

# Barrier Breakers Strategic Business Plan Suggested Framework – November 2009

1 **Introduction:** The challenge and change imperative.

## A **The Current Business Environment – A Strategic Audit**

### 1 **The Size of the Challenge – The Gippsland Picture**

State government mental health services in the Gippsland region are administered by Latrobe Regional Hospital in Traralgon through its Gippsland Area Mental Health Service (AMHS). The region encompasses the 6 Municipalities of Baw Baw, Bass Coast, South Gippsland, Latrobe, Wellington and East Gippsland. It is a large and diverse region with around 247,710 people (ABS 2006) spread over some 44,000 sq km. Given that as many as one person in every five (20% of the region's population) will suffer a mental illness; this translates into around 49,000 men, women and children in Gippsland needing mental health care. Anecdotal evidence, confirmed by research undertaken by Barrier Breakers, shows that the region is poorly served in the provision and extent of mental health services. Currently, there is:

- Limited employment opportunities for those with a mental disability
- A shortage of acute care beds
- A critical shortage of supported accommodation units
- A shortage of trained psychiatric nurses
- Limited private practice consulting psychiatry in Gippsland
- No detoxification units in Gippsland

The AMHS provides around 87 beds including, **33 acute admission beds**, 6 secure extended care beds, 20 psycho-geriatric beds, 2 child and adolescent beds, a PARC unit of 12 beds at Bairnsdale, managed by SNAP Gippsland and a 14 bed community residential care unit (CRCU) at Traralgon. Not-for-profit organisations, SNAP Gippsland, INSIGHT and MIND provide around 56 beds in their supported accommodation units. Additionally, there is the provision of private sector hostels at Churchill (6 beds) and Moe (14 beds). There is no alcohol detoxification unit.

This contrast with the mental health service that served Gippsland in the 1960's and 70's prior to deinstitutionalisation. During this period the region's population was between 165,000 and 178,000 people. At the time, the region was served by a major purpose built Psychiatric Hospital, Hobson's Park in Traralgon. First opened in 1964, the hospital provided a wide range of accommodation options for people with a mental illness. It provided around 220-230 beds. Of these around 45 were for acute admissions, 30 or so were for psycho-geriatric patients, approximately 80 were designated for day patients, and around 50 were designated for long term, chronic patients. Additionally, the hospital had an alcohol detoxification unit of 20-25 beds. Another 12-16 residential beds were provided at community located hostels. Additionally, both the public and private sectors provided around 30 beds throughout the region with the tenants being supported by a limited outreach type program.

In all, around 300 beds were provided for people with mental illnesses or alcoholism in the Gippsland region in that period. By contrast, the region now has between 50,000 and

60,000 more people than the 1966 – 1976 periods but has **less than 200 beds available** for people who suffer mental illness. That is one bed for every 239 people with a mental illness, or more than 100 fewer beds than the region had in the '60's and '70's - an approximate 62% reduction in beds and a 40% increase in population.

Around 3% of the region's population (around 1434 people) have a severe mental illness and when their needs necessitate acute care accommodation from time to time, they compete for the grossly inadequate number (33) of acute care beds that are currently available in the entire region.

Despite the laudable aim of closing institutions and moving mentally ill people into communities (which all governments in Australia embraced), successful outcomes have not been realised because successive governments at both the state and federal level have simply failed provide adequate support services to those communities to enable them to cope. Moreover, given the wide geography of Gippsland and its diverse communities, the region has probably fared far worse than other more compact regions.

## **2 Barrier Breakers – Focus and Services**

### **Establishment:**

In mid 2006, a small group of concerned citizens, including health professionals and carers met in a private home in Traralgon to discuss the poor level of mental health services in the Gippsland region. They agreed to establish a mental health advocacy organisation to assist people who were experiencing difficulties in accessing adequate treatment for their illness and to lobby governments for improved services. A Statement of Purposes and Objects were drafted and the Melbourne Law firm of Blake Dawson Waldron provided pro-bono services to register the organisation as an incorporated associated and charity under respective state and federal laws. Then entitled, "Gippsland Advocates for Mental Health", the association held its inaugural AGM in December 2006. Discussions were held with a number of agencies and partnership arrangements were entered into with:

- Latrobe City Council
- Victorian Mental Illness Awareness Council (VIMIAC)
- Lifeline Gippsland
- Gippsland Accommodation and Rehabilitation and Support Service (GARRS)

In 2008 the membership of the association agreed to change its name to Barrier Breakers Inc and the AGM also agreed to amend the association's Rules to affect a "Board" structure and more streamlined organisation. These changes were subsequently approved by the regulatory authorities.

