



QUEENSLAND TRANSITION to NDIS FOR MENTAL HEALTH (QTN Forum)
COMMUNIQUE – 15 MARCH 2018

The Queensland Transition to NDIS for Mental Health Strategic Forum (QTN 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 National Disability Insurance Scheme (NDIS) in Queensland.

The role of the Forum is to develop a shared vision for a future service system once the 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 full working group meeting of the QTN Forum, held on 15 March 2018. The QTN Forum is chaired by Queensland Alliance for Mental Health (QAMH) CEO Kris Trott and attended by representatives from the Queensland and Australian governments, National Disability Insurance Agency (NDIA) and the Queensland and National sectors.

The following members were in attendance at this meeting:

Present- Full Working Group

- Amanda Bresnan, Community Mental Health Australia (CMHA)
- Craig Stanley-Jones, Anglicare Southern Queensland
- Debbie Stjernqvist, Department of Health
- Deborah Bailey, Toowoomba Clubhouse
- Dr Beth McNally, (for Margaret Quinn) Department of Education
- Dr Gerry Naughtin, National Disability Insurance Agency
- Elanor McMillan, (for Christine Castley), Department of Housing and Public Works
- Jennifer Powner, Mental Illness Fellowship of Queensland (MIFQ)
- Josephine Peat, Queensland Mental Health Commission
- Kathy Faulker, (for Paul Martin), Brisbane North PHN
- Kingsley Bedwell, Richmond Fellowship Queensland
- Marie Skinner, Mental Health and Other Drugs Branch, Queensland Health
- Michelle McAllister, (for Pattie Hudson), Central Queensland, Wide Bay, Sunshine Coast PHN
- Paige Armstrong, Queenslanders with Disability Network (QDN)
- Paula Zylstra, Department of Health
- Sandra Eyre, Mental Health and Other Drugs Branch, Queensland Health
- Simon James, Open Minds
- Steven O'Reilly, Department of Aboriginal and Torres Strait Islander Partnerships
- Suzy Berry, selectability
- Tania Schmakeit, Aftercare
- Tony Stevenson, Mental Illness Fellowship of Australia (MIFA)
- Paul Mackay (for Laura Barnes), QCOSS
- Bronwyn James (for Eliza Strapp), Department of Social Services
- Fleur Ward, Mental Health and Other Drugs Branch, Queensland Health
- Geraldine Woods, Department of Communities, Child Safety and Disability Services
- Jason Tibbits, Department of Health



Invitees

- Julia Riordan, Queensland Alliance for Mental Health (Secretariat)
- Simone Finch, Queensland Alliance for Mental Health
- Bernadette Shanahan, Queensland Alliance for Mental Health
- Tim Braban, Queensland Alliance for Mental Health
- Dr Peggy Brown, National Mental Health Commission

Various Non-government organisations - for Full Attendee List, please see Attachment 1

Apologies

- Josh Fear, Mental Health Australia (MHA)
- Richard Nelson, National Disability Service (NDS)
- Ross Carlton, NDIA

Meeting opened 9.00am

Summary of the sixth meeting of the Full Working Group (Simone Finch, Strategist, QAMH)

Simone Finch welcomed participants and explained the intention and focus of the Strategic Forum. Acknowledgements made to the traditional owners of the land and respects paid to Elders past, present and emerging.

Environmental Scan (Kris Trott, CEO, QAMH)

Kris Trott (KT) reflected on the Terms of Reference of the QTN Forum and purpose of the meeting (see *above introduction for more background*). The forum has come a long way since being formed in 2015. It was noted a substantial proportion of Queensland has already transitioned – almost 13,000 Queenslanders now have an approved plan. There were 91,000 Queenslanders identified in the bilateral agreement. ACT has fully transitioned whereas Queensland's transition is progressively ramping up. QAMH endeavours to engage with members about their experiences.

