Report: VICSERV Member Forum

Monday 28 October 2013

Psychiatric Disability Services of Victoria (VICSERV)

Introduction

A VICSERV Member Forum was held at the Treacy Centre, Parkville 9.30 am – 4.00 pm 28 October, 2013. Sixty-four participants attended representing 35 member and three non-member organisations.

The focus of the forum was: *What does the implementation of the National Disability Insurance Scheme (NDIS) mean for mental health in Victoria?*

The forum was designed to support members to:

- Be informed by a range of speakers/perspectives on what the implementation of NDIS means for mental health in Victoria.
- Consider NDIS in the context of mental health sector reform.
- Workshop ideas and actions that could support the sector transition to the new state CMHSS framework and NDIS.
- Contribute ideas and recommendations to VICSERV's advocacy work in this area.

The day was divided into a number of sessions that featured guest speakers, small group discussions, workshop activities and a panel discussion.

After each session participants were asked to discuss and record any key issues, themes, questions and comments. The following section summarises the key themes and messages for each of these sessions.

For more information about presentations please refer to the relevant PowerPoint presentations located on the VICSERV website.

Forum themes and messages

Session 1: The Big Picture

Kim Koop, CEO VICSERV, gave an overview of the implementation of NDIS from a VICSERV perspective referencing national, state and local issues. She highlighted *sense making*, *visioning* and *strategic planning* as key issues for organisations during this period of sector reform. Strong leadership during these uncertain times will be the key.

Josh Fear, Director, Policy and Projects, Mental Health Council of Australia (MHCA); gave a national mental health perspective on the implementation of the NDIS. He stressed that the 'story' of mental health and NDIS is not yet fully developed or understood. It is important to continue seeking information and asking questions especially about assessments of people with psycho-social disabilities.

Summary of table discussions – key themes discussed and questions asked:

- Eligibility, assessment, planning and mental health (MH) service provision (especially for those not eligible for Tier 3).
- Concern that NDIS represents a deficit model rather than focus on recovery.
- Funding – model not psycho-social disability specific, advocacy services, early intervention, how to run services on current pricing model?
- Current reform could potentially be compared to the last major reform – deinstitutionalisation. What are the lessons to be learned?
- Organisations need support to manage this change and be able to survive in new environment.

Session 2: The issues for services, consumers and carers

Sally Wall, Transcend Manager, Karingal, Geelong (NDIS launch site) presented a service provider perspective. Being involved at the launch site she had a lot to report on the current implementation and the key issues for them. Key was the issue of 'choice' and how that is being managed by the National Disability Insurance Agency (NDIA), consumers and service providers.

Nathan Grixti, PhaMs worker / peer worker, Karingal, Geelong (NDIS launch site) gave a consumer perspective. Two key issues identified by Nathan were the requirement for consumers to repeatedly retell their story and sharing client data with NDIA.

Emma Ladd, Regional Manager, Quality and Service Development, Mental Illness Fellowship (MIF) spoke about the NDIS Design Fund Project that MIF undertook. 'Imagining better' was a key theme in supporting consumers, carers and service providers to see NDIS as an opportunity to support real choices and outcomes.

Debra Parnell, Manager, Policy and Communications, VICSERV presented an overview of VICSERV's activities in Barwon (NDIS launch site) and outcomes from the Barwon MH Forum held in September 2013. The report of the Barwon Forum can be found on the VICSERV website.

Summary of table discussions – key themes discussed and questions asked:

- Capacity building, education and support required for consumers, carers and service providers in relation to: understanding NDIS, supporting client choice, change management and understanding MH service delivery.
- Concerns about some of the potential negative consequences of NDIS implementation: competition rather than collaboration between service providers, casualisation and deskilling of the MH workforce.
- Need to ensure MH service provision is available to those not eligible for NDIS or those for whom access is an issue.

Session 3: Interest group discussions

Forum participants engaged in table group discussions based on the following interest groups and question.

What does the implementation of the National Disability Insurance Scheme mean for …

- Carers
- Consumers
- Generalist MH services
- Clinical services
- Statewide services and issues
- Regional services
- Specialist services
- Stakeholder agencies (i.e. Community Health)

In addition there was a strategic planning group focusing on broader questions of strategic direction and organisational readiness.

See *Attachment 1: Summary of Session 3* for a tabular summary *of* each group's key responses and messages.

For each interest group, key responses and messages are noted under the following headings.

- Funding and pricing
- Service eligibility, assessment and planning
- Education and capacity building
- Design and implementation of reforms/NDIS
- Workforce/workforce development

The key messages to the four bodies identified: VICSERV, NDIA, MHCA and state government (DH, DHS etc.), are also summarised for each interest group.

A full transcript of each interest group discussion/comments can be found at the end this report. See *Attachment 2: Full Transcript of Session 3*.

