



Peer Run Innovations: From Promise to Practice

March 12, 2009

AMCHA Santa Fe Summit

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Rehabilitation Services

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“In peer support we come together with the intention of changing our patterns, getting out of “stuck” places, building relationships that are respectful, mutually responsible and potentially mutually transforming.

We validate each other for our ‘personhood’ rather than our ‘patienthood’...[we] see each other’s behavior through the lens of personal experience rather than through the lens of illness.”

Shery Mead, 2004

Peer Support: Helping People and Systems to Get Unstuck

- ❖ **Peer Bridging:** Alternatives to Long term or 'Revolving Door' Use of Inpatient Care
- ❖ **Peer Health Care Coaching:** Support for improved self managed health and recovery
- ❖ **Peer Crisis Support and Respite:** Alternatives to Chronic Use of Emergency/Inpatient Care
- ❖ **Peer Brokered Self Direction:** Alternatives to Chronic Community Institutionalization
- ❖ **Restoring Lives, Redirecting and Saving \$**

Key Elements of Peer Support

- ❖ **Sharing, validating and normalizing similar experiences**
- ❖ **Building empathy, sharing opportunities for connection and knowledge**
- ❖ **Building honest mutually responsible relationships**
- ❖ **Based on the intention to change patterns and get unstuck**
- ❖ **Full respect for each's unique process of change**
- ❖ **Willingness to challenge each other**

An Alternative to Traditional Treatment Relationships Peers Often Find:

- ❖ **Pathologizing and reductionist**
- ❖ **Distancing and alienating**
- ❖ **Judgemental and/or artificial**
- ❖ **Culturally unaware and/or insensitive**
- ❖ **Controlling and/or rescuing**
- ❖ **Infantilizing and disempowering**
- ❖ **Not promoting hope, dignity and full citizenship**
- ❖ **Not promoting healing and spirituality**
- ❖ **Stuck on a 'snapshot of me at my worst moment'**
- ❖ **Unavailable during evenings and weekends**

Peer Support Is....

- ❖ A different way of forming relationships and sharing power
- ❖ A new way of thinking about help and helping
- ❖ Being open to new ways of thinking about our experiences and ourselves
- ❖ Teaching and learning from each other
- ❖ Challenging our status quo; moving towards what we want
- ❖ Full respect for the individual process of change
- ❖ Social action/social change

Peer Support Is NOT....

- ❖ About just being friends
- ❖ Traditional or clinical treatment
- ❖ About assessing, prescribing, predicting or controlling
- ❖ About fixing or helping
- ❖ About taking responsibility for each other
- ❖ Cheap tokenistic labor

NYAPRS Peer Bridger Project Background

- ❖ **Funded by NYS Office of Mental Health and New York's Community Reinvestment Act of 1993**
- ❖ **Combining Two Top Criteria: Reducing State Hospital Census and Promoting Peer Support**
- ❖ **Development Team: Dr. Edward Knight, Dr. Cheryl MacNeil, Harvey Rosenthal; Mathew Mathai, Shery Mead**

The Peer Bridger Lens

***“We support each other to
get out of the hospital,
stay out of the hospital and
get the hospital out of us.”***

The NYAPRS Peer Bridger Project's Six Sites

- ❖ Suffolk: NYAPRS, Pilgrim PC (Long Island)
- ❖ Queens: NYAPRS, Creedmoor PC (NYC)
- ❖ Broome: Four Seasons Club, Greater Binghamton Health Center (Southern Tier)
- ❖ Ulster: NYAPRS, Hudson River PC (Hudson Valley)
- ❖ Albany: NYAPRS, Capital District PC
- ❖ Westchester: Westchester Consumer Empowerment Center, Rockland PC

Basic Elements of Peer Bridger Model

- 1. Involvement in Mutual Support Meetings in Hospital and Community**
- 2. Developing a Mutually Responsible Peer Relationship**
- 3. Strengthening/Modeling Community Adjustment and Wellness Self-Management and Relapse Prevention/Crisis Management Skills**
- 4. Connecting with Natural and Service-Based Supports and Community Resources**
- 5. Infusing Recovery And Cultural Competence In Hospital And Community Service Settings**

Core Values of NYAPRS Peer Support

- ❖ Honest, direct communication
- ❖ Power sharing and mutuality
- ❖ Building hope and faith
- ❖ Empathy and mutuality
- ❖ Personal responsibility and accountability
- ❖ Valuing and creating community
- ❖ Not using “symptoms” or “illness” as a reason to not meet each other’s needs
- ❖ Learning to work through conflict
- ❖ Being accountable to the relationship
- ❖ Understanding trauma is central

