

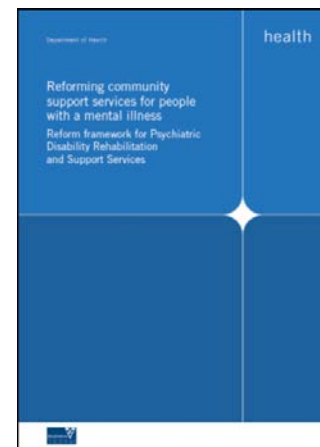
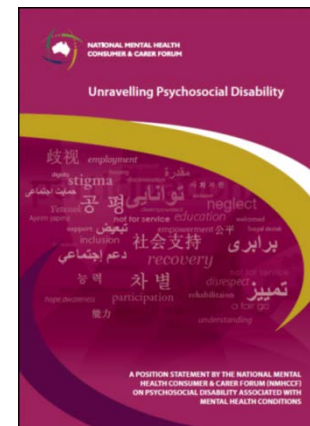
LEARNING FROM THE HUNTER LAUNCH SITE ABOUT THE NDIS FOR PEOPLE WITH PSYCHOSOCIAL DISABILITY AND IMPLICATIONS FOR ORGANISATIONS?

Tina Smith, Senior Policy Advisor
MHCC AGM and Big Issues Day
3 December 2013

Outcomes

Report discussing and making recommendations regarding:

1. How will PSD is understood and included under the NDIS?
2. The wider NDIS and health services interface (eg, physical health, substance use)
3. People with co-existing difficulties (eg, ID, ABI, physical health issues/disability)
4. The suitability of the assessment tool/s
5. The national discourse regarding the situating of PSD within the NDIS.



NDIS Tier 3 Eligibility

- Is the person's condition permanent or likely to be permanent i.e. are there any known ... medical treatments that would remedy it?
- Is there any future treatment planned? If yes, please provide details of the expected outcome of the treatment.
- Is this condition likely to have a significant impact on the person's functional capacity for the rest of their life?
- What is the functional impact of the condition on the following areas of the person's life: communication/social interaction; learning; mobility; self-care, self-management?

NDIA presentation to HMM Interagency Meeting, July

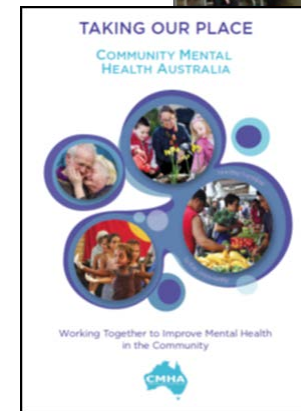
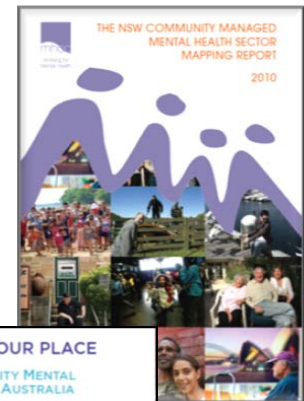
Launch Site Activity to Date

- Understanding what NDIS is and how it will work
 - 360 new referrals in first week
 - 220 registered organisations in first month
- Learning from MHCC members, consumers and carers in launch site (identifying sector capacity building and WFD needs)
- Liaison with the NDIA, HNELHD, HNEMH & MHCA
- Tracking transitions/referrals to NDIA
- Collaborating with NSW NDS
 - \$17M Industry Development Fund
 - Sector Reform Roadmap and Self Assessment Toolkit
- Exploring the very important interface between NDIA and the new 'Partners in Recovery'/PIR program (and also Ability Links)
- Reconciling 'permanent disability' with the philosophy and practice PSD rehabilitation and & recovery support



NDIA Priced Support Categories

1. Accommodation/ tenancy assistance
2. Assistance in coordinating or managing life stages, transitions and supports
3. Assistance to access and maintain employment
4. Assistance to integrate into school or other educational program
5. Assistance with daily life tasks in a group or shared living arrangement
6. Assistance with daily personal activities
7. Assistance with travel / transport arrangements
8. Community nursing care for high care needs
9. Development of daily living and life skills
10. Interpreting and translation
11. Early intervention supports for early childhood
12. Management of funding for supports under a participant's plan
13. Household Tasks
14. Participation in community, social and civic activities
15. Physical wellbeing activities
16. Specialised assessment of skills, abilities and needs
17. Therapeutic supports
18. Training for independence in travel and transport
19. Behaviour support



Assessment & Care Planning Tool/s

Support Needs Scale

1. Home Living activities
2. Community Living Activities
3. Lifelong Learning Activities
4. Employment Activities
5. Health and Safety Activities
6. Social Activities



The image shows a form titled "Supports Intensity Scale Interview and Profile Form". The form is designed for data collection and includes several sections: a header with the title and a subtitle "Interview and Profile Form", a section for "Personal Information" with fields for name, address, and contact details, a section for "Supports Intensity Scale" with a table for recording scores, and a section for "Comments" at the bottom. The form is branded with the "AMR" logo.

