



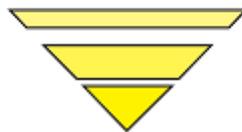
Individual Support Plan Overview

FAMILY GUIDE

MARCH 2013

Department of Mental Health

**DIVISION OF
DEVELOPMENTAL
DISABILITIES**



Part I: Overview of the Individual Support Plan Process

The purpose of this guide is to provide you with a *basic overview* of the *Individual Support Plan (ISP)* process:

What is it?
Why is it important?
Who is involved?

Each of us decides what makes us happy and what will make our lives full and satisfying. These things are different for each person because we all have unique likes, dislikes, opinions, hopes, fears, preferences and dreams for the future.

Think about your family member's life and all of the important information that would be vital in trying to determine what supports and services are needed in order for your family member to have the life they need and want.

Now, think about a written document that contains all of this information and it being easily accessible to you, your family member and others who may be providing supports. Also, think about this document utilized as a guide to communicate "what is most important to" (preferences, likes, dislikes, etc) and "what is important for" (this includes the health and safety needs) for your family member.

WHAT IS AN ISP (Individual Support Plan) AND WHY IS IT IMPORTANT?

The ISP is:

- A required document - required by Missouri Department of Mental Health/Division of Developmental Disabilities for anyone who is eligible for receiving services / supports through the division.
- A planning document – used as a tool to help assess what supports and services are needed now and in the future and what steps are needed to get there.
- A supporting document - used as a tool to document the details of what is important to and what is important for your family member so that all supporters have a clear understanding of what's needed to provide the best supports and services.
- A working document – used as a tool to maintain all information gathered for the plan, to ensure it is updated and current as changes occur in your family member's life. This is to ensure supports and services continue and are successful to work towards the outcomes and goals identified by the team.

PERSON-CENTERED PLANNING PROCESS AND DEVELOPING THE ISP

The ISP utilizes a *person-centered planning process*. This means your family member is the focus of the planning process with emphasizes on his/her personal preferences, choices, hopes and dreams, needs and goals for the future.

The values of the Division of Developmental Disabilities are representative of Quality Outcomes that is the foundation of a Person Centered Planning Process. Quality Outcomes reflects a typical life in the community which is the benchmark of quality of life for all.

This process reflects that:

- Individuals have authority and are provided meaningful options to express preferences, to make informed choices, to achieve hopes, goals and dreams.
- Individual support planning discovers what is important *to* the individual/family and what is important *for* the individual/family; and balances these viewpoints.
- Individual support planning begins with strengths, gifts, skills, interests and contributions of each individual/family.
- Individual support planning is used as a framework for providing supports that are designed to meet the unique needs of each individual/family, while honoring goals and dreams.
- Individual support planning is a process that enhances community connections and natural supports and encourages the involvement of the individual/family with the community.
- Individual support planning recognizes that connections with other people who love and care for the individual/family is central to their well-being.
- Individual support planning recognizes that everyone can have relationships with people who are not paid to be there.
- Individual support planning supports mutually respectful partnerships between individuals/families and providers/professionals.
- The Individual support planning process respects culture, ethnicity, religion and gender.
- Individual support planning involves listening; action; being honest and realistic; and balances the needs and concerns for health and safety.

WHO HELPS TO GET THIS PLANNING PROCESS STARTED?

The individual support plan process involves a team approach, which means people important to you and your family member are included in this process to achieve the desired outcomes.

Building the ISP team (also known as a “circle of support”):

Whenever possible, individuals should choose the members of their team which can include:

- Guardian / Family members
- Friends, peers, acquaintances, etc.
- Care givers / support professionals
- Other supporters / professionals (such as support coordinator, social worker, employer, job coach, etc.)
- Anyone else important to the individual

Role of the Support Team:

- Listens to the family and individual supported
- Has a shared vision and goal
- Focused on the individual
- Committed to action and follow through
- Helps in the development and implementation of the plan (helping individuals/families attain their potential, achieve life goals, and to realize their dreams).
- Helps with linking to the community and resources
- Helps to build and sustain relationships
- Helps with problem solving

**Communication requires a willingness to use all available means in order to understand and to be understood (e.g., pictures, sign language, gestures, body language, augmentative devices, interpreter services etc.). At the planning meeting, alternative methods for communication should always be available.

