

The NDIS has been rolling out across the Eastern Metropolitan Region of Melbourne since November 2017 and continues to bring with it significant change to Community Mental Health service provision. An NDIS program lead has been appointed to support organisational readiness for Eastern Health's Mental Health Program.

NDIS Clinical Mental Health Interface

Half year report - June 2018

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Mental Health NDIS Program Lead

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Background

The National Disability Insurance Scheme is a completely new way of getting psychosocial support and is considered to be the largest social reform since the introduction of Medicare. Consumers, families and carers will require help along the NDIS pathway, so clinicians need to understand the process and the role they play at each step along the way.

Introducing the NDIS Program Lead

Hi, I am Bronwyn Williams! Many of you will already know me from previous roles in my almost 16 years at Eastern Health which include Dual Diagnosis Senior Clinician, Recovery Framework Implementation Project Officer, Maroondah MST case manager, and originally as Acting in-charge at 'West-Ward' Maroondah IPU. This new role finds me supporting our staff to navigate the NDIS, working with key agencies which include the NDIA, Latrobe Community Health and NDIS providers, establishing pathways, processes and tools and escalating issues as they arise. The overarching aim is to support people who experience mental ill-health and who also have psychosocial support needs to access the most appropriate services and packages available to them.

As well as the NDIS program lead position I will continue as the EMHSCA (Eastern Mental Health Service Coordination Alliance) project officer for the next couple of years. This role is complimentary to my NDIS role and enables cross-sectoral NDIS related partnership and collaborative work with a range of health and community support agencies. The NDIS Program Lead role will head up the NDIS Clinical Mental Health interface project at Eastern Health at 0.6 eft from February 2018 until January 2022.

New ways of working

Eastern Health has established the NDIS Program Lead position to

- assist organisational readiness regarding NDIS;
- build workforce capability to support consumers and carers to access and participate in the NDIS;
- build an effective and efficient operational interface and partnership between our specialist clinical mental health service and the NDIA local office, LAC and NDIS funded support providers; and
- be the key contact point for the National Disability Insurance Agency (NDIA) and the Local Area Coordinator (LAC).

Not only is the NDIS new but it is constantly evolving. Our understanding of NDIS processes, ways of working and practice advice requires regular updating. Our Clinicians need support in applying new skills and knowledge. The Eastern Health Mental Health program (along with all parts of the health service) will need to work closely with the NDIA local office, the Local Area Coordinator (LAC) and NDIS funded support providers to plan and coordinate streamlined care for people who require both mental health treatment and disability support services.

In the context of NDIS our clinical mental health services will continue to be responsible for:

- assessment and diagnosis of mental health conditions;
- providing clinical mental health treatment;

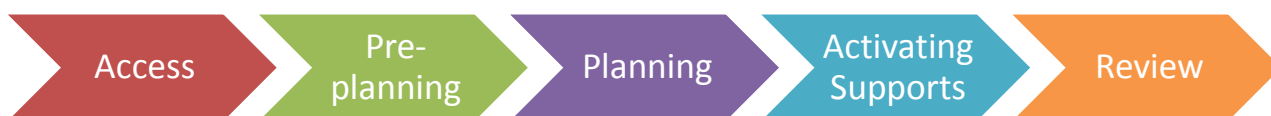
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- psycho-social rehabilitation.

For our staff the key areas of interface with the NDIS include:

- Supporting consumers to understand and to test their eligibility for the NDIS;
- Providing evidence and supporting consumers (and carers) in the development of their NDIS plan;
- Coordination of Clinical Mental Health treatment and NDIS funded disability supports to achieve the best outcomes for shared consumers/NDIS participants;
- Identification of significant and or rapid change in an NDIS participants psychosocial functioning, other disability, or living circumstances that requires a rapid increase in the participants NDIS supports and a plan review;
- Coordinated transition planning from a bed based mental health service;
- Information sharing to facilitate timely NDIS access, planning and plan reviews.

Figure a. NDIS Participant pathway



In this first 6 months of the NDIS Clinical Mental Health interface project, the focus has been on educating and engaging all staff groups, partnering with our Local Area Coordinators and NDIS providers, and identifying suitable data collection and structures to support the work. The Program Lead has been working collaboratively with the State-wide CMH and NDIS interface group to develop and refine key tools that will support staff to work with the NDIS.

Priority areas going forward include establishment of local leadership, communication mechanisms, and the consumer and carer engagement strategy. Embedding changes to local processes, including alterations to existing documents and procedures, is anticipated to take a significant amount of time to implement and will be dependent on higher level decision making within and outside of Eastern Health. Education of staff is complicated by the ever changing nature of the NDIS, and requires agility and creativity to ensure our Mental Health Program are appropriately equipped with essential knowledge and skills. Local knowledge sharing forums are being established with this aim in mind.

CYMHS staff are being supported by Melody Sutton as their NDIS Local Lead. They require a tailored response to capacity building and engagement regarding the scheme. Issues around demonstrating permanence of disability, and the fact that NDIS applications for children often involve other disability providers, have meant that very few CYMHS consumers and carers are requiring support from our services to test eligibility for NDIS.

Aged Persons' Mental Health Program report that do not see any consumers under 65 years of age and the NDIS only applies to that cohort. An information session will be provided later in 2018 to inform staff about NDIS as, due to the lifetime nature of the scheme, some NDIS participants will enter aged care in the coming years.

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Highlights

- Staff capacity building commenced November 2017 with the initiation of an NDIS CMH i-learn activity. More than 100 staff have completed this activity and a survey has been conducted to inform an update to the package.
- Program Lead appointed February 2018.
- NDIS Program Lead site visits provided to all adult MHP sites, providing introductory sessions and often involving MHCSS partners.
- Issues register created for MHP with 27 issues recorded to end of June 2018. Issues escalation process in development with NDIA and LAC.
- MH NDIS Program Lead collaborating with other area MH NDIS Program leads to develop a range of NDIS specific resources and tools for the use of Clinical MH services.
- MH NDIS Program Lead attending DHHS led NDIS and Clinical MH interface meetings to work strategically and collaboratively to address issues and identify solutions.
- Mapping of non-NDIS services including Information, Linkages and Capacity building (ILC) services.
- NDIS resource folders provided on Sharepoint and link provided to all EHMHP staff via email and during service engagement sessions.
- EMHSCA Psychosocial disability focussed “NDIS Unpacked” forum provided 17th May 2018 at Box Hill Town Hall for 140 health and community services staff.
- Presentation provided at Academic afternoon to MHP doctors in collaboration with the NDIA’s Chris Cahill on the 22nd May.
- NDIS Steering committee Terms of Reference endorsed by EHMHP Strategy committee. Steering committee meetings commenced 27th June.
- Baseline project data collected.
- Commissioning A3 provided to MH Program director in April.

