Psychiatric Disability Services
of Victoria (VICSERV)

VICSERV Forum Summary - Psychiatric Disability Rehabilitation and Support Services Reform August 2013

1. Introduction and Summary

The VICSERV forum on PDRSS Reform was attended by 80 people from 40 agencies. It was the first opportunity for service providers to discuss the recently released reform framework and discuss common issues and concerns. Many questions, issues and challenges were raised and this report attempts to summarise these under eight themes. However, the reality is that they overlap in many ways.

Many of the issues arising are from a lack of information and detail, some of which can be expected to be unveiled as part of the Expression of Interest process. However, participants were critical of and concerned about the process, including the extraordinarily short time frame to fully understand the requirements, enter into partnership/consortia agreements if required and prepare submissions, respectfully involve consumers and their families in the process and concern that high level delivery plans will occur over January with unreasonably tight timelines.

There are also issues that are more fundamental and relate to the very essence of a service system which has established itself over the last 30 years to be at the forefront of the provision of recovery and psychiatric disability support and rehabilitation services in Australia.

These include:

- What appears to be an early adoption of the NDIS/DCA definition of eligibility which is "deficit" driven and does not encompass a "recovery" focus, excludes people experiencing high levels of disability but which may be transitory or cyclical or where it is not known if the disability will be enduring (eg: young people) and excludes people for whom some early intervention may prevent an increase in psychiatric symptoms.
- A lack of respect for existing partnerships and collaborative work and inadequate recognition in the transition phase of the time, effort and resources required to develop new ones should providers in the local area change.
- A lack of respect for current service providers and their expertise, desire and interest in shaping the reforms to provide a quality, evidenced based and needs driven service.

Key recommendations to the State Government are:

- That it draws back from the NDIS/DCA definition and uses the Barwon pilot site to gather information, work with the intake and assessment pilot providers and existing service providers to establish appropriate eligibility criteria for 1 July 2014. A mechanism for continual review and evolution to ensure readiness and consistency with NDIS/DCA DSA by 2019 should also be developed.
- That the transition timelines to the new service model be reviewed and consideration given to properly planning and resourcing the process. This includes ensuring that consumers and carers are adequately engaged and informed in the process.
- That existing service providers be actively engaged in the intake and assessment pilots. This includes at a minimum regular updates about what the pilot projects are doing and opportunities for input regarding key issues.

The key recommendation for VICSERV and its member agencies is that:

- VICSERV provide opportunities for providers to come back together throughout the EoI process and beyond to assess price, look at travel costs, regional responses and high needs areas.

2. Key Issue 1: Intake and Assessment

2.1 Key questions

There were lots of questions and concerns about the Intake and Assessment function in recognition of the significant role it will play in ensuring appropriate and coordinated access to services. There is a desire for a higher level of engagement with the pilot sites, noting that most participants did not know that they had commenced and/or who was undertaking them. Participants expressed concern that as the pilots were running in tandem with the reform process, there would be inadequate time for the sector to consider the learnings from the evaluation, have input, determine a way forward and be ready for implementation by July 2014.

A key issue is the eligibility criteria. One pilot site advised that it had been asked to use NDIS criteria. It was also noted that the definition of eligibility is based on there being a permanent disability. There are significant concerns about the impact of applying the NDIS/DCA eligibility criteria which may exclude people who have transient or cyclical needs and/or are undiagnosed (eg: depression and anxiety in women escaping domestic violence). It also reduces early intervention opportunities, including for young people and is not consistent with a recovery focus which underpins the model of care.

The scope of the role is still unclear. For example:

- Will it determine the level of need and does this assessment have an impact on the "accepting" agencies targets and/or how they manage their packages?
- For people who are ineligible for a MCHS service, what are the responsibilities of the intake service to refer to or provide alternative services and where or what are these services? What are the responsibilities of making a "supported referral"?
- Will the intake service also respond to requests from carers?
- How is the wait list going to be managed and monitored?
- Who will be responsible for advertising the "intake" function – how will people and other services know and learn about it?
- What is the role of intake and assessment in identifying carers and explaining what is available. Can carers be referred to this service as a first point of call, including for planned respite?

