Person-Centered Planning and Practice Committee Web Meeting 7

Moderator: Kim Patterson
February 3, 2020
12:30 pm ET

(Jessica): Hello. I'm (Jessica). We are still gathering on the lines. Let's just give it a couple more minutes. Thank you so much.

Man: … paid for the water with the tub?

((Crosstalk))

Man: That's right.

Woman: Oh, okay. Maybe we'll just go with the…

((Crosstalk))

Woman: …one if that's okay. That's fine.

(Phoebe Connor): Hello. This is (Phoebe Connor) with NQF. We are going to get started.

So I want to thank you all for joining us for Week 7 of the Personal Care and Crafter committee. So (unintelligible) just wanted to - just some of our usual

housekeeping items. So we are asking people if they are not currently speaking to make sure that their line is on mute. That is star-6.

It is star-7 to unmute. There are a couple of people that we had to put on mute due to background information. So if you find that you're trying to talk and you realize you can't, it's probably because you have been muted. So it's star-7 to unmute.

We are also asking people to make sure that they are not streaming both through their computer and their phones to make sure that your computer is filed in, please make sure that your computer's microphone is muted. We are getting a little bit of feedback.

So going to ask you to (unintelligible) feedback from some people so please, please mute your phone if you're not speaking. And so we just had to mute a couple of people.

And so, yes, that's where we are right now. So as I said, I'm (Phoebe Connor). I'm a Senior Product Manager here. Some of our colleagues (Ivan Phamlavanda), who is a Product Manager. And we actually have a new person who's joined our team, (Saija Lamoganti), who is a Project Analyst here. (Saija) started with us just last month and she will be working on the projects for the foreseeable future. So we're very excited to have (Saija) here.

We are going to go through the - see who we have on the line and also ask our Co-Chair, (Gretchen) and (Sheryl) to provide some opening comments. So (Gretchen), I'm going to turn it over to you.

(Gretchen): Thanks. I just wanted to welcome everyone and say thank you again for the time that you've committed to this committee and to this process. We all are

aware how important it is but again I want to make sure you understand how grateful we are for the time and energy that you're putting gin to the process.

Today we're going to be able to focus on measures and also research. So I think that's going to be really helpful extra step to the process to consider.

A few reminders from me, just given our tie constraint, remind everybody to keep your comments brief. Make sure you allow time for everyone to share their input, so if you have multiple comments make sure that everybody else is gett8ign a chance to weigh in before you - you just come back on and give a second comment.

And then just to reassure you that staff in collecting every comment so that summary says something that you agree with, you don't have to restate that. You can simply say, "I agree with that, and here's another point." Because staff are collecting everything so you never have to - you know, we're definitely capturing everybody's comments.

So that's all I have for today to - for the welcome comment. (Sheryl), did you have anything you wanted to say?

(Sheryl): You bet, and thank you, (Gretchen), and again thank you, group. And one thing I would add to (Gretchen's) kind of appreciation, so we have looked back where we had come from, the work, the dialogue, even that important dialogue that's occurred outside of the calls.

There has been such a remarkable sharing of knowledge and information and I'm really impressed with where this work has evolved. We also recognize that no work is finished. It's always an evolution. This will continue to have more information as we move forward as majors requested. So it's an

ongoing process but I'm very impressed with the foundation that has been laid and for all of your input.

And I concur with request by (Gretchen), we want to keep this call moving and focused and I'm excited about the talking of measurement framework and then where does research go from here because it is an evolution.

So with that, (Sam), we'll turn it back to you. And then we'll kind of let the work begin. Thank you.

(Sam): Thanks very much, (Sheryl) and (Gretchen), and hello, everyone. Welcome to our (Panelist) Meeting. And I wanted to say thank you to everybody that participated and to our two great co-chairs for facilitating.

And with this meeting that we're having, this really represents our last committee meeting where we'll get our hands in it and talk through things that will inform our final report.

(Phoebe Connor): (Sam), I think we lost you. Did you accidentally get muted?

(Sam): Can you guys hear me now?

(Phoebe Connor): There you are.

(Sam): Okay, I think we're good.

Man: We're hearing an echo for (Sam).

(Sam): Can you guys hear me now?

(Phoebe Connor): Yes.

(Sam): Yes, okay that's good. And no echo. Okay. So we figured it out. So thanks, (Gretchen).

Okay, what I was saying was this meeting that we have really represents the last opportunity the core of the committee to inform the work as we're talking. So we're convening together to go over some of our last deliverables for this project and to get some final comments for you which will grow into a final report.

That report will go out for public comment. So you'll have opportunities both to weigh in on the final report, to - even do public comment or through talking to us directly where we'll refine it to that process.

But the last time we meet will be just to adjudicate comments that we received from outside of the committee. So we'll hear from the public. Roll all those comments in to the final report and then that will be the end of this set of work that we do together.

Of course we're hoping to be able to do some more in the future but this is really where the rubber meets the road for our last substances meeting together. So let's go ahead and go over some meeting objectives.

Sorry. You want to do roll call first, okay. So let's do that.

(Phoebe Connor): Okay. So just when I say your name please let us know if you're on. Again, we've had to mute some of the participants so star 7 to unmute.

Do we have (Glenda Onsome)?

(Carol Barnett)?

(Carol Barnett): Hi. This is (Carol)

(Phoebe Connor): Thank you, (Carol)

So (Alberta Wales)?

(Alberta Wales): I'm here. Present.

(Phoebe Connor): Thank you.

(Amber Terry-Maverick)?

(Amber Tory-Maverick): I'm here.

(Phoebe Connor): Thank you, (Amber)

(Bruce Coronel)?

(Devin Croft)?

(Devin Croft): Yes, I'm here.

(Phoebe Connor): Thanks, (Devin)

(Amber Decker)?

(Gale Sandwood)

(Gale Sandwood): Here.

(Phoebe Connor): Thank you.

(Susan Tigen)?

(Susan Tigen): Yes, I'm here.

(Phoebe Connor): (Sara Lynn)?

(Sara Lynn): I'm here. Thank you.

(Phoebe Connor): Thank you.

(Joseph McBeth)?

(Denise Mylar)?

And, (Denise), I see on the line. (Denise), can you say if you're here right now. I think I can fix your line.

(Denise Mylar): I'm here.

(Phoebe Connor): Thank you, (Denise)

(Melissa Nelson)?

(Pat Knaggy)?

(Pat Knaggy): I'm here.

(Phoebe Connor): (Kate Margi)?

(Kate Margi): I'm here.

(Phoebe Connor): Here? Great.

(Karen O'Hare)?

(Linda Farlen)?

And (Christian), I heard you earlier. Thank you for joining us.

(Christian): Good afternoon, good morning, all.

(Phoebe Connor): Okay.

(Via Pfeiffer)?

(Via Pfeiffer): I'm here.

(Phoebe Connor): We have (Michael Smoll)?

(Michael Smoll): I'm here.

(Phoebe Connor): Thank you, (Michael)

(Dory Santeria)?

(Dory Santeria): I'm here too.

(Phoebe Connor): Great, (Dory)

(Janice Fandora)?

(Janice Fandora): Yes, I'm here. Good afternoon.

(Phoebe Connor): Thank you, (Janice)

(Maggie Winston)?

(Selma Fisher)?

(Matt Recala)?

(Matt Recala): Here.

(Phoebe Connor): Thanks, (Matt)

(Tam Montana)?

(Tam Montana): I'm here.

(Phoebe Connor): Thank you, (Tam)

(Penny So)? Okay.

So, (Sam), I'll turn it over to you to go over our meeting agenda and get us into the drafty measurement framework.

(Sam): Great. Thanks very much.

So our meeting objectives are two-folds. As you'll recall from our last meeting, we started to conceptualize a measurement framework for person-centered planning. And today we're going to get some final thoughts from the committee just reacting to what we've documented as your initial thoughts around what we should include inside the framework, getting these further refinements before we put pen to paper and write everything down.

Again we'll be able to react to it once it's in the final draft. But want to gather any additional thoughts you might have once you get a look at that thing and (unintelligible) on here and then discuss it all.

The next step, the next agenda that we is to get inputs from the committee a research and agenda around person-centered planning. So there's a few things that we're going to do this time around, looking forward to conversations…

(Phoebe Connor): Oh, (Sam), we're getting a really back echo. I can hardly hear you.

((Crosstalk))

(Phoebe Connor): (Unintelligible) on this call. We have (unintelligible). So we're going to mute all.

Operator: The conference has been muted.

(Sam): Apologies, everyone. We're going to have to mute the line for a moment while we - to the presentation portion but we'll pivot back and ask questions. Please feel free to use chat if you have any questions as I'm going along.

So we'll of course be opening it up for dialogue and then hopefully by that point we have resolved some of the issues around some of the folks who haven't been able to mute their lines.

Okay, so let's go ahead and jump into the outline or on the draft measurement framework. Just as a reminder, frame - about what our measure of framework is, a measure of framework is simply a way of structuring or classifying measures within a conceptual model of a system.

So we're thinking about the provision of person-centered planning services. Thinking about ways that we can measure the quality of services so that - that it really includes the measure to influence the structure processes and outcomes of interest. And the focal point of the measure of framework should be on the strategies, goals and objectives that are leaning to improvement in quality.

(Richard Patty): (Sam), this is (Richard Patty). Can I start back for just a moment with a question?

(Sam): Absolutely.

(Richard Patty): And the question is, so will the committee, as a committee, have an opportunity to review report and discuss the report? I think I heard you say, and I may have misunderstood, that we as individuals would provide feedback to you.

