

MY WAY LOWER SOUTH WEST TRIAL SITE:  
INCLUSION OF PEOPLE WITH PSYCHOSOCIAL DISABILITY

MENTAL HEALTH COMMISSION  
ON BEHALF OF THE MINISTER MENTAL HEALTH

AND


DISABILITY SERVICES COMMISSION

2014

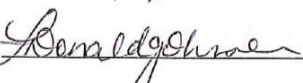
Memorandum Of Understanding

This Memorandum Of Understanding is for the Provision of Funds For My Way  
Lower South West Trial Site: Inclusion of People With Psychosocial Disability  
Between:

The Minister for Mental Health, Disability Services , Child Protection on behalf of the  
Mental Health Commission

Signed: , on behalf of the Minister for Mental  
Health

Date: 31-1-14

Witnessed: 

Date: 10/02/14

The Minister for Disability Services, Mental Health, Child Protection on behalf of the  
Disability Services Commission

Signed: , on behalf of the Minister for Disability

Date: 29.1.2014

Witnessed: 

Date: 29.1.14

## **1. PREAMBLE**

This Memorandum Of Understanding is to outline program funding arrangements between the Mental Health Commission (the Commission) and the Disability Services Commission.

This Memorandum Of Understanding incorporates the principles governing the relationship between the Commission and the Disability Services Commission for the delivery and funding of services within the Western Australian My Way model for the Lower South West which is to include People With Psychosocial Disability as outlined in Attachment One: "My Way Lower South West Trial Site: Inclusion of People With Psychosocial Disability" proposal.

The funding to be provided by the Commission is for 18 months covering financial year periods 2013/2014 and 2014/2015 only.

## **2. OBJECTIVES**

The objectives for the Commission and the Disability Services Commission partnership outlined in this Memorandum Of Understanding are described in the proposal approved by Dr Ron Chalmers in November 2013:

- Attachment One "My Way Lower South West Trial Site: Inclusion of People With Psychosocial Disability".
- Attachment Two: Letter of approval from Dr Ron Chalmers Director General Disability Services Commission dated 11 November 2013.

## **3. PRINCIPLES**

Both the Commission and Disability Services Commission are committed to principles of service provision including:

- A person centred approach to services;
- Flexibility;
- Interagency collaboration;
- Interagency commitment to the initiative; and
- Utilisation of existing resources of partner agencies;

## **4. ROLES AND RESPONSIBILITIES OF THE PARTNERS**

To give effect to the above principles and objectives the responsibilities of the Commission under this Memorandum Of Understanding are to:

- contribute to resources and agreed funding as specified in Attachment One and;
- participate in reviews and evaluations as agreed by both parties.

The responsibilities of Disability Services Commission under this Memorandum Of Understanding are to:

- oversee the operations of the project;
- manage the project according to the conditions outlined in Attachment One;
- engage in joint problem solving with the Commission when required;
- participate in reviews and evaluations as agreed by both parties; and
- to inform the Commission of critical program issues in a timely manner, outside of agreed review timelines.

## **5. IMPLEMENTATION AND MANAGEMENT OF THE MEMORANDUM OF UNDERSTANDING**

This Memorandum Of Understanding between the Commission and Disability Services Commission is:

- a Memorandum Of Understanding that is implemented according to the conditions specified in Attachment One; and
- the Key contacts are:

Mental Health Commission  
Kathryn Broomhead  
Manager, Service Delivery  
Services, Purchasing & Development

**Disability Services**  
Maynard Rye  
Manager, Strategic Support Branch  
Funding Directorate

or such other person(s) nominated from time to time in writing by the respective parties.

## **6. FUNDING**

The funding commitments for the Memorandum Of Understanding are:

- As per Section 8: Financial Arrangements (Budget) per Attachment One;
- As per Section 9: Financial Arrangement (Summary Table) per Attachment One;
- The funding to be provided by the Commission is for 18 months covering financial year periods 2013/2014 and 2014/2015 only

## **7. REVIEW OF THE MEMORANDUM OF UNDERSTANDING**

Both the Commission and Disability Services Commission agree that this Memorandum Of Understanding may be reviewed due to the evolving nature of the program

## **8. AMENDMENTS**

- This Memorandum Of Understanding may be amended at any time by agreement in writing between the Parties.

- This Memorandum Of Understanding does not vary or affect existing rights and obligations under existing Memorandum Of Understanding's between the Parties and their agencies.