Session 4: Panel Discussion

The following panel members responded to questions from the facilitator and the forum participants:

- Josh Fear - Director, Policy and Projects, MHCA
- Kim Koop, CEO VICSERV
- Isabel Collins – CEO, Victorian Mental Illness Awareness Council
- Mark Rosser – Pathways
- Ben Ilsley – Victorian Mental Health Carers Network

Questions to the panel were based on the discussion and feedback from the previous sessions.

- *Imagine it is December 2014 – What do you see as the key challenge or risk that the sector has had to grapple with and address?*
    - Coming to terms with eight different versions of the NDIS as it plays out across each state and territory.
    - Privacy of consumer information (in response to the recent request for client information in the Barwon launch site)
    - Advocacy – who can/will advocate for consumers and cares as they engage with NDIA
    - It is a new paradigm that requires a much clearer story about the roles and responsibilities of MH and NDIA
    - Information and data – ensuring transparency and communication with the sector about what is happening in the launch site/s and how this impacts on consumer/carer outcomes.
- *If we look back, deinstitutionalisation was a major reform in the way MH services were delivered. What can we learn from that experience and apply to the current situation?*
    - We know there will be unintentional consequences
    - There was a shift of responsibility then (institution → community) and now it is a shift of responsibility from

      community → family; and

      state → Commonwealth.
    - A constraint will be access to decent affordable supportive housing (just as it was with deinstitutionalisation)
    - With major reform like this it is imperative to build a workforce of people with a lived experience

- The workforce needs to come on the reform journey. How is it best to support the workforce do this?
- The new market driven reform will have huge impact on the MH workforce especially re casualisation and loss of sector knowledge, skill and expertise.

- *Imagine it is 2019. What do you see as the potential opportunities or positive attributes that have been realised through this reform period?*
  - Well trained peer workforce
  - Experts engaged in planning and decision making with consumers/carers
  - NDIS/NDIA legislation has been reviewed and reformed to address the issues/challenges that have been reported during the launch phase
  - Consumers/carers are actively engaged in an NDIA planning process that demonstrates the very best of informed choice and decision making is client driven

    Potentially – "More choice – Less voice"

    Conversely – Consumer choice translates to the voice of the citizen

    NDIA are enablers of choice and control
  - The good work that the sector has achieved over the past has been retained and strengthened
  - Any funding caps have been removed
  - "Enjoyment" has trumped "endurement" in thinking and outcomes

Session 5: NDIA presentation

Toni van Hammond, Senior Local Area Coordinator, Barwon Launch Site, NDIA presented an overview of the NDIS/NDIA including:

- Update on launch site progress
- Planning and assessment process
- Transition of people and programs.

Summary of key messages

The key themes, issues and challenges raised during the forum were consistent with previous mental health and NDIS/Reform forums and meetings held in the previous three months.

- **The potential difficulties in the integration of Mental Health and Disability (via the NDIS)**
  - Permanency versus Recovery.
  - The episodic nature of psycho-social disability and the need to present as un-well/disabled to receive a service.
  - No specific psycho-social disability unit pricing in NDIS.
  - The psycho-social disability client group has specific needs that require very specific responses in terms of service access, planning and care coordination. Concern for those with complex needs and how they will both access and manage the relationship with NDIA.
  - Assertive outreach, monitoring of abuse and neglect, advocacy, referral management, care coordination are all essential elements in community managed mental health (CMMH) work. How is this to be funded when the requirements can be episodic in nature?
  - Not yet clear whether the MH supports approved/purchased by NDIA are evidence based or whether there is a process in place to ensure this is addressed.

- The critical role that consumer and carer workers/advocates play in MH service delivery. How will this be strengthened, funded and supported?

- **Collaboration Vs Competition**
  - Reforms seen as driving competition via the establishment of a consumer driven/market choice service system.
  - Result is predicted to be a more casualised workforce. This will result in loss of skilled and experienced staff from the sector. More difficult to recruit in rural/regional areas.
  - Loss of smaller boutique/niche services and the rise of large regional/statewide agencies.
  - Questions about how CMMH service innovation, networking and collaborative partnerships will be funded and supported.

- **Linkages with clinical services and other specialist/stakeholder agencies**
  - NDIS separates out CMMH and clinical MH services. How will consumers be supported and managed between the two sectors and funding streams? Who will have responsibility for care coordination? Who will case manage clients who are not accessing clinical services?
  - Develop clear models of the linkages between MH and specialist services.

- **NDIS eligibility and planning processes**
  - How are carer needs assessed and supported?
  - There needs to be a much clearer picture of referral and exit points for consumers and carers who are assessed as not eligible for NDIS (Tier 1 and 2).
  - Education required for workers, consumers and carers re eligibility, planning, consumer choice/choice making and self-management of funding. Who will be funded to ensure quality education is provided for MH clients, consumers and workers?

