The Mental Health Coordinating Council in partnership with the Mental Health Commission of NSW

Hunter NDIS and Mental Health Community of Practice Forum

MINUTES

Tuesday 30 September 2014

Acknowledgements & Introduction

Scott Thompson - Senior Advisor from the Mental Health Commission of NSW welcomed participants and provided an acknowledgement of the Awabakal and Worimi people of the Hunter area. He also acknowledged people with lived experience of mental health issues.

Update on NSW/Hunter NDIS and Mental Health Activity

Tina Smith - Senior Policy Advisor – Sector Development (NDIS MH Analyst), Mental Health Coordinating Council.

2013/14 NDIS and MH COP Forum participation for 2013/14 was 224 people as follows: 102 community sector workers from the Hunter; 52 community sector workers from outside the Hunter; 54 other people from the Hunter (including 35 HNEMH staff); 13 other people from outside the Hunter; and 3 consumers. This pattern of participation was similar for today's event including very low numbers of consumers and carers. 78 people attended the event and around half of these were new to the forum.

The NDIA fourth quarter report informs us that Year 1 access to NDIS (Tier 3) as at the end of June 2014 439 people with a diagnosis of schizophrenia or another condition resulting in psychosocial disability related to mental illness had accessed the NDIS nationally. This figure includes 159 people in NSW (38%). This is less than 1% of all people accessing the NDIS nationally and also less than 1% of the estimated number of Australian's living with mental health conditions anticipated to be accessing the NDIS both in NSW and nationally at full roll-out (i.e., 19K and 57K respectively). The 159/1300 people represents 12% of our NSW trial site goal - well done Hunter! Continuing support of potentially eligible people to access the NDIS is encouraged.

Recent and forthcoming NDIS and MH activity occurring outside of the Hunter includes:

- MHCC/NDS/MHCA Organisational and Workforce NDIS Readiness Forum (29 July – Sydney)
- FaCS NDIS Quality and Safeguards Workshop (15 August) – it will be several years until the national quality and safety framework for the NDIS and National Disability Strategy in fully articulated
- MHCC presented a paper and also convened a symposium that the august TheMHS Conference. This included the participation of Eddie Bartnick who has been employed by the NDIA to help us better understand the positioning of MH and Tier 2 services.
- The MHCC StateWired e-forum considering the NDIS planned for 22/9 is being rescheduled
- Informa NDIS and MH Conference (27 & 28 November – Sydney) – consumer and carer sponsorships to attend are available through contact with Informa. Mental Health Australia (MHA) members can receive a 30& discount on the registration costs. http://www.informa.com.au/conferences/health-care-conference/integrating-mental-health-into-the-national-disability-insurance-scheme/P14A40WEBPDF.pdf

Recent and/or forthcoming activity within the Hunter includes:

- Transition of ADHC clients in Lake Macquarie
- Continued monitoring of the phasing in' of PHAMS and D2DL clients in both Newcastle and Lake Macquarie (who is eligible/ineligible, ensuring no one is disadvantaged during the trial site period due to the 'guarantee of service' for existing clients)
- NDIA review of people assessed as ineligible for Tier 3 NDIA (35-40 people with mental health issues in 2013/14)
- Establishment NDIS MH Subject Matter Expert Group (SMEG) meeting. HNEMH are planning to convene the first meeting late October/early November. MHCC is meeting with HNEMH 9/10 to discuss the proposed structured including approaches for consumer, carer and community sector representation.

Evaluation of the 17/6 COP Forum tells us that:

- 69 attendees and 33 feedback forms completed (48%)
- 85% rated the forum as 'very good' to 'excellent'
- Most people felt 'more informed' after the forum (97%)
- Length of time and frequency of forum is 'just right' (68%)
- The things people most liked were:
  - Update from MHC NDIS Capacity Building Project
  - Having NDIA present and be able to respond to any issues arising
- Suggestions for more time for discussion.

2013/14 Feedback Form suggestions for future topics include:

- Tier 2 (most frequent suggestion)
- Coexisting disorder e.g. Drug and Alcohol, Intellectual Disability, Acquired Brain Injury
- Criminal justice/forensic
- Partners in Recovery
- People 'slipping through the cracks' (i.e., not engaging)
- Supported decision making
- Carer and family services
- Consumer advocacy
- Consumer representative work roles (i.e., MH, ATSI, etc.).

