

“When the NDIS came to the ACT” –

Restructuring Service Offerings

Richmond Fellowship

Last evening Q & A... Dr Bruce Bonyhady (founding father of NDIS), Graeme Innes ex. Disability Discrimination Commissioner, Dillon Alcott (Athlete), Kiruna Stamell (actor), and Katia Malaquis (carer). Graeme Innes stated that “90% of participants are satisfied with plans in this opportunity of a century.” Dr Bonyhady stated “That NDIS would provide for approximately 60,000 people with a mental illness.” With 440,000 in total funded by NDIS. NDIS is not yet rolled out in all States, yet there are already 160,000 participants according Graeme Innes.

HISTORICAL

Richmond Fellowship has been a key feature of the mental health sector landscape in the ACT and regional NSW for more than 40 years. We have offered recovery based community support and outreach as well as HASI / HARI and supported accommodation to well over 400 individuals over that time. Our mental health staffing was stable, largely permanent and full

time, some staff have worked with us in excess of 15 years.

We ran a significant staff development training schedule of both required and desired learnings and at times sourced leading international speakers to help and inspire the ACT sector – some of you will recall Rufus May, Ron Coleman, Rachael Perkins etc.

It was in these halcyon days that participants (and support staff) had a broad scope to be creative in their recovery journey. We would say ‘I walk alongside and with you’ throughout your journey, sometimes uphill and down dale but we were a ‘there’ support for the time they were in need. I recall hearing drumming circles from across the oval where up to 20 participants were supported by a trained RF facilitator through the Drumbeats course. I got to know numerous participants who were enjoying outings and bbq’s at venues of their choice, together with Tim Overall, Mayor of Queanbeyan, we launched a Sensory Garden at which included hundreds of tiles decorated by our participants at our Pialligo facility. I, along with staff and participants flew to Perth where we presented Music Mojo highlighted by our PHaMs participants who

cut a demo disc. I could go on thinking wistfully on block funded times past but that would not be of help to anyone, nor would it do justice to the title of this presentation.

In anticipation of NDIS trial in the ACT I must say we were fortunate that the ACT government provided a number of opportunities for the disability sector to prepare. RF made the utmost use of the NDIS taskforce opportunities with successfully gaining grants to prepare our organisation for NDIS. We felt good about this at the time and were generally optimistic however we did have an ongoing concern about the disparity of 45.00 per hour under NDIS for outreach support individual support vs the required 60-70.00 per hr for our skilled and well-trained staff. The roadmap to NDIS had no bearing on the reality of life as an NGO in NDIS funding space. This came to bear very quickly with our Live Your Life program – block funds were reduced based on the ages and stages roll out of NDIS.

Reluctantly, we gave notice to our ACT contract managers of our intention to cease our existing LYL and HASI / HARI funding arrangements as at 31 Dec 2015. There was no feasible way to maintain support to the

existing 50 ish participants under the proposed reducing funding offer, particularly as our experience of the rollout of NDIS was not as expected. There was an enormous amount of work required to prepare participants NDIS application forms, support them in the concept of transition (disability vs Recovery language), manage the frequent changing process within NDIS and to await a funded plan. It very quickly became evident upon receiving the participants NDIS plan that neither funding nor line items reflected the needs of our people. Because mental illness challenges cannot be easily transferred into a traditional disability context, our participants were receiving at times very little NDIS support, much of which was difficult to negotiate with the absence of skilled and experienced staff across the sector.

We had determined that our only other viable option under the new NDIS funding model was to develop a supported residential accommodation program. This decision was reached following costing analysis, needs and gaps analysis and determining that we had existing property assets, our staffing assets, motor vehicles and experience with such a program we had offered in some form since 1988.

In addition to ceasing our LYL contract, at the corporate level, we needed to reduce our corporate expenses. We delayed the recruitment of a Team Leader position for 12 months, we reduced administrative, MH Director and IT support hours, did not extend our valued QI officer position and outsourced our accountancy services.

It is worth mentioning here that we continued to receive funding for PIR and PHaMs in NSW & ACT. Interestingly, arrangements between NDIS and DoH saw 'in kind' arrangements for PIR and effectively this saw very little change to the staffing for this program within RF. Similarly, NSW was not immediately impacted as rollout of NDIS was not due to commence until mid 2017 – this did not mean it was business as usual – much of the effort of staff was focused on transition support and preparation of NDIS and training staff in new processes (albeit changing ones). Our ACT PHaMs team (then 6 FTE supporting around 55 participants) grappled with the changing environment but over the 'trial' transitioned all but 6 participants successfully into NDIS. It was during this time that NDIS recognised the unique needs of the mental health population and established a specialist planning team. This saw much more appropriate and well-resourced

plans emerging which allowed the ACT PHaMs team reconfigure to a team of skilled Support Coordinators. This team (4 FTE) now supports 90 + participants to access the supports they need.

