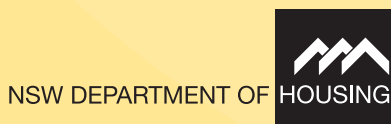


Housing and Accommodation Support Initiative (HASI) for people with mental illness



A partnership program between: NSW Health, NSW Department of Housing, Non-government organisations, consumers, families and carers.

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Foreword

People with mental health problems and disorders can experience difficulties in accessing affordable, safe and stable housing. Illness can disrupt tenancies and the ability of an individual to maintain their housing. A significant proportion of homeless people and people living in sub-standard or marginal housing have a mental illness. Social housing linked to support plays an important role in assisting people on low-incomes with a mental illness to live successfully in the community.

The Housing and Accommodation Support Initiative (HASI) is a partnership program funded by the New South Wales (NSW) Government that ensures stable housing linked to specialist support for people with mental illness.

The HASI Resource Manual informs the development and implementation of HASI across NSW. It is intended as a 'living' document that will expand and develop with the initiative. It defines a common approach to housing and accommodation support for the mentally ill in NSW and clarifies the differing aspects, which affect the day-to-day running of the program. The guidelines are consistent with an interagency model of service delivery for the provision of mental health services in the community and includes as core components: flexible service delivery tailored to individual needs; integration; continuum of care; and responsiveness to need.

In addition to hard copy publication, electronic copies of this resource manual will be available on the NSW Department of Health website.



David McGrath
Director, Mental Health and Drug and Alcohol Programs
NSW Department of Health

Acknowledgements

The *Housing and Accommodation Support Initiative (HASI) for people with a mental illness* resource manual reflects the work of many individuals to improve the community participation, housing stability and overall well being of people with a mental health disorder. From 2002 senior staff from NSW Health, the NSW Department of Housing and the non-government organisation (NGO) sector as well as consumers, families and carers have contributed to the overall development of the HASI model in NSW and their significant work and input is acknowledged.

NSW Health would also like to thank staff from the NSW Department of Housing, Office of Community Housing, Area Health Services and non-government organisations who have contributed greatly to the formulation of this manual. NSW Health would also like to thank consumer and family and carer representatives for their valuable feedback.

Contents

Foreword	i	7 Working with clients	24
Acknowledgements	ii	7.1 The Support Coordinator	24
1 Introduction to HASI	2	7.2 Accommodation support services	24
1.1 Features of High Support HASI.....	5	7.3 Mental Health Services	26
1.2 Features of Lower Support HASI.....	5	7.4 Housing services – High Support HASI.....	28
1.3 Initiative operation	5	7.5 Housing services – Lower Support HASI	30
1.4 Management	6	7.6 Individual Statements of Service	31
2 The partnership	7	7.7 Community housing insurance scheme (CHIS) and HASI	32
2.1 Principles of the partnership.....	7	8 Lower Support HASI monitoring and evaluation	33
2.2 Partnership commitments.....	7	8.1 Responsibility	33
2.3 Service level agreements	8	8.2 Evaluation framework	33
2.4 Service coordination	8	8.3 Monitoring and reporting.....	36
2.5 Disputes between HASI partners	9	8.4 Evaluation activities	37
3 Dealing with client problems, disputes and complaints	11	9 HASI monitoring and evaluation	38
3.1 Problems encountered by clients	11	9.1 HASI Stage One evaluation	38
3.2 Client/HASI provider disputes.....	11	9.2 Development of HASI wide monitoring system	38
3.3 Client appeals	12	9.3 Key performance indicators.....	38
4 Reviewing and exiting clients	14	9.4 Quality of life measures.....	38
4.1 Reviewing client progress	14	9.5 HASI High support – evaluation.....	38
4.2 Changes in client status	15	Attachments	
4.3 Client exits	15	1 Service Level Agreement (<i>sample</i>)	40
5 High Support HASI Selecting clients	17	2 Individual Service Plan (<i>sample</i>)	47
5.1 Eligibility criteria	17	3 Application and referral form (<i>sample</i>)	49
5.2 Application process	17	4 Application consent form (<i>sample</i>)	56
5.3 Register of applications	18	5 Relative need assessment form (<i>sample</i>).....	57
5.4 Client selection panel	19	6 HASI joint assessment policy (<i>sample</i>).....	58
6 Lower Support HASI Selecting clients	21	7 Sample intake system (<i>provided by Aftercare</i>)	60
6.1 Eligibility criteria	21	8 HASI monitoring forms (<i>sample</i>).....	61
6.2 Application process	21	9 Satisfaction survey (<i>example</i>).....	67
6.3 Register of applications	22	References	70
6.4 Client selection panel.....	22		

Introduction to HASI

Background

HASI is an innovative partnership program between NSW Health, the Department of Housing and the non-government (NGO) sector that provides housing linked to clinical and psychosocial rehabilitation services for people with a range of levels of psychiatric disability.

HASI builds upon the successes of the *Joint Guarantee of Service* for People with Mental Health Problems and Disorders Living in Aboriginal, Community and Public Housing (JGOS) and provides a funding base to strengthen partnerships and protocols already established between the agencies. The HASI model is based on the 2002 *NSW Health, Framework for Housing and Accommodation Support for People with Mental Health Problems and Disorders*.

HASI has been identified as a key program under the *New South Wales Interagency Action Plan for Better Mental Health*. The Plan identifies the NSW Government's commitment to a collaborative approach to the provision of mental health services, including health, education, housing, police, justice, community and disability services. The Plan sets out a coordinated approach to managing the needs of people with mental health issues, including prevention and early intervention; community support; and coordination of emergency responses.

HASI operates as a three-way partnership in service delivery:

- Accommodation support and rehabilitation associated with disability is provided by NGOs (funded by NSW Health).
- Clinical care and rehabilitation is provided by specialist mental health services.
- Long-term, secure, and affordable housing and property and tenancy management services are provided by public and community housing (funded by the Department of Housing).

HASI is designed to assist people with mental health problems and disorders requiring accommodation (disability¹) support to participate in the community, maintain successful tenancies, improve quality of life and most importantly to assist in the recovery from mental illness.

The key philosophy that underpins the HASI program is one of recovery. Recovery is a personal and ongoing process, defined and led by the individual. Recovery from mental illness has been described as a journey, sometimes lifelong, through which a mental health consumer achieves independence, self-esteem and a meaningful life in the community.²

Recovery focused care works with a person's strengths and encourages hope. It is based on working holistically, and tailoring services to the needs of the individual.³ The development and ongoing review of individual care plans is central to ensuring that people receive the services that best meet their needs as these change over time. (NSW Department of Health 2005).

Key internal factors that can be attributed to the recovery process include:

- Hope
- Acceptance
- Self-will/self-responsibility
- Spirituality
- Coping skills.

Key external resources that can be attributed to the recovery process include:

- Social support
- Secure housing
- Meaningful activity
- Medication
- Professional assistance
- Networking with appropriate services⁴.

A key factor in assisting people to recover is the process of building effective relationships and partnerships between support workers and the consumer and where appropriate, their family.

People living with a mental illness are not an homogenous group. People may be affected in many different ways by their mental illness. People have different life experiences, aspirations and social backgrounds. Their level of personal support differs, both in terms of informal and formal structures.

A small proportion of individuals live with, or are at risk of, recurring or ongoing mental illness. Despite receiving the best treatment currently available, they do not achieve significant outcomes. Coordinated, extended care is required for these individuals to maximise periods of remission, enhance quality of life, prevent loss of function and promote achievement of their optimal level of functioning and independence in the community.

Nevertheless, there are some similarities in the ways in which mental illness can manifest in terms of behaviour and thinking, and these factors can influence the person's ability to access and maintain housing. These are:

- Mental illness can affect basic abilities to access and sustain a tenancy – including the ability to work through administrative requirements, such as completing application forms.
- The person's own capacity for independent living may fluctuate and be unpredictable.
- People may need assistance with the diverse areas of their lives, particularly if a number of support services need to be co-ordinated.
- When a person is unwell, they may be reliant on others to ensure the availability and coordination of support.

For many people living with mental illness, the ability to choose, access and maintain safe and affordable housing provides the cornerstone to stabilising their lives and illness, thereby improving the person's quality of life in the longer-term⁵.

A number of strategies have been found to be useful in successfully addressing the factors that threaten a person's housing stability. These include developing crisis management strategies; building up social, independent living and coping skills; providing financial assistance, and linking people to relevant income, health and social services⁶.

Overview of partner agencies

Mental health services

Mental health services are provided in inpatient and community settings across a continuum of care from prevention and early intervention, through to emergency and acute care and to continuing care, rehabilitation and recovery.

The clinical services of the specialist mental health sector are generally focused on providing treatment for people experiencing severe mental illness or requiring 24 hour care. HASI aims to provide services to people who have the capacity to reside in the community.

The intention of psycho-social rehabilitation associated with both clinical and accommodation support is to promote recovery and enable people with severe or persistent mental illness to live their lives to the fullest potential. Accommodation support is a key component of disability support that specifically assists an individual to maintain their role functioning, skills and independence in relation to their accommodation.

Housing

People with mental health problems and disorders can experience difficulties in accessing affordable, safe and stable housing in the private market. Illness can disrupt tenancies and the ability of an individual to maintain their housing. A significant proportion of homeless people and people living in sub-standard or marginal housing have a mental illness. Social housing linked to support plays an important role in assisting people on low-incomes with a mental illness to live successfully in the community.

The NSW Department of Housing aims to provide a range of housing opportunities and services to meet the needs of the community. The Department, by working in partnership, aims to provide safe, decent and affordable housing opportunities for people on low incomes so that they can live with dignity, find support if needed and achieve sustainable futures.

Non-government organisations (NGOs)

Community based non government organisations working with people affected by mental health problems and psychiatric disability offer a diverse range of services aimed at supporting individuals to attain and maintain improved quality of life. NGOs are managed by elected *Boards of Management under the Incorporations Act*

(1984) or *Companies Act (1981)* and some are incorporated under the *Cooperatives Act* administered by the Department of Fair Trading. They generally receive funding from a range of sources including government grants, donations, sponsorship and in some cases, sales and service fees. The term NGO may alternatively refer to groups of community members who join forces to advocate on behalf of members around particular issues or identified community needs. However, NGOs managing grants such as within HASI must have legal standing under the relevant *Acts*.

People working within NGOs have a wide range of backgrounds and work experience including community development, rehabilitation, welfare, nursing, occupational therapy, social work, psychology, alternative therapies and accounting and business management. Many people come to the NGO sector because they believe their skills can be utilised to assist others and better society generally. A number of NGOs specialise in the provision of rehabilitation and disability support services to people with mental health problems and psychiatric disability encompassing social, accommodation and employment support. In addition, many generic or mainstream NGOs have recognised the high level of need associated with mental illness and have focused on developing their workforces to improve their service response to this group.

Many NGOs are active in advocating with and on behalf of people with mental health problems for improved access to services and improved community awareness of mental illness. NGOs promote reduction of the stigma associated with mental illness and work to address social isolation. Many advocate for the need to increase the participation of people with mental health problems and psychiatric disability in employment, education, recreational pursuits and community activities generally.

Current HASI⁷ Program

HASI currently operates under three stages:

HASI Stage One. High support

Services commenced in 2002/03 with NSW Health and the NSW Department of Housing jointly funding housing and accommodation support for over 100 people with complex mental health problems and disorders. The Department of Housing contributed appropriate housing and NSW Health provides \$5 million/year recurrently for NGOs to provide high-level accommodation support services.

Clients eligible for the high-level HASI have mental illness and may reside in psychiatric institutions, may be homeless or at risk of homelessness, and experience recurrent hospitalisations.

Three NGOs provide accommodation support services under HASI Stage One: Richmond Fellowship, New Horizons and Neami.

HASI Stage Two. Lower outreach support

NSW Health is providing funding for 460 places of lower level outreach accommodation support for people who have a mental illness and reside in public housing and community housing.

Six NGOs are funded by NSW Health at \$4.6 million per year under HASI Two: The Psychiatric Rehabilitation Association (PRA), Mission Australia, New Horizons, Neami, Aftercare and Parramatta Mission.

HASI Stage Three A. High support

HASI Stage Three A commenced in early 2006, and is an extension of HASI Stage One providing 126 new places of high-level accommodation support to people with a mental illness.

NSW Health is providing over \$6.3million/year recurrently for NGO support services and the Department of Housing are contributing housing stock.

Five NGOs are funded by NSW Health under HASI Stage Three A: The Psychiatric Rehabilitation Association (PRA), St Luke's Anglicare, The Richmond Fellowship of NSW, Neami and New Horizons.