The first three topics are the most often requested and participants were encouraged to let us know what topics they see as priorities.

Actions arising from the 17/6 forum that have been addressed are:

- Follow-up with NDIA re outstanding 20/3 forum actions (see more below)
- Next forum to focus on sharing people's stories/experiences of NDIS eligibility and access today (today's panel presentation and related Q&A)
- NDIA invite to meet with NSW ARAFMI to further discuss family and carer issues (ARAFMI to pursue). Note also the recent Arafmi Australia NDIS Policy Brief (http://www.arafmi.org/wp-content/uploads/2014/07/Arafmi-Australia-Policy-Brief-FINAL.pdf). The National Respite Association Conference will be held 23 & 24/10 in Sydney and MHCC and MHA will jointly present on NDIS issues relevant to carers and families.
- Anyone wanting to contact the NDIA/Suzi can do so through: engagementNSW@ndis.gov.au.

Actions arising from the 17/6 forum that are being progressed are:

- HNEMHS to consider sharing useful NDIS documents for possible community sector adaption
  - staff feedback form for possible community sector adaption
  - letter created to assist in obtaining client consent to share information with NDIA Act Section 55 'exemptions'.

With regard to outstanding actions from 20/3, MHCC met with NDIA 8/7 and:

- Further information was provided about boarding house resident transitions to the NDIS/NDIA including assessment and care planning processes and the participation of existing service providers in these (eg. ALI, BH-HASI). A NSW specific information sheet addressing the situation of boarding house residents in regard to NDIS/NDIA could be helpful?
- NDIA are now more consistently advising that use of the web based 'My Access Checker' is not an access requirement and that there are more supportive options. Again, a NSW specific information sheet describing the range of access options as these relate to people with MH issues could be helpful?
- NDIA will not consider the value of an inreach/outreach activity to be held at a MH centre based program (eg, RichmondPRA on King) in order to help consumers and carers to become more informed about and engaged with the NDIS/NDIA and eligibility, access, care planning.
- NDIA will continue to provide additional information available in regard to plans for deregulation of pricing (see NDIA Update item for more information about this).

Panel: The Lived Experience of NDIS – Deidentified Stories about Tier 3 Eligibility and Access for People with Psychosocial Disability
Jodie-Anne Bertoldi, Social Worker, Intermediate Stay Mental Health Unit, HNEMH
Lisa Short – Director Service Delivery, NDIA
Sally Reagan – Operations Manager, Partners in Recovery (Hunter Medicare Local)

De-identified stories related to the access of people with MH issues to the NDIS were shared and considered through Q&A.

<u>HNEMH</u>

Ally – background pre-NDIS:

- 54 year lady
- Diagnosed with mental illness in her early twenties
- 36 admissions to hospital (1985 to 2014)
- 4 admissions to Morisset Hospital (sub-acute extended care; one six year admission)
- Discharged from Morisset Hospital in December 2011 to social housing (Compass) and a very high HASI package
- Early signs things weren't working.
- 3 presentations for acute care in a 12 month period, admitted on the third presentation (December 2012)
- Had disengaged with HASI provider, living in squalor and impoverished conditions
- Exited from HASI package, forced to relinquish property.

Context of admission:

- Referred to the Intermediate Stay Mental Health Unit (ISMHU; sub-acute facility), from the Mater Hospital (acute unit), with the view of another Morisset Hospital admission (lengthy waitlist)

- Only community option being a HASI 24hr package that would be available in the next couple of months.
- Required to relocate to Tamworth
- No family involvement at this stage (family withdrew from caring role)
- Application for Public Guardian due to complexities with placing the client (Public Guardian appointed with full functions)
- Referral to NDIS on the 1st July 2013
- Ally deemed eligible and care plan signed off mid November 2013
- Service provider identified and 24 hour supported placement secured
- ISHMU supported 3 month transition from inpatient to the community.

Life with NDIS:

- Ally living in a one bedroom self-contained unit on the lower level of a 3 bedroom supported placement model
- Has more autonomy, accesses the community independently but also receives individualised support as required
- Access to staff 24 hours if needed
- Recovery goals of independent living and increasing physical exercise were achieved in the first six months
- Ally has recently identified new goals such as doing a computer course and she would also like to move to the country in the next couple of years
- Remains challenging to manage, however, Ally is developing a level of trust with mental health and her support service provider
- No admissions for acute mental health care.