### **Services:**

Liaison and regular contact was established with all agencies and people involved in the administration of mental health care in the region including both the government and private sectors and state and federal MP's and a number of submissions/representations presented to governments and their agencies. The philanthropic Reichstein Foundation provided the association with a grant to undertake a small program of research into the extent and effectiveness of mental health services in the Gippsland region and the Mental Health Council of Australia funded the association to undertake a series of case studies. Every opportunity has been taken to respond to government inquiries/hearings into mental health and a number of key submissions have been made with follow-up representation to all relevant parties including the 10 state MP's, two federal MP's and ten Senators who represent the region.

While the association was initially heavily focussed upon systemic advocacy, its case study research and open-door policy soon resulted in individual mental health sufferers requesting assistance. Moreover, agencies, like VIMIAC began to refer their consumers to us for assistance and follow-up. VIMIAC is funded by the Victorian government to provide individual mental health advocacy services, however this funding is only sufficient for a limited number of advocates being employed to service the state resulting in only one person available on a limited basis to service the entire Gippsland region. Consequently, the demand on Barrier Breakers for individual advocacy services is increasing.

### **Funding:**

Through its partnership arrangement, Latrobe City provided the association with its office in the Kath Teychenne Centre and has also provided funding through council's annual program of providing support to community organisations for minor capital purchases and developmental activities. Both state and commonwealth grant monies for small community organisations have also been obtained. Additionally philanthropic organisations, like Reichstein, have provided specific purpose grants. The association has also received financial support from the corporate sector and private individuals; however this level of funding is limited and does not provide for sufficient funding enough to pay for the on-costs associated with the employment of the association's office administrator for more than now, one day per week.

### **General:**

- Barrier Breakers started out 3 years ago largely as an advocacy service for mental health in the region, but increasingly the organisation is dealing with individuals.
- That advocacy was initially about changing systems/processes or an outcome to the region, but advocacy for individuals is increasing in focus.
- Barrier Breakers has been successful in building up a profile in Gippsland.
- A reliable funding source is still required to enable Barrier Breakers to continue to provide services to those "falling through the cracks"?

### 3 Review of Success against the Current Objectives

#### Criteria used for Rating of Success against the 11 objectives:

- 5 Highly Successful (Exceeded all expectations)
- 4 Successful in most areas
- 3 Partially or somewhat successful
- 2 Limited success for this objective
- 1 No success at all or objective no longer appropriate

#### Review of the 11 Key Objectives and Rating of Success:

**Objective 1** – *“To establish and maintain an information network and data-bank-“* This is a **core objective**. Barrier Breakers have been reasonably successful, although funding has been extremely limited. We need to maintain the database – this data/information supports submissions and is an important tool for providers. This is a marketable “product” in its own right. **Success Rating: 3.5**

**Objective 2** – *“To consult widely-“*. Barrier Breakers really has not conducted forums and wide consultation. The aim of this goal was to use these consultations as a tool to gather information about the size of the problem, not to market or position Barrier Breakers. **Success Rating: 1.0**

**Objective 3** – - *“To protect the dignity of those people with a mental illness-“*. Protecting the dignity of the people with mental illness is a **core value** of barrier breakers, rather than an objective in its own right. This is aspirational and underpins everything we do – we live this! **Success Rating: 4.5**

**Objective 4** – *“To improve the quality of life –“*. Improving the quality of life is important and we have had mixed results. **At the systemic or region-wide level the success rating is about 2, while for individuals we assist it would be 4.5.** We haven’t been able to achieve the region wide impact we had hoped. We need to find a way of breaking through the perception that we are a nuisance or an irritant! **Core objective.**

**Objective 5** – *“To address the needs of those with a mental illness-“*. We have been moderately successful in meeting the needs as outlined in this objective. We have achieved this by representation, advocacy at a more region or systemic level. This is a **core objective** and we need to do more of this. **Success Rating: 3.0**

**Objective 6** – *“To Achieve best quality outcomes-“*. (This objective links to Objective 4) - We have striven to achieve best quality outcomes. This objective is also about influencing and advocating. **Again we would rate more highly (4.5) for outcomes for individuals, and lower for systemic change (about 2).**