Other questions focused on the partnership and collaborative nature of the function:

- What is the role of the primary health service and clinical mental health service in the intake and assessment service? To what purpose is the partnership required? Are they active partners eg: providing resources to support the assessment process, or do they operate in an overarching advisory capacity? What incentives and support is there to support the development of such a partnership?
- How will the relationship between accepting agencies and the intake system be managed, in terms of the flow of clients. Do services let intake know that they have capacity and in what way – eg: in terms of hours, package intensity, number of people?
- Can it be expected that as those with the most complex needs are targeted that the capacity of agencies to take on new clients will reduce. Managing a diversity of needs provides flexibility to be more responsive. Once an agency has reached full capacity who monitors or manages this?
- How will the intake/triage with MHCSS providers work? What structures will ensure active and useful collaboration and streamlined service delivery?

2.2 Key challenges

Providers identified that the challenges associated with this function were:

- Ensuring that it delivered value. As a new function utilising existing funding, participants felt it was important that it added value and did not just create another layer with an overall effect of reducing the amount of support available.
- Ensuring that there was not a conflict of interest between the intake and assessment function and the referral of clients to services, for example, ensuring that the intake and assessment service did not cherry pick clients.
- Managing privacy and data ownership issues.
- Ensuring that it worked with other intake and assessment functions, including PIR, AoD and homelessness services. Participants noted that the process as described in the framework document is a significant departure from the "no wrong door" approach that many had been trying to implement. If a client is assessed as needing AoD and CMHS services, do they have to go through the AoD intake or will the CMHS intake be sufficient. There is a concern that the intake and assessment is going to "silo" services rather than promote integration.
- Ensuring that clients really do have choices, including information about what services are available and what they offer. This will require supporting clients to make informed choices, having the information available and education about rights and responsibilities
- Engaging people who have existing relationships with other services through the intake process, including people from CALD communities and people experiencing homelessness. The reliance on partnerships with other agencies to identify people and support them to access the intake service is a significant change and it will be important to ensure that gaps in service delivery do not result.

2.3 What would help?

The intake and assessment pilots could provide a good opportunity for service providers to learn more about the function and have input into the development of the service. In the first instance this should include providing information about the location of the sites and the models that are being used. Existing service providers should also have an opportunity to hear about the issues being experienced and contribute to the responses. The pilot process needs to be used as a way of engaging the service system to it can be ready to implement the changes by 1 July 2014.

One option is for the Department to actively work with the pilot projects so as to create a shared understanding of the issues and promote collaborative problem solving over the pilot stage. This discussion could be shared with existing services. Such a process would maximise the likelihood of an acceptable and appropriate model being developed and therefore adopted in a timely manner.

Local education/ communication strategies will be needed to advertise the intake service. The change will need to be communicated in a timely manner.

Service providers would also like confidence that necessary discussions have been held between and within the Department of Health and Human Services regarding expectations of how the intake and assessment function will work with other intake and assessment functions and information about how the respective services will know what these expectations are and how they will be supported.

3.0 Key Issue 2: Carer / Family Support

3.1 Key questions

There appeared to be strong support for expanding and clarifying the provision of carer and family support as part of the reforms. However, the lack of information resulted in many questions.

They were:

- Whether carer's eligibility was tied to a client's eligibility, and what if the carer's needs are high but the client's needs are low, the challenges associated with as well as concerns about eligibility, what could be provided and workforce issues.
- The expectations and limits for working with carers and families.
- Is there a standard tool and/or will there be standard programs that services will be expected to offer and/or will each service create their own?

There were also questions with regard to carers and the intake and assessment function (see above).

3.2 Key challenges

A number of challenges were identified. They were:

- Balancing the carer and client needs within the package. For example, having appropriate procedures and guidelines in place to guide how many hours to provide to the carer vs how many hours to provide to the consumer.
- That both the State PDRSS carer programs and the Commonwealth carer support services were both under review which could result in significant changes in the landscape regarding the organisation and type of services being offered, with potentially significant implications for mental health carer support generally.
- Ensuring that the workforce had both skills and knowledge to do this function. This was particularly the case around the requirement to identify "vulnerable children" and the recognition that even if services identify a child, many workers will not have the knowledge of what to do and where to refer.

3.3 What would help?

- Program guidelines and more information about what carer support will look like, including if there are expectations about what assessment tools will be used.
- Relevant and up to date information about carer supports and services (recognising that these may change)
- Support in developing information for carers and families about what they can expect from the service.