(Sam): Yes, that's the idea. So once we complete this Web meeting, the staff will take all the input we've received today and draft the final report. That final report will go to the committee and go to the public for comments. And we'll

be receiving feedback from you via email and how ever else you want to give it to us. If you'd want - you can provide a feedback into whatever modality you'd like.

But we'll also be convening one more time as a committee to go through everything, just one last walkthrough, and to adjudicate the comments that we received from the public and roll those in the final report.

(Tam Montana): This is (Tam). I just want to interject real quickly, I want to thank (Richard) for hitting star-7 to unmute himself. We're asking all committee members to do that in order to participate. By the way, we're getting a lot of feedback and we can't identify the line. So star-7 to unmute. Thank you.

(Rose): Hi. This is (Rose). Just a follow up on (Richard's) question. Will it be the same or (unintelligible) process to the interim report or will the committee be able to see the report or components of the report prior to it being released for public comments?

(Sam): So the process that we forward into after to have the committee reviewing at the same time that the public is reviewing so that we're all weighing in on the same document.

So the - we'll release it to the public, we'll release it tot committee at the same time, and gather your feedback. Once we have your feedback, we'll also - we'll roll that into the report as well as give the call an opportunity to reconvene, to talk about it one last time and then to also review the comments that we've received from the public.

Okay. Any other questions for this one?

All right, so just to review where we've landed the framework core domain around person-centered planning. We had three separate areas that we had identified. The first were around measures of the plan itself; the person-centered plan measure.

We had measures that focused on the person-centered planning facilitator and focusing on that planning process. And then we also had some measures that we considered at the system level where we're looking at structures, processes and outcomes that focus on either regional or population specific healthcare related measures for person-centered planning type measures.

We should look at the domain person-centered plan measure and some of the sub-domains that we teased out. So the first was around plan creation and implementation where we had five examples with area so it'd be important around that plan creation including a pre-planning phase, documentation of the plan, regular update to the plan to measures that might assess something around plan assessment during care transitions as persons may move between home community setting to acute or other long-term care setting.

Also, this idea of a look-back measure of what was the last year like and how have the goals evolved. We have to discuss measures that would sit within a sub-domain around plan content. As a plan reviewed goals of the person, the barriers, the goals were identified in the draft - a draft, excuse me.

The goal is included, the diversity and desired outcomes rather than just fixed set of goals that might be dictated by the facilitator. So make sure it's customized and not a cookie cutter type experience for the person. And lastly, if the plan is written in the person's own words that it reflects the way that the person would want it to be stated.

(Janice Fandora): (Sam), this is (Janice Fandora). Just a question for you, if we think that there is some things that are retentionally missing from the slide, is that feedback looking to get or would you like us to email you?

(Sam): You don't need to - yes. So the idea is we're going to revisit each one of these and ask for more from you. So just try to hold back, I'm just going to walk through two or three more slides for your - where we grant it and then we'll revisit each one of these with our facilitator and just…

(Janice Fandora): Okay, thanks.

(Sam): Okay. So the second domain that we identified was around - I'm sorry, this is still in person-centered plan of measures; my apologies. So this - we had another sub-domain for person-reported outcome-based performance measures.

So we were looking for outcomes related to the person-centered planning process such as goal attainment, the person feels that they know what their rights are, the person is able to access their own plan. And then we had a variety of measures that we identified assessing the planning experience in general.

For example, did the person view their - themselves as having a leadership role? Did they feel empowered to make choices? Did the person view themselves as part of an informed decision-making process? Did the plan focus on their strengths? Et cetera.

So there's obviously a lot we could say about what we would want this ideal assessment of a - from a person's point of view to look like. So this is we felt

captured some of the core - from the discussion we had reflected that a little bit more.

The next domain was around person-centered planning facilitator measures. One of the sub-domains that we highlighted here was around competency measurements. We've spend a lot of time care of the committee thinking about what those competencies might be and we plan to break them up into knowledge and skill-based competencies.

So measure of knowledge will include things like resources, policy, transportation-related needs, understanding of the disabilities and health conditions that the persons they work with have. It also measures a knowledge of skill such as cultural competency, the natural practices around person-centeredness training, then the facilitator serving as an advocate for the person.

One of the discussion points that we had was around how this whole idea of advocacy really ends up being an entry point for a lot of the measurement ideas for competency that fundamentally what we'd want is - and what is certainly the measure is the extent for which the facilitators serving as an advocate for the person.

So we thought this last one as an anchor for all of the things that we've talked about for competency. It's just as important for capturing that feeling of truly being an advocate for the person and helping them to reach the goals and desires that they have for having a fulfilled life.

The others who - that we noted was there - for check the box measures around person-centered training completion, as well as knowledge of person-centered planning principals, potential of their areas of competency measurement.

Next.

We had two other stuff domains that we identified for person-centered planning facilitator measurement. One (unintelligible) communication metric and this involves things such as receiving language therapist, or screening for preferred spoken language, hearing another communication tools are available and utilized during the planning process.

But also we had a sub-domain on plant reduction and upgrading. That there's a timely assessment that occur, timely sharing and review, what the plan produced within a fixed required timeframe and also looking at measures that track what happens once the plan is put into place, ensuring that checking out of the milestone in natural implementation of the plan.

Next slide.

The last domain was around system level measures and here we identified three core types of measures, structural, process and outcome measures. Most of the special measures be identified were on training programs, ensuring an appropriate ratio of PCP facilitators to participants and appropriate resource allocation measure.

Among the process measures we identified included some person-centered planning completeness rate measure, staff training completeness rate, identifying the percentage of training staff, persons that are planning quality improvement participation measures and (unintelligible) outcome measures. We talked about how patient reported outcome measures related to quality of life or experience could potentially roll into a system's level approach and

assessment as well as outcome measures around whether or not barriers to person-centered planning are adequately addressed.

Okay. So here we're going to hand it over to our co-chairs, I think (Gretchen) is going to be leading discussion. Just for simple discussing question around sort of further consideration the committee might have for measures to include us in a strong framework.

So we'll dive at that a couple of slides to initiate the conversation around the plan-rated measures. So if we could go back to the beginning of this. And I'll hand it over to (Gretchen) to initiate our discussion.

(Gretchen): Okay, great. Can you hear me?

(Sam): We sure can.

(Gretchen): Okay, great. With all the muting and unmuting, I just wanted to make sure that I was unmuted.

So just a reminder to everybody, if you need to unmute your line, it's star 7. And we just can get started here with the person-centered plan measures. So, you know, (Sam) laid out the three different categories: the person-centered planning; person-centered planning facilitator; and then the system measures.

So with regard to the person-centered plan measures, what comments you all have either about the sub section that they've created like the plan creating an implementation or also just things that are missing in general that we need to get included here.

(Denise Mylar): This is (Denise Mylar)

(Gretchen): Hi, (Denise). Go ahead.

(Denise Mylar): On the plan creating implementation, we're listing documentation of a plan. What I'm wondering if there's some things that we want to try to look for as a plan component, what are we meaning now by documentation?

(Gretchen): Certainly one of the things we'd be measuring is, was the plan documented?

(Denise Mylar): Okay. So what - so then it's written down and it's in consumer's folder?

(Gretchen): Yes, so I think we're now identifying where it's being held and we can definitely include that recommendation if we think we should be very specific as where the document is retained. But at this point we were just saying, you know, the plan used to be documented somewhere.

(Denise Mylar): Yes, I think we need to have one copy in the consumer's record and then one copy of it needs to go with the person.

(Gretchen): Meaning the facilitator?

(Denise Mylar): No, with the person who is putting together their person-centered planning.

((Crosstalk))

(Gretchen): Okay and here's another means to get a copy and then…

(Denise Mylar): Right.

(Gretchen): …ready to go in the record, okay?

(Denise Mylar): Yes.

(Gretchen): Thank you.

(Janice Fandora): This is (Janice Fandora)

(Gretchen): Go ahead, (Janice)

(Janice Fandora): Hi. This is - hi. I've heard a number of things, first of all I just want to agree, I think that was (Denise) who said the idea that the person is automatically offered to passing that, they have a right to get it and ask for those medical records and would have to pay 5 cents a copy. Like they're automatically offered a copy of the plan, have opportunity to get feedback. That feedback was actually more that's solicited, that's incorporated.

But in terms of a plan content, the second half of this slide, I think there's a lot of other things potentially that would be indicators that the plan is hopefully on the right track.

I can email those that they will include things like a person preferred name be it their first name, their last name, not being referred to as their client or the patient, person-first language, limited jargon, identification and use of strength. You know, reflecting the involvement of not just paid professionals but natural supporters.

Education about self-directed recovery tools should be reflected. Within behavioral health I think we never make to seem a person is that he is offered an opportunity. They can decline but around kind of maximizing the use of self-directed tools like Advanced Directives.

So there's a number of things that I just like to see added to that plan content that I'd be happy to send an email, some feedback.

(Gretchen): Sure. That'd be great. I think bringing that group of the committee members can clearly resonate. Two, it's really helpful but certainly putting it in writing and if you think about other things that you want to include there probably great to get them via email.

(Janice Fandora): Okay. I think there's also - you know, when I'm sort of reviewing plans, it's just the idea of really we talked a lot about the importance of community inclusion and you want to make sure that the plan reflects that.

It maximizes someone's opportunity to experience their life in their natural chosen community of choice. Right? Not just defaulting to all services and support being kind of offered in the context of, you know, typically segregated social health, you know, treatment service setting.

((Crosstalk))

(Janice Fandora): So the plan reflecting certainly (unintelligible) the importance of natural community settings and relationships as opposed to defaulting to all things happening within a treatment or that setting.

