



**Australian Government**  
**Department of Health**

# **Partners in Recovery Initiative**

## **2017-18 Annual Activity Work Plan & Budget**

***South Eastern Melbourne PIR***  
***Dandenong***

# Introduction

## Overview

Partners in Recovery (PIR) Organisations are required to prepare and submit to the department the 2017-18 Annual Activity Work Plan (Annual Plan) by 26 May 2017.

The Annual Plan must identify all planned activities, milestones and outcomes against the 2017-18 Annual Budget. It should cover activities for the 2017-18 year as funded through the PIR schedule and outline how the objectives, outputs and outcomes will be achieved. The Annual Plan and Budget will form the basis for completing Performance and Financial Reports.

## Objectives

The objective of the PIR program 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 person centred care tailored to the individual's needs;
- strengthening partnerships 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;
- 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; and
- through system collaboration, promoting collective ownership and encouraging innovative solutions to ensure effective and timely access to the services and supports required by people with severe and persistent mental illness with complex needs to sustain optimal health and wellbeing.

## NDIS transition

PIR program funding is transitioning to the National Disability Insurance Scheme (NDIS). The PIR program has been extended until 30 June 2019 to ensure service continuity during the transition to the NDIS. The NDIS rollout commences from existing trial sites from 1 July 2016, with full scheme reached by 30 June 2019.

The 2016-17 to 2018-19 extension ensures service continuity to existing PIR program clients and facilitates an effective transition to the NDIS.

## NDIS transition activities

In continuing to meet the objectives of the PIR program, as outlined above, the following NDIS transition activities must commence from 2016-17 and continue to 30 June 2019:

- maintain service continuity to existing program clients;
- engage with PIR clients to support and facilitate their transition to the NDIS, including provide assistance to prepare an NDIS Access Request Form, and undertake the NDIS assessment and planning processes;
- engage with NDIA regional contacts, Local Area Coordinators, to support NDIS planning and participation;
- register as an NDIS service provider for PIR 'in-kind' services as detailed in the PIR Guidance Pack;
- provide identified 'in-kind' services to NDIS participants;
- monitor and report on 'in-kind' service provision;

- undertake promotional activities to PIR clients, NDIS participants and the broader community that identify your Organisation as a NDIS service provider;
- ensure Continuity of Support for all PIR clients deemed not eligible for NDIS supports through the existing PIR program; and
- undertake activities in accordance with the PIR Guidance Pack, which provides your Organisation with further information including roles, responsibilities, operational requirements and performance expectations.

Your Organisations must not direct any 2016-17 to 2018-19 PIR funding to system reform projects.

This Annual Plan comprises the following:

1. **Proposed activities** planned for 2017-18, including administrative, governance, and service delivery arrangements in accordance with PIR Guidance Pack.
2. The **Risk Management Plan** – should identify and mitigate all possible risks to program delivery, including service continuity for program clients and any risks associated with the transition of clients to the NDIS or the ability to meet in-kind service allocations.
3. The **Communications and Engagement Strategy** - should identify how your Organisation will effectively engage and communicate with clients, staff and other key stakeholders to provide timely and appropriate communication to facilitate the transition of program clients to the NDIS.
4. The **Transition Strategy** - should address how your Organisation will manage client numbers within the Maximum Client Level, including intake and exit processes and engagement with referring agencies; support preparation of NDIS applications and transition of eligible clients to the NDIS, and ensure Continuity of Support arrangements for program clients deemed not eligible for NDIS supports.
5. The **2017-18 Annual Budget** - the Budget component of this Annual Plan will complement the information provided, and should be used to record the activities you intend to fund.

**All PIR Organisations are required to submit all components of the Annual Plan, noting content may differ depending on transition timing.**

All 2017-18 activities must be undertaken in line with the PIR Program Guidelines, PIR Guidance Pack and in accordance with all other relevant guidance provided by the Department. PIR Organisations must make informed choices about how best to use its resources to achieve the program objectives.

