



QUEENSLAND TRANSITION to NDIS FOR MENTAL HEALTH (QTNMH) COMMUNIQUE – DECEMBER 2015

The Queensland Transition to NDIS for Mental Health (QTN MH) Strategic Forum provides a mechanism to discuss the specific issues for people who live with a mental illness, mental health service providers, representative bodies and state and commonwealth governments in the plans to roll-out the NDIS in Queensland.

The role of the Forum is to develop a shared vision for a future service system once NDIS is implemented. The members will work together to consider issues and plan for the implementation of NDIS in Queensland.

The purpose of this Communique is to provide the key outcomes of the first full working group meeting of the QTN MH, held on 14 December 2015. The QTN MH Strategic Forum is chaired by QAMH CEO Kris Trott and attended by representatives from the Queensland and Australian governments, and the Queensland and National sectors. The following members were in attendance at this meeting:

Present- Full Working Group

- Kris Trott, Chair, Queensland Alliance for Mental Health
- Ivan Frkovic for Craig Stanley-Jones, Aftercare
- Karen Pringle, Department of Aboriginal and Torres Strait Islander Partnerships
- Paul Grevell for Tony Hayes, Department of Communities
- Mathew Lupi for Cathy Taylor, Department of Communities, Child Safety & Disability
- Jessica Bell, Department of Social Services
- Janie Lawson, Department of Social Services
- Tony Stevenson, Mental Illness Fellowship Queensland
- Mark Reimers for Karen Walsh, Micah Projects
- Barnaby Kerdel, Ministerial office, Queensland Health
- Eddie Bartnik, National Disability Insurance Agency
- Ray Jeffery, National Disability Insurance Agency
- Richard Nelson, National Disability Services
- Patricia Hudson, PHN, Central Queensland, Wide Bay
- Valmae Rose, Queensland Council of Social Services
- Scott James, Queensland Health
- Cathy O'Toole, SOLAS
- John Allan, Queensland Health
- Tracy Worrall, Queensland Program of Assistance to Survivors of Torture
- Noel Muller, Queensland Voice for Mental Health
- Kingsley Bedwell, Richmond Fellowship Queensland/QMHC Advisory Council
- Jennifer Cullen, Synapse

Invitees

- Andrew Hamilton, Facilitator, Hamilton Consulting
- Melody Edwardson, Secretary, Queensland Alliance for Mental Health
- Heidi Mathieson, Queensland Mental Health Commission

Apologies

- Ron Weatherall, Department of Aboriginal and Torres Strait Islander Partnerships
- Geraldine Woods, Department of Communities, Child Safety and Disability Services
- Paula Zylstra, Department of Health
- Kate Hamilton, Department of Health
- Damien Walker, Department of Housing and Public Works
- David Meldrum, Mental Illness Fellowship Australia
- Frank Quinlan, Mental Health Australia
- Carmel Ybarlucea, Queensland Mental Health Commission
- Rebecca MacBean, Queensland Network of Alcohol and Other Drugs
- Luke Terry, Toowoomba Clubhouse

Summary of the first meeting of the full working group

The chair welcomed participants and explained the intention and focus of the strategic forum.

Update on NDIS in Queensland

Link to document: [PowerPoint Presentation by Ray Jeffrey](#), NDIA

The group discussed in detail the number of NDIS sites in Queensland, the number of staff employed and the training needs of LACs. The different timing outreach activities of LACs across the different sites were also noted.

Bilateral agreements have now been signed with four Australian states with South Australia signing last week. NDIA have asked the Queensland and Commonwealth governments for information on current scheme users in order to enable outreach.

The forum talked about the numbers of people, particularly those aged 0-18, with psychiatric and psychosocial disability. There are very low numbers of people 0-18 with psychosocial disability as there are low numbers diagnosed with a psychiatric condition in this age group.

For further information please contact:

NDIA

Ray Jeffrey

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Update from the North Queensland Launch Site

Staffing and training were discussed, particularly detailing the need for Aboriginal and Torres Strait Islander and cultural and linguistic diverse (CALD) communities, especially in rural and remote communities.

