

CONSUMER/PROVIDER PARTNERSHIP FOR CARE: RECRUITMENT & RETENTION OF HIV+ WOMEN INTO SERVICES

Funded by
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Presenter:
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A non-profit educational organization



Goal

THE CONSUMER-PROVIDER PARTNERSHIP FOR CARE PROGRAM WILL PROVIDE HEALTHCARE AGENCIES WITH A FRAMEWORK FOR DEVELOPING PARTNERSHIPS BETWEEN THEIR STAFF AND HIV+ WOMEN CONSUMERS IN ORDER TO IMPROVE THEIR REACH, RECRUITMENT AND RETENTION OF HARD-TO-REACH VULNERABLE HIV+ WOMEN WHO ARE NOT IN CARE.



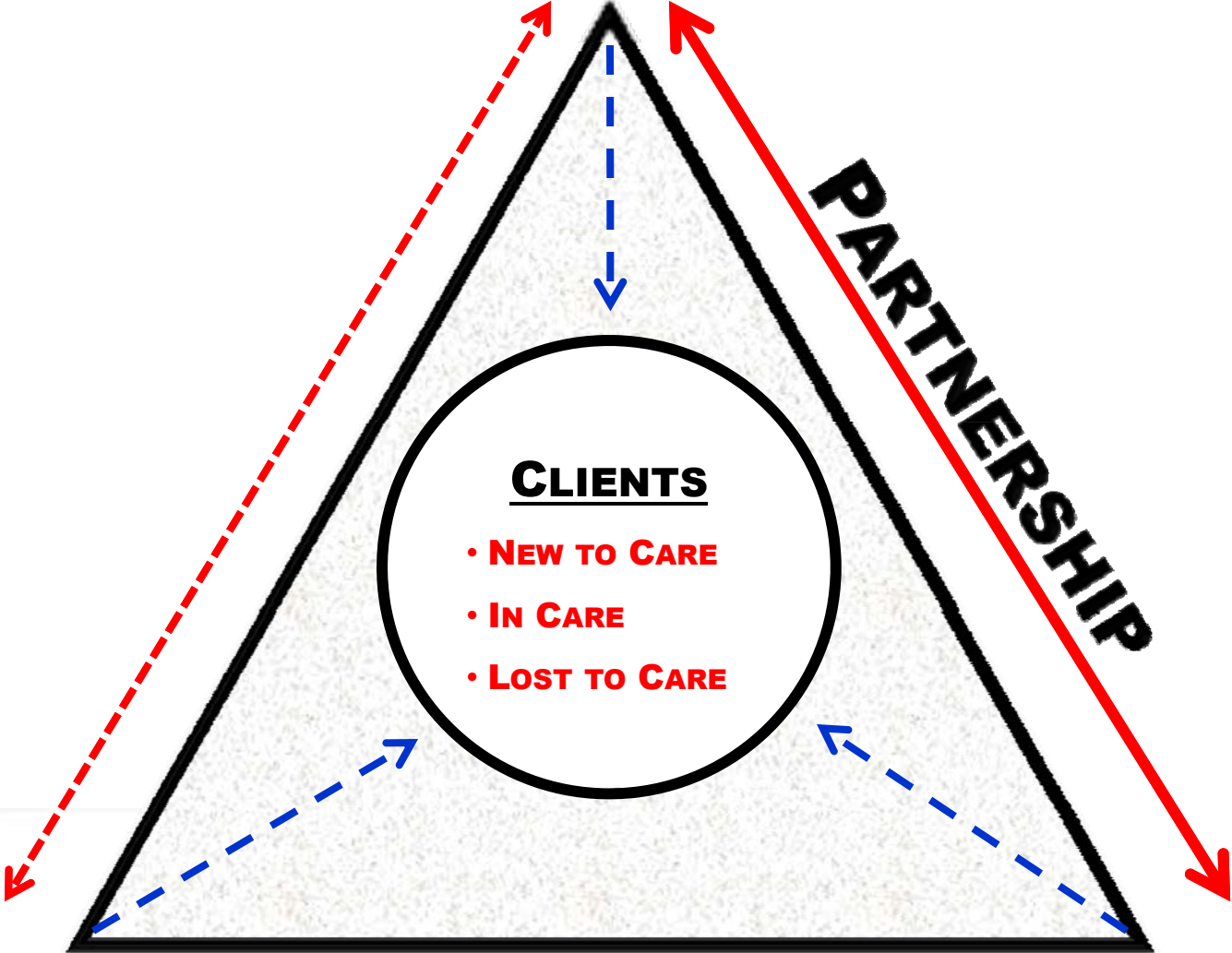
WHAT'S IN A TITLE?

CONSUMER/PROVIDER PARTNERSHIP FOR CARE

WHAT DOES THIS TITLE MEAN TO YOU?