# 1. Proposed Activities for 2017-18

*Please outline your Organisations Administration, Governance and Service Delivery arrangements for the 12 month period covering this PIR Annual Plan. This should include the following:*

- *engage and join up the range of sectors, services and supports from which individuals may need assistance within the Service Area;*
- *Strengthen partnerships, improve collaborative ways of working together, and establish the framework to oversee the management of the initiative at a regional level. This will be achieved through (but not limited to):*
  - *building capacity in the service delivery system by strengthening existing and establishing new partnerships between service and support providers;*
  - *monitor the ongoing effectiveness of the partnerships through use of appropriate resources and tools;*
  - *maintain governance protocols with service providers and all PIR Organisation members (Lead Agency and Consortium Members) to formalise partnerships and accountability mechanisms to achieve the objectives of PIR and oversee the strategic and operational implementation of the initiative;*
- *complement, support or influence care coordination activities that may already be underway in the region;*
- *employ/sub contract appropriately skilled and experienced person/s to undertake the role of Support Facilitators;*
- *identify and proactively engage potential PIR clients, support carer and family engagement and reconnection as appropriate, manage referral pathways and manage all stakeholder relationships;*
- *actively participate in monitoring and evaluation activities related to transition, as required;*
- *Actively participate in the Flinders NDIS transition support project, including sharing relevant resources, case studies, Memorandums of Understanding, and other program materials as required.*

*Proposed activities for 2017-18 must support the objectives of the PIR program and the transition to the NDIS, including transition of eligible clients to NDIS supports and delivery of 'in-kind' PIR services to NDIS participants where applicable. Service continuity for all clients is a key component of program delivery.*

## Proposed activities for 2017-18

- Please add additional lines for PIR Activities as required.
- Separate lines must be included for PIR Service Delivery (i.e. for PIR clients not accessing NDIS supports) and, where applicable, NDIS Service Delivery (i.e. for PIR clients with an NDIS package of supports, funded by the 'in-kind' component of the budget).

Proposed Activity	
PIR Service Delivery	<i>Aim: service continuity and ongoing implementation of the PIR program in the South Eastern Melbourne region</i>  <i>Continued implementation of PIR as a well-established and successful program. This follows on from a review of the PIR model completed in 2016/17. We will continue to implement the PIR program in accordance with the PIR guidance pack and deed of funding, working within the maximum client level numbers whilst beginning preparation for NDIS transition</i>

Proposed Activity	
	<p><i>within a framework that continually imbeds quality improvement. We continually look for opportunities to grow and develop the program through such things as:</i></p> <ul style="list-style-type: none"> <li><i>• co-location opportunities with clinical services</i></li> <li><i>• Co-location with Corrections</i></li> <li><i>• Strategies to find clients who have fallen through the gaps such as visits to rooming houses and special accommodation services</i></li> <li><i>• doing presentations to organisations,</i></li> <li><i>• piloting new and innovative ideas</i></li> <li><i>• seeking out and calling for collaborative opportunities to work together and</i></li> <li><i>• working closely with numerous stakeholders to make the program better.</i></li> </ul>
<p>Management of Maximum Client Levels (MCL) referred to in the schedule</p>	<p><i>Aim: To manage client numbers within the MCL,</i></p> <p><i>Following on from work done in this space last year, PIR has implemented a number of strategies to manage client numbers. These strategies include:</i></p> <ul style="list-style-type: none"> <li><i>• Development of a client status guidelines for support facilitators</i></li> <li><i>• Implementing a communication strategy around repositioning PIR in the service system as a care coordination service as opposed to a discharge destination.</i></li> <li><i>• Ensure closer scrutiny of all referrals to align with severity, persistence and complexity.</i></li> <li><i>• Enact a more robust assessment stage before acceptance of clients into PIR.</i></li> <li><i>• Continue to drive a network we established for intake workers in the region to increase awareness, collaboration, foster referral pathways and partnerships.</i></li> <li><i>• Continually review demand and capacity, escalating concerns and possible solutions to the Consortium and Commonwealth contract manager.</i></li> <li><i>• Work with the PHN in establishing the new stepped care models.</i></li> <li><i>• Continued participation across all networks in the region as a way to learn about what other services are available, including capacity, how we can work better together and to continue to drive the PIR message</i></li> <li><i>• MCL numbers are monitored fortnightly and reported against at the team leader meetings.</i></li> <li><i>• Implementing our demand management strategy.</i></li> </ul>
<p>Continue governance mechanisms that bring all parties together</p>	<p><i>Aim: to ensure collective responsibility and strategic oversight of PIR</i></p> <ul style="list-style-type: none"> <li><i>• Maintenance of bi-monthly consortium meetings.</i></li> </ul>