HASI Stage Three B. Very high support

HASI Stage Three B will commence in the second half of 2006 and will provide very high support (up to eight hours a day of non-clinical support) to 50 people across NSW. Individuals eligible for HASI Three B include those who are living in institutions or are homeless or at risk of homelessness.

NSW Health is providing over \$3.5 million per year recurrently for non-government organisation (NGO) support services and the Department of Housing are contributing housing stock.

There are four NGOs who are funded by NSW Health to provide accommodation support services under HASI Stage Three B. They are: The Richmond Fellowship of NSW, Neami, New Horizons and Uniting Care (Parramatta Mission).

It is anticipated that further stages of HASI will be targeted at individuals residing in private accommodation and/or with family as well as additional High Support HASI.

1.1 Features of High Support HASI

High Support HASI is designed to assist people on low incomes with mental disorders and high levels of psychiatric disability who:

- Are residing in a hospital bed because it has been difficult to access high levels of accommodation support elsewhere.
- Are homeless, at risk of homelessness or inappropriately housed. (This can include clients whose current housing is at risk due to a lack of care or support services.)
- Have the ability and desire to live in the community.
- Have the capacity to maintain a mainstream tenancy agreement (with appropriate support).
- Who require four to five hours per day accommodation support.

Broadly, High Support HASI was established with three interrelated aims – namely to assist those people in the target group to:

- Increase their independence and capacity to live in the community.
- Improve their housing stability.
- Enable inpatients with the capacity to reside in the community to do so, by providing appropriate housing and accommodation support.

High Support HASI also aims to demonstrate the benefits of a partnership approach in providing housing, clinical care and support services to clients.

The specific objectives of High Support HASI are to:

- Enable people with mental health disorders and high levels of psychiatric disability to maximise their participation in the community and sustain successful tenancies.
- Develop mutually beneficial partnerships between housing providers, accommodation support providers and mental health service providers that lead to improved outcomes for people with mental disorders and high levels of psychiatric disability.
- Increase HASI client access to community services for which they are eligible.

- Use the lessons from the Initiative to develop other options that link housing and support services for people with mental health problems and disorders.
- Increase access to services providing high-level accommodation support that are linked to appropriate housing assistance across NSW.
- Establish services in areas where there are no or few housing and accommodation support services currently available.

1.2 Features of Lower Support HASI

HASI has similar aims and objectives across all levels of the program (lower-very high support). Key differences are found in the type and intensity of support functions provided and individual client support needs.

Lower support outreach HASI is aimed at providing assistance to people residing in social housing who may be at risk of being unable to maintain their accommodation without support. A major focus of this component of HASI will be to provide early intervention, prevention and maintenance to individuals through the partnership approach.

In Lower Support HASI, the frequency and intensity of the support provided will be less than in High support HASI. Specifically, lower support outreach may be short, medium or long term in duration and consist of up to five hours/week and can include one to two visits per week or one to two visits per month dependant on the individual needs at the time.

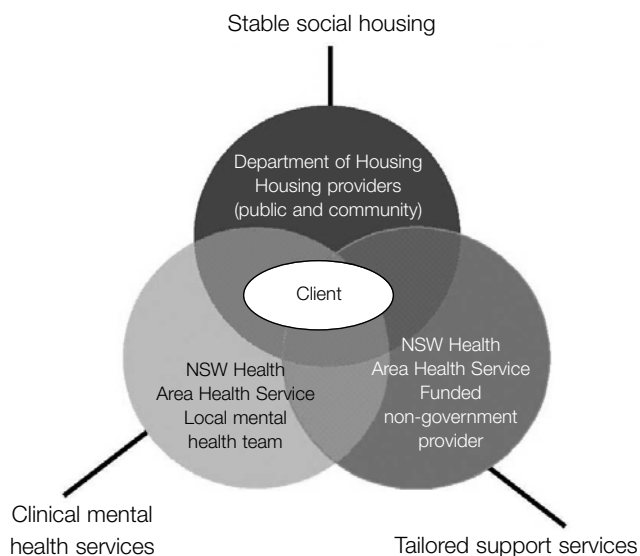
1.3 Initiative operation

For each HASI client, three local service providers are involved: a housing provider (in most cases a public housing client service team or a community housing provider using accommodation funded by the NSW Department of Housing), a clinical mental health services provider (within the Area Health Service) and a non-government organisation as the accommodation support provider (funded by the Area Health Service).

The HASI program is based on a separation of support functions while ensuring each client receives a tailored set of services and appropriate housing that suits their particular needs. This means that whilst all providers are committed to a partnership approach and sign a Service Level Agreement, they nonetheless focus on providing quality services in their specific area of expertise.

1.4 Management

HASI has a three-tier management and coordination



structure involving:

- Sponsor Agencies
- Partner Agencies
- Local HASI providers.

The Sponsor Agencies are NSW Health and the Department of Housing, who are responsible for allocating the staffing or funding necessary to provide the support services to HASI clients, monitoring the initiative and overseeing independent evaluations of the program.

HASI is supported by a number of Partner Agencies – namely:

- Office of Community Housing within Department of Housing.
- Centre for Mental Health, within NSW Health.
- Relevant Area Health Services, in particular the mental health teams.

- Community housing providers, funded by the Department of Housing through the Office of Community Housing.
- Non-government organisations as accommodation support service providers, funded by the Centre for Mental Health.

In each location, there are three local partners who are responsible for implementing the Initiative, and directly providing services to HASI clients. These local HASI providers consist of the:

- Local Area Health Service, and specifically its mental health team.
- Housing provider, in most cases a local community housing provider or public housing client service teams.
- Accommodation support provider funded by NSW Health.

HASI is also overseen by the HASI Advisory Committee, which contains representatives from Sponsor and Partner Agencies, as well as key peak organisations. Its roles are to oversee the implementation of the Initiative, provide direction, support and feedback to the Initiative and to support the independent evaluations.

From March 2006 the HASI Advisory Committee will operate as a series of quarterly practise forums with a smaller Departmental Executive Committee that meets as required. The focus of the HASI Forums is to bring together a wide range of stakeholders that provide services under HASI, to share information and workshop issues that will inform the implementation of HASI and further articulation of the HASI model.

Requests for information or suggestions for updating can be directed to the Senior Project Officer for Housing and Supported Accommodation at the Centre for Mental Health, tel. 9391 9830.

The partnership

2.1 Principles of the partnership

The HASI program is based on a commitment by all agencies involved to work in partnership to improve client outcomes through coordinated service delivery. Shared principles underpinning the HASI model are:

1. *Client focused*

HASI is a client-focused program that provides services specifically tailored to the needs of individual clients. Wherever possible, client choice will be promoted and respected.

2. *Community oriented*

HASI is committed to maximising the opportunities for clients to participate in the community. It aims to provide clients with access to the same opportunities and experiences as other citizens. The emphasis of the program is on rehabilitation and recovery.

3. *Sensitive and quality services*

HASI will provide clients with accessible and quality services. This requires the development and maintenance of good working relationships between the client and each of the local providers. It also requires services to be sensitive to the specific cultural, linguistic and other needs of each of their clients.

4. *A partnership of responsible agencies*

HASI is built on a partnership of three local providers, fully utilising the skills and expertise of each. Each agency is responsible for their commitments to the joint program, and to individually and collectively undertaking continuous monitoring of client outcomes.

5. *Respect and communication between partners*

HASI assumes that each agency is an equal partner in the initiative. Each partner will demonstrate understanding and respect for the perspective, roles and responsibilities of the others. They will also undertake regular communication with the other partners, and with the client, to continuously improve clients' outcomes and the success of the Initiative in general.

6. *Flexible and responsive to feedback*

HASI recognises that each group of clients, local community and combination of providers present a different set of conditions and ways of interacting. It will be flexible in its approach to delivering the aims of the Initiative. HASI is also based on ongoing stakeholder feedback: from the client, local providers and through members of the HASI Forum and Executive Committee. This approach should ensure that the model can remain responsive and able to be continuously improved.

2.2 Partnership commitments

To support each of the HASI principles, all agencies involved in HASI, and particularly the local HASI providers, are expected to implement all of the following partnership commitments in their approach to, and activities for, the Initiative:

- Each HASI partner is committed to meeting all legal requirements and ethical standards in all aspects of the Initiative.
- Each HASI partner takes responsibility for fulfilling their agreed roles and responsibilities under the Initiative and implementing the policies and procedures contained in the Service Level Agreements and other funding documents.
- Each HASI partner commits to regularly communicating with other partner agencies and to openly discuss ways to improve client outcomes, as well as strengthening service coordination and the partnership approach.
- Each HASI partner respects the confidentiality and privacy of clients. As such, they will only share client information that is necessary to provide a quality service and then, only with the knowledge and permission of the client. Upon being accepted into HASI, permission should be requested from the HASI client to contact family, as nominated by the client, in the case of an emergency. A sample consent form for the exchange of relevant information related to the application process

is in the appendix. A separate consent form should be completed for further information to be shared once the client is accepted into the program.

- Client consent and confidentiality processes under HASI must comply with the Health Privacy Principles contained in schedule one of the *Health Records and Information Privacy Act 2002 NSW*.
- The intent of this Act while protecting the privacy of individuals is also to facilitate relevant sharing of information to enable the best possible continuity and quality of care for the client.
- Each local provider is accountable for the supply of services in accordance with the HASI Resource Manual. They are also accountable for fulfilling its monitoring and reporting obligations, and for efficiently using Initiative resources.
- Each HASI partner shares a commitment to the provision of culturally and linguistically appropriate services.
- Each HASI partner will collect accurate information pertaining to the client and participate in the agreed monitoring process. In doing so, every effort will be made to minimize the workload created by the need for data.
- Each HASI partner will be proactive in monitoring each client's situation, including any changes that may require the attention of another partner agency.
- Each HASI partner is part of a broader network of services. As such, they are committed to building strong, collaborative working relationships with other providers. This commitment also recognizes that HASI is only one part of each partner organisation's overall operations.

2.3 Service level Agreements

Service Level Agreements are signed between the three partner agencies and describe how the Initiative will operate locally. The Agreement defines the roles and responsibilities of each provider, together with other operating issues. They include such aspects as:

- Communication and information exchanges between the local providers.
- Client rights.
- The role of the accommodation support provider.
- The role of the mental health provider.
- The role of the housing provider.
- Client access to information.

- Reporting, evaluation and reviews.
- Dispute resolution.
- Vacancies and allocations.
- Withdrawal from the Agreement.
- Safety and critical incidents.

Whilst each Agreement is negotiated and signed at the local level, it is a requirement of the two Sponsor Agencies that an Agreement is in place. A sample template for the Agreement can be found in the Attachment 1⁹.

2.4 Service coordination

It is a core area of responsibility for all HASI providers to work in partnership at the local level. This includes:

- Signing the Service Level Agreement.
- Collaborating with the other local providers where necessary, for instance in the development of the Individual Statement Plan with, and for, each client.
- Participating in the Local Coordination Group Meetings.
- Participating in the Client Selection Panels.
- Reporting changes in the client's circumstances or condition that are necessary to the partnership approach, and with the client's permission.
- Collecting relevant data as required.

Whilst the HASI model does require close and frequent communication between the providers, it is up to the local partners to develop good working relationships that will ensure the aims of the Initiative are being met on an ongoing basis.

The accommodation support provider has additional responsibilities relating to coordination between agencies and support for HASI locally:

- Initiating and convening the Local HASI Coordination Group Meetings and providing other secretariat services as required.
- Convening the Client Selection Panels.
- Collecting detailed data on HASI applicants and clients.
- Arranging exit interviews for clients exiting the Initiative.

2.4.1 Local HASI Coordination Group

This group consists of representatives from each of the three local provider agencies. The primary aim of the

Coordination Group is to foster the partnership approach that underscores the HASI model.

The core roles of each Local Coordination Group are to:

- Review local progress of HASI in general and the Service Level Agreement in particular.
- Identify any barriers to achieving the partnership approach of HASI locally and individual or collective HASI client outcomes.
- Reach agreement on what will be done to overcome barriers or improve the Initiative in general.
- Identify opportunities to forge links with other agencies in the area that could assist HASI clients.
- Identify any operational or other issues to be referred to the HASI Advisory Committee and/or the HASI forums.
- (Where appropriate) review individual client progress in the Initiative.

Whilst this Manual recommends that a separate client selection process be used through the establishment of a Client Review Panel, a number of areas currently have their equivalent of the Coordination Group also perform this role.

Local HASI Coordination Groups should meet at least quarterly, with most areas electing to hold bi-monthly meetings. In the early stages of the initiative, the Coordination Groups should meet on a monthly basis.

If necessary, separate, but structurally similar, Local HASI Coordination Groups should be formed for High Support HASI and Lower Support HASI.