## **9. ANNEXES, SCHEDULES AND APPENDICES**

- Attachment One, any annexures, schedules, appendices and the like form part of this Memorandum Of Understanding. Any term, provision, stipulation or promise expresses or implied in such Attachment One, or annexure, schedule, appendix or the like is hereby enforceable in accordance with its terms.

## **10. DISPUTE RESOLUTION**

- The Parties agree to use reasonable efforts to resolve by negotiation any problem that arises between them under the Memorandum Of Understanding and Attachment One. Neither Party will resort to legal proceedings, or terminate the Memorandum Of Understanding, until the following process has been exhausted, except if it is necessary to seek an urgent interim determination.
- If a problem arises (including a breach or an alleged breach) under the Memorandum Of Agreement and Attachment One, which is not resolved at an operational level or which is sufficiently serious that it cannot be resolved at the operational level, a Party concerned about the problem may notify the other. Management representatives of each of the Parties will then endeavour in good faith to agree upon a resolution.

## **11. CONTINUATION OF SERVICES**

No dispute will entitle the Disability Services Commission to suspend the provision of Services unless consented to in writing by the Commission.

## Attachment 1

### **Proposal**

My Way Lower South West Trial Site: Inclusion of People with Psychosocial Disability

Mental Health Commission and Disability Services Commission  
October 2013

## **1. Introduction**

On Monday 5 August 2013 the Prime Minister and the Premier of Western Australia signed an agreement for disability reform in Western Australia. The agreement is for a two year launch commencing on 1 July 2014.

The launch in Western Australia will offer eligible people with disability and their families and carers in launch sites the reassurance they will get the reasonable and necessary care and support they need over their lifetimes.

Under this agreement, the Commonwealth and Western Australian governments will contrast two approaches for the delivery of disability services in different locations. Two approaches are being tested in order to allow genuine comparison of the merits of the National Disability Insurance Agency (NDIA) model and the Western Australian MyWay model, and to allow the lessons to be shared during the launch period and taken into the full scheme roll out of NDIA across Australia.

The agreement between the two governments is a high level statement of commitment for the reform of the disability support system in Western Australia. As such, it does not contain the specific details of how the two launch approaches will be trialled. The work required to prepare for the launch in July 2014 will commence immediately and details of these arrangements will be released on a regular basis.

Agreements between the Commonwealth and Western Australian governments with further details of implementation arrangements and costs will be finalised by November 2013.

### **Launch sites**

The State Government's MyWay model will be progressively implemented in the Lower South West region and Cockburn Kwinana area with additional funding from the Commonwealth and State governments to flow from 1 July 2014 in the Lower South West and from 1 July 2015 in Cockburn Kwinana. The My Way model will be implemented by the WA Disability Services Commission under State legislation.

A two year launch of the national NDIA model will commence in the Perth Hills area on 1 July 2014. Incremental roll out of the NDIA model will take place over the two year launch period.

The specific geographic boundaries of the launch areas, and the sequencing of phasing-in of localities in the Perth Hills launch site, are yet to be determined and are subject to negotiation between the State and Commonwealth governments.

In line with the NDIS, the Mental Health Commission (MHC) is working in partnership with the DSC to include people with psychosocial disability in My Way in the LSW Region as detailed in Section 8.

## **2. Objectives, Outcomes and Outputs**

### **Objectives:**

- To progressively include people with psychosocial disability in My Way in the Lower South West region.

More specifically;

- To describe the roles and responsibilities of the multiple agencies engaged in service provision for people with psychosocial disability which will interact with My Way.
- In the absence of guidance from NDIS, to develop interim guidance for My Way on eligibility for people with psychosocial disability and to determine the specific target group for My Way.
- To develop a timeline for the implementation of the inclusion of people with psychosocial disability in My Way.
- To develop a budget and provide funding to DSC for the LSW My Way site to include people with psychosocial disability (detailed in Section 8).
- To ensure relevant stakeholder engagement and participation.
- To develop relevant policies and procedures to guide the My Way coordinators in assisting people with psychosocial disability.
- To identify staffing requirements and training needs for My Way Coordinators and other key stakeholders to assist people with psychosocial disability.

### **Outcomes**

To achieve improved outcomes for people with psychosocial disability living in the LSW by giving them increased choice and control over their supports and services through participation in My Way. (Please see reporting requirements for specific milestones).

### **Outputs**

People with psychosocial disability are engaged with My Way Coordination and have a person centred plan, and are receiving coordinated supports and services that are meeting their goals, holistic needs and preferences.