Housing is a major issue for the mental health sector in relation to the NDIS. There is a need for supported accommodation, especially between the hours of 6.00 pm and 6.00 am when people are likely to call emergency services.

Townsville site

Community concerns were raised regarding:

- People getting access to psychological services.
- Clinicians understanding the benefits of NDIS and their perception of the risks of the scheme
- The business community understanding the economic benefits of the scheme.

Palm Island site

A comprehensive discussion was held regarding the infrastructure difficulties on Palm Island. Areas that need to be addressed include:

- Education for CALD and Aboriginal and Torres Strait Islander communities regarding the NDIS
- Support for CALD and Aboriginal and Torres Strait Islander communities to build their capacity to deliver culturally appropriate supports.
- Managing relationships between clinical mental health services and mental health community sector supports.

The Forum formally thanked Cathy O'Toole for her work and support, and acknowledged the good relationship with the Department of Social Services and the Department of Communities, Child Safety and Disability Services (DCCSDS) Queensland.

Barwon, Hunter and Charters Towers sites

Discussion included these points:

- There is a lot of fear in Barwon, but also a lot of positive meetings with the NDIA.
- The Hunter site feels more energised and positive
- Charters Towers is a small community suffering from drought and a high rate of unemployment.

There is a need to build trusting relationships in communities due to the CALD challenges. More needs to be done to address cultural accessibility, such as engaging interpreters for community members. Finally, ways to influence the agency responsible for infrastructure was discussed, noting that the regional development in Australia was a good opportunity to start a dialogue.

For further information please contact:

SOLAS

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NDIS implementation and the impact on mental health

Link to document: [NDIA National Mental Health Sector Reference Group Communique](#) (external link).

The group noted the progress on bilateral agreements in Australia. The bilateral agreements are a process at the government level between the Commonwealth and States and Territories, and NDIS Transition Operational Plans are another level of detail that still needs to be sorted out locally between the NDIA and jurisdictions. Four states/territories have signed bilateral agreements with the federal government for full Scheme. The need to see the level of in-kind services that have been worked out in plans in these states was identified, as the information becomes available.

A rural and remote strategy is required as there is a need to operate differently in rural and remote areas. Both an Aboriginal and Torres Strait Engagement Plan and a CALD strategy are currently being developed.

A summary of the latest meeting of the NDIA National Mental Health Sector Reference Group was then provided. The Communique from that meeting is now available and is attached above.

The importance of the Partners in Recovery (PiR) program to transition unwell people back into the community from hospital was highlighted in the group discussion.

The Information, Linkages and Capacity Building (ILC) policy framework has been released but a new version of the ILC Commissioning framework will be released next week with further opportunities for co-design. Negotiations with Queensland and the NDIA arrangements are continuing with respect to continuation of current funding arrangements.

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NDIA

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NDIS experience in the Hunter

Some of the Hunter trial site also included some of Aftercare Maitland Personal Helpers and Mentors (PHaMs) clients.

Initially any existing support from PHaMS and PiR will be classified as in-kind before it is cashed-out, with understanding the application process being the biggest challenge. Initially non-government organisations (NGOs) were not allowed to support client through the process. This has changed and the client can now nominate a support person to attend with them, such as a family member, friend, carer or NGO.

The process, which GPs need to be educated about, is:

- The client needs to provide evidence of disability
- The client and Medical Practitioner need to describe the functional impact
- The client will also require a diagnosis along with their “functionality” assessment.

Challenges experienced include the establishment of IT systems, workforce planning; communication and marketing, and the concept of recovery appears to be difficult to operationalise. There is a need to complete a task analysis about what the service provider actually does against what is in the catalogue of services funded by NDIS.

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Aftercare

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Implementation Plans, transition of existing clients and funded programs

Link to document: [PowerPoint Presentation by Paul Grevell](#), Department of Communities, Child Safety and Disability Services

An overview of the NDIS funding policy was provided. This is the process for funding transfer linked to the bilateral agreement. It is expected that the Queensland bilateral agreement will be similar to agreements signed in other Australian states/territories, although other states/territories may use slightly different processes. The current support costs funded in Queensland have no connection to funding that goes to the Commonwealth.