(Gretchen): Sure.

((Crosstalk))

(Gretchen): A (CDS) setting rule information to you, right?

(Janice Fandora): Yes. So I can at least - like concretely as an example, within behavioral health, you know, a facilitator may be working and trying to honor someone's extra preferences, spirituality is an important part of their community life, their identity, their recovery.

But then on the plan - what you see on the plan is, you know, maybe they start a (unintelligible) group that happens at an (unintelligible) center, you know, once a month. And while that may be a step in the right direction, you know, can we be asking the question, "How do we support someone so they can get back and enjoy their preferred safe community?" And they have an advocate around the corner via Catholic, Protestant, Muslim - you name that. That's what I mean when I say evidence in the planner that kind of content.

(Gretchen): Thank you. That's a really helpful example.

Anything else about the plan-centered - person-centered plan measures that you wanted to add?

(Pearl): Hi. This is (Pearl)

(Gretchen): Hi, (Pearl)

(Pearl): Hi. So I'm looking at the list and at least the first part of creating the implementation. It seems very process based, like this has happened or this has not happened. I'm wondering if we found - I would assume that we would like to have some outcome measure placed in this area and also the measure from the person's perspective rather than from the documentation perspective outlook of those.

So for instance, the pre-planning implemented to ensure individuals are prepared, I agree with this regarding making sure that the person receives the copy but in that also ensuring that during this pre-planning phase the person is a part of the time in place of the planning activity, so making sure that they are involving the decision of where it happens, when it happens and who is involved?

I think that's huge in making sure that the meeting is prepared in a way that it gives them the ability to be done in a person-centered way. And also there - I don't see a measure that says that the person was involved in the plan here. So making sure…

(Gretchen): Okay. So if you look to the side that we've gone to here, one of the sub-categories for the person-centered plan was persona-reported outcome-based performance measures. And so these are the ones that really talk about who the persons are involved? Do they feel empowered? Do they feel like they were part of the process?

And I think from what you're saying, it sounds like pre-planning involved in the pre-planning is something maybe we could add here. Does that make sense?

(Denise Mylar): Yes. Exactly.

((Crosstalk))

(Gretchen): Yes, the plan content is one step but the actual like preparing for the plan, like, that is a huge step to make certain that they are involved in those decisions as well.

(Denise Mylar): Great. Yes, that's an important thing to bring up. Thank you for pointing out pre-planning.

(Pat Knaggy): Hi. This is (Pat). I just - I have a question maybe. Can you flip back to Slide 11 please? Okay, so I'm a little concerned about adding a lot of these three requirements for the plan because everybody's plan looks different.

And so if - you know, depending on an individual's experience, they don't have some of the things in the plan that were just commented on. I think that was by Amber Decker. I'm not sure. I'm sorry didn't hear.

So the plan is going to, you know, score less well or fall short of expectations or outcomes.

And so I think the third bullet there, the goal is to include the diversity of the desired outcome rather than reflecting a (unintelligible) dictated by the facilitator. If you can think about maybe making that statement even broader or more generic to the fact that, you know, the plan, the individual's expressed needs and desires because I think we keep getting into so many discreet elements that we're just going to end up a checklist.

And I think most of us I think or all of us are trying to avoid that. And we just want plans that work for people according to what they have expressed. So that's just a comment.

(Gretchen): I think you're right, right. It's so important to remember that everybody's plans are going to be different which we all want but if we want to require certain quality item, but we don't really get this point of checklist so balancing that fine line is important. Thank you for bringing that up.

Woman: And this is…

((Crosstalk))

Woman: Some of the things that were mentioned are maybe the system's responsibility and not the responsibility of the actual (unintelligible). So it'll be reflected in the plan, but the fact it in person-centered language is socially appropriate, you know. I think both of those was the responsibility of the system dictating how everybody's plan to have this kind of baseline of, you know, cultural sensitivity, et cetera, follows the CDR settings rule adhere to their, you know, standard practice, et cetera. Maybe that belongs in the system.

(Gretchen): Okay. Thank you for that suggestion.

((Crosstalk))

Woman: Can I just respond to the comments just in terms of…

(Gretchen): Sure, go ahead.

Woman: What could be used or not used. Because I would agree, I see the risk. This is like not something mechanistic, right? It's not like this follow a formula, right?

It's like you don't want to just reduce it down to "textbook." I mean I know - you know, in my (unintelligible), you know, people are always saying right, just give us the fidelity scale, what does a good plan look like, you know. It's not about fidelity. It's about fiddling, right? Fiddling with what works for each particular person.

So I see the risk in it. but on the flip side of that, the value that I have seen in conceptizing some of these things is that really well intentioned, skilled, compassionate facilitators of this process who are committed to being person-centered. And they want to actually reflect that in a plan that they're co-creating with the individual often say, "How made it looks different? How might it look different in practice, you know, when we're actually writing it?"

So I found that those kinds of risks, again not to be a fidelity scale or something has to be in every single plan, but I think of them more as like ticklish for example. Like, are you thinking about each of these dimensions when you co-create a plan with someone?

Because sometimes what ends up reflected on paper or in electronic health record doesn't really fit kind of the richness of the person-centered process that was underneath it.

And so typically at least when I view these kinds of risks, every item of course has something that it's either not applicable or it's not preferred. So like for example an item around sort of the document and inclusion of actions taken by a preferred natural supporters. That doesn't have to be in everybody' plan but we should be thinking about it at least because someone has the opportunity.

They should be able to say, "I actually I prefer not to have natural supporters involved in my plan. You know, maybe I prefer a more intimate one-on-one fair decision-making with my facilitator."

So in that case, that plan wouldn't get "poor negative grade," it's just an item that's included within the list to encourage facilitators to be thinking about certain dimensions.

So I didn't mean to...

((Crosstalk))

Woman: We're talking about like a growth process or anything. I think of them more as kind of easing tools around, you know, helping really well intentioned to think about what are the kinds of idea that I have in my head when we sit down and co create a plan.

(Gretchen): I concur.

Woman: That's where I see the value in them, even though I do…

(Gretchen): Thank you for clarifying. Yes, thank you.

Woman: Sure.

((Crosstalk))

(Gretchen): Go ahead, (Dory)

(Dory Santeria): I was wondering and just because when I read it, when you sent information out last week to, when we're looking at the implementation and plan creating, I think it would be great to see it more as like a live document that can forever be updated.

And I was wondering if there might be a suggestion for offering like different modalities for it to be offered in instead of just a paper we hand somebody. I think be enable - it would empower somebody if it would be maybe electronic

because not everybody - I think when people feel like they're a part of the process, they become more invested in it.

And I also think maybe using some visuals, not just all language because a lot of people utilizing these plans may not - language may not be their strong suit. So being able to look at it using different modalities, being able to as a person who is creating their plan having different alternatives for how that's done.

And then we live in a country that likes standardization, but I think because you're dealing with people who have different strengths, abilities, and capabilities, it's a good idea if you're developing these things. Maybe they'll look at in multifaceted approach.

(Gretchen): Thank you, (Dory)

(Gale), you have a comment?

(Gale): Oh thank you. Thank you, (Gretchen)

Yes, I'm not really sure where this goes but I was struck when I read under point content barriers to goals were identified and addressed.

You know, person centered planning as it relates certainly to people with intellectual and developmental disabilities would never meant to be divorced from this system transformation.

And so for example if somebody wants a job and they are supported by from a provider that doesn't offer that service or maybe they're living in a state whose capacity, location rehabilitation capacity is not robust enough to provide services to them.

So various to goals, I think, being identified and addressed, we need to really accept that in some cases, maybe in many cases, as (Pat) brought up the settings rule, these are not going to be very resistant, totally related to the person but they are really systemic barriers to ease the change. In order for a particular goal (unintelligible) for someone. That's what I have to say. Thank you.

(Gretchen): Thank you so much. (Gale)

Who else has a comment about person-centered plan measures? And then we'll move on next to the person-centered planning facilitator. But for now anyone else have comments on the person-centered plan measure?

(Tam Montana): This is (Tam Montana). Can you hear me?

(Gretchen): Thank you, (Tam)

(Tam Montana): I don't know if this is the right time to bring it up but I just have some stuff in regarding recommendations and some of it kind of ties to this and some of it doesn't. I just wanted to read through it really briefly and see if this is the appropriate time to see if it would fit in to the slide in here.

So taking about knowing the person, recognizing and accepting the person's reality or my reality since I'm living with heart disease; identifying support and ongoing opportunities which include mini co-engagement, building and nurturing caring relationship which I think we've talked about; care in creating a supportive community with obviously family and friends, staff, et cetera; and then evaluating care practices regularly, which again we've also talked about and appropriate changes.

So I had sent this in a while ago and I have been traveling the last two times that you guys have had meeting. So I just wanted to make sure that you kind of heard my voice and I'm sure you covered about the email but I wanted to bring it up to the entire group as well.

(Gretchen): Absolutely. Thank you. Thank you.

(Sally): This is (Sally) from Michigan.

(Gretchen): Hi, (Sally)

(Sally): I just - that - I don't know that we need - you know, why do they need to talk about if they - what their own reality is. If a person - this is how it is they're communicating in whatever manner is their behavior or through assisted technology, if this is what they want in their life and they communicated that to us, I don't think they - it's necessary that they talk about whatever their illness is.

I also think that there are many times I've done plans with people that have no one in their life. And it isn't a reflection on them or anybody at all, but they don't have anybody else.

So I think that the main purpose of the outcomes is was the person at their pre-plan, how and in what manner did they contribute? Are they happy with what is being said about them and outcome developed in the plan? And that would go across whatever kind of situation anybody was in. Because I have worked with people that are non-(global). I've worked with many people that chronic and persistent mental illness that don't have anybody that they're not - you know.