<u>Partners in Recovery (PIR)</u>

How does PIR work with the NDIS? PIR provides in-kind support to the NDIS:

- For people who meet eligibility for both initiatives
- PIR provides 'Coordination of Supports' for people with MH issues accessing NDIS Tier 3 funded supports for both their NDIS Plan and PIR Action Plan
- Expectation of a close correlation with clients targeted.

PIR and NDIS work to date is a good news story:

- 91 joint or potential clients
- 21 active shared
- 4 exited from PIR (but not NDIS/NDIA)
- 8 declined NDIS – PIR reapplying
- 19 applications submitted, outcome pending
- 13 applications in development with PIR.

Additional support typical for a PIR client from the NDIS includes:

- Assistance to access community, social and recreational activities
- Transport assistance
- Assistance with daily personal living
- Assistance with self-care
- Assistance with household tasks.

PIR provides complementary support such as:

- Housing – maintaining tenancies or accessing homeless services
- Connection to clinical and allied health services especially mental health treatment
- Supporting carers
- Connection to other informal supports or community activities
- Assistance to address legal problems
- Coordination of all services not just those funded by the NDIS.

PIR provides holistic, recovery oriented coordination of supports. A typical PIR NDIS Plan includes: coordination of supports, hoarding and squalor services including counselling.

An example of a person receiving NDIS/PIR services is Jim. Jim is a 40 year old Aboriginal man living in public housing. His partner also has an NDIS package. Their children are no longer in in their care. Their tenancy was at risk due to hoarding and squalor, issues with neighbours including AVO's, and other matters before the courts. Their mental health was not being addressed including no linkages to medical or psychological treatment. A hoarding and squalor cleaning service funded by NDIS was provided by Catholic Social Services.

PIR linked Jim to a GP who undertook a comprehensive physical and mental health check. Jim saw a psychiatrist and clinical nurse specialist with the local public mental health service. Jim is now taking medication and seeing his Dr regularly. Medication is webster packed and he has built a relationship with his local pharmacist. Jim's court matters were resolved and PIR is assisting Jim and his partner to increase contact with their children. Jim's tenancy is no longer at risk and his neighbours have invited him over for a BBQ. Jim is no longer phoning Housing NSW on a regular basis to raise concerns. PIR is negotiating changes with his NDIA Support Planner to gain assistance with additional goals identified. Jim's partner didn't have 'Coordination of Supports' in her plan but she effectively received this given our involvement with Jim.

An issue of concern is that the application process for NDIS is ranging from 7 to 48 hours (average of 21 hours per submission). Also, the NDIA are increasingly requesting additional evidence to assist them to make an eligibility determination. The focus of the NDIS is disability and functionality. The focus of PIR is complex unmet needs and it is more wholistic.

<u>NDIA</u>
Lisa is the new main contact for MH related matters within the NDIA. She has been working to better understand and improve NDIS assessment and care planning processes. She told the story of a woman with Dissociative Identity Disorder who was thought to be ineligible on the basis of high functionality. She is the parent to a young child and also a 14yo daughter who self-harms. She found the NDIA assessment process distressing and dissociated. She dissociates an average of 5 times a week. She house shares with a friend and this main form of informal social support was under enourmous pressure. The information upon which the initial NDIS eligibility decision was made was very old. New and more comprehensive information has supported eligibility and access.

Lisa also shared the story of four women who previously resided at Morisset hospital who were now living successfully in the community. All women live with chronic Schizophrenia and have a range of positive psychotic symptoms, including paranoia and delusions, that don't respond well to medication. These women are now sharing a home in the community and doing very well.

Tina noted that the NDIA's initial assessments of some of the women indicated that hospitalisation was the preferred option. However, the women also had many strengths to support community living including being highly motivated for community living.