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Capacity Buidling	NDIS Program Lead provided 18 service engagement sessions to 243 staff, covering all Adult MH program sites. Included introductory NDIS presentations and facilitated staff group discussions.
	NDIS and CMH i-learn activity was developed and link provided in November 2017. More than 100 staff had completed this activity by June 2018.
	MHP staff NDIS Capacity Survey conducted in June with 34 respondents.
	DHHS will provide a training package for Clinical Mental HealthServices in August 2018.
Consumers and Carers	Key NDIS consumer resources provided to staff and located on Share point.
	Fapmi have developed prompts for clinical reporting to support consumer-parents with NDIS applications.
	MHP CFCCAC to be engaged re Consumer and Carer NDIS strategy.
	DHHS developing and trialling consumer NDIS survey currently at pilot sites.
Policy & Procedure	Statewide NDIS interface group developing org readiness strategy including supporting tools and capability training package
	NDIS pathway document drafted for consultation with Steering group.
	Draft flow chart and guidelines for staff re NDIS pathway decisions on entry to service.
	Adult MHP Model of Care currently being reviewed for NDIS.
	EH wide Clinical Practice Guideline to be developed in coming months.
Partnerships	The inner and outer east Local Area Coordinators agreed to collaborate with EHMHP and EMHSCA.
	NDIA engagement progressing to meeting stage. Participated in EMHSCA NDIS forum -May.
	EMHSCA restructure to prioritise NDIS - key collaborative mechanism and solutions focussed platform for the NDIS interface project.
	Local NDIS providers agreed to provide in-kind support to consumers for pre-planning work.
Local Leads	Draft Local Leads guide provided to EHMHP Strategy committee for consideration in April - model proposal not approved.
	6 AMHP community based local leads self-identified.
	Local Leads model requires consideration by MHP NDIS Steering committee.
	Local Leads provided with regular communication regarding tools, events and updates.

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Data

An initial search of the available and relevant data revealed a decline in MHCSS engagement since May 2017. With the roll-out of NDIS commencing on the 1st November 2017 we can see a marked decline in consumer engagement with Community Mental Health providers.

Of the 275 open adult cases in April 2017, 165 had an MHCSS support worker identified. This amounts to 60% of open cases with MHCSS support.

Of the 287 open adult cases in October 2017, 12 had an MHCSS support worker identified. This amounts to 4.18% of open cases with MHCSS support.

Of the 258 open adult cases in April 2018, 23 had an MHCSS support identified (some awaiting worker). This amounts to 8.91% of open cases with MHCSS support.

Data that requires monitoring in relation to any increased burden on clinical mental health services, consumers and carers, and any inadequacy of community mental health supports includes: length of stay in inpatient settings; clinical community case-loads and length of engagement; mental health presentations to emergency departments; readmission rates for mental health inpatient services.

Local data required to monitor staff workload and quality of support related to NDIS includes the identification of NDIS status; carer support needs and availability; NDIS pathway progress tracking; escalation and review activities; staff time spent in supporting access, evidence provision, registration and escalation of issues, planning, plan activation and review.

Data that may be used to evaluate the organisations readiness to support people on the NDIS pathway would include: consumer and carer surveys; staff capability surveys; number of staff trained; number of consumers supported to access NDIS; number of consumers found eligible for NDIS supports; quality and quantity of consumer NDIS pathway tracking form completion.

Workforce Development

NDIS for Mental Health Clinicians – Learner Activity

A tailored NDIS i-learn activity was developed for launch on the 1st November 2017 by Branka Donevski (i-learn team) and Bronwyn Williams (EMHSCA project officer) and based on resources provided by Tania Nicholls from the SDA interface project. A Scorm package was used and as such cannot be altered without a full review of the content. This review is to be scheduled for August/ September 2018. Page activity has been high with almost 3000 learner log-ins, and more than 100 staff have completed the package.

Table 1: NDIS and CMH i-learn activity by month – learner log ins

June 2018	153
May 2018	229
April 2018	150

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March 2018	198
February 2018	196
January 2018	666
December 2017	454
November 2017	Course went live 865

Staff Survey results

A 3-minute staff survey was conducted via Survey Monkey link in June. Of the 34 participants to the MHP NDIS staff survey, 6 were from Adult community services, 4 from Adult MH rehab, 6 from acute and crisis services, 10 from CYMHS, 5 from Aged persons MH services and 3 identified as “other” which included Fapmi and Senior Management.

The discipline representation was 32% nursing, 32% Occupational Therapists, 9% Psychologists, 24% Social Workers and one identified peer worker.

Participants were asked to rate their confidence in relation to the various aspects of the NDIS interface work. The responses varied widely.

Areas of strength (moderate to complete confidence) for staff included the following:

- ✓ Considering a person’s capacity to make informed decisions (63.5%)
- ✓ Obtaining consumer consent to support them along the NDIS pathway (56%)
- ✓ Gathering and providing appropriate evidence to prove psychosocial disability (47%)
- ✓ Using Motivational Interviewing techniques to support people to test NDIS eligibility (47%)

Areas of ‘some’, ‘moderate’ or ‘complete’ confidence included the following:

- Providing advocacy and support during planning meetings (65%)
- Locating NDIS resources for consumers and carers (59%)
- Promoting choice by sharing knowledge of how to locate NDIS providers (41%)

Commonly staff reported ‘little’ to ‘no confidence’ in these areas of NDIS support:

- Supporting appeals and unscheduled plan reviews and knowing escalation processes (73.5%)
- Monitoring a consumers’ progress on the NDIS pathway and identifying support needs (67.5%)
- Identifying the support and information needs of carers, including young carers and current consumers who may be parents of someone accessing NDIS supports (60%)
- Knowing when and how to contact the NDIA and/or LAC (56%)
- Identifying suitable preplanning supports for the consumer and their family (55%)
- Raising NDIS issues locally (53%)
- Supporting consumers and carers in preparing for planning meetings (53%)
- Explaining the NDIS to consumers and carers (50%)
- Assisting a person to obtain an Access Request Form (ARF) (45%)
- Articulating how recovery and the NDIS intersect and addressing conflict regarding disability language (44%)

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Service engagement

Basic NDIS information particularly addressing the role of Clinical Mental Health staff in relation to supporting consumers and carers along the NDIS pathway was provided to staff from all adult mental health program sites between November 2017 and June 2018. On a number of occasions MHCSS partners were involved in providing these engagement sessions and were able to explain their changing role in the delivery of community mental health supports. Staff at the Carrington Rd Box Hill site have initiated a monthly meeting to discuss cases and learn from each other about working with the NDIS. The NDIS program lead is involved in supporting these sessions. The staff from Doncaster, Waverley and Koonung CCTs and the BH MSTs are invited to attend.