CONSUMER/LEADER



**MULTIDISCIPLINARY
TEAM**

PROVIDER/PARTNER



ROLE IDENTIFICATION

CONSUMER / LEADER

 **ROLE MODEL**

 **MENTOR**

 **LIAISON**

 **NAVIGATOR**

 **LEADER**

 **ADVOCATE**

 **OTHER. . .**



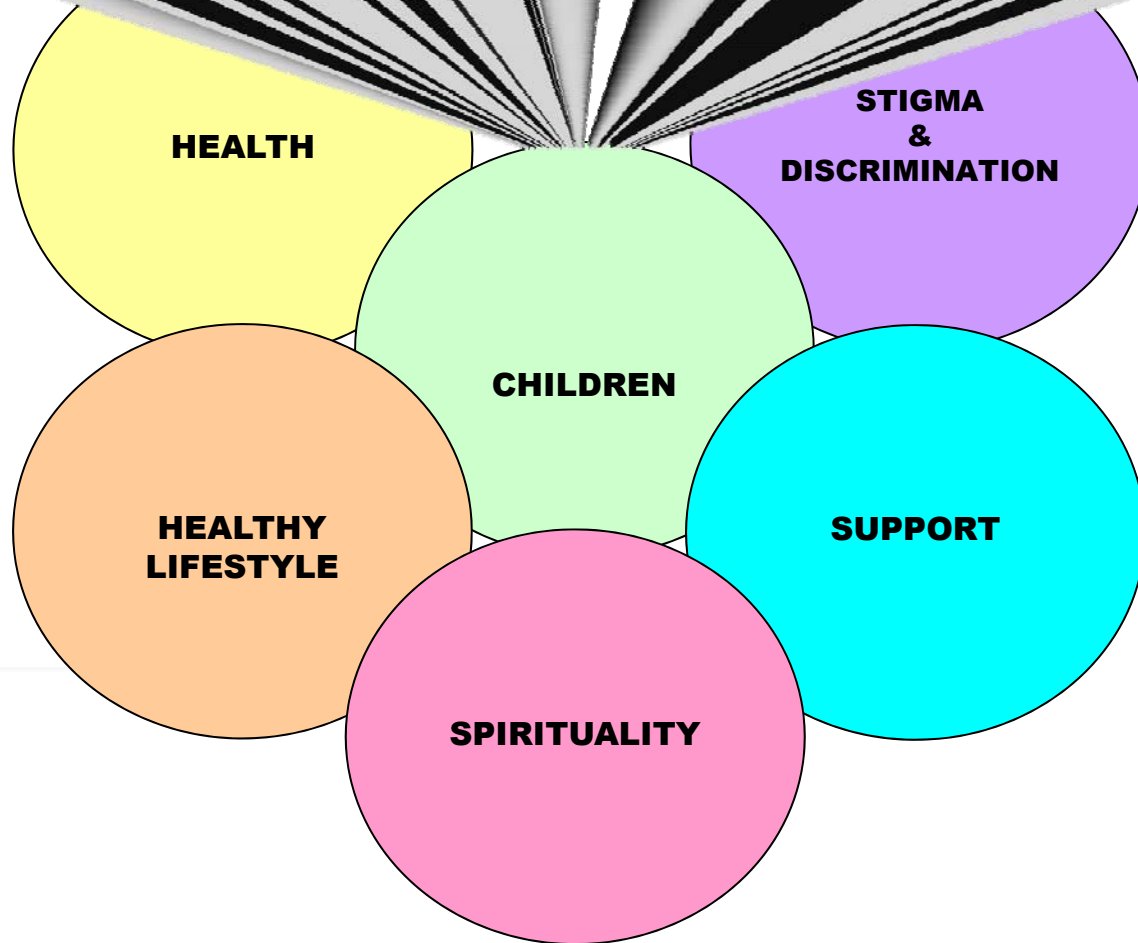
ROLE IDENTIFICATION

PROVIDER / PARTNER

- ❶ **SERVICE PROVIDER**
- ❷ **SUPERVISOR OF CONSUMER/LEADER**
- ❸ **TEAM REPRESENTATIVE FOR THE PARTNERSHIP**
- ❹ **TROUBLESHOOTER FOR REFERRALS OR SERVICES PROVIDED**
- ❺ **OTHER...**



SPHERES OF LIFE



Evidence-Based Interventions

- ❶ **SOCIAL NETWORK STRATEGY**
- ❷ **MOTIVATIONAL INTERVIEWING**
- ❸ **TRANSTHEORETICAL MODEL OF BEHAVIOR CHANGE**
- ❹ **HARM REDUCTION**
- ❺ **RELATIONAL OUTREACH & ENGAGEMENT MODEL**
- ❻ **RELATIONAL ENGAGEMENT & RETENTION MODEL**
- ❼ **NAVIGATION**

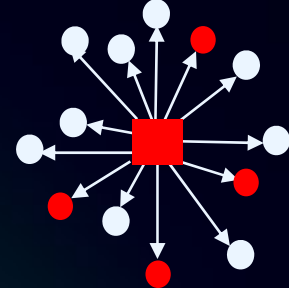


SOCIAL NETWORKS

A **RECRUITMENT** STRATEGY FOR
REACHING AND PROVIDING HIV
COUNSELING, TESTING, AND
REFERRAL SERVICES TO PERSONS
WHO ARE **UNAWARE** OF THEIR HIV
INFECTION BY USING EXISTING
SOCIAL NETWORKS

SOCIAL NETWORKS

PEOPLE IN A SOCIAL
NETWORK OFTEN SHARE
THE SAME BEHAVIORS
AND RISKS FOR A
DISEASE.



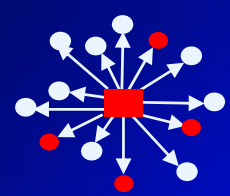
CDC ESTIMATES THAT:

- **40,000** PEOPLE ARE INFECTED ANNUALLY WITH HIV
- **ONE MILLION** PEOPLE ARE CURRENTLY INFECTED WITH HIV IN THE US
- APPROXIMATELY **25%** (**250,000**) OF THOSE CURRENTLY LIVING WITH HIV ARE UNAWARE OF THEIR INFECTION