So I just think we need to keep it open for however it is people are communicating and I think that if we make the point that people need to be present and involved, it will cut back on the numbers of times which I'm sure all of us on this call have known about and that people walking in to their meeting with the case manager or somebody having the plan developed or having…

((Crosstalk))

(Sally): …sign up. So I think that something needs to be done that makes certain that the person from the preplanned and thank you so much for including that in all aspects of this; that they're there. They're present and they're communicating through smiles, nods, traditional language, whatever. And I'd be happy with it.

And then what are the next steps because the community is defined by the person and how they want it, you know, and that's going to be a work of (unintelligible) and some people is that (unintelligible)staff. So I just - I guess that's what I wanted to say the next certain that didn't - we didn't require people to talk about with their disability. Thank you.

(Gretchen): Thank you. Does anyone else have comments on the person-centered plan measure?

(Amber Decker): This is (Amber Decker). I don't know if you can hear me. I was on mute.

((Crosstalk))

(Gretchen): Go ahead, (Amber)

(Amber Decker): …and my comment, well I wrote them in the chat. If you want, I can just reiterate them but do you think that well now we're on Slide 12, the goal attainment is not clear. I don't understand what that means.

And also I don't think it's fair to measure goal as - goals and goal changing or even goal attainment as a measurement of success per se. And that a look back, you know, I think Slide 11 says look-back measure, what was the last year like and have the goal changed?

I'm not sure if we're saying that that has to be done and that will be a measure of person-centered planning. Is that what we're saying here?

(Gretchen): Well I think what it's saying is, you know, let's reflect on the past year and if, you know, you had a goal to - get a job, you know, competitive, integrated employment, did that happen?

And if it did not…

(Amber Decker): Okay.

(Gretchen): …do you still want that to be your goal because people, you know, experiences and wants and needs and goals change. And so, if it didn't happen but we still want it to be a goal and so you want to keep that.

(Amber Decker): Okay.

((Crosstalk))

(Gretchen): … goals don't continue to be on there.

(Amber Decker): Okay. So we would be measuring person-centered planning one of the aspects of measure person-centered planning or person-centered plan would be whether or not there is a look-back measure included?

(Gretchen): Right.

(Amber Decker): Okay.

(Gretchen): We need the old goals and decide whether they wanted to keep them or, you know, change them or delete them.

(Amber Decker): Okay. And then the next slide goes in to again which we're talking about person-centered planning and person - measuring person-centered plan, I think goal attainment is kind of difficult and, you know, I would say again that there's maintenance missing, the term maintenance is missing from both of these.

And so in another words, it should be enough that the individual, some - there has to be a capturing of the fact that the individual who might be at this for a number of things that none of those things have happened.

For example, you know, someone who successfully living in the community with services who is not - who hasn't - who is now - who isn't seeing that, you know, like how - why isn't that also somewhat a successful measure or like how can you phrase that as being useful here because I think that there are some people that has managed to remain in the community despite the odds and it could be because they've opted to be person-centered planning in those state. So I'm not sure if we're missing that here, how to phrase it, but is it something to consider?

(Gretchen): Sure. Thank you. And I think, you know, with that way the goals are written, to be able to say that one of the goals is to maintain community independent living. And so then to retain that goal if you were able to maintain that, but I think you're right to just be - include maintenance.

And then just to point out that the goal attainment here is not measured by someone else, it's by the person reporting their, you know, opinion. So do they feel like they have met their goals or are they satisfied with the progress that they're making?

(Amber Decker): Okay.

(Gretchen): So thank you for bringing all of that to our attention.

We're going to go ahead and move on just for time purposes. If you have other comments that you want to make in that person-centered plan measures, go ahead and either put them in the chat or send staff an email about it. But we're going to go ahead and move on to person-centered planning facilitator measures.

And just as a reminder, there's some sub-categories under this Section 2 where we have this slide which talks about competency measurement. We'll talk about that first but then we'll move on to communication metrics and plan production and updating.

So first let's talk about competency measures under the person-centered planning facilitator. Who has comments about that?

Okay, so everybody feels good about the competency measures?

(Amber Decker): No. This is (Amber). I was just trying to give ample time to anyone else that might have.

(Gretchen): Thank you. Sure.

(Dory Santeria): I also have a comment too, but I'll follow (Amber)

Woman: Me too.

((Crosstalk))

(Gretchen): Okay. So we got (Amber) and then I think (Dory); I'm sorry. I'm messing up names.

(Amber Decker): So I just think about that facilitator is singular and problem with it. I feel like it should be facilitation, you know, because there's always more than one person facilitating. So I know that that's the potato potato thing maybe, but I guess we thought - we're not talking about one person here, right, when we say facilitator? We're talking about the whole process?

(Gretchen): Okay.

(Amber Decker): I'm asking more than saying.

(Gretchen): I agree. Yes, and I think that it has to do too with ways - so many different organizations do it different way, right? And so in some system they're - when person assigned as the facilitator, review and care support coordinator from him like that but then in other system multiple people are coming together to facilitate and convention with the person.

So I think it is something that we're going to have to work through in the report is how we mitigate professional or pay facilitator as opposed to all the other facilitators that are involved. I appreciate it you bringing that up.

(Sally): Hi. This is (Sally). I don't that - the facilitator, the person doing the facilitation, doesn't need to know every single thing. I don't think they need to know about non-medical transportation (unintelligible) any of those things.

But they do need to make certain that when applicable that people, you know, encourage the person, this is when they know about this say in the pre-plan we say, "All right, we're going to talk about those institutions, who do we - who should we get?" And that can answer that question.

So I think that the members of the team could represent some of these things as opposed to the facilitator knowing every single thing.

(Gretchen): Okay. Thank you for bringing that up. Are there are other people that wanted to jump in here?

((Crosstalk))

Woman: So I mean I think the most important thing is that the facilitator knows the person because if that - if we start with that and they know all the other things they need to know. So if the person needs non-medical transportation, then that's something they can - you know, in their toolkit. If they don't, then, you know, they need to know something else. But I think we need to start with the facilitators know the person.

(Pearl): This is (Pearl). So regarding that knowledge area, what I saw too is the way we would measure the knowledge in particular. We - policy and regulations, as well as long-term services of support was the service options in the area. I would not imagine that we would be giving a battery test to person-centered planning facilitators. And so I'm trying to understand like how that would be measured.

And then my next question is regarding almost groups in the same (unintelligible) regarding training. There is a section here listed prior to completion and then that kind of a low regarding person-centeredness training as a measure of skill.

And I wanted to understand what would be the difference of those two options and then also those listed under measure of skill what would be the measurement tool to assess them.

(Gretchen): So I think the difference between the two - the top piece of training completion is just the verbal check, did they do the training? Did they complete some kind of training for person-centered planning? And then under the measurement of skill is how effective they were at learning the person-centered training.

So it's measuring not only did they complete the training but did they completed it well or they did it. You know, they had a 90% score or something like that I think is going to be the difference. But for sure as we consider all of these measures, knowing how we'll be able to train on them as well as what assessment would be used is important consideration so thank you for bringing that up.

(Denise Mylar): This is (Denise)

(Gretchen): (Denise), go ahead.

(Denise Mylar): So on the one with (Pat) was asking about on the CCP training completion. Are we going to be giving them a list of potential places they can go to get training or are we going to leave that completely up to them and wherever they can find it.

I feel like that training needs to be clarified with some sort of you can go to this university and pick up X, Y, and Z classes or you can go here and get a degree in this field that also includes person-centered training because we can't say that they've completed something if they don't know what they're supposed to complete.

(Gretchen): Okay, (Denise). So you're suggesting that we're more specific in what that training entails or where - you know, which programs are approved. Something like that? More prescriptive?

(Denise Mylar): Yes. Yes. They got to have some ideas and we've got to know ourselves what we're looking for in that training.

(Gretchen): Thank you.

Who else has comments or suggestions for what needs to go into this competency measurement for the facilitator?

(Susan Tigen): It's (Susan Tigen). Just trying to comment on that measure skill again to especially - are we expected now to provide a check - I mean you're asking them to go through your person-centered training completion. You want to now indicate, you know, programs that a person goes through. At first

competency then it's then passing that class going to be considered your competency, how do you actually major somebody's cultural competency other than giving a person an actual book test.

(Gretchen): And (Sam) can jump in here but I think at this point we're just trying to identify what measure - what skill we think are important to measure and then that will be future work to develop and to consider how that's going to be measured.

Is that right, (Sam)?

(Sam): Hi. This is (Sam). You know, thanks for the opportunity to weigh in. You're entirely correct. So for - what we're trying to do here is not necessarily to create healthcare quality metrics or person-centered planning metrics. What we're actually thinking about is what we could potentially measure and then maybe it's up to measure developers to iron out the details of what that might actually be.

So for example, for persons that that are planning for any completion, you wouldn't have to committee to come up with an exhaustive list of what training could potentially be used to fulfill that measure or to come up with some way of measuring cultural competency. Like this, that's not the task we're putting in front of you.

We're just asking you to say what's important and if you have some ideas on how to measure it that you think will be important to consider, we're happy to capture those details but don't try to solve everything about the actual measurement but to identify the core areas of interest to measure.

(Gretchen): Thanks, (Sam)

(Kate Margi): (Gretchen), this is (Kate). It looks like (Matt McLain) has his hand raised as well.

(Gretchen): Okay, thank you. (Matt), do you want to go ahead and weigh in on these measures?

