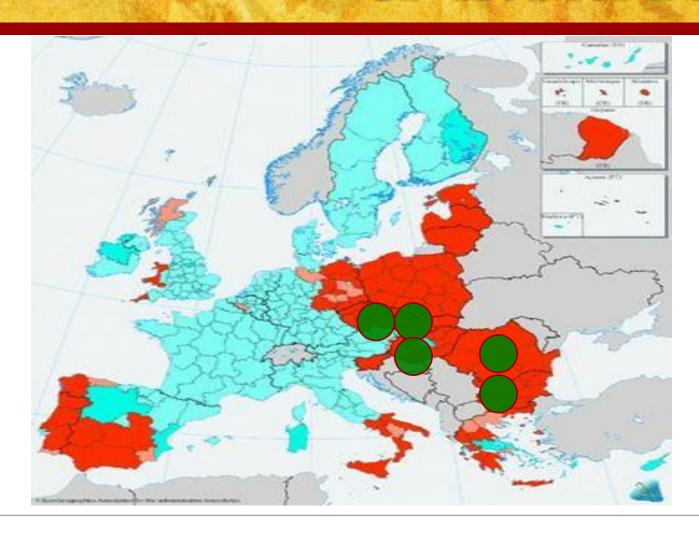
IMPLEMENTATION OF DI

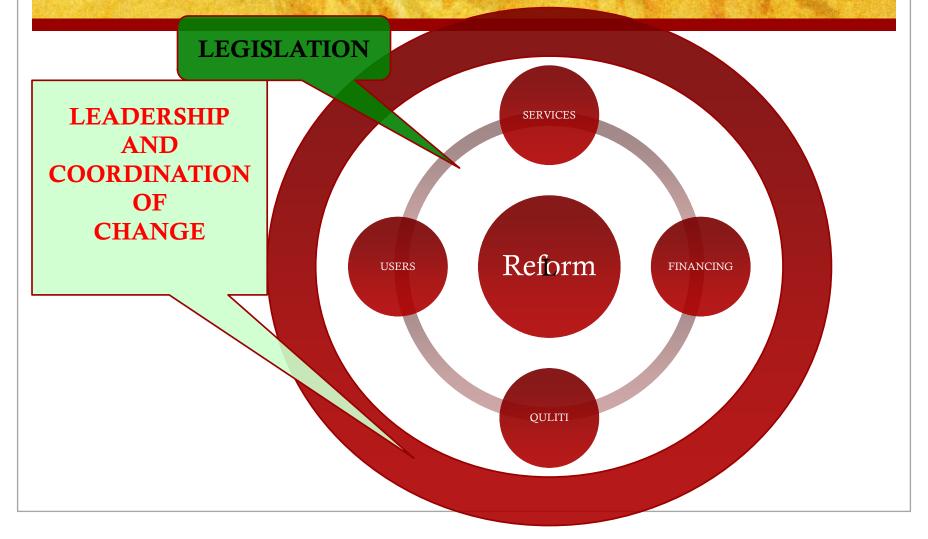
JAN PFEIFFER



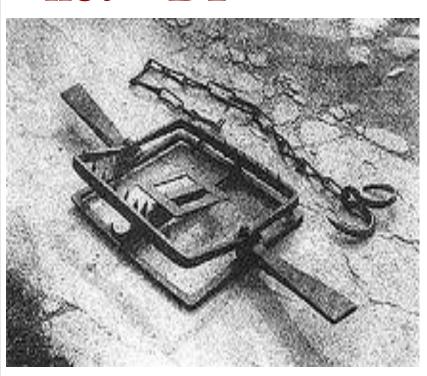
SF ALLOCATION 2007-20013-SF used for DI



NECESSARY COMPONENTS



Traps- What is not "DI"



- "HUMANIZATION"
- RE –NAMING
- MOVING ONLY A "BETTER" CLIENTS
- DEVELOPING MINI INSTITUTIONS
- CLOSING INSTITUTIONS
 WITHOUT PROPER
 COMMUNITY SETTINGS
- COMMUNITY SERVICES WITH INSTITUTIONAL CULTURE

WHAT IS "DEINSTITUTIONALIZATION"



