

# New South Wales Implementation Plan

NATIONAL PARTNERSHIP AGREEMENT  
SUPPORTING NATIONAL MENTAL HEALTH REFORM

## PART 1: PRELIMINARIES

1. This Implementation Plan is a schedule to the National Partnership Agreement Supporting National Mental Health Reform and should be read in conjunction with that Agreement. The objective in the National Partnership is to deliver improved health, social, economic and housing outcomes for people with severe and persistent mental illness by addressing service gaps and preventing ongoing cycling through state and territory mental illness services.
2. The following projects will be delivered by New South Wales to achieve the outcomes of the National Partnership:
  - (a) Project 1: Housing and Accommodation Support Initiative Plus. This project is an expansion of New South Wales Housing and Accommodation Support Initiative (HASI) with links to clinical mental health for people who require 16 or 24 hour support;
  - (b) Project 2: Support for those with Mental Illness in Boarding Houses. This project provides in-reach support services to boarding house residents who have been assessed as having mental health issues, through the provision of low support packages; and
  - (c) Project 3: Mothers with mental illness and their children: Mental Health Community Support Program. This project provides intensive, family focused support to mothers with mental illness and their children.

## Part 2: Terms of this Implementation Plan

3. This Implementation Plan will commence as soon as it is agreed between the Commonwealth of Australia, represented by the Hon. Mark Butler MP, Minister for Mental Health and Ageing, Minister for Social Inclusion and Minister Assisting the Prime Minister on Mental Health Reform, and New South Wales, represented by the Hon. Kevin Humphries, Minister for Mental Health, Minister for Healthy Lifestyles and Minister for Western New South Wales.
4. As a schedule to the National Partnership Agreement Supporting National Mental Health Reform, the purpose of this Implementation Plan is to provide the public with an indication of how the New South Wales projects intend to be delivered and demonstrate the capacity of New South Wales to achieve the outcomes of the National Partnership.
5. This Implementation Plan will cease on completion or termination of the National Partnership, including the acceptance of final performance reporting and processing of final payments against performance benchmarks or milestones.

6. This Implementation Plan may be varied by written agreement between the Commonwealth and State Ministers responsible for it under the overarching National Partnership.
7. The Parties to this Implementation Plan do not intend any of the provisions to be legally enforceable. However, that does not lessen the Parties' commitment to the plan and its full implementation.

## Part 3: Strategy for New South Wales implementation

### Project information

8. Project 1: Housing and Accommodation Support Initiative Plus. Over the five years to June 2016, the project will deliver the agreed outcomes and outputs, as follows:
  - (a) The provision of 16-24 hours per day of coordinated housing, clinical and accommodation support services for people with severe and or persistent mental illness so that they can live successfully in the community. This will comprise: 92 packages of 12 monthly 24 hour care and 92 packages of 12 monthly 16 hour care in metropolitan and regional areas.
  - (b) This project is an expansion of the New South Wales Housing and Accommodation Support Initiative (HASI) with links to clinical mental health for people who require 16 or 24 hour support.
  - (c) The duration of service will be determined based on individual need and for as long as an individual requires to maintain successful community living. It is anticipated that some clients would exit into lower levels of support in the HASI Program over a period of 2 years, while others may require very long term support at this level.
9. Project 2: Support for those with Mental Illness in Boarding Houses. Over the five years to June 2016, the project will deliver the agreed outcomes and outputs, as follows:
  - (a) The provision of 200 in-reach low support services to assessed boarding house residents who have mental health issues. The service aims to identify, assess and determine care options that can improve mental health and wellbeing amongst this group, increase functioning and social inclusion and assist in the recovery of mental illness. Each consumer will receive up to 5 hours of support per week.
  - (b) This project will use existing models operating in New South Wales and apply them to the boarding house setting. Public mental health services would have responsibility for assessment and ongoing management of mental health clinical needs and non government organisations would deliver psychosocial and other supports to the community.
  - (c) Support will be provided for as long as a consumer requires it to achieve their personal recovery goals, and this could range from 6 months to a period of years.

10. Project 3: Mothers with mental illness and their children: Mental Health Community Support Program. Over the five years to June 2016, the project will deliver the agreed outcomes and outputs, as follows:

- (a) The project comprises targeted levels of support to provide: accommodation and support packages in local communities; non-acute residential care, and/or; brokerage for specialist packages of tertiary parenting and mother-infant mental health care – at specialist facilities or in-home interventions. Women accessing non-acute residential care will be eligible and may require additional brokerage (i.e. transitioning from residential support back into the community). Alternatively care packages may also be used to assist those who require assistance but do not have a place in the residential support level of the project.
- (b) The provision of 15 packages of care per year - 5 high (up to 5 hours per day), 5 medium (2 to 3 hours a day), and 5 low (up to 5 hours per week) – will comprise intensive, family focused support to mothers with mental illness and their children. Care will be provided in either a residential setting, or as continuity of care for women transitioning from residential support back into the community. The duration of support provided will be determined by making a comprehensive assessment of the client's level of need and developing an appropriate package to meet that need. Accordingly, each care package will vary in terms of duration of support provided.
- (c) Additional specialist care packages can include 5 admissions per year (21 day stay) for mother-baby psychiatric care in private hospital or 15 mental health supported residential admissions (10 day stay) at specialist early parenting centre. The provider will administer the specialist care package funding over the four years. Decisions for expending funds will be made according to client need, e.g. admission to specialist mother-baby psychiatric unit (for up to 21 days) may be purchased (this level of care is usually only available to mothers with top cover private health insurance). Mothers requiring support at the level of tertiary parenting centre or program will be assisted financially to pay board, transport and be covered for other costs as required to participate fully in the specialist parenting program. The funding may be used over the four years as required with flexibility according to need, e.g. extra mother-baby psychiatric unit bed days may be purchased with less specialist parenting programs or vice versa.
- (d) A team of support workers with specialist knowledge and skills will provide a broad range of mental health, parenting, educational, vocational and disability support to address the complex needs of mothers and their children. The project will be run in the community by a non-government organisation with support from New South Wales Government agencies in the areas of mental health, family and community services and education.
- (e) The project will provide funding for the residential component involving the provision of short term housing in up to 8 accommodation units (with an additional 2 accommodation units for staff offices and therapy rooms). Duration of stay in accommodation is up to 3 months, enabling up to 32 families per annum to access accommodation units.
- (f) Decisions around transfer of care will be based on families needs, taking into account that clients are best placed to make decisions about the issues that affect their health and well-being. The services will seek to maximise the opportunities for women to be engaged in the transition process and development of plans.

- (g) Families will transition back to community living with the support of packages of care. The packages of care will be tailored to the needs of the individual mothers and their children and will be primarily delivered on a one-on-one, face-to-face basis, usually in the mother's home or own environment.

### Estimated costs

11. The maximum financial contribution to be provided by the Commonwealth to New South Wales for the projects is \$57.607 million over 5 years (2011-12 to 2015-16) payable in accordance with performance benchmarks set out in Part 4. All payments are exclusive of GST.
12. The estimated overall budget (exclusive of GST) is set out in Table 1. The budget is indicative only and New South Wales retains the flexibility to move funds between components and/or years, as long as outcomes are not affected. The Commonwealth contribution can only be moved between years with the agreement of the Commonwealth.

**Table 1: Estimated financial contributions**

New South Wales	2011-12 (\$m)	2012-13 (\$m)	2013-14 (\$m)	2014-15 (\$m)	2015-16 (\$m)	Total (\$m)
<u>Project 1: Housing and Accommodation Support Initiative Plus</u> Expansion of New South Wales Housing and Accommodation Support Initiative (HASI) with links to clinical mental health for people who require 16 or 24 hour support.	2.0705	8.282	8.282	8.282	8.282	35.199
<u>Project 2: Support for those with Mental illness in Boarding Houses</u> Provide in-reach support services to boarding house residents who have been assessed as having mental health issues, through 200 low support packages.	0.725	2.358	2.358	2.358	2.358	10.157
<u>Project 3: Mothers with mental illness and their children: Mental Health Community Support Program</u> Provide intensive, family focused support to mothers with mental illness and their children (includes an accommodation component)	0.575	2.919	2.919	2.919	2.919	12.251
<b>Total estimated Commonwealth contribution</b>	<b>3.3705</b>	<b>13.559</b>	<b>13.559</b>	<b>13.559</b>	<b>13.599</b>	<b>57.607</b>
<b>Total estimated New South Wales contribution</b>	<b>2.105</b>	<b>14.457</b>	<b>14.457</b>	<b>14.457</b>	<b>14.457</b>	<b>59.933</b>
<b>Total estimated budget</b>	<b>5.4755</b>	<b>28.016</b>	<b>28.016</b>	<b>28.016</b>	<b>28.016</b>	<b>117.54</b>

Note: annual NSW Contribution comprises: \$2,105m Supporting Families Early SAFE START; \$3,998m Very High HASI; \$5,198m Low HASI; \$3,157m HASI In the Home – medium; TOTAL NSW contribution (per annum): \$14,457m

## Program logic

13. The projects detailed in this Implementation Plan will achieve the outcomes and objectives stated in the National Partnership by addressing both priority areas:
- (h) Priority area one: people with severe and persistent mental illness and complex care needs, who need stable accommodation and support to keep well and break the hospital cycle; and.
  - (i) Priority area two: presentation, admission and discharge planning in emergency departments and major hospitals and related support services, for people with a mental illness and who frequently present at emergency departments.

