

**Community Mental Health Rehabilitation and Support
Services in Victoria
(Psychiatric Disability Support Services)**

**The Case for an Adjustment to the Funding Base for
Services - A Viability and Quality Issue**

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In the preparation of the document, data was gathered from:

- The VICSERV 2000 sector census;
- Financial data a number of PDSS agencies;
- The Department of Human Services; and
- Area Mental Health Services.

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1. INTRODUCTION

1.1 The purpose of this Paper

We have three purposes in submitting this document to The Department of Human Services:

1. To demonstrate that current levels of government funding fall dramatically short of the actual costs of service delivery, by:
 - Identifying an indicative minimum viable budget for a typical Home Based Outreach, PSR Day Program or Mutual Support/Self-Help PDS service. This budget will be justified on a line by line basis; and
 - Citing disparities with funding benchmarks for like services operating under the purview of the Aged, Community and Mental Health Division.
2. To highlight some of the effects of this inadequate funding on service quality, on the financial viability of service providers and on the effectiveness and morale of the PDS workforce;

And, given these issues:

3. To propose a staged introduction of a viable funding benchmark for services.

1.2 Background and context

Psychiatric disability support services – the backbone of community support for people with a psychiatric disability

Psychiatric disability support services are in the business of providing psychosocial rehabilitation (PSR) and support. They work with consumers in their process of recovery with the ultimate goal that consumers are empowered and enabled, through increased skills, personal capacity and social resilience, to lead dignified and independent lives in the community.

Specialist services

Our services, in the form of home based outreach, respite care, PRS day programs, residential rehabilitation and mutual support/self-help, are crucial components in the continuum of specialist mental health services. They contribute to minimising the impact of disability in an individual's life, work with clinical services to provide a multi-dimensional response to need, and in doing so, assist in cutting rates of relapse and hospital re-admission. They also work with carers to support them to meet the increasing burdens placed on them in a community focused mental health system.

Effective support and rehabilitation

The effectiveness of community based rehabilitation and support is well known. While research locally is limited, the PSR principles have been applied in a range of community services environments across the Western world for the past 30-40 years. In a de-institutionalised mental health system, the vast majority of people with a severe psychiatric disability spend all but a small proportion of their lives in the community. It has been demonstrated that effective community support and rehabilitation programs can contribute to lower costs in acute care through relapse prevention and other timely interventions to improve the quality of life and the independent living capacity of service users.

Our challenges

Today the State of Victoria spends a relatively small proportion of the adult mental health budget to fund more than 170 rehabilitation and support programs across the state to deliver service to more than 10,000 people with a psychiatric disability. These services have a strong commitment to delivering the best possible outcomes for consumers with available resources, but are hampered by a number of key issues. These include:

- Lack of a structured quality framework;
- Lack of opportunities to build on highest quality practice;
- Inadequate outcomes research and structured evaluation mechanisms; and
- Funding levels which do not reflect real costs.

This paper addresses the last point – that of resources and base funding levels.

1.3 Our common agenda with DHS

VICSERV has worked with the PDS sector to develop an important set of medium-term common agendas with DHS around the delivery of services in the PDS field. Specifically, goals to:

- achieve greater consistency of quality across the sector through the development of a quality framework and accreditation process;
- identify, document and promote highest quality practice;
- improve service effectiveness and introduce a stronger culture of evidence based practice; and
- maintain efficiency to achieve the above at the lowest feasible cost to the taxpayer.

On behalf of the sector, VICSERV is seeking to be pro-active and work co-operatively with DHS on all these strategic issues.

1.4 What is happening elsewhere?

In New Zealand, around 30% of adult mental health resources are applied to services which are community-based and non-clinical in design and delivery. The roles of communities, carers and significant others in the recovery process are more clearly acknowledged. Community-based professional rehabilitation and support is seen as a growth area even within the context of an ageing population and intense competition for the health dollar. Similar factors operate in the Australian health and community care environment – an ageing population and increasing focus on primary and community care.

Although the service system there operates somewhat differently, the psychosocial component of service delivery in the USA comprises up to 30% of the resources applied to mental health teams.