**Objective 7** – *“To establish appropriate bench marks for determining the adequacy of the budgetary provision -“*. Establishing appropriate benchmarks – it has been difficult to establish benchmarks – difficult to gain “honest” data from organisations! The data is often meaningless – but this is still important – a **core objective**. **Success Rating: 2.0**

**Objective 8** – *“To advocate for improved services-“*. We do advocate for improved services – this objective is really linked to **objectives 4 and 6**. Given our limited resources we do this well; examples being submissions to Green papers, lobbying, etc. **Success Rating: 4.0**

**Objective 9** – *“To enter into on-going dialogue with politicians-“*. we have been highly committed and highly effective at this – but we do not always win friends doing this! **Success Rating: 4.5**

**Objective 10** – “*To work, liaise and cooperate with Governments and their agencies*” - -we have not changed delivery as much as we would like but we would rate ourselves highly at this. **Success Rating: 4.0**

**Objective 11** – “*To establish and maintain a close working relationship with VIMIAC*” – “We have a close working relationship with VIMIAC and other organisations and have met this objective at a very high level. We are highly regarded and respected. **Success Rating: 5.0**

#### **4 Options for the Future - Key Messages/Focusing on the Future:**

- We need to tighten the objectives as part of developing a focused Business Plan – re-jig the current Mission/Objectives into Purpose (Mission), Values, Key Strategic Objectives
- We have achieved a lot with limited resources!
- We need a portfolio based Board to achieve the plan – it cannot all be delivered by one person!
- The review highlighted the importance of information and data, and the importance of being skilled at interpreting that data. This is a key service we can provide to the region and to other organisations.
- If we do focus on delivery, then the focus is more likely to be on increasing the capability of other providers, rather than competing with them in the delivery “space”.
- We must keep the focus on influencing/lobbying, but will have to be funded by philanthropists as it is unlikely that Governments will want to fund us to hold them to account.
- If there is a direct delivery focus for us, it appears to be how we provide advocating and influencing outcomes for individuals.
- The conundrum is that we require ongoing or recurrent funding to keep the office open to be credible to deliver on the other outcomes. The strategy then, is to source funding for specific projects that will underwrite office/administration costs.
- A key strategic question – where do we focus our funding effort? Funding sources:
  - State Government (problematic!)
  - Federal Government (Australian Mental Health Council)
  - Philanthropic organisations
  - Business/industry
  - Licensed and Service clubs – RSL, Rotary, etc.

## 5 Strategic Challenges for Barrier Breakers for the next Five Years

A “Strengths, Weaknesses, Opportunities and Threats” (or Risks) analysis process would be utilised to further understand the organisation and provide a basis for planning for the future.

## B The Future Business – Building the Picture

### 1 Our Vision for Barrier Breakers

To be highly respected as the authoritative voice for mental health reform in Gippsland.

To be funded by government to represent the views, hopes and inspirations of mental health consumers and carers.

To possess, maintain and further develop a comprehensive data base on mental health needs, service delivery and shortfalls, which is highly respected and sought after.

### 2 Our Purpose - Creating Value

*Barrier Breakers Inc believes that the delivery of appropriate services to the mentally ill in the Gippsland region is inadequate, and disadvantages those people most in need of treatment, care and support. Barrier Breakers is determined to facilitate an improvement in the services provided to those suffering from mental illness in the Gippsland region.*

### 3 Our Values – What We “Stand For”

1. Protecting the **dignity** of those people with mental illness
2. Promoting and **protecting the human and civil rights** of those we assist
3. Improving the **quality of life** of those affected by mental illness
4. **Advocating and providing a voice** for those with mental illness who have no voice
5. Ensuring the **adequacy and extent of mental health services** in the Gippsland region.
6. **Lifting the profile** of mental illness in government Budget considerations.

## 4 Our Key Strategic Objectives

The review of the original objectives and the "Current Situation" by the Board led to the identification of the following eight objectives; each with key strategies.