2.4.2 Relationships with other local services

A number of Local HASI Coordination Groups have elected to have other local service providers or client advocacy organisations participate in their meetings. This recognises that many HASI clients are regular users of other services in the area, and improved coordination with those services will also improve client outcomes.

In addition to having an expanded membership of the Local HASI Coordination Group, other options for improving relationships with other local agencies include:

- Local organisations could be invited to regularly attend all or part of the Group meetings.
- Where the client consents, some key local providers could become involved in case conferences, case closure and case handover meetings as appropriate.

- Local organisations could be informed of HASI developments in the area and be provided with written information about the aims and operations of the Initiative; and/or
- Members of the Local Coordination Group could regularly participate in other local service networks and interagency meetings and use these forums to keep other stakeholders informed of the Initiative and its local operations.

2.5 Disputes between HASI partners

In circumstances where a difference of opinion or dispute arises between local HASI providers, it is expected that the parties adopt a staged approach to resolving the dispute amicably and professionally. This approach should be documented in the Service Level Agreement, which all local providers have signed.

Step 1

In the first instance, it is up to the workers directly involved in the dispute to attempt to resolve the issues and reach agreement on a solution. If the workers are unable to reach agreement, then the matter should be promptly referred to each party's supervisors, as well as the Coordinator or Director of the provider. A meeting should then be organised between the disputing parties, together with their senior staff in attendance. A full written record should be kept for that meeting.

Step 2

If the dispute is not resolved in Step 1, then the matter should be referred to the Local HASI Coordination Group for discussion¹⁰. Members of the Coordination Group should be provided with written background to the dispute and notified in advance that the matter will be included for discussion and resolution at the meeting. Under normal circumstances it is the responsibility of the accommodation support provider, as secretariat to the Group, to prepare a written record of the outcome of the meeting.

Step 3

If the dispute is not resolved, then either party can make a representation to the Management Committee of the other party. The complainant will detail the nature of the dispute in writing and request a meeting with the Management Committee. The matter will be dealt with according to the complaint procedure of the provider organisation. All parties involved in the dispute to date (including members of Local Coordination Group) should be informed in writing of the outcome.

Step 4

If the dispute is not resolved, the parties will discuss the issue jointly with the regional team leaders of the Department of Housing or Office of Community Housing and the local Area Mental Health Director from the relevant Area Health Service.

Step 5

The issue can be escalated to the relevant HASI officers in the NSW Department of Housing and NSW Department of Health to resolve, or be tabled at the Departmental Executive Committee for further advice.

Any correspondence should detail:

- The issues in dispute between the parties.
- A timeline documenting what attempts have been made to resolve the dispute to date.
- Any outcomes or agreements that have resulted in the various stages of the dispute.

The funding bodies will then deliberate and attempt to resolve the issue. In doing so they will give special consideration to:

1. Each provider's contractual obligations.
2. The principles and commitments underpinning the HASI program.
3. The processes and guidelines contained in the HASI Resource Manual.

Once a decision has been made, the parties will be informed in writing of the outcome. The parties have the right to pursue the matter further through any legal avenue available to them.

Dealing with client problems, disputes and complaints

3.1 Problems encountered by clients

As part of their commitment to being *client focused*, it is the role of HASI provider staff to do their utmost to either resolve any problem identified by the client, or assist the client to be appropriately referred to an agency that may be able to assist.

Given the history and profile of HASI clients, some individuals will not feel willing or able to take action on a problem without assistance from an advocate or companion. In many cases, this will be their support coordinator. It is important that client advocates do not have a conflict of interest when performing this role.

Should the problem relate to the client's housing, tenancy or the payment of rent then in the first instance they should contact their local housing provider.

Should the problem relate to the client's mental health care, and specifically any mental health crisis or emergency, then in the first instance, the client should contact their mental health care coordinator or the after hours mental health service.

For all other problems, the client should contact their accommodation support provider, and specifically their Support Coordinator. Relevant contact details and procedures relating to problems in any of the above areas should be listed in the client's Individual Service Plan, as well as in the agreements between the client and each individual provider.

Normally, any changes in the client's situation should be brought to the attention of the client's Support Coordinator, to ensure follow-up and monitoring.

3.2 Client/HASI provider disputes

All local HASI providers should have in place an established complaints and disputes handling policy and procedure. These should be documented in each provider's agreement with the client.

In general, all complaints about a specific local HASI provider should be initially directed to that provider by the client or by their advocate. If the matter is particularly sensitive or complex, the client might seek the support of a trusted individual to advocate on their behalf to help resolve the complaint.

If the local HASI provider's complaints procedure does not reach a satisfactory outcome, the Initiative client may:

- For complaints relating to the local **housing provider**, bring the matter to the attention of the Department of Housing or the Office of Community Housing. They may also seek resolution through the Department's Complaints and Appeals system.
- For complaints relating to the local **mental health services provider**, bring the matter to the attention of the Area Health Service, the Centre for Mental Health and/or NSW Health. If required they may also seek a resolution through the Health Care Complaints Commission process.
- For complaints relating to the **accommodation support provider**, bring the matter to the attention of the Area Health Service. If required they may also seek alternate dispute resolution through mediation, conciliation or the Community Services Commission.

3.2.1 Breach of Residential Tenancy Agreement

Under normal circumstances, HASI clients are treated the same as any other client of the housing provider when a problem in their tenancy or a breach of their tenancy agreement occurs. If difficulties arise that jeopardise or breach the conditions of the tenancy, the housing provider will:

- Advise the client of its concerns and attempt to resolve the situation directly with the client.
- Request a meeting or case conference with the client, the Support Coordinator and/or the client's Mental Health care coordinator to outline and discuss the tenancy concerns.
- If the tenancy matter is not resolved as a result of these discussions, then the housing provider may need to proceed to manage the breach as with any other tenant. As stated in the Residential Tenancy Agreement, this may include taking action in the Residential Tenancy Tribunal.

3.2.2 Client refuses care

HASI clients have the right to refuse services, whether mental health or support services. Whilst HASI providers, whether individually or collectively, may attempt to persuade the client to continue with care and support, the HASI program has no authority to enforce services upon a client without their full and ongoing consent.

If a client declines receiving services, they may continue to live in the property, as long as they do not breach their Residential Tenancy Agreement. In this situation, the HASI client will be treated the same as any other social housing tenant.

As participation in the HASI program is voluntary, it cannot be a requirement of a Community Treatment (or Counselling) Order to participate in a HASI program.

3.3 Client appeals

3.3.1 First-tier appeals

If a client or applicant of HASI wishes to appeal against any HASI decision, they must lodge an appeal within two weeks of receiving written notice of the decision from the accommodation support provider. The appeal should state, in writing, the reasons why the application should be reconsidered, and be forwarded to the accommodation support provider.

All appeals will be referred by the accommodation support provider to a special meeting of the Client Selection Panel (see Section 5.4 for details on the operation of the Client Selection Panel), to be held within one week of the receipt of the appeal. All members of the Panel will declare any conflict of interest or prejudices they hold regarding the appeal. They may exclude themselves from the appeal deliberations. The Panel may elect to invite an independent person to join the Panel to hear the appeal.

The Selection Panel will review all relevant documentation regarding the application and the appeal. If the documentation is insufficient for them to reach an informed decision, then they can elect to reconvene within one week. This allows time for further information to be gathered, or to invite the client and his/her support person, or any relevant members of staff from HASI provider agencies, to attend.

The Selection Panel must then make a decision and immediately inform the applicant in writing of the outcome.

3.3.2 Second-tier appeals

Should the applicant still wish to challenge the second and final decision of the Client Selection Panel, then they are entitled to make a higher appeal. This will involve taking their case to specially convened local HASI Independent Review Panel.

To initiate a higher appeal relating to a HASI decision, the client should write to the Local Area Health Service's Non-Government Organisations' Coordinator, or their equivalent, within two weeks of receiving the written decision of Client Selection Panel's Appeal process.

On receipt of a written higher appeal letter, the Area Health Service will convene the local HASI Independent Review Panel to adjudicate on the Selection Panel's appeal decision. Membership of the Review Panel will be established at the outset of the HASI program and consist of at least three representatives including:

- A senior Area Health Service representative (not directly involved with the HASI program), who will be responsible for convening the review panel.
- A senior government representative experienced in human services, not from a HASI partner agency (eg a Department of Community Services or Department of Ageing, Disability and Home Care representative).
- A senior representative of a non-government service agency not directly involved in service delivery to HASI clients (eg a local disability organisation or consumer advocacy group).

Members of the Client Selection Panel, the client or their advocate may be invited to address the Review Panel, however, the final decision will be made solely by the independent members of the Review Panel.

The Review Panel will assess all previous documentation and correspondence relating to the case. They will also consider any matters related to local HASI provider capacity to deliver services to the client, including matters related to occupational health and safety as prescribed in legislation. Their decision is final.

When reviewing a client's appeal, the Client Selection Panel or the Independent Appeals Panel (see above) can decide to uphold the original decision, accept the application and proceed to have the applicant become a client of HASI, or place the applicant on the top of the HASI priority list, if another applicant has taken the available place in the meantime.

In all of the above scenarios, the applicant will be informed in writing of the decisions and the reasons why. Should the applicant believe that the higher appeals process warrants a formal complaint, then there may be external avenues available to them, eg through the Health Care Complaints Commission.

Contacts for seeking further information and/or progressing appeals:

1. The NSW Tenants website www.tenants.org.au. This site provides tenancy information as well as contacts and location of the Tenants Advice and Advocacy Services across NSW. Or contact 1800 251 101 (free call number).
2. The Health Care Complaints Commission (HCCC) website www.hccc.nsw.gov.au. To contact the HCCC Toll free number 1800 043 159 or (02) 9219 7444.

Reviewing and exiting clients

4.1 Reviewing client progress

A key aspect of the success of the HASI model is the commitment of partner agencies to actively monitor and review client progress.

At all times client confidentiality and privacy needs to be respected. Discussion of individual HASI client progress and particularly discussion of confidential aspects of a client's care and support, should only be undertaken where:

- All parties to the discussion have signed the Service Level Agreement and therefore are formally HASI partners.
- The client has given written consent for each of the parties to be involved. It is an entry requirement that clients allow disclosure of relevant information between the parties and that this be recorded in writing between the clients and the relevant parties.
- It is vital to the client's ongoing health, wellbeing or tenancy stability that the other HASI partners are involved in the discussion.

Where non-HASI agencies participate in Local Coordination Group meetings, it is essential that only HASI partner agencies participate in discussion of individual client progress. This usually requires a separate meeting to be convened.

Issues to consider in reviewing client progress include:

Housing

- Are the client's current housing arrangements appropriate?
- Are there any issues in terms of tenancy management that require attention?
- Are there any current or emerging issues that may impact on housing stability?

Support

- Are the client's current support arrangements appropriate?
- Is the frequency and nature of that support meeting their needs?

Clinical care

- Is the client's current mental health care appropriate?

Other support and care issues

- Are there any issues with family, carers or other support services that need to be addressed?
- Do other services need to be contacted or actions taken to improve outcomes?

Individual Support Plan

- Does the current Support Plan reflect current or proposed arrangements?

Actions arising

- What, if any, are the actions that will occur in relation to the client?
- Who is responsible for the action and by when?
- Who is responsible for, and how and when will communication with the client occur?
- How will other Coordination Group members be informed of the outcomes?

Monitoring and data

- Has the necessary data on the client been recorded?
- What, if any, other monitoring information or issues about the client's progress need to be documented and/or communicated to the Advisory Committee?

4.2 Changes in client status

4.2.1 Hospitalisation

If a HASI client is hospitalised due to an acute mental health condition, the primary responsibility for supporting the client in the first instance is the client's mental health care coordinator.

As part of this role, the mental health care coordinator will:

- Provide information to the hospital staff about the precipitants of the admission.

- Maintain contact with the client throughout the hospitalisation.
- Liaise with the client's Support Coordinator to coordinate the suspension of direct service delivery to the client in their home.
- Liaise with the housing provider to inform them the client will be temporarily not occupying the property.
- As appropriate, notify the client's family, friends, advocates and community contacts about the client's changed situation.
- When required, renegotiate the client's Mental Health Care Plan and facilitate the client's discharge (MHOAT Care Plan).

Upon discharge, the Mental Health care coordinator will closely liaise with the other providers to ensure the partnership arrangements are fully in place to support the client to resume their life in the community.

4.2.2 Withdrawal of client's allocated property

From time to time a property allocated to a High support HASI client may no longer be available. (This might occur eg if the owner of the property chooses to sell or redevelop the property). If the housing provider withdraws the client's current property, and the High Support HASI client has to move, the housing provider is responsible for relocating the client into a suitable property subject to funding availability.

