Victoria 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 health service systems.

2. The following projects will be delivered by Victoria to achieve the outcomes of the National Partnership:

   (a) Project 1: Breaking the Cycle: Reducing Homelessness. This project provides sustained mental health treatment and support, care coordination/case management to people experiencing long term homelessness as a result of the severity and enduring nature of their mental illness and co-morbid conditions. The target group are 100 adults and older persons at any given time who have a history of entrenched homelessness, repeated hospitalisation and profound social marginalisation/discrimination;

   (b) Project 2: Mental health support for secure tenancies. This project provides scaled flexible mental health outreach support linked to identified local housing opportunities. It is targeting people with severe mental illness who are homeless or at high risk of homelessness. The target demographic are adults aged 16-64 with up to 140 clients receiving support at any given time;

   (c) Project 3: Psychiatric Assessment and Planning Units (PAPUs). This project provides capital funding for three, four bed short stay PAPUs (12 beds in total). The target group are people experiencing an acute episode of mental illness who require an extended period of assessment, monitoring and short term treatment to prevent admission to an acute mental health in-patient bed where possible; and

   (d) Project 4: Mental Health - Hospital Admission Risk Program (MH-HARP) pilot. This project will trial of a new model to reduce preventable emergency department (ED) presentations at a minimum of three EDs. MH-HARP will be targeted to people with a mental illness and other co-morbid conditions who repeatedly present to the ED for emergency and non emergency issues. The target group is 180 clients per annum. The initiative will address the causal factors driving these individual's repeated ED presentations by providing assessment, short term treatment and coordination to assist them to access the public or private mental health services they need, while working with local community services to improve their responsive to the needs of this group. Building the individual's capacity for self management of their mental health condition will be a key focus of effort.

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 Victoria, represented by the Hon. Mary Wooldridge MP, Minister for Mental Health, Minister for Women's Affairs, and Minister for Community Services.

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 Victorian projects are intended to be delivered and demonstrate Victoria's capacity 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 Victoria implementation

Project information

8. Project 1: Breaking the Cycle: Reducing Homelessness for People with Severe Mental Illness: Over the five years to June 2016, the project will deliver clear and measurable deliverables, as follows:

   (a) Support up to 100 adults and older people (16 years plus) at any given time who have a severe and enduring mental illness and a history of entrenched homelessness. The initiative will be delivered through 3 to 4 sites experiencing high demand from the target group; provide comprehensive assessment; individual service plans; case management and care coordination delivered on an outreach basis; duration of support is expected to be 1 to 3 years; indicative worker to client ratio of 1:5.

   (b) Client outcomes:

      i improved symptom stability and life skills to live successfully in the community;
      ii long-term recovery;
      iii long-term housing security and stable tenancy;
      iv break the cycle of homelessness;
      v improved social engagement and economic participation
      vi reduced risk of victimisation due to homelessness; and
      vii improved physical health and reduction in substance misuse.

(c) System Outcomes:

i reduction in demand on housing and homelessness services;
ii reduction in preventable hospitalisation and ED presentations;
iii reduction in preventable crisis involving emergency call outs;
iv reduction in engagement with the criminal justice system;
v reduction in demand for primary health care by reducing preventable chronic physical health conditions; and
vi strengthened collaboration between specialist mental health services, community, and homelessness and housing services.

(d) This project will provide an estimated total of 32,840 hours of direct and indirect support per annum.

(e) Clients will be transited out of this intensive case management service model when:

i they secure stable, affordable housing
ii their mental health condition is stabilised and they have developed the life skills necessary to live successfully in the community, including capacity to manage their tenancy
iii their capacity for self management has improved to the level that they do not require high levels of coordination support to access and remain engaged with local health and community services
iv co-existing problems (e.g. physical health, substance misuse problems) that impact significantly on their capacity to maintain stable housing and symptom stability are addressed
v significant progress has been made in respect to the individual's social and economic participation, consistent with their individual service plan.

(f) It is anticipated that some people will continue to require clinical treatment and ongoing community mental health support at a lower level of intensity.

9. Project 2: Mental health support for secure tenancies: Over the five years to June 2016, the project will deliver clear and measurable deliverables, as follows:

(a) Provide scaled, flexible, psychosocial rehabilitation home based outreach support to up to 140 adults (16-64 years) at any given time with severe and enduring mental illness who have a history of homelessness or are at risk of homelessness. Features include goal orientated individual service plans; care coordination; focus on improving health and social and economic participation; strengthened pathways to affordable housing.

(b) Client outcomes:

i improved symptom stability and life skills to live successfully in the community;
ii long term housing security and stable tenancy;
iii break the cycle of homelessness;
iv improved social engagement and economic participation;
v reduced risk of victimisation due to homelessness; and
vi improved physical health.