The mechanism for funding between DCCSDS, NDIA and providers was outlined.

Under the Heads of Agreement, the Queensland government will pay 59.4% of agreed average cost (to be specified in bilateral around the average cost for support packages) for existing and new clients. The Commonwealth agrees to pay the balance. It will make no difference to big or small packages and the bilateral agreements will include a commitment for existing clients to receive the same or similar outcomes. There will be continuity of support response, and existing

clients, who are ineligible for NDIS due to residency requirements or for other reasons, will have access to continuity of support.

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Update from Queensland Health

The transition to a fully functioning NDIS continues to draw on experience of the trial sites in Victoria and New South Wales. Some aspects of funding remains unclear but HASP funding will be fully cashed out into the NDIS on a like-for-like basis. No other programs have clear enough eligibility criteria to be able to say it is exactly in scope in terms of the NDIS. Also, there will be some funding provided through the Primary Health Networks and it is important to note the draft mental health services plan will not be recommending any new acute beds in hospitals for mental health.

Discussions with Local Hospital Networks (LHNs) will commence tomorrow and will be guided by what comes out of the launch sites. This discussion has been delayed pending the ILC guidelines. Queensland Health has had general discussions regarding Mental Health Services assisting clients with NDIS eligibility and their ability to generate return business, noting that it is not about where money comes from but the effort service providers make.

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Communication & Membership

There was discussion around the Forum's membership and how to communicate both within and outside the group.

It would be good to have a representative from the trial site from the Mental Health Services Group on the full working group.

After deliberation, it was agreed that membership for the core working group be capped at 12 members. However, when appropriate, guests can be invited to attend meetings. Furthermore, membership can be reconsidered if there is a strategic reason and if somebody can bring something different or new networks to the table.

A website is to be established by QAMH (Kris Trott) to share information with the Forum, members and the external community. It is important for members to share the open information with other networks.

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QAMH
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Data Modelling – NDIS Planning

Link to document: [PowerPoint Presentation by Tony Stevenson](#), MIFQ.

The importance of modelling data is in understanding what is behind the data e.g. the flow of people and programs. It is important to understand the data in order to co-design the future mental health system.

The federal government recently announced that mental health funding (\$350M) will be provided through the PHNs. Further details about how the program will be transferred will be released in the next couple of weeks. The funding for Department of Social Services programs including Personal Helpers and Mentors (PHaMs) and Mental Health Respite: Carer Support (MHR:CS) is transitioning to the NDIS.

The NDIS is designed for people with complex needs requiring coordinated services from multiple agencies. There are a lot of people with episodic, and severe and persistent illness who may be defined as not eligible for the NDIS, and who receive services through PHaMs and other programs. It is important to plan for their support into the future.

For further information please contact:

MIFQ

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Workforce Planning

A Workforce Strategic Planning process has been funded by the Department of Communities to assist in the transition to the NDIS and focus on workforce priorities. The consortium of peak bodies responsible for this work consists of the Community Services and Health Workforce Council, QCOSS, The Community Services Industry Alliance and National Disability Services. The Productivity Commission estimate 13,000 new jobs in Queensland with full implementation of the NDIS.

Providing people with disabilities a consistently high quality of service across Queensland in this new era of service delivery will require a workforce with appropriate skills and qualities.

The Workforce Strategy being implemented in Queensland's launch site of Townsville, Palm Island and Charters Towers will coordinate collaborative workforce planning for the local region, establish a network of key stakeholders and provide appropriate workforce planning and resources. It is anticipated that with the signing of the bilateral agreements further sites will be included in the first stage of the roll out. In addition a high level advisory body will be established to support the work and assist in the significant change process required to ensure a successful transition to the NDIS.

For further information please contact:

NDS

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Dates and Time of Next Meeting

The next Core Working Group meeting will take place February 2016 and the next Full Working Group meeting will take place on 18 April 2016.

For further information regarding the QTN MH Strategic Forum please contact:

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