


Referral patterns and implementation costs of the Partners in Recovery initiative in Gippsland: learnings for the National Disability Insurance Scheme

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Abstract

Objective: The purpose of this paper is to provide some learnings for the NDIS from the referral pattern and cost of implementing the Partners in Recovery initiative of Gippsland.

Method: Information on referral areas made for each consumer was collated from support facilitators. Cost estimates were determined using budget estimates, administrative costs and a literature review and are reported from a government perspective.

Results: Sixty-three per cent of all referrals were made to organisations that provided multiple types of services. Thirty-one per cent were to Mental Health Community Support Services. Eighteen per cent of referrals were made to clinical mental health services. The total cost of providing the service for a consumer per year (set-up and ongoing) was estimated to be AUD\$15,755 and the ongoing cost per year was estimated to be AUD\$13,434. The cost of doing nothing is likely to cost more in the longer term, with poor mental health outcomes such as hospital admission, unemployment benefits, prison, homelessness and psychiatric residential care.

Conclusions: Supporting recovery in persons with Severe and Persistent Mental Illness is likely to be economically more beneficial than not doing so. Recovery can be better supported when frequently utilised services are co-located. These might be some learnings for the NDIS.

Keywords: mental health, recovery, referral and consultation, care coordination, wrap-around funding, cost allocation

The Partners in Recovery (PIR) initiative is a recovery oriented care coordination model that was launched in Australia in 2014. It aimed to coordinate the services provided by all relevant agencies for persons with Severe and Persistent Mental Illness (SPMI).¹ This was to be achieved by improving referral pathways and strengthening partnerships between the different services that would work together.² In Gippsland, the PIR initiative was implemented by three support facilitator organisations (SFOs): SNAP Gippsland (now, Within Australia), Mental Illness Fellowship (now, Wellways Australia) and MIND Australia. Support facili-

tators from the three SFOs coordinated care of consumers and supported them to access services that addressed their individual needs.^{3,4} Evaluations of this initiative undertaken elsewhere also suggest that several previously unmet needs of clients were met.^{5,6}

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The National Disability Insurance Scheme (NDIS), which is in the process of being implemented, takes over from the PIR initiative. The mental health sector has several concerns about how the NDIS would support persons with SPMI. Some of these concerns relate to difficulties in estimation of psychosocial disability as well as those between service providers and the NDIS.⁷ Nonetheless, the implementation of NDIS also brings new opportunities. For instance, the NDIS can aim to develop strong networks between agencies and become economically efficient.⁸ This paper is part of a larger evaluation of the PIR initiative undertaken in Gippsland between 31 March 2014 and 18 March 2015.

The purpose of this paper is to provide some learnings from the PIR initiative for the NDIS when considering the support of persons with SPMI. The referral pattern of participants of the PIR provides an overview of the kind of services that persons with SPMI are likely to seek and the cost of implementing the program. Further estimates demonstrate the economic longer term costs that might be avoided if such persons are supported by the NDIS.

Methods

Referral pattern for PIR consumers

Information relating to referral areas made for each consumer using their needs assessment profile headings (e.g. accommodation, physical health, transport, etc.) were collated from support facilitators who consented to participate in the study.

Costs of implementation

The costs of conducting the PIR initiative have been estimated both as a total and a per client cost. These costs reflect both a start-up (year 1) and ongoing economic cost of conducting the initiative. They are an economic cost so are not the same as an accounting or budget perspective; but, rather, reflect the resources required to implement the initiative and a costing of those resources. We have, however, drawn on budgets to make these estimates. Data were obtained from the Gippsland Medicare Local.

The central Medicare Local administrative costs included were only those regarding the staff specifically assigned to the initiative in start-up and ongoing phases. Categories of cost include: staff (manager, care facilitator, administration) training and professional development, flexible funding, and data platforms associated with feedback into routine care. We assumed that there was a larger central administrative structure in place to further support the initiative (e.g. to provide functions such as finance, payroll, fleet cars, etc.). The costs were estimated from a government perspective. Potential downstream cost savings estimates were obtained through literature review and are intended to be illustrative of some of the longer term financial impacts that may be prevented through effective management of severe mental illness.