Peer Bridger Services

- ❖ Skill teaching
- ❖ Social and emotional support
- ❖ Recreation and companionship
- ❖ Development of self-advocacy
- ❖ Mutual peer support
- ❖ Participation at weekly peer support meetings.
- ❖ Development of wellness self-management WRAP plans
- ❖ Discovering community (community guides)

Role of Peer Support Meetings

- ❖ Introduction of peer support and the Peer Bridger Project
- ❖ Expansion of personal support systems
- ❖ Assists individuals struggling with discharge to move towards leaving the hospital
- ❖ Develops a personal sense of hope and faith
- ❖ Provides opportunities for people to give as well as receive
- ❖ Begins teaching wellness skills to people who may not be quite ready for discharge

Intensive Individualized Matching

- ❖ Provide support and community planning to persons in state psychiatric facilities both prior to and following discharge
- ❖ Seek to develop a trusting relationship, serving as a role model, mentor, teacher, a connector, an advocate, a supporter, an ally and a source of encouragement and hope.
- ❖ Complement the work of case managers, helping to support a more comprehensive, coordinated approach.

Typical Bridger Relationship

- ❖ Development of trust, mutual respect, encouragement and emotional support.
- ❖ Encouragement of deeper involvement in peer support groups, exposure to community resources, attention to skills inventory and working on mastering identified desired skills
- ❖ Following hospital discharge, intensified peer supports are paramount. Deeper involvement in skills teaching, learning personal triggers to prevent relapse, increased connections to community supports and resources, and regular, honest communication is emphasized.
- ❖ Peer Bridgers may encourage more frequent contact to promote increased involvement support and social contact.

Typical Bridger Relationship (cont)

- ❖ Laying the ground work for independence, addressing those skills not yet quite developed.
- ❖ Meetings in the community are emphasized.
- ❖ Support for the establishment of a wider circle friendships and enhanced social activities in the community.
- ❖ Positive risk-taking and greater independence are supported.
- ❖ Peer Bridgers typically move from spending the majority of their time providing social support and companionship to teaching coping and community adjustment skills and linking their 'matches' with important community resources.

Reframing Crisis

- ❖ **WRAP and Wellness Self-Management Tools**
- ❖ **Forming Communities of Support**
- ❖ **Dealing with “Big Feelings”**
- ❖ **Keeping Your Power When Things Break Down**

2008 Data

Number of Matches	Total
# of people in matches	339
# of people referred to the project	368
# of people referred from the hospitals	129
# of people who self-referred	239
#of new matches since 1/1/08	312

Additional Data for 2008

Number of Transitions	Total
# of people released from state psychiatric centers	205
# of people who left psych centers who have not returned for three months or more	199
# of people who transitioned from on-grounds residences	138
# of people who transitioned from inpatient to on-grounds residences or independent living	186
Total # of people who were discharged	320
# of people who were assessed to be discharge ready and who were waiting for community housing	123

2007 Re-Hospitalization Data

- ❖ In 2007, the Peer Bridger Project worked with 251 individuals and 190 of those consented to the release of their hospitalization data. After a preliminary review of this data, approximately **136** *of these individuals were not re-hospitalized in the state psychiatric centers in 2007.*
- ❖ *That means that approximately 72% percent of the people we worked with were able to stay out of the hospital for the following year.*

Number of Meetings and Staff Trainings on Peer Support 2007

❖ Peer Support Meetings held in State PCs	33
❖ Peer Support Meetings held in the community	31
❖ Average # of people attending each meeting	13
❖ Total # of people served in meetings	1,300
❖ Total # of hospital and community trainings conducted by the Peer Support Specialists	148

NYAPRS Contact Information

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Morbidity and Mortality in People with Serious Mental Illness

NASMHPD October 2006

- ❖ **“..Persons with serious mental illness are now dying 25 years earlier than the general population.**
- ❖ **Their increased morbidity and mortality are largely due to treatable medical conditions that are caused by modifiable risk factors such as smoking, obesity, substance abuse, and inadequate access to medical care.”**

High Cost, Low Outcomes

- ❖ **“20% of NYS Medicaid beneficiaries account for a significant amount (75%) of the program’s expenditures.”**
- ❖ **“These beneficiaries have multiple co-morbidities, are medically complicated and require services across multiple provider agencies.”**
- ❖ **“Due to their multiple and intensive needs, their care can often be fragmented, uncoordinated and ..duplicative.”**
- ❖ **Included in these special populations are recipients with chronic conditions¹, mental illness, chemical dependency, HIV/AIDS, developmental disabilities and mental retardation, and individuals requiring long term care.”**