(c) System outcomes:

i improved willingness of social housing providers to tenant people with a mental illness
ii reduction in costly repeated movement/relocation;
iii reduction in level of preventable hospitalisation;
iv reduction in preventable crisis involving emergency call outs;
v reduction in engagement with the criminal justice system;
vi reduction in demand for primary health care by reducing preventable chronic physical health conditions; and
vii strengthened collaboration between community managed mental health recovery services and housing providers.

(d) Clients will be transited when:

i they have developed the life skills necessary to for independent living and their housing circumstances have stablised;
ii their capacity for self management has improved to the level that they do not require ongoing support to access and remain engaged with local health and community services;
iii co-existing problems (e.g. physical health, substance misuse problems) that impact significantly on their capacity to maintain stable housing and symptom stability are addressed; and
iv significant progress has been made in respect to the individual's social and economic participation, consistent with their individual service plan.

10. Project 3: Psychiatric Assessment and Planning Units. Over the five years to June 2016, the project will deliver clear and measurable deliverables, as follows:

(a) Provide capital funding for three, four bed Psychiatric Assessment and Planning Units operating from three hospital sites which will provide short term (up to 72 hours) specialist psychiatric assessment, monitoring and treatment for an estimated 1,230 patients each year (when all sites are fully operational) who are experiencing an acute episode of illness without requiring admission to an acute mental health inpatient bed.

(b) Client outcomes:

i improved patient outcomes as a result of timely mental health assessment; treatment and care;
ii appropriate and coordinated mental health and medical assessment monitoring and treatment;
iii reduction in risk of self harm through timely clinical intervention; and
iv individualised and coordinated mental health support, post discharge, including linking to primary mental health services and broader social support services.

(c) System Outcomes:

i reduced waiting times in the ED for clinical intervention;
ii increased capacity to provide timely assessment and treatment;
iii reduction in emergency department presentations (via direct admission from the community);
iv reduction in the number of security call outs to the emergency department; and

v improved coordination and streamlined client pathways between primary care and acute mental health services.

11. Project 4: Mental Health-Hospital Admission Risk Program (MH-HARP). Over the five years to June 2016, the project will deliver clear and measurable deliverables, as follows:

(a) The MH-HARP pilot will support up to 180 people each year with a mental health condition who repeatedly present to the emergency department for both emergency and non emergency mental health and general health care. MH-HARP will be delivered through three emergency departments experiencing high demand from the target group; duration of support is expected to be 6 months; indicative worker to client ration of 1:10. Features include: assessment, treatment and support, building the individual's capacity for self management; short term case management and care coordination; improving access to and responsiveness of local health and community services.

(b) Client outcomes:

i addressing casual factors that drive the individuals frequent presentation to the ED;
ii improved mental health and physical health through timely access to responsive primary care and social support services; and
iii improved capacity for clients to self-manage their mental illness and co-morbid conditions.

(c) System Outcomes:

i reduced repeat non-emergency mental health presentations to emergency departments;
ii increased utilisation of primary care supports and services;
iii decrease in level of repeated apprehension and presentation to emergency departments by police;
iv improved care planning and follow up;
v streamlined pathways to primary mental health care; and
vi decrease in homelessness amongst mental health clients engaged in MH-HARP services.

Estimated costs

12. The maximum financial contribution to be provided by the Commonwealth to Victoria for the projects is $37.339 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.

13. The estimated overall budget (exclusive of GST) is set out in Table 1. The budget is indicative only and Victoria 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

Victoria	2011-12 ($m)	2012-13 ($m)	2013-14 ($m)	2014-15 ($m)	2015-16 ($m)	Total ($m)
Project 1: *Breaking the cycle: reducing homelessness* Sustained mental health treatment and support, care coordination/case management to people experiencing entrenched homelessness as a result of the severity and enduring nature of their mental illness and co-morbid conditions.	0.677	2.774	2.845	2.916	2.991	12.203
Project 2: *Mental health support for secure tenancies* Scaled flexible mental health outreach support linked to identified local housing opportunities targeting people with severe mental illness who are homeless or at high risk of homelessness.	0.548	2.246	2.302	2.360	2.419	9.875
Project 3: *Psychiatric Assessment and Planning Units* Capital funding for three, four bed short stay Psychiatric Assessment and Planning units (12 beds in total).	0.000	2.000	2.000	2.000	0.000	6.000
Project 4: *Mental Health Hospital Admission Risk Program pilot* Trial a new model to reduce preventable ED presentations, with teams supporting eligible clients at a minimum of three Emergency Departments.	0.523	2.144	2.198	2.198	2.198	9.261
Total estimated Commonwealth contribution	1.748	9.164	9.345	9.474	7.608	37.339
Total estimated Victoria contribution[1]	15.981	19.900	19.376	18.286	18.318	91.861
Total estimated budget	17.729	29.064	28.721	27.760	25.926	129.200

[1] The Victorian Government committed this new funding in the 2011 State Budget. The initiatives being delivered through this investment directly contribute to the outcomes sought through the NP priorities and are complementary to the projects to be funded by the Commonwealth. Future budget outlays by Victoria may further support the implementation of the NP priorities.