<b>Key Objectives</b>	<b>Key Strategies</b>
<b>We will:</b>	<b>By:</b>
1. <i>Work (Strive?) to address the needs of, and provide best quality outcomes in the provision of health services for those with a mental illness.</i>	<ul style="list-style-type: none"> <li>• <i>Influencing the provision of adequate treatment regimes, necessary residential care</i></li> <li>• <i>Influencing provision of suitable support systems including educational, employment and other developmental opportunities</i></li> </ul>
2. <i>Advocate for improved services for people with a mental illness</i>	<ul style="list-style-type: none"> <li>• <i>Continued representation and submissions to governments and their agencies.</i></li> </ul>
3. <i>Improve the quality and accuracy of information related to mental health issues for the Gippsland region.</i>	<ul style="list-style-type: none"> <li>• <i>Establishing and maintaining an information network and data base on issues that relate to the mental health care of citizens in Gippsland and the level and type of care appropriate to the needs of those people with mental illness or emotional problems.</i></li> <li>•</li> </ul>
4. <i>Provide for wide consultation with people who use mental health services in Gippsland and their families on their particular needs.</i>	<ul style="list-style-type: none"> <li>• <i>Promoting an "open-door" policy of receiving individual representations, participation in all public forums on mental health and continued liaison with all service providers.</i></li> </ul>
5. <i>Establish appropriate bench-marks for determining the adequacy of the budgetary provision for mental health care and the delivery of services</i>	<ul style="list-style-type: none"> <li>• <i>Continued research and up-dating of the association's data bank of service providers, on-going dialogue with consumers and carers and continued monitoring of Budget allocations and service delivery.</i></li> </ul>
6. <i>Build relationship and a dialogue with key decision makers politicians, Health Ministers, Advisers and all other relevant decision-makers and familiarise them with the plight and needs of people with a mental illness.</i>	<ul style="list-style-type: none"> <li>• <i>On-going liaison with the region's politicians and by presentation of submissions to governments and their agencies and continued representations.</i></li> </ul>
7. <i>Liaise and cooperate with governments and their agencies to improve the extent and delivery of mental health services in the region.</i>	<ul style="list-style-type: none"> <li>• <i>As in 6 above but only in so far as such cooperation does not conflict with or compromise consumer care.</i></li> </ul>
8. <i>Establish and maintain a close working relationship with the Victorian Mental Illness Awareness Council, other Associations/Groups and individuals, who share similar concerns to improve the delivery and quality of mental health care.</i>	<ul style="list-style-type: none"> <li>• <i>Regular contact with key operatives and the building and strengthening of partnership arrangements.</i></li> </ul>

## 5 Our Success Measures

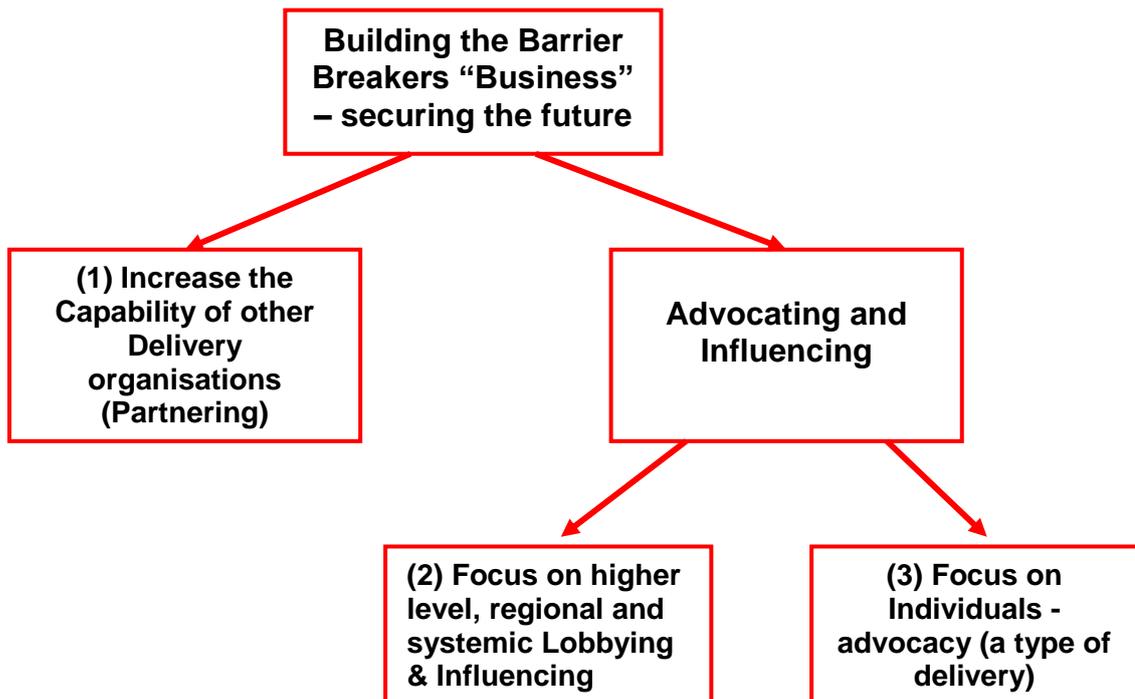
The "basket" of Key Performance Indicators (those higher level measures) that collectively will indicate our success at delivering on our Key Objectives and Strategies.