Ethics approval was obtained from Monash University Human Research Ethics Committee (approval number: CF15/463 – 2015000230).

Results

Referral pattern

Of a total of 179 consumers who were referred to the PIR initiative, 118 either did not require referrals to other organisations since they were already linked in with services at enrolment or did not have an action plan at the time of the study. Consumers who were already linked in with services only required coordination of existing services. All consumers who were referred to other organisations had an action plan. Sixty-one consumers were referred to other organisations. A total of 157 referrals were made for PIR consumers over the initiative. These were to a wide range of organisations and services. The most common referral was to an organisation that provided multiple types of services (63% of all referrals made) and Mental Health Community Support Services (31%). Only less than one-fifth (18%) of referrals were made to clinical mental health services. See Figure 1.

Costs of implementing the program

The total cost of providing the service for a consumer per year (set-up and ongoing) was estimated to be AUD\$15,755 and the ongoing cost per year was estimated to be AUD\$13,434 (see Table 1.) The cost of doing nothing is also potentially substantial. A summary of some of these illustrative costs which may be avoided through effective and timely support through the PIR initiative is outlined in Figure 2.

Discussion

Referral pattern and learnings for NDIS

This paper provides a snapshot of the referral pattern of consumers who were enrolled to the PIR initiative in Gippsland. Agencies providing a suite of services appear to be the most referred to in the PIR initiative. Persons with SPMI have multiple and complex needs. They also find accessing the different services quite challenging. Services that are able to address several needs have been found to be more useful because clients then do not have to travel from one agency to the next to receive a service. Currently, large multi-service agencies are few and far between and establishing new ones would be expensive and time consuming.

However, co-location of commonly utilised services might be the way forward. Co-location refers to services that are located in the same physical space, such as a building or campus, and need not be fully integrated with one another.⁹ Apart from improved access, co-locating health and social services has other advantages, such as improved streamlining of referrals and better communication between different providers.⁹ Co-location of

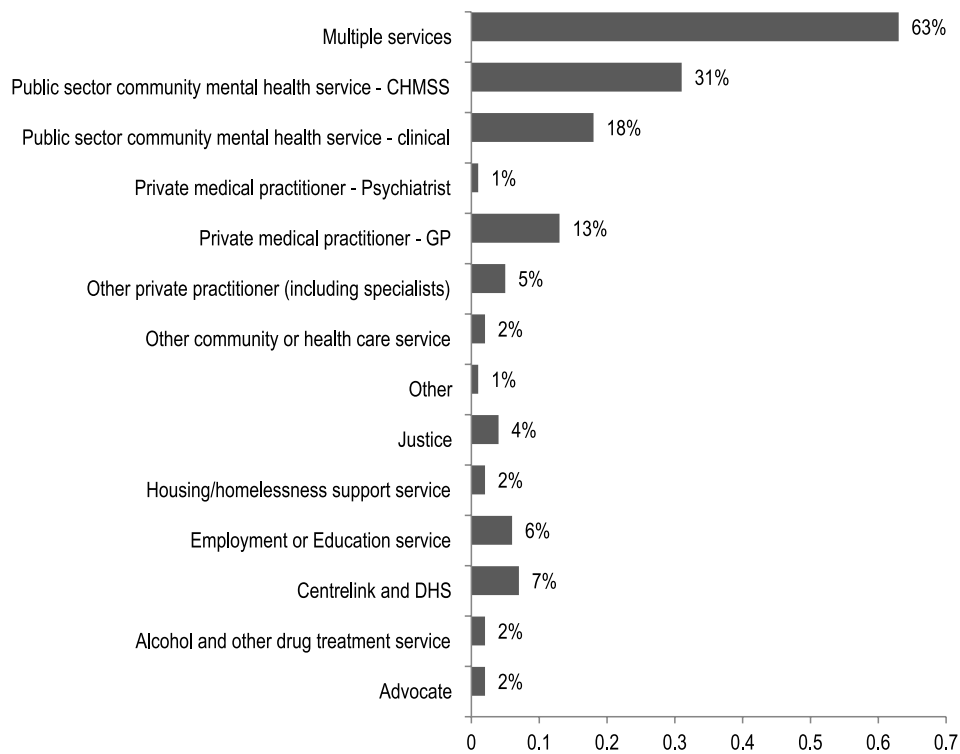


Figure 1. Summary of referrals made for Partners in Recovery consumers to other services.