Who facilitates the ISP process?

The meeting facilitator may be the individual (with support if desired), a family member, the support coordinator or professional affiliated with another agency / organization.

The facilitator either has a relationship with the individual / family, or establishes a relationship with the individual prior to the meeting. The facilitator’s ability to ask the right questions and to communicate directly with the individual / family will enhance the plan and its process.

The facilitator’s credibility with you and your family member and support team will dramatically influence the success of the planning process.

Choose a facilitator who has the following attributes:

- Good listening skills
- Understands individual communication styles
- Team player; works well with others
- Flexible and open-minded; does not make assumptions
- Skilled at keeping the focus of the meeting on the individual
- Skilled at checking back with you and the individual
- Consistent, and committed to follow-through
- Skilled at understanding and balancing the team's perspective about what is important to and for the individual, the family and others who knows and cares about the person.

ROLE OF YOUR SUPPORT COORDINATOR

- Listens to the needs of you and your family
- Advocates for the needs of the individual / family which includes seeking resources other than the service system
- Makes sure the ISP Team gathers to discuss the development of the plan
- Makes sure the ISP document is complete and that signed authorizations are obtained (which means the individual and guardian agrees to the information gathered).

NOTE: If you are the guardian – you are required to authorize the planning document (ISP) by providing your signature.

WHAT HAPPENS ONCE THE ISP IS DEVELOPED?

Your role, input and insight in this process is crucial. The ISP should be a *living document* that should change as often as the person's life changes to reflect the on-going needs of the individual. The final ISP document should clearly communicate what was discussed in the ISP team meeting.

The following section is intended to provide you with an overview of ISP components the team is expected to address in the plan.

If you have any questions or concerns you should contact your support coordinator. Your support coordinator can be a great resource to you and your family member and can provide you with additional information about the ISP process.

Part II: Developing the plan – ISP components:

The following is a summary of plan components that may be compiled prior to or after the planning meeting by the team (circle of support) to assist the team to get started. This will also help the team to focus on the individual. The following is a *snapshot* of the core components.

NOTE: Additional information defining each component is detailed in the *ISP Guideline Manual*. Please ask your support coordinator or visit www.dmh.mo.gov.

Component	Purpose
Who and what is important to the individual?	<p><u>Who is important:</u> Caring about other people and having others care about us is what makes our lives meaningful. It is important to know about the individual's <i>social support network</i> (who is all of the people in the individual's life that are most important to them).</p> <p><u>What is important to:</u> Includes a detailed description of what the individual and team members (circle of support) think is important to have a quality life. When reading the plan, it should be easy to distinguish what is important to the individual from what is important to others.</p> <p><u>What is important for:</u> This information includes details about the specific health and safety needs which can be noted in the section below "what do others need to know or do to support the person."</p>
What do we need to know or do to best support the individual?	<p>The support section of the plan is a crucial component of the ISP process. It is an area that identifies "how" the supports need to be delivered day to day.</p> <p>Support needs for specific health and safety - It is imperative that those who are responsible for supporting the individual are well informed of health and safety needs and that the plan describes the supporter's roles to maintain the health and / or safety needs.</p> <p>Planning for risks – Risks are actions that may impact an individual's wellbeing. Risk is unique to each individual's circumstance and it is important to identify risks to ensure that supports are planned for, as needed, to decrease risk. To understand the immediate support needs of an individual, the identified health / safety, behavioral risk /crisis must be included in the ISP.</p> <p>Transition - When unexpected things happen, people often feel "derailed" or "off balance." To help the individual move forward during or after a change in life events, the planning team meets and continues to adjust and modify the plan to reflect the individual's immediate needs.</p>