## **3. Description of Project**

My Way enables people with disability, their families and carers to design, plan and implement their own supports and services. It includes relationship-based support, local decision making and early engagement in good planning processes. It is anticipated that the My Way Coordinators would be able to work with up to 50 people over time.



In order to facilitate the inclusion of people with psychosocial disability, it is proposed that a My Way Psychosocial Coordinator be engaged specifically to work with people with psychosocial disability for a period of 12 -18 months and to facilitate the engagement of people with psychosocial disability with the other My Way Coordinators.

This position in conjunction with the My Way Regional Director and the Area Manager would undertake a range of tasks including:

- Provide assistance to individuals with psychosocial disability to develop person centred plans and access funding and their own support and services.
- Review assessments with My Way Coordinators and Area Managers to confirm the eligibility of people with mental illness/ mental health conditions for LSW My Way.
- Provide assistance and support to My Way Coordinators to enable them to engage people with psychosocial disability to develop comprehensive individualised plans with a recovery focus and to facilitate learning and best practice.
- Identify training needs of My Way Coordinators to assist people with psychosocial disability and provide or source the required training (i.e. recovery approach)
- Develop relevant policies and procedures to guide the My Way coordinators in assisting people with psychosocial disability.
- Liaison and engagement of key stakeholders such as local health and mental health services, NGOs, Partners in Recovery facilitators and local community groups. This is expected to be a significant area of work during the initial implementation phase.

It is anticipated that the My Way Psychosocial Coordinator would have some experience in mental health services but also be able to demonstrate an understanding of local area coordination. The My Way Psychosocial Coordinator and Area Manager JDF have been reviewed to reflect the need for experience in this area. This position would report to the Area Manager/s in the Lower South West region. It is anticipated that MHC would assist in the selection of the position and offer advice and support to the position as needed.

#### **4. Eligibility/Target group**

The numbers of people with psychosocial disability who may meet the criteria for NDIS is not clear as the criteria and assessment process has not yet been finalised on a national basis. There are some NDIS principles identified such as functional impairment and support to enhance community participation which will be used in this trial site to assist in decision making around access and eligibility for NDIS.

##### **Population Data:**

- Data on the number of people who received treatment for mental health disorders (from publically funded specialised [ambulatory] mental health services) suggests that there may be 1352 people with mental health conditions and/or psychosocial disability in the Lower South West region who could potentially be eligible for the NDIS.

- Estimates from the Productivity Commission suggest that there will be 167 people with psychosocial disability eligible for NDIS in the Lower South West Region.
- Estimates of the number of people who will be eligible for Partners in Recovery (PIR) i.e. severe and persistent psychosocial disability requiring multi agency collaboration in the Lower South West Region is 71 people.

#### The Proposed Target Group:

The access criteria in the My Way LSW for people with psychosocial disability will include the demonstration of functional impairment in line with the NDIS Interface agreements and NDIS Rules to ensure consistency.

The eligibility criteria proposed is:

- Diagnosis of a severe and persistent mental illness/ permanent psychiatric diagnosis
- Connection with Clinical services over the past 5 years and currently in receipt of clinical services (which may be from specialist mental health services, a GP, or private psychiatry/ psychology).
- Living in the community.
- Eligible or in receipt of the Disability Support Pension.
- A determination of the level of functional impact using the My Way process.

#### MHC/DSC Interface: My Way LSW Trial Project Roles and Responsibilities

Area	Issue/Task	Roles/Responsibility
Pilot Project Management	Setting the strategic direction of the pilot and future program	DSC to lead with MHC providing significant support around mental health issues and psychosocial disability.
	Scoping of the pilot project including determining milestones and timeframe	DSC to lead on implementation with MHC providing significant support around mental health issues and psychosocial disability.
	Evaluation of the pilot	DSC to lead but MHC to contribute to evaluation model and decision making.
Organisational	Determining eligibility of people with disability and people with psychosocial disability	MHC to lead on initial eligibility guidance regarding psychosocial disability but DSC and the My Way Regional Director and Area Manager to be jointly engaged in assessment process and decision making within the project.
	Writing of Budget bids/business cases	Joint DSC and MHC
	Endorsement of service providers: Organisations which have already been contracted to provide services by MHC would be appropriate to engage	Joint DSC and MHC