[PowerPoint presentation available here.](#)

- QAMH writes submissions into psychosocial disability independently at state level or with Community Mental Health Australia (CMHA) on a national level. Recent submissions include Productivity Commission Study, Independent Pricing Review and the Joint Standing Commission inquiries.
- Queensland is one of the most de-centralised states – it has a large representation of Aboriginal and Torres Strait Islander Peoples; large rural and remote areas. Queensland operators and service providers face challenges travelling to and delivering services in these remote places.
- CMHA worked with Sydney University and developed the 'Mind the Gap' Report. There has been some controversy around the report, however the gaps identified are consistent with other reviews that have been undertaken and it has concisely brought all the issues together in one document so as to raised awareness to assist better understanding of what the gaps are in transitioning to the NDIS.
- Main scheme risks include
 - Supply - People not receiving support when and where they require it
 - Quality - The standard of supports provided to participants.



- Costs - NDIS costs won't be contained within budget and financial gaps emerge.
- Timeline - Not able to meet rollout targets and the pressure that creates.
- Timeline is especially relevant in Queensland. Nationally, 82% of bilateral estimates for people entering the system have been met. Corresponding number for Queensland is 56%. Queensland is not meeting its targets.
- Application process is particularly challenging and planning process difficult. There are barriers with understanding the NDIS especially for minority groups accessing the system for the first time.
- Plans vary according to a participant's needs.
- Significant challenge remains the ongoing issue around continuity of support.
- NDIA is working hard and gave in principal support to every one of the 25 recommendations of the Independent Pricing Review (IPR). The IPR, released two weeks ago, highlights risks and sets out a strategy to respond to the challenges. Some of the main recommendations of specific interest to Queensland include lifting travel allowance to 45 minutes for providers in rural and remote locations and introducing a temporary overhead assistance to help providers with cost of transitioning to NDIS.
- Federal Government has offered \$80 million over four years for community mental health to be shared between states and territories. Is that sufficient?

For further information please contact:
Kris Trott, CEO, Queensland Alliance for Mental Health
E: ktrott@gamh.org.au

Update from National Disability Insurance Agency (NDIA) (Dr Gerry Naughtin, Mental Health Advisor, NDIA)

Dr Gerry Naughtin (GN) provided an update on where the NDIA and DSS are up to regarding psychosocial disability pathway and the issues and priorities NDIA have in regard to psychosocial disability. GN was focussed on listening and bringing any issues back to NDIA. A service model approach is favourable going forward and this is growing and developing. The next 12 months is critical in the way some design features are framed.

[PDF version of PowerPoint presentation available here.](#)

Data in Queensland:

- 903 participants in the scheme with primary psychosocial disability, still 90% to enter the scheme. Processes need to be improved for the next period.
- Nationally – across all states and territories, 23,232 (14.2%) of participants that have a plan have a psychosocial disability
- 11,926 (7.3%) have psychosocial disability recorded as their primary disability which is an increase since September 2017.
- 9,007 (77%) active participants with a primary psychosocial disability currently have an approved plan compared to 7,502 in September 2017.
- Noted that younger age cohorts come in for plans early, mental health issues come in later.



NDIS Pathway Reform

The NDIA is driven by Commonwealth and States through the bilateral agreement targets. In April 2017 NDIA initiated a review to identify where changes could be made to ensure participants and providers have positive experiences. In October 2017 the NDIA released details of a new NDIS 'pathway' designed to significantly improve people's experiences. Engagement and consultation has occurred on this and the new pathway is being piloted and tested before being rolled out nationally. There are three phases to the participant pathway:

1. Engaging with the NDIS
2. Planning to achieve goals and outcomes
3. Achieving goals and outcomes

The participant pathway pilot includes consistent point of contact with LAC's – a move away from telephone interviews and more face-to-face joint planning meetings; new easier to understand plans; and increased focus on other government and community supports. The preliminary findings from consultations on tailoring of pathways for people with psychosocial disabilities included effective engagement for people in isolation; clear understanding of eligibility and access; relationship/trust; supports and specialist staff with an understanding of psychosocial disability; tailored language; and recovery-focussed monitoring and outcomes.