CHANGING A CULTURE

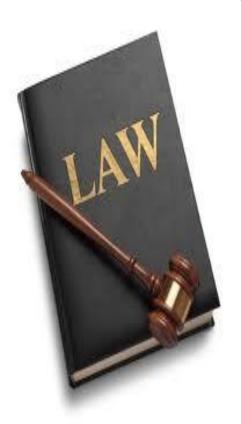
Institution oriented

- Isolation from broader community
- Clients are compelled living together
- Not sufficient control over the live
- Rigidity of routine
- Block treatment
- Paternalistic relationship
- Rules of the institution are more important the needs of the clients

To person oriented

- Inclusion in the community
- Clients has to decide where and with whom to live
- Maximum support of the clients of his control over the life
- Normalization principle
- Support according a needs
- Partnership between staff and clients
- **■** Team cooperation
- Flexibility in care provision

Human rights



UN Convention on the Rights of Persons Disabilities (CRPD).

Art.19: Living independently and being included in the community

- live in the community- with needed assistance
- full inclusion and participation – accessibility of the services for general public
- choices equal to others:
- with whom to live
- > where to live

SERVICES COMPONENTS

Mental health care include crisis intervention Assisting in daily living

Education

General health care

Workemployment

Income

Social lifeleisure

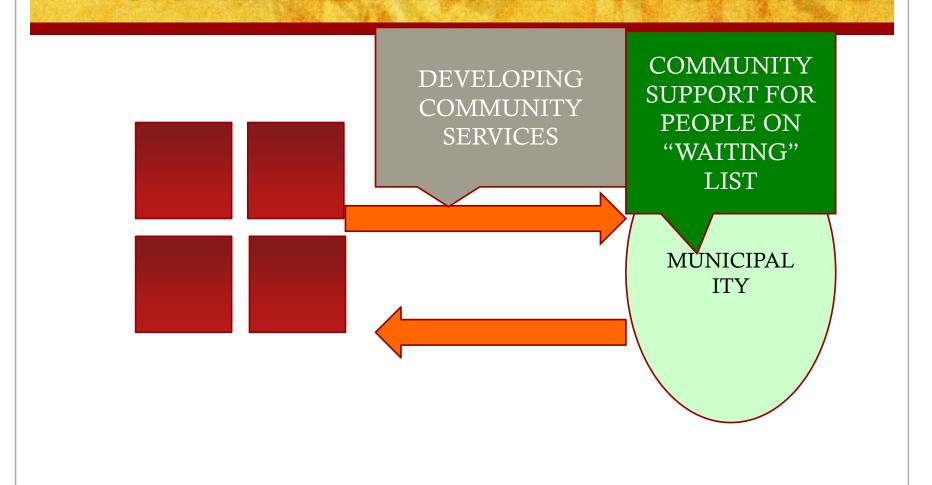
Housing

Individual approach with an ownership of the user

