Aspex Consulting has been appointed to conduct an independent analysis and time critical review of the current status of new arrangements introduced in 2014 for in-scope drug treatment and mental health community support services.

The aim of the analysis is to identify outstanding issues with the current arrangements and potential opportunities to address these. Objectives of the review are to:

- Identify what is working well with the new system;
- Explore any gaps or issues with the new arrangements, and identify potential solutions to address these;
- Listen to clients, carers, service providers and referrers about how the functioning of the system can be further improved;
- Identify where further work may be required to address any outstanding system functioning or implementation issues; and
- Provide a basis for future planning and strategic service development, including but not limited to development of the new ten-year mental health plan and preparation for transition to the National Disability Insurance Scheme.

This Discussion Guide has been prepared as part of the consultation phase to stimulate discussion and thinking about current services and opportunities for improvement. While this paper poses questions that may be explored during consultation meetings, they are not intended to be prescriptive or exhaustive. Rather, they are intended as ‘thought starters’ and prompts for considered discussion. There will be other matters that are important to different stakeholders that can and should be raised in the context of the review.

In addition to the meetings being conducted, stakeholders are encouraged to provide feedback on-line using the feedback form available at:

https://www.research.net/r/MHCSS_and_AOD_Feedback

In addition, written comments can be submitted to:

Aspex Consulting
212 Clarendon St
East Melbourne 3002

OR

survey@aspexconsulting.com.au
What were the policy objectives of the reforms?

Reform objectives for Mental Health Community Support Services (MHCSS) were explicitly stated in *Reforming community support services*¹ as follows:

Under a reformed system:
- services will be easy to access and navigate
- new clients will receive an initial assessment and supported referral to MHCSS as well as other health, human services and social support services they may need
- clients will work in partnership with their service provider and carer(s) to develop a recovery plan
- clients will receive a support package based on their recovery plan that will help them to:
  - improve their daily living, self-care and social and relationship skills, as appropriate
  - achieve their broader quality-of-life needs regarding physical health, social connectedness, housing, education and employment
  - coordinate access to, and engagement with, the range of health and community services they need
  - carers and families will be actively supported in their caring role.

Reform priorities for drug treatment services were identified in *New directions for alcohol and drug treatment services: A framework for reform*²:

- Priority area 1: Simplify and streamline the system
- Priority area 2: Integrate alcohol and drug treatment into the broader health and human services system
- Priority area 3: Strengthen the alcohol and drug treatment workforce
- Priority area 4: Underpin practice with quality tools and mechanisms
- Priority area 5: Shift accountability for service provision from outputs to outcomes
- Priority area 6: Manage information and data effectively

The remainder of the Discussion Paper focuses on the following eight broad themes relevant to the reform priorities for both sectors:

- Carers and consumers
- Intake and assessment
- Service delivery
- Service relationships
- Area-based service model and catchment planning
- Workforce
- Funding
- Quality

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¹ Department of Health, 2013, *Reforming community support services for people with a mental illness Reform framework for Psychiatric Disability Rehabilitation and Support Services*, Victorian Government

Carers and consumers

Reforming community support services states that:

- Carers and family members will be an integral part of support, recognising the important role carers and family can play in an individual’s recovery.
- Carer and family support needs will be identified. People will be provided with information and advice, as well as supported referral, to support them in their caring role.
- All service providers will adopt a family-inclusive approach, ensuring their workforce has the skills and competency to work in a family-inclusive manner.
- Provider-level planning and service design and delivery will be informed by clients’ and carers’ knowledge and understanding of what works well and what can be improved.
- Service providers will also identify dependent children and any existing or emerging risk, and facilitate appropriate referral, as well as provide opportunities for clients to tailor their individual recovery plan to be inclusive of their role as a parent.

New directions for alcohol and drug treatment services states that:

- People using services have meaningful participation in decision-making.
- Family members play an integral part in treatment.
- Child and family support needs are identified and addressed.

Your feedback is sought on the following questions:

Are service providers responsive to consumers, carers, family and friends?
To what extent are carer and family support needs met under the new arrangements?
Does the workforce have the skills and capabilities to use a family-inclusive approach?
Do service providers provide relevant information and advice to carers, family and friends on their caring role?
Do service providers recognise some clients’ role as parent when developing with clients their individual recovery plan?
What are the priority changes that would improve the support provided to carers, family and friends?
How should these priority changes be implemented?
Intake and assessment

The recommissioning process involved specification of new processes for intake and assessment. Reforming community support services states that under the reforms there will be:

“Easy to access services and a focus on those most in need

- Mental health community support services will be easier to find and access as entry points and referral pathways are simplified.
- The right services will be provided to the right people, with priority given to those who are most disabled by their mental health condition.
- Anyone can make a referral to MHCSS via this entry point including a person with a psychiatric disability, a carer, family member and significant other, as well as health and community services.
- Providers funded to deliver MHCSS will be required to accept all referrals via the intake assessment function, which will replace intake assessment undertaken by individual providers. This approach will improve consistency of targeting, prioritisation of need and management of demand.
- The intake assessment function will be designed to support people who require MHCSS but may need to wait for service availability and facilitate engagement during this period by providing a structured program to assist people to develop better coping and self-management skills.