## C IMPLEMENTING THE VISION – PLANNING FOR GROWTH

### KEY STRATEGIES for Growth (3 year focus)

#### 1 Business Model and Service “Delivery” Plan

Emerging Barrier Breakers “Business Model” for the Future:



Notes (based on discussion at the meeting):

- 1, 2 And 3 are the areas of unmet need – no-one else in Gippsland is in this “space”
- Partnering to increase the delivery capability of other organisations is a lower risk option (we do not carry the delivery risk) compared to trying to enter the delivery space in our own right. It also obviates “turf wars” with current providers that could divert our focus.
- This was preliminary thinking and needs to be challenged and/or developed further. Are there key areas of “business” focus or opportunities not captured in that framework?
- What are the specific opportunities we might need to focus on in each of the key areas?

## 2 Funding and Financial Plan

Barrier Breakers is reviewing funding options and has identified the following as potential funding sources:

- State Government (problematic!)
- Federal Government (Australian Mental Health Council)
- Philanthropic organisations
- Business/industry
- Licensed and Service clubs – RSL, Rotary, etc.
- Other funding sources?
- Who is going to do this?

### The Project:

Barrier Breakers requires a “story” to target any funding/projects to gain money to keep the doors open. The suggested strategy is to seek funding for a research project requiring an administrative or support component that underpins the organisation continuing.

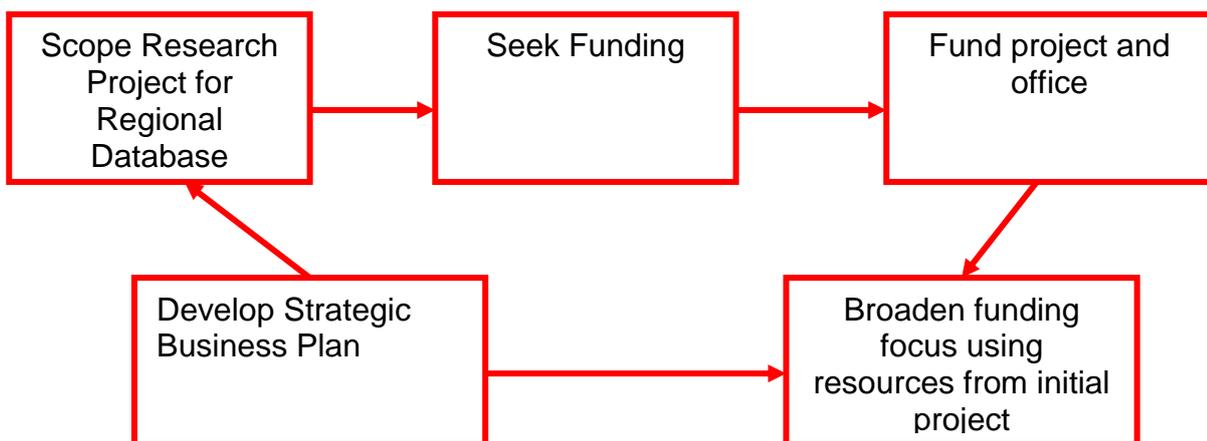
The suggested project is a regional system database that is an “asset register” and issues register for the region. The information will be of significant value to decision makers and regional providers to support “evidence based decision making”. Barrier Breakers currently has a “service provider” focused database, however it is incomplete and requires resources for ongoing updating and broadening. This project requires a focused project scope and persuasive narrative. There are two options for the project:

- Barrier breakers develops the database itself
- Coordinate/partner with agencies to develop and maintain an ongoing database

### Funding the Project:

DHS Gippsland should be approached to gain support for the project. Neville Penrose undertook to follow-up. Latrobe – Community capital grants could be pursued and RSL/Service clubs should also be approached.

### The Initial Funding Model:



### **3 Organisation and Governance Plan**

#### **3.1 Board Structure**

The Board decided that it required portfolios, where each Board member undertakes a specific portfolio. A key part of that portfolio is to lead a “Task Group” in key strategic areas. The suggested Task Groups areas are:

- Funding (Fund Raising) – Led by Peter? (involve Hilton Gruis)
- Partnerships
- Consumers (focus on individuals and their carers)
- Information and Research

#### **3.2 Staffing and Resources**