4.3 Client exits

There are a number of reasons why a client might exit HASI such as:

- The client's needs become too high for the available support resources or they require inpatient care.
- The client's needs become too low so that the client no longer fits the eligibility criteria for the Initiative.
- The client has breached the terms and conditions of the Residential Tenancy Agreement and is being evicted.
- The client's financial situation improves and therefore they no longer require or want social housing.
- The client enters into a relationship and wants to exit the program before the end of the lease.
- The client seeks to end the lease due to hardship.
- The client dies.

Where the client's needs are considered either too high or too low for the High Support HASI program, the

accommodation support provider, in consultation with the client and the mental health provider, will initiate assessment of the client against the eligibility criteria. In some instances, it may be possible for clients whose support needs have become too low to remain eligible for High Support HASI assistance to become clients of Lower Support HASI.

If the client still meets the eligibility criteria, then the client's mental health care plan and their support contract will be revised with the client to reflect the changed circumstances. These revisions will be done by the local mental health provider and accommodation support provider respectively, in close consultation with the other provider.

If the client is no longer eligible for support under the Initiative, they remain in their housing as a community or public housing tenant. This will be negotiated between the client, the local housing provider and the accommodation support provider. The accommodation support provider will also assist the client to establish or maintain services with other local service providers that can meet their lower support needs.

If the client's support needs have grown beyond the resources of the Initiative, the accommodation support provider and/or the mental health provider and the client will explore options to move to accommodation with a higher level of support. Clients should not leave the Initiative until the accommodation support provider can confirm that appropriate alternative accommodation and support is available.

Where a client exits HASI, the accommodation support provider must conduct an exit interview. It should document the client's feedback on their reasons for exiting the Initiative, their housing and support arrangements during the program, the level of communication between the client and their contacts with the local provider agencies, outcomes related to their participation in HASI and any suggestions for improving the program. Where relevant, and where the client agrees, future contact details should also be documented on file.

Information relating to a HASI client's exit, including data gathered through the exit interview process, should be incorporated into the reporting process each local HASI provider is expected to perform. The accommodation support provider should specifically include information on the reasons for a client's exit as part of its regular Local HASI Status Report.

If a High Support HASI client vacates a property before the end of the head leasing period, the housing provider needs to immediately take steps to ensure it is not financially disadvantaged by this situation.

If no High Support HASI client can permanently take over the property lease, then the housing provider is entitled to pursue one of the following options:

- A new High Support HASI client could temporarily occupy the premise, until another more suitable property can be secured. This decision should be negotiated between the client, the housing and accommodation support provider.
- Another supported housing tenant could be placed in the property and an alternative HASI property sought for the incoming client.

- If the accommodation support provider has not nominated a new High Support HASI client within six weeks, then the housing provider may seek rent from the accommodation support provider. This option should only proceed in extreme circumstances, and following consultation with the Office of Community Housing.

In all cases the housing provider should only initiate actions following discussions with the accommodation support provider and/or with all members of the Local HASI Coordination Group.

The succession policy of the housing provider is applied in situations where the High Support HASI client has died and a partner is still living in the housing. Naturally, the support services attached to the client as part of the High Support HASI program would cease on the death of the client.

High Support HASI

Selecting clients

5.1 Eligibility criteria

To be eligible for High Support HASI, applicants must meet all of the following criteria:

1. Be aged between 16 to 65 years.
2. Have a diagnosed severe mental disorder such as schizophrenia, schizoaffective disorder or bipolar disorder.
3. Be experiencing moderate to severe level of psychiatric disability.
4. Be eligible for social housing.
5. Have the ability and desire to live in the community.
6. Be capable of benefiting from the provision of accommodation support services.
7. Have completed and lodged the appropriate documentation with a nominated HASI accommodation support provider.
8. Have provided informed consent to participate in the Initiative. (Where appropriate, the client's guardian may need to provide the consent).

In addition to the above criteria, High Support HASI will specifically prioritise applicants who are:

- a. Residing in a hospital bed because it has been difficult to access high levels of accommodation support.
- b. Homeless, at risk of homelessness or inappropriately housed individuals. This may include clients whose current housing is at risk due to the lack of care and support.
- c. Unlikely to be able to maintain a mainstream tenancy agreement without HASI type support.

The HASI Client Selection Panel will also use a relative needs assessment process.

Clients who fall into one or more of the following categories are **not** eligible for High Support HASI at a particular point in time:

- Individuals not eligible for social housing.
- Individuals who are in an acute phase of mental illness that requires inpatient treatment.

- Individuals receiving high level disability support services funded through the NSW Department of Ageing, Disability and Homecare.
- Individuals receiving high level after-care support from the Department of Community Services.
- Individuals with lower support needs.
- Older people receiving or eligible for care in a Commonwealth subsidised residential aged care facility (ie nursing home or hostel).¹¹

5.2 Application process

For a client to enter the High Support HASI program they must:

1. Complete an application for social housing with the Department of Housing.
2. Be referred to the local accommodation support provider responsible for supporting High Support HASI.

Any person can refer a client to the provider and referrals can be made at any time, however, applications are only sought by the accommodation support provider when a vacancy occurs and no suitable applicants are available to fill the position.

To appropriately refer a client to be considered for High Support HASI, the referral agency must submit the relevant application and referral forms, including the client consent form (see Sections 5.2.1 and 5.2.2).

These forms are then lodged with the relevant accommodation support provider, who will acknowledge receipt of the application, with a copy for the applicant, and specify the next steps in the application process, the timelines and the details of a contact person.

5.2.1 High Support HASI application form

High Support HASI application forms vary according to the requirements of the particular accommodation provider, but must contain the following information:

- Name, age and contact details.

- Information about the applicant's mental health condition and the sort of care plan they currently are receiving.
- Information about the applicant that assists to identify their support needs. This might include information about their daily activities, family and friend networks, who currently supports them and how, and where they need further support or assistance.
- Information about the applicant's current support providers, and what services are provided.
- Preliminary information about the applicant's accommodation needs.
- This might include any restrictions on where they are able to live, or their previous tenancy history that may influence the type or location of future accommodation (eg history of noise).
- Family contact person's name, age and contact details of applicant.

A template for this form is included in Attachment 3.

5.2.2 Signed application consent form

An Application Consent Form is a document used by the accommodation support provider to gain a HASI applicant's written consent to:

- Formally apply for the Initiative.
- Disclose this information to the Client Selection Panel in order that the application can be assessed and considered for the Initiative.
- Enable the Selection Panel to verify or check the information provided.

A template for this form is also included in Attachment 4.

5.3 Register of applications

If the applicant meets the eligibility criteria for High Support HASI, and there is no immediate vacancy, applications are placed on a High Support HASI Register of Applications. This is a formal list of all applicants who have applied for HASI in the local area, maintained by the local accommodation support provider. The accommodation support provider contacts the applicant (or the nominated family or carer contact) when a vacancy occurs.

Where an applicant does not meet the eligibility criteria of High Support HASI, the accommodation support provider will write to the referring agency and applicant, and must state:

- that the applicant is not eligible for High Support HASI at this time, giving reasons
- if possible, indicate other accommodation and support options for the applicant to consider
- advise the applicant of the appeals procedure.

It is the responsibility of the housing provider to declare when a vacancy in High Support HASI exists due to a HASI client formally vacating a property and the property is able to be relet and/or funding is available for a new tenant to be housed under the HASI program.

A vacancy in High Support HASI may occur due to a reduction in client support needs. Where this happens, it is the responsibility of the accommodation support provider to assess (in collaboration with the client and the mental health worker) whether the client is eligible to apply for a HASI low support outreach place, or other mainstream community services. Under these circumstances the support component is reduced or removed and the individual retains their place of residence.

When a HASI property vacancy occurs, the housing provider will advise the accommodation support provider, who must:

- review all eligible applicants on the Register of Applications and where necessary make contact with the applicant to confirm whether they still wish to be considered for the HASI program. Where necessary, the provider will also contact the applicant's major carer as listed on the Application Form
- conduct an interview with the applicant to confirm the suitability of the applicant given the timing and nature of the available vacancy
- where required and agreed to by the applicant, conduct an interview with the applicant's current major carer to confirm details.

The purpose of these interviews is also to gather information regarding the support needs of the applicant, and provide information about High Support HASI and the subsequent selection process. This should include details of the upper limit of support resources currently available for the successful High Support HASI applicant.

5.4 Client selection panel

The accommodation support provider is responsible for convening a meeting of the local Client Selection Panel as soon as practicable after a vacancy is identified.

The Client Selection Panel is responsible for selecting clients into the HASI program. The Selection Panel is convened locally in each HASI area and is coordinated by the relevant accommodation support provider. Each local Selection Panel includes, at a minimum, a representative from the local mental health service and the accommodation support provider. Some also include the local housing provider, or other service providers. A sample Joint Assessment Policy is presented in Attachment 6.

Selection proceeds according to the following steps:

Step 1

Eligible applicants from the Register of Applications are considered by the Client Selection Panel.

The eligible applicants are those on a short-list generated by the accommodation support provider, who will have assessed their suitability during the interview process.

Step 2

A Relative Need Assessment is conducted based on established criteria. In some areas this task is performed prior to the Selection Panel being convened. 'Relative Need' is a concept that ranks potential clients based on greatest unmet need and the benefits they would gain from the Initiative. This process generates a numerical score – known as a Relative Need Score- based on a number of established criteria including: criteria for entry, criteria for placement in a particular level of support and criteria for order of placement on the priority list in the program. The review process is in accordance with Standard 1 of the *NSW Disability Services Act*, which requires that all NSW agencies establish clear entrance criteria. A sample form for undertaking a Relative Assessment of Need is presented in Attachment 4.

Step 3

The Selection Panel generates a priority list of applicants for the vacancy, based on the Relative Needs Assessments and other relevant information, such as the particular accommodation.¹²

Step 4

Follow-up Interview. The highest priority applicant or applicants is/are interviewed by the accommodation support provider to ensure they are still willing and able to enter the Initiative. Following the decision of the Selection Panel, the accommodation support provider informs the first priority candidate of the Panel's decision and seeks an interview. The provider tells the applicant:

- Who will be interviewing them and checks if this is acceptable to the applicant.
- What will be covered during the interview (see below).
- What, if anything, the applicant should bring with them to the interview.

The applicant can bring his or her primary carer or an advocate/guardian to the interview. Under normal circumstances only one potential client is interviewed per vacancy. Wherever possible, the interview is conducted within seven days of notifying the applicant of the Selection Panel decision.

The time and venue for the interview should be determined by both the applicant and the accommodation support provider. Most commonly, the interview is held at the applicant's current residence. This enables the accommodation support provider to obtain an indication of the applicant's level of functioning with the activities of daily living.

The purpose of the interview is to ensure the applicant is still willing and able to enter the Initiative, allow the applicant to clarify what is actually on offer through HASI, including the level of support available, and allow accommodation support provider staff and the potential client to make personal contact. The interview process will be sensitive to the cultural and linguistic requirements of the potential client. A cultural consultant, bilingual worker or accredited interpreter may need to be used. If the priority applicant is unable to attend an interview, withdraws their application, or is deemed unsuitable for the Initiative following the interview, the Selection Panel is informed. Under normal circumstances the next priority applicant on the list is invited to attend an interview.

Step 5

Background check. Where necessary, additional information may be sought from third parties prior to accepting the applicant. In conducting any background checks on a potential client it is essential that all inquiries conform to the various laws and regulation regarding client privacy and confidentiality.

Step 6

Processing the outcomes. The accommodation support provider, on behalf of the Selection Panel, will inform the applicant interviewed in writing of the outcome. If the applicant is accepted into the Initiative, the accommodation support provider will immediately identify the client's accommodation requirements and pass this information on to the local housing provider.

If the applicant is not recommended for acceptance into the Initiative following the interview, the accommodation support provider will advise the Selection Panel, and notify the applicant of the reasons for the decision and the appeals procedure. Once a client has accepted a place in High Support HASI, the accommodation support provider will proceed to notify any unsuccessful applicants considered by the Selection Panel, together with their respective referral agencies.

The communication with the unsuccessful applicants and their referring agency may:

- indicate that their application will remain on the Register of Applications
- notify the applicant that their application will immediately be considered when a vacancy next appears or
- where possible, refer applicants in difficult circumstance to other support and/or accommodation options.

Lower Support HASI

Selecting clients

6.1 Eligibility criteria

The target group for Lower Support HASI is people with a diagnosed mental illness who can function at a high level most of the time. They may have an agreed medication regime they are able to follow independently and typically have some involvement with their family and the community. These people have no, or infrequent, risk behaviours, but may require assistance with living skills such as household tasks, budgeting, and accessing community activities. They may require emotional support when experiencing an unwell period, particularly as this period may be having a negative impact on their ability to sustain their tenancy.