HIV TESTING

■ 2 MILLION TESTED YEARLY IN CDC FUNDED CLINICS YIELDING AN HIV PREVALENCE RATE OF LESS THAN 1%

■ NEED MORE EFFICIENT STRATEGIES TO REACH AND TEST PEOPLE AT HIGH RISK FOR HIV




SOCIAL NETWORKS STRATEGY

CDC'S SNS DEMONSTRATION PROJECT SHOWS

➤ 6% PREVALENCE OF HIV POSITIVES

 THIS PREVALENCE IS *SIX TIMES HIGHER* THAN THE AVERAGE OF MOST HIV CTR PROGRAMS

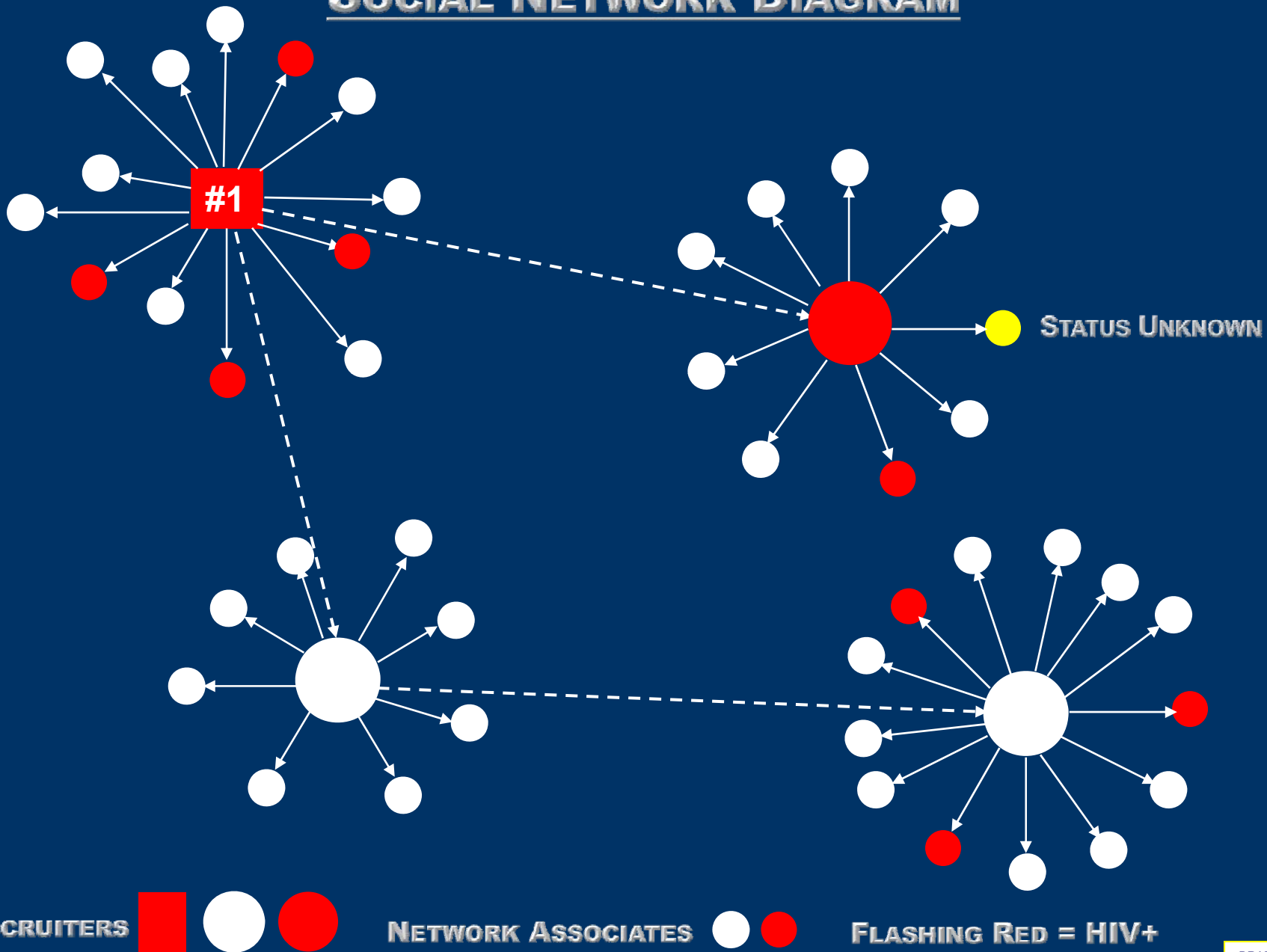
 ILLUSTRATES VALUE OF USING SOCIAL NETWORKS TO REACH PEOPLE WHO ARE UNAWARE OF THEIR HIV INFECTION

SOCIAL NETWORKS STRATEGY WORKS!

BECAUSE IT IS BASED ON:

- ❑ THE ALREADY-EXISTING RELATIONSHIPS
- ❑ TRUST IN THOSE RELATIONSHIPS
- ❑ RECRUITERS BELIEVING IN THE SERVICE AND THE SERVICE PROVIDER
- ❑ RECRUITERS BELIEVING THEY ARE HELPING THEIR FRIENDS AND ASSOCIATES
- ❑ INCENTIVES

SOCIAL NETWORK DIAGRAM



RECRUITERS



NETWORK ASSOCIATES



FLASHING RED = HIV+



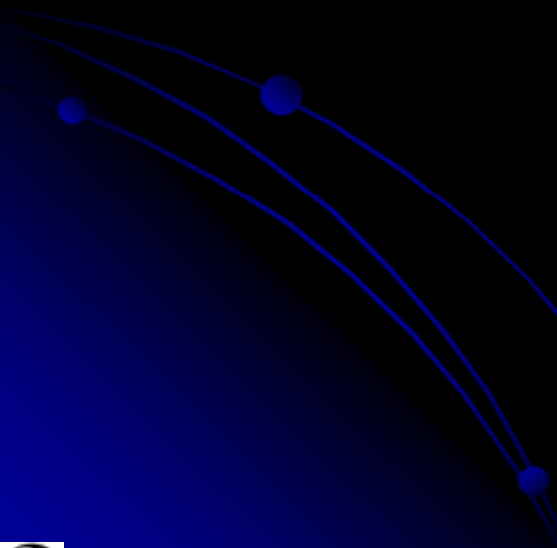
THE STYLE & SPIRIT OF MOTIVATIONAL INTERVIEWING



THE INTERPERSONAL RELATIONSHIP MOST POWERFUL TOOL.



MICHELANGELO BELIEF



RATIONALE AND BASIC PRINCIPLES

MOTIVATIONAL INTERVIEWING

- **Assumes that responsibility and capability for change lies within the client.**
- **A worker's task is to create a set of conditions that will enhance the client's own motivation for and commitment to change.**
- **Mobilize the client's inner resources, helping relationships, support intrinsic motivation for change**



MOTIVATIONAL INTERVIEWING

WHY USE MOTIVATIONAL INTERVIEWING?

- **INTUITIVE**
- **FOCUSED**
- **HELPFUL WITH DIFFICULT CLIENTS / SITUATIONS**
- **USEFUL IN SHORT, BRIEF ENCOUNTERS**



MOTIVATIONAL INTERVIEWING

CAN BE USED FOR:

❏ **LESSENING RESISTANCE**

❏ **RESOLVING AMBIVALENCE**

✓ **MIXED FEELINGS OR EMOTIONS; SIMULTANEOUS AND
CONTRADICTIONARY ATTITUDES OR FEELINGS**

❏ **EVOKING CHANGE TALK**



CHANGE TALK

 **DESIRE**

 **ABILITY**

 **REASON**

 **NEED**

COMMITMENT

CHANGE TALK

🌐 **PROBLEM RECOGNITION**

🌐 **CONCERN**

🌐 **REASON**

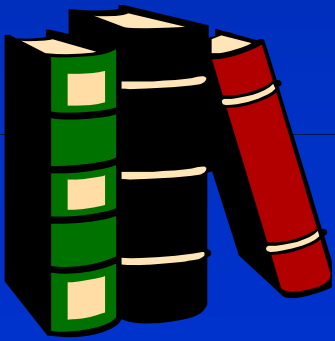
🌐 **OPTIMISM**





STAGES OF CHANGE

TRANSTHEORETICAL MODEL OF BEHAVIOR CHANGE



PROCHASKA , DICLEMENTE & NORCROSS

KEY CONCEPTS IN TTM

DECISIONAL BALANCE

- **EVALUATION OF THE PROS & CONS OF A BEHAVIOR CHANGE**

SELF- EFFICACY

- **PERCEPTION THAT ONE CAN SUCCESSFULLY PERFORM A DESIRED BEHAVIOR**



KEY CONCEPTS IN TTM

‡ PERSONALIZATION

• VULNERABILITY

• SUSCEPTIBILIT

‡ ANTICIPATED BENEFITS

‡ SOCIAL NORMS

‡ SKILLS

• CAPACITY BUILDING

**Can I do
it?**



LEARNING DOMAINS FOR CHANGE

COGNITIVE

WHAT A PERSON **THINKS** ABOUT THE CHANGE

AFFECTIVE

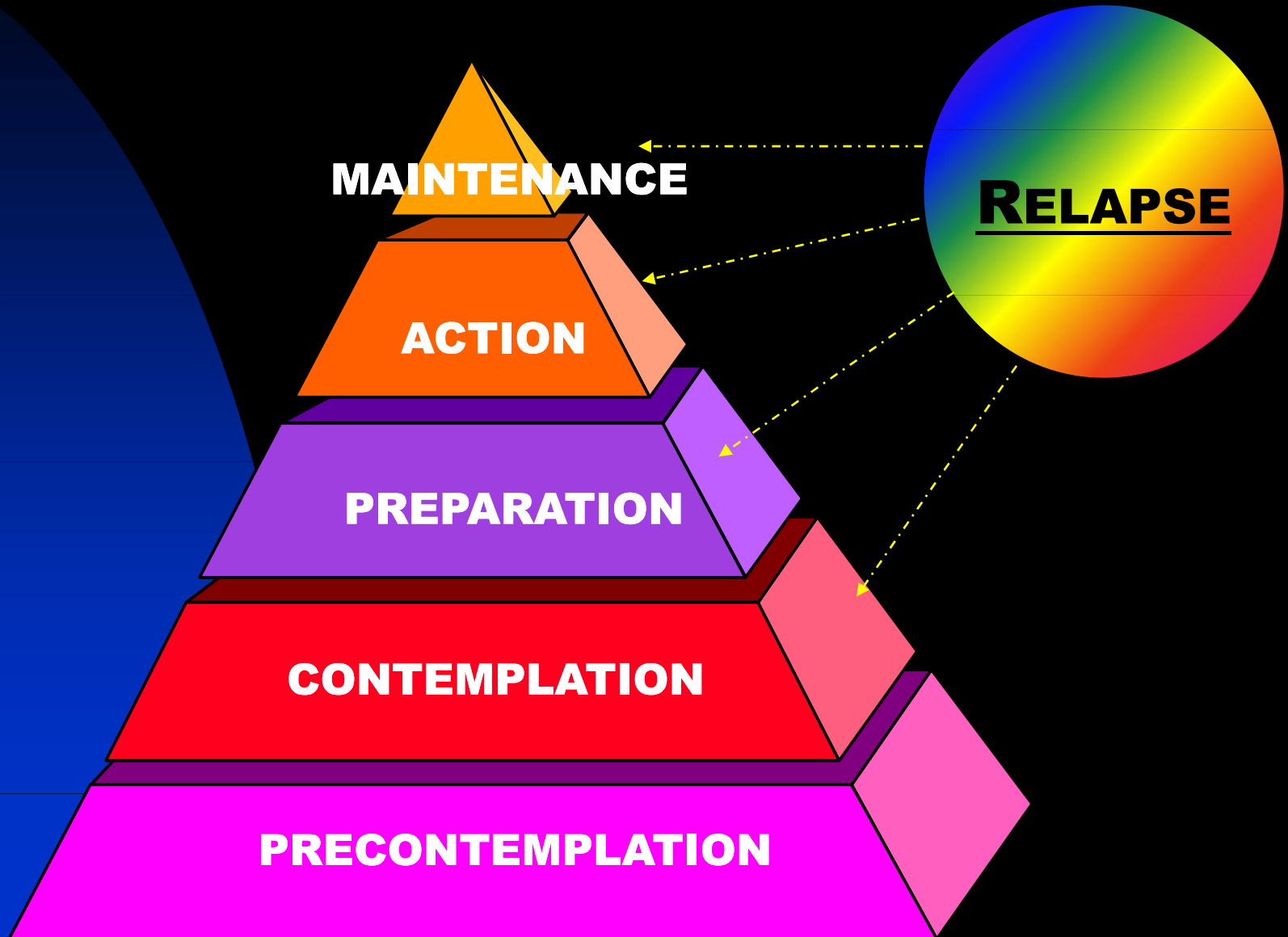
WHAT A PERSON **FEELS** ABOUT THE CHANGE

BEHAVIORAL

WHAT **ACTION** IS BEING ASKED OF THE PERSON



THE FIVE STAGES OF CHANGE





HARM REDUCTION

THE ULTIMATE GOAL OF HARM REDUCTION IS TO:

- ❶ **ELIMINATE RISKY BEHAVIORS**
- ❷ **REDUCE OR ELIMINATE THE NEGATIVE IMPACT OF CERTAIN BEHAVIORS**
- ❸ **SUPPORT THE EMPOWERMENT AND HEALTH OF EACH CLIENT**



HARM REDUCTION RECOGNIZES THAT:

- 1. TO BE SUCCESSFUL, PROVIDERS MUST ACKNOWLEDGE AND ADDRESS CLIENT'S OWN GOALS AND OBJECTIVES**
- 2. ABSTINENCE SHOULD BE CONCEPTUALIZED AS THE FINAL GOAL IN A SERIES OF HARM REDUCTION STEPS**
- 3. IT SEEKS TO REDUCE THE HARMFUL EFFECTS OF RISKY BEHAVIORS**
- 4. CHANGE IS UNDERSTOOD AS INCREMENTAL**



- 5. SMALL STEPS TOWARD DECREASED HARM/RISK ARE POSITIVE AND ESSENTIAL TO RISK ELIMINATION.**
- 6. CLIENTS SHOULD BE TREATED WITH DIGNITY & RESPECT, EVEN IF THEY ENGAGE IN RISKY BEHAVIORS.**
- 7. PROVISION OF NON-JUDGMENTAL, USER-FRIENDLY SERVICES IS THE MOST EFFECTIVE WAY TO ENGAGE THOSE AT HIGHEST RISK IN THE PROCESS OF REDUCING HARM AND PROMOTING HEALTHY BEHAVIOR.**
- 8. CLIENTS ARE RESPONSIBLE FOR THEIR OWN BEHAVIOR.**





WHAT IS ENHANCED OUTREACH?

WHEN

IN

R.O.E.M.

**RELATIONAL OUTREACH
&
ENGAGEMENT MODEL**



WHAT IS ENHANCED OUTREACH?