Victoria Contribution	2011 12	2012 13	2013 14	2014 15	2015 16	Over 5 years	Ongoing
	$m	$m	$m	$m	$m	$m	$m
2011 Victorian State Budget							
Priority One:							
Expansion of PDRSS for people with severe mental illness	2.000	2.050	2.100	2.150	2.200	10.500	2.200
Innovative housing trial	1.300	0.960	0.960	0.000	0.000	3.220	
Improved housing access initiative	0.180	0.180	0.340	0.190	0.000	0.890	0.000
Building capability of the PDRSS sector	3.000	3.000	3.000	2.800	2.800	14.600	2.800
Priority Two							
Expansion of specialist clinical mental health services	6.480	6.642	6.808	6.978	7.150	34.058	7.150
New PARC beds at Dandenong (30 beds)	1.196	5.243	5.243	5.243	5.243	22.168	5.243
Psychiatric Assessment and Planning Unit (capital)	0.900	0.900	0.000	0.000	0.000	1.800	0.000
Aged intensive treatment in the home	0.675	0.675	0.675	0.675	0.675	3.375	0.675
Central bed coordinator	0.250	0.250	0.250	0.250	0.250	1.250	0.250
TOTAL	15.981	19.900	19.376	18.286	18.318	91.861	18.318

Program logic

14. The projects detailed in this Implementation Plan will achieve the outcomes and objectives stated in the National Partnership by addressing both priority areas:

    (a) 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

    (b) 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

15. In developing this Implementation Plan consideration has been given to relevant state context. Key factors that have influenced the proposed direction are listed below.

16. Project 1: Breaking the Cycle; reducing homelessness

    (a) This highly targeted initiative aims to reduce homelessness and its devastating health, social and economic impact on people with severe and enduring mental illness. It will provide the Victorian health and human services system with the capacity to provide the intensity of support needed to engage with and achieve stable housing and sustainable health, social and economic outcomes for this cohort.

(b) It responds to the limited capacity for specialist mental health services to provide support of the right intensity and duration to meet the needs of these individuals which places pressure on housing and homelessness agencies. It will place particular focus on an identified cohort of individuals whose mental health disorder, and consequent stability and recovery, is impacted by deep set trauma and who require intensive, sustained engagement to achieve health and social participation outcomes.

(c) Optimum value for money will be achieved by leveraging this initiative through existing infrastructure, practice governance and program capacity available in Victoria's specialist mental health, homelessness and social housing service systems, and strengthening local partnerships between these systems.

17. Project 2: Mental health support for secure tenancies

(a) This new investment continues the Victorian Government's move towards a more flexible and graduated intensity of mental health support that is responsive to the particular needs of people with severe mental illness and psychiatric disability who are homeless or at risk of homelessness. Importantly, the initiative will forge stronger collaboration and streamline referral pathways between community mental health recovery services and housing providers at the local level, offering clients more housing options, supporting stable tenancies and delivering a more coordinated response to their needs.

18. Project 3: Psychiatric Assessment and Planning Units (PAPUs)

(a) This initiative builds on the initial PAPU established at the Royal Melbourne Hospital, Werribee Mercy, and 2011 State investment in the Sunshine Hospital PAPU. National Partnership funding will enable faster roll-out by providing the physical infrastructure needed to deliver this service response. It will be targeted to selected major hospitals experiencing significant systemic pressure on acute mental health inpatient services and high, sustained levels of ED presentations requiring admission. The Victorian Government will fund all ongoing operational costs associated with the three PAPUs funded through the National Partnership.

(b) The expansion of the PAPU service model complements other initiatives at the 'front end' of the specialist mental health service system that are designed to assess and stream individuals through the ED.

19. Project 4: Mental Health-Hospital Admission Risk Program Pilot (MH-HARP)

(a) The MH-HARP builds on Victoria's extensive experience with HARP initiatives which have focused on various health issues. The initiative targets people with mental health problems and other co-morbid conditions who repeatedly use the ED without resolution of the underlying factors driving their repeat presentations. This initiative will provide the capacity to provide a tailored, sustained response to the cohort by helping them to develop better capacity for self management and engage and remain engaged with the range of services they need, particularly mental health, primary care and social support services. It responds to the need to reduce demand pressure on hospital EDs (particularly for non-emergency presentations) and improve patient flow from the ED to community.