In other states of Australia, the system of non-clinical support and rehabilitation services is less developed. In states such as NSW, there is a range of investments in housing and support of service models, but these are managed primarily by clinical services.

In Victoria, the most developed of Australia's states in terms of community rehabilitation and support, PDS services still only constitute around 13% of the adult mental health budget.

1.5 The resource situation in Victoria

Victoria remains relatively well funded in PDSS in comparison to other states. However, infrastructure is being developed in many other states which mirrors our sector. The strong investment in rehabilitation and support in other countries, that recognise the importance of such programs within the continuum of mental health services, presents an argument for an expanded role for PDS services in Victoria.

Funding in the sector in recent years has continued to grow to provide services to an increasing number of people with a severe and enduring disability who live in the community. However, all of the available PDS data clearly shows that: There are insufficient PDS services for those who request or need them; and Existing services are not funded to the level that allows for an acceptable standard of service quality, such as the National Mental Health Standards.

So in addition to meeting demand, there is the issue of basic service funding to meet quality standards. The cost structures of PDS services are undermining the quality of current service delivery and impeding the development of any vision of quality improvement for the sector. If we are to achieve improved quality, we must achieve a satisfactory funding benchmark for delivery of quality rehabilitation and support services.

2. Current PDSS funding levels

The current EFT funding level and some comparisons

2.1 PDSS EFT levels most recently have been funded as follows:

Home Based Outreach	\$52,600
Day Programs	\$53,900

This EFT funding is purported to cover agencies “all up” costs, including all organisational overheads and depreciation, salaries and infrastructure, rental – literally all costs.

2.2 Clinical Mental Health Services EFT levels tend to vary a little from Region to Region and agency to agency. Also there appear to be many “one-off” and “top-up” deals so that exact funding levels for the Clinical Health EFT are hard to establish.

Having said that, data from a number of services suggests an EFT level varying from \$72 -80K per EFT.

This figure generally **does not include rental costs**. Rental arrangements are generally provided above and beyond the EFT allocation. By contrast, rental costs for PDS services must be covered within the standard EFT funding provided.

Of the clinical mental health services we have consulted, most report that they are unable to run their community based clinical mental health team on this \$72-80 budget without subsidising from other areas of their budgets or not filling their staffing establishment. Our understanding is that DHS is aware of this situation.

2.3 Primary Mental Health and EI programs EFT

Indications from services were that this program is funded at \$85K per EFT. It is widely understood that AMH services have informed DHS that they cannot employ direct care staff at numbers which reflect this EFT level. In other words, AMHSs are arguing that funding of \$85K is not viable.

(Sources: The Department of Human Services stated that they have not formally published their EFT funding levels for either Clinical Mental Health Services or Primary Mental Health. VICSERV has been informed that this information is not available in formal policy documents for public consumption. However, PMH data is available through documents such as the PMH Invitation for proposals.)

2.4 Salary/Infrastructure Split

On a notional basis, DHS advise that PDS services are funded on the rationale of 80% for basic salary, 12.5% for salary on-costs and 7.5% for operating costs.

This breakdown is simply not achievable. It does not reflect in any way the current costs for programs. It is not possible on an EFT of less than \$54K to keep non-salary (infrastructure) costs to \$6,700.

In terms of Clinical Mental Health Services, DHS does not formally apply a notional Salary/Infrastructure split, and talks only in terms of “coping within the global budget”. So, infrastructure funding comparisons are elusive.

However, on what is known about the different salary levels between clinical and PDS services, it is clear that the infrastructure funding component built into the EFT is far higher for clinical services. There is no known justification or rationale for the difference in the infrastructure funding component between the two sectors.

Additionally, Clinical services are generally not required to pay rent from their infrastructure expenditure.

3. Establishing a meaningful and realistic base funding (EFT) for PDS service delivery

The following budgetary exercise was conducted to determine a fair and reasonable EFT level for delivery of PDS services.

