

Eastern Melbourne PHN

Partners in Recovery Program Operational Guidelines

November 2016



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1 Introduction

1.1 Purpose Of The Guidelines

The Eastern Melbourne PHN (EMPHN) Partners in Recovery (PIR) Operational Guidelines (The Guidelines) are a reference tool for PIR Support Facilitation Providers, PIR Support Facilitators, network partners, local service providers, as well as consumers and carers in the EMPHN catchment.

There are three PIR programs operating in the EMPHN catchment:

- The Northern Melbourne PIR Program
- The Inner East Melbourne PIR Program
- The Eastern Melbourne PIR Program

The Guidelines set out EMPHN's expectations for the delivery of PIR across the catchment, including:

- a brief description of the PIR activities
- an overview of relevant procedures

The Guidelines build on the *Guidance Pack for PIR Organisations* (latest version October 2016) produced by the Australian Government Department of Health. A copy of the *Guidance Pack for PIR Organisations* can be found at <https://www.emphn.org.au/>

1.2 Development Of The EMPHN PIR Operational Guidelines

The Guidelines were developed between July and September 2016, through a project funded by EMPHN.

The project involved:

- Collapsing the three operational manuals originally developed for the three PIR programs, and developing new content to reflect changes to the PIR Program and the Australian Government's requirements outlined in the *PIR Operational Guidance Pack for PIR Organisations* (October 2016).
- Consultations with representatives from each of the PIR Support Facilitation Providers (Mind Australia, Neami National, Wellways and the Victorian Aboriginal Health Service) and input from the EMPHN PIR Manager, Kieran Halloran; and the Program Officer Mental Health, Rachel Hughes.

1.3 Updating The Guidelines

EMPHN will update The Guidelines as required to ensure their currency and accuracy. All enquiries or feedback on these Guidelines should be directed to the EMPHN Partners in Recovery Program Manager on 03 9046 0300.

The table below sets out a history of versions of release of this document.

| VERSION HISTORY | | |
|-----------------|-----------------|---|
| No. | Date of release | Content of edits |
| 1. | September 2016 | Merge of the operational manuals developed for the three PIR programs now managed by EMPHN and incorporation of new and changed |

| | | |
|----|---------------|---|
| | | requirements outlined in the <i>PIR Operational Guidance Pack for PIR Organisations</i> (October 2016). |
| 2. | November 2016 | Updated in response to feedback from PIR Support Facilitation Organisations. |

2 About Partners in Recovery

2.1 Partners In Recovery Context

Funding of \$430 million was provided by the Australian Government to 48 PIR Organisations (from 2012-13 to 2015-16). PIR aims to better support people with severe and persistent mental illness with complex needs, and their carers and families, by getting services and supports from multiple sectors they may come into contact with (and could benefit from) to work in a more collaborative, coordinated, and integrated way. PIR will facilitate better coordination of and more streamlined access to the clinical and other service and support needs of people experiencing severe and persistent mental illness with complex needs requiring a multi-agency response.

Further information about the PIR initiative is available at www.health.gov.au/mentalhealth and at the Capacity Building website at www.pirinitiative.com.au/about/projects/#/ips/index.php?app=core&module=global§ion=login

The ultimate objective of the PIR initiative is to improve the system response to and outcomes for people with severe and persistent mental illness who have complex needs, by:

- facilitating better coordination of clinical and other supports and services to deliver ‘wrap around’ care individually tailored to the person’s needs,
- strengthening partnerships and building better links between various clinical and community support organisations responsible for delivering services to the PIR target group,
- improving referral pathways that facilitate access to the range of services and supports needed by the PIR target group, and
- promoting a community-based recovery model to underpin all clinical and community support services delivered to people experiencing severe and persistent mental illness with complex needs.

2.2 Policy Context

Around one in three Australians experience mental illness at some stage in their life. Mental illness accounts for 13 per cent of the total burden of disease in Australia, and is the largest single cause of disability, comprising 24 per cent of the burden of non-fatal disease. Around 600,000 Australians experience severe mental illness and some 60,000 have enduring and disabling symptoms with complex, multi-agency support needs. PIR targets 24,000 people in this 60,000 group.

Addressing severe and persistent mental illness requires a complex system of treatment, care and support, requiring the engagement of multiple areas of government, including health, housing, income support, disability, education and employment. The Australian and state/territory governments as well as the non-government sector all deliver programs for people with mental illness and their carers. Building a coherent system of care is a challenging task.

Over recent years, all levels of government have been increasing their investment in mental health. The Commonwealth's Better Access to Psychiatrists, Psychologists and GPs through the Medicare Benefits Schedule initiative, Access to Allied Psychological Services, Mental Health Services in Rural and Remote Australia and the Mental Health Nurse Incentive programs have brought treatment to many who previously missed out. The significant increase in community mental health services, including the Personal Helpers and Mentors Program, respite services for mental health carers, and the Support for Day-to-Day Living in the Community Program, has also been widely welcomed by consumers and their carers and families.

One of the most consistent themes fed back to the Australian Government is that care for the most vulnerable people with severe and persistent mental illness is not adequately integrated or coordinated, and people with complex needs often fall through the resulting gaps.

2.3 Guiding Principles

The implementation of the PIR initiative is underpinned by the following guiding principles.

- **Recovery-oriented and client-focused:** PIR operates under a recovery framework using a personalised approach tailored to address the specific support requirements of an individual and assisting them to maximise their capabilities through social and environmental opportunities.
- **Flexible in roll out:** how PIR operates from one region to the next may look different as a result of PIR organisations tailoring their model to best meet the needs of the target group and existing service delivery systems in the region.
- **Complementary to existing service systems:** PIR organisations will assist with, rather than complicate or duplicate, system navigation. PIR does not seek to fully address issues of service availability but focuses on multi-service integration and coordination to drive better outcomes for the most vulnerable clients. PIR organisations will take into account changes in the services system (local and national) in facilitating access to services and improving cross-sector collaboration to benefit the client group.
- **Able to better coordinate systems:** PIR is not intended to offer a new 'service' in the traditional sense. Rather, it assists in better coordinating existing services and supports. PIR provides a 'support facilitation' service focusing on building pathways and networks between the sectors, services and supports needed by the target group.

2.4 Broader Partnerships

The success of PIR relies on the strength of the sector and service partnerships which are created and fostered at the catchment level. The range of sectors, services and supports being coordinated through PIR reflects the existing suite of sectors, services and supports within the catchment that are required by the target group. PIR organisations bring these sectors, services and supports together to promote collective ownership by all partners and encourage the development of innovative solutions to ensure effective and timely access to the appropriate services and supports required by the client to meet the full range of their needs and hereby sustain optimal health and wellbeing.

The organisations contracted to provide PIR in EMPHN's Northern Melbourne catchment (hereafter referred to as PIR Support Facilitation Providers) are:

- Mind Australia, detailed information about the services and programs offered by Mind Australia can be found at <http://www.mindaustralia.org.au/>

- Neami National, detailed information about the services and programs offered by Neami National can be found at <http://www.neaminational.org.au/>
- Victorian Aboriginal Health Service (VAHS), detailed information about the services and programs offered by VAHS can be found at <http://www.vahs.org.au/>

The organisations contracted to provide PIR in the Inner East Melbourne catchment (hereafter referred to as PIR Support Facilitation Providers) are:

- Neami National, detailed information about the services and programs offered by Neami National can be found at <http://www.neaminational.org.au/>
- Wellways, detailed information about the services and programs offered by Wellways can be found at <http://www.mifellowship.org/>
- Victorian Aboriginal Health Service (VAHS), detailed information about the services and programs offered by VAHS can be found at <http://www.vahs.org.au/>

The organisations contracted to provide PIR in the Eastern Melbourne catchment (hereafter referred to as PIR Support Facilitation Providers) are:

- Mind Australia, detailed information about the services and programs offered by Mind Australia can be found at <http://www.mindaustralia.org.au/>
- Neami National, detailed information about the services and programs offered by Neami National can be found at <http://www.neaminational.org.au/>
- Victorian Aboriginal Health Service (VAHS), detailed information about the services and programs offered by VAHS can be found at <http://www.vahs.org.au/>

2.5 Transition Of PIR To NDIS

PIR funding is transitioning to the National Disability Insurance Scheme (NDIS). To ensure service continuity during transition and to support client transition to the NDIS, the Australian Government has extended the PIR Program to 30 June 2019.

The focus of the transition phase of the PIR Program is to support the NDIS roll-out. PIR organisations will ensure service continuity for existing clients, and:

- Assist PIR clients to test their eligibility for NDIS supports,
- Assist eligible clients to access NDIS supports, and
- Provide PIR services to NDIS participants during the transition phase.¹

Details of how this will work in the EMPHN catchment can be found in the Workflow Support Facilitator Transition to NDIS Coordination of Support in Section 4.7 of these Guidelines.

¹ Department of Health. PIR Operational Guidance Pack for PIR Organisations (October 2016). Page 6.

3 Program Governance

3.1 Introduction

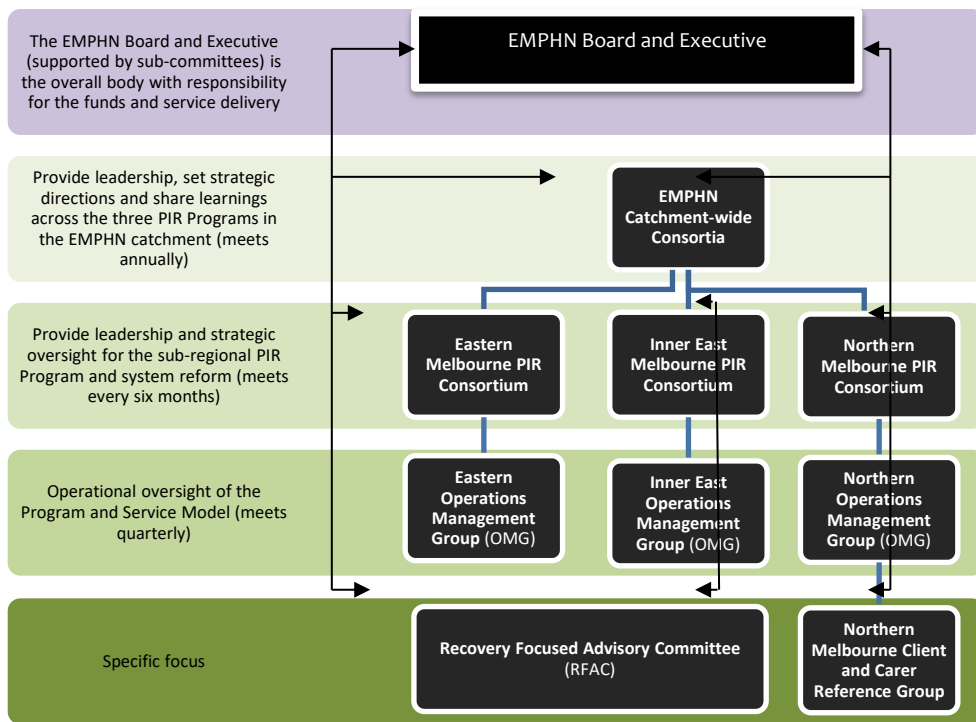
The purpose of this section is to set out the governance arrangements underpinning the EMPHN PIR Program. The *Guidance Pack for PIR Organisations* (October 2016) states, “Each PIR Organisation is required to have a partnership development approach and governance arrangements that ensure the full range of sectors and services relevant to the PIR target group have a direct and clear role in the implementation and management of PIR in the region,”².

3.2 Program Governance

3.2.1 Governance Structure

The EMPHN PIR Program is underpinned by the following governance arrangements:

EMPHN PIR Governance Structure



**The RFAC will be expanded to include the Inner East Melbourne catchment in early 2017.

² Department of Health. *PIR Operational Guidance Pack for PIR Organisations* (October 2016). Pages 8 and 9.

Relevant EMPHN sub-committees include:

- The Finance, Audit and Risk Management (FARM) Committee created to assist the Board with its duties and responsibilities for financial management and reporting, accounting policies, internal control systems, internal and external audit functions, protection of the company's assets, risk management, compliance and quality systems.
- The Commissioning and Clinical Governance Committee created to assist the Board with its duties and responsibilities for governance and management of commissioning and procurement; identification and management of risks associated with commissioning of services and clinical governance; quality systems ('quality' refers to non-corporate indicators related to commissioning and clinical governance); and, compliance with relevant legislative and regulatory requirements, clinical standards and internal policies.

3.2.2 Governance Arrangements

The key responsibilities and membership of each level of the governance structure are presented in the table below. Terms of reference for each group can be found in Section 6 of this document.

| Governance | Responsibility | Meeting Frequency and Chairperson | Eastern Melbourne PIR Program | Inner East Melbourne PIR Program | Northern Melbourne PIR Program |
|--|---|--|--|---|--|
| EMPHN Catchment-wide Consortium | Provide leadership, set strategic directions and share learnings across the three PIR Programs operating in the EMPHN catchment. | Annual Chairperson: Executive Director Primary Care Services, EMPHN | <ul style="list-style-type: none"> • Executive Director Primary Care Services, EMPHN • Senior Manager Mental Health, EMPHN • Manager Partners in Recovery, EMPHN • Two representatives from each PIR Consortia (Eastern, Inner East and Northern) • Two Consumer representatives • Two Carer representatives | | |
| PIR Consortia <i>Attended by senior and regional managers</i> | Provide expertise and strategic direction to the Program. Contribute to development and implementation of the annual Program Plan. Facilitate collaboration, engagement and communication across the mental health and community providers in the catchment. Promote system reform. Act as a steering group for the PIR Program in the sub-region of the catchment. | Three monthly Chairperson: Senior Manager Mental Health, EMPHN | <ul style="list-style-type: none"> • EMPHN • Community Correctional Services • Consumer and Carer Representation • Department of Health • EACH Social and Community Health • Eastern Health • Knox Community and Social Health • Mind Australia • Neami National • Outer East Primary Care Partnership • Royal District Nursing Service • Uniting Care Community Options | <ul style="list-style-type: none"> • EMPHN • Department of Health and Human Services • EACH Social and Community Health • Eastern Health • Inner East Community Health Service • JobCo • Manningham Community Health Service • Mind Australia • Monash Health • Neami National • St. Vincent's Melbourne • Uniting Care Life Assist • Wellways | <ul style="list-style-type: none"> • EMPHN • Banyule Community Health • Darebin Community Health • Dianella Community Health Service • Mental Illness Fellowship • Merri Community Health Service • Mind Australia • Neami National • Nillumbik Community Health • North East Area Mental Health • North West Area Mental Health • Northern Area Mental Health |

| Governance | Responsibility | Meeting Frequency and Chairperson | Eastern Melbourne PIR Program | Inner East Melbourne PIR Program | Northern Melbourne PIR Program |
|--|--|---|---|---|---|
| | | | <ul style="list-style-type: none"> Wesley Mission Victoria | | <ul style="list-style-type: none"> Uniting Care ReGen Victorian Aboriginal Health Service (VAHS) Wesley City Mission WISHIN |
| <p>Operations Management Group (OMG)</p> <p><i>Attended by managers and team leaders</i></p> | <p>Oversee of the operations of the PIR Support Facilitation Providers and smooth running of the Program in the sub-region.</p> <p>Manage the implementation of the annual Program Plan</p> <p>Monitor Program quality and safety.</p> | <p>Bi Monthly</p> <p>Chairperson: Manager Partners in Recovery, EMPHN</p> | <ul style="list-style-type: none"> EMPHN Mind Australia Neami National VAHS | <ul style="list-style-type: none"> EMPHN Neami National VAHS Wellways | <ul style="list-style-type: none"> EMPHN Mind Australia Neami National VAHS |

3.3 Contract Management And Reporting

EMPHN will also organise quarterly contract management meetings with each of the Support Facilitation Providers.

Support Facilitation Providers are required to provide the EMPHN PIR Manager with:

- Monthly NDIS Reports (Northern PIR Program only) including Recruitment and HR issues related to service provision
- Six-monthly MDS Reports (qualitative and financial information)
- Reports on deliverables and KPIs as detailed in contracts
- Critical Incident Reports
- Reports on expenditure of Flexible Funding (ICS and ICB)

3.4 Management Of Differences

If differences or disputes arise between PIR Support Facilitation Providers or other organisations that affect the collaborative nature of the partnerships or the operation of the PIR program, it is expected that every effort will be made to resolve any matters of disagreement between organisations by direct negotiation between the relevant managers or staff concerned. If the matter remains unresolved, the matter **must** be raised with the EMPHN Manager of Mental Health, Severe and Enduring, who will facilitate a resolution between the parties. Where such approaches fail to resolve the differences to mutual satisfaction, the CEOs of each organisation will be notified and will make every effort to resolve the matter. It is to be expected that the process should be resolved within 20 working days.