This review forms part of broader pathways reviews of specific groups, with investigations due to be completed at the end of April / early May at which time it will go to the NDIA Board. Once considered by the Board, the NDIA will announce a pathways implementation strategy.

Joint Standing Committee (JSC) on NDIS and Mental Health

The JSC made 24 recommendations as a result of its inquiry into the provision of services under the NDIS for people with psychosocial disabilities related to a mental health condition.

One of the benchmark issues included in the Federal Government's response to the JSC's recommendations clarifies the Commonwealth will not be changing the permanency requirements in the Act. NDIA's focus is on the 64,000 people who are projected to be in the scheme with severe and persistent mental illness. It's a significant task bringing these people in, giving them access to a first plan and making sure they understand the planning process. A concern for the NDIA is that 20-25% of individuals applying are being found to be ineligible under the terms of in the Act. The interface in the broader mental health space is a critical debate and the NDIA is keen to be a part of that debate and important discussion.

Independent Pricing Review

The NDIA Board engaged the IPR to address issues raised by participants and providers around the pricing structure. The IPR involved extensive consultation with 1,000 people and was conducted by McKinsey & Company Consultants. A report was subsequently provided to the NDIA board which was released in March 2018. NDIA provided in principle support to all 25 recommendations. Some of the recommendations include:

- Adding a third tier to the complexity loading to account for higher level skills or experience of workers and additional training required
- Allowing providers to charge up to 45 minutes of travel time in rural areas
- Allowing providers to quote on the delivery of services in isolated regions
- Changing the cancellation policy to allow providers to recover 90 per cent of their costs if a cancellation is made after 3.00pm on the day before the service
- Removing the annual \$1,000 travel cap for therapy supports and aligning the travel policy with the attendant care travel policy.



In summary, the NDIA has established the National Mental Health Sector Reference group as a key mechanism for advice and consultation on psychosocial disability issues in the Scheme. GN is the chair.

For further information please contact:

Dr Gerry Naughtin, National Disability Insurance Agency

E: Gerry.Naughtin2@ndis.gov.au

National Mental Health Commission's perspective on the Joint Standing Committee Recommendations (Dr Peggy Brown, CEO and Commissioner, National Mental Health Commission)

Dr Peggy Brown (PB) gave an overview of the National Mental Health Commission (NMHC) which has three main functions: ([PowerPoint Presentation available here](#)).

1. Monitor and report on mental health and suicide prevention systems
2. Provide independent advice to Government and the community
3. Act as a catalyst for change

NMHC also provides advice, commissions research and brings together networking initiatives to raise awareness. PB sees the role of the Commission as one of informing and influencing as broadly as possible. The NMHC Advisory Board is comprised of 8 Commissioners and provides a strong role in advising government. Consumers and carers are at the centre of focus, along with community organisations. The 'Contributing lives' framework is about a person living a life free of stigma, quality of access to opportunities so people can engage, participate in their community and contribute socially and economically.

The 5 domains of the framework are:

1. Importance of accommodation
2. Connections to family, community and culture
3. Access to treatment and support when needed
4. Ensure something meaningful to look forward to
5. Thrive, not just survive

The NMHC scope looks across population, demographic, age to health and social domains. It has been strongly supportive of psychosocial disability being included in the NDIS. There are some gaps between the disability sector and the mental health sector but capacity to learn together. The NMHC is willing to facilitate that learning of information.

Joint Standing Committee Inquiry on the NDIS

The NMHC has heard a lot of concern around access, understanding the eligibility criteria, inconsistency in application, lack of predictability on who will be deemed ineligible.

- NMHC working with NDIA around the criteria of permanency and that it doesn't preclude anyone with an episodic condition.
- Recognition of the importance of recovery orientated practice.
- Assert that early intervention is imperative, however accept that mental health is a grey area
- Fit for purpose assessment
- Monitoring eligibility rates – inconsistency requires a participant to keep applying
- Continuity of support, scheme transition and recovery relevant to that population – important issue for those who are not eligible for services under NDIS.