Proposed Activity	
	<ul style="list-style-type: none"> <li>• Fortnightly team leader meetings</li> <li>• Whole of team meetings every six months and impromptu as required</li> <li>• Bi-monthly newsletter</li> <li>• Maintenance of the SEMPIR website (<a href="http://www.sempir.com.au">www.sempir.com.au</a>)</li> <li>• Respond and react to changing themes as identified by the support facilitators.</li> </ul>
Preparing for the NDIS.	<p>South Eastern Melbourne will transition to the NDIS in September 2018 however work has already commenced in preparing for this transition. We will continue to work at three levels of influence, being mindful of:</p> <ul style="list-style-type: none"> <li>• the needs of our clients and their carers and families</li> <li>• the needs of our support facilitators and the rest of the PIR team and,</li> <li>• the needs of our consortium agencies and by extension, other agencies in the region</li> </ul> <p>We will prepare information packs for all clients stepping them through the process of access and application to the NDIS. We will build on this information towards the planning sessions and implementing the plans through delivery and explanation of pamphlets and key documents for every client</p> <p>We maintain a section on our website giving information about the NDIS and will update our client information management system to better capture NDIS activities.</p> <p>We are scoping and planning for NDIS sessions for agencies to assist them in preparing for the NDIS arrival.</p> <p>We will be working with a facilitator to better understand what the gaps in knowledge are for clients and work towards filling these gaps through a variety of mechanisms.</p> <p>At a team leader level we have dedicated NDIS preparatory meetings every month.</p> <p>At a management level we will contribute to events conducted by Flinders University and broader National events such as the National NDIS conference in Sydney.</p> <p>At a state level, we maintain close relationships with all other Victorian PIRO's and learn from their experience.</p>
Partnering with the NDIS and PHN and Flinders university	<p>As the NDIS progresses in this region, we will endeavour to link in with the local office and local area coordinators.</p> <p>We will maintain a close relationship with our lead agency, SEMPHN and continue to develop and assist with the roll out of the stepped care model, lending our PIR experience to the reform work.</p>

Proposed Activity	
Review and update the client information management (CIM) system	<i>Continual improvement to our software to meet our needs has been an ongoing task since we commenced PIR. Our product from Episoft is called the <b>primary care zone</b> and requires some enhancements in order for it to serve us better once the NDIS commences. All of our hosting agencies use this product. We aim to build in ways to manage in-kind work, monitor support facilitator's time spent, and capture the new status requirements along with some general enhancements. This activity builds on from planned activity set out in 17 – 18 work plan.</i>
Continue to promote a community based recovery model	<p><i>In 2015 – 16 we worked with Monash University to develop tools and resources under the <b>PULSAR</b> project.</i></p> <p><i>The PULSAR project was based on the Refocus program from the UK which aims to increase the extent to which workers support the recovery of people using mental health services. The PULSAR project delivered training to service providers about how they can provide and support recovery orientated practice. <b>PULSAReveryday</b> is a supplementary research project nested within the PULSAR project and was funded by South East Melbourne Partners In Recovery (SEMPiR). The PULSAReveryday project has developed a Workbook along with other materials in consultation with consumers, carer's and families. These resources have been completed and passed over to PIR when Pulsar project finished and we will explore ways to use these resources in our everyday practice as well as extending their use into the broader sector.</i></p>
Performance Indicators as per the variation deed of funding for the coming 12 months	<p><i>1. Client numbers will not exceed maximum client level of 372</i></p> <p>We have prepared a demand management strategy which has been attached to this annual plan. This strategy will be monitored through the managers' report tabled at the consortium meetings.</p> <p><i>2. PIR activities undertaken in accordance with the details set out in the 2017 – 18 activity work plan.</i></p> <p>We will institute this plan once it has been accepted by the contract manager and report back on progress according to the reporting schedule.</p>
Ongoing commitment to developing our staff and the broader sector on a range of topics vital to the success of PIR for our clients	<p><i>We plan to continue to support sessions on topics such as:</i></p> <ul style="list-style-type: none"> <li><i>• support co-ordination and</i></li> <li><i>• risk assessment under the Critical Risk Assessment Training Framework</i></li> <li><i>• hoarding and squalor training</i></li> <li><i>• other training as identified by staff</i></li> </ul> <p><i>This training is made available to the SF's in the team and where possible, opened up to other key staff in clinical services, PHAMS and MHCSS.</i></p>