(Matt McLain): Hello.

(Gretchen): Hey, (Matt). We can hear you now. Go ahead.

(Matt McLain): Sorry. (Unintelligible) because what (PCP) is talking about a person (unintelligible) exhibit values and stuff like that. So (unintelligible) training we introduce different tools that (unintelligible) could possibly deal or (unintelligible) to get to know the person really well on a more personal level that it will very much (unintelligible) a person needs or wants for (unintelligible)

So when you're talking about talking just regulating, yes, that's a critical part of the person's job but that doesn't really (unintelligible) to the person that they're trying to (unintelligible) or a group of people that you're trying to (unintelligible)

So this slide in my mind talks about how do people use the tools that (unintelligible). How do they (unintelligible) the tools (unintelligible) tool or any of the (unintelligible)? How do these people use the resources that they were given to during their training? And so, how are we able to tell how these people are using those tools but (unintelligible) decided to (unintelligible) the type of people (unintelligible) like the slide doesn't really touch to the

importance of what the (unintelligible) or the social workers trying to achieve in terms of (unintelligible) person with (unintelligible) where they live.

And so I think it's hard to measure. If you don't know that person that well, so I would go back to how well does the social work (unintelligible) truly know that person from a personal side (unintelligible) revolving door in terms of the services (unintelligible) is going to be very hard to measure because in order for this to work you need to search people, (unintelligible) enough to how to (unintelligible)

(Gretchen): Thank you, (Matt)

(Matt McLain): Thank you.

(Richard Patty): This is (Richard Patty)

(Gretchen): Go ahead, (Richard)

(Richard Patty): Thank you. I'd like to follow (Matt)'s comments which I appreciate very much. And please understand this point has - point of references while acknowledging what we do have in our measurement framework and that is given the nature of this approach that at every point in the process, every milestone during the planning process and looking back over time, the perspective of the individual has been supportive with persons that are planning in practice and services.

Their perceptions of how they were valued in the process, how well they were supportive, how much involvement and consideration was given to their perspective in planning and in the daily implementation of the plan. And how much the - even to the point of taking very simply how much they like the

process, that they think can help, that they're thinking work for them. All of that in every stage we can is so important and again just to emphasize that point. Thank you.

(Gretchen): Thank you, (Richard)

Does anyone else have comments about facilitator measures either here and competency or communication or planned production and updating?

(Pearl): Hi. This is (Pearl) and just to follow up on (Matt's) point and my earlier comment about the person-centeredness training as a measure of skill. I would suggest that the actual training that the skill that should be measured if we were to identify skill, we will pull out those skills from the training information and measure the specific deals.

(Gretchen): Thank you. In the interest of time, we're going to move on to the last section, to the system measures, do some level measures. And one of the things that I really heard from what (Matt) was saying is turnover is a big issue that is a system level issue. So I'm wondering if we need to incorporate that and here under the system level measures, whatever comments that you all have about structural process or outcome measures at the system level.

(Pat Knaggy): So this is (Pat) for follow up on the comment you just made about turnover. I think it's, you know, for a broader term might be workforce capacity and that would reflect turnover, retention, adequate wages, you know, it's just a little bit more general but definitely agree.

(Gretchen): Thank you, (Pat).

(Amber Decker): This is (Amber Decker) I just want to say that I think the system level measures or missing access to experts to some degree on an individual's rate to be in services and prior to that there was the facilitator as an advocate which can be very problematic if a person - if there's conflict of interest.

So I'm not sure where advocate fit in to the system level measure but the need for advocate somewhere in there should come up to be included.

(Gretchen): Sure. Advocate in the conflict-free - conflict of interest free advocate as well. Thank you.

(Amber Decker): Or in terms of facilitator measure.

(Gretchen): Right.

(Amber Decker): Competency measurement; there was a - one of the measure of skills was facilitator as advocate for the person and I think that that can be misleading and that also speaks to the system level measure, are there (unintelligible)? Are there experts in the process that one can go to, to figure out how to facilitate or solve a problem?

(Sally): This is (Sally), and I want to support that but we have independent facilitation in the State of Michigan so people can choose whoever they want. The problem is that the system employees then knowing the individual - you need to do your plan. They don't tell them about that.

So any opportunity we have to talk about conflict free, supportive person-centered planning and independent facilitation would be very good for the disability community.

(Gretchen): Thank you.

(Amber Decker): Yes. And yes, this is (Amber), and for measuring whether - measuring at system level of PCP, right? When talking about system level measures, is there a competancy expert that can assist? Will be a good measurement of whether…

(Gretchen): Thank you.

(Amber Decker): …the system is working.

(Gretchen): Thank you. Okay, who else has…

(Janice Fandora): This is (Janice)

(Gretchen): Go ahead, (Janice)

(Janice Fandora): Hi. This is (Janice). I just wanted to add a couple of things. First, I wanted to just echo the importance of advocacy and I think some states are in position where there is more independent sort of conflict free, I think.

Unfortunately many settings are not enough situation so the idea of making sure that there's sort of wide-spread universal knowledge of an access to some type of advocacy arena or support so that people can pursue those avenues, you know, around their right. So I think that's really critical.

We have under process measures, our system screening staff. I feel really strongly that if this is really about co-creation and partnership and a person being in-charge that it's also important to train and build capacity among people receiving services, people living with disabilities.

And, you know, our systems are getting out in the field and asking the question, "What do you know about person-centered care in planning? What do you expect is that what you're getting? If you're not getting it, you know, what do you need to learn? What do you want to know? How do you want to know it? Who do you want to teach you?" So I think teaching above capacity and power among people receiving services is critical.

And then lastly I would just say that regular data collection from people receiving services, you know, around opportunities to sort of give feedback around the extent to which these things are happening or not happening to that feedback and hopefully guide some people transformation at the system level.

(Gretchen): Great. Thank you.

Who else has system level comments?

(Pat Knaggy): So this is (Pat). I got a question about quality of life. Is that appropriate at the system level measure? If we are assessing the system, the system doesn't have quality of life. The quality of life is not an individual basis.

So I just - a little more explanation about how (unintelligible) the system level measure or maybe quality of life needs to go back to the person-centered plan part and there's some from assessment of…

((Crosstalk))

Woman: Yes, I think if under the sub heading of outcome measures and so instead of only measuring at times that can be measured from the outside, they also wanted outcome measures at a person reported and so the quality of life falls

under that person reported outcome measures. So it would be asking to be the system being required to do some kind of survey or something to ask the person first, how they would rate their quality of life and their experience in the process.

(Gretchen): Okay, thank you.

Woman: Does that help?

(Gretchen): Uh-huh. Yes, thanks.

(Pearl): Thank you for that clarification. How I read it was about the system measuring. But this is (Pearl) again. I just had a question just for clarification purposes. We're talking about system level measures. What level are we talking about? The state level? Are we talking about maybe a health plan level? What level are we talking about in the general broad term system level?

(Gretchen): You know, I think it's turning to all that. You know, our tasks are to identify the best practices and then it would be up to the system to involve those best practices. And I think you're right. Health Plan C, medical systems or, you know, provider systems, all of those.

(Pearl): Okay, thank you.

(Gretchen): Any other system level comments that you all want to add before we move on to research?

(Amber Decker): This is (Amber). I just wanted to add, so are we - should we just admit what other system level measures should be included or - because clearly we're - there was a lot of products there and I don't know if…

(Gretchen): Well the staff is capturing all the comments that we were making so those are all getting incorporated and be considered for the final report and all that is being collected. So you don't have to send in things that people have already talked about because the staff has captured all of that.

But if you think of something later or you want to expand upon it or you didn't feel like you had enough time, you can definitely submit them via email.

(Amber Decker): Okay, thank you.

(Gretchen): All right, so I think unless there are any more last-minute comments on measures, anybody?

(Sally): This is (Sally). Can I add a comment?

(Gretchen): Yes please.

(Sally): Yes. I want to reemphasize the point especially around the systems level measures, just to reemphasize the access component. I think there's - the access component to the training as well as access for individuals for this type of information.

And I think that's a really, really important concern, you know, both kind of a state-wide level of how is their training available for individuals, as well as are there supports in place for individual.

(Gretchen): Thank you. All right, I'm going to hand it back over to (Sam) and (Sheryl) to talk about the research agenda.

(Sam): Thank you very much. I appreciate your feedback on this one. Let's go ahead and jump into our research agenda around person-centered planning. (Unintelligible) a couple of months ago, I guess back in the summer of last year, the (unintelligible) environmental scan of existing person-centered quality and efficiency measures to inform a couple of objectives to the project.

And one of those was this research agenda for person-centered planning. Now we can - we did a look around for research that's been conducted specific to person-centered planning and I'm sure you won't be surprised to hear that there hasn't been a whole ton of research in this area.

So just as an example, when we are (unintelligible) for person-centered planning returned only 39 results. So overall, the reason literature is fairly limited. Many of the studies that we did find written back in the last '90s and early 2000s; there's a lot of limitations in total funding for person-centered planning research and the study design reflects that.

A lot of them are retrospective, not a lot of randomized simple trials, you know, that can be very sensitive. And many of them were IDD specific. So there's a lot of work that's been done. More of the work was done in IDD population then those with living with multiple chronic conditions, disability and aging.

So a couple of key research areas that we want to highlight that emerged from this is, one, there's some research that's been done around the effectiveness or preferences identified and then assessing goal attainment. There's some

research that we found that's been on the (steam) of impact of training around person-centered planning; what happens when you go through that training process.

