



ABN 37 932 479 648

CEO report July 2011 The Buoyancy Foundation of Victoria and Buoyancy Services Inc.

Strategy; Model an impeccable level of integrity and support staff

Guna's Birthday- she is having the night off from meetings. We wish her "Happy Birthday to you" wherever she is

Cherie contribution- Cherie spent an afternoon at Buoyancy most fearlessly facing down the Piling Room and created a space for light, colour and the beginning of Filing

Music /Ria

After 26th July, Ria will no longer be offering weekly music sessions at Buoyancy. We are completing all her entitlements (minus the asset value of her laptop if she wishes to keep it) and organising a farewell event of her choice before she goes overseas for three or four months.

Does COM have any preferences for places dates and times to celebrate Ria, her contribution to Buoyancy and future happiness?

Buoyancy COM plan to create a job description (see further down report) for ongoing management of the internet /IT services for Buoyancy in 21st Century, invite Ria to apply and advertise for the skill set we need in our workplace.

SAI quality assurance audit planned for September 2011

At the August or September COM meeting we will need to do a Quality Assurance audit and management review of our systems.

A sub-committee needs to be formed with two members to attend the August meeting or annual general meeting early. Volunteers?

2011 Annual General Meeting

Monday September 19th is the usual date for the Annual General Meeting. This meeting requires a quorum of six members rather than four for the usual meeting. It needs to advertise publicly which we usually do by way of an invitation to an event.

Propose we have an event to launch new www.buoyancy.com.au internet site. Anybody got a preference for how and where we do this?

Maybe launch it on to a projector screen out the front of Punt Rd? With Ben Cousins, Amy Winehouse, Lady Gaga, the ghost of Betty Ford or Martin Sheen?

New internet site-message from Ria

Hi all,

thanks for the feedback so far on the website.

It would be great to get feedback now on the intranet section (layout, ease of use etc), as well as content and layout of of the whole website.

The temporary url is still www.buoyancyonline.org

LOGIN _ - You can login by clicking on the login link at the top right hand corner of the homepage.

username = com and password = nothingwrong

Please don't share the password with anyone outside of COM.

Here's an overview of the intranet section

the COM intranet page includes

- dates of upcoming meetings and events
- links to useful info that you can download including COM meetings documents - minutes, stats, CEO reports, accounts from 2011.
- Policy and Procedures = documents that form the Buoyancy quality management system. I've arranged them in sections to make it easier to find them.
- links to Castlemaine booking and info
- calendar - showing upcoming meetings, staff on leave, upcoming deadlines

Overview of the public website

- documents for download and images and audio files are all stored in a database called the media library. I have uploaded about 160 items.
- there is a back up system that regularly creates a back up file that can be stored on Buoyancy admin computer
- the site uses the wordpress platform which is an open source system (free) that is regularly updated and improved. This is the same platform as Buoyancy Conversations site, which means that content from that site can be easily transferred to the new site

Installation of www.buoyancy.org.au

the old site is hosted by infoexchange. The new site is hosted by Hostpapa

Red accounts / black accounts Buoyancy Foundation 2010-2011

The assets, previously listed on Buoyancy Foundation accounts as an investment, are going off the Buoyancy balance sheet to avoid double accounting (putting the same assets both in Buoyancy Foundation and Buoyancy Services accounts)

Despite the risks (of Buoyancy Foundation looking bad) for 2010-2011 if we choose to put Buoyancy Foundation accounts in the red (take out the transfer of assets as being an investment) this is possible the slightly better option. It provides more truly separate assets immediately and a true picture of both organisations.

Last COM asked me about the \$28,000 in the Buoyancy Foundation accounts as a liability.

The \$28,000 was the balance of the rent to be paid to Buoyancy Services for rent by Buoyancy Foundation of the Mostyn St House to use as a self care centre for three years. This liability was paid off to Buoyancy Services in June and will not be in the June Buoyancy Foundation accounts. The \$28,000 will be in the Buoyancy Services accounts as income in June (reported in the July COM accounts)

Outcome of internal audit of Buoyancy services

In the spirit of "Nothing Wrong" the second returned audit gave all nearly all radio shows and internet shows 9/10 in all six areas.

Government asset survey of non- hospital mental health and alcohol and drug facilities by July 20th 2011

Victorian Department of Health have declared an audit on AOD service buildings. The audit form was addressed to The Buoyancy Foundation and included information on ownership of facility. They have retained the consultancy Napier and Blakely (see info below). Buoyancy has completed the audit form as requested by nominating 80% of Punt Rd as being within the scope of government asset planning.



