
QUEENSLAND TRANSITION to NDIS FOR MENTAL HEALTH (QTN Forum)

COMMUNIQUE – 19 MARCH 2019

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) 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

- Tania Schmakeit, Aftercare
- Craig Stanley-Jones, Anglicare Southern Queensland
- Paul Martin, Brisbane North PHN
- Regina Mullins (for Christine Castley), Department of Housing and Public Works
- Eliza Strapp, Department Social Services
- Chris Faulkner, National Disability Insurance Agency
- Dr Gerry Naughtin, National Disability Insurance Agency
- Ross Carlton, National Disability Insurance Agency
- Zoe Gill, National Disability Insurance Agency
- Aaron Verlin, National Disability Insurance Agency
- Ian Montague, National Disability Services
- Simon James, Open Minds
- Emma Whitehead (for Pattie Hudson), PHN Central Queensland, Wide Bay, Sunshine Coast
- Tracy Worrall, QPASTT
- Jacklyn Whybrow, Queensland Alliance for Mental Health
- John Allan, MHAOD, Queensland Health
- Sandra Eyre, MHAOD, Queensland Health
- Mandy Beaumont (for Josephine Peat), Queensland Mental Health Commission
- Paige Armstrong, Queenslanders With Disability Network
- Suzy Berry, selectability
- Clare Townsend (for Jennifer Cullen), Synapse

Invitees Attendance

- Simone Finch, Queensland Alliance for Mental Health
- Ivan Frkovic, Queensland Mental Health Commission
- Michelle Hendy, Department of Communities, Disability Services and Seniors
- Paul Martin, Brisbane North PHN

- Ellen Heathwood, Aftercare
- Kathy Stapley, Aftercare
- Connie Digolis, Community Mental Health Australia (CMHA)
- Ann-Marie O'Brien (for Karen Thomas), Neami National
- Karissa Bryant (for Jodie Edge), Lifeline Darling Downs
- Michelle Smith, Open Minds

[A full list of attendees and apologies can be found here.](#)

Meeting opened 9.12am

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

Simone Finch (SF) welcomed participants to the forum. Acknowledgements were made to the traditional owners of the land, the Elders past and present. Acknowledgements were also made to attendees with a lived experience, their family members and carers; and new members of the group.

Leading Reform (Ivan Frkovic, Queensland Mental Health Commissioner, Queensland Mental Health Commission)

Ivan Frkovic (IF) acknowledged the traditional owners of the land, the Elders past and present. Acknowledgements made to QAMH for facilitating the forum, acknowledgements to NDIA representatives, and Professor John Allan and team from Queensland Health.

Vision for the Future of the Community Mental Health Sector in Queensland in the context of the NDIS

The vision is Influenced by many changes in the operating environment in which the sector operates including:

- How clients are attracted
- How funding is attracted
- How do we attract and retain quality staff?
- How do we ensure quality of service delivery as changes unfold? and
- How organisational viability can be guaranteed?

Setting the scene and benefits of the NDIS

NDIS is the biggest transformation in this sector and it comes with benefits, opportunities and challenges. It provides people with choices and control. Early evidence indicated that people who have successfully entered the scheme have benefited and others described their experience as 'life changing'.

Challenges exist however NDIA is open to listening and trying to address the issues. They have listened to feedback, particularly in relation to the challenges experienced by people with psychiatric disability, and responded. The following was noted:

The National Reference Group meet regularly to discuss what's working and not working.

As psychosocial disability under the NDIS was an afterthought, there is still some catching up to do.

Review of high-level data:

- The NDIS will support 460,000 people, including 64,000 people with a psychosocial disability.
- It is estimated that the NDIS will support approximately 14% of people with severe and complex mental illness.