Preliminary eligibility criteria for consideration of inclusion in the HASI are:

- Sixteen years of age upwards until frailty is determined to inhibit ongoing involvement in the program.
- Have their own accommodation, in social housing, established.¹¹
- Are diagnosed with a mental illness; or in the case of a young person where formal diagnosis is absent, functional impairment has been identified by a mental health professional.
- Have low levels of psychiatric disability.
- Have a high level of functioning most of the time.
- Have the capacity to benefit from the provision of disability support services.
- Give informed consent to participate in the program.

It is likely that most people within the identified group will have been diagnosed with a mental illness such as schizophrenia, schizoaffective disorder or bipolar disorder. Some will also present, for example, with co-existing depressive, anxiety, personality, intellectual, substance use, organic and/or acquired brain injury disorders. Others may have co-existing age-related, physical, sensory or neurological disorders.

People's support needs may be ongoing or time-limited due to their changing needs and/or the episodic nature

of the illness/disability. These people may have presented frequently at emergency departments and inpatient services due to the nature of their disorder and the lack of appropriate disability support options.

The following groups will not be considered for inclusion in the HASI:

- People receiving accommodation support services under the NSW Government Boarding House Reform Strategy (funded through the NSW Ageing and Disability Department).
- Ageing people receiving care in a Commonwealth subsidised residential aged care facility (nursing home or hostel).

6.2 Application process

Although referral and application processes are intended to be the same across the state, local areas can develop appropriate strategies and processes to complement HASI program protocols. As a result, the sections below outline some key aspects of the referral and application processes, which are intended to be complemented by procedures, put in place by the accommodation support provider. A flowchart demonstrating the intake system used by the accommodation support provider Aftercare is included as a sample to indicate how the steps below may be structured as an intake process.

In all instances, referrals to the Lower Support HASI program must initially be directed to the accommodation support provider (NGO). Referrals can be received from any source, but it is anticipated that a large proportion of referrals for Lower Support HASI will come from the Department of Housing.

As Lower Support HASI applicants must have a diagnosed mental illness to be eligible, it is anticipated that the majority of applicants will already be known to the Area Mental Health Services and may also have an existing case manager. Where an applicant has not had previous contact with the Area Mental Health Service, it is necessary for the applicant to be assessed by the MHS as part of the application process.

The accommodation support provider may make some preliminary assessment at this stage of the application process to ensure that the referred client meets the Lower Support HASI criteria. Where the applicant does meet the criteria, the accommodation support provider will fill out the Lower Support HASI application form and ensure that there is a signed application consent form.

6.3 Register of applications

If the applicant meets the eligibility criteria for Lower Support HASI, and there is no immediate available support package, applications are placed on a Lower Support HASI Register of Applications. This is a formal list of all applicants who have applied for HASI in the local area, maintained by the local accommodation support provider.

Where an applicant does not meet the eligibility criteria of Lower Support HASI, the accommodation support provider will write to the referring agency and applicant, and must state:

- that the applicant is not eligible for Lower Support HASI at this time, giving reasons
- if possible, indicate other accommodation and support options for the applicant to consider
- advise the applicant of the appeals procedure.

It is the responsibility of the accommodation support provider to declare that an available Lower Support HASI package exists. When a support package is available, the accommodation support provider will:

- review all eligible applicants on the Register of Applications and where necessary make contact with the applicant to confirm whether they still wish to be considered for the HASI program. Where necessary the provider will also contact the applicant's major carer as listed on the Application Form
- conduct an interview with the applicant to confirm the suitability of the applicant given the timing and nature of the available support package
- where required and agreed to by the applicant, conduct an interview with the applicant's current major carer to confirm details.

The purpose of these interviews is also to gather information regarding the support needs of the applicant, and provide information about Lower Support HASI and the subsequent selection process. This should include details of the upper limit of support resources

currently available for the successful Lower Support HASI applicant.

6.4 Client selection panel

The accommodation support provider is responsible for convening a meeting of the local Client Selection Panel as soon as practicable after an available support package is identified.

The Client Selection Panel is responsible for selecting clients into the HASI program. The Selection Panel is convened locally in each HASI area and is coordinated by the relevant accommodation support provider. Each local Selection Panel includes, at a minimum, a representative from the local mental health service and the accommodation support provider. Some also include the local housing provider, or other service providers. A sample Joint Assessment Policy is presented in Attachment 6.

The criteria for acceptance into the program will be clearly articulated in service policies and will be in line with criteria developed by NSW Health. All allocations/placements will be reviewed by this Committee using these criteria and exit planning will be a joint process to include all stakeholders.

Selection proceeds according to the following steps:

Step 1

Eligible applicants from the Register of Applications are considered by the Client Selection Panel.

The eligible applicants are those on a short-list generated by the accommodation support provider, who will have assessed their suitability during the interview process.

Step 2

An assessment of needs is conducted based on established criteria.

In some areas this task is performed prior to the Selection Panel being convened. The purpose of this task is to establish the relative needs of the applicants, in order to prioritise clients and also to assess the level and types of support they will require. It is at the discretion of the accommodation support provider what information is used to make the assessment of relative need, provided that there are established criteria in place. The review process is in accordance with Standard 1 of the *NSW Disability Services Act*, which requires that all NSW agencies establish clear entrance criteria. A sample form for undertaking a relative assessment of need is presented in Attachment 5.

Step 3

The Selection Panel generates a priority list of applicants for the available support package, based on the assessment conducted at Step 2 and other relevant information.

Step 4

Follow-up Interview. The highest priority applicant or applicants is/are interviewed by the accommodation support provider to ensure they are still willing and able to enter the Initiative. Following the decision of the Selection Panel, the accommodation support provider informs the first priority candidate of the Panel's decision and seeks an interview. The provider tells the applicant:

- Who will be interviewing them and checks if this is acceptable to the applicant.
- What will be covered during the interview (see below).
- What, if anything, the applicant should bring with them to the interview.

The applicant can bring his or her primary carer or an advocate/guardian to the interview. Under normal circumstances only one potential client is interviewed per available support package. Wherever possible, the interview is conducted within seven days of notifying the applicant of the Selection Panel decision.

The time and venue for the interview should be determined by both the applicant and the accommodation support provider. Most commonly, the interview is held at the applicant's residence. This enables the accommodation support provider to obtain an indication of the applicant's level of functioning with the activities of daily living.

The purpose of the interview is to ensure that the applicant is still willing and able to enter the Initiative, allow the applicant to clarify what is actually on offer through HASI, including the level of support available and allow accommodation support provider staff and the potential client to make personal contact. The interview process will be sensitive to the cultural and linguistic requirements of the potential client. A cultural consultant, bilingual worker or accredited interpreter may need to be used. If the priority applicant is unable to attend an interview, withdraws their application, or is deemed unsuitable for the Initiative following the interview, the Selection Panel is informed. Under normal circumstances the next priority applicant on the list is invited to attend an interview.

Step 5

Background check. Where necessary, additional information may be sought from third parties prior to accepting the applicant. In conducting any background checks on a potential client it is essential that all inquiries conform to the various laws and regulation regarding client privacy and confidentiality.

Step 6

Processing the outcomes. The accommodation support provider, on behalf of the Selection Panel, will inform the applicant interviewed in writing of the outcome.

If the applicant is not recommended for acceptance into the Initiative following the interview, the accommodation support provider will advise the Selection Panel, and notify the applicant of the reasons for the decision and the appeals procedure. Once a client has accepted a place in Lower Support HASI, the accommodation support provider will proceed to notify any unsuccessful applicants considered by the Selection Panel, together with their respective referral agencies.

The final decision regarding whether to accept an applicant into Lower Support HASI rests with the accommodation support provider and the Area Health Service.

The communication with the unsuccessful applicants and their referring agency may:

- indicate that their application will remain on the Register of Applications
- notify the applicant that their application will immediately be considered when a support package next becomes available or where possible, refer applicants in difficult circumstance to other support options.

Working with clients

This section applies to High and Lower Support HASI; however, please note, that there will be differences in service provider roles according to the level of support provided under the program (high or lower level support) and based on client need.

When an applicant is accepted into HASI, the following steps must be taken:

1. The accommodation support provider liaises with the client to identify their accommodation needs. This applies to HASI high support clients moving into accommodation and HASI lower support clients who may have ongoing needs to be addressed regarding their current accommodation.
2. A **Support Contract** is prepared which contains details of the support services to be provided by the accommodation support provider. Under normal circumstances the support contract would be the first formal agreement established with the client and a local HASI provider.
3. Finalise the mental health assessment and the **Mental Health Care Plan**, which contains details of the clinical services to be provided by the local mental health provider and the client's recovery plan.
4. Sign a **Residential Tenancy Agreement**, which contains details of the terms and conditions of the tenancy. This is signed by the Housing Provider and the client, immediately prior to the client moving into their accommodation. Once each of the above three documents are in place, the client is ready to move into their HASI accommodation and start receiving the care and support as identified. This applies to High Support HASI, as clients under Lower Support HASI already have established accommodation.
5. Finalise the **Individual Support Plan** with the client that consolidates the key contacts and service information related to the Support Contract, Mental Health Care Plan and Tenancy Agreement.

7.1 The Support Coordinator

A Support Coordinator is a nominated individual, usually from the accommodation support provider, responsible for coordinating the care and support provided to an individual HASI client. They are also responsible for client advocacy where required.

In general the Support Coordinator will be responsible for:

- Coordinating services to be received by the client.
- Negotiating Individual Support plan between the accommodation support provider, the mental health provider and the housing provider for each Initiative client.
- Regularly liaising with the other local HASI providers particularly where changes are required or new issues are emerging.
- Monitoring changes in the client's situation that may affect their mental health care plan, support contract or services provided by other agencies.
- Participating in joint reviews of the mental health care plan with the mental health provider the HASI client and/or carer.
- Being the first contact point for the client when a problem or change is encountered.
- Where appropriate, passing on feedback and complaints regarding other services.

7.2 Accommodation support services

7.2.1 Services provided

In each area where HASI operates, a single non-government provider has been contracted to provide the accommodation support services to the local HASI clients. Accommodation support is the provision of disability support that specifically assists an individual to maintain and to develop their role functioning skills and independence in relation to their accommodation¹⁴.

In conjunction with the local Area Mental Health Service, the accommodation support provider will:

1. Provide comprehensive, client centred, strengths based assessment, care planning and intervention which addresses the range of needs consumers may have across the spectrum of:

- Self maintenance needs (self care, home management, money management, shopping, medication management, physical and mental health needs etc).
- Productivity needs (education, employment or other meaningful activity).
- Leisure needs (social and recreational).
- Provide services based on a philosophy that promotes consumer recovery through fostering hope, supporting consumer empowerment and supporting self-determination.
- Ensure intervention strategies utilise mainstream community services networks and resources to encourage community inclusion.
- Meet the needs of people from Culturally and Linguistically Diverse (CALD) backgrounds, Aboriginal and Torres Strait Islander people, people with physical impairment and intellectual disability and must show previous experience of the organisation in meeting these needs.

To successfully undertake the above range of activities and services, the accommodation support provider must also:

- frequently liaise with other providers, in particular the client's mental health care coordinator to ensure that the care and support is meeting the client's needs.
- research and prepare information on referral options to external support services or networks.
- conduct a range of administrative tasks to complete all of the above.
- be flexible and adaptive to the changing client needs.

In most instances, the Support Coordinator provides services directly to the client as part of their regular (often daily) home-visiting services. In other cases, the Coordinator liaises with other local providers to deliver the services as required.

To identify what services and assistance each client requires, the accommodation support provider conducts a thorough assessment of need. This assessment is

translated into a support contract, prepared with the HASI client that documents the specific services to be provided.

2. Provide after-hours, non-clinical on-call support

Accommodation support providers are required to provide appropriate support services during and outside business hours, weekends and public holidays if required, to enable responsiveness to participants' changing needs over time and in accordance with responsibilities of the support plan during acute mental health episodes.

Accommodation support providers are required to have in place an after-hours call service that can provide emergency support to clients in non-clinical, non-mental health matters. Based on the nature of the client's call to the after-hours service, the accommodation support provider may undertake to liaise with other services.

Clients should be encouraged to access 1800 numbers provided by a number of services for support or assistance after hours. Based on the nature of the call this includes the following:

- After-hours interpreting service of the Community Relations Commission or NSW Health; or
- Area Health Service's 24 hour mental health crisis service

For mental health emergencies clients should call the mental health crisis line directly.

In the case of an emergency as with any individual, they should present to the Emergency Department.

