

#### Local & global: co-production and innovation

### Personal Health Budget: means for integration but in the hands of whom?

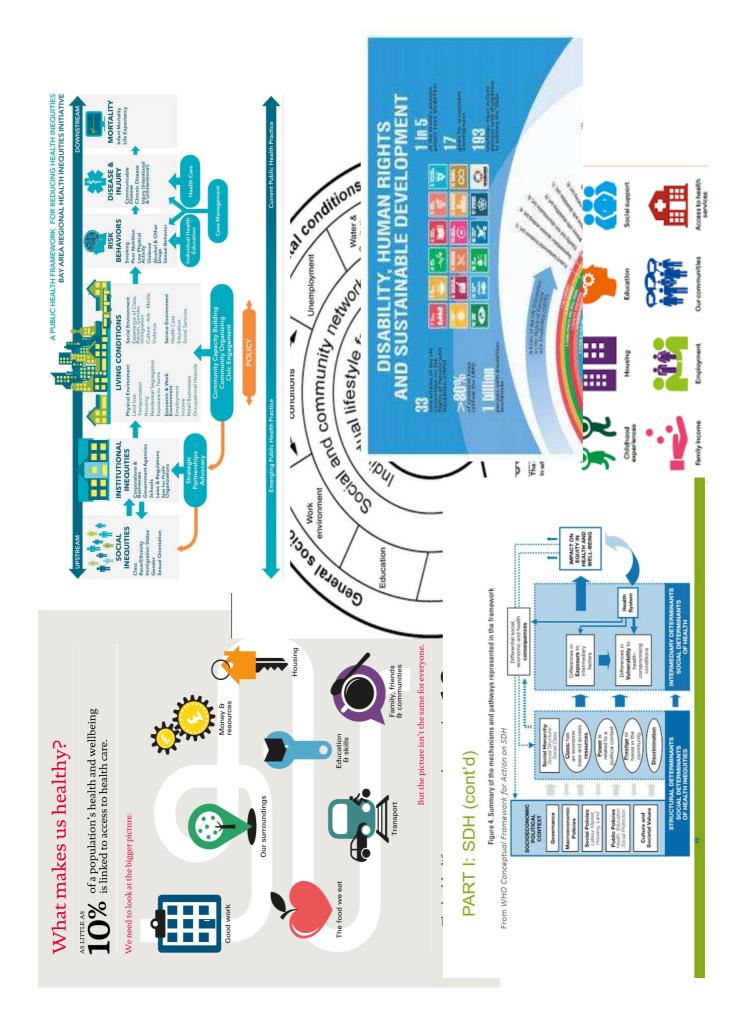
Morena Furlan, morena.furlan@regione.fvg.it Arturo Rippa, arturo.rippa@asuits.sanita.fvg.it Pablo Cangiano, pcangiano@2001agsoc.it











## Background (multilevel and multisectorial strategy)



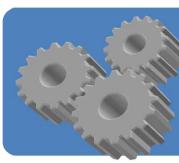
### Values, Principles, Cultural Approach

Human Rights, CRPD, Recovery and community based approach, national and regional policies and plans



### Generative Welfare

Engagement, participation, from costs to investiments, public services, partnership, strategical outsourcing



### Health Service's Organization and Tools

Personalization and program's comunity based as organizational principles

Morena Furlan-Servizio Abilitazione e Residenze-DSM

### Personal Health Budget system (PHBs)



#### **Stakeholders**

Involvement of users, families and community resources (volunteers, associations, social-coops, NGO)



Health Systems
Local authority
and public agencies

Joint
personal budget
for health and
social care, integrated
programs



Public-Private
Partnership
co-plane/co-manage
Integration through
partnerships, not by
delegating services or
subordination

Community Home care Personalization Capabilities Rights Recovery

In FVG Region ¼ of Mental Health Departements's resources are INVESTED in personalized health budget co-managed with 31 local social coops

## Creating opportunities on the four areas of social functioning

Shared Housing Supported housing

Job Training Training
Learning
Expression

Affectivity Sociality

Main determinants of health to avoid istitutionalization

# Spending's requalification (from the structures to PHB System)

Public housing agency
Co-housing programs

Social services

Social inclusion

Residential structures (BEDS)

From Residential Facilities to Supported Housing: The Personal Health Budget Model as a Form of Coproduction

WHO Regional Office for Europe sept 26, 2012

The European Menthal Health Action Plan "SUGGESTED STEPS FOR THE FINANCING OF MENTAL HEALTH CARE"

Use the financing mechanisms to facilitate change and introduce innovations in the systems.

Pina Ridente1 and Roberto Mezzina2

<sup>1</sup>CMHC, Dipartimento di Salute Mentale (DSM), Trieste, Italy

<sup>2</sup>Dipartimento di Salute Mentale, (DSM), WHO Collaborating Center for Research and Training, Trieste, Italy

Abstract: During the deinstitutionalization process in Trieste, an array of different residential facilities were identified and used for different purposes in the course of time. They were integrated in the Mental Health Department and operated in close connection with 24-hour Community Mental Health Centres. Over the last decade, a steady decline in residential beds was achieved also thanks to the implementation of a health budget model in connection with a bespoke therapeutic rehabilitation program. The whole process was focused on reorganizing and transforming existing facilities