Proposed Activity	
Support for carers and families of PIR clients	<p><i>Through our carer role and our consumer role we continue to provide linkage support for carers and their families into the broader services.</i></p> <p><i>Both roles continue to support low intensity models being developed by the PHN as well as supporting carer hubs and a carer organisation network meeting.</i></p> <p><i>Our carer role will continue to develop carer specific resources.</i></p> <p><i>Both roles will coordinate dissemination of information about NDIS specific events for carers and consumers</i></p>
Governance and Service Delivery Model	<p><b><i>Provide a short description, but clear parameters, of the roles and responsibilities of all consortium members in service delivery.</i></b></p> <p><i>South Eastern Melbourne PHN is the lead agency of a consortium comprising 10 agencies. Six current consortium members (agencies) are contracted to employ support facilitators and deliver services. The consortium continues to provide strategic direction for the PIR program as well as looking for opportunities for collaboration. Consortium representatives are of a senior management level and act as agents of change in their own organisations. We have a spread of agencies that covers most areas of needs including housing, employment, mental health, AoD, CALD, ATSI and clinical services. The consortium meets on a bi-monthly basis and has enjoyed good participation from most of the representing agencies. We also have participation from Victoria Police and Centrelink as non-voting members.</i></p>
Sector Collaboration	<p><b><i>Outline how this activity will be implemented and monitored, including engagement with stakeholders such as the National Disability Insurance Agency, Local Area Coordinators, Mental Health Services, Primary Health Networks, Local Health Networks, state and territory Governments, or other relevant support services. Provide details including the role of all parties.</i></b></p> <p><i>Collaboration has been an aspect of PIR since inception and we continually look for opportunities to improve collaboration for ourselves as well as other service providers in the region. We do this through attendance at and running of network meetings, teasing out issues and potential solutions. Other examples of sector collaboration include:</i></p> <ul style="list-style-type: none"> <li><i>• Joint training and staff development with all hosting agencies</i></li> <li><i>• Opening opportunities for targeted training to non-hosting agencies such as state-wide mental health services</i></li> <li><i>• Fortnightly meetings with the team leaders gives the opportunity to share information and monitor participation</i></li> </ul>



Proposed Activity	
	<ul style="list-style-type: none"> <li>Ongoing colocation with clinical services and Corrections Victoria.</li> <li>Network participation by all staff at appropriate network meetings across the region. These include: Housing, AoD, Mental Health, Emergency Relief and CALD networks.</li> </ul> <p>Collaboration with the National Disability Insurance Agency and Local Area Coordinators will progress next year when the roll out for this region approaches.</p>
Referral Pathways	<p><b>Outline your proposed or current referral pathways for PIR clients. Please include details on referral processes for the NDIS.</b></p> <p>For PIR we have an established intake service that provides clinical assessment of all referrals against the eligibility criteria. Referral pathways are open to anyone. We have a simple referral process including either a phone referral or use of a simple form to make referral as easy as possible. We have a website that assists and guides people seeking to make referrals, we collocate at clinical services and at Corrections and offer real time eligibility testing for potential referrals with advice on alternatives when applicable. With an aim of complementing the new stepped care model in 2017 we will assist with the development of the new intake processes for the PHN model to ensure seamlessness and to make sure clients are getting to the right service to meet their needs.</p> <p>In 2016 / 17 we commenced the process of identifying pathways for clients into the NDIS and will implement this plan in the coming year. As outlined above, this will include NDIS events for consumers and agencies, assistance to increase knowledge about the NDIS and preparing our consumers to transition smoothly once roll-out commences in September 2018.</p>