- TARGETED
- CLIENT-CENTERED
- FOCUSED
- USE OF KEY INFORMANTS
- HARM REDUCTION



RELATIONAL OUTREACH & ENGAGEMENT MODEL

- ❶ **PROVIDES THEORETICAL FRAMEWORK FOR UNDERSTANDING OUTREACH & ENGAGEMENT**
- ❷ **OFFERS SPECIFIC PRACTICES APPROPRIATE TO EACH STAGE OF THE WORK**
- ❸ **SUGGESTS BENCHMARKS BY WHICH MOVEMENT ALONG THE OUTREACH & ENGAGEMENT CONTINUUM OF CARE CAN BE ASSESSED**

RELATIONAL OUTREACH & ENGAGEMENT MODEL

**THE IMPLICATION OF ROEM FOR
OUTREACH IS NOT WHETHER ONE
CAN ESTABLISH A RELATIONSHIP
WITH ANOTHER, BUT RATHER HOW
WILL ANY GIVEN RELATIONSHIP
DEVELOP AND TAKE SHAPE OVER
TIME.**

RELATIONAL OUTREACH & ENGAGEMENT MODEL

THE FOUR PHASES

 **APPROACH**

 **COMPANIONSHIP**

 **PARTNERSHIP**

 **MUTUALITY**

SUMMARY

- ☉ **BEGIN WITH AN APPROACH BASED ON AFFIRMATION OF COMMON HUMANITY, POSSIBILITY & POTENTIAL FOR A RELATIONSHIP**
- ☉ **SECONDLY, COMPANIONSHIP BUILDS A TRUSTWORTHY DYADIC RELATIONSHIP**
- ☉ **IN PARTNERSHIP, A TRIADIC RELATIONSHIP EMERGES AT THE CORE OF THE PROCESS**
- ☉ **THE FINAL PHASE IS MARKED BY A MULTIPLICITY OF MUTUAL RELATIONSHIPS**





NAVIGATION

THE “*PARTNERSHIP*” PHASE OF THE *ROEM*.

■ ACCOMPANYING CLIENTS INTO SERVICES

- ✓ **KEEPING APPOINTMENTS**
- ✓ **BEING ADHERENT WITH TREATMENT**
- ✓ **UNDERSTANDING EDUCATIONAL POINTS**
- ✓ **BRINGING SUPPORT WHEN POSSIBLE**

■ CONNECTING CLIENTS WITH OTHER NEEDED SERVICES

■ ACCOMPANYING CLIENTS INTO OTHER INSTITUTIONAL SERVICES

WHAT'S DIFFERENT OR UNIQUE ABOUT THE NAVIGATOR'S ROLE

- ❑ **PROBLEM SOLVE OR TROUBLESHOOT ANY ISSUES RELATING TO THE INITIAL REFERRAL**
- ❑ **ADVOCATE FOR CLIENT ON THE MDT AS WELL AS OTHER NEEDED SERVICES**
- ❑ **IS HIV+ AND CAN USE THIS STATUS TO AUGMENT THEIR RELATIONSHIPS WITH NEW AS WELL AS OLD CLIENTS WHO HAVE TESTED POSITIVE FOR HIV.**
- ❑ **DISCLOSURE OF STATUS IS **NOT** MANDATORY.**



RETENTION THEORIES

ELEMENTS OF RETENTION

- ❑ POINT OF VIEW OF THE CONSUMER / PATIENT
- ❑ WHAT RESEARCH HAS TOLD US
 - ✓ RETENTION OF CONSUMERS RESTS ON THE INTERACTION WITH MULTIDISCIPLINARY STAFF AND SYSTEMS

REVIEW WORKSHEET



GROUP ACTIVITY

**WHAT IS THE IMPACT OF
DIFFERENT RELATIONSHIPS
WORKING AND NOT WORKING?**

- ❑ **CLINICIAN / PATIENT**
- ❑ **MULTIDISCIPLINARY TEAM**
- ❑ **PEERS / CONSUMERS**



PROMISING PRACTICES, TOOLS & STRATEGIES THAT HELP WITH RETENTION

4 CATEGORIES:

RELATIONSHIPS

➤ SELF-MANAGEMENT

✓ *FALLS UNDER RELATIONSHIPS*

✓ *THIS IS A GROWING INTEREST*

CONVENIENCE

STRUCTURAL INTERVENTION



RELATIONSHIPS

PROMISING PRACTICES USED

❑ MOTIVATIONAL INTERVIEWING

❑ HARM REDUCTION

❑ NAVIGATION (**SOMEWHAT**)

✓ **UTILIZING PEERS AS MENTORS OR PART OF THE
MULTIDISCIPLINARY TEAM**

TOOLS USED TO MEASURE RELATIONSHIPS

❑ PATIENT SATISFACTION

❑ SURVEYS, ETC.



RELATIONSHIPS

STRATEGIES USED

- **DEVELOPING A PARTNERSHIP BETWEEN THE CONSUMER AND PROVIDER**
 - **WHAT DOES “PARTNERSHIP” MEAN?**

THE ROLE OF THE CONSUMER AND PROVIDER TO IMPLEMENT EBIs
- **HAVING A COHESIVE MULTIDISCIPLINARY TEAM RATHER THAN CLINICAL STAFFS THAT ARE IN CONFLICT, TRIBAL WARFARE (E.G. NURSES VS. PHYSICIANS) OR WHERE STAFF ACT AS IF THEY ARE INDEPENDENT OF EACH OTHER.**



SELF-MANAGEMENT

(FOUND UNDER “RELATIONSHIPS”)

■ AREA OF GROWING INTEREST

■ ABOUT PROVIDING EDUCATION TO CONSUMERS TO UNDERSTAND...

- ✓ WHY THEY COME TO CARE
- ✓ WHY THEY DO LABS
- ✓ WHAT DO LABS MEAN
- ✓ WHY IS HAVING A HEALTHY LIFESTYLE IMPORTANT, ETC.