3.5 Clinical Governance

3.5.1 Clinical Governance

PIR Support Facilitation Providers in the EMPHN catchment are required to have in place appropriate policies, procedures and systems to ensure compliance with relevant accreditation requirements, clear lines of clinical governance and continuous quality improvement.

3.5.2 Roles And Responsibilities

The expected roles and responsibilities in regard to PIR clinical governance are set out in the table below.

| Role | Clinical Governance Responsibility | Application (examples) |
|------------------------------|--|---|
| Lead Agency EMPHN | <p>Steer the commissioned providers in the operations aspects of the Initiative.</p> <p>Support coordination and collaboration between the Support Facilitation Provider Agencies.</p> <p>Lead the establishment, and support the ongoing membership, of the local PIR Consortium of health, mental health and welfare providers in the region</p> <p>Facilitate the engagement of consumers, carers and family members</p> <p>Provide reports to DoH and other agencies and participate in National and state networks regarding PIR developments/issues.</p> | <p>Commission the development of region-specific guidelines, policies and procedures for local delivery of PIR services.</p> <p>Assist in capacity building and information sharing between local service provider agencies and Support Facilitation teams.</p> <p>Oversee and provide administrative support to all levels of PIR governance meetings and events.</p> <p>Assist consumers and carers to effectively contribute to other PIR governance meetings and support PIR Consumers and Carers to participate in activities to review and evaluate services provided and the feedback on the quality of care they have received.</p> <p>Reporting cycle- EMPHN National Reference Group membership</p> |

| Role | Clinical Governance Responsibility | Application (examples) |
|--|---|--|
| | | meeting with DoH, NDIA and Flinders University. |
| Commissioned services delivered by PIR Support Facilitation Providers | <p><i>PIR Support Facilitators:</i></p> <p>Follow safety and quality procedures.</p> <p>Participate in the review of performance procedures individually, or as part of a team.</p> <p>Responsible for their actions and their role in the provision of quality services.</p> <p>Engage in appropriate professional development.</p> | <p>Engaging consumers as the centre of tailored service whereby clients are supported to articulate their needs to formulate a recovery Action Plan.</p> <p>Respecting clients' rights by following informed consent procedures.</p> <p>Entering information into client information management system (CIMS) in a timely and accurate manner.</p> <p>Supporting handover between clinicians and organisations.</p> <p>Facilitate Care Team Meetings between consumers, carers and engaged supports.</p> |
| | <p><i>PIR Managers:</i></p> <p>Maintain working relationship with EMPHN PIR program staff.</p> <p>Support the establishment of partnerships with clients and carers when designing, implementing and maintaining systems and policies.</p> <p>Individually supervise the Support Facilitators in relation to their PIR roles.</p> <p>Manage performance and facilitate compliance.</p> <p>Demonstrate leadership with consideration of quality and safety in all decision-making processes.</p> | <p>Supporting EMPHN in recruiting carers/consumers to participate in PIR working groups.</p> <p>Regular supervision of each PIR Support Facilitators.</p> <p>Undertaking file audits and client reviews.</p> <p>Raise issues/concerns/risks to EMPHN PIR leadership team; and bring these issues and proposed mitigation ideas to OMG and other PIR collaborative meetings.</p> |

| Role | Clinical Governance Responsibility | Application (examples) |
|------|---|--|
| | <p>Provide systems for appropriate professional supervision.</p> <p>Use data to monitor and report on performance.</p> | |
| | <p><i>Support Facilitation Program - CEO/ Senior Managers:</i></p> <p>Ensure managers and practitioners have the necessary qualifications, skills and experience to provide, safe, high-quality health care.</p> <p>Ensure annual review of clinical governance systems and regular reporting on clinical quality and client safety elements.</p> | <p>Ensure credentialing processes are in place.</p> <p>Undertaking an annual review of clinical governance systems with improvements implemented.</p> <p>Reviewing information about client deaths and clinical incidents to identify areas for improvement in policies, procedures and systems.</p> |
| | <p><i>Consumers, carers and family members:</i></p> <p>Participate in activities to review and evaluate services provided and the quality of care.</p> | <p>Providing feedback via meetings, groups or questionnaires.</p> |

3.6 Incident Reporting

As discussed in the PIR National Guidelines:

“PIR should not be conceived as a service which replaces or takes responsibility away from the existing health providers in a region:

- Complementary to existing service systems:** PIR Organisations will assist with, rather than complicate or duplicate, system navigation. PIR does not seek to fully address issues of service availability but focuses on multi-service integration and coordination to drive better outcomes for the most vulnerable clients. PIR Organisations will take into account changes in the service system (both local and national) in facilitating access to services and improving cross-sector collaboration to benefit the client group.
- Able to better coordinate systems:** PIR is not intended to offer a new 'service' in the traditional sense. Rather, it assists in better coordinating existing services and supports. PIR provides a 'support facilitation' service focusing on building pathways and networks between the sectors, services and supports needed by the target group.”

(DoH PIR Operational Guidelines: October 2016. Page 7)

In this context it is important to acknowledge that the service delivery agencies and professionals involved in the individual client work will retain their current reporting responsibilities in relation to critical incidents. This approach is intended to complement the individual agency's own incident reporting procedures, concerning category one incidents.

Serious and Catastrophic Incident³ Reporting Instruction

The *purpose* of this guideline is to outline the contracted service's responsibilities to report to EMPHN in relation to serious and catastrophic incidents that occur during the execution of contracted service provision.

The *aim* of these guidelines is to support the development of high quality services through full and frank discussion and analysis of serious incidents.

Serious and Catastrophic Incident Definition⁴

The notion of a Serious and Catastrophic Incident is one in which the agency or service is not able to continue to perform its routine services. Serious and Catastrophic Incidents include those which:

- result in unexpected death or severe trauma to a client or staff member
- are likely to lead to high levels of public scrutiny
- involve allegations of, or actual serious physical, sexual assault or interpersonal violence
- take place in settings that put other people at risk of harm

It is understood that it is impossible to define all such incidents however agencies are encouraged to report incidents even when in doubt about whether the above criteria are wholly met.

Serious and Catastrophic Incident Report

The delegated manager in the PIR Support Facilitation Provider that is reporting the incident should contact the EMPHN PIR Manager by phone or email at the earliest possible opportunity, alerting them that the incident has occurred.

EMPHN will, in partnership with contracted organisations, systematically review Serious and Catastrophic Incidents which relate to clients who have been actively involved in PIR, and support actions that will assist to:

- reduce the impact of the incident for those affected
- improve the capacity of the agency to prevent re-occurrence of incidents
- discuss if there are additions or alterations to the care team that could improve the capacity of the team to identify and better mitigate risk relating to such incidents.

During these reviews, it is expected that the Support Facilitation Organisation will confirm that:

³ Also known as Sentinel Events.

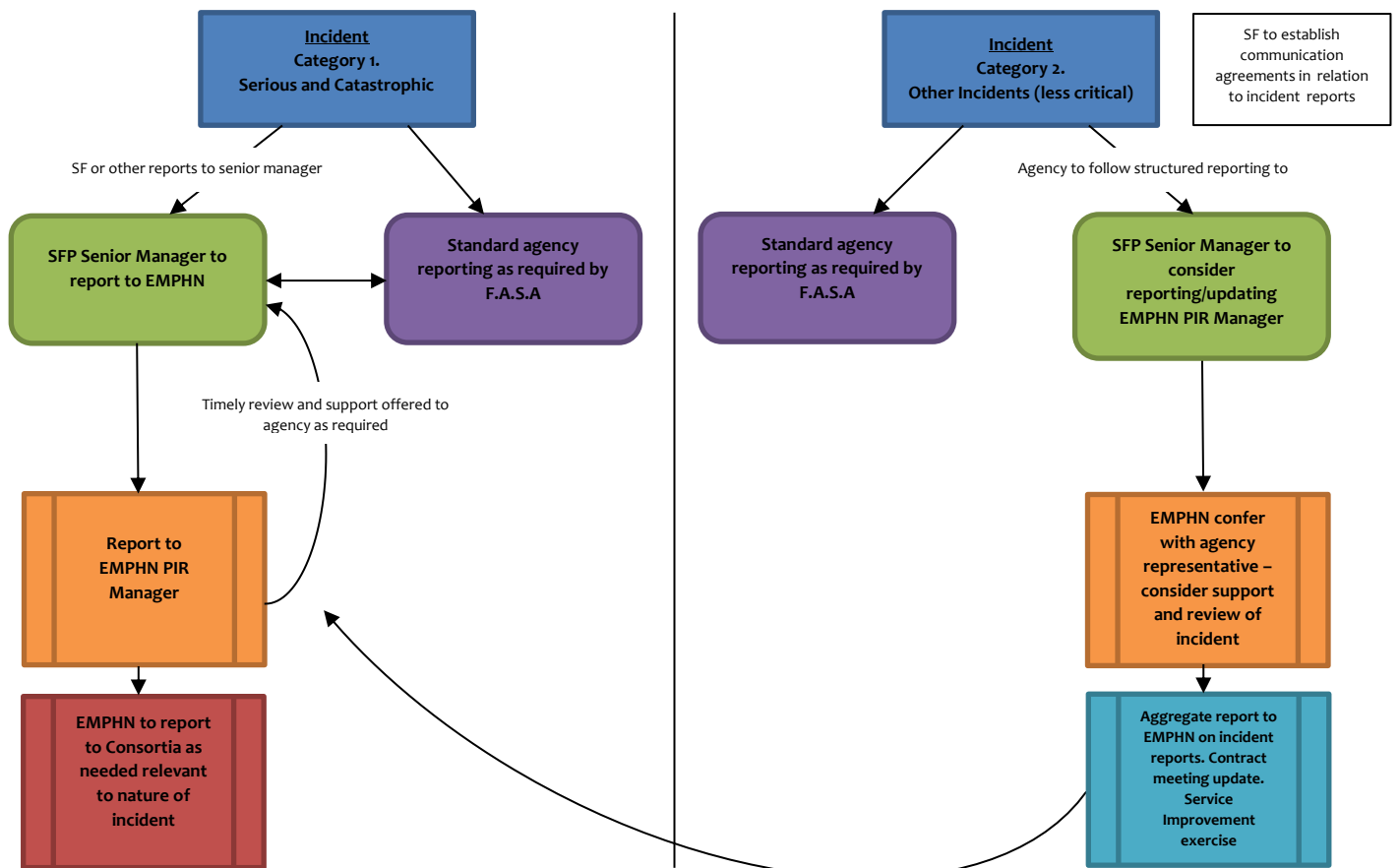
⁴ Serious and Catastrophic – for the purposes of this report will cover all those events described as Category 1 incidents in the Vic Health Incident Reporting template.

- the incident has been properly reported to the appropriate funding and regulatory bodies (if required)
- the views of affected clients and/or carers have been sought and considered and that appropriate debriefing and support is considered and offered
- the needs of staff and community members have been considered and appropriate debriefing offered
- the incident has been thoroughly investigated
- learnings from the incident and investigation have led to service practice improvements
- consideration of system reform has been noted and escalated within organisations

Category 2 and Category 3 - Moderate to low level Incidents

- It is understood that incidents that are not categorised as “serious or catastrophic” (or Category 1) are the responsibility of the engaged organisation to manage.
- The PIR Agency will log the appropriate incident report to the relevant government authority.
- EMPHN requires a regular Incident Reporting Summary be submitted as an agenda item during the regular contract meetings as detailed below in the section entitled Regular Reporting of Incidents to EMPHN.

EMPHN Partners in Recovery Critical Incident Reporting



The Role of the Support Facilitator in Incident Reporting and Review

Support Facilitators have a crucial communication role in relation to incident reporting. Support Facilitators do not hold the central responsibility in relation to categorisation or reporting on incidents. However, it is recommended that Support Facilitators develop agreements with all members of the Care Team regarding shared protocols, reporting and responding to incidents. In particular, Support Facilitators should:

- Be included in incident review processes and in many cases may organise and lead these meetings.
- Lead the Care Teams in recommending improvements to the capacity of the agencies to prevent re-occurrence of incidents.
- Support and lead discussions if there are additions or alterations to the Care Team that could improve the capacity of the team to identify and better mitigate risk relating to such incidents.
- Confer with the managers from their agency in regards to reporting to EMPHN PIR Manager on critical incidents.

Regular Reporting of Incidents to EMPHN

PIR Support Facilitation Providers are expected to provide regular reports at EMPHN Contract meetings regarding incidents, including:

- Incident Reports summary: to update EMPHN on the number of critical service related incidents concerning the PIR client group. The report should include incidents where the PIR Support Facilitator has been the author of the report and also incidents where the PIR Support Facilitator has been informed (cc'd into) by other services' reports related to a PIR client.
- Using the Victorian Dept. of Health Incident Report categorisations.

For more information on reporting an incident, please refer to <http://www.dhs.vic.gov.au/funded-agency-channel/about-service-agreements/incident-reporting/health>

EMPHN requests that the PIR Support Facilitation Providers present the following information:

- The number of Incidents
 - Number of Category 1 Incidents
 - Number of Category 2 Incidents
 - Number of Category 3 Incidents
- A summary from the agency regarding their internal investigation of the incidents and the agency's clinical governance approach to debriefing and learnings from the events.

The reports should be general in nature and no individual client should be named or identified in making these reports.

EMPHN will lead discussion of the incidents with the PIR Operational Managers Group (OMG). The EMPHN PIR Manager may then facilitate an initiative based-response and/or choose to escalate the concerns to the relevant PIR Consortium for review, comments and potential action by Consortium agencies.

Issues raised and actions recommended will be documented in the minutes of the OMG and PIR Consortium meetings. Support Facilitators will record discussions and requests for escalation of concerns in their agency client files and other formats as required.

4 Support Facilitation

4.1 Support Facilitation In The EMPHN Catchment

This section of The Guidelines describes the roles and responsibilities of PIR Support Facilitators in the EMPHN catchment, and includes information about the new responsibilities that PIR Support Facilitators will have in supporting PIR consumers to transition to the NDIS. This section also includes information about the Specialist Support Facilitators working in the three PIR programs in the EMPHN catchment.

This section of The Guidelines contains five sections, covering:

- A description of Support Facilitation and the PIR Support Facilitators' Roles
- The PIR Support Facilitators' Key Responsibilities
- Cultural Competence and Working with Special Needs Groups
- The Role of Specialist Support Facilitators
- The Role of the NDIS Portfolio Holder

4.2 Description Of Support Facilitation And The PIR Support Facilitators' Roles

The aim of support facilitation is to better coordinate existing services and supports for consumers. PIR provides a 'support facilitation' service focusing on building pathways and networks between sectors, services and supports needed by the target group.

Support Facilitators are appropriately skilled and experienced individuals whose primary aim is consumer engagement and support facilitation for PIR consumers. From the point of initial engagement through to exit, a PIR Support Facilitator will support and empower the consumer in their recovery journey.

PIR Support Facilitators are employed by four PIR Support Facilitation Providers in the EMPHN catchment: Mind Australia, Neami National, Wellways and the Victorian Aboriginal Health Services.

