



Individualized Service/Support Planning: Implementation challenges and successful strategies



Definition of the Issue

There is no single, shared definition of Individualized Service Planning (ISP), and the term has been used across a variety of health and mental health care contexts. At a minimum, approaches included under the broad label of ISP require that

1. Plans are developed on the basis of a thorough assessment of the needs of the individual,
2. Plans include specific goals and objectives designed to meet identified needs, and
3. Progress towards the goals is monitored at regular intervals, and plans are revised if progress is not satisfactory.
4. Usually, although not always, ISP approaches also require that
5. The person for whom the plan is being prepared, and/or that person's family or guardian, participates in the planning process.

In recent years, the definition of ISP as commonly understood within mental health has grown to include a longer list of criteria. This more stringent definition of ISP is reflected in the final report of the President's New Freedom Commission on Mental Health.

These criteria extend the definition of ISP for children with severe emotional and behavioral disorders to require that

6. The child and family, rather than merely being present during planning, are engaged as active and equal partners in ISP;
7. The ISP plan is a single, comprehensive plan of care that coordinates services and supports for a given child and family across settings and agencies; and
8. The ISP process is strengths based and recovery oriented, and promotes child and family integration into home and community life and roles.
9. The ISP process will stimulate flexible problem solving and creative strategies for meeting identified needs.

Within Children's Mental Health, a collaborative, team-based approach called *Wraparound* is possibly the most commonly implemented form of ISP, though these criteria can also be met through other service delivery models, such as intensive case management.

Implementation Challenges

Each of the criteria listed above brings associated challenges for ISP implementation. Regarding criteria 1-3, it appears that many ISP teams and programs have difficulty adhering to a structured planning process that includes setting and monitoring specific goals. More profound challenges are associated with the more stringent definition of ISP, and include the following:

- Partnership with families and youth is difficult to achieve, and the perspectives of professionals are likely to dominate the planning process. Even where professionals desire partnership, they often lack knowledge of skills and techniques to achieve it. Family members have often never had an opportunity to explore—and are thus hard put to express—their own perspective regarding needs and goals, and the strategies that are likely to be successful in meeting them.
- Policies, organizational cultures and mandates, and funding requirements work against the use of a single comprehensive plan to coordinate services and supports across agencies. Moreover, the comprehensive plan is intended to extend beyond formal services by including roles for members of the family's community and informal support networks. (This is why some people prefer the term Individualized *Service/Support* Planning.) Providers often lack knowledge, skills, and/or resources for accomplishing this.
- Much existing mental health care is neither strengths based nor recovery oriented. Outcomes associated with strengths and recovery approaches (e.g. community integration, quality of life, satisfaction, achievement of individualized goals) are different from those usually prioritized in human service and mental health agencies.
- Plans often appear to be lacking in creativity and individualization. This may stem from policies and funding arrangements (e.g., lack

of flexibility for funding unique or non-traditional services and supports, system incentives to fill program beds or slots, etc.) and/or a lack of knowledge for stimulating creativity in problem solving during the planning process.

In practice, these challenges (and their solutions) interact and overlap with one another. **The overarching challenge** is to devise and support a practice model for ISP that addresses the criteria in a manner that is holistic and comprehensive, but that does not overwhelm participants with requirements and responsibilities.

Successful Strategies/Lessons Learned

Successful programs use a clearly defined practice model that details the roles and responsibilities of the various participants in the ISP process. The practice model also provides clear descriptions of the activities that are included within the ISP process and the skills, techniques, and tools that are needed to carry out the activities. The practice model also specifies outputs that are associated with the activities of ISP. Organizations that take the lead role in implementing ISP provide supervision and support so that participants can learn how to carry out their roles effectively. It is also essential that the organizations and agencies that collaborate to provide ISP receive the necessary support from the policy and funding context within which they operate. Examples of successful strategies across these various levels of implementation include the following:

Adherence to a structured, goal-oriented planning process can be promoted by the use of a plan template that requires specific goals and evidence that goals are being monitored and revised. Wherever possible, goals should be associated with specific, measurable indicators that can be used to assess progress. Providers and programs may then be held accountable for devising plans based on specific, measurable goals, and for monitoring progress towards the goals.