SELF-MANAGEMENT

- ❶ PROVIDES EDUCATION FOR MANAGING FEELINGS / EMOTIONS
- ❷ HELPS IN MANAGING CONFLICTS, CRISES OR PROBLEMS (E.G. SUBSTANCE USE, JOB LOSS, LOSING A LOVED ONE, BREAK UPS, ETC.)
- ❸ THE FARTHER ALONG THE CONTINUUM, THE MORE LIKELY PATIENT WILL REMAIN IN CARE
- ❹ THUS IMPORTANT TO RETENTION



CONVENIENCE

■ HAS TO MAINLY DO WITH CLINIC SYSTEMS

■ HOW TO USE DATA TO IMPROVE CLINICAL PROGRAMS

■ SOME PP USED TO INCREASE CONVENIENCE:

- ✓ **OPEN ACCESS**
- ✓ **ELIMINATES BOTTLENECKS OF APPOINTMENT SYSTEMS**
- ✓ **REDUCES WAIT TIMES FOR APPTS.**
- ✓ **GETS RID OF BACKLOGS**



CONVENIENCE

❏ STRATEGIES TO IMPROVE CONVENIENCE

- ✓ **BRAINSTORM AND PROBLEM-SOLVE WITH YOUR TEAM(S) ON HOW TO MAKE SERVICES AND ACCESS TO CLINICS MORE CONVENIENT AND EFFICIENT**
- ✓ **FOCUS ON USING DATA TO IDENTIFY AREAS FOR IMPROVEMENT, BASED ON BEST PRACTICES.**
- ✓ **NOTE THAT SOME THINGS ARE HARD TO CHANGE (E.G. LOCATION, ACCESS OF SERVICES/HOURS, NOT A ONE-STOP SHOPPING, TYPE OF INSURANCE, COSTS, ETC.)**
- ✓ **THESE ARE HARD TO ADDRESS, BUT STILL NEED ATTENTION**



STRUCTURAL INTERVENTIONS

USE THE MULTIDISCIPLINARY STAFF TO...

- DEVELOP A SYSTEM OR A PROCESS TO FLAG RETENTION-PROBLEM SIGNS
- THIS IS A GROWING AREA AND THERE IS NOT A LOT OF RESEARCH
- THE ONE WE ARE GOING TO USE OR FOCUS ON IS THE EARLY ALERT/WARNING SYSTEM

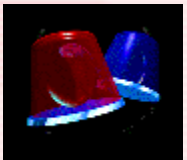


RESPONDING TO RED FLAGS

1. TO IDENTIFY CONSUMERS WHO ARE AT RISK FOR DROPPING OUT OF CARE.

2. TO INTERVENE SO THAT CONSUMERS STAY CONNECTED TO SERVICES.

BY SYSTEMATICALLY IDENTIFYING “RED FLAGS” PROVIDERS CAN ADDRESS CLIENT CONCERNS BEFORE IT INTERFERES WITH CARE.



CHALLENGES THAT CAN BE ADDRESSED

-  **RE-ENGAGING CLIENTS WHO HAVE DROPPED OUT OF SERVICES**
-  **SUPPORTING AND RETAINING CURRENT CLIENTS IN CARE**
-  **IMPROVING TREATMENT ADHERENCE**

How It Works

**PARTNERSHIP TAKES AN ACTIVE ROLE IN ANTICIPATING
AND ADDRESSING BARRIERS TO SERVICES BY:**

- ❶ **IDENTIFYING AND RECOGNIZING THE “RED FLAG”**
- ❷ **CONTACTING THE WOMAN AND EXPRESSING CONCERN**
- ❸ **FACT-FINDING**
- ❹ **PROBLEM-SOLVING**



QUICK RESPONSE

THE CONSUMER-PROVIDER PARTNERSHIP MAY NEED

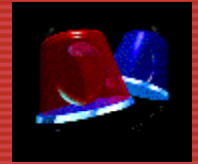
- ❶ **TO DEVELOP SPECIFIC INTERVENTIONS, OR**
- ❷ **COMBINE THIS INTERVENTION WITH OTHERS**
 - ✓ **MOTIVATIONAL INTERVIEWING**