It should be noted that our proposal is not to claim an immediate funding upgrade for all existing programs to our identified minimum viable funding benchmark. Rather our proposal is to set a fair and reasonable benchmark for future funding of new services, so that these new services are built upon a standard of funding against which a meaningful framework for quality service delivery can be applied.

It is then proposed that existing PDS services are translated to this new funding standard only as and when extra resources become available in a budgetary context.

3.1 The Indicative Budget

The following material is presented as an indicative budget for Home-based Outreach, PSR day program or Mutual Support/Self Help programs. The data underpinning this work is drawn from a number of existing programs of these types throughout the state of Victoria, including metropolitan, regional and rural services.

Assume:

- 10.5 direct care key workers; (10 KW plus 0.5 team leader)
- Service generally delivered Monday-Friday during business hrs.

It should also be noted that this budget is costed so that the program it represents can function as a stand-alone organisation.

Equally, the budget is designed so that if the program were within a larger entity, there is an identifiable series of costs associated with management and administration. These costs are individually itemized, and show a total management cost which is significantly lower than that which is often charged by larger entities for management /administration. These factors render this budget a highly conservative one.

3.1.1 Indicative Program Budget

1. Salaries	Justification/Details	Annual cost
Social Worker	Average Soc 1 – year 7 x 10 direct support and rehabilitation workers. Although there are issues with whether this is an adequate level, this represents the current sector average salary. Many clients have as highly complex needs as any in the human services system, come from secure extended care, and require a minimum level of competency for support and rehabilitation.	\$ 358,880.00
Team Leader	SW level 3 x 1, (0.5 direct care) Supervises up to six people (as per award). Engages in program planning and delivery. Payment in accordance with the SACS award SW level 3. A conservative estimate of the time required for a team leader in management of 6 direct care key workers. 0.5 of the team leader's time can be included as direct care key workers activity and as such is a part of EFT.	\$ 39,743.00
Program Manager (EO)	SW level 4 x 1 Direct supervision of team leader and four additional staff. External management, program budgets, supervision of administration. Payment in accordance with SACS award SW level 4. Full time management and leadership role. Links program to the broader organisation. In total with Team leader, forms 1.5 management positions, or around 0.12 management per EFT.	\$ 45,671.00
Reception/ Admin	1 half-time receptionist/general admin worker. Conservative and reasonable estimate of the workload generated by 10.5 EFT staff and 1.5 EFT management.	\$ 17,655.00
Backfill	For services to function properly, backfill must be provided to meet the needs of clients. All services must continue to provide services regardless of staff leave and/or sickness	\$ 34,507.00
Total Salaries	Note that all program salaries, including program management and administration, represent %60 of the cost of service delivery, and as such represent 60% of any EFT which is calculated.	\$496,456.00
Salary On-costs	14.4% of salary includes leave, (1.4%) workcover (3.5), superannuation (8%), and LSL (1.5%).	\$ 71,490.00
Total salaries and on-costs	Comment: With on-costs, salaries remain under 70% of the total cost of service delivery.	\$567,946.00

Staff related expenses		
Staff amenities	13 staff = \$54 per year per staff person with is around one dollar per week per staff person.	\$ 700.00
Training/courses /PD	13 staff = \$560 per person per year. This represents less than 1.5% staff training allowance.	\$ 7,250.00
Seminars/business/conferences	Management 2 x \$500, staff 10 x \$200 Average Human Services conference fee in Victoria across 10 selected examples = \$430	\$ 3,000.00
Advertising – staff recruitment	3 x \$1500 per annum	\$ 4,500.00
Critical Incident consultancy	(staff and clients) 1 hr per month @ \$80 per hour	\$ 1,000.00
Total	- Staff related expenses	\$16,450.00
Admin Costs		
IT Maintenance	printers, software etc	\$ 2,000.00
IT costs client info systems		\$ 1,000.00
IT consultancy/tech support	2 hrs per week @ \$75 ph (or cas staff @\$150 per week)	\$ 7,800.00
Stationery – general	Less than \$200 per year per staff person. Lower end estimate based on figures produced by a number of PDS organisations.	\$ 2,500.00
Telephone	Based on real figures produced by 3 Psychiatric disability support organisations with similar staff numbers.	\$ 12,100.00
Total – administration		\$ 25,400.00
Occupancy expenses		
Electricity/Gas		\$ 4,000.00
Rates/ Charges		\$ 800.00
Rent	* see notes at summary	*****
Security Contract	Basic security monitoring contract – does not include attendances in the event of security breaches.	\$ 1,000.00
Total – occupancy expenses	It is noted that rental fees in the sector vary widely across the state, from free rental to full commercial rates – and that commercial rates vary from city to regional and rural areas.	\$5,800.00
Repairs and maintenance		
Building maintenance	Low end of averages presented for building maintenance.	\$ 600.00
Equipment maintenance		\$ 2,500.00
Total - repairs and maint.	At 0.4%, of funding, building and equipment maintenance and repairs impact little on costs.	\$3,100.00