The Bona St Ringwood east site is now considering similar sessions on a regular basis. The NDIS Program Lead met with Maroondah CCT staff in late June to discuss establishing this forum. As the site teams do not have a shared practice development time in their calendar each team will need to separately consider their ability to implement this model of capacity building.

Interface group work and resource development

A range of tools and information guides have been developed by the SDF Mental Health interface project team in collaboration with the Mental Health NDIS program leads (the interface group). An Organisational Readiness Checklist has been a central component of this work and a number of attachments to this are being completed currently to support Victorian clinical Mental Health services to prepare and function in an NDIS environment. The Organisational Readiness Checklist aims to enable services to self-rate their readiness for NDIS and understand their role in supporting consumers and carers along the NDIS pathway.

The Interface group had the opportunity in early June of providing advice to the developers of a tailored NDIS training package for Clinical Mental Health staff. This package is due to be available in the coming weeks and will be an option for all Clinical Mental Health services to consider in developing the capability of their staff. The package included on-line and face to face training formats.

Other work of the SDF interface project includes the following:

- ✓ Ways of working with the National Disability Insurance Scheme – A practice resource for public clinical mental health services
- ✓ NDIS Pathway timelines
- ✓ NDIS Clinician support task tracking document
- ✓ Team NDIS data collection spreadsheet
- ✓ Partnership models
- ✓ Consumer consent
- ✓ Consumer and Carer strategy



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- ✓ Update of the one-page NE practice advice document with hyperlinks
- ✓ Evidence provision guide and templates
- ✓ Plan nominees guide
- ✓ Plan Management guide
- ✓ Process to raise quality and safety issues guide
- ✓ Supported decision making guide
- ✓ Understanding the access process guide
- ✓ “Difficult to engage” discussion paper
- ✓ Triage NDIS pathways flow chart
- ✓ Preparing for plan reviews guide

FAPMI

The state-wide Fapmi group has developed a resource that aims to provide ideas and examples to support a consumer-parent in their preparation to applying for support to the NDIS and, if successful, with the annual reviews.

Occupational Therapy

The State-wide Mental Health Occupational Therapy leadership group have met to discuss the impact of the roll out of NDIS on occupational therapy in public mental health services and the opportunities and challenges this has presented to the profession. Service responses are somewhat varied across the state and the OT leadership group is committed to working together to develop shared knowledge and resources in this area.

Locally the OT group at EH are focused on developing resources to support OT's in their work in supporting people and their families through the NDIA process including 1) adapting the standard OT mental health occupational therapy E form to meet the needs of a specialist OT assessment for NDIS and 2) developing a resource to support applications for sensory modulation equipment (where appropriate to support functioning) under NDIS.

Partnerships

In the Eastern Metro Region we have a 10 year mental health and AOD focussed service coordination alliance that includes 25 partner organisations. This Eastern Mental Health Service Coordination Alliance is known as EMHSCA. EMHSCA provides a significant advantage to Eastern Health as it seeks to create an interface with the NDIS.

A large proportion of the partners to EMHSCA have been MHCSS services. MHCSS is a defined program under NDIS and the result is that all previous MHCSS services have lost their block funding. MHCSS consumers have been supported by their providers to transition to NDIS. This means many of our EMHSCA partners are transitioning to NDIS and have become NDIS providers. The good news is that these providers have expressed their willingness to remain in the EMHSCA partnership.

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The Local Area Coordinators are Latrobe Community Health Service and they are now represented at EMHSCA by Christiaan Bramblebee (Inner east) and Rose Juan (outer east) who are the community engagement workers. Link Health is the Early Childhood Early Intervention (ECEI) partner with NDIS.

The NDIS Director of Community engagement is Melissa Young. Melissa has agreed to work with the NDIS program lead to create a suitable escalation process for our NDIS issues. A risk matrix to support this process has been developed for discussion. No date has been set as yet for this discussion to take place however it is anticipated to occur in July.

NDIS Forum

EMHSCA held a psychosocial disability focussed NDIS forum for health and community service providers on the 17th May 2018 at the Lower Box Hill Town Hall (see Appendix B). The event catered for 140 staff including peer workforce. The aim was to 'unpack' the NDIS pathway and also provide up to date information about non-NDIS supports, NDIS related projects and NDIS providers. Two discussion panels were conducted. The main outcomes are summarised in the event report available upon request from the NDIS Program Lead. A commitment to collaboration with the NDIS and the Latrobe Community Health Service was a significant outcome of the day.

Issues processed

An issues register is available for staff to raise concerns regarding NDIS service provision. The aim of the registry is to identify themes and group issues that may require systematic solutions. There have been almost 30 issues registered to date. Three cases have been identified and documented to be presented to Julie Skilbeck at the Department of Health and Human Services. The aim of providing cases to DHHS is to enable advocacy for system change, improved collaboration, and service response.

Emerging themes from the data are as follows: One third of issues pertained to Access with one third of these being about evidence provision. Risk issues which were rated as high pertained to the Access and Planning phases of the pathway. Plan activation issues are increasingly common. This may be due to a number of factors including the lack of Support Coordination in the participant plan and delays in engaging Support Coordination when it is in the plan. Delays related to all aspects of the NDIS pathway were raised as issues and escalation processes with the NDIA and LAC have been tested. Establishment of escalation processes to support consumers who are experiencing delays and have significant safety issues and complex needs is a key aim of the interface project. Efforts to date have revealed a willingness expressed by local NDIA staff not being translated into a clear pathway or agreement for this kind of support for Eastern Health MH Program consumers. Further work on establishing a useful pathway to escalate medium to high level concerns is required and underway. The Department of Health and Human Services has identified the need for this mechanism and will support the Program Leads in their work to establish one.