- Mental health reform and the NDIS cannot succeed without the joint effort of all governments – this must be guided by the broader policy settings laid out in:
 - *National Disability Strategy 2010-2020*
 - *Fifth National Mental Health and Suicide Prevention Plan*

Planning and Continuity of Support

The NMHC welcomed all the recommendations relating to planning. Advocacy and outreach services having planners that understand psychosocial disability and how plans might fluctuate.

- Engagement of carers has been a significant concern – reporting on the level of engagement of carers would be welcome. NMHC gave acknowledgement of the work from NDIA around the Pathways program
- Consideration given to how carers needs are being met, carer respite support and what's available in the transition phase
- Challenges in rural and remote areas and other fronts in service delivery including ineligibility
- 'Last resort' provider is a critical issue to ensure that consideration is given across all regions on how to maintain essential supports – Market Intervention Strategy

Information Linkage & Capacity (ILC)

Community inclusion and participation is a key element in recovery. Activities to be funded under the ILC include: Information, linkages and referrals; Capacity building for mainstream services; Community awareness and capacity building; Individual capacity building; Local area co-ordination.

The NDIS has a responsibility around ILC but not the only ones in that space. All key players need to contribute. NMHC is focused on ILC and monitoring its progress in the psychosocial disability space.

Forensic Disability Services

NMHC supports the recommendations in relation to individuals within the criminal justice system – it has been a difficult space as it has been seen as a state and territory responsibility. Practical challenges of assessing the needs of someone in the criminal justice system – in or out of detention. It would be beneficial for the NDIA to have specialised expertise on how this cohort is supported. Culturally appropriate services for Aboriginal and Torres Strait Islander People is important in all settings, including within the criminal justice system.

Conclusion

NMHC is pleased to see a level of dialogue and debate around the Scheme. It is early days but strongly supportive of psychosocial disability in the NDIS. Putting inquiries, reports and forums on the table is very important for progression. NDIA is hearing the issues around psychosocial disability and NMHC is keen to play a role in facilitation where they can.

For further information please contact:

Dr Peggy Brown, CEO and Commissioner, National Mental Health Commission

enquiries@mentalhealthcommission.gov.au

Strategic Directions – Queensland Health (Sandra Eyre, Senior Director, MHAOD Branch, Department of Health)

Sandra Eyre (SE) gave an overview of the Mental Health and Other Drugs Branch. Presentations so far have captured the broad ranging issues associated with the implementation of the NDIS. These issues highlight the complexity and the huge amount of work that goes into the reforms.

[PowerPoint Presentation available here.](#)



A presentation was given on the many strategies and frameworks of a national policy and planning context: including:

- The Fifth National Mental Health and Suicide Prevention Plan
- National Mental Health Service Planning Framework
- Supporting people living with mental health conditions to navigate the NDIS
- National Drug Strategy

And State policy and planning context:

- My health, Queensland's future: Advancing health 2026
- Improving mental health and wellbeing
- Connecting Care to Recovery
- Aboriginal and Torres Strait Islander Mental Health Strategy
- Mental Health Act 2016

There is strong alignment with strategic directions across these documents, key directions and priorities and a commitment to joint work on specific issues.

Connecting Care to Recovery

In 2015 MHAOD Branch secured funding of \$350M over 5 years. The five priority areas are:

- Access to appropriate services as close to home and at optimal time
- Workforce development and optimisation of skills
- Better use of IT to enhance clinical practice
- Early identification and intervention in response to suicide risk
- Enhancing patients' rights under the Mental Health Act 2016

Clarity was required for particular cohorts. Alignment of Connecting Care to Recovery and the Fifth National Mental Health and Suicide Prevention Plan is around the joint planning – to ensure appropriate joint planning with partners. Both documents reinforce the importance of lived experience and consider consumers and carers in developing the reports.