The roles of a PIR Support Facilitator are:

- Consumer engagement
- PIR Assessment
- PIR Action Plan development and review, in collaboration with the consumer, carers/families and other members of the Care Team
- Support facilitation and care coordination
- Supporting the consumer to transition and exit from the PIR program
- Working with others to improve the system response for a PIR consumer
- Data collection

In the lead up to and during the NDIS rollout, PIR Support Facilitators are also required to:

- engage with NDIA regional contacts, including Local Area Coordinators, to support the transition of PIR consumers to the NDIS
- communicate with PIR consumers about the NDIS and transition, including appropriate messaging around testing of eligibility, transition processes and timeframes
- engage with PIR consumers to support and facilitate their transition to the NDIS, including assistance with the NDIA application (including obtaining required documentation and assessments), NDIA assessment processes and planning processes where requested by the consumer
- transition PIR consumers who are not eligible for the NDIS to appropriate alternative supports before the end of the transition phase⁵

4.3 The PIR Support Facilitators' Key Responsibilities

| Role | Key Responsibilities |
|--|---|
| Consumer Engagement <i>*It is expected that engagement will include some face-to-face meetings</i> | <ul style="list-style-type: none"> • Build a trusting relationship with the PIR consumer • Provide information about the PIR Program • Confirm eligibility for the PIR Program and obtain the consumer consent to participate in the PIR program • Organise interpreters if required • Make contact with the original referrer to inform them that the consumer has agreed to be involved in the PIR program and gather further assessment information if required • Determine the nature and level of consumer engagement required, in consultation with the consumer, carer/family and the Care Team • Conduct risk assessments as per agency policies and procedures |
| PIR Assessment | <ul style="list-style-type: none"> • Undertake strengths-based assessments with the consumer and their carer/family (if appropriate) using the Camberwell Assessment of Need Short Appraisal Schedule (CANSAS) to identify their needs, priorities and recovery goals, and discuss how these might align with NDIS planning • Provide information about the NDIS, including the transition processes and support options |
| PIR Action Plan development and review, in collaboration with the consumer, carers/families and other members of the Care Team | <ul style="list-style-type: none"> • Coordinate recovery planning with the consumer at the centre of the process • Provide advocacy support and organise referrals • Work with the consumer and Care Team to determine who will support the consumer to test eligibility for NDIS and document in PIR Action Plan (in NDIS Transition Section) • Prepare and register a PIR Action Plan for all consumers in program software • Identify relevant services to support the consumer's recovery goals, in conjunction with the consumer and where appropriate their carer/family. • Obtain consent to share information with potential service providers, as well as services already involved. |

⁵ Department of Health. *PIR Guidance Pack for PIR Organisations* (October 2016), page 16.

| Role | Key Responsibilities |
|---|--|
| | <ul style="list-style-type: none"> • Ensure all services engaged in the support of the consumer have a shared understanding of the consumer’s PIR Action Plan and that all service providers work in a coordinated and integrated way. • Coordinate the development and review of support during PIR involvement, including risk management and crisis management plans for the consumer where appropriate. |
| Support facilitation and care coordination | <ul style="list-style-type: none"> • Provide advocacy support and organise referrals • Act as a central reference point for the consumer and their family/carers where this doesn’t already exist • Coordinate with a broad range of service providers and ensure a team approach to addressing the consumers support needs and priorities. • Organise and facilitate Care Team meetings according to need. • Work closely with the consumer’s existing support staff to ensure case management functions and existing relationships are maintained and strengthened. • Work with the consumer and other services to develop strategies that aim to reduce the use of unplanned emergency services such as the Emergency Department, Emergency Services, Police, etc. • Ensure a recovery-focused approach by PIR that aims to build capacity in individual consumers to self-manage, gain confidence and improve their physical and mental health and wellbeing. • Utilise PIR flexible funds as appropriate to consumer needs and the EMPHN Flexible Funding Guidelines. • Effectively build, foster and nurture relationships with service providers in mental health and other service systems. • Work effectively and cooperatively as a member of the consumer’s recovery team. • Provide the consumer with information about the NDIS as required. • Assist and support the PIR consumer with the NDIA application (including obtaining required documentation and assessments), NDIA assessment processes and planning processes where requested by the consumer. • Ensure flow of communication is clear for the care team, including consumer and carer, particularly in times of change or crisis. |
| Supporting the consumer to transition and exit from the PIR program | <ul style="list-style-type: none"> • Discuss transition and exit with the consumer, their carer/family and the Care Team • Support consumer to exit the program • Complete formal Exit process <p>Consumers exiting the PIR program and not transitioning to the NDIS</p> <ul style="list-style-type: none"> • Provide the consumer with information about how to access the NDIS, including information about appeal processes <p>Consumers exiting the PIR program and transitioning into NDIS with coordination of supports</p> <ul style="list-style-type: none"> • Inform the consumer of the changed roles (PIR and NDIS) • Support the seamless transition and handover of the consumer to NDIS |

| Role | Key Responsibilities |
|---|---|
| | Consumers exiting the PIR program and transitioning into NDIS with in-kind support from the PIR Program <ul style="list-style-type: none"> • Inform the consumer of the changed roles (PIR and NDIS) • Support the seamless transition and handover of the consumer to NDIS • Deliver support coordination as per the NDIS requirements |
| Work with others to improve the system response to a PIR consumer | <ul style="list-style-type: none"> • Identify barriers and issues in the service system that can be addressed to improve outcomes for the PIR consumer and their families/carers. • Communicate service system reform issues to senior staff for discussion at the Leadership Group. |
| Data collection and reporting | <ul style="list-style-type: none"> • Ensure that all consumer information is recorded on the program software (Fixus, Conektor or Mastercare) in a timely manner. • Collect and record the consumer Minimum Data Set (MDS) as per the EMPHN PIR Guidelines. • Complete the CANSAS for all consumers and enter data into the program software (this action is mandatory for all PIR consumers). • Complete the CANSAS as part of the transition process and exit of a consumer from the PIR Program. • Collect quantitative and qualitative data for the purpose of monitoring, reporting and evaluating the PIR initiative (six-monthly reports and external evaluation requirements). |
| Secondary consultation | <ul style="list-style-type: none"> • Provide secondary consultation, advice and capacity building to partner services. |

4.4 Cultural Competence And Working With Diversity

There are a number of groups of people who face additional disadvantages in their recovery journey. The PIR Programs in the EMPHN catchment will work in a culturally competent manner, to meet the needs of:

- People of Aboriginal and Torres Strait Islander descent
- People from culturally and linguistically diverse (CALD) backgrounds
- People who identify as lesbian, gay, bi-sexual, transgender, intersex, queer or asexual (LGBTIQA)⁶

PIR Support Facilitators can seek advice and secondary consultation from EMPHN's Specialist Support Facilitators when working with PIR consumers from the aforementioned population groups. However, at all times the PIR Support Facilitators will:

⁶ Department of Health. *PIR Guidance Pack for PIR Organisations* (October 2016), page 24.

- seek to identify and understand the needs of individual consumers who are of Aboriginal and Torres Strait Islander descent, are from culturally and linguistically diverse backgrounds, or who identify as LGBTIQ,
- investigate, understand and take into account a person's beliefs, practices or other culture-related factors in considering support options,
- at all times be respectful of a person's cultural beliefs and values, and
- secure appropriate interpreters for CaLD consumers, in accordance with the EMPHN Guidelines for Using Interpreters.

The EMPHN PIR Support Facilitation Providers will:

- ensure that the work environment and practices are culturally inviting and friendly,
- encourage services to provide flexible and adaptable approaches to the specific special population groups and individual persons engaged by PIR,
- encourage PIR Support Facilitators to seek advice or a secondary consultation from an appropriate EMPHN Specialist Support Facilitator,
- provide access to culturally-specific training and supports to improve team understanding of the local community groups and effective communication methods,
- regularly monitor and evaluate the cultural competence of the organisation and staff (including obtaining input from the person and the community), and
- use information and data about specific special needs groups to inform planning, policy development, operations, and implementation of PIR.

4.5 Specialist And Peer PIR Support Facilitators

A small number of Specialist Support Facilitators and Peer Support Facilitators are employed across the EMPHN catchment. The table below provides an overview of the Specialist and Peer Support Facilitator roles.

| Specialist Support Facilitator | Key Tasks | Employed at |
|--|--|-------------|
| Specialist Aboriginal Support Facilitators | <ul style="list-style-type: none"> • Provide the support facilitation service to a limited number of consumers presenting with complex issues related to their cultural background. • Provide secondary consultation to PIR Support Facilitators in relation to working with consumers of Aboriginal descent and cultural safety and/or assist to link the consumer into relevant services. • Facilitate access to community resources and services, and work collaboratively with services to achieve a coordinated response for consumers. • Promote the PIR Program within VAHS and other Aboriginal community controlled services, and the Aboriginal community. • Inform and support working parties and projects in the EMPHN catchment around Aboriginal cultural practices. | VAHS |

| Specialist Support Facilitator | Key Tasks | Employed at |
|---------------------------------------|--|-----------------------------|
| | <ul style="list-style-type: none"> • Provide capacity building advice across the PIR Program. | |
| Specialist CALD Support Facilitators | <ul style="list-style-type: none"> • Provide the support facilitation service to consumers presenting with complex issues related to their CaLD background. • Provide secondary consultation to PIR Support Facilitators in relation to working with consumers from culturally and linguistically diverse backgrounds. • Promote the PIR Program within the CaLD communities and service networks. • Inform and support working parties and projects in the EMPHN catchment around CaLD issues. • Provide capacity building advice across the PIR Program. | Neami National |
| Peer Support Facilitators | <ul style="list-style-type: none"> • Provide the support facilitation service to consumers whose recovery journey would benefit from a Support Facilitator with lived experience, due to the consumers past experiences, their reluctance to engage with PIR and/or their current disenfranchisement from the workers and/or the service system. • Provide secondary consultation to PIR Support Facilitators in relation to their lived experience. • Promote the PIR Program with consumers. • Inform and support working parties and projects in the EMPHN catchment. • Provide capacity building advice across the PIR Program and promote peer work in the broader service system. | Wellways and Mind Australia |

Consumers may be referred for support from a Specialist Support Facilitator, when it has been determined (via intake processes) that cultural issues will have a significant impact on the consumer's mental health and recovery journey.

| Target Group | Examples of when a consumer may be referred to a Specialist PIR Support Facilitator |
|---|--|
| Referral of a new consumer to a Specialist Aboriginal PIR Support Facilitator may be considered when: | <ul style="list-style-type: none"> • the consumer and his/her family see themselves as members of the Aboriginal community in Victoria, • the consumer is involved with other Aboriginal Services, • the consumer has complex trauma issues related to the stolen generations or other removal policies, • the consumer would prefer an Aboriginal-specific service, and/or • cultural factors are impacting on the consumer's mental health. |
| Referral of a new consumer to a Specialist CALD PIR Support Facilitator may be considered when: | <ul style="list-style-type: none"> • Cultural factors are impacting on the consumer's mental health • Interpreters are required (although this alone would not trigger a referral to a Specialist CALD PIR Support Facilitator) • The consumer is a newly arrived refugee or asylum seeker • The consumer has complex issues which are impacted by their cultural background. |

Consumers will be given a choice as to whether they would like to access support facilitation from a Specialist Support Facilitator or not (at Intake), however, access to support from a Specialist Support Facilitator will also be dependent on local variations, availability and caseload capacity.

When a PIR Support Facilitator identifies that they would benefit from the assistance of a Specialist Support Facilitator, they must first discuss this with their line manager, and if appropriate they can then approach the Specialist Support Facilitator for secondary consultation. The Specialist Support Facilitator's manager will monitor requests for secondary consultation, to ensure these positions can maintain an appropriate balance between individual casework, secondary consultation, capacity building and systems work.

Secondary consultation is a process designed to assist PIR Support Facilitators in developing a clear and comprehensive understanding of their consumer and to identify all issues which may impact on the recovery journey, giving weight to the personal history of each consumer. In the PIR Program secondary consultation is provided by the Specialist Support Facilitators, who may provide advice, contribute to development of the PIR Action Plan or review of an existing PIR Action Plan, provide specific training or identify service system improvements.

The secondary consultation and advice role of the Specialist PIR Support Facilitators in the EMPHN PIR Program encompasses:

- support and advice to other EMPHN PIR Support Facilitators about individual consumers,
- capacity building and training of other PIR Support Facilitators in their area of expertise,
- leading systems change for the target group, and
- building and maintaining specialised networks to support the consumer group.

The table below sets out the key areas of responsibility and typical activities performed by the EMPHN Specialist Support Facilitators.

| Key area of responsibility | Typical activities |
|--|--|
| Individual consumer support and secondary consultation | <ul style="list-style-type: none"> • Provide information and advice to generalist PIR Support Facilitators to build their understanding and knowledge of the consumer and/or their carer/family. For example, the Specialist Aboriginal PIR Support Facilitators may provide advice on the impact of colonisation, stolen generations and inter-generational trauma on a consumer and their family, or may provide information about their place in the Aboriginal community, their family situation, and local community supports. Similarly, for a consumer from a refugee or asylum seeker background, the Specialist PIR Support Facilitator may provide advice on specialist services available such as Foundation House which provides counselling for people affected by war-related trauma, persecution or torture. The Specialist PIR Support Facilitator may also provide advice on appropriate translating and interpreting services. • Provide advice on a consumer's presenting issues via the telephone, face-to-face or by participating in care team meetings. • Specialist Support Facilitators to provide secondary consultations to other PIR Support Facilitators and members of their Care Team, as well as for their own consumers. |
| Capacity building of other PIR Support Facilitators | <ul style="list-style-type: none"> • Provide information sessions, training or workshops to build the confidence of PIR Support Facilitators in working with special needs groups. • Produce information and materials targeted at special needs groups. • Identify learning needs and opportunities for in-service training to build the capacity of PIR Support Facilitators to work with 'special needs' groups. • Provide advice and assistance to PIR Support Facilitators so that they can tap into relevant services and community resources. |
| Building and maintaining specialised networks to support the consumer group | <ul style="list-style-type: none"> • Identify and cultivate networks relevant to the target group across the catchment. • Maintain a current knowledge of services, key contacts, etc. • Assist to map the service system, and assist the PIR Program to maintain up-to-date information. |

| Key area of responsibility | Typical activities |
|--|--|
| | <ul style="list-style-type: none"> • Participate in networks that will benefit EMPHN PIR consumers. • Promote the PIR Program within specific sectors. • Provide advice on the use of interpreters. |
| Community engagement | <ul style="list-style-type: none"> • Build and maintain relationships and networks with the relevant community. • Promote the EMPHN PIR Program and its benefits with the community, and work to build trust in the program. • Participate in community activities, where relevant. • Conduct assertive outreach. |
| Leading change for the consumer group | <ul style="list-style-type: none"> • Identify areas to improve outcomes for the target group. • Raise issues with manager/team leader so they can be discussed at the Leadership Group meetings. • Lead projects and initiatives to improve the service system for the benefit of the target group. • Contribute advice to systems improvement activities, to ensure change benefits the target group. |

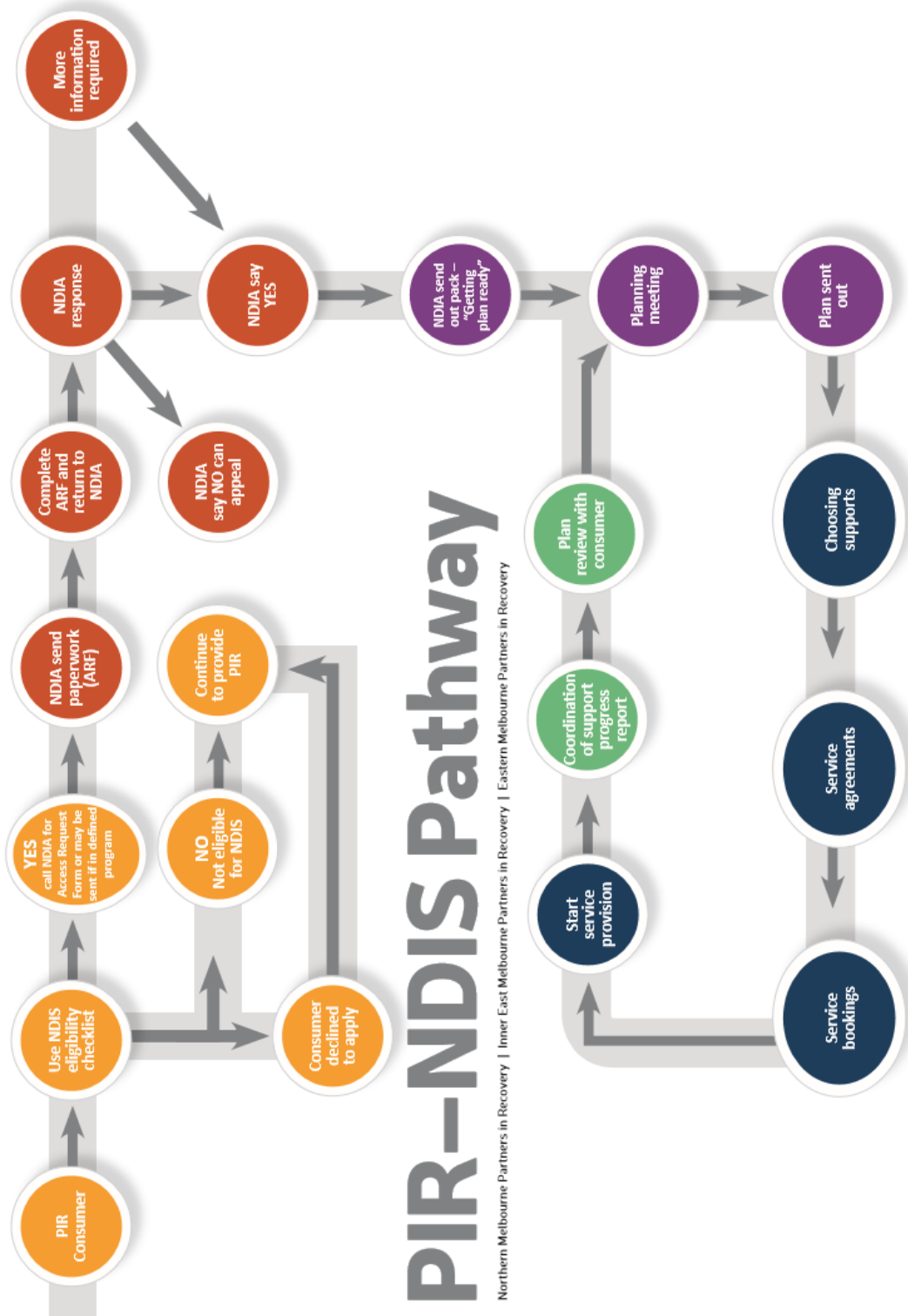
4.6 The Role Of The NDIS Portfolio Holder

To ensure consistency of approach and practice across the catchment, it is suggested that Support Facilitation Providers establish NDIS portfolio roles in each team. The NDIS portfolio role may include:

- disseminating information about the NDIS,
- providing assistance to coordinate the development of NDIS applications,
- networking and building relationships with the local LAC and NDIS,
- coordinating communication with the LAC and NDIS,
- participating in NDIS working groups established to support the transition to NDIS,
- report issues to the leadership group and consortia,
- supporting PIR Support Facilitators to share information and key messages with consumers and carers/families.