## Relevant State Context

14. In developing this Implementation Plan consideration has been given to relevant state context. Key factors that have influenced the proposed direction are listed below.
15. Project 1: Housing and Accommodation Support Initiative Plus
- (a) The HASI Plus model of care will utilise the HASI framework, providing integrated and coordinated community care through partnerships between the New South Wales Department of Family and Community Services, (including the Department of Ageing, Disability and Home Care, and Housing New South Wales), Health New South Wales, the Department of Attorney General and Justice, and the non-government sector. HASI Plus will provide stable housing linked to clinical and psychosocial rehabilitation services.
  - (b) Very high HASI currently provides the highest level of community based accommodation support (up to 8 hours of support per day). This is not sufficient for some people to live successfully in the community. There are many consumers residing in inpatient mental health facilities and other institutions or are homeless because there is no 16-24 hour accommodation support model.
  - (c) Key components of the proposed model include:
    - i identification of people who would benefit from the program;
    - ii ensuring consumers can access the clinical support required to stay well in the community;
    - iii providing psychosocial rehabilitation and living skills support on a 16 - 24 hour basis to enable consumers to live independently in the community; and
    - iv facilitating access to stable housing.
16. Project 2: Support for those with Mental Illness in Boarding Houses
- (a) The service aims to identify, assess and determine care options that will improve mental health and wellbeing, support improvements in their function in activities of daily living, increase their community participation and support their recovery journey. The initiative will also support increased linkage to other state-based services.

- (b) In-reach support services will be provided to boarding house residents who have mental health issues (which may also be complicated by issues, such as substance abuse and/or very poor physical health).
- (c) In New South Wales there are approximately 600 mental health consumers residing in the licensed boarding house sector. It is estimated that 60% of these consumers have a mental illness. There is limited specialist mental health support available to these consumers.

17. Project 3: Mothers with mental illness and their children

- (a) Mothers with a mental illness are at risk of parenting difficulties, social isolation, hospitalisation, poverty and homelessness. In turn, these factors increase their child's vulnerability in a range of domains (educational, health and wellbeing, risk of placement in out of home care, future mental health problems, substance abuse, offending, etc). In Australia it has been estimated that between 25 and 50 percent of children and young people with parents with a mental illness experience a psychological disorder themselves.
- (b) The program is aimed at high risk women with a diagnosed mental health issue and their children who are not adequately provided with services. It is understood that for the residential service of this kind currently available in New South Wales (run by the Richmond Fellowship of New South Wales - in Blacktown), there is currently a waiting list of women eligible to enter that program. There are currently no designated HASI support packages for women, or other known services that both accommodate mothers with a mental illness with their children in the community, and treat the family in a holistic manner.
- (c) The program is underpinned by a basic belief that retaining intact families, rather than having children placed in out of home care, is beneficial for the child, for the mother/parents, for the immediate family, and for the community, as well as being more cost effective.
- (d) This initiative is aimed at addressing the service gap for parents with severe and persistent mental illness to enhance their access to specialist mental health assessment and appropriate family focused care which will address both the needs of the parent and the children. By providing a more comprehensive service and intensive support that addresses the needs of the consumer and their family this initiative should decrease the need for hospitalisations on both the part of the parent and the children.

## Part 4: Performance and reporting arrangements

### Performance benchmarks

18. Funding will be provided to New South Wales upon meeting performance targets as set out in Table 2 below.

Table 2: Performance Benchmarks

Project 1 <sup>1</sup>	2011-12	2012-13	2013-14	2014-15	2015-16	Five year total
Provision of 92 (12 monthly/ 24hr) care packages over 4 years	0	23 packages available	24 packages available	23 packages available	22 packages available	Combined total of 92 12 monthly packages available over 4 years
Clients assisted	0	23 clients assisted	24 clients assisted	23 clients assisted	22 clients assisted	A minimum of 24 Clients assisted over 4 years depending on flow through
Properties	0	23 properties available	24 properties available	23 properties available	22 properties available	23 properties available per annum
Provision of 92 (12 monthly/ 16 hr) care packages over 4 years	0	23 packages available	24 packages available	23 packages available	22 packages available	Combined total of 92 12 monthly packages available over 4 years
Clients assisted	0	23 clients assisted	24 clients assisted	23 clients assisted	22 clients assisted	A minimum of 24 clients assisted over 4 years depending on flow through
Properties		23 properties available	24 properties available	23 properties available	22 properties available	23 properties available per annum

<sup>1</sup> Reporting for Project 1 will include information on the flow through of clients, including the number of new clients entering the program.

