

Child and Youth Mental Health Service Redesign Demonstration Projects

Minutes of the Information Session of 4 September 2008

Present

~70 attendees (~60 in the room and ~10 by videoconference from four rural sites).

Presentation

Bill MacDonald, Manager Child and Youth Mental Health, Mental Health & Drugs Division (DHS) presented an overview of the Demonstration Projects (see attached PowerPoint presentation).

Discussion

Participants raised the following questions in the ensuing discussion:

1. Do the population figures for the catchment areas cited on slide 18 refer to the 0-25 population or to the population at large?

The figures refer to the population aged 0-25 years. They are indicative of project population size and are provided to guide planning. Consortia must ensure that the chosen catchment area has sufficient critical mass of the target group, 'makes sense' to the community in which they are located and to those who will use the services.

2. Is there a role for Protective Services in the Consortia?

The submission brief (page 17) specifies the mandatory minimum requirements for the configuration of consortia but applicants can broaden the partnership to include additional services, such as Child Protection, as they see fit. Child Protection is expected to be represented on the project Regional Partnership Group that the relevant Regional Director will chair. The need to deliver a suitably signed off submission within the required timelines should inform decisions regarding the size of the consortium.

3. GP Divisions and PCPs are potential participants in the consortia. The former are incorporated whereas the latter are not. Is that an issue?

Since the Area Mental Health Service will be the lead agency and fund holder within the consortium, the incorporated status of other partners in the consortium is not a prime consideration. The CEOs of consortium organisations are all required to sign off on the submission and, where successful, the reform action plan. Where a Primary Care Partnership (PCP) is chosen as a consortium member, sign off on behalf of the PCP should be undertaken by the CEO of the agency representing, or agreed by, the PCP membership.

4. Will separate funding be provided for a project coordinator in addition to the project budget?

In 2008-09 DHS will provide \$150,000 non-recurrent (see slide 25) to both successful consortia to assist with project start-up, including the appointment of a project coordinator. There will be no separate funding for a project coordinator position in subsequent years. It is expected that the costs associated with ongoing project management functions will be part of the overall project budget.

5. How will learning from the Demonstration Projects be disseminated in future?

There are a number of mechanisms by which learnings will be disseminated. A communications strategy will be developed to disseminate learning from the demonstration projects to stakeholders and interested parties across the state. An evaluation contractor will be appointed through a process of public tendering to evaluate the projects over the four-year period and to contribute to regular reporting on progress in addition to that provided by the consortia. Regional Partnership Groups in the two project areas will have broadly-based membership, including consumers and carers, which will provide avenues for dissemination. The Statewide Reform Advisory Group will also play a role in this regard.

6. How can Consortia be selected given that they will not have developed a detailed work plan until June 2009?

Consortia will be selected on the basis of the Key Selection Criteria set out in the submissions brief (see pp. 18-19) and, while these are geared towards the early establishment phase of the project, major service redesign funding will not be allocated until the consortium's reform action plan has been signed-off by the consortium and the Regional Director, submitted, and finally endorsed by the Mental Health and Drugs Division.

7. Will Service Development Grant funding be provided for the duration of the four-year project?

No. Service Development Grant funding is strictly non-recurrent and will be available in 2008-09 only. Consortia can highlight in their submission what work could be undertaken with the aid of a Service Development Grant in 2008-09 if their submission for a demonstration project is unsuccessful. The Mental Health and Drugs Division will ask for a workplan as a requirement of funding.

8. Should Service Development Grants be used for service delivery or to further reform planning?

In principle they could be used for either provided that they are associated with reform and redesign. The non-recurrent nature of the grants (see answer above) makes it unlikely that they would be considered for service delivery.

9. What will happen at the end of the four-year funding period?

The Department of Human Services will negotiate future funding with each consortium in the final year of the projects. The extent to which progress towards agreed project outcomes has been achieved and the findings of the evaluation will inform these negotiations.

10. Should catchment areas be regional or subregional?

The catchment area for the demonstration projects could be either regional or sub-regional. Factors to consider are the need to ensure that the catchment and service reform activities 'makes sense' to the community and service users (see also 1 above). The projects must have sufficient critical mass of the age group to deliver the expected project outcomes.

11. Why is it that the rural demonstration project is expect to cover a catchment area that is half the size of the metropolitan catchment, yet receives less than half the metropolitan funding to achieve this?

The respective catchment sizes are indicative only and should not be regarded as reflecting a differential per capita investment across rural and metropolitan areas. Final funding will be negotiated with each consortium separately.

12. Will funding be reviewed at the end of the four-year period if rural and metropolitan areas achieve the same KPIs?

The Department of Human Services will negotiate with each consortia individually taking into account the progress and outcomes achieved including data derived from the evaluation.

Attachment:

1. PowerPoint presentation: *Child and Youth Mental Health Service Redesign Demonstration Projects. Information Session Thursday 4 September 2008.*