### Staffing & Contractors – Full Time Equivalent (FTE)

OVERALL TOTAL FTE:	Lead Agency	Consortium Partner	Funded by in-kind component
Support Facilitators	0	24 FTE This includes five team leaders in the five hosting agencies	0
Caseload per Support facilitator	NA	Up to 20 clients per FTE	0
Other Program support staff	3.5	0	0
NDIS Transition Staff	0	0	0
Administration staff	0.5	0	0

Contractors	0	0	0
<b>TOTAL</b>	4.0	24	0

**Comments**

*We will continue the current model of five hosting agencies each employing teams of 4.8 EFT staff. Each team has a team leader who does not carry a case load. These 24 positions are all external to the PHN and employed by hosting agencies that come from the consortium. Caseloads will be maintained at close to 20 clients per support facilitator.*

*Other program staff employed by the PHN for the next 12 months includes a manager role, project staff, admin support, intake staff, a carer and a consumer representative.*

*In this next 12 months, we will not have specific NDIS transition staff as we will not roll into the NDIS until later in 2018. This role is one of the portfolios for the senior project officer.*

## 2. Risk Management

Please provide details of your Organisation's Risk Management Plan. The plan should identify and mitigate all risks identified for the 2017-18 period that may impact service continuity for program clients; transition of clients to the NDIS, or the ability to meet in-kind service allocations. Areas of risk should include, but are not limited to: Governance and Administration, Financial Management and Service Delivery. A proposed Risk Management Plan template is set out as follows:

Governance and Administration			
Risk	Likelihood	Consequence of Risk	Mitigation Strategy
Implementation of the model is not adequately governed with drop off of commitment from the consortium members	Medium	Lack of buy in from members resulting in loss of strategic advice, participation, reputation of PIR and effectiveness of the program.	<ul style="list-style-type: none"> <li>• Good relationships and effective mechanisms established and embedded over the past four years.</li> <li>• Schedule of regular meeting times established.</li> <li>• Consortium members have displayed a commitment to the success of the program proven by their ongoing support.</li> <li>• Effective team leader meetings held fortnightly encompassing quality improvement and risk management</li> <li>• Updated TOR for consortium.</li> <li>• Contracts with hosting organisations signed offering a new two year extension</li> <li>• Using the pending arrival of the NDIS as an anchor and area of interest aims to keep participation rates high.</li> </ul>
Risks to occupational health and safety of employees involved in SEMPIR	Low	Safety of staff compromised	<ul style="list-style-type: none"> <li>• Hosting agencies will use the lead agency risk management system (ticket) to report incidents which will be reviewed jointly</li> <li>• Hosting organisations have organisational risk assessment procedures in place.</li> <li>• Risk screening tool updated and used by intake and support facilitators</li> </ul>

			<ul style="list-style-type: none"> <li>• An alert system is incorporated in the Client Information Management System.</li> <li>• Experienced staff after three years of operation.</li> </ul>
<b>Financial Management</b>			
<b>Risk</b>	<b>Likelihood</b>	<b>Consequence of Risk</b>	<b>Mitigation Strategy</b>
Inability to meet the budget resulting in an over or underspend	Low	Service disruption,	<ul style="list-style-type: none"> <li>• Monthly reports from the finance department with monthly meetings in place to monitor and report on budget spending</li> <li>• Flexible funding guidelines have been reviewed and now incorporate guidelines on individual capacity building</li> </ul>
Inappropriate spending of flexible funding	Low	Exhaustion of flexible funding bucket leading to clients missing out.	<ul style="list-style-type: none"> <li>• Monthly reporting from team leaders back to the PHN on spending</li> <li>• Monitoring of spending via an established data base</li> <li>• Monthly team leader meetings to monitor and control spending</li> <li>• Items above \$300.00 require approval and sign off by PIR manager</li> </ul>
<b>Service Delivery including NDIS Transition activities</b>			
<b>Risk</b>	<b>Likelihood</b>	<b>Consequence of Risk</b>	<b>Mitigation Strategy</b>
Service delivery disruption due to recruitment issues such as competition from NDIS and LAC recruitment and the changing landscape for organisations and the changing role of SF's	Medium	Service disruption due to loss of staff.	<ul style="list-style-type: none"> <li>• Governance in place as per above, including contracts with five established organisations in the region</li> <li>• Contracts for a two year option with all current hosts being offered</li> <li>• Planning commenced to align with the NDIS and start the transition period early to be well prepared.</li> </ul>