Aboriginal and Torres Strait Islander Mental Health Strategy

The document was developed after recognition of the higher than average rates of mental illness and suicide amongst Aboriginal and Torres Strait Islander People. The Connecting Care to Recovery model does not align when working with Aboriginal and Torres Strait Islander People. There is an importance of accessing a range of services. A key action from the Fifth National Mental Health Plan is that a reference group has been established. Associate Professor John Allan is a member on the group along with Cathy Brown as the Aboriginal and Torres Strait Islander People representative.

Integrated Regional Planning and Service Delivery

PHNs required to develop joint regional mental health and suicide prevention plans. A key priority for MHAOD is 'integrated regional planning and service delivery'. The Branch is involved in workshops with PHNs and supporting the use of the framework. Some of the activities include working with the Commonwealth and disseminating information on how the Plan is developing.

Implementing Connecting Care to Recovery

There has been historical focus on bed stock to support people on the way in or out of hospital. Step Up, Step Down services are coming online later this year which are purpose-built facilities with 24/7 operation via



NGOs. Three new services have recently been announced. A Suicide Prevention Taskforce has been established to work on a number of projects to reduce the rates of suicide. A consultant has been engaged and consumers and carers actively involved. Older persons have been considered.

Interface with NDIS

Queensland Health has a keen interest in this as treatment services are accessed by people with severe and persistent mental illness. Regional variation provided as the larger HHSs are confined with their cohort due to the other services which support them. For rural and remote areas, it is the hospital that is the provider of last resort and picking up people with less severe mental illness. There is a question of whether the NDIA can stimulate the market to have facilities in rural areas. Community support services will also be accessed by those without NDIS packages – the people that utilise these services fluctuates and it is necessary to work through continuity of support, which is ongoing. It is unknown who will be entering and who will be left behind.

Queensland Health advised that they are extending contracts to 30 June 2019 to provide continuity of funding and give everyone time to adjust during implementation of the NDIS.

MHAOD Branch recognised consumers and carers need support to transition to the NDIS. A small team has been set up that understands the scheme and proactively supports mental health clinicians in Hospital and Health Services to support their clients to access the NDIS and participate in planning meetings with the NDIA. A lot of effort has been put into raising awareness, developing resources and ensuring that 582 HASP clients transition successfully to the NDIS. A large group of participants are entering the scheme over the next 6 months to a year, and it is positive that the HHS' have geared up and employed people to coordinate this. The impact of delays in the transition of some of the 582 HASP clients is being considered. Ensuring that clients demonstrate psychosocial disability in order to meet NDIS eligibility while maintaining a focus on their recovery continues to be critical as well as monitoring that appropriate NDIS supports are in place to address their functional impairment.

Reimagine Website: Supporting people living with mental health conditions to navigate the NDIS
<http://reimagine.today/>

For further information please contact:
Sandra Eyre (Mental Health and other Drugs Branch, Queensland Health)
E: Sandra.eyre@health.qld.gov.au

Date and Time of Next Meeting

Dates are to be advised for both the Full Working Group and Core Working Group meetings.

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

Secretariat
Ms Julia Riordan
E: jriordan@gamh.org.au
P: 07 3252 9411

Day 1 - Queensland Transition to NDIS for Mental Health Strategic Forum Attendee List