The Promise of Peer Health Care Coaching

- ❖ Great application of peer support to disease management-based approaches, based on the importance and effectiveness of peer delivered:
 - ❖ Outreach and engagement
 - ❖ Education about medical conditions and self management care approaches
 - ❖ Ongoing support and reinforcement, including cues, reminders and prompts to follow up on medicine, health appointments, exercise, use of the patch, etc.
 - ❖ Power of relationship and personal support

Peer Support in Optum Health's Chronic Illness Demonstration in NY

- ❖ NYAPRS Peer Health Care Coaching
 - ❖ Assist With Locating And Enrolling Consumers
 - ❖ Provide Individual Health Coaching and Support
 - ❖ Provide Health Focused Peer Support Groups
 - ❖ Link Individuals With Local Mental Health Supports
 - ❖ Assist With Relapse Prevention Activities,
 - ❖ Actively Participate In Enrollee Treatment Planning
- ❖ PEOPLE, Inc
 - ❖ Peer And Staff Training On Recovery And Relapse Prevention
 - ❖ Possible Establishment Of Crisis Respite Residence

Georgia Peer Support Whole Health Project

Ike Powell

- ❖ Welcome, Introductions and Overview of the Training
- ❖ Metabolism and the Relaxation Response
- ❖ Healthy Eating, Physical Activity and Smoking Cessation
- ❖ Why People Change
- ❖ The Dynamic of Motivation
- ❖ Person Centered Whole Health Planning: Part 1
- ❖ Person Centered Whole Health Planning: Part 2
- ❖ Goals, Objectives, and Interventions
- ❖ Reducing the Resistance to Change
- ❖ The Weekly Peer Support Group
- ❖ The Eight-week Commitment
- ❖ The Health Kit, Wrap-up, Evaluations and Next Steps



**Projects to Empower and Organize
the Psychiatrically Labeled, Inc.
PEOPLE, Inc.**

Who are we?

PEOPLE, Inc.

- ❖ A peer run not for profit organization that provides advocacy and an array of recovery centered services to people with psychiatric disabilities in Dutchess, Orange, Ulster, St. Lawrence and Hamilton Counties in New York.
- ❖ Contact: stevemiccio@projectstoempower.org

Services

- ❖ Supported Housing/Housing First
- ❖ Advocacy (individual & systems)
- ❖ Peer Advocacy Training
- ❖ Employment
- ❖ Nights Out
- ❖ Recovery Specialists (Transformation)
- ❖ Emergency Room Advocacy
- ❖ Hospital Diversion

Services

- Warm Lines
- In Home Peer Companionship
- Clinic Based Advocacy
- Statewide Advocacy
- National/International consulting
- Adult Home Advocacy
- Representative Payee ship
- Research partners
- Innovative Solutions for Systems “Challenges”

Hospital Diversion

The Rose House

- ❖ Persons seeking temporary residential care/respice care can stay from one to five nights in a warm, friendly, safe and supportive home-like environment where they are taught to use new recovery and relapse prevention skills.
- ❖ Rose House's services are designed to help 'at risk' individuals to break the cycle of learned helplessness and recidivism and to move away from what are often long histories of cycling from home to crisis to hospital, year after year.

In Home Peer Companions

- ❖ PEOPLE, Inc offers in-home peer companionship in the event one does not want to leave one's home.
- ❖ A Peer Companion will visit an individual regularly at his or her home or in the community, offering peer support, an empathetic ear and new techniques to help the person avoid utilizing hospital services.

Peer Warm Line

- ❖ In recent years, PEOPLE, Inc has developed a “warm line” service aimed at providing phone-based crisis support at all hours of the day and night to help people to reduce or avoid emergency room visits or psychiatric hospitalizations.

Peer Emergency Room Services

- ❖ Peers assist individuals in navigating the often-traumatic process of being screened and admitted/discharged to/from the hospital.
- ❖ A booklet explains the process of the emergency room screening in language aimed at providing words of hope and support to the individual or family.
- ❖ This approach fosters compassionate care and improved outcomes.

Clinic-based Peer Advocates

- ❖ The Peer Advocate offers a range of service including:
 - ❖ Peer advocacy
 - ❖ Empathic mutual support
 - ❖ Education and assistance in the development of a personal Wellness Recovery Action Plan
 - ❖ Education and assistance in the completion of an Advance Directive
 - ❖ Advocate is integral member of clinic team

2007 Utilization

- ❖ Rose House: 1,200 face to face peer counseling sessions
- ❖ In-Home Companion: 425 in home peer counseling visits
- ❖ Warm Line: 1,400 phone peer-counseling sessions

Cost Figures for the Rose House

- ❖ Daily rate is \$132/person
- ❖ Compare to Hospitalization daily average cost of \$1,200
- ❖ 2007
- ❖ 274 unduplicated guests resulted in savings of \$1.3 million