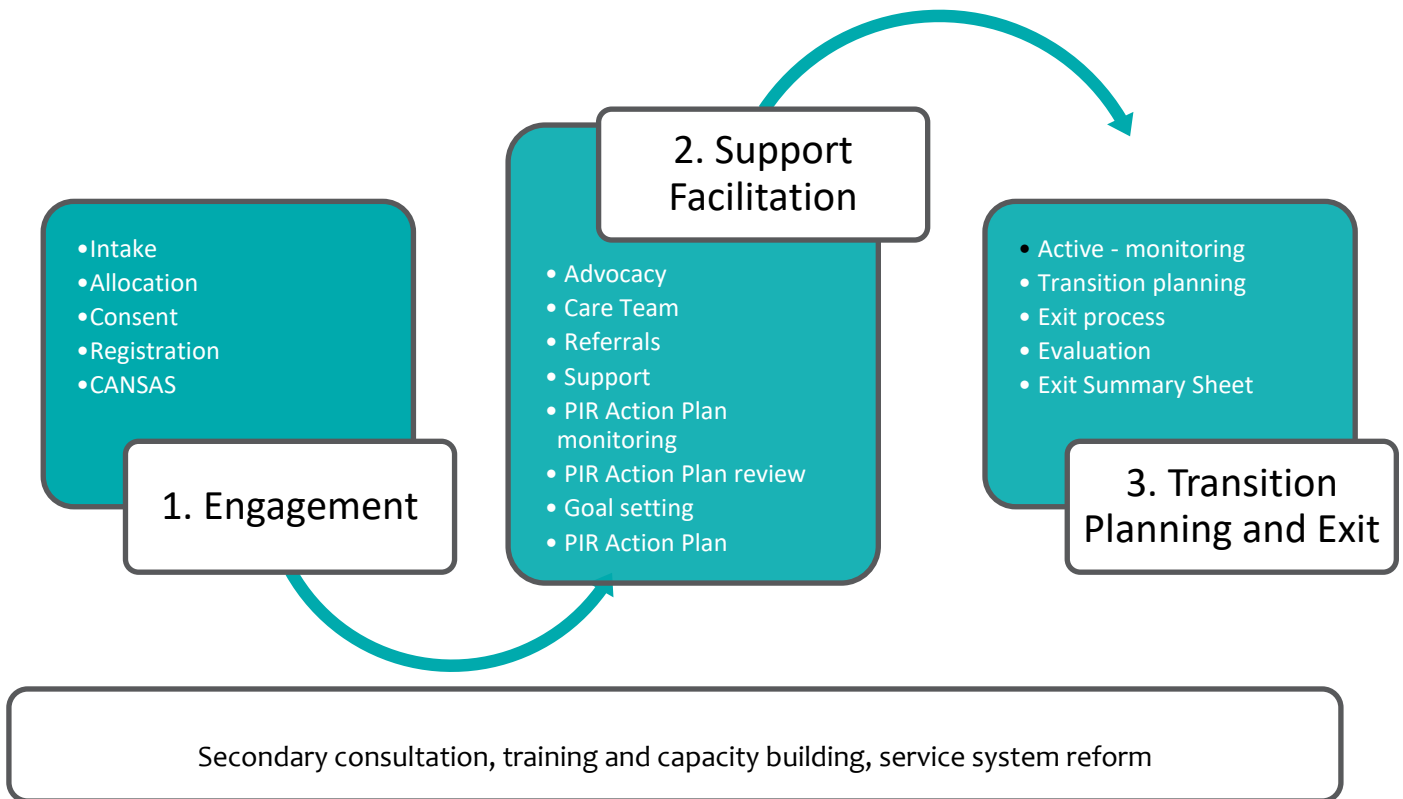
4.7 Workflow Support Facilitator Transition To NDIS Coordination Of Support

The diagram below sets out the work flow of PIR Support Facilitation to NDIS Coordination of Support. Given the fluid environment of the NDIS rollout, this workflow may be subject to change and has been designed as a guide only.



5 PIR Model Guidelines

5.1 Overview Of PIR Model: Client Journey Three Phases



5.2 Target Group And Eligibility

The target group for PIR are people who have a severe and persistent mental illness with complex support needs that require a response from multiple agencies across different sectors.

- To be eligible for the Eastern Melbourne PIR Program, a person must live in one of the following local government areas: Knox, Yarra Ranges and Maroondah.
- To be eligible for the Inner East Melbourne PIR Program, a person must live in one of the following local government areas: Boroondara, Manningham, Monash and Whitehorse
- To be eligible for the Northern Melbourne PIR Program, a person must live in one of the following local government areas of: Banyule, Darebin, Hume, Nillumbik and Whittlesea.

PIR clients will have persistent symptoms, significant functional impairment and psychosocial disability, and may have become disconnected from social or family support networks or clinical and community supports. This can lead to extensive reliance on multiple health and community services for assistance to maintain their lives within community-based settings and outside of institutional care. These individuals may have co-morbid substance use or physical health issues or both, are likely to experience difficulties maintaining stable accommodation, and experience difficulty in completing basic activities of daily living. These individuals are reported to often fall through the system gaps and require more intensive support to effectively address the complexity of their needs.

Transfer of a client between Support Facilitation Providers in the catchment

When a client who lives within the EMPHN PIR catchment requires a change of PIR Support Facilitation Provider e.g. they move to a new area within the catchment, the principles of coordination of care will apply, and the PIR managers will:

- discuss the individual circumstances of the client to determine how the transfer process to a new PIR Support Facilitation Provider will occur,
- determine a specific transfer date and formally transfer the client's file on the CIMS, and
- ensure the handover process minimises the disruption to, and any impact on, the client.

Transfer of a client who moves out of the EMPHN catchment

When a client moves out of the EMPHN PIR catchment, the Support Facilitator will work with the client and the new PIR program to facilitate a smooth transition. In this instance, the PIR Support Facilitator may continue to provide support for up to three months. Similarly, if a client currently receiving services from another PIR program moves into the EMPHN catchment, the appropriate agency (Mind Australia, Neami National, Wellways or VAHS) will work with the client and the other PIR program to facilitate a smooth and seamless transition into the EMPHN PIR Program.

Should a client transition out of the EMPHN catchment into an area without an existing PIR program, all reasonable measures will be taken by the Support Facilitator and Care Team to find suitable support services in that area. Where possible, PIR networks will be accessed in order to assist an effective transition and to maximise positive service links for the client in the new catchment. Support Facilitators should, with the consent of the client, share the PIR Action Plan with any new service/s, and encourage the client to continue to pursue their goals and priorities.

5.3 PIR Intake

There are three separate intake processes operating in the EMPHN catchment (see contact details below), and while the three processes operate differently and independently of each other, they are all underpinned by the following core principles.

- Consumers experience a timely, coordinated, planned, non-discriminatory and reliable service that is sensitive to cultural, communication and cognitive needs.
- Consumers can be certain that their information is collected, stored, shared and updated in accordance with the Health Records Act 2001, and other privacy requirements.
- There is a clear procedure for obtaining and documenting consumer consent.
- Intake is conducted by appropriately skilled staff members, who understand their roles and are accountable for their work.
- There are clearly defined procedures for effectively managing consumers in crisis or emergency situations, including the provision of information on after-hours services.
- The intake service maintains up-to-date information about services, eligibility criteria, priority for service and waiting times.
- There are procedures and systems in place that reflect the requirements of relevant Aboriginal and Torres Strait Islander and other cultural responsiveness frameworks.
- There are processes in place to ensure that the carer is involved in all aspects of the consumer's care, as appropriate.

- At intake information is collected in a sensitive manner, with particular regard to cultural requirements, language issues, communication and cognition needs, personal safety and risk of violence, privacy and confidentiality and, where practical, anonymity.
- Only relevant information is collected at intake, in particular information to support service delivery, minimum data set requirements and making referrals.

Partners in Recovery - Inner East Melbourne

PIR Inner East Melbourne covers the council areas of Boroondara, Manningham, Monash and Whitehorse

Contact and Referrals: 1800 731 222

Intake provider: Neami National, Wellways Australia

Support providers: Neami National, Wellways Australia, Victorian Aboriginal Health Service

Partners in Recovery – Eastern Melbourne

PIR Eastern Melbourne covers the council areas of Knox, Maroondah and Yarra Ranges

Contact and Referrals: (03) 9800 1071

Secure fax: (03) 8677 9510

Intake provider: Eastern Melbourne PHN

Support providers: Neami National, Mind Australia, Victorian Aboriginal Health Service

Partners in Recovery - Northern

PIR Northern covers the council areas of Banyule, Nillumbik, Whittlesea, Hume and Darebin

Contact and Referrals: 1300 747 247 or pirintake@mindaustralia.org.au

Fax: 8677 9510

Intake provider: Mind Australia

Support providers: Neami National, Victorian Aboriginal Health Service (VAHS), Mind Australia

5.3.1 Intake Practice And Principles

PIR intake will operate in accordance with the following focus on practice to promote the indicated performance outcomes:

| Theme | Impact | Performance | Responsibility |
|--------------------------------|-------------------------------------|--|-----------------------|
| Approachable and knowledgeable | Community presence, user confidence | Enquirers and potential clients will speak directly with an intake practitioner who has a thorough understanding of PIR and the capacity and limitations of the broader service system. Provision of up-to-date information about mental health, NDIS and other related services. | Intake Service |
| Accessible | Client satisfaction | The caller is able to speak directly to intake services. Enquiries and referrals are recorded in an enquiry node of the PIR Central Intake Register. | Intake Service |

| Theme | Impact | Performance | Responsibility |
|----------------------|---|---|---|
| | | PIR Support Facilitators can access information about clients from the PIR Intake Service. | |
| Effective and timely | Service efficiency | See response times below | Intake Service |
| Transparent | Accountability, Open Communication | Processes and decision-making are consistent with PIR policies and service guidelines. Enquirers and potential clients are provided with clear information about service access and eligibility. Enquiries and referrals are clearly documented in PIR Central Intake register. | Intake Service PIR Support Facilitation provider |
| Monitor and report | All of region register of service needs and common requests. Central register of systemic gaps. | Regular reports are generated noting levels of response to enquiries and outcomes. User's satisfaction with service – also reports tracking levels of unmet service need. | Intake Service |

5.3.2 Expected Service Response Timelines

| Acceptable timelines | | | |
|---|---|---|--|
| Phase | Response time and responsibility Northern | Response time and responsibility Inner East | Response time and responsibility astern |
| Initial Enquiry | Response within 1 working day Intake Service | Response within 1 working day Intake Service | Response within 1 working day EMPHN Central Intake |
| Facilitated referral to other service option/s if appropriate | Within five working days post referral Intake Service | Within five working days post referral Intake Service | Within five working days post referral EMPHN Central Intake |
| Transfer eligible clients to PIR agency and allocation to PIR Support Facilitator | Within two working days post referral Intake Service and PIR Support Facilitation Provider | Within two working days post referral Intake Service and PIR Support Facilitation Provider | Within five working days post referral Allocation meeting |

| Acceptable timelines | | | |
|---|---|--|---|
| Phase | Response time and responsibility Northern | Response time and responsibility Inner East | Response time and responsibility astern |
| Initial contact/meeting held with the client | Within five working days post referral to Support Facilitator | Within five working days post referral to Support Facilitator | Within five working days post allocation to service provider |
| Registration of PIR client | Within 12 working days post referral PIR Support Facilitator | Within 10 working days post allocation (active on Fixus) | Within 10 working days post allocation to service provider |
| If client is not appropriate or chooses not to continue with service, facilitated referral to other service option/s if appropriate | Within 10 working days post referral PIR Support Facilitator | Within 10 working days post allocation PIR Support Facilitator | Within 10 working days post allocation PIR Support Facilitator |
| Registration of <u>Initial</u> Action Plan | Within 22 working days post referral PIR Support Facilitator | Within 20 working days post allocation (published on Fixus) PIR Support Facilitator | Within 22 working days post allocation PIR Support Facilitator |
| 1 st Review of Action Plan | Within six months of referral date PIR Support Facilitator | Within six months of referral date PIR Support Facilitator | Within six months of referral date PIR Support Facilitator |
| 2 nd Review of Action Plan | Not more than six months post 1st review PIR Support Facilitator | Not more than six months post 1st review PIR Support Facilitator | Not more than six months post 1st review PIR Support Facilitator |
| Next Review or Exit | Not more than 6 months post 2 nd review PIR Support Facilitator | Not more than 6 months post 2 nd review PIR Support Facilitator | Not more than 6 months post 2 nd review PIR Support Facilitator |

Record Keeping and Reporting

EMPHN PIR Programs currently use three different CIMS to support the PIR Program (Fixus, Conektor and Mastercare).

5.4 Allocation, Client Engagement And Registration

This Guideline describes how the allocation, client engagement and registration processes will operate to meet the requirements of the EMPHN PIR Program and the needs of the PIR target group.

5.4.1 Description Of Allocation, Client Engagement And Registration

Allocation, client engagement and registration occurs at the PIR Support Facilitation Provider level (i.e. at Mind Australia, Neami National, Wellways and VAHS). A brief description of each of these processes is set out below.

Allocation is the responsibility of the PIR Manager, and refers to the processes of:

- reviewing the information contained in CIMS sent by Intake, to gauge a client's needs, urgency and support requirements, including specialist Support Facilitator requirements,
- reviewing PIR Support Facilitators caseloads and skills/competencies to identify which Support Facilitator has the capacity and expertise to work with a new client,
- allocating the new client to a PIR Support Facilitator,
- completing agency-specific requirements (e.g. client database and files), and
- updating the Allocation List.

Client Engagement involves the PIR Support Facilitator:

- Contacting the person to confirm their interest in participating in the PIR program, and to organise a face-to-face meeting.
- Building trust and rapport (relationship) with the new client.
- Active outreach engagement, for people who are initially reluctant to participate in the PIR Program. This may involve obtaining additional information from the referrer about how to best engage with the person.
- Discussing consent, providing a copy of 'Your Information its Private' and completing the appropriate PIR consent form. If the client is not ready or willing to sign the consent form during the engagement phase, then verbal consent can be obtained. The PIR Support Facilitator must note that only verbal consent was obtained on the client's file, with a flag to review the verbal consent with the client within three months.
- Supporting the client to address any immediate needs/ goals, such as securing housing, a psychiatric assessment, and documenting these in the PIR Action Plan.
- Discussing the PIR Program, how it works and what it can and cannot offer the person.
- Providing information on the NDIS and the transition of PIR into the NDIS, including timelines and requirements.
- Contacting the referrer (if not a self-referral) to advise them of the outcome of the referral. That is, that the client has accepted the assistance of the EMPHN PIR Program and to provide the contact details for the PIR Support Facilitator, or advise that the client has declined the support of the PIR Program and what action has been taken e.g. supported referral to another service.

* For many clients, the engagement process is crucial, and in some instances an assertive engagement approach may be needed. Additionally, it may take more time to engage with some clients than others.

Registration occurs once the needs assessment has been conducted and involves the PIR Support Facilitator registering the client as Active on the relevant PIR CIMS.