#	Company	First Name	Surname	Job Title
1	Aftercare	Sylvia	Grant	General Manager -Services
2	Aftercare	Tania	Schmakeit	Regional Manager Metro Qld
3	Anglicare Central QLD	Jenny	Smith	Coordinator
4	Anglicare Southern Queensland	Craig	Stanley-Jones	Group Manager - Mental Health & Wellbeing
5	Arafmi	Gary	Bourke	CEO
6	Arafmi QLD	Kelli	Payne	Operations Director
7	Bridges Health and Community Care	Sharon	Sarah	CEO
8	Brisbane North PHN	Kathy	Faulkner	Manager - Partners in Recovery
9	Brisbane North PHN	Paul	Martin	Executive Manager
10	Brook RED	Eschleigh	Balzamo	General Manager
11	Canefields Clubhouse	Jak	Dennison	Executive Director
12	Canefields Clubhouse	Matthew	Tembo	Finance Director
13	Centacare Anam Cara	Samria	Taras	
14	Centacare Brisbane	Kaylene	Moore	Contract Manager
15	Centacare FNQ (formerly Centacare Cairns)	Anita	Veivers	Executive Director
16	Centacare FNQ (formerly Centacare Cairns)	Gary	Hubble	Manager Mental Health & Wellbeing
17	Centacare North Queensland	Peter	Monaghan	Executive Director
18	Central Queensland, Wide Bay, Sunshine Coast PHN	Michelle	McAllister	Senior Manager - Mental Health, Alcohol and Other Drugs
19	CheckUp	Fran	Keeble-Buckle	Clinical Lead Outreach
20	CMHA	Amanda	Bresnan	Executive Director
21	Commonwealth Department of Health	Paula	Zylstra	Director - Psychosocial Supports Section, Mental Health Services Branch, Health Services Division
22	Community Focus Assoc	Rae	Elliot	CEO
23	Culture in Mind	Romina	Bahrami	Program Manager
24	Department of Aboriginal and Torres Strait Islander	Steven	O'Reilly	Principal Policy Officer
25	Department of Communities, Disability Services and Seniors	Geraldine	Woods	Executive Director
26	Department of Education	Beth	McInally	
27	Department of Housing and Public Works	Eleanor	McMillan	A/Manager, Housing Solutions
28	Department of Housing and Public Works	Regina	Mullins	Principal Practice Development Officer – Mental Health and Disability, Practice Improvement, Service Delivery Housing and Homelessness Services

29	Department of Jobs	Belinda	Wise	Contract Manager, Delivery and Engagement Group
30	Department of Social Services	Bronwyn	James	Asst. Director, Carers and MH Transition
31	Flourish Australia (formerly Richmond PRA)	Evan	Fulton	Manager
32	Flourish Australia (formerly Richmond PRA)	Trevor	Matthews	Cluster Manager
33	Footprints Inc	Fiona	Bullock	Team Coordinator
34	Footprints Inc	Keryn	Fenton	Manager
35	FSG Australia	Jackie	Cohen	General Manager
36	FSG Australia	Nathan	Bollard	Regional Operations Manager
37	Grow	Irene	Clelland	QLD State Manager
38	Grow	Irene	Clelland	QLD State Manager
39	Independent Advocacy in the Tropics Inc.	Deborah	Wilson	Chief Executive Officer
40	Independent Living Support Association (ILSA)	Josie	O'Shea	Manager
41	Jacaranda Clubhouse	Nicky	Sullivan	Director
42	Jacaranda Clubhouse	Nova	Love	Assistant Director
43	Jeremy Audas Consulting	Jeremy	Audas	Principal
44	Junction Clubhouse - selectability	Dorothy	Dunne	Director - Clubhouse Operations
45	Junction Clubhouse - selectability	Esther	Ritchie	Board Member
46	Karakan Ltd	Dianna	Dawson	General Manager
47	Life Without Barriers	Mina	Staunton	Manager Care Team
48	Mackay Advocacy Inc	Nina	Swara	Manager
49	Mareeba Community Centre (formerly Mareeba Information & Support Centre)	Julie	Theakston	Manager
50	MDA Ltd	Jamila	Padhee	Deputy CEO
51	Metro North Mental Health	Danielle	Fearn	Team Leader
52	MIFA	Tony	Stevenson	National Chief Executive Officer
53	MIFQ	Brylie	Roach	Regional Manager- Gold Coast & Sunshine Coast
54	MIFQ	Jennifer	Pouwer	CEO
55	National Mental Health Commission	Dr Peggy	Brown	CEO
56	NDIA	Dr Gerry	Naughtin	Mental Health Advisor
57	NDIA	Keely	Finn	Scheme Implementation Unit
58	NDIA	Jennifer	Albright	A/Director, Stakeholder and Engagement for Central Queensland
59	NDIS	Leanda	Connor	
60	Office of Public Guardian	Sha	Lang	Policy Analyst