There was some research around comparison or compatibility with other programs saying compare and contrast person-centered planning, the other types of interventions that you can do inside of these communities to help optimize their quality of life. And then barriers with options as well as the impact of person-centered planning on treatment adherence and what we mean by that is the person-centered planning also tie into health and safety goals.

If you do a person-centered plan, sets it up to help a person to adhere to treatment that they've been given for example by helping them find transportation to get to medical appointments and the like.

Nest slide.

When we were trying to like create a list of areas where we could potential talk about the research agenda with you all, we categorize them to five key domains and then a cash-all at the end of - or we just characterize as others.

So the key research domains that we identified were effectiveness of person-centered planning; person perceptions of person-centered planning; facilitation of improvement research; program improvement research; population specific research and then this other catch all.

I'm going to go through examples for each one of these for us to discuss and what - when we headed over to the facilitation, what we'd like you to do is, one, to identify additional domains where research could occur and talk about

the things that you think would be most important within each of the ones that we have specified here.

So we'll be getting your reactions to these in a minute but let's first just walk through what was identified as potential research areas to consider. So I'm starting with just a bit of background on this important for the research agenda.

So one of the highlights - just a couple of things related to research, as you know a research agenda is simply a plan and a focus on issues and ideas in the research field of interest. So we're talking about the work that has been done and the - in the context of work that should be done in the future.

So as you know, there's not sufficient resources to study everything so when we're talking about research agenda, we're also thinking about the type of prioritization of the things that we would like to learn in order for us to do person-centered planning better.

Research agendas are not a steady document. Just like a person-centered plan, they're dynamic. They (unintelligible). There's a lot of things to consider when we're thinking about a research agenda that there's both hypothesis generating, hypothesis testing, research.

So the first hypothesis generating this gives us some ideas of what we could potentially be working in within a fairly nation or newer area of research where we try to understand what it is as a fundamentally positive area, either ways to improve quality of life or ways to improve person-centered planning facilitation, et cetera. But then we could also test investment methodology or can actually test hypothesis and those tend to be more high cost.

Another study types to consider is the differences between qualitative and quantitative assessment. So qualitative of course is directly information gathering.

Usually in this case and when we talk about qualitative research in person-centered planning, we would be talking about information we could gather directly from either facilitators from person-centered planning about their experiences with this or from persons receiving services related to person-centered planning from the experiences that they had.

Please also look at quantitative assessment as well. This is getting into statistical assessments and methodological approaches to study where we're actually getting hard numbers such as quality of life years or things of that nature.

So here we're getting into some of the specific research areas that we identified in research domain. The first was effectiveness of person-centered planning. So we should look at outcomes related to person-centered planning or comparative effectiveness looking at different approaches to person-centered planning or other approaches such as interdisciplinary service planning versus person-centered planning.

You can look at goal attainment within person-centered planning, assessing challenges and barriers to goals or things like differences that a person might have. For example -- I think this has come up a lot -- the differences between having a maintenance goal for example and what it is that leads to persons having a - having goal attainment, how those can be tied into actions that facilitators or others are engaged with the person related to their goal, what kind of research - we develop kind of research we could do to that area.

Also impact on mental health, specific program evaluations or cost effectiveness of person-centered planning.

The next area that we identified was research on person protection of person-centered planning. The actual person setting of the services they received, the critical elements with the person identified as within the person-centered planning process just like their satisfaction list, the PCP process overall or perceptions of goal attainment and quality of life.

Another core area that we found as potential areas for research within facilitation improvement such as process improvement, training effectiveness, facilitation preferences, the persons we have within PCP and overcoming barriers within individual goal - person level goals. So how the facilitator could potentially serve to help persons to - both identifying and overcome barriers.

We also looked at areas that are or potential research areas around program improvement. So pulling it up from the individual interacting with those facilitator but through actual deployment of a program.

So again, within this we have comparable overcoming barriers to person-centered planning program implementation, cost effectiveness and resource utilization, ability to encourage participation, cultural consideration within PCP programs as well as comparative effectiveness with service delivery model.

So last slide on the domain and potential research topics. We also looked at population- specific research and we didn't try to create a comprehensive list of every population that we could potentially perform research in but with -

needed up for the committee to say if there's some areas that just seem to be missing research and advising to weigh in.

But the ones that stood up would be the IDD aging population, cultural differences and different disabilities, multiple chronic conditions come to mind; things of that nature.

And then we had in other categories and we could either (flush) this out as a group and it seems emerged out of separate domain for prioritization of the research agenda. For those included, the impact of person-centered planning related policy changes or effective person-centered planning in care transitions, research in that area as a potential inquiry that can be considered.

Okay, so our discussion questions for you all are around what other research domains we might be missing, just broad overarching categories that we miss. Or within each of these categories that we brought up so far, or one of the research ideas or projects that the committee considered to be of the highest priority?

So, again, we're not trying to list everything that could be researched but it really boiled down to the things that this committee see as the core important areas for us to focus on. When I say us, I mean the research community broadly for person-centered planning and practice.

(Gretchen) and (Cheryl) - actually (Cheryl) I think you're going to be facilitating this part. If you'd like, we'll dial back a few slides and hand it over to you.

(Gretchen): (Cheryl), are you able to join?

((Crosstalk))

(Gretchen): There we go.

(Cheryl): Can you guys hear me? I tried to star-7.

(Gretchen): Yeah, we hear you now.

(Cheryl): Oh, good. Oh, good. Maybe you didn't take the first timer. I didn't hit it quite hard enough. Well, thank you, (Sam). And, yes, I find this area very exciting because as we've heard it out in our conversation, we know this whole discussion on person-centered planning is not fixed and static but will continue to evolve.

And frankly, it'll evolve based on the kinds of questions that are asked in research. What's working? Are these the right domains? How do we measure effectiveness? What is effective? And then how do we look to continuously improve?

So in this discussion section, I'd like to open it up. And first of all, think about the domains that were identified - effectiveness, persons perceptions of person-centered planning, facilitation, improvement, program improvement in this specific populations.

So are these the right domains and are there other domains that we would want to explore? Even if we don't have the research questions yet but are there other domains that we would wish to explore, and I'll pause.

(Michael Paul): This is (Michael Paul). The effectiveness of person-centered planning is determined in part by the outcome that occur, but the outcome is determined equally by the quality of implementation.

So you can have a plan that meets all criteria, which is ignored, or you can have an okay plan that is well implemented that makes a greater impact. So I'm not sure that that nuance is captured in the domain.

(Cheryl): Yes. Very good point. Anybody else want to build on that thought?

Woman 1: So-

Man 1: I would.

(Cheryl): Please?

Woman 1: So this is a - so is the problem, like, with those comments? So two things. For me, it's really that it's talking about health care (unintelligible)

((Crosstalk))

Woman 1: So the question is, so we feel that on doing (unintelligible), Printful, or any system that specifically (unintelligible). So really you have three different spectrums (unintelligible). And the question is, well, what impact is (unintelligible) kind of health care systems? It's not like a - there's one thing. The (unintelligible) that I would be really interested in is trying to make it (unintelligible) for implemented into (unintelligible) versus thinking of principle. So in my mind, a lot of the stuff that we're talking about is dealing with trying to create ideal policies that would allow her from having social workers and so forth to be more inquisitive about what (unintelligible)

And so are there studies that (unintelligible) the overall, you know, the regular policies that are created because of (unintelligible)? And is there a way to make it the overall impact of that? Thank you.

(Cheryl): Yeah. All right. Thank you. And let me rephrase as I understood it, then you can clarify. Certainly understanding what are the different systems and are we measuring impact on the medical delivery system? Are we measuring the community-based services system? Are we measuring the managed care or other health time system?

((Crosstalk))

(Cheryl): And I think part of your question was, how do these impact each other? So if you're looking at effectiveness, does impact in one area impact the other? And then how do we look at policies and really get to the heart of the core spectrum of all the individuals involved, including direct care providers, if we're truly having a system wide as we described measure of effectiveness? How do those policies really get to all of the people involved? Does that sort of summarize?

Woman 1: So I think that was perfect. Thank you.

(Sam): You're welcome.

(Cheryl): Thank you. No, very, very good. And I'm curious people's perceptions on the different domains, the effectiveness of PCP and the person's perception of PCP. How would you differentiate those two? Because to me, it's truly effective and the individual's perception should be that it's effective.

But the individual perceives that it's effective, but it's not truly effective, I mean, I don't know. I found those out a little - I had a hard time reconciling those two elements and maybe I'm just not understanding them well. So (unintelligible) they do all have.

Woman 1: So this is (unintelligible). So the overall intention is to go back to the person that's being impacted. Do you think they recognize the overall (unintelligible)? So for example, they were in a group home or getting treatment 20 years or 10 years ago, are they then able to (unintelligible) to using only community services? And are they able so that they get the services…

(Cheryl): Yes.

Woman 1: …for the complaints that they're having? And so I think the overall incentive is (unintelligible) the person that's being affected by their services?

(Cheryl): So you're right. And the ultimate effectiveness is the person for whom the plan is being developed and the person who's developing their own plan. That's the level of effectiveness. Yeah.

Woman 1: Yeah. So first of all, it also comes back to the fact - does the person have real input (unintelligible) or are they created by other people that may not understand that person that they're impacting. So it comes back to (unintelligible) quantities for improvement that the person that's going through the IFP to need to recognize that your quality of life has improved over a series of years. And it may not quite understand that from 2010 to now your quality of life has actually improved (unintelligible)

And so, yeah, but in my mind, in order to - in order to get to the heart of what the question is, I think you can (unintelligible) in the hands of what to do for the overall research, but (unintelligible) was is it truly making a real impact on the lives that we're trying to (unintelligible)

(Cheryl): Yeah.