Napier and Blakely Property Asset Advisory

Our Property Asset Advisory (PAA) Services cover

- Technical Due Diligence (at acquisition or disposal of property)
- Capital expenditure assessment, management, benchmarking and prioritisation
- Operating and maintenance cost assessment and benchmarking
- Strategic asset management
- Property Tax Allowance assessment
- Reinstatement Cost Assessments
- Asset Forensics
- Green Ratings and sustainability assessments and benchmarking



- Make-Good Schedules
- Corporate accommodation advice and fit out project management

Our PAA professionals cover the core disciplines involved in the physical analysis of cost risk and return for property acquisition, ownership and disposal.



Experience

Following is an overview of some recent PAA projects documenting the scale and scope of projects our clients have entrusted to the Napier & Blakeley team:

- Morgan Stanley acquisition of Investa Property trust - value \$6B
- Westfield Parramatta and Westfield Doncaster - value \$2.5B
- Sheratons Noosa, Gold Coast and Port Douglas - value \$150m
- AMP Aged Care Portfolio - value \$1.5B

- Property Tax Assessments on the ING Europe Fund

end

Other big changes in Department of Health way of relating to funded agencies are

New operating model and business plan.

There will be lead- program and service advisors for the area Inner North of Melbourne, Yarra, Moonee Ponds and Moreland. Our manager in this new system is Mathew Hercus who describes himself as a community psychologist. He is also responsible for community health and primary care partnerships

Mathew is also responsible for rolling out all the preventative health money which it seems, will go to local council in broadly defined area including transport etc. In the youth sector where he last worked specialist AOD services such as Youth Substance Abuse Service have become generalist services Youth Advocacy and Support.

New e-business funded agency channel for service agreements being rolled out where all accounts and accountability are electronic.

IT/ interdisciplinary position at Buoyancy

Possible job description

Develop and maintain internet network, resources and services;

To reduce the suffering caused by drugs through counselling and therapeutic activities based on nothing wrong, support /self care and integrity/code of ethics

For populations with extreme longevity incorporating nature of their work and learning;

including use of robotics for sight hearing and other disabilities and other adaptabilities that arise from time to time

that allow distribution of repetitive materials and services in streamlined systems that can be translated culturally and linguistically across the world

from competence in production and editing tools, and contribution to value creation in social media and virtual worlds

including development of sensors and processing power to develop and deliver new programs and applications as required.

Looking for key skills;

Trans/multi disciplinarity
Sense making
Social intelligence
Novel and adaptive thinking
Computational thinking
New media literacy
Cognitive load management
Design mindset
Cross cultural competency
Virtual collaboration

Young Vietnamese Woman and Drugs Program

The 2011-2012 agreement has been signed and 1st instalment due to be paid. In August we have to report back on the financials and final six months of the 2010-2011 agreement. This report will cover the YVW identity multimedia exhibition and the thousand or so young people who went to the exhibition and Comedy Festival play on young Vietnamese women and their mothers called Phi and Me at the Guilford Gallery.

We will be putting together a team July/ August to design the implementation of the YVWD 2011-2012 project? Is anyone interested in participating?

VMIA insurance

All our public liability and directors insurance etc has been paid the certificates of currency issued.

Staff agreements completes

All the staff agreements have been issued as per COM resolution.

Civil action/RACV action against Buoyancy (car)

RACV have settled the nearly \$5,000 claim for panel repairs by paying the independent assessors fees, the complainant lawyers costs and about \$400 towards the panel beating.

All alcohol and drug services CEOs/Managers meeting Richmond Town Hall

Despite what the Ministers Roxton and Woolrich are saying, the health companies are saying and the media are saying, the Department of Health staff are saying Medicare Locals /health companies/lead organisations are not developed enough to be relevant to AOD services in the years to come. Hard to say if the department advise is true (and there is or will be a public

servants go slow on implementing) or ill informed/out of date or a pacifier in the fine tradition of "don't scare the horses".

While "what" is happening is unclear "when" it will be translated into any new funding opportunities, distributed by State and Commonwealth government, is scheduled for November /December 2011.

Replaced laminated window panel beside back door and side window

Damaged windows, police called for report-attempted burglary/break and enter at Buoyancy on weekend 9th and 10th July. Third time in fifteen years this has happened and this time the laminated glass and extra padlocks meant there was no entry gained, no mess in inside and no computers to replace. Success for us in prevention of too much mischief.

Deb to investigate and report back on possible developments

The overheads of their being a Buoyancy company (pty ltd) – NOT DONE

Possible service preventing suffering caused by drugs- iatrogenesis or iatrogenic artefact or iatrogenic illness or iatrogenic poverty(providing or applying an app or an audit to ensure all types of healers and customers check/narrate/listen "what is so?" and *first do no harm.*)- *not done*

Iatronic illness is the third leading cause of death in United States.