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Figure b. Percentage of issues registered for each point of the NDIS participant pathway (n=27)

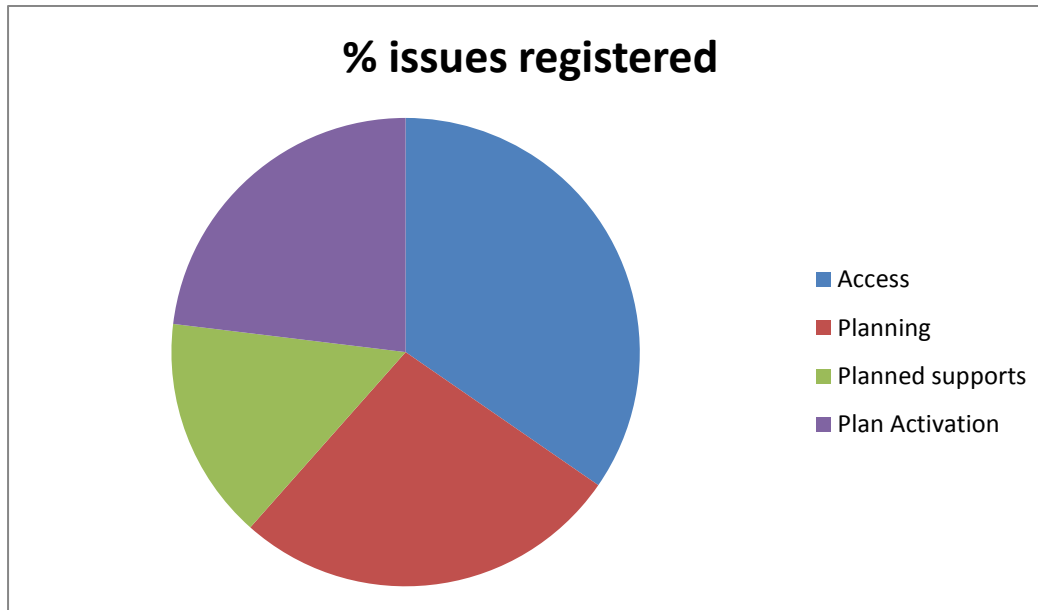
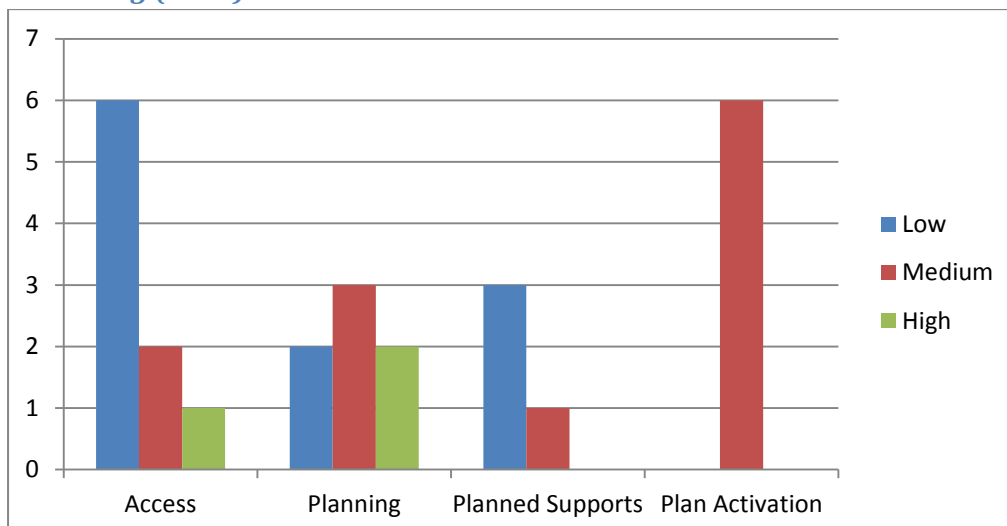


Figure c. Number of issues registered for each point of the NDIS participant pathway and their risk rating (n=27)



The Eastern Health Mental Health Program Issues Register is located on Sharepoint here:

<http://intranet/mentalhealth/Shared Documents/NDIS and CMH/Issues register>

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Future work plan elements

Establish communication mechanisms with staff groups.

Further consider value and role of Local Lead model.

Capacity Building

Review and revise i-learn.

Provide peer workforce training.

Add NDIS to staff orientation package.

Review supported decision making training.

Support expansion of Staff info exchange meetings across the community MHP.

Brief EHMHP Strategy committee regarding capacity building options for staff.

Policy and Procedure

Model of Care to be developed.

NDIS pathway document drafted for consultation with Steering group.

Develop processes for escalation for consumers with change of circumstances.

Review and adapt discharge planning processes.

Support development of Eastern Health Clinical Practice Guideline.

Update MOC with NDIS processes.

Consumer consent arrangements update to include NDIS info sharing.

Carer support/FSP guidelines updated to include NDIS.

Identification of NDIS participant status embedded in local processes.

Provide flow chart and guidelines for staff re NDIS pathway decisions on entry to service.

Link NDIS to Recovery planning.

Data collection and utilisation

Set key targets for data collection.

Embed processes for collection of NDIS data.

Establish reporting mechanisms for utilisation of data.

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Develop participant pathway tracking document.

Identify processes to implement participant pathway tracking document.

Update templates and tools to enable and encourage staff to support people along the NDIS pathway.

Track MHCSS shared consumers NDIS planning progress.

Consumers and Carers

Utilise existing communication mechanisms to provide NDIS information to all MHP consumers and carers.

Engage EH MHP peer workforce.

Develop peer workforce strategy for NDIS C & C engagement.

Collect consumer and carer stories.

Develop survey for consumers and carers re NDIS experience.

Partnerships

Further develop communication mechanisms with NDIA and LAC.

Clarify and communicate pathways for consumer support.

Support processes for engaging hard to reach/difficult to engage consumers.

Support existing cross sectoral linkages.

Support EMHSCA strategic plan re NDIS.

Collaboratively articulate the roles of NDIA, LAC and CMH staff.

Facilitate cross sectoral leadership level discussions regarding pathways to support for people who experience psychosocial disability, and solutions focussed problem solving relating to NDIS access and participant support.