61	Open Minds	Claire	Honey	General Manager Client Services Queensland
62	Open Minds	Jon	Mewett	General Manager Service Development and Quality
63	Open Minds	Simon	James	CEO
64	QCOSS	Paul	Mackay	Senior Officer, Community Capacity
65	QDN	Paige	Armstrong	Chief Executive Officer
66	Queensland Alliance for Mental Health	Bernadette	Shanahan	Director - Engagement & Partnerships
67	Queensland Alliance for Mental Health	Cassandra	Scholl	Administration Support Officer
68	Queensland Alliance for Mental Health	Jennifer	Bacon	Finance Officer
69	Queensland Alliance for Mental Health	Julia	Riordan	Executive Officer
70	Queensland Alliance for Mental Health	Kris	Trott	CEO
71	Queensland Alliance for Mental Health	Oi-Lai	Leong	Communications and Events Officer
72	Queensland Alliance for Mental Health	Simone	Finch	Strategist
73	Queensland Alliance for Mental Health	Siofra	Cunningham	Regional Engagement Coordinator
74	Queensland Alliance for Mental Health	Tim	Braban	Senior Advisor - Policy & Advocacy
75	Queensland Health	Debbie	Stjernqvist	Senior Project Officer
76	Queensland Health	Mauren	O'Connor	Policy Officer
77	Queensland Health	Ellie	Parker	Principal Project Officer
78	Queensland Health - Community Services Funding Branch	Anna	Davis-McKay	Principal Project Officer
79	Queensland Health - Community Services Funding Branch	Jason	Tibbits	Senior Project Officer
80	Queensland Health - Community Services Funding Branch	Maree	Simpson	Manager - Community Services Funding Branch, Healthcare Purchasing and System Performance Division
81	Queensland Health - Community Services Funding Branch	Marie	Skinner	Acting Manager, National Disability Insurance Scheme Transition
82	Queensland Health - Community Services Funding Branch	Steve	Faogali	A/ Manager
83	Queensland Health - MHAOD Branch	Fleur	Ward	Manager, Strategy, Planning and Partnerships Unit

84	Queensland Health - MHAOD Branch	Rainer	Parson	Senior Project Officer
85	Queensland Health - MHAOD Branch	Sandra	Eyre	Senior Director
86	Queensland Health - MHAOD Branch	Sharon	Orapeleng	A/ Principal Policy Officer - Community Managed Mental Health Services
87	Queensland Mental Health Commission	Josephine	Peat	Senior Policy Officer
88	Richmond Fellowship Queensland	Kingsley	Bedwell	CEO
89	Rights In Action	Bob	Paten	Senior Advocate
90	School of Hard Knocks	Dr Jonathon	Welch AM	Artistic Director
91	School of Hard Knocks	Susan	Gilmartin	Operations Manager - Queensland
92	selectability	Debra	Burden	CEO
93	selectability	Suzy	Berry	General Manager - Service Delivery
94	Stepping Stone Clubhouse	Melanie	Sennett	Executive Director
95	Stepping Stone Clubhouse	Morag	Roseby	Assistant Director
96	Synapse	Jennifer	Cullen	CEO
97	TASC National	Terri-Ann	Dwyer	QLD Social Justice Centre Coordinator
98	The Eating Issues Centre	Belinda	Chelius	General Manager
99	Toowoomba Clubhouse	Darren	Marks	Team Leader Programs and Projects
100	Toowoomba Clubhouse	Deborah	Bailey	CEO
101	Western Queensland PHN	Mark	Goddard	Coordinater PMHC Commissioning