Developing the plan – ISP components – continued

Component	Purpose
Employment and Career planning	<p>Career planning helps individuals reach their employment goals. The vision of Division of Developmental Disabilities states that <i>employment is a viable option</i> for individuals.</p> <p>On-going career planning is expected to be addressed in the ISP for all individuals who are of working age so that career advancement opportunities are explored on a regular basis.</p>
Self Directed Supports	<p>Self-Directed Supports (SDS) is an option for service delivery for individuals with developmental disabilities who wish to exercise more choice, control and authority over their supports. SDS is founded on the principles of Self-Determination. Under this option, the individual or their designated representative has employment and budget authority. This authority allows individuals and families to hire, train and schedule their own employees, utilizing an individualized budget.</p> <p>The individual support plan is used as the training document for employees. It must provide enough detail in order for everyone to understand the essential needs of the individual.</p>
Rights	<p>The Division has a process in place (Division Directive 4.200) to protect the human rights for all individuals and outlines a referral process for Human Rights Committees.</p> <p><u>The purpose is to:</u></p> <ul style="list-style-type: none"> • Ensure individuals receiving services are assisted in exercising all rights under the Constitution of the United States and those stated in statute. • Ensure individuals have information on the rights and responsibilities of citizenship. • Ensure that individuals are involved in any process to limit their rights and are assisted through external advocacy efforts. • Ensure individuals are entitled to due process when limitations are imposed. • Ensure Human Rights committees operate as objective review committee in protecting the human civil rights for individuals with developmental disabilities. <p>When the individual’s team determines that a limitation of rights is necessary, the ISP process must ensure specific components are noted in the plan.</p>
Legal issues	<p>The ISP Includes information about legal status, restrictions placed by the court system and dated signatures by the individual / legal guardian (if appropriate) and support coordinator.</p>

Developing the plan – ISP components – continued

Component	Purpose
Review of previous year progress/ assessments	<p>A review of assessments should be done prior to the planning meeting to facilitate discussion. Assessments may lead to valuable information about supports and development of outcomes.</p> <p>A review of current supports and progress should be conducted prior to the planning meeting in order to identify ongoing support needs.</p>
Non-Division Supports	<p>The intent of Division services is <u>to supplement and strengthen existing natural supports</u>, such as those provided by family, friends, the community, etc.</p> <p>Natural supports (and those relationships) are an integral part of everyone’s lives and should be fostered and encouraged by all planning team members to assist with the development of a well-rounded circle of support for the individual.</p> <p>This information assists to provide a global picture of all the supports available to the individual and to define the support needed to <i>wrap around</i> all other available supports.</p> <p>Supports MUST not be duplicative.</p>
Requirements of family of minor child or guardian	<p>If the individual is a minor child, information from the parent(s) or guardian MUST be included in the plan.</p> <p>If the individual is an adult with a guardian, information must be included if the guardian requests. Steps should then describe how the guardian’s concerns are being addressed.</p> <p>There should always be a distinction between what is important to the guardian from what is important to the individual.</p>
Management of individual funds	<p>This part of the planning process outlines the ability of the individual to manage their individual funds or to what extent they require supports. While this may not apply to all individuals receiving supports, it is a mandatory component for individuals receiving residential supports.</p>
Budget	<p>The budget is part of the plan and the individual/guardian <u>shall receive a copy</u>.</p> <p>The support coordinator will assure that the individual’s budget information outlines all services received & costs. This information is vital for the individual, their family, and all service providers as it creates a picture of all paid supports.</p>
Contributors	<p>Includes the following: Those who contributed to the plan through interviews, reports, letters, questionnaires, etc., and those present at the plan meeting.</p>
Outcomes and Action Planning	<p>The ISP process is <u>outcome based</u>.</p> <p>Outcomes and action planning is a process used to ensure that all supporters are able to assist the individual to achieve their desired goals.</p> <p>Some of us may have the same outcome, but may define it differently depending on our current situation, life experiences, future goals and specific steps to take to reach the same outcome.</p> <p>Outcomes are an ISP requirement.</p>