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Bridging the Gap Partners in Recovery and the NDIS

Kieran Halloran: Partners in Recovery Manager- EMPHN



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NDIS

Genesis – 2020 Summit – 2008

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Development

48 Medicare Local areas nationally
2013 – 2016
77 % of Australian population (13 areas not funded)

Development

July 2013 - 4 trial sites
July 2014 – 7 trial sites
July 2015 - roll out in NSW 7 (rapid) & VIC 4 (gradual) districts
(other states?)

Projected Numbers of participants

Target: 20,000+ PIR consumers by July 2016

Estimated Numbers of participants

Potential: 58,000 primary MH tier 3 (IFP)NDIS
(Productivity Commission figures) 13.8% of all NDIS.

Currently 20,000 + PIR consumers

as of April 2016

30,000 + have been registered since 2013

Current: Approx. 2,500 + with psychosocial disability part of
NDIS as of January 2016

Diagnosis: 25% Schizophrenia

38% Mood (Affective) disorders

Diagnosis: 51% Schizophrenia

49% all other psych diagnosis

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The Operational models

PIR programs governed through local consortia, in consultation with the DoH
 PHN lead agency: 40%
 Other NGO lead agency: 60%

48 different PIR models across the country.
 Consistent yet divergent.
Responding to local community influence & local consortia guidance.
 Consumer & Carer groups actively engaged in governance/
 peer worker models developing

Terminology

Guidelines and principles

Relatively low public / political profile

NDIS

Operational model

NDIS centrally administered by NDIA
 DSS major sponsor
 Moving towards a more decentralised system
Outsourcing of Local Area Coordination –Brotherhood SL etc

'Tiers of support' model

Tier 1: All community (Australia wide) –consciousness raising-
 rights, stigma, inclusion
Tier 2 (ILC): *Information, Linkages and Capacity Building-
 service, system navigation.*
Tier 3: Individual Funding Packages (IFPs)

Terminology

Reasonable , necessary support – Psychosocial
 Rules and catalogue of supports
 Very high public & political profile



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Nature of support

Recovery-focused, flexible, capacity building

Individual Action Plan Focus

Transitional time limited plans

Personalised- self directed

Timely support offers

Focus on engagement where the person "is at"

NDIS

Nature of support

Permanent (long term) disability

lifelong estimation of need (actuarial)

Individual packages of support

Reasonable and necessary supports

Personalised- self directed

Prioritised based on needs assessment

Eligibility/Access

Easy in/out/back in, based on current need

Led by person identified needs

Strong outreach focus to hard-to-reach populations

Eligibility/Access

- Focus narrower eligibility

- psychosocial disability

- Diagnosis of mental illness prerequisite

- Getting it right now for the rest of the persons life?

Will eligibility matchup between the programs ? *People with complex physical and psychiatric Health Need and 'treatable' therapeutic conditions may not be eligible due to psycho-social capacity. 80-90% estimate.*

Implementation

Support Facilitator (SF)

Implementation

Local Area Coordination (LAC)



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