Supplemental Protection and Advocacy Scale

Exceptional Medical and Behavioural Support Needs

MHCA Capacity Building Project



- \$440K NDIA Sector Development Fund
- Stage 1 'scoping' - June and December 2013
- First PAG held 7/11 & next is 10/12
- 5 workgroups:
 - Scheme design and administrative arrangements
 - Assessment and eligibility
 - Monitoring and evaluation/service quality
 - Diverse groups (including ATSI)/supported decision making
 - Organisation readiness and workforce
- Stage 2 January to June 2014 (sector readiness report and recommendations)

15/10 Hunter MH NDIS Community Sector Forum

- Convened by MHCC and the NSW MH Commission with MHCA also presenting/consulting
- Around 30 people attended
- Key issues related to:
 - Lots of action learning for everyone
 - Variable levels of organisational readiness but wanting to collaborate to learn together
- Key outcome was agreement to bi-monthly 'community of practice' (COP) meeting commencing mid-January including standing NDIA and HMM updates

Bi-monthly Hunter NDIS MH COP

- Hunter NDIA MH key contact: Tanya Brunning
- Proposed to meet opposite month to HMM Interagency meeting and same day as HMM Community Advisory Group
 - Hunter NDIA MH Expert Reference Group (benchmarking)
 - HMM, NDIA & PIR fortnightly meetings
- Inform fortnightly HNELHD NDIA meeting (not MH specific)
- Inform activity of MHCA Capacity Building Project
- Inform directions for MHCC support of sector, NSW MH Commission Strategic Planning & NSW NDIS implementation

How best to keep the sector and others informed beyond Hunter stakeholders?

PSD and the Hunter Launch Site (Tier 3)

57/430K Australia (13%)
19/140K NSW (13%)



Where are the PSD rehabilitation and recovery support services?

10K Hunter (3 LGAs):

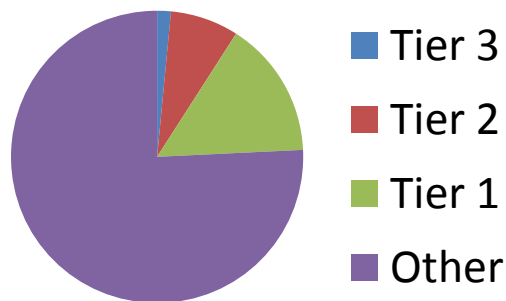
- 2013/14: 3,000 people Newcastle LGA (2,600 'existing' clients and 400 new)
- 2014/15: 2,000 people Lake Macquarie LGA (1,200 'existing' clients and 830 new)
- 2015/16: 5,000 people Maitland LGA (748 'existing' clients plus 2,033 new).

Launch site targets for Hunter people with PSD:

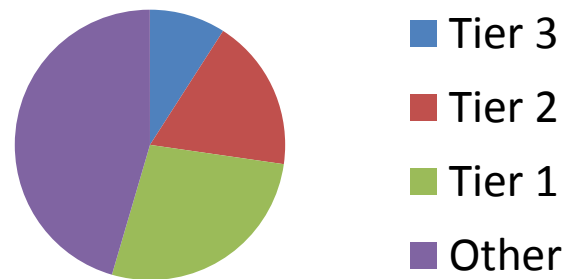
- 1,300/10K people with high levels of PSD.
- Potentially 424 'new' clients (52 in Newcastle, 108 in Lake Macquarie and 264 in Maitland).
- The number 'existing' clients with high levels of PSD is unknown ($1,300 - 424 = 876?$)
- Impact of PIR
 - Hunter PIR (709/1772 people – 12 LGAs)
 - New England PIR

Benchmarking MH/PSD in NDIS

Scenario 1



Scenario 2



Eligibility and access benchmarking will have a high impact on sector development and service availability

In-scope for NSW NDIS

ADHC 'MH programs' (ie, 'existing' clients)

Mostly Boarding House Reform

- CBA (100%) – Community Based Activities (mostly 'day centre' type services for ex-BH residents)
- SA (100%) – Supported Accommodation (ex-BH residents, they typically also receive CBAs)
- ALI (100%) – Active Linking Initiative (for remaining BH residents)

Commonwealth MH programs ('new' or 'existing' clients?)

DSS, previously FaHCSIA, Target Community Care

- PHaMS (100%) – Personal Helpers and Mentors
- MHRCSP (50%) – Mental Health Respite Carer Support Program
- (NOT FMHSS – Family Mental Health Support Services)?

DOH

- PIR (70%) – Partners in Recovery
- D2DL (35%) – Day to Day Living in the Community DEEWR
- DES (Disability employment programs; these are shifting to DSS)

NOT NSW Health funded MH programs delivered by CMOs

Out-of-scope for NSW NDIS?

NSW Health CMO MH programs:

- **NGO Grant Program**
- **Tendered Programs**
 - HASI – NSW Health Housing and Accommodation Support Initiative
 - MHF&CSP – The Mental Health Family and Carer Support Program
 - RRSP - Resource and Recovery Services Program
- **'Ad hoc' grants/programs?**

Other MH disability support programs currently delivered by NSW Health?



Some sector/organisational implications

- Very new way of doing business
- Maximising opportunities (1,300 launch site, 19K NSW, 57K nationally)
- Services for people who are not NDIS Tier 3 eligible (Tier 1 & 2? services for families and carers)
- Community sector engagement with NDIA, HMM and PIR on referral, assessment & care planning pathways (consent issues)
- Safeguards and collaborative practice approaches
- How to increase sector/organisation readiness (competition vs collaboration)?
- Workforce development (casualisation)
- GMIP and NSW Health funded CMOs (new service delivery models)
- Potential impacts on MHCC (and other peak structures)

“ ... we are yet to really see the NDIS land on the ground for mental health consumers and we've really got to see how services will work together

.... ” Mr Bradley Foxlewin, Deputy MH Commissioner (3/7/13 Media Release)