Key messages for VICSERV

- Continue to actively communicate with members about the reform process – ensure communications are tailored for the needs of the specific groups (CMMH, clinical, regional, statewide, specialist, stakeholder etc.).
- Continue to actively advocate on behalf of the CMMH sector in terms of the identified risks re current reforms and NDIS. This may include identifying services at risk due to the reform/NDIS funding model and identifying alternative funding options.
- Focus on emerging workforce issues such as the potential casualisation of the CMMH workforce and the implications this has for the sector.
- Advocate to NDIA for the development of unit pricing that is specifically tailored for psycho-social disability.
- Actively facilitate networking between the CMMH sector and clinical/specialist services to build relationships and collaboration.
- Establish clear communication, monitoring and review processes with NDIA that focus on **outcomes** for consumers and carers (not inputs/outputs).
- Provide forums and education for members that are:
  - strength based
  - focused positively on the current and future challenges for organisations and staff
  - building organisational/worker skill and knowledge to operate in a market driven environment.

Attachment 1*:* Summary of Session 3

Theme	Mental Health Services	Consumers	Carers
Funding and pricing	Funding/pricing model should support both service delivery and development NDIS pricing needs to reflect delivery of psycho-social disability support Who is funded to ensure consumer/cares have information/education they require?	Concern that funding will not be available to support Tier 1 & 2 needs	Need to understand where funding will come from for carer support: NDIS, DH, respite and carer programs??
Service eligibility, assessment and planning	Process needs to have clear referral/exit points for people assessed as not eligible for NDIS Need to resolve enduring disability/permanent disability with recovery model	Processes should not have consumers repeating their story to unknown people Assessment of PS disability needs to be consistent and monitored Advocacy re access required by other than MH service providers	Managing the needs of carers Ensure carer involved in assessment planning process if appropriate. How will carers be identified for support?
Education and capacity building	Need coherence and clarity re PDRSS reform and NDIS Capacity building of staff re consumer choice and supporting choice making Build consumer support capacity – who is responsible to provide/promote information?	Support required to understand and access NDIS Information advocacy required	Support required to understand NDIS eligibility and concepts such as choice, entitlement and planning Information advocacy required
Design and implementation of reforms/NDIS	Clarity re how sector will respond to range of needs What are the referral points for Tier 1 & 2? Coherent plan across all levels of govt. for all people with mental illness Concern re diminished quality and choice	Information privacy a critical issue Plans need to be flexible/changeable Strong consumer voice required during design and implementation phase	Ensure support to young carers
Workforce/workforce development	Attracting and maintaining quality staff	Consumer advocates to support access and advocacy	Development of peer models Ensure workforce issues do not affect quality
Key message/sfor:	**Mental Health Services**	**Consumers**	**Carers**
VICSERV	Focus on workforce issues and training including concern re casualisation of workforce Advocate for other groups	Strong, loud voice required	Continue with advocacy and information

NB: An empty box indicates that there was no comment made in relation to the identified theme or message

Attachment 1*:* Summary of Session 3

Key message for:	Mental Health Services	Consumers	Carers
MHCA			Need strategy re involvement of carers Ensure paperwork process is not a burden to participants
NDIA	Implement a clear evaluation strategy Stay true to the principles of the Act and NDIS	Use different tools for the assessment of different types of disability Be respectful of consumers and include in planning and review processes	Provide advocacy for carer issues/voice Ensure funding for carer support is on the agenda
State government	Collaborate and network together Place value on the CMMH sector Implement an clear and informative communication strategy re MH reform and NDIS	Development of a statement of rights and responsibilities for consumers Must ensure there are funded community MH services for those ineligible for NDIS	Joined up work and thinking required Provision of affordable housing imperative Monitor who is not meeting eligibility requirements

Theme	Clinical Services	Specialist Services	Stakeholder Agencies
Funding and pricing		Unit cost discrepancy between NDIS and MH reform	Question that pricing model allows for highly skilled workforce Discrepancy between funding models
Service eligibility, assessment and planning		Develop access models for high risk groups to present Process needs to have clear referral/exit points for people asses as non-eligible for NDIS What does choice really mean? Goal setting is a complex skill – requires time	Challenge of the system to meet the needs of dual or multiple needs such as duel diagnosis (MH/AoD) The most complex clients will struggle with the system itself Need more detail on how the system work
Education and capacity building	Understanding of NDIS required Understanding of PDRSS sector required Who will do this work when PDRSS sector stretched in current environment?	Not known yet what training priorities should be for the sector Need to understand what carers can access	How does MH engage and communicate with other services such as Community Health? Education for consumers/carers re CHOICE Engagement with consumers re feedback
Design and implementation of reforms/NDIS	Clinical MH not connected to NDIS Who will case manage clients not accessing clinical services? Need to plan how relationship between	Tension between specialist services and providing a range of choice	There is a forced fit of MH to original design therefore creating implementation issues The long-term sustainability of CHOICE Current design does not encourage