Follow Up Impact

- ❖ In a random follow up survey completed in 2007 of 10 Rose House users, we learned that 70% of the respondents have not been hospitalized for psychiatric reasons since becoming involved with the program in the past two years
- ❖ Continued Research – A university study is in progress to measure recovery outcomes for guests of Rose House (2009)

Peers in the Emergency Room Training

- ❖ Roles and responsibilities
 - ❖ Engage people compassionately and empathetically
 - ❖ Increase level of comfort and safety
 - ❖ Ensure basic needs are met
 - ❖ Assist in expediting process in a timely manner
 - ❖ Providing information throughout ED process
 - ❖ Liaison between Hospital staff and patient and/or family member

Training Curriculum

- ❖ Psychiatric Emergency services overview
- ❖ Advocacy skills
- ❖ Cultural Equity
- ❖ Negotiation Skills
- ❖ Self-Help/Peer Support
- ❖ Wellness/Recovery Model
- ❖ Mental Hygiene law
- ❖ Patient Rights
- ❖ Ethics/Confidentiality

Moving from Learned Dependency to Self-Determination

Michael Hlebechuk

Oregon Department of Human Services

Addictions and Mental Health Division

michael.hlebechuk@state.or.us

Rethinking our System

“Why are individuals with disabilities not afforded nor expected to have purposes in life similar to those without disabilities? Virtually everyone else arises to carry out daily responsibilities, work, earn income, plan for life goals, take care of family members, contribute to the common good, and exercise citizenship. Until people with disabilities are accorded these same expectations, our view of quality will remain severely constrained. We will focus solely on the quality of services. “

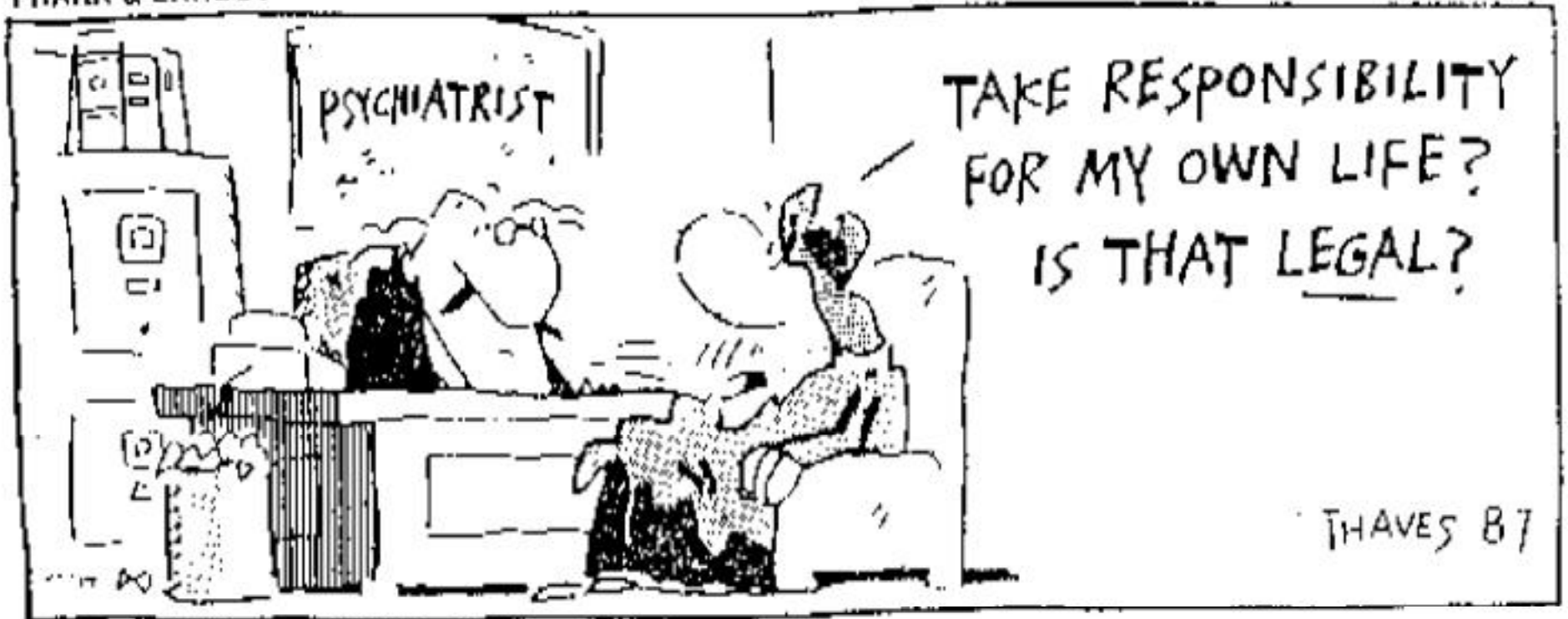
~ Thomas Nerney, Executive Director Center for Self-Determination

5 Principles of Self-Determination Nerney 2001

- ❖ *Freedom* to choose a meaningful life in the community
- ❖ *Authority* over the funds needed for one's own care
- ❖ *Support* for participants' efforts to make the choices that are best for them
- ❖ *Responsibility* for managing finances, choosing services, and handling the tasks of daily living, and for the appropriate use of public funds and
- ❖ *Confirmation or Participation*, that is, the opportunity for service recipients to participate in decision making about the care delivery system.