As at 31 December 2018:

- 35,500 Queenslanders are being supported by the NDIS
- 26 per cent receiving support for the first time
- 2,460 (8 %) active participants in Queensland with a primary psychosocial disability
- In Queensland, 4,644 registered providers but only 40% of approved providers were active at this date
- Average annual support for primary psychosocial disability was approximately \$55,000.
 - Only 50% of packages being spent.

- Is based on a client's worst case scenario
- What is the best way to allocate resources as needs fluctuate over time? E.g. increase and decrease support as needed

What are the challenges for the sector?

- Why are some organisations deciding not to go into the NDIS?
- Why are some organisations deciding to cherry-pick and only deliver certain service types to certain consumers?
- Why are agencies deciding not to go into or withdraw from rural and remote locations?
- Are agencies struggling to recruit staff and why?
- Can agencies support people in pre-assessment process?
- How can agencies support hard to reach populations to test their eligibility?
- Is sector viability in question and who is concerned with this?
- How do we change from activity to outcome-based funding?

In summary IF stated that there are no simple answers, and that collectively we need to ensure NDIS is accessible, of high quality, ensure people get the level of support they need and that there is staff to support services and at high level.

For further information please contact:

Ivan Frkovic, Queensland Mental Health Commission

E: commissioner@gmhc.qld.gov.au

Queensland Audit Office Recommendations (outside the sector) (Michelle Hendy, Assistant Director-General, Department of Communities, Disability Services and Seniors)

Michelle Hendy (MH) provided an update on the Statewide progress of NDIS rollout, demographic data and QAO Recommendations and actions. It was noted that some of Queensland's best practice adjustments to state service systems are being picked up nationally. The NDIA has been listening and some good results achieved for new people gaining access to the NDIS. In the NDIA COAG Quarterly Report for December 2018 it was noted that there were 32,885 approved plans. ([Presentation available here](#)).

Queensland Audit Recommendations:

There were two audit reports to assess the effectiveness of Queensland Government transition to the NDIS. The Queensland Government has accepted all recommendations:

- **Report 14: 2017-18, *The National Disability Insurance Scheme*** – strengthening systems, processes and governance prior to year 3 transition
 - 7 recommendations – all accepted – 5 complete and 2 ongoing and on track
 - Management and governance improvements
 - New Entrants Action Plan working closely with NDIA
 - Progress is monitored by the Queensland Reform Leaders Group
- **Report 2: 2018-19 *Access to the NDIS for people with impaired decision-making capacity*** – strengthening support and advocacy services, monitoring
 - 4 recommendations – all accepted – now complete or underway.
 - Developing statewide strategy (advocacy) to support people with disability to access the NDIS (DCDSS).

Monitoring of implementation:

- Progress is monitored by the Queensland Reform Leaders Group which meets bi-monthly with membership consisting of Directors-General; and
- The Department also provides monthly updates to government on progress with the NDIS transition in Queensland and implementation of the audit recommendations.

Progress: Advocacy

- Review of advocacy support and service delivery: currently complex arrangements are in place due to a range of models and approaches both at state and national level and some gaps in coverage;
- Consultation with DCDSS funded organisations and Qld statutory authorities and Commonwealth

It was noted that the audits were brought forward by QAO at the request of DCDSS which has assisted to bolster governance and reporting, driven a focus on real-time monitoring of transition operational performance, renewed efforts to attract and support new NDIS entrants and highlighted the challenges specific to people with impaired decision-making capacity.

For further information please contact:

Michelle Hendy, Assistant Director-General, Department of Communities, Disability Services and Seniors.

E: ndis@communities.qld.gov.au

Introduction to NDIA team present at forum (Dr Gerry Naughtin, Strategic Adviser Mental Health, National Disability Insurance Agency)

Dr Gerry Naughtin introduced the NDIA team present for people to approach at the forum:

- Ross Carlton – Director of State Relations (Qld)
- Aaron Verlin – Branch Manager of State Relations
- Chris Faulkner – General Manager of Advisory Services – oversees Complex Support Needs Branch and Communities of Practices
- Cathy Pilecki – Branch Manager Communities of Practice
- Eliza Strapp – Department of Social Services - Assistant Secretary of NDIS transition

It was noted that there is a suite of services available for people not transitioned or not eligible and the urgency is understood.