Family participation and partnership can be promoted through required activities and the use of techniques and structures that empower the family's perspectives and support the consistency, clarity, and impact of the family's views during all phases of planning. For example, preparation and engagement activities undertaken with families before planning appear to be essential in setting the stage for partnership in ISP. Engagement activities often include an orientation to the ISP process and the expectations of family participation, the completion of a strengths inventory or narrative, and an open-ended exploration of both family needs and vision. Successful ISP programs have developed clear guidelines for family engagement/preparation, as well as required outputs, which then become the cornerstones of future planning. Techniques for promoting the impact of family views during planning itself include reflective listening and summarization of family input, increased "checking in" with family and youth, allowing family first and last "say" during discussion, and providing family with extra "votes" during prioritization of goals. Family perspective throughout the ISP process is likely to be maintained when care is taken to ensure that the goals and vision that drive the process are those which reflect the family's own sense of its needs and goals.

Having a single, comprehensive plan that coordinates all services and supports for a family has proven a difficult goal. In some regions, however, the agencies that collaborate to provide ISP have been able to reach agreement on a single plan format that satisfies their reporting requirements and mandates. Usually, arriving at a single plan format requires extensive support from leaders and policy makers at the regional and even state level. Even where a common plan format is still in development, agencies can work cooperatively to minimize planning that is not consistent with the ISP values (e.g., deficit based planning) and to ensure that plans across agencies are rooted in the family's perspective and are consistent in terms of vision and goals.

ISP plans are more likely to successfully incorporate support from members of the family's natural and informal networks when team members have knowledge of specific strategies for recruiting informal support people and making them feel as though their opinions and efforts are welcomed and appreciated. This effort also requires support from agencies, which can collect information about available community supports and programs, and which can allocate staff and resources to increasing community capacity to provide the types of supports that are often requested through the ISP process (e.g. respite, mentoring, personal care, youth groups). These efforts also require support from the policy and funding context, which must provide incentives for agencies to develop new and non-traditional sources of support in their communities.

The extent to which ISP is strengths based is fundamentally determined by the extent to which the practice model specifies techniques and processes for eliciting strengths and for building service and support strategies that acknowledge, incorporate, build on, develop, and/or enhance family strengths and capacities. Successful ISP programs have developed a series of well-defined activities and outputs for doing so. ISP is more likely to be strengths based and recovery oriented where planning is undertaken in true partnership with families, and where agencies and the policy and funding context value and monitor outcomes such as family satisfaction, community integration, needs met, quality of life, and achievement of individualized goals.

The flexibility, creativity, and individualization of ISP is likely to be enhanced when participants are encouraged to fully express their perspectives and to generate multiple options during the planning process. In particular, the family's perspective regarding needs and goals, as well as the strategies that are likely to be effective in meeting needs and goals, is an essential stimulus to creativity and individualization. Individualized ISP is therefore unlikely to occur in the absence of effective

partnering with families. Eliciting and blending perspectives to produce an individualized plan is more likely to occur when participants have knowledge of creativity-enhancing and problem solving techniques and conflict resolution skill. When truly creative and individualized plans are devised, they often call for services and supports that are created or significantly tailored for a particular family. This level of individualization is only likely to occur where collaborating agencies and the policy and funding context clearly value it, and where funds and flexibility provide incentives to ISP programs to put time and resources into creating and tailoring services and supports.

Next Steps

Further research on...

- Interventions to increase the extent to which family perspective is effectively elicited and built upon during individualized planning. Interventions should focus both on parent participation and youth participation in ISP.
- How best to measure outcomes from recovery-oriented, individualized planning and services.
- Specific techniques for increasing the extent to which the ISP process, as well as the plans produced, are predicated on strengths and serve to enhance competencies and assets.
- Clarification and testing of effective techniques for building participant collaboration and creativity in the ISP context.
- The program level supports and the types of policies and funding arrangements that are essential for effective ISP.

Policies that...

- Increase the flexibility for families to choose providers that meet needs as determined through ISP, including providers of personal care, respite, and related services.
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Funding arrangements that...

- Create financial disincentives to agencies or regions for placing children out of home and/or out of community, and that reinvest savings from reductions in out-of-home placements into increasing community capacity for providing services and supports that tend to be requested through ISP.
- Provide incentives for interagency collaboration and flexibility to meet the unique needs of children and families.

Technical Assistance that...

- Helps agencies acquire the capacity to deliver ISP with adequate fidelity to a comprehensive practice model.
- Allows agencies and systems partners to assess the extent to which they are providing sufficient leadership and policy and funding support to ISP programs, and then provides ideas altering the policy and funding context to increase its supportiveness for ISP.

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