5.4.2 Procedures For Allocation, Client Engagement And Registration

| Step | Activity |
|------|--|
| 1. | <p>The PIR Managers based in each agency will review any new referral received within one working day, to determine level of urgency, support requirements and risk.</p> <p>*The PIR agency assumes a responsibility for the follow-up of a client once the referral is received.</p> |
| 2. | <p>The PIR Manager will allocate the client to a PIR Support Facilitator in accordance with agency-specific allocations policies and procedures including, current caseloads, experience, skills and expertise, etc. This will occur within two working days of receiving the client allocation on CIMS.</p> |
| 3. | <p>The PIR Manager will allocate, via CIMS, the referral to the nominated Support Facilitator, and notify them via an email alert. The Support Facilitator will then begin the engagement process.</p> <p>If appropriate, the PIR Manager and the PIR Support Facilitator will discuss the involvement of a Specialist PIR Support Facilitator for secondary consultation and advice. A PIR Support Facilitator may seek secondary consultation or advice because the client's support needs and recovery journey are directly affected by their CALD background, or by their Aboriginal or Torres Strait Islander culture.</p> <p>Access to, and the level of support provided by a Specialist PIR Support Facilitator may need to be negotiated between PIR Service Managers, to ensure the Specialist Support Facilitators do not get overloaded.</p> |

| Step | Activity |
|------|---|
| 4. | <p>The Support Facilitator will:</p> <ul style="list-style-type: none"> • Contact the referrer (if appropriate) to obtain additional information such as the best method to engage the consumer. • Contact the client to confirm their interest in participating in the PIR program, and to organise a face-to-face meeting. Once the client has confirmed their interest in participating in the PIR Program, the client will be registered on the relevant CIMS. An assertive approach to engaging the client may be needed at this point, if the client is hard to contact or is reluctant to participate in the PIR program. If, after an assertive approach, a client cannot be engaged, they can be recorded as 'inactive' in CIMS, and monitored by the PIR Support Facilitator. If the situation does not change, after discussion with the team leader/manager, a PIR Support Facilitator can exit the person from the Program. • Contact the referrer (if not a self-referral) to advise them of the outcome of the referral. That is, that the client has accepted the assistance of the EMPHN PIR Program and to provide the contact details for the PIR Support Facilitator, or advise that the client has declined the support of the PIR Program and what action has been taken e.g. supported referral to another service. • Register the person in the organisation's client management software. A client should be registered within 10 working days of receipt of a referral. • Begin the process of building trust and rapport (relationship) with the new client. • Complete the relevant consent form with the client, or obtain and document verbal consent. • Begin the strengths-based recovery assessment process using the CANSAS tool, and begin to develop the client's PIR Action Plan. • Work with the client to address any immediate or urgent needs such as securing housing, a psychiatric assessment, etc. • If the client has refused to participate in the PIR Program, the PIR Support Facilitator should discuss other service options with the person, and make referrals as appropriate within 10 working days. |
| 5. | <p>If a Support Facilitator, upon receiving a referral, deems the client to be ineligible, or is unable to engage them, they can choose not to register them. Should a client not be registered, the relevant PIR Intake Service should be informed and the reasons for not proceeding to registration given in order to inform practice. Support Facilitators are to mark them as ineligible and then exit them.</p> |

The EMPHN PIR program expects that some consumers will require an assertive engagement approach to effectively engage them in the program. It is a key role of the PIR Support Facilitator to actively engage people who are initially reluctant to participate in the program, this may be achieved by assisting the person to realise a short-term or immediate goal such as accessing stable housing, before moving onto the CANSAS and recovery goal setting.

5.4.3 Expected Service Response Timelines

| Acceptable timelines | | | |
|---|---|---|---|
| Phase | Response time and responsibility northern | Response time and responsibility inner east | Response time and responsibility eastern |
| Transfer eligible clients to PIR agency and allocation to PIR Support Facilitator | Within two working days post referral Intake Service and PIR Support Facilitator | Within two working days post referral Intake Service and PIR Support Facilitator | Within five working days Allocation meeting |
| Initial contact/meeting held with the client | Within five working days post referral Support Facilitator | Within five working days post referral Support Facilitator | Within five working days post allocation to service provider |
| Registration of PIR client | Within 12 working days post referral PIR Support Facilitator | Within 10 working days post allocation (active on Fixus) PIR Support Facilitator | Within 10 working days post allocation to service provider PIR Support Facilitator |

Practice Requirements

Allocation, engagement and registration will operate in accordance with the following:

| Theme | Impact | Performance | Responsibility |
|--------------------------------|---------------------|--|-------------------------|
| Approachable and knowledgeable | User confidence | <p>Potential clients will be contacted directly by a PIR Support Facilitator who has a thorough understanding of PIR and the capacity and limitations of the broader service system.</p> <p>Provision of information about the program, including what it can and can't offer the person with a mental illness and/or their carer/family members/ client's care team.</p> <p>Provision of up-to-date information about mental health, NDIS and other related services.</p> <p>Will inform clients and their carers of what is expected of them, and what role they will play while engaged in the PIR program.</p> | PIR Support Facilitator |
| Accessible | Client satisfaction | <p>A client is able to speak directly to their PIR Support Facilitator</p> <p>PIR Support Facilitators can access information about clients from the CIMS and document all conversations with the client in the organisation's client information management system</p> | PIR Support Facilitator |

| Theme | Impact | Performance | Responsibility |
|----------------------|---|---|--|
| Effective and timely | Service efficiency | See response times above | PIR Service Manager PIR Support Facilitator |
| Transparent | Accountability and open communication | <p>Processes and decision-making are consistent with EMPHN PIR Operational Guidelines and the PIR Support Facilitation Provider's policies and service guidelines.</p> <p>Clients are provided with clear information about service capacity and what support can and cannot be provided.</p> <p>All conversations with the client are recorded in the organisation's client information management system.</p> | PIR Service Manager PIR Support Facilitator |
| Monitor and report | PIR Program activity is recorded on the relevant CIMS in accordance with the CIMS processes | <p>Program data is recorded and updated on the organisation's CIMS as required.</p> <p>Client is registered on CIMS within 10⁷ days of referral to the PIR Service Organisation</p> <p>Client PIR Action Plan is registered on CIMS within 20 days of the referral being received.</p> <p>The CIMS is updated by the PIR Support Facilitator within two working days of any change, or reportable actions.</p> | PIR Service Manager PIR Support Facilitator |

⁷ In cases where a client is difficult to engage meeting the 10 day timeline may not be possible. In these circumstances the client should be registered as soon as the Support Facilitator is able to.

5.5 Needs Assessment Phase

These Guidelines describe how the needs assessment phase will operate to meet the requirements of the EMPHN PIR Program and the needs of the PIR target group.

5.5.1 Description Of Needs Assessment Processes

The PIR Support Facilitator (building on the information collected at intake) will undertake the assessment process as they begin to build a relationship with the client. It may take a number of meetings before the assessment is complete. The PIR Support Facilitator will:

- Review the intake information documented in CIMS.
- Source (with the client's consent) other assessments completed by the client (if available) to minimise duplication and the necessity for the client to re-tell their story.
- Work through the domains contained in the CANSAS with the client, and, if appropriate, their family, carers or friends. This will be done within the context of the semi structured interview protocol set out below. Domains which are not relevant to the client do not have to be discussed. It should also be noted that the CANSAS does not contain a domain for 'family relationships', and PIR Support Facilitators are encouraged to canvas these and other issues not included with a client if relevant. An interpreter should be used to assist the completion of the CANSAS, if required.

The needs assessment will inform the development of the PIR Action Plan, and goals set will be linked to a CANSAS domain.

Content Areas of Semi-Structured Interview

The Camberwell Assessment of Need Short Appraisal Schedule (CANSAS) will be completed using a semi-structured interview process using relatively open-ended prompt questions that are based on the domains in the CANSAS. The table below lists the areas suggested to be covered by the semi-structured interview, and how they relate to the domains in the CANSAS. It is essential that the PIR Support Facilitator approaches the interview with the intention of having an open and relaxed conversation with the client. The questions provided are a guideline to ensure all of the needs assessment domains are covered. However, the PIR Support Facilitator may need to adapt the timing, number, order and style of questioning to reflect the responses, the condition of and cues provided by the client in order to create an effective dialogue.

The purpose of the interview should be explained. For the client, this explanation might take the form, "I'd like to go through this questionnaire with you, which covers a whole range of areas of life in which people can have difficulties. I'll go through each of these in turn, and ask about any problems you have had in the last month. Is that okay?". Time should be allowed for questions, and to ensure the assessment is not rushed. The goal is to establish whether the client experiences any problems in this domain, and if they do experience problems, whether they are getting effective help.

The length of time it takes to administer the CANSAS tool will be dependent on many factors such as interviewer's skills, the client's engagement, and the amount of help a client requires for their needs. Clients must be informed that should they feel uncomfortable or not wish to answer particular questions they can refuse and move on to the following domain.

The wording of questions in the interview protocol is designed to encourage a rich conversation between the PIR Support Facilitator and the client and/or their carer. The interview should be conducted so that for each domain the client has a clear opportunity to indicate their view about the extent of any unmet need and whether they would welcome assistance in that area.

The PIR Support Facilitator is required to gather information from a wide range of sources when undertaking a needs assessment and completing the CANSAS.

The CANSAS can be completed from the client's perspective (denoted as U = User in the CANSAS), the PIR Support Facilitator (denoted as S = Staff in the CANSAS), or the client's carer (denoted as C = Carer in the CANSAS). Note: Only the PIR Support Facilitator's CANSAS scores are required to be entered into CIMS.

The CANSAS ratings that are made by the PIR Support Facilitator, and submitted to the MDS, should reflect their judgement about the level of need, taking into account all the available information, including information provided by the client, their carers (if available) and referral sources.

| Interview areas | Suggested Questions | CANSAS Domain |
|--|---|--|
| Accommodation | Tell me about the place you live? | Accommodation |
| Food | What kind of food do you eat? Are you able to prepare your own meals or do your own shopping? | Food |
| Looking after your home | Is there anything you would like help with where you live? Are you able to look after | Looking after your home |
| Self-care | Do you have difficulty looking after yourself? E.g. bathing and showering, personal hygiene | Self-care |
| Daytime Activities | How do you spend your day? Would you like to do more? | Daytime Activities |
| Physical health | How well do you feel physically? Are you getting any treatment for physical health problems from your doctor? | Physical health |
| Mental health symptoms | How have you been recently in yourself? Are you on any medications for mental health problems? Have you had any problems with your thoughts or | Psychotic symptoms |
| Information on condition and treatment | Have you been given clear information about your medication or other treatment? Was/is it helpful? | Information on condition and treatment |
| Mental wellness | On a scale of 1-5 how would you rate your mental wellness? Have you recently been feeling very low or sad? | Psychological distress |
| Safety | Do you ever have thoughts of harming yourself, or actually harm yourself? Do you put yourself in danger in other ways? Do you think you could be a danger to other people's safety? | Safety to Self-safety to Others |
| Substance use | Does drinking cause you any problems? Do you wish you could cut down your drinking? Do you take any drugs that are not prescribed? | Alcohol/Drugs |

| Interview areas | Suggested Questions | CANSAS Domain |
|------------------------------|--|------------------------|
| Social life | Are you happy with your social life? Do you wish you had more contact with others? | Company |
| Intimate relationships | Do you have a partner? Do you have problems in your partnership/marriage? | Intimate relationships |
| Sexual expression | How's your sex life? Are there problems that you would like help with? | Sexual expression |
| Dependents | Do you have any children that are dependent on you? Pets? Parents? Siblings? <i>(if children)</i> Do you have children under 18? Do you have any difficulty looking after | Child Care |
| Education | Can you tell me about your educational abilities? Do you have difficulty in reading, writing or understanding? Can you count your change in a shop? | Basic Education |
| Communication and technology | Do you have a computer? Are you able to use the internet? Do you have a mobile | Telephone |
| Transport | Do you own a car? How do you get around? Are you able to use public transport? | Transport |
| Finance | How do you find managing your money? Are you able to pay your bills? | Money |

5.5.2 Procedure For Needs Assessment

| Step | Activity |
|------|--|
| 1. | <p>The PIR Support Facilitator will complete the CANSAS with the client (and their carer, family and friends if appropriate). This will be done using a semi-structured interview process using relatively open-ended prompt questions that are based on the domains in the CANSAS.</p> <p>The Support Facilitator should bear in mind the breadth of the domains in the CANSAS, but using their professional judgement only canvas those domains which are relevant to the client. For example, it may not be necessary to explore the domain on 'Dependents' if it is known that the client does not have children or pets. Similarly, it may not be appropriate to explore domains which the client has indicated they do not want to discuss.</p> <p>The information gathered in the interview will provide a key source for completing ratings of the CANSAS.</p> |
| 2. | The PIR Support Facilitator will complete the Camberwell Assessment of Need Short Appraisal Schedule (CANSAS). |

| Step | Activity |
|------|--|
| 3. | The PIR Support Facilitator will document the CANSAS discussions in the client's case notes and enter the Support Facilitator's version of the CANSAS into the relevant CIMS and any other required documents and information. |
| 4.. | The outcome of the needs assessment phase will be clear, client-directed goals, which inform the development of the PIR Action Plan. |

5.5.3 Expected Service Response Timelines

| Acceptable timelines | | | |
|-------------------------------------|---|---|---|
| Phase | Response time and responsibility northern | Response time and responsibility inner east | Response time and responsibility eastern |
| Registration of Initial Action Plan | Within 22 working days post referral PIR Support Facilitator | Within 20 working days post allocation (published in Fixus) | Within 20 working days post allocation PIR Support Facilitator |
| Completion of CANSAS | Within two – four meetings | Within two – four meetings | Within two – four meetings |

Practice Impacts and Principles

| Theme | Impact | Performance | Responsibility |
|--------------------------------|---------------------------------------|--|--|
| Approachable and knowledgeable | User confidence | CANSAS completed using semi-structured interview process and relatively open-ended prompt questions that are based on the domains. Semi-structured interview is conducted in a friendly and professional manner, and in a way that ensures the client is comfortable and engaged. | PIR Support Facilitator |
| Accessible | Client satisfaction | The CANSAS is completed over time and in a location that suits the needs of the client. | PIR Support Facilitator |
| Effective and timely | Service efficiency | See Response Times above | PIR Service Manager PIR Support Facilitator |
| Transparent | Accountability and open communication | Processes and decision-making are consistent with the work instructions which accompany the CANSAS Tool, the semi-structured | PIR Service Manager PIR Support Facilitator |

| Theme | Impact | Performance | Responsibility |
|--------------------|---|---|--|
| | | <p>interview guideline, and the PIR Support Facilitation Provider's policies and work instructions.</p> <p>Clients are provided with clear information about the reason for completing CANSAS and how the information collected will be used.</p> <p>The CANSAS discussion with the client is recorded in the organisation's client information management system</p> | |
| Monitor and Report | PIR Program activity is recorded on the relevant CIMS in accordance with the CIMS work instructions | <p>CANSAS data is recorded and updated on the CIMS as required.</p> <p>Client PIR Action Plan is registered on the CIMS within 20 days of the referral being received.</p> <p>The CIMS is updated by the PIR Support Facilitator within 2 working days of any change or actions.</p> | PIR Service Manager PIR Support Facilitator |

5.6 PIR Action Plan Development And Review

These Guidelines set out the requirements for the development of a PIR Action Plan, and its regular review.

5.6.1 Description Of Action Plan Development And Review Processes

It is a requirement of the Program that all PIR clients will have a PIR Action Plan. In the early stages of engagement, a client's priorities and preliminary goals should be recorded in an initial PIR Action Plan.

The PIR Action Plan is a 'live' document, and should be altered and updated in CIMS as the client engages with the PIR program and establishes their recovery goals. The PIR Action Plan is administered by the PIR Support Facilitator, in partnership with the client (and his/her carer/family, if appropriate), and the services currently involved with the client.

The content of the PIR Action Plan is based on the CANSAS discussions, and builds on the client's strengths and priorities. A key role of the Support Facilitator is to lead other members of the client's Care Team in accessing and contributing to the PIR Action Plan.

The PIR Action Plan must document the client's goals against the CANSAS domains, and include:

- actions and steps
- who will support each action and step
- a target date for achieving each goal

PIR Support Facilitators must register the PIR Action Plan on CIMS within timelines set out in table 5.3.2. However, the Action Plan does not have to be complete at this stage, and the form can be updated overtime.

As noted above, the PIR Action Plan is intended to be a 'live' document, which is discussed and reviewed with the client on a regular basis. Where any changes to goals, actions and supports are made, these should be updated in the client's PIR Action Plan on CIMS and communicated to the client's Care Team.

PIR Support Facilitators are expected to ensure that a formal review of all PIR Action Plans are completed at least every six months, and that the outcome of this review is recorded in CIMS. Depending on the role of the PIR Support Facilitator and the other workers involved, the actual review may be done by a practitioner as designated by the PIR Support Facilitator e.g. the client's Case Manager or Key Worker.