4. Key Issue 3: Collaboration

Collaboration and partnerships have been part of the PDRSS platform, encouraged and supported through both State and Commonwealth Government activities. The framework document also suggests high levels of collaboration and partnerships are expected to move forward. Service providers are supportive of the direction and it is their preferred way of working.

There are two key issues:

- a lack of clarity regarding the roles and expectations of partner agencies – particularly in relation to the intake and assessment process (see above); and
- the perceived disrespect for existing partnerships and unrealistic expectations to develop new ones in the time allowed.

Roles and expectations

Clarification is sought regarding the expectations and roles of partners, particularly in relation to the clinical and primary health services in the intake and assessment service. Roles and relationships with the Commonwealth funded programs, particularly PIR, day to day living and PHAMS also need further consideration.

Partnerships with AoD services, homelessness agencies, primary mental health services and clinical mental health services are all identified. The interpretation of the framework document suggests that PDRSS will be relying on these agencies to identify people who have a need for PDRSS support and supporting them through intake. The 0.5

FTE for catchment planning will provide some resource to support this, however, there is little discussion or direction regarding how the other sectors will be supported in creating these partnerships and/or the willingness of them to do so.

A key question is:

- What discussion has happened with respective Government departments about this role?

While there was some discussion about subcontracting – from both the perspective of lead agencies requiring to do so to ensure a specialist response or top meet service volumes and as an option from smaller specialist agencies as way of continuing to offer their "niche" services – there was concern that such subcontracting is cost shifting the expense of coordination and contracting from the Department to the service sector, with a risk of cutting costs at the service delivery end with an impact on quality.

There is also a related concern that the framework is promoting a siloed approach, with a reliance on partnerships rather than actual systems to ensure that clients are not being required to hop from one part of the service system to another (eg: shared intake, assessment, case planning approaches).

Impact on partnerships

Providers are also aware that the Department has actively sought new players to tender. This is being viewed as disrespectful to existing providers and partnerships. It undermines the message of the importance of collaboration and underplays the significant amount of work undertaken over many years to establish such partnerships.

Many providers are already collaborating at the local level with strong partnerships and believe the needs of their local community will be best met through preserving them through the reform process. Many participants expressed a preference for "geographically" based alliances. Should new players enter the field, building new partnerships and ensuring this level of collaboration will take a long time – and is effectively unachievable by 1 July 2014.

A key question is:

- Can consortia submit an EoI or can only individual service providers?

5. Key Issue 4: Individualised client support/ client choice

5.1 Key questions

Participants noted a lack of discussion and documentation around the model of care, apart from its individual or client centred focus and that it should be evidenced based.

There appeared to many different views as to how the packages would be allocated and implemented, resulting in the following questions:

- Will there be different "intensity" levels of packages?
- Will the Department specify how many packages of varying intensities are expected to be delivered? (and if so does that mean there will be waiting lists for different packages and how is flexibility managed within this?).
- Who decides the level of package – the intake and assessment service or the receiving agency?
- Will client choice really be honoured and what will be put in place to ensure it happens? For example, what if the client wants to access a service with a waiting list but another does not have one, will clients be given equal access to a service outside the area in which they reside, how will a client out of area be supported to travel to a service in another area? Who will manage these expectations?

5.2 Key challenges

The key challenges appear to mainly arise from managing the transition process and the need to ensure adequate time - both in terms of supporting consumers and carers to embrace and benefit from the change as well as ensuring changes to the services being delivered are consistent with client's needs and occur in a respectful way.

The importance of ensuring adequate time to asses/re-assess client needs in light of the new service model was noted before making changes to established programs, particularly those involving groups. There is a danger that established programs may cease only to find that there is a need or demand,

Clients and their families will also need information about the services available if they are to make an informed choice. However, it is difficult to see how such information could be provided at this stage.

Need to ensure that there is accountability for client outcomes.

5.3 What would help?

- Guidelines/ more information about what the service model should look like.
- Guidelines and examples around what an ""individualised" package is going to look like .
- Training/education/information resources for service providers, consumers and carers to promote understanding and participation in decision making and what the changes mean for them.
- Guidelines/ information for consumers and carers about what they can realistically expect from services, including the level of choice.
- Discussion around timelines for implementing individual packages and the new service model, including developing a shared understanding of timelines for assessment/reassessment and implementing the new service model.

6. Key issue 5: Eligibility

6.1 Key questions

There is significant concern that the eligibility criteria is being linked to NDIS/DCA, particularly without looking at the implications and the options for people who do not meet this criteria. While the reforms should be about moving towards the NDIS/DCA, it is concerning that the definition is being used without reference to the outcomes from the pilots.