Attachment 1*:* Summary of Session 3

	clinical, CMMH and NDIS will work How will information sharing work for a client of clinical, community and NDIS? Current NDIS arrangement may lead to greater separation of the MH sector		collaboration – rather competition Coordination of care, relationships and networks between stakeholders essential – How will this be funded? Fragmentation of PDRSS sector will impact on clinical and other stakeholder services
Workforce/workforce development		May lead to more providers with less MH specialist knowledge	Casualisation of the workforce a concern Commercialisation of MH a concern
Key message for:	**Clinical Services**	**Specialist Services**	**Stakeholder Agencies**
VICSERV	Develop a working group to work with clinical services to plan how relationship will work in new system and get dialogue happening Develop a consistent message for clinical services Education via forums with the clinical sector	Support connections and collaboration between MH and specialist services Continue with information sessions Training is: goal setting, budgeting, NDIS pricing	Sector requires active representation/advocacy that is well argued and backed by evidence Establishment of an agreed unit price for psycho-social disability support services
MHCA	Communicate a consistent message for clinical services	Advocate – NDIS is not the only way that MH support should be provided	Continue advocacy for the sector including strong discussions with government about the implications of fitting MH into the NDID framework
NDIA	Develop relationships with clinical services at the local level	Use lessons learned in disability sector to support development of the NDIS for all Psycho-social disability does not sit in isolation from other complex needs – homelessness Develop connections between MH and specialist services Ensure ongoing dialogue with consumers and carers	Don't just be an insurance agency – take the lead on providing detailed information for all stakeholder agencies especially on how MH is included, assessed, planned and supported.
State government	Work via the Chief Psychiatrist office to support change required	Clear communication how re-commissioning fits with NDIS Provide clear guidance on how generalist providers will support or refer re specialist needs Specialist needs should be met by specialist service provision	Strong need for evaluation of the reform Value what agencies have been doing Understand & monitor the risks of fostering a market driven environment (Vs collaboration) Review and consult re pricing for MH support services

Attachment 1*:* Summary of Session 3

Theme	Regional Services	Statewide Services and Issues	Strategic Planning Group
Funding and pricing	Pricing needs to factor in additional rural/regional costs including travel/outreach	How will these services be funded? There is a diversity of clients so funding will be from a variety of sources	What is really driving this? Price vs quality How will the time it takes re triage, coordination and linking to services be funded? Current pricing does not support recovery model, team work/professional practice or understanding of best practice
Service eligibility, assessment and planning	Access issues in rural/regional areas needs to be addressed		How are people supported to access services Good that eligibility not based on diagnosis
Education and capacity building	Development of relationships with clinical services required Funding required to build innovative/new service models taking advantage of new technology	Statewide services need to educate NDIA of their existence and range of services offered	Sector needs support to look at this challenge positively Expertise in marketing services required
Design and implementation of reforms/NDIS	How is CHOICE exercised in regional areas where there are traditionally less services Design fosters competition rather than collaboration Opportunity to strengthen professionalisation of services through the reform process	Need a regional presence to survive Vs need statewide structure to be viable (economies of scale) Heavy competition for same $$	Support required for people to access services – who, how, $$? Will see an increase of statewide services with regional branches Impact on Indigenous services a concern
Workforce/workforce development	PIR roll out and filling positions A number of factors impact already on attracting experienced staff to the rural/regional areas – this will only be more of a challenge Need to build services that are multi-skilled, with strong peer engagement and consumer voice		Workforce planning required Casualisation of the workforce a concern Maintaining quality in a changing, casualised workforce

Attachment 1*:* Summary of Session 3

Key message for:	Regional Services	Statewide Services and Issues	Strategic Planning Group
VICSERV	Keep advocating on behalf of members – with power and stamina Continue to represent services into the future	Keep statewide services connected to the discourse	
MHCA			
NDIA	Need a psycho-social disability price list to include such things as outreach How does PIR sit with NDIS? What are the exit points and supports for Tier 2 consumers/carers	Consider collaboration with statewide services to meet unmet need in specific areas where little CHOICE exists	Does NDIA reflect a contemporary model of evidence based care and support? Require 6 monthly reviews based on outcomes
State government	Listen to the outcomes and value the information/data Support to develop collaborative partnerships with between CMMH and clinical services There is a strong history of listening to CMMH services in Victoria and a great relationship with services – but what do you want now? Collaboration or competition?	Mindfully consider the role and place of statewide services	

Attachment 2: Full Transcript of Session 3 Interest group – Carers

Interest group/sector: CARERS	The key challenges and opportunities for this group/sector under NDIS:	The key enablers to assist this group/sector in the reform/NDIS transition period
Key Issues of importance for this particular group/sector • Choice – what if the person's choice is in conflict with the family • Where will carer support be coming from (funding) ○ Funding from state if all transferring to NDIS • Ineligible carers • Direct respite/indirect respite – how does it fit, clarity of difference • Literacy issues • Carers can be missed out in process	• How can a carers voice be heard? • Peer models • Education of new world entitlement • Disability support organisations advocacy • Opportunity – agencies to translate NDIS/A so that carers understand their options (how do we pay for this) • Challenge: how workforce issues may affect quality • Young carers may pick up slack if adult carers go back to work • How do you assess capacity/capability?	• Education • Information advocacy • Identification of carers

