (4) trainers in the final stage of becoming mentor trainers.
• There are ten (10) People Planning Together trainers (self-advocates) within the state.
• We plan to support the increase of PPT trainers and PCT trainers.
• We plan to continue to work with providers on getting more DSP’s trained, and middle management staff.
What’s next?
Questions?