<u>Q&A</u>
Discussion about eligibility and access experiences included:

- Q - What is the timeframe for NDIS funded 'coordination of services'? A - There are no benchmarks for 'typical timeframe' as yet.
- Q - What happens for PIR clients that are not assessed as eligible for NDIS Tier 3 funded services? A - Often it's about collecting additional evidence of eligibility. Others are probably not eligible and they are helped to access existing services; also, brokerage funds can be used.
- Q – What role can the Ombudsman play for people found ineligible for NDIS Tier 3 funded services. A – The Ombudsman's role is mostly for people found eligible and receiving funded services but this does not preclude them looking at broader systemic issues related to NDIS implementation, especially as this relates to development of the emerging framework for quality and safeguards (see more next in Ombudsman's presentation).
- Q – How was the person previously receiving HASI services able to be better supported through NDIS? A - ? (requires follow –up)
- Visitors from Sydney wanted to hear more about the access and eligibility of people currently receiving PHAMS services. While large numbers of PHAMS clients have been assessed as ineligible for NDIS Tier 3 funded support services no-one has been disadvantaged in this process due to the 'guarantee of service' for the trial period through to June 2016. It is not known what will happen after then and a greater understanding of the 'ineligible' group is required first, thus the trial site 'guarantee of service' and Eddie Bartnik's new role at NDIA in the mental health and Tier 2 spaces, etc.
- Mission Australia indicated that PHAMS clients they are supporting to access the NDIS average about 21 hours per submission (ie, same as for PIR) and that about 50% are ineligible. They will continue to provide services to all until June 2016.
- Commonwealth Department of Health recently visited Hunter PIR wanting to better understand the NDIS interface (eg, how much evidence? how much time? Processes for mental health review, etc.).
- No one is aware of any non-NDIA new referrals for mental health programs in-scope for NDIS being denied (ie, PIR, PHAMS, Day to Day Living or Mental Health Carer Respite).
- People wanted more information about the closure of Riverview in Lake Macquarie and another assisted living boarding house on the Central Coast . All of the former residents are being transitionally supported by two organisations while NDIS eligibility determinations are being made and relevant care planning processes progressed. People With Disabilities are providing advocacy as needed.
- NDIA reminded us of the different processes for transitioning existing ADHC clients and new clients.
- NDIA noted that no-one 'refers' to NDIA but that an individual might 'make application'. Service might support a person in making their application. The use of My Access Checker in this process is not compulsory.
- The assessment process was described by NDIA and this now always includes review by a Senior Planner. Decisions are made against the NDIS legislation/act making it challenging to reconcile notions of disability and recovery as the legislation/act is not written in that way. The NDIS have to do what the legislation/act as it is currently written says.
- The NDIA's internal Mental Health Special Interest Group explores these issues. The Hunter group has been extended to form a nation Mental Health Special Interest Group.
- The advice of HNEMH is that as much evidence of disability be provided as possible when supporting a person to access the NDIS. This can be very problematic where a person self-refers and/or does not have good access to evidence documenting/disability.
- Someone asked about people receiving HASI and NDIS access. There seems to be confusion and/or misinformation about the NDIS eligibility of people receiving NSW Health funded HASI services. MHCC have been advised that current HASI service providers have received NSW Health correspondence telling them that HASI will be in-scope for NDIS when the Commonwealth/NSW NDIS Bilateral Agreement is reviewed. In-scope means that HASI will become part of NSW' financial contribution to the NDIS. A MHDAO representative, Emma Brindley, offered to seek clarification on these matters.

The NSW Ombudsman and the NDIS
Steve Kinmond, Deputy Ombudsman & Community and Disability Services Commissioner, NSW Ombudsman's Office

The Ombudsman's Office provided comprehensive information on their roles and functions (see forum PPT). The Ombudsman oversights all community and disability services provided by any person or organisation who provides supports to a NSW NDIS trial participant, where the person or organisation is authorised or funded as part of a participant's plan. The Ombudsman's office has some new roles and functions that relate to the 2014 Disability Inclusion Bill and related amendments to the Ombudsman's Act. They have been funded $1M over three years to develop sustainable approaches for their roles and functions in regard to NDIS. These new legislative functions will change when the National Disability Strategy/NDIS quality and safeguards framework is established. They are hoping to increase their level of engagement with the NSW NDIS trial site to inform this work and are encouraging contact from participants, their carers and families and service providers. While the Ombudsman does not have jurisdiction over people not accessing the NDIS they are interested to hear about these experiences also.