5.6.2 Procedure For Action Plan Development Processes

| Step | Activity |
|------|---|
| 1. | The PIR Support Facilitator (or another practitioner nominated by the Support Facilitator) and the client will formulate recovery goals based on the discussions conducted in the needs assessment phase. |
| 2. | The PIR Support Facilitator is responsible for ensuring each of the agreed goals is documented in the PIR Action Plan, and identifying which CANSAS domain each goal relates to. |
| 3. | The PIR Support Facilitator (or another nominated practitioner), in discussion with the client, will agree on how each goal will be achieved, and document this in the PIR Action Plan. Discussions will cover actions/steps for achieving each goal, which will support the goal, a target date, proposed outcomes and review dates. The Action Plan and review dates will be logged in CIMS by the PIR Support Facilitator. The PIR Support Facilitator (and client) will liaise with other relevant services (members of the Care Team) to discuss how they will contribute to the achievement of the client's goals, what actions/steps they will take and what role they will play. |
| 4. | Unless the client explicitly declines to participate in a Care Team Meeting, it is expected that they will be invited to attend and participate; along with their carer should they so choose. |
| 5. | If appropriate a Care Team Meeting will be convened to discuss the goals and refine the Action Plan. The contact person, name of the agency, type of service and contact details for all services involved in the Action Plan will be documented in the PIR Action Plan. |
| 6. | The PIR Action Plan is a live document, and will be reviewed with the client (and their carer) on a regular basis by the PIR Support Facilitator and/or the client's Key Worker. Each time the Action Plan is reviewed and changed, the PIR Action Plan will be updated on CIMS, and an email sent to advise the Care Team. |

| Step | Activity |
|------|--|
| | The PIR Support Facilitator should look over and evaluate the PIR Action Plan, at least once every three months. If the goals and actions outlined in the Action Plan are not progressing as agreed, the PIR Support Facilitator may initiate a Care Team Meeting, to review where the client is in their engagement with the program or liaise with individual practitioners as needed. |
| 7. | <p>PIR Support Facilitators will initiate a formal review of a client's PIR Action Plan not less than every six months, and the outcome of this review will be recorded in CIMS.</p> <p>Depending on the role of the PIR Support Facilitator and the other workers involved with the client, the actual review may be done by a practitioner other than the PIR Support Facilitator, e.g. the client's Case Manager or Key Worker.</p> |
| 8. | If there is general consensus that the client is well engaged with the Care Team members, and the PIR Action Plan goals and stages are progressing well, then the decision may be made by the PIR Support Facilitator to register the Action Plan as "Active - monitoring only". |
| 9. | When a client has achieved their recovery goals, and/or they no longer need support from the PIR Program. The PIR Support Facilitator will initiate a final review process, and start the client's transition and exit from the PIR Program. |

5.6.3 Expected Service Response Timelines

Response Times

| Acceptable timelines | | | |
|---|---|--|---|
| Phase | Response time and responsibility northern | Response time and responsibility inner east | Response time and responsibility eastern |
| Registration of Initial Action Plan | Within 22 working days post referral PIR Support Facilitator | Within 20 working days post allocation (published on Fixus) PIR Support Facilitator | Within 20 working days post allocation PIR Support Facilitator |
| Care Team Meeting held | Within two to three weeks of setting goals with the client | Within two to three weeks of setting goals with the client | Within two to three weeks of setting goals with the client |
| Advise Care Team Meeting if the client's goals change | Within one week | Within one week | Within one week |
| Evaluate Action Plan | At least every three months | At least every three months | At least every three months |
| Formal Review of Action Plan | Not less than every six months | Not less than every six months | Not less than every six months |

| Acceptable timelines | | | |
|---|---|--|---|
| Phase | Response time and responsibility northern | Response time and responsibility inner east | Response time and responsibility eastern |
| Registration of Initial Action Plan | Within 22 working days post referral PIR Support Facilitator | Within 20 working days post allocation (published on Fixus) PIR Support Facilitator | Within 20 working days post allocation PIR Support Facilitator |
| Minutes and actions from Care Team Meeting sent out to Care Team and client | Within three working days of the Care Team Meeting | Within three working days of the Care Team Meeting | Within three working days of the Care Team Meeting |

5.7 Care Team Meetings

This section of the Guidelines sets out requirements for Care Team Meetings.

5.7.1 Description Of Care Team Meetings

The Care Team includes a client's carer (should they have one/wish for them to be included) along with the main services supporting the client's recovery goals. It is expected that the client and their carer will be part of the Care Team, unless they have formally chosen not to take part. The Care Team works together to formalise how each agency will contribute to the achievement of the client's goals set out in the PIR Action Plan, and then to review the Care Plan as appropriate (at least every three months).

Clients may choose not to have certain information shared with particular members of the Care Team.

Key services involved with the client, such as a GP, may not be able to physically participate in a Care Team meeting. In this instance, the PIR Support Facilitator or lead practitioner will facilitate their involvement in the formulation of the PIR Action Plan, this may include discussing the client's goals over the phone. The PIR Support Facilitator is responsible for keeping Care Team members who cannot physically attend meetings informed about agreed outcomes, decisions and actions arising from the Care Team Meeting.

While a client is in the PIR Program, a client will be regarded as: active, active – monitoring only, or exited. A brief definition of each of status is presented in the table below.

* Note – information can only be shared with the Care Team where a client has provided consent.

| Client Status | Status Description |
|--------------------------|---|
| Active | An 'Active' client has met the inclusion criteria for PIR, has had an assessment of their support needs undertaken, has had or is in the process of having a PIR Action Plan developed, or is in the process of being connected to required supports and services as specified in their PIR Action Plan. |
| Active – monitoring only | <p>PIR clients in this category are those for whom effective coordination and support arrangements have been established by the PIR Support Facilitation Provider, but for whom relatively low intensity monitoring of those arrangements is required to ensure they can be sustained.</p> <p>The client, however, remains registered as a client with the PIR Support Facilitation Provider until they no longer need specific PIR Support Facilitator assistance, or their situation changes in a way that requires them to move back to an 'Active' client status.</p> |
| Exited | <p>A PIR client is considered to have 'exited' from PIR when they have met any of the following conditions:</p> <ul style="list-style-type: none"> • There is mutual agreement between the PIR Support Facilitation Provider and the client that stable arrangements are in place, and they are accessing the required services and supports to meet their needs with no need for additional coordination or flexible funding support. • The client has moved out of the EMPHN catchment. |

| Client Status | Status Description |
|---------------|---|
| | <ul style="list-style-type: none"> Contact with the client has been lost, and is unable to be re-established. The client has passed away. |

5.7.2 Procedure For Care Team Meetings

| Step | Activity |
|------|---|
| 1. | The Support Facilitator (and Lead Practitioner or Key Worker if appropriate) and the client will discuss and document the recovery goals, determine how each goal can be achieved, and decide which agencies/workers will be involved in supporting the client (the Care Team). |
| 2. | <p>The Support Facilitator will organise a Care Team meeting if required. This will involve:</p> <p>Prior to the meeting:</p> <ul style="list-style-type: none"> contacting all key services and natural supports to organise their participation in the Care Team meeting, sending out an invitation to all members about when and where the meeting is going to be held, preparing an agenda for the meeting, and briefing workers on their role in the Care Team meeting. <p>During the meeting:</p> <ul style="list-style-type: none"> chairing the meeting and facilitating discussion, ensuring the client is comfortable and confident to participate in the meeting, and advocating for the client. <p>After the meeting:</p> <ul style="list-style-type: none"> coordinating the task of completing minutes with actions and distributing them within three business days of the meeting, and following up with members to ensure they are clear on roles and actions, and follow up with members if they did not attend to inform them of outcomes, decisions and actions. |

5.7.3 Expected Service Response Timelines

| Acceptable timelines | | | |
|---|---|---|---|
| Phase | Response time and responsibility northern | Response time and responsibility inner east | Response time and responsibility eastern |
| Care Team Meeting held | Within two – three weeks of setting goals with the client As required, or when indicated as part of a review | Within two – three weeks of setting goals with the client As required, or when indicated as part of a review | Within two – three weeks of setting goals with the client As required, or when indicated as part of a review |
| Advise Care Team Meeting if the client's goals change | Within one week | Within one week | Within one week |

| Acceptable timelines | | | |
|---|--|--|--|
| Phase | Response time and responsibility northern | Response time and responsibility inner east | Response time and responsibility eastern |
| Minutes and actions from Care Team Meeting sent out to Care Team and client | Within three working days of the Care Team Meeting | Within three working days of the Care Team Meeting | Within three working days of the Care Team Meeting |
| PIR Action Plan updated on CIMS | Within 24 hours of a change to the Action Plan's goals, actions or timelines | Within 24 hours of a change to the Action Plan's goals, actions or timelines | Within 24 hours of a change to the Action Plan's goals, actions or timelines |

Practice Impacts and Principles

| Theme | Impact | Performance | Responsibility |
|--------------------------------|---|---|--|
| Approachable and knowledgeable | User confidence | <p>The capacity to develop meaningful engagement with the different partners and service providers</p> <p>Ability to successfully formulate and implement an Action Plan in collaboration with the client and other service providers</p> <p>Client engaged in action planning using safe, recovery and strengths-based techniques</p> | PIR Support Facilitator |
| Accessible | Client satisfaction | The PIR Action Plan is completed over time and in a location that suits the needs of the client | PIR Support Facilitator |
| Effective and timely | Service efficiency | See response times above | PIR Service Manager PIR Support Facilitator |
| Transparent | Accountability and open communication | <p>Processes and decision-making are consistent recovery-oriented mental health principles</p> <p>Clients are empowered to participate in all aspects of goal setting, planning and Care Team meetings to achieve these goals</p> <p>The Care Plan discussions with the client are recorded in the organisation's client information management system and CIMS</p> | PIR Service Manager PIR Support Facilitator |
| Monitor and report | PIR Program activity is recorded on the relevant CIMS in accordance with the CIMS work instructions | <p>The PIR Action Plan is recorded and updated on the CIMS after Care Plan meetings.</p> <p>The CIMS is updated by the PIR Support Facilitator within 2 working days of any change or actions.</p> | PIR Service Manager PIR Support Facilitator |

5.8 Transition Planning And Exit

This section sets out the operational guidelines for transition of clients out of the PIR Program and closure requirements.

5.8.1 Description Of Transition Planning And Exit

EMPHN anticipates that clients will be in the program between six and 24 months, depending on their level of need and the goals of their recovery journey. Transition planning and exit will be discussed with all clients at intake and again during the engagement and needs assessment phases. The PIR Action Plan review processes will guide the transition planning and exit of all clients. A client will be considered for transition planning and exit only after they have been assessed as needing “Active – monitoring only” and have been in this situation for at least three months, or when the client decides to end involvement.

The PIR Support Facilitator will complete the following tasks when exiting a client from the PIR program:

- discuss the plan to exit a client with their line management/ leader
- notify the client, carer and care team of plans to exit the client from PIR and document these discussions in the CIMS
- engage the client and care team in the exit planning process, including holding discussions around the handover of the care coordination role
- complete the Numerical CANSAS for the client
- document ongoing support needs and the client’s achievements while in the PIR program
- complete the relevant exit tabs and MDS in the CIMS
- complete the Exit Summary and finalise this in consultation with the line management
- provide the client with exit letter
- gather feedback from client about their experience in the PIR program and any suggested areas for improvement
- ensure all documents are uploaded to the client’s electronic file
- email line management requesting any adjustments to the client database
- close the client file on the CIMS

A client cannot be exited from the program and their file closed unless authorised by a PIR Service Manager, co-ordinator or team leader.

5.8.2 Procedure For Transition To Exit And Closure

| Step | Activity |
|------|--|
| 1. | Where a client is progressing well on their PIR Action Plan, their goals are being achieved, and the support systems are established and working well, the PIR Support Facilitator will change the status of the client on CIMS to “Active – monitoring only”. |
| 2. | The PIR Support Facilitator monitors all clients classified as “Active – monitoring only” for at least three months (or at the discretion of the client and/or PIR Service Manager). After a client has been in a position of “Active – monitoring only”, consideration will be given to beginning the transition planning and exit process. In preparation for exit, the PIR Support Facilitator may contact the agencies providing the most direct support to the client to determine if transition and exit is appropriate. |

| Step | Activity |
|------|---|
| 3. | The PIR Support Facilitator will discuss transition and exit with their manager, and if a decision to progress to exit from the program is made, then the PIR Support Facilitator will discuss a transition plan and exit process with the client and their key worker (if relevant). If appropriate, the PIR Support Facilitator will begin the transition plan and exit process. |
| 4. | The key members of the Care Team will be advised of the decision to begin transition planning and the exit process, and be engaged in the step down process. As part of this process, the CANSAS will be repeated and the Action Plan reviewed, to determine if the client's goals have been achieved or progressed, and to identify what supports/services they may need once they exit the PIR program (or in the future). This process will inform the exit plan, which will be documented in the clients PIR Action Plan and in CIMS. |
| 5. | The client will be supported to exit the Program and will be advised that they may be eligible to re-enter the Program should their situation change and they need further support facilitation. |
| 6. | The PIR Support Facilitator will complete the Exit Summary Sheet outlining all the work done with the person since they have been in the PIR Program. When completed, the Exit Summary Sheet is attached to the client record in CIMS. The client status in CIMS is changed to "Exited". |

5.8.3 Expected Service Response Timelines

| Acceptable timelines | | |
|---|---|-------------------------|
| Phase | Response time all PIR programs in the EMPHN catchment | Responsibility |
| Active – monitoring only | At least three months | PIR Support Facilitator |
| Client exit plan developed | For all clients | PIR Support Facilitator |
| Client status updated on CIMS to Exited | Within 24 hours of a change to client status | PIR Support Facilitator |

Practice Impacts and Principles

| Theme | Impact | Performance | Responsibility |
|--------------------------------|-----------------|---|-------------------------|
| Approachable and knowledgeable | User confidence | Ability to successfully formulate and implement an exit plan in collaboration with the client. Client engaged in transition and exit planning using safe, recovery and strengths-based techniques. | PIR Support Facilitator |

| Theme | Impact | Performance | Responsibility |
|----------------------|--|--|--|
| Accessible | Client satisfaction | The exit plan is completed over time and in a location that suits the needs of the client. | PIR Support Facilitator |
| Effective and timely | Service efficiency | See response times above | PIR Service Manager PIR Support Facilitator |
| Transparent | Accountability and open communication | Processes and decision-making are consistent recovery-oriented mental health principles. Clients are empowered to participate in all aspects of transition and exit planning. The exit plan discussions with the client are recorded in the organisation's client information management system and CIMS. Exit details including the list of reasons for the client's exit from the program are documented in the CIMS. | PIR Service Manager PIR Support Facilitator |
| Monitor and report | PIR Program activity is recorded on the relevant CIMS in accordance with the CIMS work instructions. | The exit plan is recorded in CIMS. The CIMS is updated by the PIR Support Facilitator within two working days of the client's formal exit from the PIR Program. Exit Summary Sheet outlining all the work done with the person since they have been in the PIR Program is completed and attached to the client record in CIMS | PIR Service Manager PIR Support Facilitator |

5.9 Flexible Funding

5.9.1 Management Of PIR Flexible Funding

These Guidelines have been developed to ensure the management of the PIR flexible funding pool meets the requirements set out in the Australian Governments' PIR Guidance Pack (2016) and is consistent across the three PIR programs delivered in the EMPHN catchment.

5.9.2 Description Of Flexible Funding

Support Facilitation Providers have access to a limited amount of flexible funding for PIR consumers, which can be used to purchase services and appropriate supports when consumer needs are identified, but are not immediately able to be met within the existing network of service providers or other through other flexible funding sources.

Flexible Funding may be used to purchase services and supports to meet the needs of individual consumers and/or combined to purchase services for a number of consumers.

Flexible Funding in the EMPHN catchment can be used to purchase:

1. Individual Client Services / Supports (ICS)
2. Individual Capacity Building Activities (ICB)

A list of the types of services and supports that may be purchased with flexible funding by Support Facilitation Providers for consumers is provided in the table at the end of these Guidelines.

Support Facilitation Providers guided by the needs of PIR consumers and the professional judgement of PIR Support Facilitators have the flexibility to determine how Flexible Funds are spent, however all expenditure of Flexible Funds must meet the following principles.

- Aligns with the overall intent of PIR, which is to improve the system response to, and outcomes for, people with severe and persistent mental illness who have complex needs.
- Facilitates more timely access to existing services through the usual pathways and access points.
- Use is for one-off/short-term service delivery or support requirements that are not able to be ordinarily met through normal channels.
- Supports sustained and effective partnerships which work to improve the coordination and integration of relevant elements of the service delivery system in the region.
- Supports, and is informed by, regional level strategic planning to improve the system response to, and outcomes for, the PIR target group.
- Ensures adequate funding is available within the overall budget to meet all other requirements under the Funding Agreement.
- Services and supports purchased with the flexible funding pool represent value for money.
- Services and supports purchased with the flexible funding pool are capable of withstanding public scrutiny, and will not bring the PIR Organisation, or the PIR initiative more broadly, into disrepute.⁸

The amount of Flexible Funding received by EMPHN is based on an average flexible funding amount of \$300 per consumer. The amount of Flexible Funding spent on each consumer will vary, depending on their individual needs and the Support Facilitation Provider's processes for managing Flexible Funds.

⁸ Department of Health. *PIR Guidance Pack for PIR Organisations* (October 2016), page 36.