Table 1. Summary of economic costs of administering the Partners in Recovery (PIR) initiative: set-up and ongoing

<i>Economic costs of administering PIR initiative</i>	<i>Set up (AUD\$)</i>	<i>Ongoing per 12 months (AUD\$)</i>
Medicare Local costs	232,128	87,503
Support facilitator organisation costs		1,240,916
Total government costs, A	232,128	1,328,419
Consumer costs, B		
Total costs (societal perspective) A+B	232,128	1,343,419
Cost per consumer – set-up plus ongoing		15,755.47
Cost per consumer – ongoing only		13,434.19

mental health and employment services has been shown to improve employment of persons with mental illness.¹⁰

The second most frequent referrals after those to multi-service agencies were to mental health community support services (MHCSSs), which are not-for-profit non-governmental organisations sometimes referred to as Community-Managed Mental Health Services.¹¹ These services support people with SPMI in areas such as managing their self-care, improving social and relationship skills and improving quality of life through physical health, social connectedness, housing, education and employment.¹² Referrals to MHCSSs were 1.7 times those

of clinical mental health services, suggesting that there is an unmet need for non-clinical support. The social elements of recovery, namely connectedness, hope and optimism, identity, meaning in life and empowerment,¹³ are paramount for recovery and the NDIS needs to consider how non-clinical/psycho-social support can be provided for those with a psychiatric disability to achieve their recovery goals.

Cost of implementation

This paper also provides an analysis of the cost of implementing the PIR initiative in Gippsland. The cost of

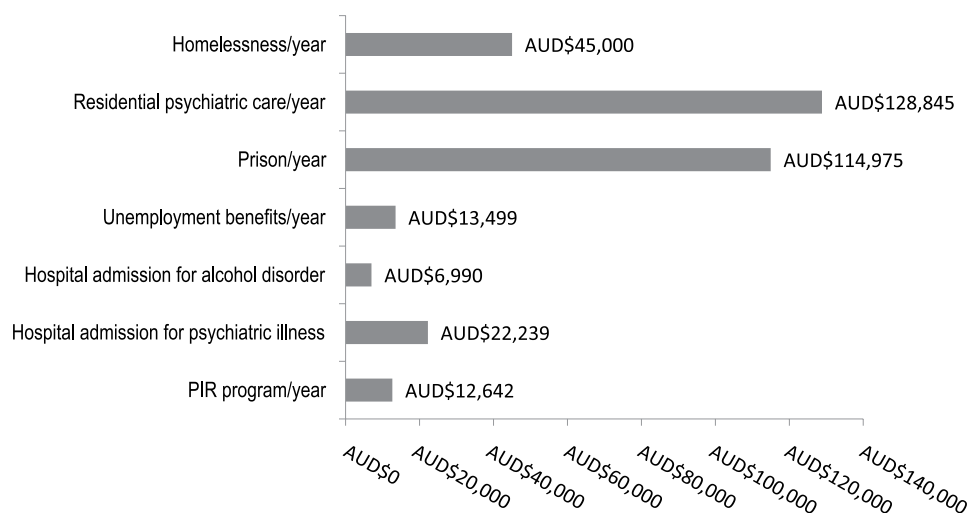


Figure 2. Summary of illustrative costs which may be prevented through the Partners in Recovery initiative.

AUD\$13,400 per consumer ongoing seems like a relatively large investment. However, it must be considered that these consumers are a vulnerable group at risk of experiencing many costly outcomes such as unemployment, homelessness, hospitalisation, drug and alcohol treatment and prison attendance. The potential cost of not adequately supporting such persons is likely to far outweigh that of doing so. Although supporting persons with SPMI continues to be a work in progress for the NDIS, this study also illustrates the economic burden of not providing support.

Conclusion

Supporting recovery in persons with SPMI is economically more beneficial than not supporting their recovery. MHCSSs play a crucial role in supporting recovery and need to be an integral component of the NDIS framework. Recovery can be better supported when frequently utilised services are co-located.

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Disclosure

The authors report no conflict of interest. The authors alone are responsible for the content and writing of the paper.

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