Brisbane North PHN Update – Brisbane North PHN (Paul Martin, Executive Manager, Mental Health, Alcohol and Other Drugs)

Paul Martin (PM) gave an update on Brisbane North PHN activities. In addition to the original 6 streams of activity that started in June 2016, there have been additional activities that have come to PHNs: ([Presentation available here](#))

- Lead site (Brisbane North) – only lead side for Queensland and funds to spend through until June 2020.
- National Suicide Prevention Trial (Brisbane North, Gympie, North Burnett, Maryborough, Townsville)
- Drought measure
- PFAS exposure
- AOD transition services
- Psychological services for residents of aged care facilities (Jan 2019) – currently unable to access through NDIS which is a known gap.

PM noted that all guidelines are publicly available.

An overview was provided of regional planning and noted that all PHNs will join with HHS for regional planning, and two types of plans are possible:

- Foundation Plan – How can we improve what we've got now? Evolution
- Comprehensive Plan – How can we most closely match available resources in the system to community need? Possibly revolution

Both plans due by June 2020 (comprehensive t by 2022)

NPS – National Psychosocial Support

This presentation was given prior to information on the additional National Psychosocial Support – Transition funding becoming available

The purpose of the NPS measure is to provide psychosocial support services to assist people with severe mental illness resulting in reduced psychosocial functional capacity who are not eligible for assistance through the NDIS. \$80 million over 4 years from January 2019 contingent on a matched funding contribution from states and territories. Other points noted:

- Planning and establishment phase – PHNs are to:
 - Consider the priorities and approach in the NPS measure Bilateral Agreement Implementation Plan for their State / Territory
 - Liaise with Local Health Networks (LHNs) regarding a planned regional approach to implementing the psychosocial support measure in the region
 - Liaise with mental health consumers in relation to a planned regional approach
 - Undertake establishment activities in relation to the measure to enable service delivery to commence by early 2019
- Implementation phase – PHNs are expected to:
 - Introduce new psychosocial support services targeted to assist people with severe mental illness who are not eligible for assistance through the NDIS, and who are not receiving psychosocial services through programs such as PiR, D2DL and PHaMs.
 - Maintain funding and reporting arrangements for this activity.

CoS – Community Mental Health Continuity of Support (CoS) program

An overview was provided for people not eligible for NDIS but require a continuity of support. Commonwealth mental health clients from the PiR, D2DL and PHaMs programs will continue to receive similar levels of support through psychosocial support services commissioned by PHNs. It was further noted:

- \$109.8 million from 1 July 2019 for CoS program
- Figures still unknown for CoS numbers – the NDIS transition data will inform the establishment of CoS arrangements
- CoS is ongoing – no limit for people to access
- \$19.1 million funding will support the establishment of CoS. It is not certain when funding starts and how it is distributed to PHNs, however it will be over 18 months.

For further information please contact:

Paul Martin, Executive Manager, Mental Health, Alcohol and Other Drugs, Brisbane North PHN

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Queensland Health Update – Queensland Health (Sandra Eyre, Senior Director, Mental Health Alcohol and Other Drugs Branch, Clinical Excellence Division)

Sandra Eyre (SE) introduced Associate Professor John Allan, and Marie Skinner from the Mental Health Alcohol and Other Drugs Branch (MHAODB) and advised they would be available at the forum for questions throughout the day.

An update on MHAODB activity was provided: ([Presentation available here](#)).

There are 3 key areas of psychosocial supports in the community:

- NDIS psychosocial supports
- Supports to NDIS Ineligible People
- Continuity of Support

Housing and Support Program (HASP) – is an NDIS ‘defined program’ whose clients should all meet disability criteria. There has been a significant increase rate of transition Year 3.

