

Community Advancement Network Community Council Summary Report on Building a Person-Centered Community

Introduction

Since 2014, the Community Advancement Network's (CAN) Community Council (Council) has been studying the salient elements and key aspects of Person-Centered Care (PCC), the principles underlying it, and the practices that define it in the Austin community. The ultimate aim is to shine a light on the issue and create an actionable framework that defines and give structure to the concepts. It is hoped that this framework will inform CAN members and the community as whole on how best to adopt the principles and practices that will advance Austin's desire to be a Person-Centered Community in keeping with CAN's tenets of *equity and opportunity*. This Interim Executive Summary outlines the process the Council followed and major initial findings, serving both as an introduction to the Council's capstone meeting on October 17, 2016, and as a prelude to the Council's end-of-year report.

The Council can be seen as following CAN's *Equity and Opportunity Process* as one way to think of the Council's progress and status involving PCC, which is elaborated in the sections that follow.

1. **Common Vision:** Our shared aspirations for all people.
2. **CAN Work Plan:** Connect stakeholders and continue the dialogue to promote collaborative action.
3. **Convene Conversations:** Identify and share what more is needed to turn the curve.
4. **Strategic Framework for Action:** Strategies to achieve our common vision.

Two-Thousand, Fourteen (2014)

Beginning in 2014, CAN held a series of CAN Board and Council discussions and four (4) Safety Net Forums (i.e. cultural proficiency, healthy living & care, employment & work, and affordable housing) to understand the challenges and opportunities faced by select populations in the local community:

- Veterans
- Immigrants
- Older Adults
- Children & Youth
- People with Disabilities
- Individuals transitioning back to the community from Incarceration

Out of those forums, seven (7) elements of PCC were identified, described in the voice of ordinary people; and, through panel presentations, attention was given to three (3) of the 7 identified elements, highlighted below:

1. Help me get a good start.
2. **Consider my whole family.**
3. **Provide services where I am.**
4. **Develop a system that works for me.**

5. Empower me to improve my community.
6. Respect me and talk to me in a way I can understand.
7. Create neighborhoods where I can access opportunity.

Two-Thousand, Fifteen (2015)

With these elements as a beginning framework, the Council's 2015 work plan focused on promising practices for PCC service delivery. The Council heard from a diverse group of non-profit service providers and met with non-profit leaders and representatives of collaborative initiatives to consider how they use a person-centered approach in their work. Representatives of, or service providers working with select populations were asked to address the following questions as part of Community Council meetings:

- ❑ How does your organization define a person-centered approach?
- ❑ Do you feel your organization embodies these particular person-centered themes? How?
- ❑ How do you define and measure success?
- ❑ How/to whom do you structure referrals for those needing services from another organization?

The Council hosted a half-day summit for 90+ participants on October 21, 2015, at the AISD Performing Arts Center, entitled ***“Building a Person-Centered Community: A Participatory Summit”*** to highlight the findings from these presentations and to engage practitioners and other interested people and organizations in building a broader community understanding of and support for PCC. The Summit facilitator employed *Liberating Structures* techniques which allowed for thoughtful discussions, which in turn yielded 13 “bold ideas” to move toward a more person-centered community, the themes of which have been integrated into the developing framework. In summary, the Summit:

- ❑ Sparked new ways to invite partnership for more person-centered services;
- ❑ Provided tangible takeaways and actions to support such care;
- ❑ Identified components of the culture shift that must take place for successful person-centered services to be provided; and
- ❑ Shared some models of local person-centered services.

Two-Thousand, Sixteen (2016)

The Council's work plan for 2016 sought to build upon the accomplishments and bold ideas generated from the Person-Centered Community Summit. Specifically, the Council endeavored to extend (broaden and deepen) this understanding by hosting community presentations and conversations on effective practices in PCC care and applicability (inc. transferability, scalability, and sustainability) in building a person-centered community. This included hearing from public sector service providers, funding entities, university researchers, advocates, and capacity-building organizations across a broad range of services and activities, size/type of organizations, and other interests, including physical and behavioral health as well as community and stakeholder engagement.

Individual presenters and panelists, representing organizations that are doing PCC well, helped further define PCC service delivery and integrative topics:

- ❑ Key attributes and strategies being used (How did you get there? What sort of training was required? How did the model evolve over time?).
- ❑ Importance to different stakeholders in our community.
- ❑ Examination of application across other populations or groups (education, housing, business, workplaces, public services vs. just health and social services).
- ❑ Effective practices around the country and current initiatives to implement a PCC model in Central Texas.

The Council also sought to assess how what it is learning may also interface with or have cross-cutting implications for bridging the economic divide, participating in a beta test of the ***Deliberative Dialogue on “Equity and Opportunity: How do we ensure Austin’s future creates opportunity for all people?”*** to provide feedback on the Issue Guide and the process for CAN and its partners in this effort (Leadership Austin, Interfaith Action Central Texas, Civic Collaboration).

Preliminary Findings and Initial Framework

- The original three elements from 2014 were validated and formed the basis for a fuller understanding and more elaborated set of the principles, practices, and programs encompassing PCC.
- There is research to support at least some of the elements of the PPC approach that are evidence-based and impactful.
- All organizations presenting to the Council embraced and actively utilized at least some form of PCC, with many of them encompassing a full complement of PCC strategies. While Summit participants offered a wide range of varied thoughts, suggestions and bold ideas, there were many common themes.
- Many strategies had the following features in common: proactive outreach, active and responsive listening with clients/constituents, collaborative service design and delivery, integrated care, meaningful follow-up, measurement and evaluation, multi-generational/whole family strategies, case management, integrated enrollment/no wrong door, coordinated referrals, effective partnerships and choice. It is the Council’s hope that CAN members and the larger Austin community will adopt and adapt these practices by integrating them in statements of organizational values, strategic and operational planning processes, program and services designs, funding and resource allocations, and training and professional development decisions and activities.
- The CAN Community Council wants to align its PCC work and findings with CAN’s larger initiatives for 2017 and beyond, such as cultural and linguistic competency, deliberative dialogues around bridging the economic divide, Dashboard Indicators, and other select focus areas.

CAN Executive Director, Raul Alvarez, has worked with Community Council and CAN Board members to develop and refine an framework, detailed below. The framework is aligned with the ***CAN Community Dashboard Indicator*** goals areas of: *we are safe, just, and engaged; our basic needs are met; we are healthy; and we achieve our full potential.*

Underlying that framework are the seven initial elements developed in 2014, including the three focus areas of: *Consider my whole family: Provide services where I am; and Develop a system that works for me.*

In a Person Centered Community:

- 1) We prioritize the safety and well-being of all children.
- 2) We provide a safe, welcoming and supportive environment for employees and the individuals and families we serve.
- 3) We strive to identify and eliminate existing inequities, especially by race, ethnicity, and income.
- 4) We consider the impact that language and culture have on the effectiveness of programs and services.
- 5) We listen to our employees and the individuals and families we serve, and we give meaningful consideration to their input.
- 6) We base services on the needs, resources, lives and schedules of the individuals and families we serve
- 7) We build on a person's strengths, resourcefulness and capabilities and ensure that they are in the driver's seat of determining what services or assistance they receive.
- 8) We help people find their voice so that they can advocate for themselves, their families and their community.