The Traditional Mental Health System

- ❖ Assumes that *clients* are not able to make choices that are in their own best interest much of the time.
- ❖ Believes it is often necessary to make decisions for clients.
- ❖ Stresses *client* safety far more than *client* choice.
- ❖ This results in the *client* growing dependent on the system to make life decisions. (Decreased client choice means increased client dependence.)



Self-Directed Care Definitions

- A system that is “intended to allow informed consumers to assess their own needs . . . determine how and by whom these needs should be met, and monitor the quality of services they receive” (Dougherty, SAMHSA, 2003).
- A system “in which funds that would ordinarily be paid to service provider agencies are transferred to consumers, using various formulas to account for direct, administrative, and other costs” (Cook et al., 2004).
- “a method of delivering services that is based on giving each consumer control of an individual budget with which to purchase goods and services to meet his or her needs” (Alakeson, HHS, 2007).

Essential Elements of Self-Directed Care Systems

- ❖ ***Person-centered planning*** “is a process-oriented approach to empowering people... It focuses on the people and their needs by putting them in charge of defining the direction for their lives.”
- ❖ ***Individual budgeting*** enables people to have some control over how the funds used for their care are to be spent.

Essential Elements of Self-Directed Care Systems

- ❖ ***Financial management services***, which entails tracking and monitoring budgets, performing payroll services, and handling billing and documentation
- ❖ ***Supports brokerage***, which includes both education and operational assistance, and is intended to help participants design and manage their self-directed care plans.

Key Values

- ❖ Freedom of choice
- ❖ Control over one's own life
- ❖ Personal responsibility
- ❖ Access to services and support
- ❖ Consumer satisfaction and service quality
- ❖ Efficiency and effectiveness
- ❖ Cost effectiveness Protection of civil liberties
- ❖ Fairness
- ❖ Freedom from coercion
- ❖ Use of free market forces

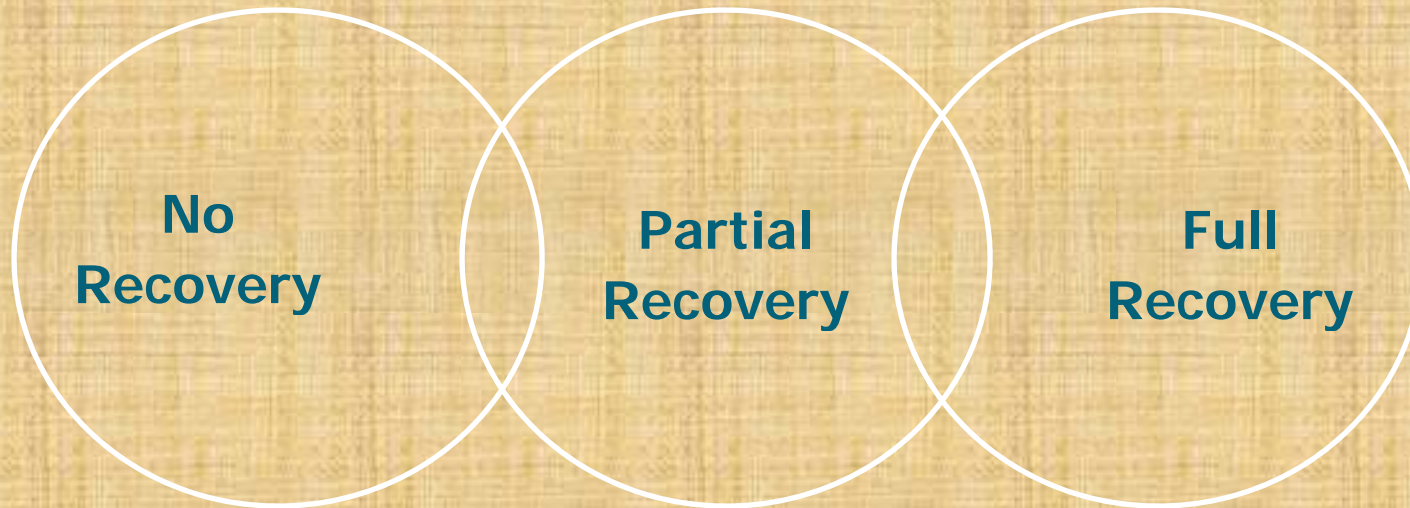
A Transformed System that Promotes Recovery Through Self-Determination