Cleaning		
Cleaning contract	At \$60 per week, low end of average cleaning contracts currently being used in the field for programs of this size.	\$ 3,000.00
Other	Represents one-off cleaning activities such as steam cleaning etc	\$ 300.00
Total - cleaning		\$3,300.00
Motor vehicle expenses	Based on 5 x MV & 1 x MiniBus (metro service average)	
MV – petrol and oil	@ \$2,750 per vehicle	\$ 16,500.00
MV- Reg % Ins	@ 980 per vehicle	\$ 5,880.00
MV – rep/maint	@ \$400 per vehicle	\$ 2,400.00
Allocation for personal usage for work related activity	Personal use – Ave 50K per week per staff x 12 @48c per km	\$ 7,488.00
Staff parking	12 management and operations staff. = \$67 per person per year. Conservative estimate	\$ 800.00
Total - vehicle expenses	Based on vehicle numbers required for a home based outreach program. For a day program, there may be on average 2-3 vehicles less, however any costs saved in motor vehicles are covered partly by increased rental and overheads costs of running a day program.	\$33,068.00
Health/Ed/ External activities		
Medical supplies	Maintain medical kits in office and vehicles	\$ 700.00
Books/Magazines/Videos/Publications	Maintenance of basic staff and client information resources	\$ 750.00
Client Group and individual Expenses and program costs	Costs associated with both group and individual activities and outings, as part of the psychosocial activities undertaken within either a day program, HBO program, or mutual support/SH program.	\$ 10,500.00
Total Client Health Ed and external activities	In any program which is under-funded, it is costs such as this which can suffer directly. Although representing only 2.1% of total costs, externally focused activities and maintenance of good health of clients is a crucial component of any effective psychosocial program.	\$11,950.00
Management & Admin Exp		
Accounts	Payable and recievable – 1 day per wek @\$16 p/h plus cas loading	\$9,380.00
	Payroll – 1 day per week – 6 hrs per f.n @ \$16 p/h plus ca loading	\$ 3,494.00