Examples of the Ombudsman's jurisdiction in the NSW NDIS trial site are:

- They retain jurisdiction over FACS/ADHC and any other NSW government agency currently under their jurisdiction operating in the Hunter trial site.
- They do not have jurisdiction over the NDIA or other Commonwealth Government agencies.
- They have jurisdiction over any 'person or organisation who provides supports to a NSW NDIS launch participant where that person or organisation is authorised or funded as part of a participant's plan'.
- This includes mental health providers whose supports are purchased by a participant using NDIS funding:

  'non-clinical supports that focus on a person's functional ability, including those that enable people with mental illness or a psychiatric condition to undertake activities of daily living and participate in the community and in social and economic life'.

As the Ombudsman still has jurisdiction over FACS/ADHC, they can make enquiries about any role they may have in the roll out of the NDIS. Depending on the issues, this could be about their involvement with a particular participant, or how they're working to transition the sector to the NDIS, or about a funded service they still provide in the trial site, for example, Ability Links. They also still have jurisdiction over police, DEC, local councils, homelessness services, etc. in the Hunter trial site. The Ombudsman's Office is working closely with the NDIA to set up good information sharing processes and working relationships to make sure that whatever we do, we're all working to improve outcomes for participants and the NDIS itself.

The new jurisdiction is much broader than the usual one and includes all kinds of providers that have not been under their jurisdiction in the past. This is because until they have a better sense of the kinds of complaints and systemic issues that emerge, it was thought best to include all providers and then refine the jurisdiction over time, rather than risk leaving some participants out. This way, they can act as a single point of contact for participants. They will not be duplicating other oversight bodies' responsibilities (eg, Commonwealth Ombudsman), but will work with them to ensure any complaints or issues are handled appropriately.

Because their NDIS jurisdiction is limited to supports or services purchases funded through a participant's package, they will not have jurisdiction over clinical support arrangements, which the NDIS does not fund.

What this means for NDIS participants is that anyone with a complaint about any service purchased using NDIS funding can contact them about it. This can be a participant, a family member, a staff member, or a concerned member of the community. If the Ombudsman isn't the best body to handle the complaint, they'll make sure people are referred to the right place. They're also interested in identifying and seeking to resolve systemic issues that affect people with a disability.

What this means for NDIS service providers is that if a complaint is made about a service provider, they will contact them to confirm the details of the complaint, and/or seek further information. They will keep the provider informed of what we're doing and why. They may make recommendations about changes to policies, business practices and processes, and monitor the service's implementation of the recommendations. Their purpose is to improve practice and they have a range of resources and training sessions that can help. They are keen to understand the impact the move to the NDIS is having on service providers, as well as on people with disability and their families. If there's an issue that's having a particular impact, talk to us.

Other NDIS related work includes:

- Monitoring and reviewing the impact of NDIS on people eligible to receive community services and service providers
- Monitoring and reviewing work being undertaken to manage the disability/health interface under the NDIS transition
- Contributing to the development of national safeguards
- Promoting our role to NDIS participants, other people with disability, families, advocacy bodies and service providers
- Keeping in touch with the experiences of other trial sites, and other national oversight bodies, such as the Commonwealth Ombudsman.

The Ombudsman's Office is interested to better understand health and disability role delineations (eg, where do the roles of NSW Health and the NDIA start/finish? will Health provided clinical/treatment/services historically provided by AHDC as ADHC is wound down? Some of these issues are considered in the Denila of rights publication. They are preparing a chapter on these issues for a sentinel events review report to be published later this year.

The Ombudsman's Office wants from you to help spread the word to participants, families, service providers, etc.. If someone's not happy with their NDIS funded services, there is advice and support available. An information sheet for NDIS participants is being finalised and printed. An NDIS page is being added to the Ombudsman's website. A range of guidelines and factsheets are available on the Ombudsman's website: www.ombo.nsw.gov.au.

You can contact the Ombudsman at Ph. (02) 9286 1000 or toll free 1800 451 524 (outside Sydney) or email: nswombo@ombo.nsw.gov.au.