7.2.2 Responsibilities of the Support Coordinator

In addition to their role in facilitating service coordination for individual clients, the Support Coordinator has particular responsibilities regarding provision of accommodation support services. These are to:

- Undertake a thorough assessment of the client's support needs.
- Negotiate a Support Contract (sometimes referred to as an Individual Support Plan) with each HASI client.
- Outline the roles, responsibilities and expectations of the accommodation support provider to HASI clients.
- Advocate for clients to ensure clients are able to participate in mainstream community activities.
- Make arrangements for client contact after-hours.

In most cases, the Support Coordinator will also be performing a range of direct support roles to the clients. These will be determined on an individual basis as part of the client's Support Contract. The Support Coordinator will be sensitive to the cultural and linguistic factors that may impact on the care of the client.

7.2.3 Support contract

Each HASI client has a Support Plan that documents the services and approach the accommodation support provider will provide to the client¹⁵. It is negotiated between the client and the accommodation support provider. It contains information on:

- The level and type of support to be provided through the accommodation support provider.
- Details of other agencies that will provide support services.
- What happens if the client's support needs decrease or escalate.
- What happens if a client loses the legal ability to give consent.
- Contact information about guardian and/or next of kin.
- Provision for quarterly monitoring and review meetings.
- Any expectations the accommodation support provider has of the client. For example it may document serious lifestyle issues (eg alcohol misuse) that may need to be addressed by the client. It may also list strategies that may assist the client to manage these issues (eg establishing a controlled drinking program).
- Any special support needs that may assist the client to better manage their tenancy.
- Any special client needs, eg the use of interpreters.

The Support Plan has close links with the client's Mental Health Care Plan.

The development of the Support Plan should commence as soon as practicable after the client is formally accepted into the HASI Program. This usually involves a number of meetings and discussions between staff of the accommodation support provider and the client (in most cases these discussions are conducted by the client's Support Coordinator).

In addition to discussing support needs with the client, the accommodation support provider also has discussions with the client's nominated advocate, and where relevant the referring agency, and their key

mental health clinician. Such discussions can only proceed with the client's consent and in accordance with standard privacy provisions.

Usually, meetings with the client will be face-to-face. If the client is not currently located in the area where they have been accepted, the accommodation support provider may need to delegate preliminary discussions to another appropriate agency.

Once the Support Plan has been developed with the client, it is signed by both the client and the provider.

7.3 Mental Health Services

7.3.1 Services provided

Clients of HASI are also clients of the Mental Health Service within the Area Health Service of NSW Health. In many instances, High Support HASI clients have previously been long-term hospital patients or residents of one of the State's mental health institutions.

Mental health services are available to all HASI clients however in Lower Support HASI, the frequency and intensity of clinical mental health support provided will be less than in High Support HASI.

All local mental health providers have responsibilities to¹⁶:

1. *Clinically assess the client*

Each HASI client will be appointed or have a Mental Health care coordinator who is responsible for coordinating their clinical mental health care.

One of the first tasks of the Mental Health care coordinator is to ensure the client has been properly assessed for their mental health needs. This involves the completion of a comprehensive bio-psycho-social assessment including:

- Completing a psychosocial history of the client as per the Mental Health Outcomes and Assessment Tool (MH-OAT) format.
- Consulting with the client, family members and other support people nominated by the client to clarify assessment data.
- Liaising with other service providers involved in the treatment and support of the client (eg the accommodation provider, local General Practitioner, private psychiatrist or rehabilitation staff).
- Developing a MH-OAT Care Plan that is appropriate to the individual client's needs and mental health condition.

2. Provide treatment and rehabilitation

The Mental Health care coordinator, along with their colleagues in the Mental Health Service, are responsible for providing each HASI client with a full range of mental health services based on their clinical needs. These services could include treatment, rehabilitation, crisis intervention and referrals.

Each mental health provider adopts a care coordination approach to the client's clinical care. This approach is based on a partnership approach with the client and is built on ongoing assessment and monitoring of treatment interventions. It aims to ensure clients with mental health disorders achieve their maximum potential, and obtain a more stable, satisfying, and independent life whether in hospital or in the community.

3. Provide crisis intervention

Where required, the mental health provider will provide crisis intervention for clients who are experiencing a major psychiatric episode or mental health crisis. The Mental Health Service is responsible for deciding whether an urgent psychiatric assessment is required or whether other services should be activated, eg the police or ambulance. Where there is a risk of violence the police will always be called.

Generally assessment for admission to hospital will be undertaken in the community or in the Emergency Department by mental health staff. If the decision is that inpatient admission is required, this is authorised by a Consultant Psychiatrist after a Registrar has completed a specialist mental health assessment.

7.3.2 Responsibilities of the Mental Health Care Coordinator

A Mental Health care coordinator is the key mental health clinician who is nominated by the Mental Health Service to work with each client. They are qualified mental health professionals from the disciplines of nursing, social work, psychology and occupational therapy. Based on assessment and planning processes, the Mental Health care coordinator is responsible for working closely with the client, other carers and support people to enable the client to reach the goals identified in the Care Plan. This will include:

- Responding to any new developments or changes in the client's situation and refining the Care Plan.
- Regularly reviewing the rehabilitation progress (including the completion of the MH-OAT standard outcomes measures) with the client and other

parties and negotiating changes to care components as necessary.

- Closely liaising with the accommodation support provider and the housing provider on support and accommodation issues respectively.
- (Where required) completing a Discharge Plan as per MH-OAT format.

The Mental Health care coordinator needs to be flexible and negotiate the time and location that interventions will take place in order to meet each client's needs. If the client is hospitalised, the Mental Health care coordinator will provide information to the hospital staff about the precipitants of the admission and maintain contact with the client throughout the hospitalisation. They will also renegotiate the care plan and facilitate discharge when required.

7.3.3 Mental Health Care Plan

Each client of HASI has a Mental Health Care Plan usually referred to as Mental Health Outcomes and Assessment Tool (MH-OAT) Care Plan. This is the core document underpinning the client's care coordination.

The MH-OAT Care Plan is a four-page module designed to identify appropriate levels and types of services for the client, together with agreed goals and expectations for the future. The Care Plan is developed with the client and is used as a tool to assist the client meet their goals and expectations. It is not an end in itself.

Each Care Plan should contain:

- The current situation – identification of client strengths and definitions of issues.
- The goals to improve the situation and indicators of their achievement.
- The strategies for achieving the goals.
- Key personnel responsible for implementing strategies, including the name of their Mental Health care coordinator and other key participants involved in care planning.

The plan also contains strategies for managing risks and relapse prevention.

7.3.4 Mental Health Consumer Recovery Plan

Each HASI client has a Mental Health Recovery Plan. The Recovery Plan is a MH-OAT module specifically developed by consumers as a tool to assist the client to set and monitor goals for recovery.

The Recovery Plan should be developed by the HASI client in consultation with both the accommodation support worker and mental health worker and should contain:

- Identification of strengths.
- Contact details on nominated support people (eg family carer etc).
- Identification of potential stressors.
- What to do if the consumer becomes unwell.

7.4 Housing services – High Support HASI

7.4.1 Services provided

Housing providers have the following responsibilities under the Initiative, to:

1. *Provide accommodation*

Each community housing provider, in collaboration with OCH, is required to source and allocate suitably designed and located accommodation for each HASI client in their area. This can be done through:

- Leasing a property from the private rental market.
- Utilising existing social housing properties, for the most part owned by the Department of Housing; or
- Head leasing properties purchased by the Department of Housing.

Where the housing provider is a community housing provider, it is responsible for negotiating asset management issues with either the OCH, or with the owner where the property is head leased in the private rental market.

2. *Manage the tenancy*

Managing the tenancy of each High Support HASI client involves:

- Signing with the client a Residential Tenancy Agreement. All social housing tenants are required by law to sign a Residential Tenancy Agreement with their housing provider. The tenancy agreements signed by High Support HASI clients are therefore no different to any other tenant of the housing provider. The Residential Tenancy Agreement is a standard leasing document that defines the terms and conditions of the landlord-tenant relationship. The *Residential Tenancy Act (1987)* specifies the clauses that may be included in the Agreements.

It is not legally enforceable to include acceptance of support provision and adherence to Support Contracts or Mental Health Care Plans as a condition of tenancy.

- Ensuring that properties are maintained and repaired according to social housing standards and to the *Residential Tenancies Act*.
- Collecting rent from the client in line with the Department of Housing's rent policies for Public and Community Housing. Where the client's finances are managed by the Office of the Protective Commissioner, the housing provider is required to ensure rent or fee receipts are provided to the Protective Commissioner.
- Monitoring all rental payments and managing rental arrears. This includes negotiating schedules of repayments and monitoring agreements. Housing providers are required to negotiate who pays for water usage in accordance with the *Residential Tenancies Act 1987*, which specifies the circumstances where these charges can be passed on to tenants.
- Providing the client with appropriate documentation regarding their accommodation and its management including:
 - A Residential Tenancy Agreement that complies with the *Residential Tenancies Act (2000)*.
 - Rent information and processes.
 - The policy and processes for making a complaint.
- Fulfilling their obligations under the *Residential Tenancies Act (1987)*.

In undertaking all of these roles it is expected that the housing provider will engage with the client in a sensitive and responsive way. They will also ensure the client understands what is expected of them as part of their Tenancy Agreement.

In cases where private landlords are involved, housing providers are responsible for ensuring that they meet their obligations under the *Residential Tenancies Act (1987)* to maintain their properties in a suitable condition. It is the housing providers' responsibility to liaise with the landlord on these matters.

In the case of tenant damage, the housing provider will negotiate repairs and payment with the tenant according to their internal policies and in line with provisions in the *Residential Tenancies Act*. Housing providers should also keep records of maintenance work needed and carried out on properties housing HASI clients.

7.4.2 Selection of properties

Locating a suitable property/accommodation to rent from the private rental market/accommodation requirements

The housing provider works with the accommodation support provider to identify general property specifications such as:

- When the HASI client will be ready to move in.
- The number of bedrooms required. Generally the client will be offered a one bedroom property unless there are particular circumstances where the client may need two bedrooms or where one bedroom properties are not available in the market.
- Any specific internal requirements such as wheelchair access, bedroom/bathroom proximity, laundry and bathroom facilities, space and facilities needed for medical equipment etc.
- Access to public transport and facilities such as medical services, ethno-specific networks or community services, or specific shops.
- Any client management issues influencing the choice of property.

The housing provider then sets about locating a suitable property. The provider is only able to look at properties within the budget available from the rent plus the leasehold subsidy. In some situations, this means that clients may need to adjust their expectations of location, size and quality of accommodation to fit within the budget. As this process can be time-consuming it is important that the housing provider be given as much lead time as possible to find suitable property.

Arranging a site visit

The housing provider and/or the accommodation support provider organise for the client to visit the property.

Client accepts property

If the client agrees the property is suitable, then the housing provider will proceed to organise the necessary paperwork including head leasing arrangements, the Residential Tenancy Agreement and arranging an inspection report.

Client discusses and signs the Tenancy Agreement

Before signing a tenancy agreement, the housing provider will meet with the client and explain a number of issues related to their tenancy. In most cases the

Support Coordinator will also attend the meeting.

The purpose of the meeting is to:

- Explain to the client their rights and responsibilities as a tenant by going through the Residential Tenancy Agreement, the Renting Guide, the condition report and any special conditions.
- Give details on housing management policies and procedures such as the determination and payment of rents and other charges, and procedures for rent arrears, handling complaints, grievances and appeals.
- Provide details of how to contact the housing provider.
- Outline any opportunities for tenant involvement and representation.

Prior to moving into the property the client needs to sign a standard Residential Tenancy Agreement.

The client, with the assistance of their Support Coordinator or another person of trust where necessary, then carries out an inspection of the property and if necessary adds notes to the inspection report previously carried out by the housing provider. This document is then attached to the Tenancy Agreement.

Client moves in

On the agreed date, the client makes arrangements to move into their new property.

It should be noted that under normal circumstances it is up to the client, and their existing carers, to arrange and fund the costs associated with moving. Whilst no local HASI provider has responsibility for these tasks, frequently the accommodation support provider does assist as part of the agency's broader support coordination role.

Accommodation support providers have also been funded to assist clients with the purchase of furniture for their residences.

7.4.3 Where a client rejects a proposed property

If the client rejects a proposed property, then the housing provider can:

- Resume the search for another suitable property.
- Refine the property selection criteria to more accurately reflect the client's needs.
- Negotiate with the client to be more flexible in their specifications.

In most circumstances, other suitable properties will be located and, following client site visits, the client will accept the property and Steps 4 to 6 can be proceeded with.