Area	Issue/Task	Roles/Responsibility
	Planning to address unmet need <ul style="list-style-type: none"> <li>- For people with disability</li> <li>- For people with dual diagnosis</li> <li>- For people with psychosocial disability</li> </ul>	DSC to lead with support from MHC to address unmet needs for people with psychosocial disability.
	Production of policies, guidelines and other documents	DSC to lead with MHC providing significant support around mental health issues and psychosocial disability (including business processes).
	Determining data base and reporting requirements.	DSC to lead with MHC providing significant support around mental health issues and psychosocial disability.
	Ensuring quality of supports provided:  Inclusion in MHC's Quality Assurance process would ensure monitoring of quality. This covers all MHC endorsed providers and includes: <ul style="list-style-type: none"> <li>- Provision of a comprehensive, individualised plan which is recovery focused. This may need to be consistent with both DSC and NDIS requirements.</li> <li>- Meeting the national mental health standards.</li> <li>- Working towards meeting the mental health outcomes.</li> </ul> It is anticipated that the local partnership panel would also monitor quality of service provision and the supervision arrangements would provide additional monitoring.	Joint DSC and MHC
<b>Operational Issues</b>	Supervision of (professional and administrative) <ul style="list-style-type: none"> <li>- MyWay coordinators</li> <li>- Other staff within the pilot</li> </ul>	DSC to provide line management and supervision. MHC and Project Steering Group to provide advice as required.

Area	Issue/Task	Roles/Responsibility
	Training of staff -generally and in mental health – My Way coordinators and other staff.	<p>DSC to lead with MHC providing significant support around mental health issues and psychosocial disability.</p> <p>The MHC Training Panel contract will be operational by September 2013 and could be helpful in identifying appropriate training and trainers in the mental health area.</p>
	Personalised planning and review of plans – who facilitates, who involved, how people access, culturally sensitive planning, quality of plans, when undertaken (where in the process)?	Based on the My Way Planning Framework<, DSC to lead with MHC providing significant support around mental health issues and psychosocial disability.
Stakeholder Engagement	<p>Liaison and engagement with the Department of Health</p> <ul style="list-style-type: none"> <li>- DG</li> <li>- Exec Director, Office of Mental Health</li> <li>- CE of WACHS</li> <li>- Exec Director WACHS ,</li> </ul> <p>Mental Health</p> <ul style="list-style-type: none"> <li>- Sunbury Regional Director</li> <li>- Busselton director</li> <li>- Local public health clinicians</li> </ul>	<p>MHC to lead with Perth based stakeholders and My Way Regional Director and the Area Manager with local stakeholders with MHC involvement as needed.</p> <p>Ongoing exploration of a 'Project ' position to be based within local Mental Health services and/ or other supports to enhance the participation of people with psychosocial disability in LSW My Way.</p>
	<p>Liaison and engagement with Medicare Locals</p> <ul style="list-style-type: none"> <li>- CEO and Chair</li> <li>- local manager</li> <li>- Partners in Recovery support facilitators</li> </ul>	<p>DSC to lead with MHC staff to assist with Perth based stakeholders and My Way Regional Director and the Area Manager with local stakeholders with MHC involvement as needed.</p> <p>Ongoing exploration of a 'Project ' position to be based within local Mental Health services and/ or other supports to enhance the participation of people with psychosocial disability in LSW My Way.</p>

Area	Issue/Task	Roles/Responsibility
	Liaison and engagement with disability and mental health NGOs	<p>DSC to lead with MHC staff to assist with Perth based stakeholders and My Way Regional Director and the Area Manager with local stakeholders with MHC involvement as needed.</p> <p>Ongoing exploration of a 'Project position to be based within local Mental Health services and/or other supports to enhance the participation of people with psychosocial disability in LSW My Way.</p>
	Liaison and engagement with GPs, mental health clinicians and other allied health workers e.g. ATAP providers	<p>DSC to lead with MHC staff to assist with Perth based stakeholders and My Way Regional Director and the Area Manager with local stakeholders with MHC involvement as needed.</p> <p>Ongoing exploration of a 'Project ' position to be based within local Mental Health services and/or other supports to enhance the participation of people with psychosocial disability in LSW My Way.</p>
	<p>Liaison and engagement with other agencies and organisations e.g. housing, financial counselling, local sports clubs etc.</p> <ul style="list-style-type: none"> <li>- DGs of govt agencies</li> <li>- CEOs of organisations</li> <li>- Perth based or local</li> <li>- Local representatives</li> <li>- managers and project/ support staff</li> </ul>	<p>DSC to lead with MHC staff to assist with Perth based stakeholders and My Way Regional Director and the Area Manager with local stakeholders with MHC involvement as needed.</p> <p>Ongoing exploration of a 'Project ' position to be based within local Mental Health services and/ or other supports to enhance the participation of people with psychosocial disability in LSW My Way.</p>