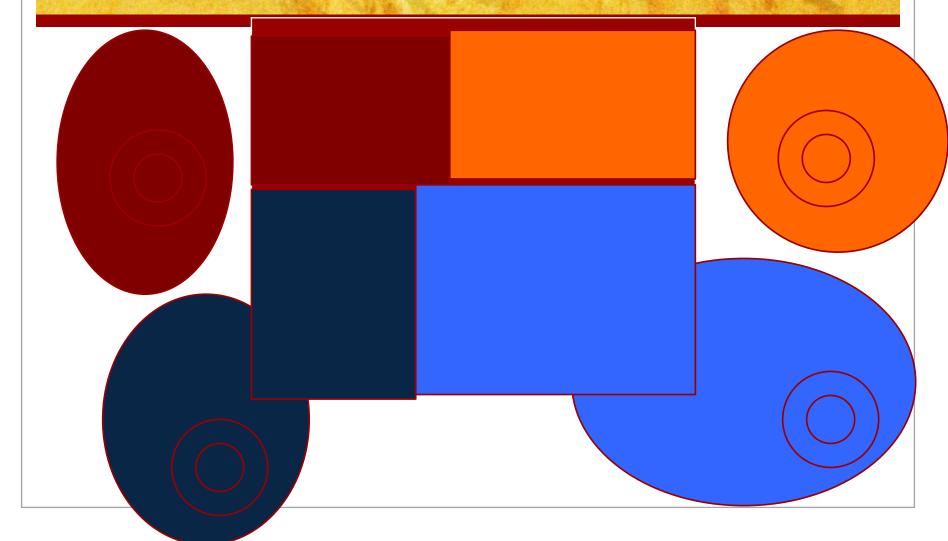
Family support

DEVELOP COMMUNITY SERVICES AND

STOP ADMISSIONS TO INSTITUTIONAL CARE



REGIONALIZATION OF INSTITUTIONS



PRINCIPLES OF CARE

- MAXIMUM USE OF "NORMAL" COMMUNITY RESOURCES
- CHOICE
- MENTAL HEALTH IN PRIMARY HEALTH CARE
- REGIONALIZATION
- CONTINUITY OF CARE
- ASSERTIVNESS
- GATE KEEPING

COMMON QUALITY FRAMEWORK

PRECONDITIONS FOR SERVICES DELIVERY

NEEDS OF PERSON SERVED REQUIREMENTS FOR THE STAFF

REQUIREMENTS FOR THE SERVICE

REQUIREMENTS FOR THE SERVICE PROVIDER

BENEFITS
AND
SERVICE
RESULTS

PRECONDITIONS FOR SERVICES DELIVERY

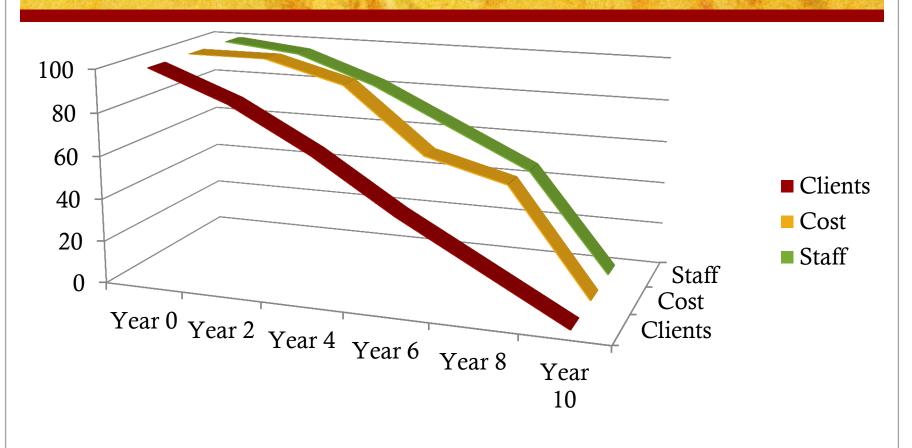
PRINCIPLES (CQS)

- 1. GOOD GOVERNANCE
- 2. PARTNERSHIP
- 3. RIGHTS
- 4. PARTICIPATION
- 5. COMPETENCE OF STAFF
- 6. ETHIC
- 7. PERSON CENTERED
- 8. COMPREHENSIVENES
- 9. RESUT ORIENTATION

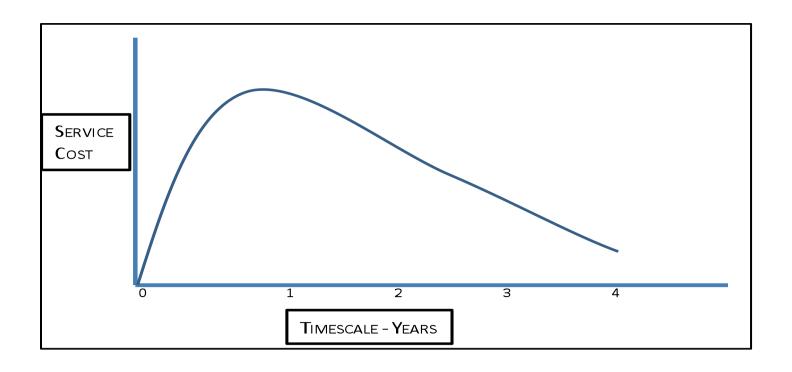
Developing and monitoring of quality of care



Reducing Clients-Costs-Staff



INCREASING OF COSTS DURING FIRST YERS OF DI



FINANCING



- System of moving money from institution to the community care
- Financial motivation for institutional service provider to develop community services
- Money follows the client (personal budget)
- Allocation according level of needed support
- Purchasing services on local level
- Bridging fund