Key issues include:

- Difficulties in reconciling a deficit definition with a recovery model.
- People with undiagnosed mental illness – particularly anxiety and depression as experienced by many women experiencing family violence.
- People who are experiencing significant disability but it is not expected to be long term (may be transitional and/or intermittent)
- People who have severe psychiatric illness and experiencing significant disability and it is highly likely that it will not be enduring eg: mothers with post natal depression
- The absence of the recovery message.
- Difficulties on focusing on early intervention – including for young people.

6.2 Key challenges

It was noted that many clients with complex needs are requiring high level of support because they do not have families/ carers in their lives. This "high needs" eligibility criteria may act to effectively exclude people with carers and/or that people with carers are considered a lower priority.

The lack of services and discussion about opportunities and options for people over 65 needs to be addressed.

6.3 What would help?

More discussion and consideration as to the eligibility criteria. This could be explored through the intake and assessment pilots in the first instance.

7. Key issue 6: Price & Funding Levels

7.1 Key issues

The lack of information about what is being considered in the price being offered is an issue. Agencies in the DCA pilot suggest that the current prices being considered do not adequately take into account indirect costs such as care coordination and case management.

Specific concerns about the price include whether it will:

- Be adequate to cover costs associated with the expected increased casual workforce in response to demand for more flexible (after hours) support.
- Be adequate to cover the significant partnership/collaboration work expected.
- accurately include indirect costs (particularly care coordination and case coordination)
- Be adequate to support carer and consumer participation, including payments where appropriate.

7.2 Key challenges

With regard to funding levels participants noted that the realignment does not create any more services but significantly expands the types of services being offered (intake and assessment, catchment planning , carer support). Without additional funding it means less service per person and/or less funding per person.

Of significant concern is also the potential for cost shifting of managing contracts as lead agencies are required to subcontract to others in order to meet specialist/high level needs and effectively reduces funding levels available to the service deliverers.

7.3 What would help?

- Need to come together as a sector post the release of the EoI to discuss the price and its implications.

8. Key Issue 7: Workforce

8.1 Key Issues

Key issues fall into the category of identifying that there will be knowledge and skills gaps in order to provide the new services – particularly regarding identifying and supporting vulnerable children, as well assessment and referral for both consumers and carers. For example:

- What are the benchmark and qualifications for mental health support workers?
- What skill sets do we need for the future?

8.2 Key Challenges

Participants were concerned about:

- maintaining their staff in a time of great uncertainty and the need to develop retention strategies.
- maintaining a high quality of service (and being able to afford) the increased level of casualization in order to provide flexible (including after hours) support

8.3 What would help?

- Support around retention strategies
- Starting to think collectively as a sector how we create and support a more flexible work force.

9. Key Issue 7: Implementation

9.1 Key issues and challenges

Implementation was not a specific issue discussed during the forum, however, it was touched on many times and issues are identified in the above reporting.

The need to involve carers and consumers in the process was a key issue and key challenge for service providers. The timelines and the process make it difficult to do this in an appropriate, respectful and timely way – and particularly in way which will not cause undue distress. This is particularly the case for services who are less than confident in continuing as providers.

9.2 What would help?

The Department needs to develop a communication strategy in partnership with service providers, consumers and carers to be implemented at the local level to reduce confusion and provide clarity throughout the EoI process and transition.

Education packages for clients and families to help with transition to the new system.

A phased implementation phase which provides adequate time for engagement of clients and families in the proposed way of working before being required to change service models.

Sufficient time for catchments to develop an implementation plan including working towards implementing intake and assessment.

10. Other

There were a number of other issues, challenges and suggestions identified that don't fall into one of the key themes identified above. These are:

- Need to manage the reform as 'stepping stone' to NDIS.
- How will reform ensure that people with complex needs who might be service refusers get the services they need?
- How will state wide funded services (eg: crisis accommodation) be managed in the system reform?
- There is a need to streamline data collection and IT information sharing
- There will be an increased expectation of standardisation regarding what you will receive – how will this be supported/ promoted/ monitored?
- Which quality standards will be used?
- Exit planning - Where, how and who will determine when a client exits from the service? ; What will exit planning look like? How will it be standardised? Important to get this right if we are to have flow through in the system.