- ❖ Believes that people can and do recover from mental illness.
- ❖ Helps facilitate recovery by providing self-directed services and supports.
- ❖ Treatment in this system is centered around the goals of the person – what is important to the person.
- ❖ Safety issues are addressed in a collaborative relationship between the individual and the provider of services and supports.
- ❖ Individuals are allowed to make, and grow from, their own mistakes.

Products of the Transformed System

- ❖ People move toward recovery and become increasingly self-reliant.
- ❖ As people recover they use fewer services.
- ❖ It is a win-win proposition. Service dollars are saved. Far more importantly, people move on with their lives.
- ❖ Individuals gain far higher levels of dignity and self-respect – greater self-esteem.

The Continuum of Recovery



**Resources and
Support Required**

Credit - Leighton Y. Huey, MD

Empowerment Initiatives Brokerage (EIB)

- ❖ A project of Oregon's FY 2001 Real Choice Systems Change grant awarded to Oregon Department of Human Services by Centers for Medicare & Medicaid Services.
- ❖ MH consumer operated and controlled. All board and staff members are consumer/survivors.
- ❖ Supports brokerage serves 25 individuals referred by Portland MH agencies.
- ❖ Housing brokerage serves 15 people to broker self-directed supports to aid in obtaining and maintaining housing.
- ❖ EIB customers continue receiving services from referring agency.

How the Brokerage Works

- ❖ Using a person centered planning approach; the *customer* and the broker write a goal attainment plan that will help the individual's goals be attained.
- ❖ An individual *customer* account is established to purchase services and supports on behalf of the *customer*. EIB *customers* have a \$3,000 account.
- ❖ Donated and naturally existing resources, services and supports are brokered as much as possible.

Goal Attainment Plans

- ❖ Written by the customer and broker through a person centered planning process.
- ❖ Brokered services and supports are obtained through the implementation of this plan using the individual customer account.
- ❖ Two examples (next 2 slides):
 - 1) Goal: obtaining employment
 - 2) Goal: being discharged from state hospital with suitable services and supports.

Name: Wanda B. Wurking		Customer Number: 1234	
Today's date: 02/25/05	Phone #: 503.123.4567	Plan Begins: 06/01/05	Plan Ends: 06/30/06

What is my goal? What personal outcome do I expect as a result of this request? (Describe the specific symptoms or experiences related to your illness that this service will improve or relieve) **I will have a job where I am able to support myself in an independent lifestyle, and feel positive about my role in society. My self-esteem will improve dramatically through becoming self-sufficient. I have experience as an administrative assistant.**

Specific description of request	Resource analysis List provider here if needed <i>(All the ways to get what I need, include family, friends, community supports)</i>	How will this purchase help me achieve my goals	What it might cost <i>Monthly & Annually</i>	When will we start and end
1) A full set of clothes that I will wear to job interviews.	1) I will purchase clothes at Clothes 'R Us. Pants, shirt, shoes, jacket, belt.	1) Dressing professionally will help me be more confident and look more employable during interviews.	\$250	06/05 one time
2) A professional resume consultant to assist me in updating my resume to effectively demonstrate my capabilities.	2) Resource broker will arrange for resume assistance with volunteer career developer working out of Do Drop-In center.	2) A solid resume will help me appear professional – cover the gaps in my work history.	\$ -0-	06/05
3) A bus pass to help me get to job interviews.	3) I will purchase monthly bus pass from mass transit service.	3) It will allow me to get to job interviews.	\$56 / mo 4 months	06/05- 10/05
PLAN TOTAL: \$2143		Page total	\$474	

SIGNATURES

Individual:	Date:	Legal Representative:	Date:
Resource Broker:	Date:	Other:	Date:

Name: Red E. Toolieve		Customer Number: 9874
Today's date: 05/25/05	Phone # (503) 987-6543	Plan Begins: 07/01/05 Plan Ends: 07/31/05

What is my goal? What personal outcome do I expect as a result of this request? (Describe the specific symptoms or experiences related to your illness that this service will improve or relieve) To be discharged from Oregon State Hospital and live in my former residence with extra services and supports in place to help me cope with living in the community.