PTO for last part of discussion feedback

What are your **KEY MESSAGES** to:

VICSERV

- Keep on with forum
- Advocate (VICSERV)
- Speak to providers re: MH

NDIA

- Include MH more
- Paperwork process can be a barrier in "administrative burden" to participants.
- Need involvement from agencies/organisations and carers
  - consider cultural differences
  - terminology

CMHA

- Need for advocacy for carers
- Need for funding for carer support

State government – DHS, DH etc

- Opportunity for combined work
- Housing
- Monitoring who is missing out on NDIS

Attachment 2: Full Transcript of Session 3 Interest group – Consumers

Interest group/sector:

CONSUMERS

Key Issues of importance for this particular group/sector

- Consumers need to find out what support they are entitled to under NDIS and know how to ask for it. Need info and advocacy. No independent advocacy.
- Commonwealth legislation should not be allowed to breech privacy legislation in states and territories, appalling sections 55-57 being used as ineligibility tool/criteria
- Plans need to be flexible and easily changed
- Lack of consumer involvement and consultation on the design of NDIS also appalling
- Who determines appropriateness of services?
- Having to repeat stories is too traumatizing
- Relying on the expertise of clinicians to determine permanency and severity of impairment – they don't have these skills!!
- No consumer – they should have been employed
- Support workers cannot be advocates – but they do need to have input

The key challenges and opportunities for this group/sector under NDIS:

- PDRS funding must be transferred to NDIS – leaving people without services Boston report (50,000 in VIC)
- Need to guarantee that people who can't access NDIS are not left without services
- Really strong consumer voice is required to inform scheme design and implementation
- Consistency of the way people MI are assessed needs to be ensured
- Skill level of assessors really needs to be monitored
- Different tools for different assessments and different skill levels (e.g. MI, ABI)
- Being able to give personal info without consent is hugely problematic
- Phases of PDRS etc

The key enablers to assist this group/sector in the reform/NDIS transition period

- Must get back to basics – consumers must be involved and state and territory and government agree to statement of rights and responsibilities for consumers
- Some fundamental principles have been breached, privacy etc
- Consumers gets to choose who they have at their planning meeting if they want
- Get Grahame Innes on board re: the privacy info (Disability Discrimination commissioner)

PTO for last part of discussion feedback

What are your **KEY MESSAGES** to:

VICSERV

- Yell much louder
- Stop being nice, these are fundamental problems

NDIA

- Please be respectful of MH consumers basic human rights (privacy issue)
- Transparency and consistency is in messaging from NDIA
- NDIA must review and refine NDIS to take into account appropriate psychosocial disability increased unemployment and services go under
- Quality skills and workers will be lost

CMHA

State government – DHS, DH etc

- PDRS and other MH community services cannot be handed over to NDIS leaving others (thousands) without
- Huge increased demand for mainstream support services

Attachment 2: Full Transcript of Session 3 Interest group – General Mental Health Services

Interest group/sector: **GENERAL MENTAL HEALTH SERVICES**	**The key challenges and opportunities for this group/sector under NDIS:**	**The key enablers to assist this group/sector in the reform/NDIS transition period**

Key Issues of importance for this particular group/sector
• Need for coherence about dealing with reforms and NDIS
• Revision of the mental health service system and how it will respond to range of needs
  o Including exploration of the services needed for tier 2
• Systematic support to empower consumers and carers with information, skills and knowledge so that they can make choices
• Managing and supporting workforce (Capacity to support professional development) – Attracting and maintaining quality staff
• Tension between funding for "service development' and 'service delivery'
• Confusion between PDRSS reform versus NDIS
  o Different timeframes
  o Creating clarity about what is being talked about
• Eligibility criterion – what do we do with the non tier 3 clients. Where do we refer?
• Need a coherent plan across all levels of government for all groups of people with
	• Maintain quality in the system when funding decreases
	• Have to hand over 'responsibility' to consumers (have to give, before consumers can take)
	• Skill existing staff/consumers as part of RTO functions
	• Increased training dollars to create start group that is needed
	• Individual packages (rather than group programs) means that get a 'similar' offering from a reduced number of providers
	• Improve focus on carers (build up carer support capacity)
	