Woman 1: There's only the one question in the back of people's minds, like, it's great to go and see them and say, yes, we're improving the quality of life, but first let's (unintelligible) on a general basis. But (unintelligible). So, yeah, it's trying to skip the research model that's really focused on each and every person, and I think that's such a good time to practice along the way.

(Sam): Thank you, a very, very good point.

(Cheryl): Any other in this area? Because we have other domains to explore, and then I want to make sure we include positive missing domains. So anything else on effectiveness, person perceptions of a person-centered planning? If not, let's think about the-

((Crosstalk))

(Cheryl): Yes, go ahead.

(Pat): Hi, this is (Pat). So I think this might be years down the road, but the question of, you know, what are the most important elements of a plan and the relationship to the impact on the person or the best outcomes?

(Cheryl): Yes.

(Pat): So I'll just five you an example. Lately, the care and quality in leadership has been doing some research on this and drawing relationships became very specific things and health outcomes for people that are receiving services.

For example, the degree to which the person is shown dignity and respect and the effects on medication errors, hospitalization, rehospitalizations, but it's just a start, but they've taken a very discrete element of the personal outcome measures and drawn relationship with the, you know, the impact on the person's health and wellbeing.

So at some point, maybe we want to know, what are the critical elements of person-centered planning? Because then you can direct resources in that area. So just an idea.

(Cheryl): Oh, absolutely. I think that's a profound question. And if we're truly going to drive change, knowing what works and what is not terribly helpful will actually enhance the replication of person-centered planning. So I think that's a very, very important lesson. Any others?

So one of the things that I do want to explore, some at length, is a facilitation improvement. So we spent a lot of time talking about the criteria and the competencies of the facilitators. And, (Pat), I think that your last comment would apply here. So we'll talk about the kinds of research questions that we could apply under facilitation. We can go to the - yeah, patient improvement.

(Pat): So this is (Pat) again. So also probably relating to both of these domains, I mean, you could go back to the person-centered planning requirements that are in the settings rules and just look across the country and ask to what extent are state programs adhering to those guidelines?

(Amber Decker): Yes. Yes.

(Pat): Yeah.

(Amber Decker): This is (Amber). I completely agree with that statement. And it is a very hard thing to do. And so I don't know if we can divvy it up amongst, you know, each of us gets a state to research, but I do think that's worth the time and effort to figure out.

(Sally): Hi, this is (Sally), and I want to add to that in that people (unintelligible) contain in whatever new program that, yeah, person-centered planning will be required for every participant. But then, what if they assigned 500 people to a case and say, it's your coordinators job to do this.

And then we train care coordinators and say, “Oh, this is your job that we do person-centered planning.” And they say, “But I have 500 people, how can I do this?” So it's one of those things where the system has to be legit. They can't say, we're going to do person-centered planning, and then not allow the resources, numbers included with that, so that it really can happen.

(Pat): Yeah, you know, (Sally), I agree with that, but I think, you know, a starting point is has the state even adopted in their standards of practice the elements that are in…

((Crosstalk))

(Pat): …because historically states do already say, yeah, we're doing that and the reality on the ground is, no, not really.

So have they set up the sampling, the mechanisms, the funding, the training that will allow them to comply with what's written in the statute? Start there and then go, okay, what are your ratios? What are you paying your Support Coordinator, you know, just, you know, take it a little bit deeper? But the baseline is, are you complying with the studying tool?

(Pearl): Hi, this is (Pearl). I would suggest that, like, no questions and maybe this is something that is missing in…

((Crosstalk))

(Pearl): … programs. And so I hear the studying tool was just brought up that specific to how many community- based services under Medicaid, but then there also would be different rules and regulations under Long Term Care Ombudsman and Older Americans Act and just different programs that we're referring to.

So considering your prompt and state level, we'd have to look at the individual programs and then even beyond that. So I guess this is level to that research question I would suggest.

((Crosstalk))

(Cheryl): (Pearl), and I think the coherence. So, you know, like, the provider community, let's say that the physician community may have one set of standards that they have written for themselves. There's the settings rule, the Long Term Care Ombudsman, Older Americans Act. There's also requirements that that nursing home…

(Pearl): Right.

(Cheryl): …by the state authorizing agency. But, yeah, there are so many and there's not coherence amongst them. So I liked that idea as you have recommended. Somebody was going to speak. I'm sorry, I spoke over you.

(Richard Petty): This is (Richard Petty).

(Cheryl): Hi, (Richard)

(Richard Petty): And I'm just wondering if some of these matters are truly research matters. Some of them seem to be certainly compliant in monitoring. Although some of you may be able to answer this far better than I, are there monitoring mechanisms in place which effectively, you know, determine whether states do have staff - do meet staffing requirements or have appropriate staffing standards in place? And maybe, you know, maybe - or both of you who do definitely consider these research issue, but I'm thinking they are more monitoring problems.

(Cheryl): Yeah, (Richard) that's a very good point. So differentiating - to me the question of research - compliance and standard says this is what you have, and are you needing it? And research may be, it this the right standard? Should we change it? How do we look forward? How do we test new approaches? So you're right. We don't want to blur and kind of let off the hook the requirement for compliance and oversight. Good point.

Anybody else? And we'll be opening up the public comments in, oh, 15, 20 minutes or so. I see some other comments that are coming up. Any others from the group on facilitation or program improvement?

(Sarah Link): So this is (Sarah Link). I'm wondering if I could speak to - it says consolidations, but I think we've mentioned before, a lot of this is just off their work force improvement?

(Cheryl): Yes. Yes.

(Sarah Link): And I think that's a really important distinction that this is an inclusion effort often with a different type of provider network. So in terms of individuals going through person-centered thinking or practices type training, there's an overall - you went to a work force or individual path and if you could kind of include that as a concept and contract in the research, I think it'd be really helpful as we've had many trainers go through that and it kind of reprogram them to how they think about that with certain individuals.

(Cheryl): Excellent point. And I could…

((Crosstalk))

(Betty Croft): Hi.

(Cheryl): …adequately prepared workforce, all of this becomes a real challenge. Yes, go ahead?

(Betty Croft): Hi. This is (Betty Croft). I just thought of a domain that might be missing and that's just around measure development.

(Cheryl): Okay.

(Betty Croft): So thinking back to the care of measures and I, you know, certainly there are gaps identified. So and maybe this also links back to some of the discussion

you just had around - this afternoon's discussion - if there are opportunities to develop more rigorous measures and experiences and, you know, for their effectiveness in it as we would want to define it for person-centered planning.

(Cheryl): Yes. And I think that that is a journey, not a destination, right? Because this…

((Crosstalk))

(Cheryl): …is continuous and ongoing. Anything else on these? And then let's look at the population. So population specific research, well, what we're getting at here is are some of the domains - would there be unique approaches for the ID population versus older Americans, particularly those that may have LPSS, support needs, so functional limitations and or cognitive issues? Are there specific areas of research to focus on unique cultural opportunities and barriers that the healthcare system often puts forward?

So you think that we're getting there already, is it valuable to explore sub populations? And are there other sub populations, if you think it's valuable, that are missing here?

(Amber Decker): This is (Amber Decker), and I do think there are a number of populations specific research items that we could add and sub groups, including children, individuals with substance abuse disorder, serious mental illness.

I don't know where that went, as well as - sorry, parents and caregivers, adolescents because they are often, you know, families and parents and caregivers are often responsible for sort of helping individuals navigate and are often the voices sometimes of people that aren't able to participate all the time. So I'd add that.

(Cheryl): Yep, very good. And I don't think this was not intended to be an inclusive list. It really was just kind of like…

((Crosstalk))

(Cheryl): …but absolutely. The ones that you have identified are right up at the top. Serious mental illness needs to be a sub population. Looking at individuals' substance use disorders, the role of parents and caregivers, so I'm just restating some of those important populations that have unique. All of them have a value and an importance in person-centered planning, but they may have unique strategies or challenges of implementation that need to be understood through research.

(Denise): This is (Denise)

((Crosstalk))

(Cheryl): I'm sorry?

(Denise): I'm sorry. Go ahead and finish and then I'll follow.

(Cheryl): Okay.

(Dory): Hi, this is (Dory), and I'm wondering if we need to add a component somewhere in people with multiple disabilities because some people will use different techniques through the whole thing depending on the disabilities they have.

(Cheryl): Yeah.

(Sam): Good point.

(Cheryl): Good point.

(Duy): Thank you.

(Denise): This is (Denise), We need to take a look at traumatic brain injury.

(Cheryl): Okay. Yeah.

(Denise): Those individuals are going to say some extremely unique challenges that we need to consider in doing not only the research for how we help them implement a plan, but even what are going to be the limitations to them even being able to participate in the plan.

(Cheryl): Yeah.

(Sarah Link): This is (Sarah Link). Can I add something else?

(Cheryl): Yes, (Sarah)?

(Sarah Link): I'd like to change the term elderly to older adults if that's possible.

(Cheryl): Yeah. You noticed I used older adults. I did not have - elderly is considered majority. I'll send the feedback to staff on that.

(Sarah Link): Great. And I love the construct you were adding - traumatic brain. I'd also like it if you could do traumatic inform, I think that would be really helpful or just try?

(Cheryl): And which one? After traumatic brain, what?

(Sarah Link): Just trauma in general.

(Cheryl): Okay, trauma, trauma informed? Okay. Great, right there.

(Sarah Link): And the other - the other sub populous would be autism.

(Cheryl): Ooh, yeah. Yeah.

(Amber Decker): So this is (Amber Decker). You can put IBD, which would cover individuals with autism, individuals with developmental disability, individuals with intellectual developmental disabilities, and just developmental disabilities.