Specific description of request	Resource analysis List provider here if needed (All the ways to get what I need, include family, friends, community supports)	How will this purchase help me achieve my goals	What it might cost Monthly & Annually	When will we start and end
1) A health club membership.	1) Broker has made arrangement with YMCA for sliding scale fee based on my income.	1) <i>Strenuous exercise helps me sleep and night and feel more relaxed during the day.</i>	\$9 / mo \$108 / yr	7/05 – 6/06
2) a) Light therapy panel. b) Full-spectrum lighting.	2) a) Light panel through OHSU light therapy program. b) Full spectrum lights from local hardware store.	2) Light therapy and full-spectrum lights (no UV) will help me maintain a positive mood.	a) \$200 b) \$150	07/05 one time
3) Eye Movement Desensitization Reprocessing therapy series.	3) Broker will assist me in obtaining a referral from Veteran's Association.	3) I believe this treatment will help me resolve the trauma that lead to my diagnosis of Post Traumatic Stress Disorder.	\$100 / session 8 weekly sessions	08/05 10/05
4) Naturopathic Doctor and Nutritional Supplements.	4) I will receive sliding-scale services through the National College of Naturopathic Medicine. My medical provider will coordinate with my naturopathic provider.	4) Fish oil, flaxseed oil, and anti-oxidants such as CQ-10 are widely believed to help keep moods level.	\$50 / mo 12 months	07/05 06/06
PLAN TOTAL: \$1558		Page total	\$1558	

Some Findings From EIB

- ❖ EIB customers are moving toward employment in response to brokered self-directed services and supports.
- ❖ At enrollment, 9 out of 25 customers were either competitively employed or in an education setting leading to employment. At the end of one year of brokerage service, 23 of the 25 customers were either competitively employed or in an education setting leading to employment.
- ❖ Survey's indicate that EIB customers are more engaged in their recovery.