Users involvement and empowering

Full involvement to individual plan

Involvement to decision about service provision

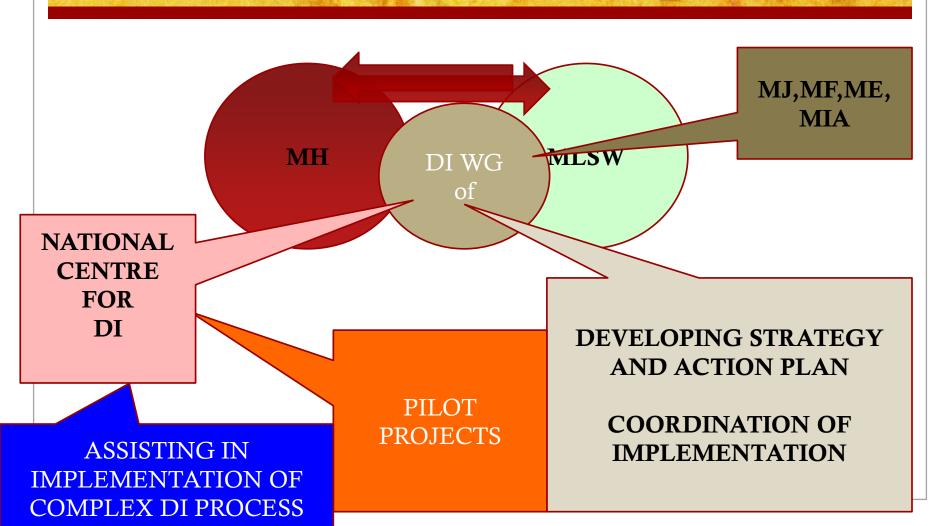
Participation on National DI Policy

Gaining legal capacity

User

System of individual budget

Coordination of DI process



OBSTACLES



- MISUNDERSTANDING WHAT IS DI
- MISSING LEADERSHIP
- IN STABILITY OF STATE OFFICIALS
- DOMINATION OF INTERESTS
 WHICH ARE DIFFERENT THEN
 INTERST OF CLIENTS
- HIGH CORRUPTION
- RIGIDITY OF FINANCING
- CONCEPT OF FULL LEGAL INCAPACITY
- POOR CLIENTS REPREZENTATION

Way forward

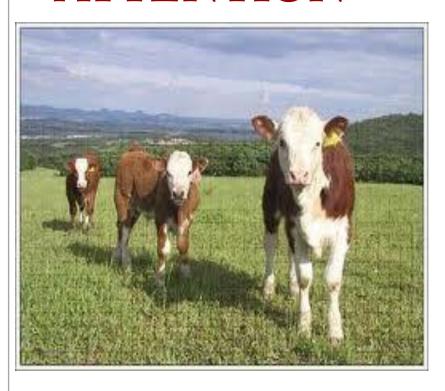


- System of monitoring and quality control
- Analysis of legislative barrierschanging legislation
- Development of needed trainings
- Searching for additional resources
- Stop admission to the institutions
- Prevention of institutionalization
- Development of community services
- Effective use of all resources
- Closure of institutions
- Holistic coordination
- Continual awareness

FREQUENT STATEMENTS-QUESTIONS

- SITUATION IN OLD EU MEMBERSTATES IS DIFFERENT AND IDEA OF DI IS NOT FULLY APPLICABLE TO NEW MEMBERSTATES
- IT IS NOT REALISTIC EVERYBODY CAN BE INCLUDED IN THE COMMUNITY INSTITUTIONS WILL BE NEEDED
- IT IS TOO DANGEROUS (FOR OTHERS) ALL PEOPLE WITH MENTAL HEALTH PROBLEMS ARE IN THE COMMUNITY
- WHERERE TO CLOSE INSTITUTIONS THERE WILL BE HIGH SUICIDE RISK AND HOMELESSNESS
- COMMUNITY CARE WILL BE MORE COSTLY
- PEOPLE WITH INTELLECTUAL DISABILITY AND PSYCHO SOCIAL PROBLEMS CAN NOT DECIDE ON THEIR OWN- THEY NEED TO BE PROTECTED
- PROFESSIONAL "KNOW BETTER" AND HAVE TO LEAD SERVICES

THANKS FOR ATTENTION



- IMPORTANT
 TO KNOW
 WHERE TO
 GO
- -AND NOT
 TO STOP
 WHEN
 THERE ARE
 OBSTACLES