Criminal lawyers as central customers

Buoyancy actually spends a great deal of time helping criminal lawyers with bail applications and court cases by engaging with their clients and writing letters. We are very good at helping people get out of jail and/or not going to jail.

We don't chase this business or charge but if we were to build on our existing strengths we could do more work in this area.

The other possibilities is to develop

Ideas to draw us forward;

Buoyancy 50th Birthday (2017) Reflection, Healing and Sustainability Fund

Ist event – A swearing jar fund created and Deb has filled it with penance coins for semi regular scatterings of expletives committed in the past.
Done

Billions more for the mentally ill but the buck stops elsewhere

The Age, 13 July 2011, Comment - Adrian Keller

"It would be churlish to suggest that the gap between the highest and lowest quality services can be bridged by increasing funding." *Photo: Aurora Daniels*

Those who suffer from severe and persistent mental illnesses (SPMI) are at the "pointy end" of mental health service delivery. They include people with schizophrenia and some of the personality disorders. Drug and alcohol problems are frequently added to the mix.

Caring for them is largely the province of much-maligned "public sector mental health services". But these services are completely dysfunctional, I hear you say? I'll come to that in a minute.

The budget injected \$1.5 billion over the next five years into new initiatives to help the mentally ill. More than \$300 million of the new money will be invested in "Medicare Locals", which purport to link GPs, nurses and allied health professionals to deliver accessible, "multi-modal" healthcare near to where people live and work.

Some of the initiatives target people living with SPMI and include "funding local organisations to provide a single point of contact"; "developing a single assessment process"; and "additional personal helpers and mentors ... to provide practical one-on-one support".

Advocates have drummed into our collective consciousness that mental healthcare in Australia is grossly underfunded. So an injection of \$1.5 billion must surely be a good thing? Well, yes ... sort of.

Will these measures work for people battling SPMI? Not on your life. I'll give you three reasons why not:

1. The governance arrangements of these Commonwealth-funded "one-stop health shops" don't allow for single point accountability for providing mental healthcare to a defined catchment population. In other words - the buck does not stop here. If things get too complex, too risky - and with SPMI, they often do - the buck is passed.

Without clear accountability, it becomes relatively easy to step back from managing people with mental illnesses placed in the "too hard basket" - just refer them on to the organisation that is accountable (via a director of mental health): the public sector mental health service.

2. Mental health legislation gives no statutory authority to Medicare Locals. This authority properly resides with public sector mental health services. And to whom does the legislation most typically apply? People with SPMI.

The NSW Mental Health Act, for example, allows people experiencing psychosis or severe mood disturbance to be detained and treated in a declared mental health facility if they pose a risk of serious harm to themselves or others. It also permits community mental health services to compel various forms of prescribed psychiatric treatment under a Community Treatment Order, as a less restrictive alternative to hospitalisation.

Any suggestion that people with SPMI can be managed without recourse to using mental health legislation would be foolish and naive.

3. Medicare Locals cannot deliver the broad spectrum of integrated mental health care - from specialist community mental health teams, to acute care and inpatient facilities - that is needed to provide clinical care for patients with SPMI. Guess who can? No prizes if you opted for public sector mental health services.

You will have noticed a common thread. Medicare Locals will not be equipped to provide comprehensive clinical care to patients presenting with SPMI. Am I claiming that public sector mental health services can? Well, yes ... sort of. What about that reputation for being dysfunctional?

The bottom line is, in fact, the "bottom line". These services are desperately under-resourced, right across the country. Many community mental health services have received no significant new investment for decades. It would be churlish to suggest that the gap between the highest and lowest quality services can be bridged merely by supplying the poorer services with increased funding. Enhanced resources will not be sufficient. But they will be necessary.

Efforts to strengthen partnerships between public and private mental health sectors are laudable. And it is essential that other human services - in particular housing and employment - be included within the packages available to assist patients living with SPMI.

But why not bolster the existing service model that could achieve these aims, whilst simultaneously improving the quality of clinical care it provides? The answer is simple - public sector health services are run by, and allocated their budgets by, state governments. The various service providers that will benefit from the budget are funded exclusively by the Commonwealth. Despite the promise of change, the more things stay the same.

So, what will actually transpire? Asking Medicare Locals to deliver specialised, integrated, complex clinical services to patients with SPMI is a bit like plucking a footballer from the local park competition to play halfback for NSW in State of Origin. He'll do his absolute best, and he might even win over a sympathetic crowd, but he is ultimately bound to fail. And it could get ugly. Adrian Keller is a consultant psychiatrist who works with Justice Health. All opinions expressed are his own and not those of his employer.

Read more: <http://www.theage.com.au/opinion/politics/billions-more-for-the-mentally-ill-but-the-buck-stops-elsewhere-20110712-1hc2l.html#ixzz1RvxuRfV>

Accounts and statistics