If a suitable property cannot be located by the housing provider within a reasonable time frame (eg 21 days), a number of options are available:

1. The client could be temporarily housed in another property until a more suitable and ongoing premise can be located.
2. The client could be referred to another housing provider, which is already participating in HASI. (This action would need to be approved by both the Client Selection Panel and the various sponsoring and funding agencies given that another housing provider may not be a partner to HASI); or
3. In circumstances where the client has rejected two or more properties that fit the property selection criteria, and there are no extenuating circumstances, then the housing provider has the right to refer the matter to the Client Selection Panel for reconsideration of the client's suitability for the Initiative at that time.

In this situation, the accommodation support provider, on behalf of the Client Selection Panel:

- Advises the client that, as the Initiative is unable to provide housing agreeable to the client, they cannot be accepted into the Initiative at this time.
- Invites the client to reapply when there are future vacancies.
- Gives the client information on the appeals process.
- Starts the interviewing process with the next applicant on the prioritised list.

7.4.4 Rent assessment

All HASI clients are expected to pay rent in accordance with normal social housing practice. Rent will be assessed in accordance with the Department of Housing Rent Policies. Rent Assistance is not available where the client is a public housing tenant. The standard rent assessment and review policies and procedures of the housing provider will apply to High Support HASI clients and to all other people living in the accommodation.

Consistent with these policies, housing providers are required to inform the client, their live-in partners or carers, as well as the accommodation support provider, about matters such as:

- When rent will be assessed.

- What notification is required and how notification will be given.
- What information the tenant needs to provide for rent assessment.
- How the tenant is notified of the outcomes of the rent assessment process.
- What tenants will be told including rent amounts, method of calculation and date the new rent applies.
- How tenants can appeal a rental decision.

To simplify the process, clients are encouraged to have their rental payments direct debited from their account.

7.5 Housing services – Lower Support HASI

Clients must already be housed either in public or community housing, through the Department of Housing, prior to entering the Lower Support HASI program. As a result, the role of housing services differs between High Support HASI and Lower Support HASI, as the housing services provider is not required to organise placement. The Housing Services provider therefore has a role to:

- Participate in the referral and selection of Lower Support HASI clients, through both the referral process and by participation in the Lower Support HASI Client Selection Panel.
- Communicate effectively with other provider agencies, both informally and through participation in the Lower Support HASI Local Area Coordination Group.
- Assist Lower Support HASI clients to stabilise their tenancies, especially in the initial stages of their entry into the program.
- Maintain ongoing contact with clients to assist them in their management of their tenancies.
- Formalise their contact with clients by inclusion in the Individual Service Plan.
- In all respects, act as a benevolent landlord to the client.

Managing the tenancy of each Lower Support HASI client involves:

- Ensuring that properties are maintained and repaired.
- Collecting rent from the client in line with the Department of Housing's rent policy for Public Housing and Community Housing. Where the client's finances are managed by the Office of the

Protective Commissioner, the housing provider is required to ensure rent or fee receipts are provided to the Protective Commissioner.

- Monitoring all rental payments and managing rental arrears. This includes negotiating schedules of repayments and monitoring agreements. Housing providers are required to negotiate who pays for water usage in accordance with the *Residential Tenancies Act 1987*, which specifies the circumstances where these charges can be passed on to tenants.
- Providing the client with appropriate documentation regarding their accommodation and its management including:
 - A Residential Tenancy Agreement that complies with the *Residential Tenancies Act*.
 - Rent information and processes.
 - The policy and processes for making a complaint.
- Fulfilling their obligations under the *Residential Tenancies Act (2000)*.

In undertaking all of these roles it is expected that the housing provider will engage with the client in a sensitive and responsive way. They will also ensure the client understands what is expected of them as part of their Tenancy Agreement.

In the case of tenant damage, the housing provider will negotiate repairs and payment with the tenant according to their internal policies and in line with provisions in the *Residential Tenancies Act*. Housing providers should also keep records of maintenance work needed and carried out on properties housing HASI clients.

7.5.1 Rent assessment

All HASI clients are expected to pay rent in accordance with normal social housing practice. Rent will be assessed in accordance with the NSW Community Housing Rent Policy, which is generally 25 per cent of gross assessable income, including Rent Assistance. Rent Assistance is not available where the client is a public housing tenant. The standard rent assessment and review policies and procedures of the housing provider will apply to Lower Support HASI clients and to all other people living in the accommodation.

Consistent with these policies, housing providers are required to inform the client, their live-in partners or carers, as well as the accommodation support provider, about matters such as:

- Who assesses and reassesses rent and when.

- What notification is required and how notification will be given.
- What information the tenant needs to provide for rent assessment.
- How the tenant is notified of the outcomes of the rent assessment process.
- What tenants will be told including rent amounts, method of calculation and date the new rent applies.
- How tenants can appeal a rental decision.

To simplify the process, clients are encouraged to have their rental payments direct debited from their account.

7.6 Individual Service Plans

An Individual Service Plan defines what each client will receive through being a client of HASI. It summarises what the client's local HASI providers will do, and how services will be delivered. It also contains key contacts for the client.

Individual Service Plans are not the same as Mental Health Care Plans or Support Plans prepared by the Accommodation Support Provider. The client's Individual Service Plan is a shared document negotiated between all the parties and signed by all the local HASI providers as well as the client. In this way, it enables all three providers to define their roles in relation to each other as well as the client.

The Individual Service Plan is the document that brings the partnership existing at the service level to the operational level. It is therefore very important that all three service providers are involved in the negotiations with the client to produce this document.

Each Individual Service Plan should define specific commitments to the client such as:

- Who the Support Coordinator is.
- The nature or range of services to be provided.
- The average number of hours, or range of hours to be provided by the accommodation support provider.
- Lists of contact people and contact details relevant to the client's housing, clinical care and support.
- A signed client agreement form that:
 - Acknowledges their participation in finalising the Service Plan.
 - Commits to meeting with the Support Coordinator on a regular basis.

- Where required and appropriate, authorises the three local HASI providers to discuss the client's progress, particularly in circumstances where either their accommodation, health or wellbeing is being jeopardised or where services need to change.

Individual Service Plans, should have all other HASI related documents attached. This would include the signed Tenancy Agreement, the Mental Health Care Plan and the Support Contract.

Individual Service Plans should reflect and take into account the individual clients needs and backgrounds. Factors that should be considered include:

- Does the client need accredited interpreters or cultural brokers?
- Are services sensitive to the clients' religious or cultural beliefs?
- How can documentation or other materials be made more appropriate to the clients' needs?
- How can existing links with family, carers, friends and the community be built on or enhanced?
- Is the client suitably located or supported in accessing preferred social and recreational activities?
- What can be done to establish or maintain education, training or employment opportunities for the client?
- Is the client suitably located or supported in terms of accessing services such as Commonwealth Employment Services, TAFE, Adult Migrant Education Services, supported employment or other services and facilities significant to the client?

In order that the Individual Service Plan remains current, it is recommended that all Plans be reviewed on a regular basis. In most instances they will be updated during the quarterly meetings of the Local Coordination Group.

The Accommodation Support Provider is responsible for ensuring the Individual Service Plan is completed and that all parties to the agreement have current copies of the document.

A sample Individual Service Plan is presented in Attachment 2.

7.7 Community housing insurance scheme (CHIS) and HASI

The Community Housing Insurance Scheme is an insurance policy to insure the whole community-housing sector held by the Office of Community Housing. To ensure that CHIS works effectively in relation to HASI clients the following mitigation strategies are to be implemented:

- Community housing providers given the option of being members of placement committees.
- Identification of behaviours that create a potential risk.
- Recorded agreement by Mental Health Services and HASI accommodation support providers that consumers are suitable for housing independently within the community.
- Potential risk factors are taken into account when matching accommodation with consumers.
- If a consumer is refused accommodation due to risk issues then a date is set for the placement committee to review the level of risk and any changes.
- Community housing providers have the right to defer or veto placement of consumers until suitable accommodation is found.
- Close liaison between Mental Health Services/ HASI support services and the community housing provider, with the former to advise the community housing provider of any change in the consumer's circumstances which may affect risk.
- Public liability insurance for community housing providers extended to include leasehold properties in 2006/07.

Lower Support HASI monitoring and evaluation

The type of monitoring system and ongoing evaluation described in this section is planned for all stages of HASI. See section 9 for information on HASI wide monitoring and evaluation. At this point in time, prior to the formal evaluation of Lower Support HASI being conducted, the minimum data set (see Attachment 8) will address initial data recording issues.

8.1 Responsibility

An evaluation of Lower Support HASI is to be conducted as an integral component of the Initiative.

The two Sponsor Agencies – the Department of Housing and NSW Health (through the Centre for Mental Health) are responsible for the Evaluation.

Each funded accommodation support provider is expected to coordinate the collection and collation of monitoring data relating to HASI clients and outcomes in line with an overarching evaluation framework. For the most part this information would be routinely gathered from the application and referral process and through regular discussions with the client and the local HASI partners. Whilst data needs to be collected on an individual basis, it is important that all discussion and reporting outside of the Local HASI Coordination Group or between the relevant local HASI providers, consistently protects the client's privacy and ensures their anonymity.

The Local Lower Support HASI Coordination Group in each area is responsible for monitoring the Initiative in the local area. The local accommodation support provider, as the secretariat to this group, has a specific role in this regard through preparing Local HASI Status Reports.

Monitoring and evaluation data is submitted to the local Area Health Service in accordance with the Performance and Funding Agreement signed between the Area Health Service and the provider.

8.2 Evaluation framework

An evaluation framework has been developed to guide the planning and implementation of monitoring and evaluation activities for Lower Support HASI. The framework will cover a description of the:

- Results logic (what are the intended results associated with the delivery of Lower Support HASI services; what does it look like if Lower Support HASI is fully implemented; what does it look like if Lower Support HASI is successfully achieving the intended results).
- Key evaluation questions (what questions should be answered by the evaluation).
- Monitoring and reporting (what data should be regularly collected and reported to track progress with implementation and the achievement of intended results).
- Evaluation plan and methods (what activities need to be undertaken to evaluate the program, by whom, when, how reported).

8.2.1 Results logic

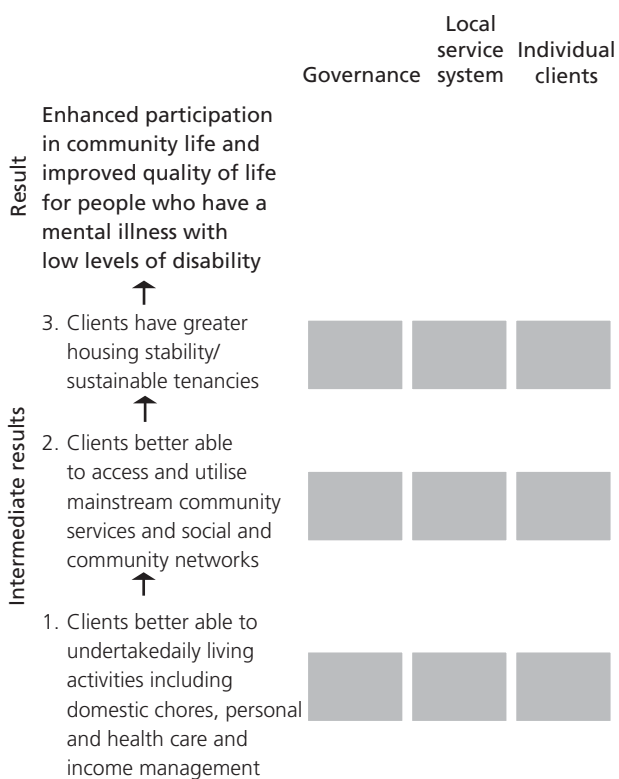
Ultimately, Lower Support HASI aims to enhance participation in the community and improve the quality of life for people in social housing who have a mental illness with low levels of disability. Specifically, for people who are the recipient of a Lower Support HASI package, the program aims to contribute to this result by achieving a number of intermediate results – namely, ensuring that:

- Clients are better able to undertake daily living activities including domestic chores, personal and health care and income management.
- Clients are better able to access and utilise mainstream community services and social and community networks.
- Clients have greater housing stability through sustainable tenancies.

The implicit logic of these intermediate results is that progress first needs to be made in relation to daily living activities (intermediate result 1) in order for people to

have the stability in their lives to properly access and utilise available social and support services (intermediate result 2). When these results are in place, it is more realistic that responsive tenancy management and housing support services will lead to sustainable tenancies (intermediate result 3).

The central evaluation question associated with this results logic is whether a modest investment in individual support packages for the target group (costing of the order of \$10,000 per annum), supported by improved coordination with mainstream housing and mental health services, can achieve tenancy durations for HASI 2 clients which are comparable to those of other social housing tenants.



