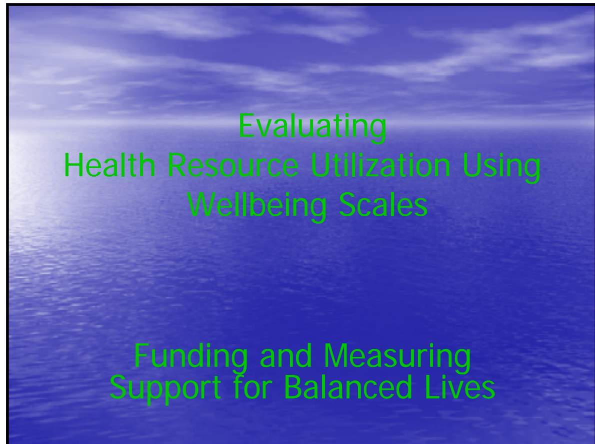

Evaluating
Health Resource Utilization Using
Wellbeing Scales
Funding and Measuring
Support for Balanced Lives

Transforming a system… that still, even in a
'reformed state' looks like this to its
constituents -

NURSE

...to a thoughtfully transformed healing art.

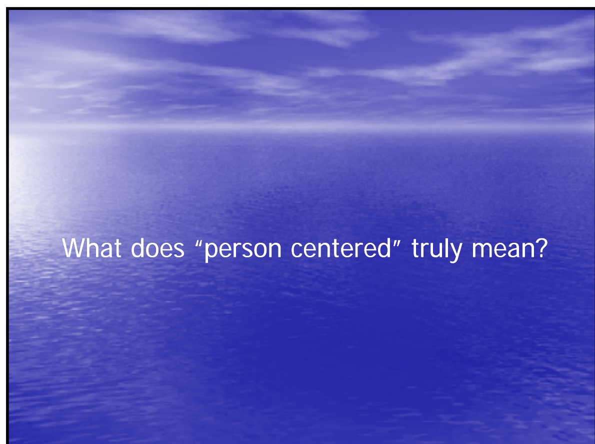
What does “sustainability” traditionally mean?

- Naturally surviving and integrated into the environment
- Also has a naturally occurring set of environmental supports
- Does not degrade or toxify over time
- Environmentally neutral or replenishing
- Healthy and continuously renewing
- Unforced, does not require artificial direction or manipulation

What would be

‘Mental Health System’ Sustainability

And how do you measure it?



Traditional research methodologies and hypotheses are founded on *(still dominant)* beliefs that we won't get over having a mental illness; we are only capable of "functional" healing as we attain certain socially prescribed goals – housing, job security, social integration, and so forth. There is no dialogue about wellness or about how we might exist, even thrive, within a culture that values and evaluates based on *our own* personal goals.

- Sherry Mead 'Crisis and Connection'

Example

- Peer systems induce/create a different and empowered sense of social integration or 'community'
- Alters common societal and cultural values to accommodate the individual.
- Society uses those same accommodations to prevent normal participation.
- Initially… Accommodation = Support
- Proven and wider therapeutic value both as 'active' personal/cultural intervention as well as social support.
- Support, self help, and community creates a naturalized and humanized response that addresses wider needs and relationships than can be addressed by procedures or diagnostics or traditional categories of need/research.

Virtues of Self Help Communities and Interventions

Self managing

Elegant, Common Sense Interventions and Tools

Requires and use the same resources as “living,” not expensive or specious professional interventions

Virtues of Self Help Communities and Interventions

Complexity + Expertise

= EXPENSIVE SYSTEMS OF CARE

Virtues of Self Help Communities and Interventions

Strategic Aspects

Care elaborates from the easiest and simplest and most direct solutions first.

This intercepts the cost curve at its early or accelerative points.

This generates data sets that are directly connected and extrapolate from qualitative elements.

Virtues of Self Help Communities and Interventions

Self managing

Elegant, Common Sense Interventions and Tools

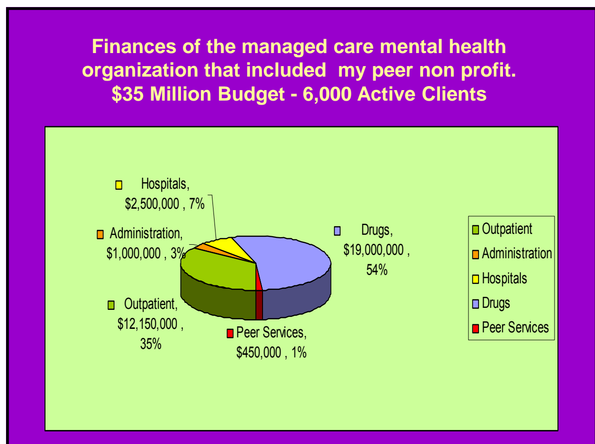
Require the same resources as living, not expensive or specious professional interventions

Complexity + Expertise = EXPENSIVE SYSTEMS OF CARE

- The Eight Dimensions of Wellness

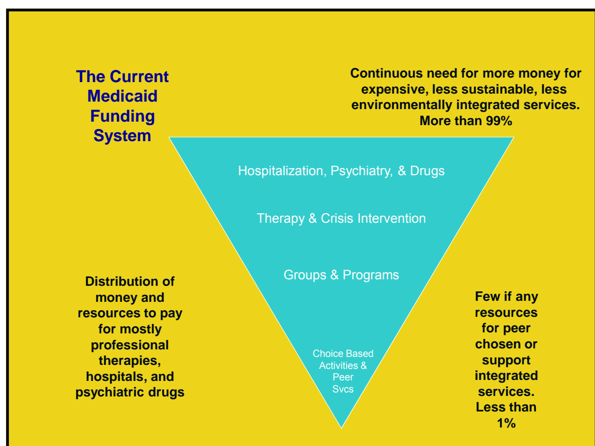
Spiritual
Social
Emotional
Financial
Intellectual
Occupational
Environmental
Physical