Project 2	2011-12	2012-13	2013-14	2014-15	2015-16	Five year total
200 low support packages	0	195 packages available	195 packages available	190 packages available	185 packages available	Combined total of 765 12 monthly packages available per annum over 4 years
Clients assisted	0	195 clients assisted	190 clients assisted	185 clients assisted	180 clients assisted	A minimum of 195+ clients assisted over 4 years depending on flow through



Project 3	2011-12	2012-13	2013-14	2014-15	2015-16	Five year total
Accommodation: 8 units for clients. 2 units for staff support.	0	10 units available	10 units available	10 units available	10 units available	10 units available per annum over 4 years
Clients assisted with accommodation	0	8 clients at any given time	8 clients at any given time	8 clients at any given time	8 clients at any given time	32+ clients over 4 years
In-home accommodation support packages <sup>2</sup> , each of at least 3 months duration (and longer when required), comprising: ◦ high ◦ medium ◦ low	0	15 packages available	14 packages available	12 packages available	12 packages available	53 packages of accommodation support over 4 years
Clients assisted through care packages <sup>3</sup>	0	Up to 56 clients assisted	Up to 48 clients assisted	Up to 40 clients assisted	Up to 36 clients assisted	A minimum of 53 clients assisted over 4 years depending on flow through
Between 5 and 15 additional specialist care packages comprising either hospital admissions (average length of stay estimated to be up to 21 days), or mental health supported residential admissions (estimated to up to 10 days)	0	Up to 102 hospital bed days or 145 residential bed days	Up to 98 hospital bed days or 140 residential bed days	Up to 95 hospital bed days or 136 residential bed days	Up to 92 hospital bed days or 131 residential bed days	Up to 387 hospital bed days or 552 residential bed days

<sup>2</sup> High - up to 5hrs per day, 7 days per week (1820 hours per year per high package);  
Medium – up to 3hrs per day, 7 days per week (1092 hours per year per medium package);  
Low – up to 5hrs per week (260 hours per year per medium package)

<sup>3</sup> As the care packages are intrinsically linked to level of need it is difficult to provide a reliable indication of total number of clients assisted through care packages.

## Reporting

19. New South Wales will report for each project against the agreed performance indicators every 6 months during the operation of the National Partnership. Progress reports are to be provided in the format at Schedule B of the Agreement. The reports are expected by 30 April and 30 October each year as identified at National Partnership – Part 4: Performance Monitoring and Reporting – Table 1: Reporting Requirements.
20. Circumstances may give rise to additional reporting being sought from jurisdictions. Such requests should be kept to the minimum necessary for the effective assessment of the project or reform. Requests should not place an undue reporting burden on jurisdictions and portfolio agencies.
21. The Commonwealth will provide payments as follows:
  - (a) 6 month progress report: satisfactory progress towards performance benchmarks for the each 12 month period as identified in Table 3; and
  - (b) 12 month progress report: achievement of performance benchmarks for each 12 month period as identified in Table 3.
22. If a State does not achieve one or more performance benchmark(s) in full due to circumstances beyond its control or circumstances not anticipated at the time of signing the Implementation Plan, the Commonwealth may provide a partial payment to the State.
23. The Commonwealth will only make a partial payment if the State is able to demonstrate that it implemented adequate and appropriate arrangements that would have achieved the relevant performance benchmarks but for those circumstances.

24. The payments by the Commonwealth against reporting of performance benchmarks is as follows:

**Table 3 - Payments against performance benchmarks**

Projects 1,2 and 3	2011-12 (\$m)	2012-13 (\$m)	2013-14 (\$m)	2014-15 (\$m)	2015-16 (\$m)	Five year total (\$m)
Initial payment to assist with the establishment of the project	3.3705	n/a	n/a	n/a	n/a	3.3705
12 month progress report due 30 October	n/a	6.7795 (see note)	6.7795	6.7795	6.7795	27.118
6 month progress report due 30 April	n/a	6.7795	6.7795	6.7795	6.7795	27.118
Total funds for reporting period	3.3705	13.559	13.559	13.559	13.559	57.6065

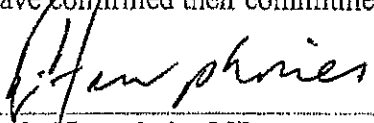
Note: 12 month progress report for 2011-12 to include project establishment activity

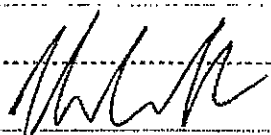
### Review and Evaluation

25. A mid-term review will be jointly undertaken by the Commonwealth and the states by 30 June 2014 that will assess the extent to which the project objectives, outcome and outputs of this Agreement are being met, and will recommend actions to address any shortcomings and promote the successful delivery of this Agreement.
26. The Implementation Plan will be reviewed no later than 30 June 2015 with regard to progress made by the parties in respect of achieving the agreed outcomes.

**Sign off**

The Parties have confirmed their commitment to this agreement as follows:

Signature  Date 29/6/12  
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The Hon. Kevin Humphries MP

Signature  Date 27/6/12  
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The Hon. Mark Butler MP