			<ul style="list-style-type: none"> <li>• PIR seeking ways to assist the community and agencies prepare for the arrival of the NDIS with the aim to have a smooth transition of clients and workforce thereby reducing the risk of staff loss.</li> <li>• Continue to support all staff in their professional development whilst preparing them for the arrival of the NDIS and the change in roles this will bring.</li> </ul>
Support Facilitators facing difficulty in performing the role of care coordination due to the need to be 'case managers' as well as a diminishing provision of services available to coordinate.	Medium	Inability to perform role as expected. Reliance of client on the SF	<ul style="list-style-type: none"> <li>• In-depth review planned for one of the hosting agencies client list to assess the impact of the NDIS roll-out for our current clients.</li> <li>• Using the results of the above review to inform and change our practice as required.</li> <li>• Using the results of the review above to inform and lobby for change at a local level with the PHN with the stepped care model in mind.</li> <li>• Assisting current hosting agencies define their role post roll-out of the NDIS.</li> <li>• Contract requirement for all hosting agencies to register with the NDIS to provide care coordination. Agencies making strategic decisions not to provide NDIS services may need to relinquish their contracts.</li> </ul>
Unable to match referrals to SEMPIR with demand and capacity.	Medium	Inability to provide a service to clients	<ul style="list-style-type: none"> <li>• Demand Management strategy in place</li> <li>• Fortnightly team leader meetings review capacity, escalate issues early and collaborate on solutions</li> <li>• Website developed for lead agency and hosting organisations to promote "no wrong door" concept for entry</li> <li>• Work closely with the new stepped care model developed by the SEMPHN.</li> </ul>
Unprepared for the arrival of the NDIS	Low	Difficult transition of clients, loss of clients, unable to meet KPI's set by the department, clients miss out	<ul style="list-style-type: none"> <li>• Process developed to assist clients, families and the broader service network be prepared for the NDIS as outlined above</li> </ul>

Competition and lack of collaboration amongst service providers	High	Fragmentation and silo's	<ul style="list-style-type: none"> <li>• We may not be able to influence this risk other than by working with those agencies who are willing to work with us.</li> <li>• Creating specific events that assist agencies to prepare for the NDIS after a gap / needs analysis process being conducted.</li> </ul>
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### 3. Communications & Engagement Strategy

Please detail your Organisation's Communications and Engagement Strategy. The Strategy should identify how your Organisation will effectively manage program delivery during the transition phase, including timely and appropriate communication and engagement with:

- staff, clients and the community;
- members of the Consortia to support service delivery and NDIS transition;
- the mental health and disability sectors, including referring agencies; and
- NDIA regional contacts, including assessment and planning staff and Local Area Coordinators to facilitate the transition of program clients to the NDIS.

A proposed Communications & Engagement Strategy template is set out as follows:

Stakeholder	Communication and Engagement Strategy
Staff, clients and the community	<p><i>Our communication strategy is built upon being prepared early for the arrival of the NDIS.</i></p> <p><i>Our key audience consists of current clients, our hosting agencies and our staff. However by extension, we believe we have a commitment to the broader service providers and families and carers.</i></p> <p><i>Every active client on our list will be seen face to face and given written information about the NDIS. This will include a letter explaining why we have shared their personal details with the NDIA plus the NDIA produced information booklet about access. We will leave every client with an information folder that we will continue to grow as we near NDIS roll-out. We will work with all stake-holders at their pace providing as much information as they need.</i></p> <p><i>We will have rolling sessions with all PIR staff informing them about the NDIS, its roll-out, what it means for their work, what 'in-kind' means and how we will monitor this. We are engaging with 'Divin' to deliver specific support coordination training for all staff and have engaged a facilitator with experience in the NDIS to assist preparing agencies for the NDIS.</i></p>
Members of the Consortia to support service delivery and NDIS transition	<p><i>Our strategy for the consortium members is to assist agencies where required with whatever they need to be in the best place for them to either provide NDIS services or to withdraw from the PIR landscape.</i></p> <p><i>Where agencies decide that the NDIS is not in their business plans for the future we need to work closely with them to ensure that client care is not compromised. Currently we have AOD, Housing and Employment agencies delivering PIR who are yet to decide what their future looks like under NDIS.</i></p> <p><i>Where agencies decide to progress and provide NDIS services, we will offer as much assistance as needed, outlined above in the proposed activities to enable them to do this.</i></p>

Mental health and disability sectors, including referring agencies	<i>Our strategy for mental health and disability sectors is similar to the above strategy but will focus on upskilling and educating them about the NDIS and what it means for their staff and clients.</i>
NDIA regional contacts, including assessment and planning staff and Local Area Coordinators	<i>Once in the region, we hope to be able to engage with these contacts and will progress this in the next year being mindful that roll-out for SEMPIR doesn't occur until September 2018</i>

## 4. Transition Strategy

The **Transition Strategy** should address how your Organisation will implement the PIR program during the transition to the NDIS. **All PIR Organisations are required to submit this component of the Annual Plan, noting content may differ depending on the transition timeframe for each region.**

Please outline your Organisation's Transition Strategy.

The Strategy should include but not be limited to the following activities:

- Register as an NDIS service provider to provide in-scope PIR services to NDIS participants;
- Support transition of eligible clients to the NDIS through:
  - engagement with staff, clients and other stakeholders,
  - preparation of NDIS applications, and
  - support through the NDIS assessment and planning processes;
- Manage client numbers within the Maximum Client Level, including intake and exit processes  
Where your organisation is operating under their MCL, what strategies will be utilised to ensure your clients numbers are increased to MCL
- Ensure service continuity for all program clients including those who are not eligible for NDIS supports.

The Strategy should describe:

- the role of Executive/management staff in planning for and managing program delivery during the transition period;
- the role of Support Facilitators in transitioning clients to the NDIS (see section 4.2 of the PIR Guidance Pack);
- how the PIR Organisation will deliver and monitor 'in-kind' services to NDIS participants to meet PIR 'in-kind' allocations, including which NDIS services your Organisation will provide (Support Coordination Activities and Individual Capacity Building Activities); and
- business planning for the PIR Organisation in moving to an NDIS consumer choice environment including promotional activities that will be undertaken to PIR clients, NDIS participants, and the broader community that identify your Organisation as an NDIS service provider.

Proposed activity	Description
Register as an NDIS service provider to provide in-scope PIR services to NDIS participants	<i>The PHN attempted to register as directed but has had registration suspended by the NDIA. We have a clause in our contracts that all hosting agencies register with the NDIA.</i>
Support transition of eligible clients to the NDIS through:	<i>NA. Roll out commences in September 2018 for this region. We will take preliminary steps to be prepared for roll out as described above.</i>



<ul style="list-style-type: none"> <li>• engagement with staff, clients and other stakeholders,</li> <li>• preparation of NDIS applications, and</li> <li>• support through the NDIS assessment and planning processes</li> </ul>	
Manage client numbers within the Maximum Client Level, including intake and exit processes or where applicable, increasing clients numbers to MCL	<i>We currently have capacity to increase numbers to reach the MCL. We expect that early in this financial year we will be at or very close to MCL. We will manage levels as per our demand management strategy mentioned above.</i>
Ensure service continuity for all program clients including those who are not eligible for NDIS supports	<p><i>This will not be an issue for our PIR in the coming 12 months.</i></p> <p><i>We continue to work closely with the PHN assisting in the development of the stepped care model as another safety net for people with severe and persistent mental health issues.</i></p>