I thought that that's what IBD meant here, and I thought autism was included in that category. So, you know, I'm not sure how we could - because I think if we start going into diagnoses that we're going to have a very long list. So, you know, I don't know.

I also wanted to add foster care individuals and prisoners. And I'm not sure those are the politically correct terms, but I do think that there is transition things that happen there that require - it should be a very person-centered planning there. There could be some research out there.

(Sam): Does that mean not necessarily people with disability.

(Amber Decker): No, as if…

(Sam): Okay.

(Amber Decker): …a very specific group, foster care, individuals that grew up in foster care.

(Sam): Understood. Thank you.

(Amber Decker): Yeah, sorry.

(Cheryl): Okay.

(Richard Petty): And I had - this is (Richard Petty). I have an additional recommendation under program improvement, but it's not population specific. Is this an appropriate time to include that?

(Cheryl): Okay, you could add a little bit, maybe others caught that. I didn't see through the whole thing. I'm sorry, (Richard)

(Richard Petty): Okay. It's a matter related to program improvement, but it's not population specific.

(Cheryl): Okay. Okay.

(Richard Petty): All right. So I think there could be some significant value into assessing the effectiveness - well, better yet identifying effective practices in conducting person-centered planning in a consumer directed environment, as an example, within centers for independent living, and possibly even participant directed services in other settings.

And it would give an opportunity to assess what does work well and if there are any challenges or barriers to highlight and identify those and find where those have been dealt with effectively and use the best - identify some best

practice models. Ultimately that might involve some case ready research. I'm not sure where we would go with it, but I believe that can be quite valuable.

(Sam): Good point. Thank you. I think we captured all that.

(Richard Petty): Thank you.

(Sam): Thank you.

(Cheryl): Any others that folks want to address? You know, because I do want to give adequate time for our public comments as well, but I know - I don't to miss any good conversation.

And so just a little bit on the impact of policy changes and how that would impact PCP. I think a number have even brought that up. (Richard) that may be in part - also what you were just speaking, but then also how does a person-centered care planning impact care transitions and the effectiveness?

I think that that is one time where it's often - person-centered care planning is put to the wayside when people are talking about moving from one setting of care or one provider to another, and how can effective PCP be utilized, and also what is its impact during care transitions?

I mean, this would be a very lengthy research agenda. And I think it would include probably full-time work from all of us over the course of our career to get all these done. But I also think they're important questions and systems to think about their implementation and design and even asking some of these questions up front.

((Crosstalk))

(Cheryl): But to get back to (Richard)'s earlier point, we don't want to substitute oversight and compliance with just forward-thinking research questions. Yeah, I'm sorry?

(Devin Cross): Hi, (Devin Cross). I have one other comment I do want to sort of make…

((Crosstalk))

(Devin Cross): …and it's not directly related to research domains, but I just want to say I think it would be important for us in our security research agenda, to emphasize that as much as possible, the research itself should be conducted by researchers with experience and or using participatory methods that are in line with the philosophy and principles of person-centered practice.

(Cheryl): I'd have one point to add, yeah, for as much as possible a lot of researchers are going to have to look at experience and or actively engaged with, like, experienced participants for whom all of this is what we are talking about, so that it's not just a distant third person analysis that's truly engaged by those impacted. Good point. Any other comments as we close out this section and then turn back to (Steph)?

(Amber), I thought you had one more comment about slide 23. Was that related to repurchase as well? Go back to slide 23. So, yes, so for program improvement.

(Amber Decker): Yeah. I was just sort of reiterating what (Richard Petty) suggested in terms of - self-directed care and access to self-direction. And I'm also just writing a little comment on slide 24, which I think the term care there is a little ambiguous.

So I'm not sure effective PCP and care transitions sounds very medical. So I don't know if we can add another little thing there, but I just figured, like, EI to age, you know, elementary school, to high school, to college, to hospitals, nursing homes, to group homes. I mean, like, other ways that people are feeling your transit.

(Cheryl): Right. Right.

(Richard Petty): That's a good point. Because there is care transition hospital to home, care transition, nursing facility to home community. And just please if, you know, just to lament the point, my point was didn't have self-directed care. It isn't participant directed services and consumer directed services, which are different…

(Cheryl): Yeah.

(Richard Petty): …but consumer directed services are within the framework of centers for independent living, which have a high level of consumer control even within the organization.

(Sally): If I could just…

(Cheryl): Yeah.

(Sally): This is (Sally). And I don't know why, you know, just the word care is, like, a bad word to a lot of people and so why wouldn't you just talk about lifespan?

Because, you know, when you have a disability and it's not going to be going away or it may eb and flow and all those sorts of things that happen with life

and circumstances and environment, but it's still the person life span. So I might pick up that as a word.

((Crosstalk))

Woman 3: And I think it would be good if we have advocate. If I can, you know, you guys know I am a clinician. And I think very often clinicians have blind spots when it comes to setting up care services. So hospital, nursing home, home health.

And if we look at life span, clinicians may totally disregard those important care, and I'm using that word in an italics transition, but if we just have care transitions then, (Sally), your point is excellent. We missed the key life span transitions. So I would like to see them be inclusive because I think different audiences may ignore one or the other.

((Crosstalk))

(Richard Petty): Well, this is (Richard Petty). The care does have the tenant of medical model…

(Cheryl): Mm-hmm.

(Richard Petty): …which is problematic for many people with disabilities. And I can certainly note that some centers for independent living have chosen to operate care transition programs because they allow those centers to provide additional services that would provide a difference to people in the community for whom their services were valuable. So I think they probably held their noses and move forward.

(Cheryl): Any other thoughts, comments? We're doing just right on time. So I don't want shut any lose conversation down because we are nearing the end of this. Let's open up to public comments and turn it back to (Steph)

(Pearl): Hey, this is (Pearl). I just wanted to suggest. I think the previous slide talks about service delivery options, and I would suggest that being inclusive of programs type like I discussed earlier, the different types of programs, like, Medicaid, Older Americans Act, State run or state funded programs. So just the different types of programs in looking across those as well, from those population standpoints.

(Cheryl): Okay. Excellent. So be more inclusive. Okay. Thank you, (Pearl). Okay, well, so I think let's go back now to (Steph) and public comments because I've seen a number of comments popping up on the written areas. So we'll open it up now for public comment. And (Steph), take it from here.

(Kate Shannon): Thank you so much, (Cheryl). This is (Kate Shannon). So we are opening up for public comments. We, as always, really appreciate the comments as they come through. We are receiving a lot. Just so everyone knows, the comments are shared. They are uploaded. The staff read them, but we don't have an opportunity to go through and read all of them.

I do want to invite people who have been commenting to either do so verbally now or if there are any people who would prefer to chat, we just have to read them aloud. Just FYI, it is Star 7 to unmute yourself. If you could mute everyone and then maybe you just have to unmute. You can also chat in.

So I'm going to hold for a couple of seconds to see if people have any comments that they would like us to read aloud. So moving forward, we're going to read comments. I'm not going to go back and read previous

comments. So any comments that come in kind of from now forward, I'll read aloud, but I also did want to give people the floor to verbally submit comments. And if you are having difficulty on muting, if you wouldn't mind just chatting us, we can unmute your line.

All right. I'm not seeing anything right now that's come in. I do want to thank (Steven) who submitted many comments from (Alan), (Nicole), (Angela). We really appreciate those and want to acknowledge those. So that those will be very helpful to staff as we move forward in the work. I don't see any public comments coming in via chat function but - oh, so then we will move on to the next step.

So as you can see here, this is an established previously the sub second class funding. We will be convening again in June for the public comments on the final draft of the report. Prior to this, the report will go out for 30-day public comment period.

During that period, the committee members as well as members of the public will have an opportunity to comment similar to what we did during the first public comment period.

Second, were also going to be updating the report, the previous sections of the report based on committee feedback and educational comments received in December. And as you can see, here, we have the time of our last meeting. So our 30-day public comment period will open April 8, and close in May.

The final draft, we want to highlight what it will include, which is a definition of person-centered planning, a set of core competencies of people performing person-centered planning facilitation; recommendations for - that system can directly support person-centered thinking, planning, and practice; framework

to person-centered training medical development; research agenda; as well as the results of the environmental scan.

As always, please feel free to contact staff. Our email address is on…

((Crosstalk))

(Kate Shannon): We have the product page information right here. And if you would like to subscribe to our work, you can click on the link below. I want to turn it over to our Co-Chair of Corrections (Cheryl) to provide any closing remarks.

(Gretchen): So this is (Gretchen), and I just want to again say thank you. So, like, we're definitely getting the hang of this committee now that we're almost to the end, but everybody has contributed, and comments have just gotten better with each time we have these meetings.

And so today's discussion about the measure - exciting and interesting and you all brought really important points to the table. And so I thank everyone who commented and participated in that portion of the conversation today. (Cheryl)?

(Cheryl): Yes, I will just continue to echo. I don't want to be redundant, but this has been a great call, great conversation, good comments that we have captured both of the ones in writing and the verbal comments. And I think that our finals - we'll have time for public comments.

And then our next call in June to kind of wrap things up. And I know that staff will be available between now and then should the questions arise, anything that (Gretchen) and I can do to help, we're happy to as well. So thank you all. You've been remarkable.

Woman 4: And then thanks for providing closing remarks.

(Sam): All right, thank you, everyone. Well just for me, for us, to say we're looking forward to writing the report. Any other feedback you want to give us via email we will welcome, and we'll look forward to having a conversation about it with you in June. Thanks so much everybody. We're adjourned.

END