Update from National Disability Insurance Agency (NDIA) Hunter
Suzanne Punshon - Director of Engagement and Funding, NDIA

- The NDIA is striving to develop better names for Tier 3 and Tier 2 services that describe what they are
- All states/territories are contributing to the policy development discussion about what Tier 2 is for the consideration of COAG and then the NDIA will be charged with implementing it.
- Referrals to NSW Health for HASI should proceed as usual (ie, it is not in-scope for NDIS at this time regardless of what other conversations may or may not be occurring)
- Mental health came to the NDIS late and we are catching up. This includes looking at the tools and processes that support access but not the access criteria as these are legislated.

- New guidance has been released in relation to transport and this was reviewed (the arrangements now mirror the mobility allowance). A Central Coast day program expressed concern at the viability of maintaining their fleet of 14 buses and the expectation that individual and their families make contributions to subsidize transportation. It was acknowledged that transportation is a continuing work in progress.
- The new financial/service delivery 'bundling arrangement' from July 1 now has three major categories across all of the various support cluster types: 1) community participation and access; 2) personal care; and 3) transport.
- Due to Section 55 the information sharing cause) of the NDIS Act the NDIA Hunter now has information about all Commonwealth funded clients and a year 2 phasing schedule has been developed. However, the reality is that that most people have both state and Commonwealth funded services (eg, HACC, community transport, etc.).
- There has been a large increase in the number of new people seeking to access the NDIS and it may take some time to get to them with the transition of ADHC clients and phasii9ng in of Commonwealth clients being the priority.
- The NDIS Health Operational Working Group is meeting this week to further consider interface issues.
- People who live in group homes are now transitioning to the NDIS together (previously according to day program provider but that did not make sense).
- NDIA Local Area Coordinators (LACs) are NDIS trialling pre-planning tools. These compliment pre-planning books that were developed by a consumer run service and that are used in pre-planning cafes.
- There have been some challenges in billing for Day to Day Living program clients and providers are asked to not claim until 1 October (ie, as system won't allow it). This could be the cause of an issue at PIR also.
- Some HACC clients were not receiving disability support but health support. Consideration is being given to the needs of the later group outside of the NDIS. Please let us know if you are aware of anyone receiving HACC services who has been disadvantaged through NDIS implementation.
- Participants were reminded that the NDIS is just one aspect of the broader National Disability Strategy and that the NDIA can't be all things to all people.

Update from Hunter New England Mental Health (HNEMH)
Jodie-Anne Bertoldi, Social Worker, Intermediate Stay Mental Health Unit, HNEMH

A number of initiatives being put into place to ensure the people assisted by HNEMH staff are well supported through the implementation of the NDIS.NDIS service representatives have been identified within each mental health service. This person is essential in being the 'knowledge bank' and supporting the collection of data that is required for us to gain an understanding of the impact of this reform on the people we serve. The HNEMH executive have been working on a clear governance and meeting structure that will allow for information flow and for appropriate interface with NDIA. More information about this will be presented at the next meeting. Referrals to the NDIA – or the support of people accessing the NDIA, if you prefer - continues with clinicians becoming more confident with the NDIS referral process. A three day a week NDIS project has commenced at Morisset hospital for complex clients. Six month NDIS review of shared HNEMH/NDIS clients has been agreed to. While the average number of hours per referral in unknown it is very high and there are ever increasing requirements for evidence.

Challenges for HNEMH include:

- Clinical hours required for referrals (assessment, evidence and care planning)
- Continuity/transfer of care (preventing shortfalls in service provision)
- Collating required information to reflect service provision gaps for clients (feedback document)

- Mental health clients who may be eligible and not in a position to access or navigate NDIS processes without clinical support.

Update from MHCA NDIS Capacity Building Project
Scott Thompson for Liz Ruck - Senior Policy Officer, MHA

Scot provided apologies from MHA/Liz ruck who was unable to attend on short notice. Liz provided some written comments that Scott shared with the group.