NDIS Psychosocial Issues – there is a lack of suitable accommodation; plans have ceased and new ones required; NDIS plan supports inadequate for some clients; supports reduced at review for various reasons.

As funding is very limited, it is also very targeted – the aim is to create a platform of consistent service delivery, with some regional variations. People will be able to receive the same service in all HHS.

Queensland Health has been working with PHN’s on joint planning to maximise investment.

For further information please contact:

Sandra Eyre (Mental Health and other Drugs Branch, Queensland Health)

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Measuring Outcomes in Community Mental Health, Queensland Alliance for Mental Health (Jacklyn Whybrow, Acting CEO)

Jacklyn Whybrow (JW) gave an overview of measuring outcomes in community mental health – the opportunities, challenges and barriers – where to from here? ([Presentation available here](#)).

QAMH membership was given an opportunity to provide feedback regarding increasing conversations with funders about outcomes measures and performance frameworks. There is an increasing commitment by the sector to develop services designed on a case for change. ([Report available on QAMH Website](#))

Questionnaire

- Developed by University of WA
- Over 100 sector responses received from front line to executive workforce
- Results show broad support for and recognition of the benefits of implementing an outcomes focussed framework
- It raised a number of challenges and barriers that need to be addressed before an effective framework is implemented across the sector

Sector Responses

- A sector view is that there is an increasing push by governments towards outcome measures
- Growing evidence in the benefits of using outcome focussed frameworks
- The importance of achieving real value for money through the public investment

Survey Responses

- The sector responses show that the community mental health sector is supportive of adopting outcome frameworks and wants to partner with government in the delivery of outcome measures

Challenges and Barriers

- Cost of implementation of evidence-based outcomes
- Complexity of the sector and tools
- Contracts, pilots and innovations
- Partnership and investment to develop performance framework
- Recommendations
- Review procurement / commissioning strategies to support organisations to implement and maintain outcome-focussed performance management systems
- Establishing data management systems to provide organisations with access to reported data to assist in implementing outcome measurement
- Increasing support to the sector to train and upskill staff in the data capture and reporting of outcomes
- State and Federal Governments work collaboratively in setting performance management and reporting against outcomes

Where to from Here?

- QAMH will continue to meet with State and Federal departments and MP's
- Seek further partnership to develop outcomes frameworks within the sector
- Continue to build capacity within the sector to measure the value of community mental health interventions

For further information please contact:

Jacklyn Whybrow, Acting Chief Executive Officer, Queensland Alliance for Mental Health

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Integrated Service Centres, (Ellen Heathwood, National Manager and Kathy Stapley, Regional Manager, Aftercare)

Ellen Heathwood (EH) and Kathy Stapley (KS) provided a presentation on 'the good, the bad and the ugly' in relation to integrated service centres. ([Presentation available here](#)).

A move to integration is not local, or not just in Queensland – it is worldwide and at many service and organisational levels. The drive to provide person centred care is supported by the understanding that integrated services centres provide improved experiences for participants.

Integration involves:

- Care planning
- Goals/ outcomes
- Transitions
- Decision making
- Communication
- Information

Aftercare has 12 integrated services. The aim is the same for all, even though different services are provided at each centre.

Use of a hybrid funding model supporting more efficient use of funds and by 'pooling' resources we are able to stretch how far they go. Other points noted:

- To have facilities that are accessible – 'one stop shop'
- Diversity of option for staff for people accessing service/s.
- Always have carer/ consumer help with setup of new hubs.
- Depending on community there are different partners e.g. NGO's, housing provider

KS provided a presentation on the Floresco Centre in Ipswich – A Case Study (and a work in progress):

- Commenced in 2014 – Based in Ipswich, co-located to Poppy Centre and headspace which works well for referrals as it is close to public transport
- Modifying structure to incorporate workforce in a way that is functional.
- Pilot therapeutic support services
- Walk-ins are the highest referrals
- Depression is the highest diagnosis, along with BPD and PTSD.