Resources

A wide range of resources are located centrally to support the Eastern Health Clinical Mental Health program staff.

Local NDIS and CMH resources are located here <http://intranet/mentalhealth/Shared Documents/NDIS and CMH>.

The NDIS and CMH i-learn activity is located here <https://ilearn.easternhealth.org.au/course/view.php?id=1735>.

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Conclusions

The NDIS is evolving and although it is bound by legislation (NDIS Act 2013) there is a lot of scope to advocate for changes in processes that appear problematic, in particular via DHHS. The gaps in non-NDIS service provision are of concern and collective advocacy to local government is the recommended response. With the numerous concerns being raised via a variety of staff forums, it is important that we maintain our focus on the things we can have some impact on or have the potential to change.

At the forefront of our staffs' minds are the safety issues arising in this changing landscape. It would appear that the greatest risks exist in the access and planning processes. More attention to smoothing these processes for consumers and carers should be the focus of our advocacy efforts at this time. Development of case studies for consideration at higher levels of NDIS planning should be a priority.

Eastern Health Mental Health Program staff have keenly engaged in learning about and supporting the NDIS implementation. In spite of resource issues and time constraints they have been striving to ensure the consumers that they work with and their carers are informed about the scheme and are supported to test eligibility and navigate the NDIS and other services as appropriate.

Data collection processes to capture the NDIS related burden on our staff are required to enable targeted advocacy for changes to resourcing and processes. Supporting consumers regarding NDIS will represent a significant initial outlay of time. It is hoped that this outlay will lead to reduced readmission rates and case-loads, and increased capacity of consumers who are NDIS participants to manage independently. It is too early to predict with any certainty how the service landscape will alter with the full roll-out of NDIS, however we are hopeful that as the environment settles we will hear many more stories of NDIS success.

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Appendix A Common NDIS acronyms and terms

ARF	Access request Form – the form for people to complete when applying to become an NDIS participant	NDIA NDIS	National Disability Insurance Agency National Disability Insurance Scheme
Carer	An individual who provides personal care, support and help to a person with disability and is not contracted as a paid or voluntary worker, often a family member or guardian.	NGO	Non-Government Organisation
Correspondance Nominee	An individual who can undertake all activities that a participant would ordinarily undertake, except for the preparation and review of the participant's plan and the management of the funding for supports in the participant's plan.	NMHSRG	NDIA Mental Health Sector Reference Group
DHS	Department of Human Services (Australia)	Participant statement	Information setting out a participant's living arrangements, relationships, supports, description of day to day life as well as their short and longer term goals.
DHHS	Department of Health & Human Services (Victoria)	Plan	A written agreement worked out with the participant, stating their goals and needs, and the reasonable and necessary supports the NDIS will fund for them. Each participant has their own individual plan.
ECEI	Early Childhood Early Intervention The ECEI approach supports children aged 0-6 years who have a developmental delay or disability and their families/carers and aims to help children develop the skills they need to take part in daily activities and achieve the best possible outcomes throughout their life. The NDIS is partnered with Early Childhood Partners to deliver the ECEI approach.	Plan Nominee	An individual who can undertake all activities that a participant would ordinarily undertake including informing the preparation and review of the participant's plan and/or management of the funding for supports in the participant's plan.
Fund management	A participant's plan must specify that the funding for supports under the plan be managed wholly, or to a specified extent, by: the participant (section 42(2)(a)); a registered plan management provider (section 42(2)(b)); the NDIA (section 42(2)(c); or the participant's plan nominee (section 42(2)(d)).	Plan	A written agreement worked out with the participant, stating their goals and needs, and the reasonable and necessary supports the NDIS will fund for them. Each participant has their own individual plan.

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EMHSCA	Eastern Mental Health Service Coordination Alliance A long standing local mental health focussed cross sector alliance that supports improvements in shared care and service coordination across the inner and outer east regions of Melbourne.		
Funded Support Package	The funding available to a participant. There are 3 budgets in a support package: Core, Capacity Building and Capital.	Provider	Someone who has products or services to help participants achieve the goals in their plan. Participants can choose their providers and change providers at any time, this is also known as choice and control.
Formal supports	Supports participants have to book and pay for.	Reasonable and necessary	Reasonable means something fair and necessary means something you must have. The NDIS funds reasonable and necessary supports relating to a person's disability to help them live an ordinary life and achieve their goals.
Informal supports	The supports participants get from the people around them, for example family, friends, neighbours.	Registered provider	A disability support provider that has met the NDIS requirements for qualifications, approvals, experience, capacity and quality standards to provide a product or service. See 'Provider'.
Insurance model	The NDIS spreads the cost of individual's current and future needs across the broader community. It is available to every Australian that meets the access requirements. It places emphasis on up-front investments to reduce a participant's future NDIS needs.	Self-Management (funding)	Participants receive all or part of their NDIS funding and they manage their payments for supports and pay their providers directly.
LAC	Local Area Coordinators -local organisations working in partnership with the NDIA, to help participants, their families and carers access the NDIS. LACs will help participants write and manage their plans and also connect participants to mainstream services and local and community-based supports. (Latrobe Community Health Service in the inner and outer east).	SDF	Sector Development Fund - established to support the substantial changes required in the disability sector to realise the vision of a flourishing support market driven by the choices of people with disability.
LCE	Lifetime Cost Estimator	Service Agreement	A contract between the participant and the service provider they have chosen to deliver the supports in

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			their participant plan.
Mainstream services	The government systems providing services to the Australian public e.g. health, mental health, education, justice, housing, child protection and employment services.	Support Coordination	A capacity building support to implement all supports in a participant's plan, including informal, mainstream, community and funded supports.
Market	A collection of providers offering products and services to NDIS participants.	VCBS	Values, capabilities and behaviours statement
MoU	Memorandum of Understanding	VMIAC	Victorian Mental Illness Awareness Council – peak body for people who experience mental ill-health
NAT	National Access Team – make decisions about eligibility	WHODAS	World Health Organisation Disability Assessment Schedule

<https://www.ndis.gov.au/medias/documents/hbf/h21/8799946473502/Glossary-Feb-2017.pdf>

<https://www.ndis.gov.au/operational-guideline/planning/managing-funding-supports>

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Appendix B NDIS Unpacked – Making it work together in the east!