5.9.3 Items, Services And Supports Which Cannot Be Purchased Using Flexible Funding

The following list of items, services and supports cannot be purchased for consumers using PIR Flexible Funding:

- Services or supports that are immediately available within the existing service delivery system
- Services or supports that are not directly aimed at supporting the achievement of PIR objectives and that will not be of benefit to PIR consumers
- Ongoing medical or allied health treatment
- Ongoing accommodation or transport expenses
- Any service to a level that would negatively impact on the budget available to meet the operational costs required to implement PIR, or
- Any services or supports that would not withstand public scrutiny, or could bring the PIR Organisation, or the PIR Initiative more broadly, into disrepute.⁹

5.9.4 Allocation And Management Of Flexible Funding In The EMPHN Catchment

This section of the Guidelines provides an overview of the allocation and management requirements for PIR Flexible Funding in the EMPHN catchment.

1. EMPHN will allocate an amount of Flexible Funding for ICS to each Support Facilitation Provider (based on the organisation's PIR targets) at the beginning of each financial year for a 12 month period.
2. Each Support Facilitation Provider will be responsible for having in place policies, procedures and systems, including clear delegations of authority for managing, administering and reporting on the expenditure of its PIR Flexible Funds. Support Facilitation Providers' policies, procedures and systems must reflect the requirements of the Australian Government's PIR Guidance Pack (October 2016) and these Guidelines.
3. Each Support Facilitation Provider (in consultation with its PIR SFs) will determine how the Flexible Funds (ICS) are spent. Where an organisation determines that an amount of \$1,000 or more will be spent, then it will advise the EMPHN PIR Manager via email of the expenditure, including de-identified details of the amount of Flexible Funding spent and a brief rationale for the expenditure.
4. Each Support Facilitation Provider will submit a quarterly report on the expenditure of its Flexible Funding against the CANSAS domains (including the amount of flexible funding used and the types of services/supports that have been purchased with the flexible funding) to the EMPHN PIR Manager within 10 days of the end of each quarter (March, June, September and December).
5. Each Support Facilitation Provider will monitor its expenditure of Flexible Funding, to identify trends, opportunities for bulk purchasing etc., and report these at each Leadership Group Meeting.

⁹ Department of Health. *PIR Guidance Pack for PIR Organisations* (October 2016), page 36.

6. Each PIR Leadership Group (Northern, Inner East and Eastern) will discuss Flexible Funding as a standing agenda item, to identify opportunities for collaboration, bulk purchasing and develop strategies to support the effective use of the PIR flexible funding pool.
7. The EMPHN will prepare and submit a report on the expenditure of Flexible Funding to the Australian Government in accordance with its contracted acquittal requirements.

5.9.5 Examples Of Items, Services And Supports That Can Be Purchased With Flexible Funds In The EMPHN Catchment

| Individual Client Services / Supports (ICS) | Individual Capacity Building Activities (ICB) |
|---|---|
| <ul style="list-style-type: none"> • Dental treatment, while waiting for access to public dental services. • Access to a primary health care provider (GP, chronic disease case manager) while any issues regarding access to a health care card or Medicare are being resolved. • Purchase of medications while any issues regarding access to a health care card are being resolved. • Access to private medical services where immediate need is identified and public services are unavailable due to demand, such as drug/alcohol treatment and rehabilitation and psychiatric services. • Specific services/treatment provided through allied health care providers, for example: <ul style="list-style-type: none"> • assessment and one specified course of treatment/care with a podiatrist, chiropractor, osteopath, occupational therapist, audiologist, physiotherapist or dietician. Neuro-psych or OT assessment related to building daily living skills and consistent with those services in the NDIS Price Guides. • allied health practitioners and counselling, while access to public treatment is arranged, and • optometry assessment and prescription glasses while any issues regarding access to a health care card and Medicare are being resolved. • Short-term accommodation in an appropriate accommodation facility while longer-term accommodation/housing arrangements are put in place. • Furniture removal costs. • Travel assistance to enable the consumer to attend appointments, or family reunification events, as specified in the PIR Action Plan. • Access to a financial/debt management advisor. • Access to recreational and social support services and activities. • Clothing to attend a job interview, start a job or participate in vocational or other types of training. | <p>Purchase or deliver courses or training that would assist PIR consumers with daily living skills, such as parenting skills, vocational skills, organisational and decision-making skills. In the EMPHN catchment this will include:</p> <ul style="list-style-type: none"> • hoarding capacity building, • transport training, • specialised positive behaviour support as defined by the NDIS, • courses to develop vocational skills that are not otherwise available through the Job Network Agencies or other organisations funded to provide training opportunities, and • a period of guided physical fitness support focused on building the participant capacity to engage in ongoing safe exercise routines and assisting with accessing mainstream gyms, sporting clubs and group fitness programs. <p>All ICB funded activities must be consistent with the services contained in the NDIS Price Guides.</p> |

5.9.6 Individual Capacity Building Activities (ICB)

ICB funds should be utilised to purchase activities or support with the intention of increasing the capacity of the PIR consumer to participate in their own care planning, enhance their decision making skills and self-confidence to participate in everyday life.

ICB funds will be retained by the EMPHN and released based on requests from PIR Support Facilitation Providers for a specific course of sessions of ICB focussed supports and may be directed towards a particular consumer's needs or to a group of PIR consumers who reveal/request common needs.

Requests for ICB funding should be considered by the RFAC in the Eastern PIR region and/or by the Leadership Group in each of the PIR regions. The requests to committees should be de-identified and generalised in their nature so as not to identify any individual.

An ICB discussion and request process will be developed within the Terms of Reference by the RFAC and Leadership Groups.

Typically ICB requests are those that generally fall outside the scope and capacity of the ICS funds and may be directed to longer periods of need and also to allow for the gradual development of skills and learning by the PIR consumer/s.

Group activities will be prioritised and those that provide the greatest value for the greater numbers of PIR consumers.

Invoicing for ICB services will be negotiated with the providers and should as far as possible reflect the NDIS pricing guide for the unit cost of like activities.

Invoices should be addressed to Eastern Melbourne PHN for processing. No invoice can be honoured without prior approval via the PIR governance process above and without the prior approval of the EMPHN PIR manager.

6 Terms of Reference

6.1 Terms of Reference for EMPHN Consortia Groups

Terms of Reference

EMPHN Consortia

[To be tailored for each of the Consortia in the EMPHN catchment]

Purpose

The purpose of the PIR Consortia is to:

- Improve communication, coordination and delivery of local supports and services across sectors for the Partners in Recovery (PIR) target group;
- Support the PIR target group to achieve optimum outcomes through transition to the National Disability Insurance Scheme (NDIS); and
- Support the implementation of the national mental health reforms with a focus on the PIR target group.

The Consortia's responsibility is to:

- Provide expertise and strategic direction to the Program;
- Contribute to development and implementation of the annual Program Plan;
- Facilitate collaboration, engagement and communication across the mental health and community providers in the catchment;
- Promote system reform; and
- Act as a steering group for the PIR Program in the sub-region of the catchment.

The Consortia will:

- Make recommendations to the EMPHN and guide other PIR committees regarding the strategic direction and implementation of the PIR program;
- Oversee and monitor the [Eastern Melbourne, Inner East Melbourne or Northern Melbourne] PIR program to support delivery of high quality outcomes for clients and achievement of PIR objectives;
- Promote a community-based recovery model for all clinical and community support services delivered to the PIR target group;
- Take a proactive approach to learning about the NDIS, and share this learning within the Consortia and associated health services with the focus of supporting the PIR client group;
- Identify and advocate on issues relating to transition to NDIS in order to make the transition as positive as possible for PIR clients, to include NDIS eligible and non-eligible clients;
- Provide strategic input to improve referral pathways that facilitate access to the range of services and supports needed by the PIR target group;
- Inform the needs analysis and commissioning processes of EMPHN for implementing national mental health reforms;
- Receive and act on reports and information from PIR clients and carers, the PIR Operations Management Group (OMG) and EMPHN;
- Actively contribute to consultation and engagement between the PIR Organisation and the broader PIR network, maintaining networks with stakeholders in the region and with other PIR initiatives;
- Foster a culture of collaboration between services relevant to the PIR target group that has a central focus on recovery and user empowerment;
- Contribute to development of strategies, policies, procedures and plans relevant to PIR;
- Support EMPHN in compliance requirements with the federal Department of Health;

- Participate in initiatives, activities and processes that will build capacity of the members of the PIR Reference Group to deliver outcomes of the PIR initiative; and
- Participate in subcommittees/working groups as necessary.

Membership

Agency representation will be at a level of seniority sufficient to allow delegated authority to make decisions on behalf of the member agency.

| Agency | Role | Sector |
|---------------|-------------|------------------------|
| EMPHN | Lead Agency | Primary Health Network |
| <i>insert</i> | | |
| <i>Insert</i> | | |
| <i>Insert</i> | | |
| <i>Insert</i> | | |
| <i>Insert</i> | | |
| <i>insert</i> | | |

Co-option

The Consortia may co-opt suitable members to the Consortia by majority vote of present members where relevant specialist knowledge or expertise is not available from the existing membership. Co-opted members may serve for a period determined by the Consortia. Co-opted members have the same rights as other members under these terms of reference.

Resourcing

The PIR Consortia meetings will be coordinated and administered by EMPHN.

Withdrawal and non-participation

An organisation seeking to withdraw membership and participation must first enter into reasonable discussions with the PIR Consortia and EMPHN prior to resigning participation.

Attendance at meetings

PIR Consortia members have been selected on the basis of their skills and the sector that they represent. Consequently, it is important that Consortia members take all reasonable steps to ensure attendance (in person or remotely) at Consortia meetings. Where named representatives are unable to attend, deputies will only be engaged where they have sufficient knowledge and expertise to make an active contribution to the Consortia meeting.

Attributes

| | |
|--|--|
| Frequency of meetings | Quarterly |
| Duration of meetings | One and a half to two hours, as required |
| Chairperson | Senior Manager Mental Health EMPHN |
| Quorum | Half the total number of members from three or more sectors is required in order to achieve consensus |
| Reporting to | EMPHN |
| Receives reports from | OMG Recovery Focused Advisory Committee - Eastern Melbourne and Inner East Melbourne PIR Programs Northern Melbourne Client and Carer Reference group – Northern Melbourne PIR Program |
| Authority | To make recommendations and provide guidance. |
| Commencement date | July 2016 |
| Frequency of Terms of Reference review | Annual |

6.2 Terms of Reference for the Recovery Focused Advisory Committee

Eastern Melbourne Partners in Recovery Program Recovery Focused Advisory Committee Terms of Reference

1. Introduction

The Recovery Focused Advisory Committee (RFAC) is a sub-committee of the Eastern Melbourne Partners in Recovery (PIR) Consortium. It was established in March 2013 as a collaborative committee to focus on a joint approach around recovery, person-centered care co-ordination and to consider flexible funding applications. This was to occur in a sharing and learning environment, where Support Facilitators and consumers/carers came together to discuss their experience of the system and its impacts whilst identifying system barriers and gaps, and influencing practice. The progress and outcomes of these were then presented to the Consortium on a quarterly basis for possible action around system gaps and change.

2. Purpose

The purpose of RFAC is to:

- Positively influence the practice of Eastern Melbourne PIR, by promoting recovery principles;
- Identify barriers, blockages and kinks in the service system, that if resolved would create a greater opportunity for consumers to progress in their recovery;
- Influence practice and make systems improvement recommendations to the EMPIR Consortium and Management Groups;
- Review applications for Individual Capacity Building (ICB) funding and make recommendations to the EMPHN PIR Manager regarding the application of these funds;
- Review quarterly reports from Mind and Neami on the utilisation of ICS (Flexible) funds and make recommendations on future organizational utilisation;
- Advise on PIR capacity building activities for PIR consumers and carers to assist with better focusing these activities; and
- Assist Service Provider and PIR Consumers and Carers to plan constructively in relation to the NDIS transition in the East of Melbourne.

3. Function

To achieve its intended purpose, at each meeting, the RFAC will review ICB and ICS.

3.1. Individual Capacity Building Funding - Review

- PIR Consumers are always welcome at RFAC and are invited to discuss ICB services that they have experienced.
- Support Facilitators and carers are encouraged to support the participation of consumers and enhance the consumer's ability to convey the messages regarding the ICB service or unmet need.
- Joint presentations are encouraged as this reflects a collaborative, recovery-focused approach.
- RFAC will consider and record what has been difficult for consumers

lack of suitable services.

- RFAC will also consider areas of the service system that are supporting recovery.
- RFAC may consider making specific recommendations related to a particular service and/or recommendations to the EMPHN Consortia regarding the service gaps which currently exist and hamper the recovery prospects of PIR consumers.
- RFAC will also hear presentations from Support Facilitators seeking review and support to manage complex issues with a recovery-focused approach.
- RFAC will serve as an advisory committee for the Operational Management Group (OMG) as required.

3.2 RFAC Review of ICB Applications

The RFAC will be presented with a de-identified record of all applications for the two month period prior to the RFAC meeting.

The RFAC, after due consideration of the presentations, will make recommendation which will be recorded in the RFAC minutes and reported to the Consortium, OMG and EMPHN PIR Manager.

3.3 Review ICS Expenditure

The RFAC will be presented with a de-identified compiled record of all ICS (Flexible Funds) applications for the two month period prior to the RFAC meeting. These reports will be compiled and presented by manager representatives from Mind and Neami.

The RFAC will review ICS funding expenditure to identify trends in funding requests. The review will seek to identify gaps and to consider how funded items might be provided under the NDIS.

The RFAC recommendation will be recorded in the RFAC minutes and reported to the Consortium, OMG and EMPHN PIR Manager.

4. Expected Outcomes

- 4.1. Eastern Melbourne PIR agencies are guided in the delivery of quality care coordination that is driven by recovery principles.
- 4.2. Training needs for Eastern Melbourne PIR staff are identified.
- 4.3. A quarterly report to the PIR Consortium outlining themes and trends and identifying system barriers that hinder PIR consumers' recovery. Recommendations will be made to the consortium and the EMPHN.
- 4.4. PIR Consumers and Carers are given the opportunity to build their capacity to participate in planning and review meetings related to the mental health system and the allocation of resources.

5. Membership

| | |
|---|--|
| Position Title: | |
| Carer Representative - Chairperson | |
| Consumer Representative | |
| Consumer Representative | |
| EMPHN PIR Manager and/or Program Officer | |
| Service Manager MIND | |
| Service Manager Neami National | |
| Team Leader Mind Australia | |
| Invited Participants | |
| PIR Consumers * | PIR Consumer |
| PIR Carers * | PIR Carer |
| Team Leaders | MIND & NEAMI |
| PIR Support Facilitators * | PIR Support Facilitators |
| Other community members / Service providers * | PIR NDIS service provider/other community member or observer |

*Representation may be required from other sources to seek input, feedback or action as required and will be sought as necessary. At the request of the Chairperson (on behalf of the RFAC), other people may be invited to attend the RFAC to provide advice and assistance as necessary. Decisions will be made by consensus. Invitees have no voting rights.

6. Consumer/Carer Participation

- 6.1. All consumers or carers who are members of the RFAC will be offered opportunities for mentoring, training and/or supervision.
- 6.2. All consumers or carers who are members of the RFAC will be paid in accordance with EMPHN's Remuneration Policy.
- 6.3. All consumers, carers or representatives who are invited to attend the RFAC will be paid in accordance with EMPHN's Remuneration Policy.

7. Roles and Responsibilities

| | |
|--|---|
| RFAC Chairperson | <ul style="list-style-type: none"> • Prepare the agenda in consultation with the PIR Project Officer and host organisation. • Invite relevant others to attend meetings when required. • Write the quarterly report on behalf of the RFAC. • Submit quarterly report to the EMPHN PIR Manager for review and comment not less than one week before the EMPIR consortium meeting. • Lead discussion of the Consortium report during the EMPIR consortium meeting. • Liaise with the organizing service to confirm meeting and preparation. |
| EMPHN PIR Project Officer | <ul style="list-style-type: none"> • Liaise with the Chairperson to prepare the agenda. • Distribute the agenda and communicate attendance numbers to Chair. • Make available EMPHN ICB Reports. |
| Hosting Organisation <ul style="list-style-type: none"> • Mind Australia • Neami National <p>Responsibility for hosting meetings will alternate between Mind and Neami.</p> | <p>Host RFAC meetings, including:</p> <ul style="list-style-type: none"> • Booking a suitable meeting room; • Organising refreshments; • Liaise with meeting chair related to room set up and other housekeeping; • Making copies of documents, including ICB and other documents, one week prior to meeting; • Taking minutes; • Organising letters of thanks and vouchers for consumer / carer participation.; • Reimbursing consumers and carers with vouchers to the value of \$60.00 per hour; and • Invoice EMPHN for honorarium payments to consumers. |

Quorum: A quorum comprises 50% (Minimum 1 carer, 1 manager from Mind Australia and Neami National).

Frequency: The PIR RFAC will meet bi-monthly.

Length: Meetings will not go longer than three hours.

Term: Annual review of TOR and membership or earlier if required.