	Data entry – accounts and client systems – 26hrs per month @ \$16ph plus cas loading	\$ 6,988.00									
	Audit	\$ 2,000.00									
Governance Costs	Annual report	\$ 3,500.00									
	AGM	\$ 1,800.00									
	Committee costs (strategic planning, catering, governance training etc)	\$ 2,000.00									
Legal	3 x legal advice	\$ 1,000.00									
Quality	Quality systems/continuous improvement, organisational policy development	\$ 5,000.00									
Professional supervision	External – Manager 1 ½hrs per fortnight @ \$120 per session Alternatively, this component in a larger agency represents a contribution to senior internal management supervision	\$3,120.00									
Insurance	Building contents	\$2,000.00									
Total Admin/Management	admin/management Expenses/overheads	\$40,282.00									
Total Expenses	As per each item (before rental)	\$707,296.00									
Rental	Rental fees across service throughout Victoria vary widely, from nil to fully commercial rates. We recommend that the rental component of each EFT be negotiated separately, broadly within the range of \$0 - \$4,000.00 per EFT. Average day prog rental Approx \$30K or \$3,809 per EFT	\$0 - \$40,000									
Standard EFT (with a rental component)	Based on all of the above costs divided by 10.5 direct care key workers functioning within a program. Standard rental EFT @ \$30,000.00 = \$737,296/10.5 = \$3,809 Outputs relating to this EFT are then determined on the basis of the type of program. For example, a standard HBO program would involve 1:10 staff:client ratio which would result in 105 clients accessing the program at any one time. An intensive HBO program may involve 1:5 staff:client ratio, resulting in 52 clients accessing the program at any one time	\$69,916.00									
Standard EFT (without a rental component)	If rental negotiated separately	\$ 67,066.00									
Travel – rural loading PER eft	Based on petrol cost in metro PDSS average travel \$23,988/10.5 = \$2,284	Up to \$3,000 depending on submission									
Salary and on-cost: Infrastructure ratio	As a guide only.	<table style="margin-left: auto; margin-right: auto;"> <tr> <td>Salaries</td> <td>67.0%</td> <td>—</td> </tr> <tr> <td>On-costs</td> <td>9.7%</td> <td>—</td> </tr> <tr> <td>Infrastructure</td> <td>23.3%</td> <td>—</td> </tr> </table>	Salaries	67.0%	—	On-costs	9.7%	—	Infrastructure	23.3%	—
Salaries	67.0%	—									
On-costs	9.7%	—									
Infrastructure	23.3%	—									

3.1.2 Rental

There is an argument that, similar to AMHS funding, rental costs be separated from EFT and negotiated separately. This reflects the range of rental costs which can occur from nominal rental, to full commercial rates. It is our belief that taking this approach may potentially result in some cost saving for the Department.

Although rental is seen as separate, rates and other related charges are included in the EFT for simplicity.

As previously stated, rental can vary significantly from one area to another – from nil rental to full commercial rates. This places some services at an advantage and others at a disadvantage.

We will recommend that DHS consider negotiating rental separately on the basis of rental actually paid. For example, where a program pays only a nominal rental fee, the rental component of the EFT would be close to or actually zero. Where commercial rates apply, the rental may be up to \$4,000 per EFT.

If this approach is not taken, the base level for a reasonable rental should be set at \$2,850 per EFT, or \$30,000 per annum rental for a program the size outlined in the indicative budget.(10.5 EFT)

3.1.3 Travel (loading)

The issue of travel costs is a significant one for services, and has been problematic for many years. Along with rental and salaries, it makes up one of the three highest cost areas of service delivery. Like rental, it varies significantly from area to area, and in areas where travel costs are high, services are faced with significant budget pressures to save funds in other areas. Ultimately, this results in less staff being employed than is formally funded per EFT.

The travel costs included in the standard indicative service budget are based on averages provided by a number of *metropolitan* services, as a base level.

Rural services have significant additional costs, including fuel bills which can be as much as 200% higher than metropolitan averages. Data can be provided to support this as required.

We will recommend that funds be set aside for additional travel cost loading for rural and regional services. Because not all services accrue similar travel costs, provision of additional travel funds should be based on data provided by services which reflects actual travel costs. The degree to which a program's petrol costs exceed this indicative budget should be the level of additional funds provided to the service, at an EFT rate. Services on the metropolitan fringe which also accrue high travel costs should also be able to apply for additional travel loading

3.1.4 Capital costs – annual provisions

Under new taxation provisions, services now incur significant fees to change over motor vehicles. These costs in many cases are not being covered by commensurate increases in annual provisions funding.

Recurrent funds should not be required to be diverted – at the cost of service delivery - to meet motor vehicle changeover costs. We will recommend a review of annual provisions funding.

4. The Impact of a PDS Funding Shortfall

Clearly, the data available to us indicates that there is a significant funding shortfall for PDS services at current EFT rates. The indicative budget has been based on genuine, reasonable requirements for running services.

This funding shortfall for PDS services impacts adversely, in many ways, on the quality of services able to be offered to consumers and on the results that people can achieve from participating in PDS programs.