Area	Issue/Task	Roles/Responsibility
	Liaison and engagement with identified advocacy groups for individuals, their families and carers.	<p>DSC to lead with MHC staff to assist with Perth based stakeholders and My Way Regional Director and the Area Manager with local stakeholders with MHC involvement as needed.</p> <p>Ongoing exploration of a 'Project ' position to be based within local Mental Health services and/ or other supports to enhance the participation of people with psychosocial disability in LSW My Way.</p>

## 5. Implementation Timeline

It is anticipated that a My Way Psychosocial coordinator with experience in Mental Health services will commence working in My Way in January 2014, working with people with psychosocial disability. LSW My Way Coordinators would start to include people with psychosocial disability within their caseloads from January 2015, supported by the My Way Psychosocial Coordinator with experience in working in the mental health field.

## 6. Performance Monitoring and Reporting

As MHC and DSC both have to report against different national standards and have different reporting requirement, this area may require considerable thought and negotiation to address the needs of both agencies. Reporting requirements and monitoring and evaluation requirements will be determined through the Agreement between the Commonwealth and State governments and will provide clarity around processes used in LSW MHC preliminary assessment of our requirements indicates that MHC is likely to require the following data in order to meet its own reporting requirements;

Number of reviews

Number of completed plans

Progress on individual goals and outcomes (may be covered by the reviews?)

Number of people supported

Number of people with co-occurring issues and dual diagnosis

Profile of people supported: number and percentage of males and females Age ranges

Spread of geographic locations Number of people with families Stability of housing

Physical healthcare needs being adequately met



Unplanned re-admissions to hospital for mental health purposes  
Other demographics (to be informed by further State/Commonwealth negotiations).

It would also be helpful to be able to consider barriers which have been addressed and/ or require further action. Additionally, access to good news stories at each reporting period would also be useful.

## **DSC Reporting to the MHC and milestones**

<b>Date</b>	<b>Milestones</b>
January 2014	My Way Psychosocial Coordinator with experience working in mental health recruited.
January 2014	Training needs of My Way Coordinators to support them to work with people with psychosocial disability identified.
30 March 2014	People with psychosocial disability have commenced personalised plans using the My Way Planning Framework, requested funding where appropriate and are receiving support.
July 2014	Training and support needed to support consumers with psychosocial disability, their families, carers and sector organisations in the My Way site scoped and plan developed.

## **7. Governance Arrangements**

1. To ensure that people with psychosocial disability are embedded in My Way, MHC anticipates representation on the appropriate steering group for LSW My Way.
2. As an additional part of the governance arrangements, MHC anticipates contribution to the evaluation model and decision making process for the evaluation planned by DSC of LSW My Way.

At present, MHC is represented on the State NDIS Reference Group (Eddie Bartnik) and the State My Way Partnership Group (Sue Davis). MHC will also have membership on the My Way Implementation Group for the LSW My Way when established.

## **8. Financial Arrangements (Budget)**

It is proposed that the MHC would provide the following funding to DSC to assist with the costs of including people with psychosocial disability in the trial site:

1. Costs of My Way Coordinator (with mental health experience) post:  
Year 1: approximately \$43,535 (start in January 2014)  
Year 2: approximately \$87,070 (non recurrent 2014/2015)
2. On Costs  
Year 1:  
Car lease – \$2500 (1/2 year costs non recurrent) Communications – \$900 (1/2 year costs non recurrent) Lap top and Licences- \$2,000 (non recurrent)

Year 2:

Car lease \$5,000 (non recurrent 2014/2015) Communications- \$1,800 (non recurrent 2014/2015)

3. Discretionary/ Flexible Funding

Year 1: approximately \$25,000 (start January 2014)

Year 2: approximately \$50,000 (2014/2015)

A Memorandum of Understanding (MOU) with clear expectations and performance reporting requirements with a standard acquittal form would be utilised to transfer the funding to DSC.

**9. Financial Arrangement (Summary Table)**

<b>Costs</b>	<b>Budget Year 1</b>	<b>Budget Year 2</b>
My Way Coordinator post	\$43,535	\$87,070
Capital Costs		
- Car lease	\$2,500	\$5000
- Communications	\$900	\$1,800
- Laptop & licences	\$2000	\$0
Discretionary/ Flexible Funding	\$25,000	\$50,000
<b>Total</b>	<b>\$73,935</b>	<b>\$143,870</b>