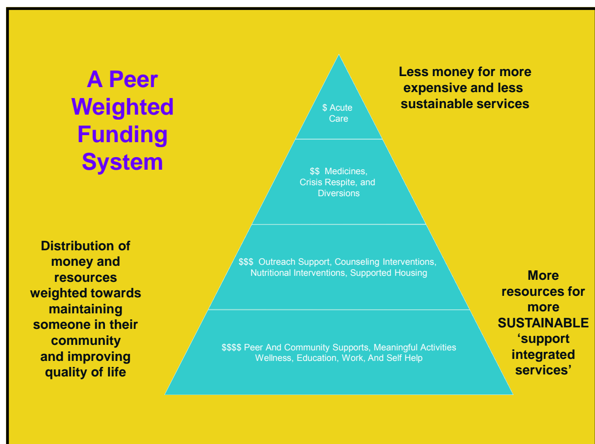
Fundable 'Wellness Matrix'	ENVIRONMENTAL DOMAIN Home/Work Place & Community	PHYSIOLOGICAL DOMAIN Medical/Physical Health	MENTAL - EXPERIENTIAL DOMAIN
Material Resource Base	Finances, Money, Tangible Resources	Health Resources, Medical Resources, Medicine	Cognitive Ability, Concrete Social History, Discretionary Resources For Personal Growth
External and Social Support Base	Healthy 'Neighborhoods' People Who Are Supportive, To Work and Live Around	Health Supporting Community, Good Health Provisioners, Access to Physical Activities	Educational Environment, Emotional Adaptability
Personal Resource Base and Personal Development Potential	Social Opportunities, Friends & Supports, Gainful Activity, Constructive Engagement, and Creation of 'Sense of Place' in the Environment	Personal Health Awareness and Self Care	Sense of Self, Emotional Health, Self Management



What is wrong with this picture?

- The majority of the resources is for services that have the least amount of intensive personal attention.
- All of the resources support the provider's quality of life and convenience rather than the clients…IE they are easy to bill and are 'expensive,' yet even then are not individualized





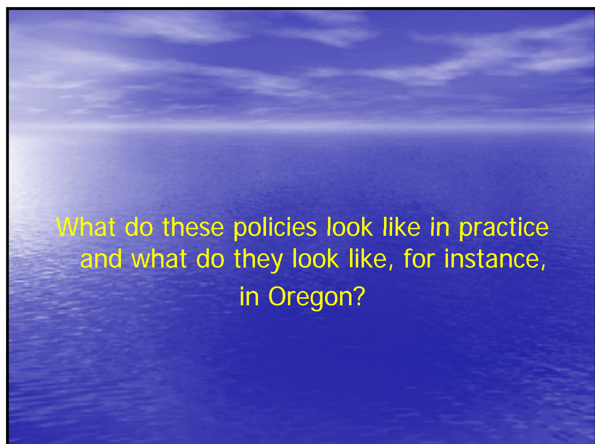
Aspects of a peer integrated system of care…

- Outcomes based
- Environmentally aware
- Sustainable & wellness based
- Trauma informed
- Stigma free
- Resource flexible
- Pragmatically implemented
- Administratively 'active'
- Agile - Adjustable to the individual rather than vice versa
- Offers new social roles based on respect and the positive legacy of lived experience

Establishing a 'peer integrated', sustainable, and outcomes based system

(circa 2007, uh… sounds like healthcare reform 2010)

- CMS and managed care organizations must establish services that are loosely defined or are outside the current medical procedural standards
- Policies must work backwards from outcomes and choice and fund help that is justified from results and innovation.



The One Percent Initiative

- At their August 2010 meeting, the Oregon State Consumer Advisory Council unanimously voted to adopt this policy resolution-
- "The Oregon MH Consumer Survivor Advisory Council recommends that a minimum of one percent (1%) of the Oregon AMHD general fund budget, one percent of the Federal Mental Health Block Grant, and one percent of all of the contracted MHO resources (as a contractual requirement) be devoted exclusively to "Peer Run" projects where peers control, configure, and implement the resources."

Proposed Consensus Elements
Peer Providers and "Non Licensed" Providers

- Significant dedicated and separate funding.
- Separate ethical standards.
- Graduated or stepped path to work.
- Lived experience is part of credential.
- Trainings should be designed and operated by peers.

Proposed Consensus Elements
Peer Providers and "Non Licensed" Providers

(continued)
- The categories of peer service must be evolving and flexible
- Drop in centers, socialization, and community based inclusion must be supported
- Dedicated peer administrative roles
- Peer input is essential to the trauma informed system.

New Frontiers in 'Data Sets'

- Staffing configuration and human resources
- Etiologies (& CDC style onset) and trauma sensitivity
- Systemic and financial flexibility
- Outcomes in terms of actual personal goals and self measured expectations, AND in terms of measuring the grouping those goals
- (subset) Access to "real" and "recovered" life opportunities and inclusion
- Actual anti-stigma treatments of "The Culture" in general public health terms