Empowerment Initiatives

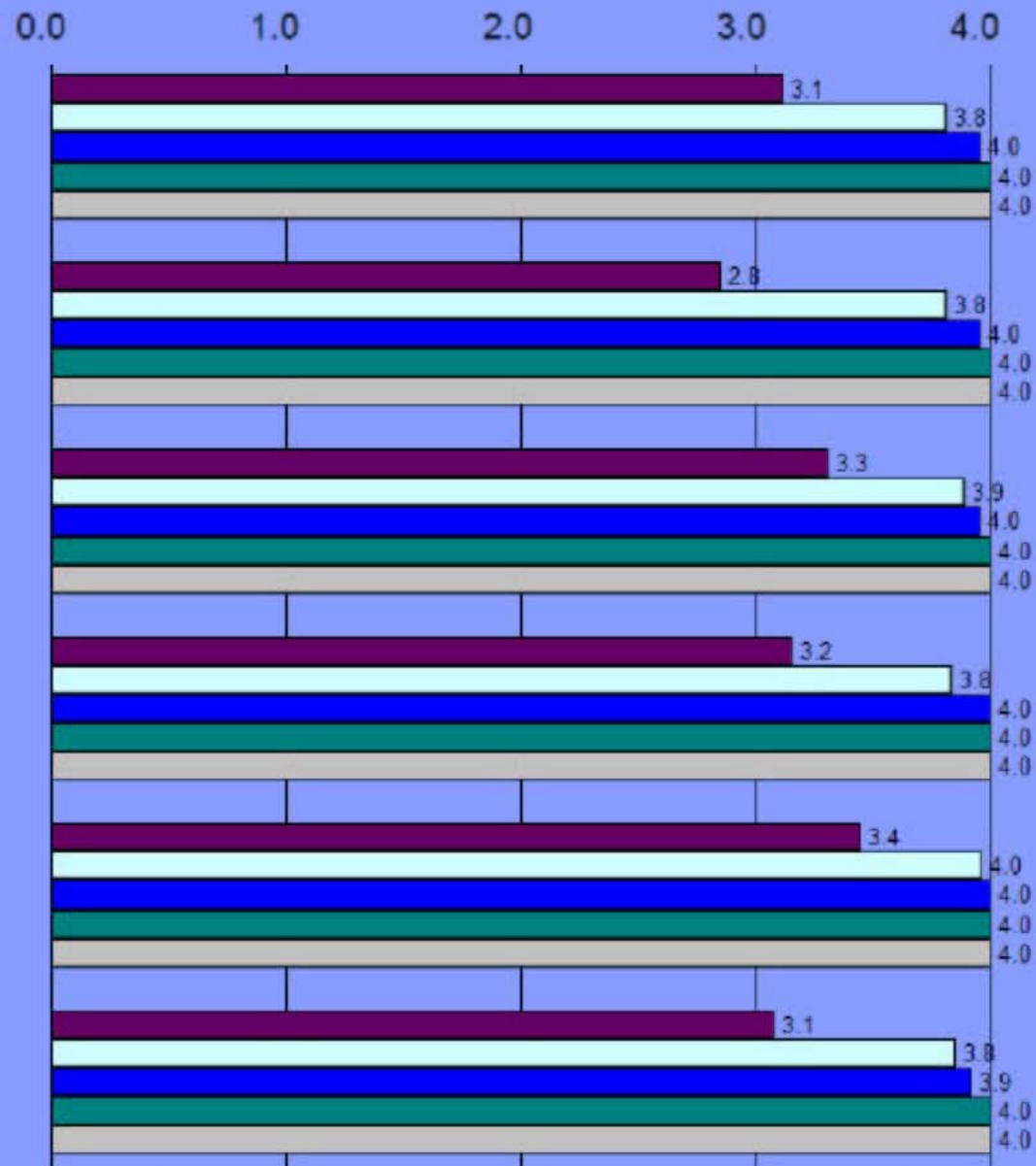
Baseline

Q1

Q2

Q3

Q4



1. Service(s) provides access to information and resources.

2. Service(s) provides a range of options to make decisions.

3. Staff are available when I need them.

4. Staff understand my needs and wants.

5. Staff treat me as an equal.

6. Staff are sensitive to my cultural needs and preferences.

Empowerment Initiatives

Baseline

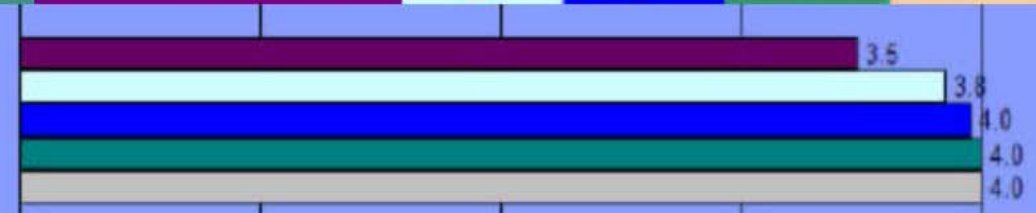
Q1

Q2

Q3

Q4

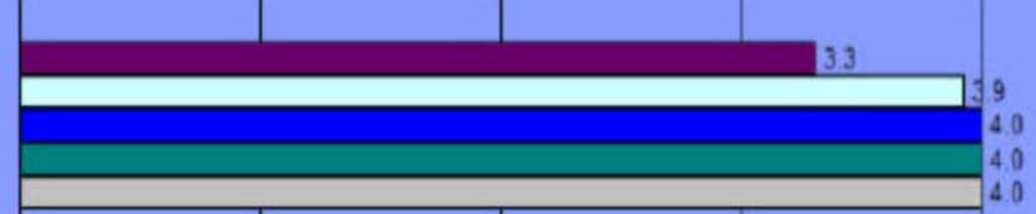
7. Staff encourage me.



8. Staff try to help and support me as best they can.



9. I feel comfortable speaking with staff.



10. I received the education and training I need to reach my goals.



11. Staff have helped me, or are helping me, to meet my goals.



0.0 1.0 2.0 3.0 4.0

What Empowerment Initiatives' Customers are Saying

- ❖ “I think the brokerage is a great program. They have helped me get back to school... (They) encourage me to find my place in the world. They also made me feel like I can have a real life.”
- ❖ “Independence - I was able to purchase my own manufactured home in a very low space rent park in the country and I am so very happy out here.”
- ❖ “Today I feel like have options to help me get back on my feet again.”
- ❖ “I am beginning to do things I have always dreamed of. I have new perspective because of it.”
- ❖ “Yes I was able to attend community college. I was able to end last semester with a 3.5 GPA.”

Some Applications of MH Brokerage Model Within the Existing System

- ❖ Wrap around services;
- ❖ Discharge planning;
- ❖ Transitioning from long-term structured residential programs to more integrated community living; and
- ❖ Providing recovery opportunities for individuals while collecting an evidence base.

Transformation V Transition

- ❖ Incremental systemic transition tends to not bring about system transformation. Incremental change generally takes years and usually results in a modified version of what currently exists.
- ❖ Successful system-wide transformation requires extensive planning, technical know-how, dedication, and sustained commitment.
- ❖ Responsible transformation requires that the various elements that compose the desired transformed system have been demonstrated to be beneficial for the persons receiving MH services.

Demonstrations and Pilots

Things to Consider

- ❖ Until a systemic transformation to a self-directed care service delivery system is embarked upon, working collaboratively with existing providers of case management services will help avoid an *us against them* climate. For example, EIB's customers were referred by provider agencies and continued to receive services from referring agencies.
- ❖ Collect qualitative and quantitative evidence that captures changes in customer self-esteem, employment and education status, living situation, A&D recovery, and service utilization.