Staffing

- Many agencies cannot afford to recruit to notional establishment levels and thereby impose excessive workload on existing workers.
- Agencies are often restricted to paying low wages and are unable to secure the requisite specialist knowledge and skills required to undertake psychosocial rehabilitation and support work.
- Excessive workload, poor pay and an under-skilled workforce lead to staff stress, burnout and high turnover, further degrading the quality of service to clients.

Management

- Many agencies have no access to finance to cover natural contingencies or to allow staff adequate release for professional development.

Viability

- Agencies increasingly report to VICSERV that they subsidise PDS services with their own resources, leading to a critical run-down of agency “survival” reserves.
- As one agency respondent in a recent survey noted, “The physically poor fabric of buildings, facilities and equipment is well known in the human services field and sends a stigmatising message to the community that “second-best” is acceptable for the rehabilitation of people with a mental illness. No hospital would accept similar standards for people in rehabilitation for a physical ailment.”

Quality

- It is a clear and shared agenda of VICSERV and DHS to introduce a range of quality initiatives into the sector. One of the reasons for this is to provide a broad framework in which there can be some comparison of service quality. This simply cannot be achieved unless reasonable benchmarks for funding are set, which take into account issues such as higher travel costs in rural Victoria.
- Services cannot be reasonably expected to implement quality initiatives in an environment where funding levels fall far short of actual costs.

In summary, the PDS sector is an industry under extreme financial pressures, without the capacity to nurture and retain the specialist skills required to undertake this difficult work. This financial pressure undermines the sector's drive for quality at every turn.

5. Staged Implementation

VICSERV accepts the financial reality of a staged introduction of any new funding arrangement. By applying appropriate funding levels to the establishment of new services only, the Department is afforded the opportunity and space to upgrade funding levels to existing services progressively as funds become available in a budgetary context.

Under this staged implementation approach, new dollars can still be applied to establish new and additional services.

6. Link to Quality Initiatives

With new services funded at these recommended levels, a framework for quality service delivery can then be realistically introduced.

7. Funding and Level of Client Need

VICSERV emphasises that the funding standard identified in this financial analysis has been based upon the assumption of delivery of quality PSR programs to standard numbers of clients with core or average levels of need.

For clients with higher or more intensive support needs, the same funding benchmark could remain with a negotiated reduction to service output targets. In some cases, where additional costs such as penalty rates may apply for longer support hours, the EFT level may be adjusted.

For clients with extreme or critical support requirements, it is envisaged that the current arrangements of individually negotiated resource packages would continue to apply.

8. Recommendations

VICSERV requests that the State Government acknowledge the actual costs of delivering viable psychiatric disability rehabilitation and support services, as demonstrated in this document. Specifically:

- ***That DHS acknowledge and set a unit cost (EFT) for the delivery of a standard PDS HBO, Day Program or MS/SH program at \$ 67,066.00 Plus separately negotiated rental plus additional travel loading where appropriate for all newly funded HBO, PSR day programs and MS/SH positions and programs.***
.....OR
- ***If rental costs are included in the EFT rate, that DHS acknowledge and set a unit cost (EFT) for the delivery of a standard PDS HBO, Day Program or MS/SH program at \$ 70,218.00 plus additional travel loading where appropriate for all newly funded HBO, PSR day programs and MS/SH positions and programs.***
- *That DHS determine a strategy for upgrading existing services to the new benchmark over a reasonable period of time.*
- *That in utilising staff salary vs infrastructure cost estimates, and one-off requests for specialist programs, DHS acknowledge the ratios set out in this indicative budget.*
- *That any future wage rises in the sector be applied to this EFT level of funding.*
- *That this EFT level be indexed.*
- *That a review of annual provisions funding occurs, to establish reasonable benchmarks for replacement costs of motor vehicles in the current tax environment.*

9. Summary

The issues raised in this paper have been matters of serious concern within the sector for some years. VICSERV remains committed to working with DHS to improve service quality and efficiency. We seek a formal response from the Department of Human Services to this document, with a view to establishing a realistic resource base for quality rehabilitation and support services.