Part 4: Performance and reporting arrangements

Performance benchmarks

20. Funding will reward Victoria upon meeting performance targets as set out in Table 2 below:

Table 2: Performance Benchmarks

Project 1	2011-12	2012-13	2013-14	2014-15	2015-16	Five year total
Up to 100 clients at any given time to be supported to secure and maintain stable housing.	0	100 clients supported at any one time	100 clients supported at any one time	100 clients supported at any one time	100 clients supported at any one time	100 clients supported at any one time over 4 years
Total indicative hours of support per annum (direct and indirect)	0	32,840 hours of support per annum	32,840 hours of support per annum	32,840 hours of support per annum	32,840 hours of support per annum	131,360 hours of support over 4 years
Proportion that sustain stable housing for more than 12 months: 80 %[2]	0	(see footnote)	40% of clients per annum	80% of clients per annum	80% of clients per annum	80% of clients over 4 years

[2] Up to 100 clients at any given time will be supported through the project each financial year. It is expected that clients will require support for 1 to 3 years, and longer for many clients. The proportion of clients that sustain housing for more than 12 months will be reported incrementally from 2013-14.

Project 2	2011-12	2012-13	2013-14	2014-15	2015-16	Five year total
Up to 40 clients receiving moderate support at any given time	0	40 clients supported at any one time	40 clients supported at any one time	40 clients supported at any one time	40 clients supported at any one time	40 clients supported at any one time
Up to 100 clients receiving standard support at any given time	0	100 clients supported at any one time	100 clients supported at any one time	100 clients supported at any one time	100 clients supported at any one time	100 clients supported at any one time
Total indicative hours of support per annum (direct and indirect)	0	32,840 hours of support per annum	32,8400 hours of support per annum	32,840 hours of support per annum	32,840 hours of support per annum	131,360 hours of support over 4 years
Proportion that sustain stable housing for more than 12 months: 80%[3]	0	(see footnote)	40% of clients per annum	80% of clients per annum	80% of clients per annum	80% of clients over 4 years

Project 3	2011-12	2012-13	2013-14	2014-15	2015-16	Five year total
Three, four bed PAPU services constructed	0	0	4 beds available	8 beds available (4 existing and 4 new)	12 beds Available (8 existing and 4 new)	12 beds available
Estimated 1230 patients receiving the service each year when all sites operational [4]	0	0	410 clients supported at any one time	820 clients supported at any one time	1230 clients supported at any one time	2460 clients supported over 3 years [5]

[3] Up to 140 clients at any given time will be supported through the project each financial year. It is expected that 100 clients will require standard support (1.5 hours per week) and 40 clients will require moderate support (10-15 hours per week). The proportion of clients that sustain housing for more than 12 months will be reported incrementally from 2013-14.

[4] Based on 85% occupancy, with average length of stay of 72 hours per patient

[5] Note this would be 4920 over the five year period 2013-14 to 2017-18

Project 4	2011-12	2012-13	2013-14	2014-15	2015-16	Five year total
Provision of MH-HARP at three ED sites	0	3 sites	3 sites (no new)	3 sites (no new)	3 sites (no new)	3 sites operating
Estimated 180 clients receiving the service per annum; average period of support – 6 months; worker to client ratio of 1:10	0	180 clients supported	180 clients supported	180 clients supported	180 clients supported	720 clients supported over 4 years

Reporting

21. Victoria will report for each project against the agreed performance indicators every 6 months during the operation of the National Partnership Agreement. Progress reports are to be provided in the format at Schedule B to 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.

22. 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.

23. The Commonwealth will provide payments as follows:

    (b) 6 month progress report: satisfactory progress towards performance benchmarks for the each 12 month period as identified in Table 3; and

    (c) 12 month progress report: achievement of performance benchmarks for each 12 month period as identified in Table 3.

24. 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.

25. 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.

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

Table 3 - Payments against performance benchmarks

Projects 1,2 3 and 4	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	1.748	n/a	n/a	n/a	n/a	1.748
12 month progress report due 30 October	n/a	4.582 (see Note)	4.673	4.737	3.804	17.796
6 month progress report due 30 April	n/a	4.582	4.673	4.737	3.804	17.796
Total funds for reporting period	1.748	9.164	9.345	9.474	7.608	37.339

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

Review and Evaluation

27. 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.

28. 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 Mary Wooldridge **Date** 19 June 2012

The Hon. Mary Wooldridge MP

Signature **Date** 15 June 2012

The Hon. Mark Butler MP