New directions for alcohol and drug treatment services states that:

- A new, centralised model for screening and referral will simplify access and direct people quickly towards the services that can best meet their needs.
- The central statewide access point will coordinate with local catchment-based intake and assessment units to provide supported referral for assessment and treatment matching at the local level.
- The central access point will manage a bed vacancy register and provide a suite of self-directed care options for people who don’t want face-to-face treatment.

Your feedback is sought on the following questions:

Are the policy objectives of intake and assessment service function appropriate?

What have been the main impacts of the new arrangements on:

- Ease of access for consumers?
- Ease of making referrals?
- Enabling consistency in decisions about client suitability for intake?
- Prioritising access for clients according to assessed need?

Have the new arrangements made it easier or harder to access services on a timely basis?

To what extent have the new arrangements made it easier or harder for consumers, carers, family and friends to get advice on services relevant to their needs?

Is there adequate support and monitoring of consumers who are waiting to access services?

What are the priority changes that would improve the functioning of the intake and assessment service function?

How should these priority changes be implemented?
Service delivery

Reforming community support services states that:

- Clients will receive an individually tailored service response designed according to, and directed by, their preferences and changing needs.
- Services will be provided in a way that respects the decision-making capacity of the client. In line with this, clients will be actively involved in the planning, coordination and decision making related to their support. Support will focus on achieving quality of life outcomes that are meaningful to them. Clients will be able to better manage their own mental health.
- Clients will access and remain engaged with the range of other health, human services and social support services they need.
- As part of a person’s individual recovery plan, service providers will help them to improve their daily living skills and achieve improved quality of life with respect to physical health (including substance misuse), relationships, social connectedness, housing, education and employment.
- Service providers will also routinely offer evidence-based self-management programs to support people to better cope with, and manage, their mental illness.
- Priority attention will be given to cohorts of people who face the greatest vulnerability.

A key aim of New directions for alcohol and drug treatment services is to achieve high-quality, evidence-based treatment with the following features:

- There is consistency in quality across programs and services.
- Planning and service design and delivery is informed by service users.
- Service providers meet clearly defined standards.
- Service and practice design and decision making is informed by best available evidence.
- Service providers facilitate participation by service users.

Your feedback is sought on the following questions:

Are the policy objectives for service delivery under the new arrangements appropriate?

What have been the main impacts of the new arrangements for service delivery on:

- Person-centred care?
- Recovery-oriented practice?
- Services relevant to the needs of consumers?
- Supporting self-management?

To what extent do the services provided help consumers improve their daily living skills and achieve improved quality of life?

Are consumers who face the greatest vulnerability receiving the services that address their needs?

What are the priority changes that would improve service delivery?

How should the priority changes be implemented?
Service relationships

Reforming community support services states that

- Providers of MHCSS will be required to work collaboratively with area mental health services and key health and human services in their service delivery catchment to support effective service coordination and clearly defined referral pathways.
- Communication, coordination and continuity of care will be further supported by ensuring client information can be easily transferred across services.
- Service providers will develop effective partnerships with a range of providers and community groups, such as Aboriginal community-controlled health organisations, homelessness providers and refugee organisations and communities, to ensure people requiring MHCSS are identified and supported.
- Service providers will be required to work collaboratively with local primary healthcare, human services and other key community services to support the client to achieve their goals in respect to physical health, housing, social connectedness and economic participation.

New directions for alcohol and drug treatment services states that:

- Providers of alcohol and drug treatment services will be required to work collaboratively with key services that have a shared responsibility for people with an alcohol and drug use issue, such as primary healthcare, child protection, youth and family services, employment, housing, mental health and disability.
- Service providers (will) develop effective partnerships.
- There (will be) continuity of care for people who move through the alcohol and drug treatment system and around the broader system.

**Your feedback is sought on the following questions:**

- Are relationships between the re-commissioned service providers and other key health and human services working well?
- Is there effective service coordination? Are there clearly defined referral pathways?
- Is client information readily transferred between services?
- What are the priority changes that would improve the functioning of service relationships and partnerships?
- How should these priority changes be implemented?
Area-based service model and catchment planning

Reforming community support services states that:

- Service providers will be accountable and responsive to the needs of a defined local community, and transparent in their achievement of client outcomes and targets.
- Service delivery will be streamlined on a catchment basis. Catchments will be used for planning and resource distribution – they will not restrict client access and choice in service provider.
- A catchment-level plan will be developed in partnership with key health and human services, and will identify the needs of people with a psychiatric disability living in the service catchment.
- Service providers will be accountable for responding to the needs of their local community through targets and other performance measures that are informed by the plan.
- Services (will be) more equitably distributed across the state.
- Each (catchment) plan will provide the basis for improved service coordination and, by doing this, achieve a more joined-up approach to the needs of individual clients.