	<u>Opportunities</u>
	• Needs to be enough information (like Worksafe) which actually guides allocation of resources to deliver outcomes for people (if truly an insurance company it will do more prevention work
	• Will give more information/data to get a better understanding of the system
	• Drive innovation
	• More choices for consumers
	• How do you use the dynamic to
		• Workforce development
		• Advocate for a new "price" item which is for the delivery of "psychosocial rehabilitation support"
		• Develop coherence about dealing with mental health/revision mental health service system including clinical mental health services, exploration of the services for those who fit tier 2
		• Viability and sustainability of services into the future
		• Systemic support to empower consumers and carers with information, skills and knowledge so that they can make choice

a mental illness -> co-ordination between programs/what does it mean for clients → how do you make it coherent. • The 'journey' of the next five years mapped out→ how consumers will navigate the system; move through the various components of how • Will some people miss out "enduring disability" → need to resolve "recovery" with "permanent disability" • Doesn't seem to be enough space/enough money for all current consumers • Viability issues for agencies particularly if clients needs decrease or change – makes it very difficult for planning/keeping a funding base • How do you disseminate information to consumers and provide enough time to undertake what they do • Is it agencies responsibility to promote/provide information or should this be done more systemically	encourage/create a good response • Specialist/niche opportunities (e.g. spectrum) to meet people needs	**PTO for last part of discussion feedback**

What are your **KEY MESSAGES** to:

VICSERV

Look at workforce issues, training for:;

- focus on salaries, wages and casualisation
- advocate for the other groups

NDIA

- Stay true to the principles of the Act and intention of NDIS
- Evaluation

CMHA

State government – DHS, DH etc

- Get your s*** together
- Communication – include information that is real
- Value what we do

Attachment 2: Full Transcript of Session 3 Interest group – Clinical Services

Interest group/sector:

CLINICAL SERVICES

Key Issues of importance for this particular group/sector

- Understanding of the NDIA
  - Education
  - How the planning process works
  - Unaware of PDRSS providers
  - Or what the NDIA means
- Difficult in having conversations/info where the PDRSS sector is stretched in a changing environment
- 70% cashing out of PIR in to NDIA (that is 100% of PDRSS PR)
- Clinical system is not connected to the NDIA system
- What happens to other components of the clinical service system?

The key challenges and opportunities for this group/sector under NDIS:

- If not case managed by clinical services, is the program covering or psychiatric support
- Disaster for the clinical sector
  - When NDIS hits that are different players and relationships not there
- Relationship with a client once they/you have a service
- All the service providers may not know what a client is receiving unless the client gives permission to share information
- The NDIA system is anxious about picking up MH clients, a lot of work by PDRSS services is to allay anxiety
- How do we work to engage clinical service as case funds
- Leads to greater separation of the sector
- Challenge for client in pathways to services
- If there is an NDIS package in place how does this then relate to client services

The key enablers to assist this group/sector in the reform/NDIS transition period

- Engage the clinical services in relation to set up partners/relationships between clinical and NDIA to work at local level
- What are the numbers within the clinical system at any one time
- Clinical system could be big winners → peer support models to connect (?) to their service
- Must proactively talk to each other – all the providers
- When consumers are unsure the clinical case manager will refer to the organisation that they know of
- Develop committee for peak body to work with clinical services about:
  - Care co-ordination and who will do it in the future?
  - Who will direct clinical services to be involved with the system
- 6 month pilot project – Haven/Bendigo Health Services

PTO for last part of discussion feedback

What are your **KEY MESSAGES** to:

VICSERV

- To have a consistent message to clinical services
- CMMA/MHCA key player in committing the message
- Use forums to commence education to the clinical sector

NDIA

Without collaboration of these 4 sectors – nothing will change

CMHA

State government – DHS, DH etc

- Chief psychiatrist committee - What is the new MH Act and the change required?

Attachment 2: Full Transcript of Session 3 Interest group – Statewide Services and Issues

Interest group/sector: **STATEWIDE SERVICES AND ISSUES**	**The key challenges and opportunities for this group/sector under NDIS:**	**The key enablers to assist this group/sector in the reform/NDIS transition period**

Key Issues of importance for this particular group/sector
• Catchments
  ○ Especially where no regional presence
  ○ E.g. Carerline
• Seeing how they fit into NDIS
• How will their service be known
• Access to funds
• Diversity of clients
• Statewide services
  ○ Niche services
  ○ Issues could be losing this position
• Funding services
• How long can consumers be locked into a service
	• Challenges
	  ○ Need a regional base/presence
	  ○ Capacity to cross-subsidise services in different areas
	  ○ Other players competing in similar area for statewide funding
	• Opportunities
	  ○ Efficiencies of scale
	  ○ Ability to learn from experience in area
	  ○ Contract arrangements
		• Communication
		• Diverse funding sources → not just PDRSS, NDIS
		• Review of basics for funding
		• Ability to predict funding e.g. a month in advance

PTO for last part of discussion feedback

What are your **KEY MESSAGES** to:

VICSERV

- Keep statewide services connected to issues/discussions

NDIA

- Consider collaboration with statewide to fill gaps (in short term) meet needs where no/little choice