17th May 2018

Event report

Report provided by Bronwyn Williams – EMHSCA Project Officer & Eastern Health Mental Health NDIS Program Lead

On Thursday 17th May 2018, the EMHSCA Workforce development subcommittee provided an up to date event that built upon the introduction to NDIS held in August 2017. The idea that this event would “unpack” the NDIS pathway emerged from discussions with Mental Health Community Service partners. Collaboration with NDIA and our Local Area Coordinators, Latrobe Community Health Service, was considered a key component of the event. Held at the Box Hill Lower Town Hall, the event catered for 140 staff from 24 services.

The Aim

To provide a psychosocial disability focussed NDIS event to meet the needs of a range of health and community service sector and peer workforce staff who are often involved in providing services to people experiencing mental ill health and psychosocial disability with the key aims of:

1. Unpacking the participant pathway for people with psychosocial disabilities and outlining support needs;
2. identifying the new marketplace and exploring marketplace issues with a solutions focus;
3. learning about what exists and is coming for people who are not NDIS participants;
4. Discussing the impact of NDIS on local service partnerships and collaborative practices.

This forum is a follow on to the “Mental Health, Partnerships and NDIS – Making it work together in the East!” forum EMHSCA held in August 2017, as we aimed to prepare our region for the introduction of NDIS. Now that our service providers have some knowledge of the scheme, we aimed to build upon this with an event that clarified their various roles as they support people on the NDIS pathway, and help them to navigate the changing marketplace of supports.



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This full day forum was provided in 3 parts as follows:

Unpacking the NDIS Pathway

The morning provided participants with a walk through of the key elements of the NDIS pathway for psychosocial disability. This was headed up with a presentation by Melissa Young who is the Director of Stakeholder Engagement for NDIA in the east. The morning provided participants with a breakdown of the support work required to assist consumers and their carers to access and navigate the various aspects of the NDIS pathway. Presentations included the ROAR project (Peter McGrath and Michelle Egan), NDIS Consumer and Carer presentations (David Neef and Robyn Callaghan), Local Area Coordinators (Maya Djordic and Rose Juan), Partners in Recovery (Sarah Boyes), and Eastern Health Clinical Mental Health (Gareth Maloney). Midway through the pathway, Jenny Bretnall of VMIAC provided a reflective and engaging presentation on Recovery and NDIS.

Marketplace

At Morning tea and lunch time an NDIS focussed Market Place gave opportunity for participants to meet and interact with fourteen services representing EMHSCA partners, NDIS providers and peak bodies.



Afternoon sessions

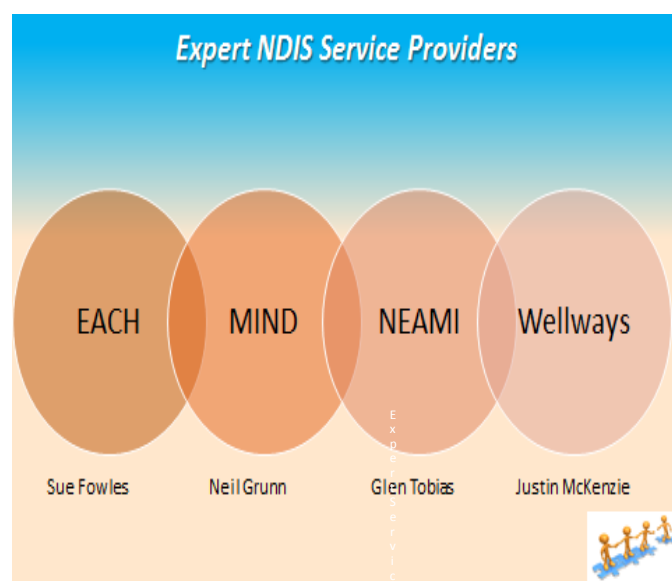
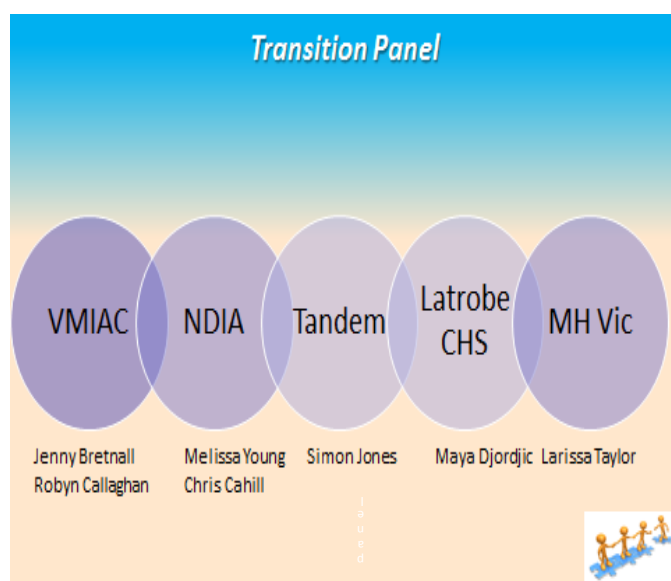
Following lunch, a presentation about the Clinical Mental Health Interface project (Julie Skilbeck - DHHS) enlightened attendees regarding the Department's work in supporting the transition to NDIS. As a starting point for exploring potential psychosocial supports for people who are not NDIS participants, a presentation about Information, Linkages and Capacity Building was provided by Christiaan Bramblebee (Latrobe CHS) and Liz Wrigley (EACH). Larissa Taylor and Jackson Reynolds of Mental Health Victoria (previously VicServ) provided information on the changing role of the mental health workforce and some alarming statistics to put the situation in Victoria in context.

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Panel Discussions

Two panel discussions were facilitated by Kieran Halloran of the Eastern Melbourne PHN which explored the effects of NDIS on collaborative practices. Responses emphasised the importance of working together to support people during this transition period as NDIS is establishing itself in the east.