New directions for alcohol and drug treatment services states that:

- Alcohol and drug treatment will be transformed into an area-based service delivery model. These structural changes will drive innovation, strengthen accountability, improve service quality and deliver value for money for service users and the Victorian community.
- Service delivery and resource allocation will be organised along catchment lines, but catchment boundaries will not restrict people’s access and choice in service provider.
- A plan will be developed in each catchment to help funded providers identify and respond to critical service gaps and pressures, using analysis of met and unmet demand. It will include strategies to improve responsiveness to the needs and diversity of individuals and communities.
- Recognising the social, cultural, economic and environmental factors that impact on a person’s drug taking behaviours and experience of treatment, the plan will place particular emphasis on vulnerable population groups such as Aboriginal and Torres Strait Islander people, people who are homeless or at risk, people with acquired brain injury or people involved in the criminal justice system.
- The plan will also support greater integration with other health and human services to identify and address cross-sector issues and achieve a joined-up approach to meeting the needs of individuals, their children, families and carers.

Your feedback is sought on the following questions:

Do new arrangements lead to greater accountability by service providers in meeting the needs of a defined local community and for achievement of client outcomes and targets?

Has the catchment-based planning model achieved a more equitable distribution of services across the state?

To what extent will the focus on catchment-level planning support more responsive, joined-up service provision?

What are the priority changes that would improve the functioning of area-based service provision and catchment planning?

How should these priority changes be implemented?
Workforce

Reforming community support services states that:

- The workforce will have the skills and competencies to support clients, including those with high-level psychiatric disability and multiple and complex needs.
- New or enhanced workforce skill sets will deliver new functions and approaches, such as evidence-based models of care, client-directed decision making and family-inclusive practice.
- Service providers will actively support and promote attitudes and cultures within their workforce that promote and support person-centred and client-directed practice. This will require leadership and workforce development to ensure workers have the skills, competency and culture to deliver person-centred services.

New directions for alcohol and drug treatment services states that:

- The workforce (will have) the skills and competencies to support people accessing services, including those with high and complex needs.
- Service providers (will) support their workforce to provide the best possible care.

Your feedback is sought on the following questions:

Does the workforce in recommissioned services have the right skills and competencies to deliver the service requirements?

To what extent is the workforce capable of delivering evidence-based models of care, client-directed decision making and family-inclusive practice?

Are there enough staff to meet the demand?

What are the priority changes that would improve the workforce?

How should these priority changes be implemented?
Funding

Reforming community support services states that:

- Service delivery arrangements will be structured in ways that deliver acceptable standards of quality and higher levels of access to those most in need, and maximises the efficient and effective use of current government investment.

- Service delivery will be underpinned by a funding model that supports sustainability and gives providers the flexibility to organise service delivery to ensure the best possible outcomes for clients.

- The majority of available program funding will be collapsed into one program stream to create individualised client support packages. This will give service providers the flexibility they need to respond to the needs and aspirations of individual clients.

New directions for alcohol and drug treatment services states that:

- A new funding model will enable flexibility in the development and delivery of services, enabling providers to package support for people according to the totality of their alcohol and drug support needs.

- Providers will be funded at a level that optimises high-quality services, achieves efficiencies, enables provision of a full range of core functions and achieves sustainable services.

Your feedback is sought on the following questions:

Does the funding model promote the efficient and effective use of current government investment?

Does the funding model support sustainability and give providers the flexibility to organise service delivery to ensure the best possible outcomes for clients?

What priority changes to the funding model would improve efficiency and value for money?
Quality

Reforming community support services states that:

- The quality of MHCSS will be consistent from program to program, provider to provider, and catchment to catchment.
- Providers will have the scale of service provision needed to deliver services efficiently within acceptable standards of quality.
- Service providers will meet clearly defined service standards to ensure consistency of quality.
- Service design, practice and decision making will be based on the best available evidence and informed by client and carer experience.

New directions for alcohol and drug treatment services states that:

- A suite of quality tools and mechanisms will help alcohol and drug practitioners provide high-quality treatment and support. This will include a focus on continual learning and improvement.
- The capacity to deliver high-quality treatment is a core consideration in the recommissioning of treatment services.
- A set of treatment principles for Victorian alcohol and drug treatment services, consistent with national and international best practice, will underpin and inform practice and service delivery.
- Providers will be accountable for achieving outcomes that are meaningful to people using services, their families, carers and significant others.
- Key performance measures (including person-centred outcome measures) will be identified for the domains of effectiveness, efficiency, quality, safety, accessibility, responsiveness and service continuity. Performance will be monitored through new reporting mechanisms.

Your feedback is sought on the following questions:

To what extent is there greater consistency of quality between the newly commissioned services?

Have the reforms resulted in improved service quality through:

- systematic use of evidence-based service models and practice?
- development and systematic use of risk management frameworks?

Are key performance measures used to measure effectiveness, efficiency, quality, safety, accessibility, responsiveness and service continuity?

What are the priority changes that would improve quality outcomes and performance management?