CMHA

State government – DHS, DH etc

Consideration of statewide services

- what they provide
- efficiency, quality consistency
- niche
- filing gaps

Attachment 2: Full Transcript of Session 3 Interest group – Regional Services

Interest group/sector:

REGIONAL SERVICES

Key Issues of importance for this particular group/sector

- PIR – roll out and filling positions
- Attracting workplace
  - Less applicants
  - Applicants experience
  - Afford to pay
- Access to services when outside main centres – Naive to assume walk-ins
- Outreach – clients getting to service or provider getting to client?
- Design of NDIS for disability versus mental health
- Travel to clients transport for outreach
- Pricing for regional (different costs)
- Sustainability/viability of
  - Travel (for client services)
  - Services

The key challenges and opportunities for this group/sector under NDIS:

- Less services in regional centres – but NDIA opens tenders to all "open slather" = more choice for consumers
- Poor clinical relationships/lack of value
- Opportunity to professionalise services, more structure in reform
- Economy of scale for larger providers
- Undermine existing services
- Competition with services – threat to collaboration
- Travel
- Evidence for politics
- IT and innovative services - funding

The key enablers to assist this group/sector in the reform/NDIS transition period

- Multi-skilled services
- Working with services and existing relationships/collaboration
- Specialised programs and existing referrals
- Better pricing
- Partnerships
- Existing processes and understanding of the region
- Recovery process
- Peer engagement and consumer voice
- Tier 2 – many support other services/supports
- Local government support for ineligible
- Existing skilled workforces
- Demand for services – existing understanding

PTO for last part of discussion feedback

What are your **KEY MESSAGES** to:

VICSERV

Who will represent services into future

With power and stamina for advocacy?

Keep advocating on behalf of members?

NDIA

Where will pricing sit? Difficulty formulating pricing for things such as outreach

Where does PIR sir with NDIS

How does Tier 2 funding fit with ineligible

How will mental health support fit?
How will this support work in the future?

CMHA

State government – DHS, DH etc

Listen to outcomes. Value the data

Victoria has strong history of listening to services and great R/S with services but what is sought – collaboration or competition

Is there a way to collaborate in competitive environment?

How do we enable partnerships with clinical services?

Attachment 2: Full Transcript of Session 3 Interest group – Specialist Services

Interest group/sector:

SPECIALIST SERVCIES

Key Issues of importance for this particular group/sector

- Planning
  - To embrace change
  - Build in current good work to new system
- Number of service providers will shrink
- Where will current clients go when they are not eligible especially those at high risk and less likely to make it through assessment
- More providers, but less with specialist MH knowledge
- Homelessness
- Is full choice a good thing or limited choices to meet basic needs if people are very unwell
- Workforce – doesn't know what to train in or what is coming, will end up with those that can't get work elsewhere
- What does choice really mean?
- Goal setting is a very skillful thing to do – otherwise everyone will choose movie tickets and taxi vouchers

The key challenges and opportunities for this group/sector under NDIS:

Opportunities

- Sector can play a part by working together
  - Working well
  - More ops to collaborate
- Tension between specialist services and providing range of choice
- Find lower threshold model for high risk groups to present
- Learn more from disability sector, what they have already done with NDIS

Challenges

- MH has been 'tacked on;
- Discrepancy between unit costs of NDIS and new CMHSS
- Alignment between recovery models and disability models
- Unclear what carers can access

The key enablers to assist this group/sector in the reform/NDIS transition period

- Timely fashion
- Not rushing
- Not compromise on basic principles including human rights
- Training for goal setting and managing individual budgets
- Economies of scale
- MH seen as specialist service, not a 'tacked on' service.
- A lot of input from industry
- Empowering consumers and carers to ask for what they need
- Viability issues are even more of an issue for specialist providers
- Explore secondary referrals from other generalist providers.

PTO for last part of discussion feedback

What are your **KEY MESSAGES** to:

VICSERV

More information sessions as the launch unfolds

Training in budgets, goal setting, pricing

NDIA

Psych disability doesn't sit in isolation from other complex needs

Forecast as clearly and as far as possible

Ongoing dialogue needed with consumers and carers

Making sure that services continuing to connect

Is choice available at any level?

CMHA

Watching brief – make sure that NDIS isn't the cure for everything

State government – DHS, DH etc

How does re-commissioning fit with this?

Is this culturally specific, or all inclusive?

How will generalist providers provide or refer services for those with specialist needs?

Recognition that specialist needs exist and that it is legitimate for these to be met by specialist services.