Jenny and Robyn (VMIAC) outlined what was important for consumers about collaboration and NDIS. They encouraged providers to be “respectful, dignified, curious and interested” with the people they work to support. Honesty and openness along with intentional power sharing were mentioned as important aspects of the worker and participant relationship. Jenny informed us that it is difficult to prove you have a psychosocial disability when you are living with a psychosocial disability. Robyn let us know that “A clipboard and 27 questions” is intimidating and can inhibit engagement in NDIS planning. Tandem’s Simon Jones reminded us to provide family inclusive supports to people and alerted us to the fact that Mental Health carers are faring worse in an NDIS environment than other carer groups. The importance of ‘face to face’ relationships and networking were highlighted by other panel members and an appetite for continuing collaboration was evident. The threat of the NDIS provider business model drivers impeding collaborative work was rejected by many who were present on the day



The Venue

The event was held in the Lower Town Hall at the Box Hill Town Hall with the marketplace around the perimeter. This was spacious and well lit. The Town hall staff provided the room set up and sound and we provided the visual display equipment. The projection area in this space is small and can be difficult for rear seats to view the screen. Acoustics are poor and presenters are encouraged to utilise the microphone. The roving microphone provided does not consistently work.

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Event facilitation

This event was developed, organised and provided by the EMHSCA Workforce Development subcommittee and EMPHN PIR, along with the various presenters from a range of services.

EMHSCA Workforce Development Subcommittee members

Anna Makris (chair)	Federal Dept. Human Services
Bronwyn Williams (Project Officer)	Eastern Health Adult MH Program
Jacqui Turnbull	Wellways
Josie Tremain	Neami National
Maria Yap	Eastern Melbourne PHN
Sandro Madrigale	Eastern Health Aged Persons MH Service

It is important to acknowledge the substantial contribution of these members and their teams to the success of the EMHSCA Workforce Development events each year. Thanks goes to EMHSCA member organisations for contributing in this way to improving Service Coordination across the EMR for the benefit of people who experience mental ill-health and co-occurring issues.

I would also like to acknowledge the City of Whitehorse who provided grant funding to support this event and also to Waverley Industries for their reliable and delicious catering.

We are grateful to event participants for their contributions via registration. EMHSCA thanks Mental Health Victoria and the Eastern Melbourne PHN for sponsoring this event and enabling the participation of the peer workforce, NDIA and our Local Area Coordinators.

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Attendance by sector

Access Community Health	1
Anglicare	8
Aus gov DHS	5
Austin Health	1
Campbell Page	2
Capability	1
Dept Health & Human Services	3
EACH	14
Eastern Community Legal Centre	1
Eastern Health	21
Eastern Melbourne PH Collaborative	1
Eastern Melbourne PHN	3
EDVOS	1
ERMHA/Deakin	1
Forensicare	1
Healthcare Australia	4
Inspiro	1
Integra	1
JobCo.	4
Knox City Council	1
Latrobe Community Health	3
Live	1
Maroondah City Council	1
MeWell	2
Mentis Assist	2
MH Victoria	2
MIND Australia	10
NDIA	4
Neami National	18
NEXTT	1
Outcome Health	2
Progress Occupational Therapy	1
Salvocare Eastern	6
State Trustees	1
Tandem	3
Uniting Prahnan	2
Villa Maria Catholic Homes	1
VMIAC	2
Wellways	6

Overall Attendance

Registered	143
Did not register and attended	16
Apologies	19
Total attendance	140

Budget

Catering \$2,694.99

Venue \$1,381.00

Total: \$4,075.99

Plus in-kind support from EMHSCA organisations for printing and staffing.

The NDIS Unpacked event piloted a new way of supporting EMHSCA events by charging each participant \$20 via Eventbrite. \$2,124 was raised from this process and contributed to the catering costs as listed below. Additionally sponsorship of \$500 from Mental Health Victoria and \$500 from the Eastern Melbourne PHN was received. Therefore, of the \$4,075.99 required to fund the event, only \$951.99 was drawn from EMHSCA Workforce development funds.

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“Excellent forum! Well done”

“Great content and presenters”

“Very informative and well balanced”

“It is heartening that there appears to be a willingness amongst providers to collaborate”

“Jenny’s presentation was fantastic. Practical and useful”

“Great questions and discussion”

“Love the recognition of service survival in the transition to NDIS”

“Catering was excellent”

“Adding consumers personal point of view creates better understanding”

“Great to hear consumer perspectives”

“I really liked the marketplace and panel”

“I attended last year and this year – thoroughly enjoyed both and would support that these continue every year as the NDIS and mental health service system evolves”

Feedback

The event participants were provided with feedback forms in hard copy at the event. Just 48 of the 140 participants provided feedback. Of this cohort the following results were collected.

The morning presentations received a range of reviews, with the majority of participants finding them useful. The ROAR presentation on accessing the scheme and the presentation on Activating Supports were most popular. It is noted that both had a strong case presentation focus.

Afternoon presentations rated more highly than those in the morning program. Mental Health Victoria was found to provide the most useful content.

The overall view of respondents was that the forum provided a good level of improvement in knowledge of the elements of the NDIS pathway, and available NDIS supports. Most respondents felt the forum allowed them to express their concerns about NDIS and that these concerns were somewhat addressed. Comments revealed that some people would have liked the panel discussion to be more focussed on Question and Answer opportunities and some said they were not interested in talking about collaboration.

The forum aimed to strike a balance between exploring issues and supporting a positive view of the NDIS. In comments participants varied with some wanting more focus on the issues and at least one person wanting to hear more success stories. Some attendees voiced that they wondered if the access process was worth the trouble and if consumers would be better off without NDIS after attending the forum.

Some participants indicated that the NDIS pathway was still confusing for them. A simple flow chart may have assisted with assimilation of the information. Examples of NDIS plans and services received, and some rationale for NDIS applicant ineligibility were requested. Some respondents would have liked more networking time and potentially some group work to explore the challenges in relation to NDIS.

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Discussion

The forum informed participants regarding the NDIS pathway and at the same time raised a variety of issues and challenges.

Key points that we can take from this forum are:

- There is a clear commitment from our Local Area Coordinators and NDIA reps to collaborate with our service providers and peer workforce;
- We are developing a better understanding of the NDIS pathway however this is made more difficult by the inconsistencies encountered in access, planning and review;
- The NDIS pathway for psychosocial disability requires some skill to navigate and people who experience mental ill-health may need support from their local service providers to access the scheme;
- Where people lack support to access NDIS it may be best to link in with advocacy services;
- The NDIS can offer around 10% of people who experience mental ill-health more choice regarding how their money will be spent to support them in managing their psychosocial disability;
- Almost all community mental health supports in Victoria are affected by NDIS which may create a significant gap in service provision to as many as 90% of consumers who are found ineligible or are unwilling to test their eligibility for the scheme;
- Information, Linkages and Capacity Building funds are assigned to support people who are non-NDIS participants. Funds will be made available again in 2019 and services may engage in a tender process to provide supports to non-NDIS participants;
- There is a general concern that NDIS is disrupting our collaborative work of the past 10 years and there was strong expression from many participants of wanting to preserve it. The will of NDIS providers (ex MHCSS) to work collaboratively remains, however the service capacity for this is diminishing;
- Clinical Mental Health staff require more targeted training and resourcing in order to support consumers and carers and this is in development via DHHS;
- Service providers are frustrated by the difficulties they experience in expressing their concerns and following up on issues for the people they support along the NDIS pathway. Better mechanisms to address issues and escalate them as necessary require development.