- Capacity Building Project extension negotiation. MHA was funded from July 2013 to June 2014 to work on capacity building for the mental health sector to engage with the NDIS. They are currently in negotiation with the NDIA about extending the NDIS mental health capacity building project to over the next couple of years. If funded they hope that this will include working more closely with consumers and carers about specific capacity building activities that may be right for them.
- Increasing NDIA acknowledgment of MH related issues. MHA acknowledges the challenges being faced by mental health consumers and carers, the mental health sector and the NDIA in the implementation of the NDIS and we are committed to working with the NDIA to address them. It is heartening to see the change in NDIA attitudes over the last year, from one which did not really acknowledge these challenges to one where NDIA appears to be at the point where it is beginning to understand them and has time to do something about them. Eddie Bartnik, strategic advisor on MH, Tier 2 and local area coordination talks about his aim to change the NDIA narrative around MH. Eddie has advised that he hopes to work with MHA to make this happen, focussing in particular on ensuring that the NDIA has a better appreciation of the issues around psychosocial disability and is better able to work with these consumers and carers to meet their needs. However there is still a long way to go and a range of issues that we think are outstanding. Some of these have been discussed in previous meetings.
- Ongoing issues include:
    1. Language of permanency of disability - the problematic language of permanency of impairment and how well assessment and communication processes are being undertaken by NDIA
    2. Improving NDIS communication to the mental health sector, particularly consumers and carers
    3. Ensuring that better mental health consumer, carer and sector input NDIS implementation occurs at all levels including within trial sites, at the state and territory level and with the NDIA nationally
    4. Describing how Tier 2 will work for people with a psychosocial disability
    5. Identifying how well the continuity of service guarantee (currently outlined in the bilateral agreements between the Commonwealth and states/territories) is working.
- The report of the Parliamentary Joint Committee on the implementation of the NDIS and the NDIA's own first year progress report both highlight challenges 2-4 which are priorities not only for the mental health sector, but also for the broader disability sector. Hopefully this will mean that they will be a priority for NDIA over the next year and we will see action on them sooner rather than later.
- On the last challenge, MHCC has previously highlighted the need for the NDIA to be notified about situations where anyone appears to be disadvantaged by the implementation of the NDIS. NDIA recently reiterated this point to us and it will be important for us to be watchdogs on this issue. States, territories and the NDIA won't necessarily know about potential gaps in service provision and are keen to be told.
- Scott asked participants if there were additional challenges that MHA could be mindful of. The group identified the time intensive nature of the referral and assessment process (ie, when supporting a person to access the NDIS) for both public mental health and community sector providers. The NDIA expressed concern at this and is keen to look at this issue further locally. Participants also want feedback on applicants deemed ineligible for

Tier 3 funded service and to know what happened for them (Tier 2?). AbilityLinks/SVDP is NSW's Tier 2 contribution. The design of Tier 2 is a policy decision, not a matter for NDIA Hunter.

- MHA sees that into the future it will also have a key role on working with the Commonwealth and the states/territories to ensure that people who are not eligible for individual supports under NDIS are getting the supports they need.
- MHA will continue to work with all stakeholders. To contact the Capacity Building Project: Liz.ruck@mhaustralia.org and ndis@mhaustralia.org.

Summary and Next Steps
Upcoming activities include:

- NDIA community and service provider forums 7-9/10.
- MHCC StateWired e-forum (October?)
- Informa NDIS and MH Conference (27 & 28 November – Sydney).

Participants were encouraged to engage with the NDIS evaluation being undertaken by Flinders University over the next three years: www.ndisevaluation.net.au. Flinders are currently undertaking a survey of people with disability and their carers and family (www.ndisevaluation.net.au/ndissurveyinformation) and Disability Support Providers Survey – sent to both trial site providers and others

Actions arising from today's meeting are:

1. Explore with HNEMH and NDIS service provider what aspects of service delivery/practice are working for the ex-HASI clients now being effectively supported in the community through NDIS
2. NSW Health/MHDAO to seek clarification on 1) the eligibility of HASI clients for NDIS 2) the possible inclusion of HASI in the Commonwealth /NSW NDIS Bilateral Agreement that is under review
3. Distribute NSW Ombudsman's Office information sheet on the NDIS
4. Distribute national Disability Commissioner's information sheet about development of the national safeguards framework
5. Distribute new NDIA information sheets in relation to transport
6. Circulate NDIA 'pre-planning' tools
7. Distribute HNEMH list of NDIS service representatives names, locations and contact details
8. Provide de-identified stories of existing HACC clients ineligible for NDIS Tier 3 to MHCC, if there are any.

The next Hunter NDIS and Mental Health COP Forum will be 16 December 2014 (TBC) 10AM to 1:00 PM at the Newcastle Jockey Club.