Independent Evaluation by UQ – June 2018

- High rates of suicidal ideation in the previous 12 months prior to engagement with Floresco.
- 80% of respondents to the YES survey indicated that the Floresco had an excellent or very good impact on their overall wellbeing; ability to manage day to day life; and their hopefulness for the future.
- The report is available on the [Aftercare website](#).

Future challenges/ work in progress:

- Common outcome measures – supporting collaborative care and case planning
- Communication between organisations
- Reconciling different approaches
- Truly integrated information systems – collateral available across public and NGO services
- Increasing complexity of participants.

For further information please contact:
Ellen Heathwood, National Manager, Aftercare
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Kathy Stapley, Regional Manager, Aftercare
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CMHA Project – Transition Rates (NMHC funded) (Connie Digolis, Chief Executive Officer, Mental Health Council of Tasmania)

Connie Digolis gave an overview of a project funded through the National Mental Health Commission (NMHC), undertaken with the University of Sydney and managed by Community Mental Health Australia (CMHA) – a review of how the participants from commonwealth funded programs (PiR, PHaMS and D2DL) have or have not transition into the NDIS. ([Presentation available here](#)).

Tracking Transitions – Why?

The project addresses the issues when they are being identified and looks at quarterly data.

Commonwealth announcement of funded programs to be ‘rolled’ into NDIS (PiR, PHaMs & D2DL). A large number of state and national organisations voiced their concerns that the intake process for these programs did not align with NDIS and that this was a result of the ‘retro-fitting’ psychosocial disability into NDIS after the scheme design had been developed.

- Continuity of Supports Commitment – ‘no person will be disadvantaged’
- Growing body of anecdotal evidence – eligibility rates, plan assessment, rate of approval, range of supports. Trial sites report any issues with transferability of people from these programs into NDIS.

Data required for the number of clients in the program/s:

- The number who have chosen to “opt-out” – reasons to not apply or alternative referrals provided (if any)
- The number who have chosen to “opt-in” – length of time from application to determination and number of eligible vs ineligible.

The Report is available on the CMHA website. [A link is available here](#).

Summary of the pilot phase data set:

- 17 organisations across 5 states and territories
- Applied metro, regional and remote region classification
- Data relating to:
 - 2464 PiR clients
 - 493 PHaMs clients
 - 181 D2DL clients

The data determined that there is a high percentage of people who have not applied yet. There is complexity of application criteria and the barriers that exist for this population (e.g. severe and persistent mental illness), personal burden to enter the scheme and ongoing stigma around language creates barriers for individuals.

It also highlights variance in practice and process across the country. A limited understanding and oversight as to why some are more efficient than others (and if the speed still results in higher package satisfaction).

Different statistics between States. Average time between application and outcome recorded 74 days, however North Queensland 6-9months as focus seems to have shifted to South East Queensland.

For further information please contact:
Connie Digolis, Chief Executive Officer, Mental Health Council of Tasmania
E: cdigolis@mhct.org

Workshop Session

NDIS – Seeking Solutions?

An interactive workshop followed the meeting and was facilitated by Simone Finch, Queensland Alliance for Mental Health and participants were asked to consider what the key issues were in transitioning to NDIS and then consider what the solutions were from a provider perspective?

A presentation with the [Workshop Summary can be found here](#). The summary contains links to the following presentations:

Pricing – electing not to provide core support, Ann-Marie O’Brien, NEAMI National ([Presentation available here](#)).

Travel for rural and remote, Karissa Bryant, Lifeline Darling Downs ([Presentation available here](#)).

Workforce changes, recruitment and retention, Michelle Smith, Open Minds ([Presentation available here](#)).

Updates to psychosocial disability capacities in the pathways and pricing changes announcement, Dr Gerry Naughtin, National Disability Insurance Agency ([Presentation available here](#)).

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:
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