Attachment 2: Full Transcript of Session 3 Interest group – Stakeholder Agencies

Interest group/sector: **STAKEHOLDER AGENCIES**	**The key challenges and opportunities for this group/sector under NDIS:**	**The key enablers to assist this group/sector in the reform/NDIS transition period**

Key Issues of importance for this particular group/sector
• Entry criteria
• Casualisation of the workforce
• Continuity of services
• Sustainability and viability of services
  o Small business not able to compete
  o Consumer
• Funding not allowing for highly skilled workforce
• The model does not reflect the sector. This can lead to the erosion of services
• Mental health was not included in the original design – it is been forced to fit where it wasn't intended
• The design was originally proposed for disability and mental health as a late addition
• Who is classified as a stakeholder?
• How do we engage with community health? How do all the services communicate?
• Dual diagnosis issues in service access – how do you meet multiple needs?
	• Sustainability and long-term choice
	• Unintended consequences of the model
	• How do we manage risk
	• The most complex clients will struggle with the system itself
	• Collaboration versus competition
	• Commercialization of mental health
		• Consistency and interpretation
		• A portal that works
		• Engage consumers/clients/carers in ensuring they have feedback opportunities
		• Education consumers on choice options
		• Detail - this is needed, how does the broad plan work in practice?
		• Clear policies, guidelines and plans
		• Clear business rules
		• Need to evaluate a reformed sector – the need to be represented to the government
		• Alignment in rates (unit cost). There is a large discrepancy that needs to be addressed.

Attachment 2: Full Transcript of Session 3 Interest group – Stakeholder Agencies

• Fragmentation of sector • Care coordination and maintaining relationships will be problematic – there is no funding for this • More competitive that collaboration – this has been seen in Barwon • There is a strong Fiscal driver • The support structures for networking are crumbling • Clinical services will see an increase if PDRSS sector is fragmented • Case managers in clinical services not aware of discussions higher up • Clinical services do not realize the impact • The balance between quality and quantity		

PTO for last part of discussion feedback

What are your **KEY MESSAGES** to:

VICSERV

- Mental health sector wants to be well represented – well argued and backed with evidence
- There needs to be a basic floor price that cannot be undercut

NDIA

- Well detailed – not just funding body but providing detail
- Really good marketing/information is provided to all stakeholders. Ensuring it is clear that mental health is included

CMHA

- Strong discussion with government about attempting to fit mental health into the existing NDIS framework
- Continue advocacy for sector

State government – DHS, DH etc

- Value what we've been offering
- Policy, clarity and detail
- Understanding the real costs of services
- Appreciating service providers
- Understanding the risk of fostering a competitive environment versus the collaborative environment

Attachment 2: Full Transcript of Session 3 Interest group – Strategic Planning Group

Interest group/sector:

STRATEGIC PLANNING GROUP

What do you consider to be the priority issues of importance/challenges that require attention in the next 12 - 24 months (2014 – 2015):

- Bilateral Victorian agreement
- Organisational transition
- Model of care – understanding of what makes a difference in MH
- Cost price funding and quality
- Identify services that may be a t risk through NDIS funding model to look at alternative funding options

In the longer term (2016 – 2018):

- Not enough info about NDIS and how it is working

- What are the strategic enablers and actions required to support the transition to the new state CMHSS framework and NDIS?
- Workforce planning and funding. What workforce will look like in the sector
- Market capture becoming clearer on who is focusing on which area
- Agreement that eligibility not based upon diagnosis is good
- Questions if pricing and funding was driver or quality outcomes for people
- WA commission not based upon how's, however focus on achieving outcomes is seen
- NDIS – 6 monthly reviews based more on outcomes
- NDIS intention to purchase evidence based care
- 3-6 months to engage with person to link into services – how will that group be supported to access services
- How will time of triage& links to services be funded
- Is there a point for mainstream services to support people until they are more clinically stable
- Less providers, unless they are attractive they won't survive
- Casualisation of the workforce
- More statewide services with branches
- Viability will impact on expansion and survival - lack of capital for some services to consider expansion.
-
- Concerns regarding competition and cherry picking
- Lack of political understanding of health
- Indigenous services impact
- Funding model of NDIS does not reflect best practice funding in the world
- Unit cost concerns will not support recovery model
- Impact of unit cost funding on staff in terms of team work and professional practices and support
- Workforce impact – casualisation of workforce maintaining quality
- How risk to clients around abuse – neglect is managed by organisation and funding
- Expertise in marketing services
- Sector needs to look at challenge positively – too much denial and negativity.

PTO for last part of discussion feedback

Attachment 2: Full Transcript of Session 3 Interest group – Strategic Planning Group

Additional questions and comments:

State situation in Victoria is big risk

Risks

- Collaboration between disability and MH
- Change – information asst
- No adaptation – loosing specialists

Diagnosis versus need – What is the driver

- Output versus input
- Outcomes

Camberwell Ao/N

- 6 weeks
- Triaging difficult

Does NDIA reflect contemporary model / evidence based?

- Confidence and comprehensive

Attractive to consumers

- Casualisation of work

Expertise high → market capture → which people will 'we' serve?

DES included

Assertive follow up in line with choice and hospital services

- Not clinically stable to health

WA commission

- Plan with consumer
- Outcomes achieved or not