After agreement from our Board of Directors to go forward with our Residential Recovery Program, we undertook to completely refurbish 1 of our existing properties and to complete a 2 bedroom granny flat in the other. Our Head leased properties from ACT govt also required a significant makeover, painted and recarpeted throughout and furnished with homely and comfortable quality fittings. We further developed our Residential Recovery Program Model of Care, staffing needs, policies and procedures, training prospectus, recruitment all the while grappling with the ever-changing process of NDIS, managing the transition of participants from LYL to other services and maintaining staff health, wellbeing and morale and frankly our own survival.

It is fair to say we were surprised at the demand for supported accommodation. Once word was out we were receiving on average 2-3 referrals a week. These came from a variety of sources including health, community sector, families and friends and

institutions. We were likewise surprised to see the referrals spanning the adult age range. So things went quite smoothly – our Clinical Service Leader together with our Ops Manager and finance officer undertook referrals and NDIS SIL quote submissions and soon we had all places filled in our existing 24 /7 support homes. There were of course delays we had come to expect from the NDIS process but from our ‘go live’ date in October 2015 to the present all beds have been full and we are working on additional homes to be opened soon.

STAFFING

Our Residential Recovery Program employs around 80 full time, part time and casuals. Ensuring that training and induction processes were adhered to was fundamental in forming well-functioning teams each with a co-ordinator.

ACCREDITATION

We have undertaken 2 successful rounds of QIP (Quality Innovation Performance) accreditation against the National Standards for Mental Health Services and continue to refine our quality processes, systems and policies as required. We are implementing a new Client Management IT system to assist with our NDIS billing

processes. We have recruited 1.6 FTE Clinical staff to undertake behaviour support planning and 1:1 support with residents, Peer Support Workers to offer 1:1 mentoring and skill development, we are about to open a new home in Kambah which will provide for 4 residents....this is done in co-operation with CHC Community Housing Canberra. We additionally work with investors who are interested in ethical, long term investments.

We have lived through an ever-changing landscape of the ACT sector, practice and process changes to NDIS, perpetual juggling of resources and staffing, attending to the much-needed change management and staff culture from a block funding mentality to retrospective billing for hours worked.

BOARDS

- Maintaining a close communication with Board Members at this time has been vital in our growth.
- Ensuring that fiduciary responsibilities for Board Members was never compromised and for them to not be overly reactive in the new competitive environment within which we operate.
- Maintaining good risk management practise with in the new funding environment has proven to be

a challenge for both the Board Members and CEO with numerous extraordinary Board Meetings being scheduled.

- And lastly ensuring that the Board has membership that is relevant to the new world.

Main Challenges for RF

- Change management and culture change was the primary challenge
- Keeping in front of demand for beds and staffing to cater with 24/7 support.
- Ensuring that suitable houses were sourced.
- Providing funds to purchase houses
- Renovate as required ensuring that ramps etc were provided.
- Ensuring that sufficient bank balances were maintained thus placating Board members and ensuring financial viability for the organisation.
- Strategic planning that was realistic and was able to be implemented.
- Ensuring IT system was fit for purpose.

Main challenges for NDIS:

- Additional well-trained staff
- Review of Price List to be more realistic in the funding enabling agencies to provide quality services.
- IT systems that are able to cope with demand.

What have we learnt:

- That individual support by way of outreach....our historical service provision is not funded at a sustainable level. I am encouraged that NDIS are re-considering the price for this.
- We are now a business and need to think accordingly.
- Every expenditure be documented and claimed where possible against the NDIS price list.
- Weekly finance meetings.
- Ensuring accuracy in billing NDIS thus enabling prompt payments.

Thankfully we appear to have seen our way through this very difficult time of transition. Hopefully NDIS will not alter the gate posts due to the massive demand placed on them. We are however conscious that all our eggs are now in one basket.

Hope

- That NDIS is not a train wreck waiting to happen taking the community sector agencies with it. With the resultant inability to continue support to those most needy in the community.

Some acknowledgements:

Mick Sam

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