BY RESPONDING TO THE “RED FLAGS”, THE CONSUMER-PROVIDER PARTNERSHIP AND OTHER CLINIC PROVIDERS CAN

- ❸ **CONTINUE TO BUILD TRUST AND**
- ❹ **ENGAGE CONSUMERS IN SERVICES**

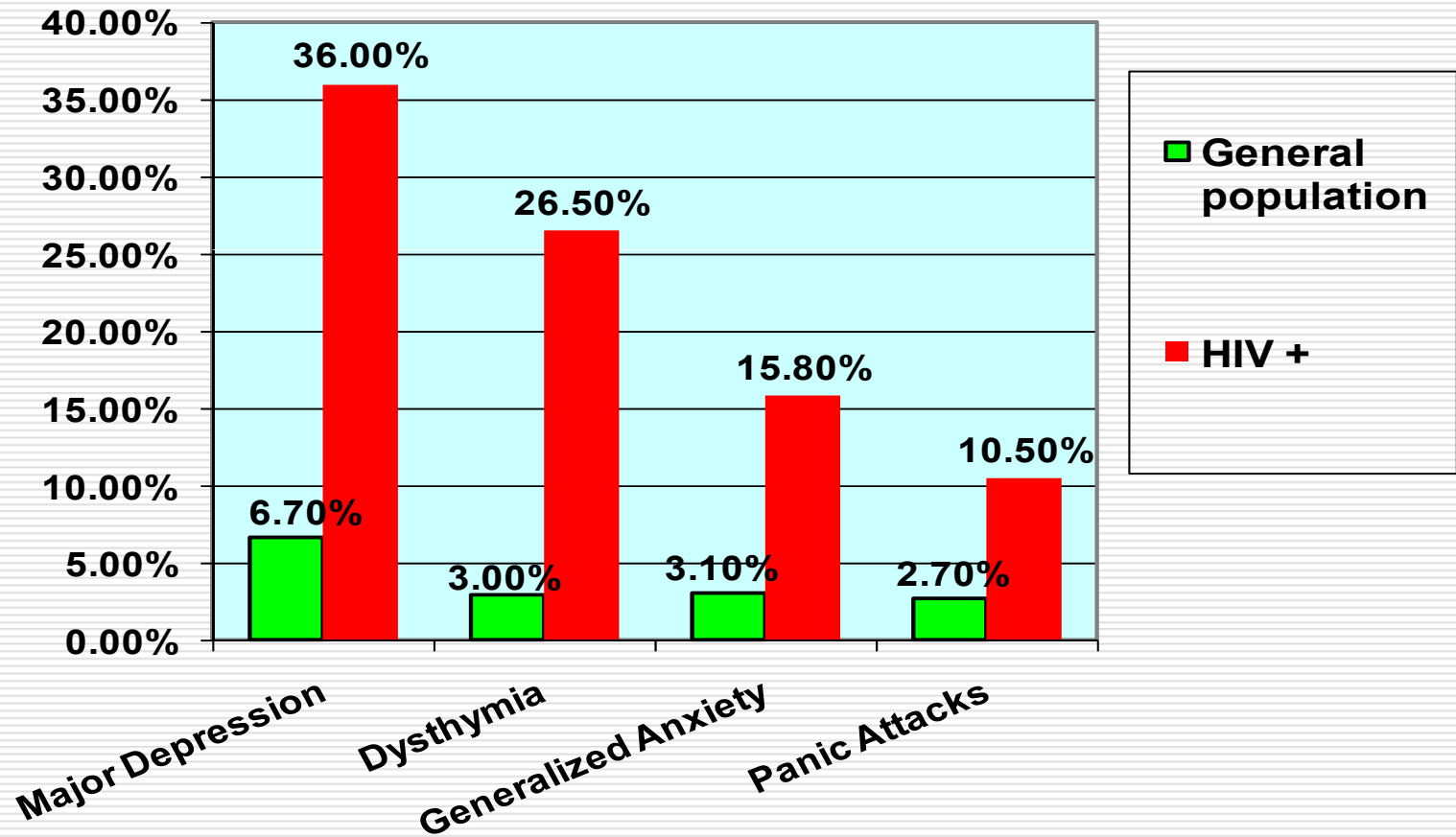


THE RED FLAGS



- ⌘ **MISSING APPOINTMENTS / CONTINUOUSLY RESCHEDULING**
- ⌘ **MISSING REFERRAL APPOINTMENTS**
- ⌘ **NONADHERENCE TO MEDICATIONS**
- ⌘ **NON-DISCLOSURE OF HIV STATUS TO HOUSEHOLD MEMBERS OR SUPPORT NETWORKS**
- ⌘ **MENTAL ILLNESS**
- ⌘ **ALCOHOL AND SUBSTANCE USE**
- ⌘ **NEEDS OF CHILDCARE AND CARETAKING ISSUES**
- ⌘ **SIGNIFICANT CHANGES IN INTIMATE RELATIONSHIPS**
- ⌘ **OPERATING IN A CONSTANT STATE OF CRISIS**
- ⌘ **NOT FEELING CONNECTED TO STAFF OR AGENCY**
- ⌘ **OTHER. . .**

COMPARATIVE TABLE: MENTAL HEALTH PROBLEMS



THE CONSUMER-LEADER

- 🕒 **OBSERVING AND GETTING MORE INFORMATION FROM THE CLIENT**
- 🕒 **COMMUNICATING WITH THE CLIENT**
- 🕒 **ACKNOWLEDGING THE ISSUES**
- 🕒 **PROVIDING SUPPORT AND EDUCATION AS APPROPRIATE**
- 🕒 **PROBLEM-SOLVING WITH PROVIDER-PARTNERS**
- 🕒 **PROVIDING CRISIS INTERVENTION**
- 🕒 **PROVIDING FEEDBACK TO PROVIDER-PARTNER**
- 🕒 **ACTING AS LIAISON BETWEEN CLIENT AND PROVIDER**
- 🕒 **WORKING WITH THE PROVIDER-PARTNER TO ADVOCATE FOR CLIENT'S**
- 🕒 **OTHER...**

THE PROVIDER-PARTNER

- ④ **DEVELOPING SYSTEMS TO IDENTIFY “RED FLAGS” IMMEDIATELY**
- ④ **DEVELOPING AND/OR IMPLEMENTING SYSTEMS TO ADDRESS THEM**
- ④ **COMMUNICATING ABOUT “RED FLAGS” WITH CONSUMER-LEADERS**
- ④ **PROBLEM-SOLVING**
- ④ **WORKING IN PARTNERSHIP WITH CONSUMER-LEADER TO ADVOCATE FOR CLIENT’S NEEDS**
- ④ **COMMUNICATING WITH CLIENTS TO GATHER MORE INFORMATION, PROVIDING SUPPORT AND EDUCATION AS APPROPRIATE**
- ④ **DEVELOPING SYSTEMS TO COLLECT DATA ON “RED FLAGS”,**
- ④ **OTHER. . .**



TRANSITIONING HIV+ YOUTH FROM ADOLESCENT TO ADULT SERVICES PROGRAM



PREMISE...



HIV+ ADOLESCENTS TODAY FACE TREMENDOUS CHALLENGES AS THEY MATURE TO ADULTHOOD.:

- ❑ **COPE WITH THE AVERAGE WORRIES OF ADOLESCENCE**
- ❑ **INCLUDING EDUCATION,**
- ❑ **EMPLOYMENT,**
- ❑ **RELATIONSHIPS WITH FAMILY, FRIENDS**
- ❑ **MUST BALANCE A COMPLICATED MEDICAL REGIME**
- ❑ **MULTIPLE MEDICATIONS, AND**
- ❑ **APPOINTMENTS WITH A WIDE RANGE OF PROVIDERS**
- ❑ **OTHER. . .**

PREMISE...



BY THE TIME THEY REACH LATE ADOLESCENCE:

- ❑ **SOME GROWN INTIMATELY CLOSE TO THEIR PROVIDERS;**
- ❑ **SOMETIMES THESE PROVIDERS COMPRISE AN ENTIRE SUPPORT SYSTEM;**
- ❑ **FOR OTHERS, MAY BE THE BEGINNING OF A RELATIONSHIP THAT WILL LAST A VERY SHORT TIME BEFORE THEY WILL NEED TO SEEK CARE IN ADULT SERVICES.**

QUESTION

HOW MIGHT THIS PREMISE IMPACT YOUNG PEOPLE'S ABILITY OR DESIRE TO TRANSITION INTO ADULT SERVICES?

TRANSITIONING

THE PURPOSEFUL, PLANNED
MOVEMENT OF ADOLESCENTS AND
YOUNG ADULTS WITH CHRONIC
PHYSICAL AND MEDICAL CONDITIONS
FROM CHILD/ADOLESCENT-CENTERED
TO ADULT-ORIENTED HEALTH CARE
SYSTEMS.