EMHSCA acknowledges the traditional Aboriginal owners of country throughout Victoria and respects them, their culture and their Elders past, present and future.

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Conclusion

“NDIS unpacked” provided a timely opportunity for EMHSCA partners to develop relationships with NDIS providers, the NDIA and Latrobe Community Health Service. This targeted forum supported staff across the region to develop a good level of knowledge regarding how to support consumers and carers along the NDIS psychosocial pathway. Additionally this forum provided an environment for staff to discuss the various challenges of working in an NDIS environment and reinforced the good will of all concerned to work collaboratively.

This event received a mixed response from attendees. The vast majority of people found the event beneficial; however there were a small number of attendees who expressed desire for something quite different. On reflection, it is always challenging to meet the needs of a broad cross-sectoral audience. It would appear that the inner and outer eastern regions have reached a point of need regarding NDIS that is increasingly difficult to meet with the available information. One survey respondent summed it up by criticising the forum for not outlining “what to expect next” from NDIS.

The NDIS environment is unpredictable, inconsistent and constantly developing, especially in relation to psychosocial disability. New learnings come to light on an almost daily basis. There is little doubt that we will need to provide future EMHSCA NDIS forums. Consideration of the full range of feedback received from participants of NDIS Unpacked will inform the development of our next annual NDIS event.



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Thursday 17th May 2018

9am	Registrations	<i>EMHSCA Workforce Development Sub committee</i>
30		
9.30am	Introduction	<i>Bronwyn Williams – Mental Health NDIS Program Lead/ EMHSCA Project Officer</i>
10		
9.40 am	NDIS pathway for Psychosocial Disability	<i>Melissa Young – Director Stakeholder Engagement - NDIA Vic East</i>
20		
10 am	1. Accessing the scheme	<i>Peter McGrath Manager - Homelessness and Support Services - SalvoCare Eastern</i>
45		<i>Michelle Egan - Manager Strategic Development Disabilities Participation and Choice - EACH</i>
		<i>David Neef - Senior Carer Peer Worker - Eastern Health</i>
10.45am	2. Maintaining a Recovery focus	<i>Jenny Bretnall – NDIS educator - VMIAC</i>
15		
11am	Morning Tea Break	<i>Marketplace</i>
30		
11.30am	3. Planning	<i>Maya Djordjic Community Development and Capacity Building Coordinator - Latrobe Community Health Box Hill</i>
30		<i>Gareth Maloney – Occupational Therapist - Eastern Health</i>
12MD	4. Activating supports	<i>Robyn Callaghan – Peer presenter - VMIAC</i>
25		<i>David Neef – Senior Carer Peer Worker - Eastern Health</i>
		<i>Sarah Boyes – Support Facilitator - Partners In Recovery</i>
12.25pm	5. Plan reviews	<i>Rose Juan - Community Development and Capacity Building Coordinator</i>
20		<i>Local Area Coordination Service Outer East Melbourne</i>
12.45 pm	Lunch time	<i>Marketplace</i>
45		

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1.30pm 20	NDIS Clinical Mental Health interface	<i>Julie Skilbeck - Manager, Program Design and Strategy System Policy and Integration, Mental Health Branch DHHS</i>
1.50pm 20	Information, Linkages & Capacity Building	<i>Christiaan Bramblebee – Community Engagement, Latrobe CHS, Liz Wrigley - SKIPS & Consumer Engagement Coordinator Mental Health Recovery, EACH</i>
2.10pm 15	Workforce and Marketplace update	<i>Larissa Taylor – Manager of NDIS Engagement- Mental Health Victoria Jackson Reynolds – Campaign Manager NDIS Policy and Projects Officer– Mental Health Victoria</i>
2.25pm 20	Afternoon tea break	
2.45pm 40	Panel discussion	<i>VMIAC (Jenny Bretnall & Robyn Callaghan), Tandem (Simon Jones), Mental Health Victoria (Larissa Taylor), NDIA(Melissa Young & Chris Cahill), Latrobe CHS (Maya Djordjic) Facilitated by Kieran Halloran</i>
3.25 pm 20	NDIS provider expert panel	<i>Glen Tobias (Neami National/MeWell); Justin McKenzie (Wellways); Sue Fowles (EACH); Neil Grunn (MIND Australia) Facilitated by Kieran Halloran - Mental Health Manager Severe & Enduring (PIR/Suicide Prevention)</i>
3.45pm 15	Wrap	<i>Kieran Halloran Bronwyn Williams</i>
4pm	Event close	

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Marketplace Stalls

Access Health and Community **(03) 9810 3000**

Campbell Page **(03) 9046 5940**

Carrington Health **(03) 9890 2220**

Eastern Community Legal Centre **(03) 9285 4822**

EACH **1300 00 3224**

Healthcare Australia **1300 422 247**

Latrobe Community Health **1800 242 696**

Link Health and Community **1300 552 509**

Me Well **1800 258 258**

MIND Australia **1300 286 463**

NDIA **1800 800 110**

Tandem **(03) 8803 5555**

Uniting Life Assist **(03) 9239 2500**

Uniting Prahran **9692 9500**

VMIAC **(03) 9380 3900**

Wellways **1300 111 400**

Website

www.accesshc.org.au

www.campbellpage.com.au

www.carringtonhealth.org.au

www.eclc.org.au

www.each.com.au

www.healthcareaustralia.com.au

www.lchs.com.au

www.linkhc.org.au

www.me-well.org.au

www.mindaustralia.org.au

www.ndis.gov.au

www.tandemcarers.org.au

www.lifeassist.org.au

www.unitingcare.org.au

www.vmiac.org.au

www.wellways.org