Preparation: The agenda together with reports and documents that relate to the RFAC will be prepared and circulated.

8. Reporting

The RFAC will report its progress to the Eastern Melbourne PIR Consortia through the RFAC Quarterly Report.

9. Obligations of the RFAC

All members of the RFAC will:

- Comply with the Terms of Reference;
- Follow up on actions identified in meeting in a timely fashion;
- Attend scheduled meetings, sending apologies, and a proxy if unable to attend;
- Adhere to Privacy and Confidentiality legislation; and
- State any conflicts of interest at the beginning of each meeting.

The above Terms of Reference for the Eastern Melbourne PIR Recovery Focused Advisory Committee have been agreed to by:

Signature:

Date: / /

EMPHN PIR Manager

6.3 Terms of Reference for the Northern Melbourne PIR Consumer and Carer Reference Group

Eastern Melbourne Partners in Recovery Program Northern Melbourne PIR Consumer and Carer Reference Group Terms of Reference

Purpose

The purpose of the Northern Melbourne Partners in Recovery (NM PIR) Consumer and Carer Reference Group (to be referred to as Reference group) is to advise Eastern Melbourne Primary Health Network (EMPHN) and the NM PIR Consortium on the ongoing operation and future development of the program. The group will use their lived experiences and understandings of the mental health system to advocate and address the issues and concerns of Consumers and Carers (see Appendix 1).

Reference Group members could be asked to become a representative in other EMPHN PIR groups and working parties. These may include; advisory groups or committees, staff education and professional development activities, forums, planning, and policy development initiatives.

In order to directly participate in the governance structure of NM PIR, a Consumer Carer Advisory group will be convened (to be referred to as the Advisory group). This will consist of four members and will be drawn from the Consumer Carer Reference Group and the Culturally and Linguistically Diverse (CaLD) Consumer Carer Reference Group (see appendix 2). The Consumer Carer Advisory group will meet as required and be convened by the Mental Health Program Officer. Members of this group will attend consortium meetings and other EMPHN PIR activities as needed and determined by EMPHN.

Information update and sharing of issues between groups will be initially be facilitated by Mental Health Program officer at EMPHN with intention to build capacity and identify processes to occur to share information between groups.

The Consumer Carer Reference Group will meet on a monthly basis to ensure ongoing engagement with NMPIR for all members. Schedule of meetings to be reviewed in six months' time.

The purpose of the Northern Melbourne PIR Consumer and Carer Reference group is as follows:

- To provide informed insights into the lived experience of mental illness and Recovery activities;
- To represent the needs and experiences of PIR mental health Consumers and Carers in the Northern Melbourne area;
- To raise awareness of current Consumer and Carer related issues, particularly as they are identified within their specific service area; and

- To provide advice and feedback to the Consortium, through the Consumer and Carer Representatives, that supports the delivery and implementation of the Partners in Recovery program in the Northern Melbourne region.

Term

This Terms of Reference (TOR) is effective from 30 June 2016 and continues until terminated by agreement between the parties.

Review date for TOR set for 12 months - 30 June 2017.

Terms of current PIR agreement end - 30 June 2019.

Membership

The Northern Melbourne PIR Consumer and Carer Reference Group will comprise at least four members representing both Consumers and Carers participating in the NMPIR program, and the Mental Health Program Officer at EMPHN. Members of the Reference Group will be appointed for an initial period of 12 months, after which time membership will be reviewed.

The Consumer Carer Advisory group will consist of at least three members drawn from the Reference Group and the CaLD reference group. The membership of the Advisory Group will be one year and will be revised in June 2017. Membership of this group will be nominated by EMPHN. See diagram in Appendix 2.

It is encouraged, when being a member of the Advisory and/or Reference Group, to attend meetings regularly throughout the year. It is good practice to inform the Program Officer of your attendance or make an apology for not being able to attend. If a member has decided to not to attend anymore, the position may be allocated to a new member as decided by the Program Officer. A consumer or carer who has left PIR may continue with the membership until the year tenure is complete.

Roles and Responsibilities

The Reference Group is accountable for:

- Fostering collaboration between the NMPIR program and Consumers and Carers;
- Report and aim to address promptly any difficulties that may affect the groups' aim and/or their role as a consumer or carer representative in any other operational instance;
- Maintaining focus at all times on the NMPIR target group living in the north, and contributing to a NMPIR service across the region that best meets the needs of the consumer and carer target group; and
- Monitoring and advising on Consumer and Carer issues that are critical to the success of the local initiative.

The membership of the Reference Group will commit to:

- Attending two out of three scheduled Reference Group meetings;
- Attending all other NMPIR operational instances to which the member nominates themselves as a consumer or carer representative;
- Share all communications and information between members of the group and NMPIR representatives across all PIR Group members;
- Notify, make timely decisions and take action should any matter arise which may be deemed to affect the purpose of the group;
- Notify the PIR Program Manager or Mental Health Support Officer of any conflicts or grievances among the group;
- Members will protect the confidentiality of information provided by or relating to other members and/or consumers / carers, and only use information in matters relating to NMPIR;
- Respect the views and opinions expressed by all members of the group;
- Demonstrate a commitment to participation and actively contribute to group discussions and activities;
- Refrain from any public comment or activity that would reflect negatively on the Northern Melbourne Partners in Recovery program; and
- Support the Reference Group Chairperson to ensure that all members have an equal opportunity to express their views in an environment where respect and value of all members is prioritised.

Members of the Reference Group will expect:

- That each member will be provided with complete, accurate and meaningful information in a timely manner;
- To be given reasonable time to make key recommendations;
- To be alerted to potential risks and issues that could impact the Group's purpose, as they arise;
- To engage in open and honest discussions;
- To engage in ongoing monitoring and review of the Group's activities, goals and Terms of Reference;
- To receive minutes and reports from other PIR and NMPIR organisational groups as appropriate; and
- That draft documents produced by the Group will not be released until approved by the NMPIR Program Manager.

In addition to the above terms, members of the Advisory Group will commit to:

- Attending NM PIR consortium quarterly meetings.

Meetings

The Group will meet monthly to receive updates, feedback and provide advice on the NMPIR program.

An invite will be provided by NMPIR for meeting days, times and locations.

- All meetings will be chaired by the appointed member or delegate from NM PIR.
- All meetings will be held at the EMPHN office – level 2, suite 207, 12 Ormond Blvd, Bundoora.
- A meeting quorum will be half plus one of the membership Group.
- Decisions made by consensus (i.e. members are satisfied with the decision even though it may not be their first choice). If not possible, a matter may be referred to the NM PIR Program Manager.
- Secretariat support will be provided by EMPHN, this includes:
 - preparing agendas and supporting papers; and
 - preparing meeting notes and information.

If required, subgroup meetings will be arranged outside of these times at a time convenient to subgroup members.

Amendment, Modification or Variation

This Terms of Reference may be amended, varied or modified in writing after consultation and agreement by members of the Reference Group and endorsed by the NMPIR Program Manager. The above Terms of Reference for Eastern Melbourne PHN have been agreed to.

Appendices

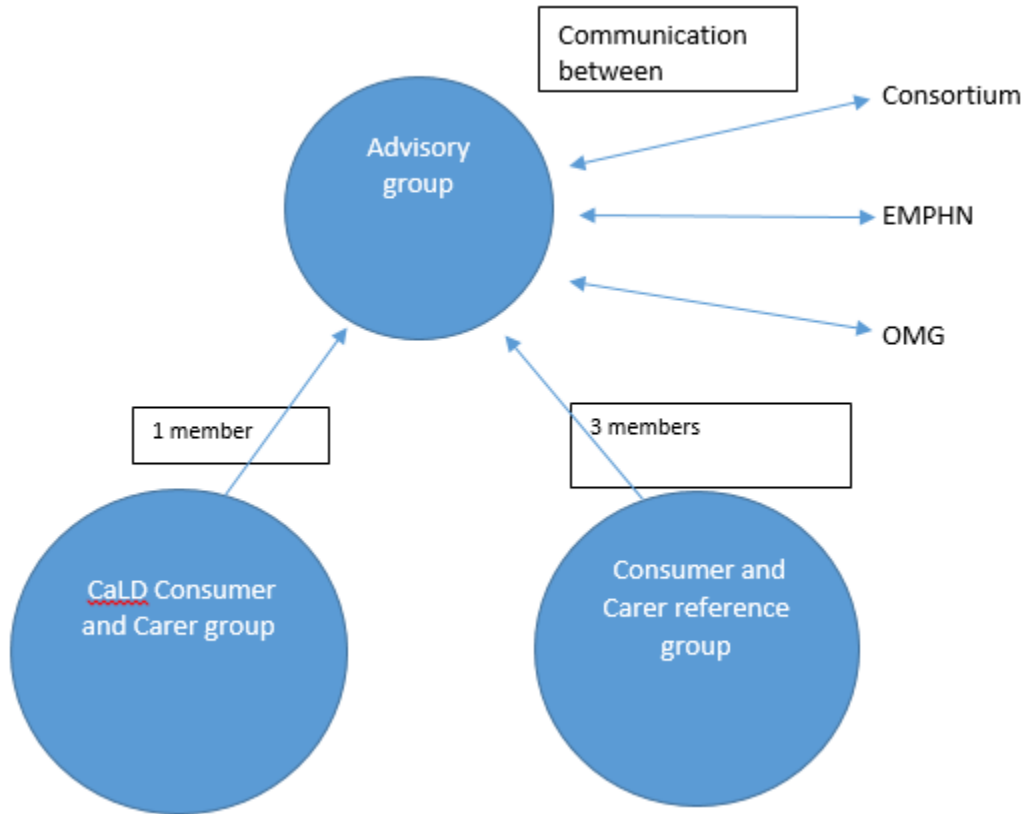
Appendix 1

'A Consumer representative is a committee member who voices the Consumer perspective and takes part in the decision making process on behalf of Consumers. The person is nominated by, and is accountable to, an organisation of Consumers'. Health Issues Centre

For more information go to <http://www.healthissuescentre.org.au/documents/items/2010/10/354150-upload-00001.pdf>

Appendix 2

Consumer Carer Reference group diagram



7 Definitions and Terms

The following definitions and terms were provided by the Department of Health for the PIR Program.

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| Carer | A person who has a caring role for a person with a mental health problem or mental illness. They could be family, friends or staff and be paid or unpaid. The role of the carer is not necessarily static or permanent, and may vary over time according to the needs of the consumer and carer. |
| Community based recovery | <p>The term ‘recovery-oriented practice’ describes this approach to mental health care, which encompasses principles of self-determination and personalised care.</p> <p>Recovery-oriented practice emphasises hope, social inclusion, community participation, personal goal setting and self-management.</p> <p>The definition of recovery can mean different things to different people, and the focus of community-based recovery is to increase a person’s autonomy and capacity to manage and cope with their mental illness.</p> <p>Empowerment and self-determination are key factors in community-based recovery. Research has demonstrated that people who are well-connected to their community experience less social isolation and have greater success in managing their mental illness.</p> <p>Community-based recovery helps to build self-resilience by establishing better connections between the person and local supports & social networks and provides stronger, longer-term outcomes.</p> <p>Having a stable home and something meaningful to do with your time (whether it is a hobby, volunteer work or study) are key factors in reaching your potential. Community-based recovery will help you to get involved and take steps toward recovery.</p> |
| Consumer | A person who uses or has used a mental health service. |
| PIR Action Plan | A PIR Action Plan identifies how the clinical and other support needs of a PIR client will be addressed, and will be signed by the client, the Support Facilitator and all relevant service managers and/or deliverers listed in the PIR Action Plan thereby committing all stakeholders to deliver what they have agreed to deliver. The PIR Action Plan must be informed by the assessment of the client’s needs. |
| PIR Client | A PIR client is an individual who has met the inclusion criteria and is registered with a PIR Support Facilitation Provider. It is recognised that PIR clients may have differing support requirements throughout their engagement with the PIR Support Facilitation Provider - some clients may need support periodically and at different levels of intensity. As such, PIR |

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| | <p>Support Facilitation Providers must have arrangements in place in order to be able to reflect the 'status' of PIR clients at a point in time. For instance, clients may be organised into categories as follows: Active, Active- monitoring or Exited.</p> |
| PIR Flexible Funding Pool | <p>PIR Support Facilitation Providers will have access to a limited amount of flexible funding which can be used to purchase services and appropriate supports when client needs are identified but are not immediately able to be met through normal channels. The flexible funding pool will enable the PIR Support Facilitation Provider to buy-in these services and supports, and is intended to be used to build system capacity for the benefits of PIR clients within the region, rather than divert responsibility from existing service providers.</p> |
| PIR Network | <p>The PIR Network comprises the full range of services and supports within a region that deliver services to the PIR target group, including but not limited to, housing and accommodation, mental health and wellbeing, financial management, education, legal, employment, income support, physical health (such as GPs, allied and specialist health service providers) and parenting support organisations. PIR member organisations may be engaged through formal governance or advisory mechanisms, referral pathways, or direct liaison with Support Facilitators and other PIR Organisation staff for the purpose of supporting the implementation of PIR.</p> |
| PIR Organisation Lead Agency | <p>The PIR Organisation Lead Agency is the organisation that has a formal contractual relationship, through a Funding Agreement, with the Department. The Lead Agency is the EMPHN.</p> <p>The Lead Agency signs the Funding Agreement with the Department, receives the funding, assumes legal responsibility for undertaking the activities specified in the Funding Agreement, and is accountable to the Department.</p> |
| PIR Organisations | <p>PIR Organisations are Consortium members that have collectively agreed to implement PIR in a Local region. This includes the PIR Lead Agency (EMPHN) and the PIR Consortium members/partners who have committed to the implementation model of PIR for their region.</p> <p>PIR Organisations are the mechanism that glue together all the services and supports within the region that an individual may require. PIR Organisations coordinate between sectors, services and supports at a regional level to promote seamless service delivery. This is achieved through forging stronger partnerships between service providers and support services, to increase efficiencies and improve overall service provision, care coordination, and systemic advocacy. PIR Organisations work at the systems level and are the mechanism to drive collaboration between relevant sectors, services, and supports within the region to ensure the range of needs of people in the target group are met.</p> |

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| PIR Support Facilitation Providers | In the EMPHN catchment, the four contracted agencies funded to deliver the PIR program are known as the PIR Support Facilitation Providers (SFPs). These organisations are: Mind Australia, Neami National, Wellways and the Victorian Aboriginal Health Service. |
| PIR Target Group | <p>The PIR initiative will focus on 24,000 people who have a severe and persistent mental illness with complex support needs that require a response from multiple agencies across different sectors. These individuals have persistent symptoms, significant functional impairment and psychosocial disability, and may have become disconnected from social or family support networks or clinical and community supports. This can lead to extensive reliance on multiple health and community services for assistance to maintain their lives within community-based settings and outside of institutional care. These individuals may have co-morbid substance use or physical health issues or both, are likely to experience difficulties maintaining stable accommodation, and experience difficulty in completing basic activities of daily living. These individuals are reported to often fall through the system gaps and require more intensive support to effectively address the complexity of their needs.</p> <p>It is anticipated PIR clients will generally be in their mid-twenties and older, reflective of the typical development of severe and persistent mental illness. At younger ages, there are a range of other Government programs, such as the Early Psychosis Prevention and Intervention Centre (EPPIC) model program and headspace, aimed at early intervention for young people who may be developing a mental illness, that aim to reduce the risk of long term disability.</p> |
| Prevalence | The proportion of individuals in a particular population who have an illness during a specific period of time. |
| Recovery | A personal process of changing one's attitudes, values, feelings, goals, skills and/or roles. It involves the development of new meaning and purpose and a satisfying, hopeful and contributing life as the person grows beyond the effects of psychiatric disability. The process of recovery must be supported by individually-identified essential services and resources. |
| Severe, Persistent Mental Illness and Complex Need | A diagnosed mental illness that is severe in degree and persistent in duration; and complex needs that require a service response from multiple agencies across different sectors. |
| Social Inclusion | <p>Contemporary concepts of disadvantage often refer to social exclusion. Social inclusion refers to policies which result in the reversal of circumstances or habits which lead to social exclusion.</p> <p>Indicators of social inclusion are that all Australians are able to secure a job; access services; connect with family, friends, work, personal interests and local community; deal with personal crisis; and have their voices heard.</p> |

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| Support Facilitator | Support Facilitators are appropriately skilled and experienced individuals whose role is to better link and coordinate services for PIR clients. In the EMPHN catchment Support Facilitators are employed by, Mind Australia, Neami National, Wellways and the Victorian Aboriginal Health Service (VAHS). |
| Supported Accommodation | Safe, secure and affordable community based housing combined with non-clinical and clinical supports and services which enable people with mental health problems and mental illness to live independently in the community. |
| Wrap Around Service | The term refers to individualised and integrated services provided through a single coordinated process to comprehensively meet the needs of a person with a mental illness. |