TRANSITIONING

**ADOLESCENT
SERVICES**

**ADULT
SERVICES**

INSTABILITY

STATUS QUO

INTEGRATION

STABILITY

**PATIENTS
RECEIVING
APPROPRIATE
CARE AND
TREATMENT**

STABILITY

**PATIENTS
RECEIVING
APPROPRIATE
CARE AND
TREATMENT**

(SEE HANDOUT)

INSTABILITY

**LACK OF
ADHERENCE**

- STAFF
- PATIENTS
- FAMILIES

INSTABILITY

**LACK OF
ADHERENCE**

- STAFF
- PATIENTS
- FAMILIES

BENEFITS

PSYCHOSOCIAL BENEFITS FOR YOUTH

- ❏ PROMOTES SOCIAL AND EMOTIONAL DEVELOPMENT
- ❏ PROMOTES POSITIVE SELF-CONCEPT
- ❏ PROMOTES SENSE OF COMPETENCE
- ❏ SUPPORTS POSITIVE SELF-IMAGE AND RELIANCE
- ❏ PROMOTES INDEPENDENT LIVING
- ❏ SUPPORTS LONG TERM PLANNING & LIFE GOALS
- ❏ BROADENS SYSTEM OF INTERPERSONAL SUPPORTS
- ❏ BROADENS SYSTEM OF SOCIAL SUPPORTS
- ❏ OTHER _____

BENEFITS

FOR PROVIDERS & PEDIATRIC FACILITIES

- ❑ MAINTAINS PRACTICE WITHIN AREA OF TRAINING AND INTEREST
- ❑ PRESERVES ORGANIZATION'S MISSION AND FOCUS
- ❑ ALLOWS ROOM FOR NEW PATIENTS
- ❑ OTHER _____

BENEFITS

FOR FAMILIES OF YOUNG ADULTS

- ❑ RELIEVES FAMILIES OF TOTAL RESPONSIBILITY OF HEALTH CARE FOR YOUTH
- ❑ REDUCES THE BURDEN OF HAVING TO MONITOR YOUNG ADULT CONSTANTLY
- ❑ OPENS UP OTHER AREAS WHERE FAMILIES CAN BE SUPPORTIVE OF YOUNG ADULT
- ❑ REDUCES SOME OF THE DAY TO DAY STRESS AND WORRY ABOUT YOUNG ADULT TAKING PROPER CARE OF HIM/HERSELF

CHALLENGES

YOUTH & FAMILIES

- ❑ **LITTLE FAMILY AWARENESS AND KNOWLEDGE OF HEALTH CARE TRANSITION**
- ❑ **LACK OF PREPARATION FOR HEALTH CARE TRANSITION**
- ❑ **ADULT-ORIENTED MEDICAL PROVIDERS' LACK OF KNOWLEDGE OF CHILDHOOD-ONSET OF CHRONIC CONDITIONS**
- ❑ **TRANSITION OFTEN PROMPTED BY AGE OR BEHAVIOR RATHER THAN READINESS**
- ❑ **DIFFERENCES IN CHILD & ADULT MEDICINE**

CHALLENGES

FOR PROVIDERS

- ❑ **DIFFICULTY IDENTIFYING ADULT PRIMARY CARE PROVIDERS** *(NOT LETTING GO)*
- ❑ **ADOLESCENT RESISTANCE**
- ❑ **FAMILY RESISTANCE**
- ❑ **LACK OF INSTITUTIONAL SUPPORT**
 - ✓ **TIME FOR PLANNING**
 - ✓ **RESOURCES**
 - ✓ **PERSONNEL**
- ❑ **OTHER** _____

WHAT IS A PARTNERSHIP?

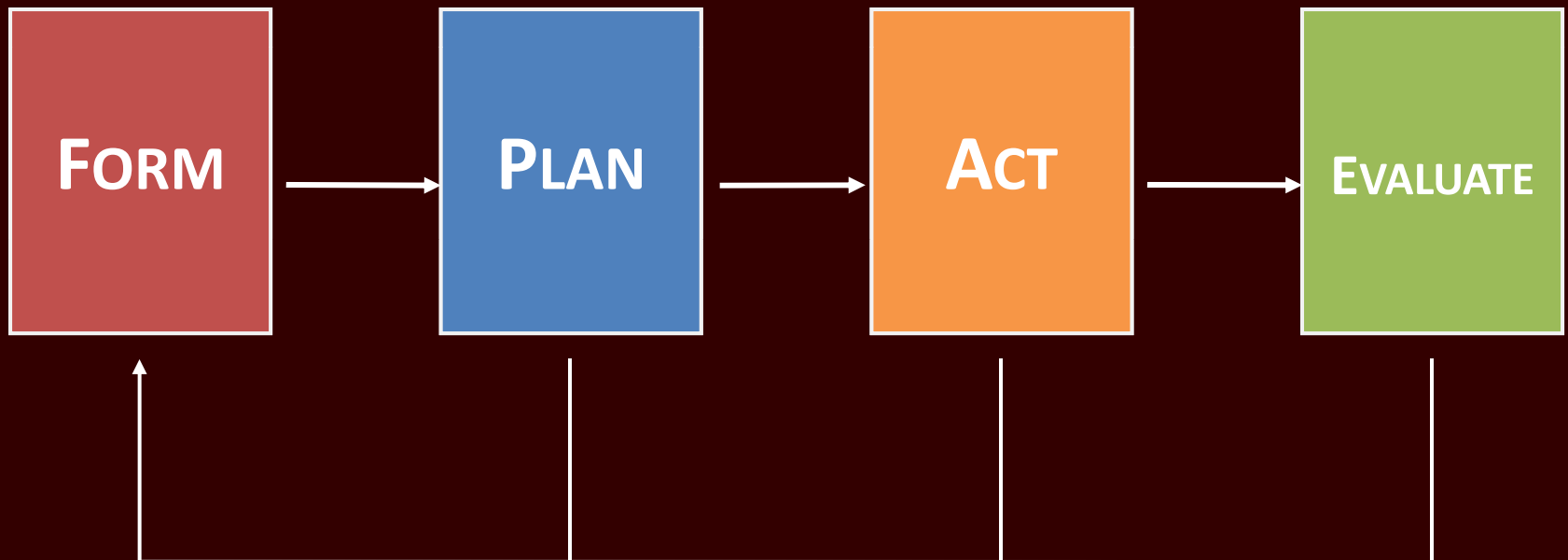
**A COOPERATIVE
RELATIONSHIP BETWEEN
PEOPLE OR GROUPS WHO
AGREE TO SHARE
RESPONSIBILITY FOR
ACHIEVING SOME SPECIFIC
GOAL.**



KEY CHARACTERISTICS OF AN EFFECTIVE PARTNERSHIP

PARTNERSHIPS ARE ***DYNAMIC*** BY NATURE.

STAGES OF DYNAMIC PARTNERSHIPS



TO BE SUCCESSFUL, ***PARTNERSHIPS*** NEED TO CONTINUALLY **PLAN**, **ACT**, **EVALUATE** AND **RESTRUCTURE** BASED ON NEEDED CHANGES IN ENVIRONMENTS AND/OR RELATIONSHIPS.