While the intended results of Lower Support HASI are defined in terms of the outcomes for clients, the success of the program is dependent on changes of three levels – governance arrangements, local service systems and individual clients:

- **Governance** – the overarching responsibilities and decision-making processes to drive the implementation of Lower Support HASI.
- **Service system** – linkages at the local level between the accommodation support services, the Area Mental Health Service, and public housing client service teams to work collaboratively with each Lower Support HASI client.

- **Individual clients** – the perspectives, experiences and outcomes for Lower Support HASI clients.

At each level, specific attributes of success for Lower Support HASI can be defined:

Governance (overarching responsibilities and decision-making processes to drive the implementation of the Lower Support HASI)

- HASI partners are actively involved in monitoring and evaluating the implementation and effectiveness of the support packages.
- Arrangements are in place for raising, escalating and resolving issues related to systemic barriers or service gaps identified during the delivery of Lower Support HASI.
- Agreed actions to resolve systemic barriers or service gaps are fully implemented by HASI partners.

Service system (linkages at the local level between the accommodation support services, the Area Mental Health Service, and public housing client service teams to work collaboratively with each Lower Support HASI client)

- Local Lower Support HASI Coordination Groups are established with active participation from accommodation support services, the Area Mental Health Service, and public housing client service teams (or other social housing providers).
- Clear protocols and procedures are in place to ensure good practice standards are met in the delivery of Lower Support HASI individual support packages – covering:
 - Support for clients to undertake daily living activities including domestic chores, personal and health care, dealing with neighbours and income management.
 - Support for clients to access and utilise mainstream community services and social and community networks.
 - Responsive tenancy management.
- Improved coordination and cooperation at the local level between housing managers, mental health support services, and accommodation support providers results in more responsive services for Lower Support HASI clients and other social housing tenants for a mental illness.

- Local service delivery agencies are satisfied with improvements in the responsiveness of their own agency and other agencies to the needs of social housing tenants who have a mental illness with low levels of disability.

Individual clients (the perspectives, experiences and outcomes for Lower Support HASI clients)

- Lower Support HASI clients make increased use of preventative community and social services and network with a resultant reduced incidence of events that put tenancies at risk (eg nuisance and annoyance complaints).
- Lower Support HASI clients have no more CTTT actions taken against them for nuisance and annoyance, property care or rental arrears issues than other tenants (eg number of Notices to Terminate).
- Lower Support HASI clients have average tenancy durations comparable to other tenants.
- Lower Support HASI clients are satisfied with the appropriateness and responsiveness of support services.

8.2.2 Key evaluation questions

The evaluation of Lower Support HASI requires an assessment of whether the intended results are achieved in practice. Rather than simply being 'yes' or 'no' responses, the evaluation process aims to provide answers to the underlying policy questions about what worked well, in which circumstances and for which clients, and why.

Governance

- Do the Lower Support HASI governance arrangements support appropriate leadership, accountability and decision-making in relation to providing services for social housing tenants who have a mental illness with low levels of disability.
- Do the governance arrangements provide an appropriate and effective mechanism for raising, escalating and resolving issues related to systemic barriers or service gaps identified during the implementation of Lower Support HASI.
- What lessons can be learnt about the timeliness and effectiveness of the development and initial implementation phases of Lower Support HASI.
- How will governance arrangements be sustained in the longer-term.

Local service systems

- What are the different local 'service systems' developed for referrals, eligibility assessment and acceptance of Lower Support HASI clients. What are the strengths and weaknesses of these models.
- What are the critical factors and barriers to the effective implementation of the Lower Support HASI packages of care. What are the specific issues in relation to:
 - working in rural and remote areas
 - establishing services (eg recruitment and training)
 - developing local protocols and procedures
 - selecting eligible tenants for support
 - using the JGOS to streamline the establishment and implementation of local service systems
 - good practice in integrating Lower Support HASI packages with High Support HASI and other support programs – in particular how can Lower Support HASI link with existing local accommodation support programs.
- What lessons can be learnt about good practice in working with social housing tenants who have a mental illness with low levels of disability.
- How will local support arrangements be sustained in the longer-term.

Individual clients

- What is the profile of clients who have received assistance under Lower Support HASI.
- To what extent does this profile match the intended target group. What are the different local approaches to assessing whether potential clients meet the core eligibility criteria – ie diagnosed with a mental illness (or functional impairment identified by a mental health professional) with a low levels of psychiatric disability).
- What support services do clients receive.
- What has been the impact of these services on:
 - improved independent living skills
 - access and use of preventative community and social services and network
 - sustainability of social housing tenancies.
- In what circumstances have support packages been most/least effective. Which clients has the support package been most/least successful in assisting.
- What are the critical factors and barriers to assisting Lower Support HASI clients to sustain their tenancies.

8.3 Monitoring and reporting

Ongoing performance data will need to be collected and reported for each Lower Support HASI project.

Data specifications and standard reporting templates are still under development, but indicative details are presented below.

8.3.1 Data specifications

	Data specifications	Data collection
Applicant and client profile	<ul style="list-style-type: none"> ■ Date application received ■ Application referral source ■ Date application assessed by selection committee ■ Applicant characteristics: <ul style="list-style-type: none"> – age – gender – cultural background (including ATSI; CALD; need for interpreter) – current housing – housing size eg number of bedrooms, type eg townhouse, and location eg suburb/town; estate – relative need: <ul style="list-style-type: none"> a. difficulties sustaining current tenancy b. number of tenancies in previous three years c. mental illness diagnosis (by a mental health professional) d. level of psychiatric disability/functioning. ■ Result of application (successful – support package offered – on waiting list; unsuccessful) – by reason for decision. 	Application Assessment Form (separate form to be completed for each applicant)
Local service system	<ul style="list-style-type: none"> ■ Names of all local partnership agencies and specifically the local housing and mental health providers. ■ Number of referrals to Lower Support HASI – identifying eligible and ineligible applications (by referral source). ■ Number of support packages available. ■ Number of support packages in use. ■ Number of people on waiting list. ■ Frequency of Lower Support HASI local coordination meetings. ■ Frequency of placement committee meetings. 	Six-monthly local HASI Status Report
Support services	<ul style="list-style-type: none"> ■ Levels and nature of support provided: <ul style="list-style-type: none"> – Total number of direct support hours – Average, median weekly support hours – Number/type of referrals to mainstream community and other NGO services – Total number of support hours by other agencies under non-HASI support plans. ■ Average cost of support provision per client. ■ Support provision expenditure items. 	Quarterly client data form (separate form to be completed each quarter for each client)
Client outcomes	<ul style="list-style-type: none"> ■ Tenancy duration (measure from the start of the tenancy to the current date) ■ Number of clients who have exited the program identifying administered both planned and unplanned exits: <ul style="list-style-type: none"> – eviction – abandon property – non-renewal of tenancy due to failure of tenant to meet RTA obligations – housing inappropriate for client's needs – client moving to other long-term housing – client moving back to higher-support accommodation – planned end of tenancy due to end of individual support plan. ■ Client and support provider assessment of client's: <ul style="list-style-type: none"> – capacity to undertake daily living activities – use of community and support services and networks. 	Quarterly client data form (separate form to be completed each quarter for each client) including client and support provider assessment – during a support review
Client satisfaction	<ul style="list-style-type: none"> ■ Client satisfaction with appropriateness and responsiveness of: <ul style="list-style-type: none"> – current housing – support services. 	Six-monthly Consumer Satisfaction Survey

8.3.2 Standard reporting templates

Monitoring data will be submitted using standard reporting templates or locally developed forms that provide the equivalent data. This will include:

- **Application assessment form** – A separate form or electronic record will need to be completed for each applicant – drawing on information contained in the application and referral form and the results of the client selection panel. Forms or electronic records will be submitted to the local Area Health Service on a quarterly basis.
- **Client data form** – A separate form or electronic record, updated quarterly, will need to be completed for each client – drawing on information from
 - Accommodation support provider care coordination records
 - Tenancy/mental health data updated at local coordination meetings
 - Client and support provider assessments undertaken during periodic support reviews

Updated forms or electronic records for each current client will be submitted to the local Area Health Service on a quarterly basis.

- **Client satisfaction form** – A standard survey to collect customer feedback on the appropriateness and responsiveness of their current housing and support services. Results of surveys are to be submitted every six months as part of Local HASI Status Reports.

Further, a standard reporting template will be used for **Local HASI Status Reports** to provide information about the status of the HASI program in the local area. They are prepared by the local accommodation support provider on a six-monthly basis. Local HASI Status Reports include information on local service systems as well as a commentary on issues or challenges currently facing the implementation of Lower Support HASI in the local area.

Information contained in the Status Reports should include:

- An overview of local partnership arrangements, including the status of the:
 - Local HASI Coordination Group
 - Local Client Selection Panel
 - Service Level Agreement.
- Discussion of any tenancy related issues such as factors that may be influencing the length of tenancy

and where clients move to after exiting the Initiative; or impacts of clients leaving before the lease expires, neighbour issues or damage to property issues.

- Any significant breaches of written agreements and contracts between the client, accommodation support provider, mental health service and the housing provider, together with actions to address the breaches and any unresolved issues.
- Details of any complaints received about clinical care, support or housing services, the steps required to resolve them and the outcome.
- Access and equity issues that may have arisen.
- Operational issues which need to be discussed or resolved by the Lower Support HASI Advisory Committee.
- Service access issues particularly any difficulties with accessing and using community health and HACC services.
- Identified challenges affecting clients related to service provision.

8.4 Evaluation activities

Evaluation of Lower Support HASI will focus around three key activities:

- **Ongoing performance monitoring** – Periodic analysis and reporting of submitted quarterly application assessment and client data forms.
- **Preliminary evaluation of Lower Support HASI**
 - Assessment of the establishment and initial implementation of Lower Support HASI with a focus on lessons learnt at the local level about good practice in implementing support packages. The findings from this evaluation would be used to refine and improve the roll-out of the program.The preliminary evaluation will also include a baseline data study to establish data on tenancy outcomes (particularly average tenancy duration) for people in social housing who have a mental illness with low levels of disability.
- **Summative evaluation of Lower Support HASI**
 - Assessment of the achievement of the intended results, the strengths and weaknesses of the Lower Support HASI model and implications for sustaining support arrangements in the longer-term. Inevitably under bigger evaluations more detailed data will be required, however this monitoring system looks at a minimum data required under any evaluation of HASI.

HASI monitoring and evaluation

A key aim of HASI is to build upon the current evidence-based knowledge as to what constitutes best practise for supported accommodation models.

A focus of the HASI will be to utilise coordinated service evaluation that is linked to research to expand the base of knowledge with regard to the successful recovery of people from disabling mental disorders (ie to learn more about what works for whom).

9.1 HASI Stage One evaluation

To access more information on the HASI Evaluation (HASI Report 1: Summary, Social Policy Research Centre 2005 NSW Health) http://www.health.nsw.gov.au/pubs/2005/house_accom.htm

9.2 Development of HASI wide monitoring system

HASI Monitoring Forms have been developed to assist in setting up an ongoing monitoring system that can also form the basis of future evaluations of HASI. The Monitoring Forms are at Attachment 8. It is the responsibility of the accommodation support providers to collate the data and submit the forms. It is recognised that the accommodation support providers will need close liaison with housing providers and area health services to collect all the information. The information will be collected for each HASI client and be submitted six monthly to the Centre for Mental Health, who has the responsibility of collating and reporting back to service providers.

Inevitably under bigger evaluations more detailed data will be required, however this monitoring system looks at the minimum data required under any evaluation of HASI.

9.3 Key performance indicators

The Centre for Mental Health requires the following key performance indicators (KPIs) be reported. These KPIs do not need to be collected separately as they will be extracted from the data submitted in the HASI Monitoring Forms.

9.4 Quality of life measures

It is a requirement of HASI that accommodation support providers used a standardised assessment tool to measure consumer outcomes. A range of quality of life measures are suitable for measuring consumer outcomes under HASI. Through consultations with stakeholders via the HASI Forums it is intended that at least one tool be identified for consistent use across providers.

9.5 HASI High support – evaluation

The Social Policy Research Centre (SPRC) from the University of New South Wales was commissioned by NSW Health and the Department of Health (DOH) to longitudinally evaluate HASI Stage One over two years. The implementation, process and effects of HASI are being evaluated with a specific focus on client outcomes (such as hospitalisation rates, tenancy stability and community participation), service provision and governance framework.

The following are some of the key findings from the first evaluation report:

Target group

- HASI Stage One clients have high levels of psychiatric disability and histories of long term hospitalizations, tenancy instability, limited social networks and family connectedness and minimal levels of community participation.
- 71.9 per cent of clients have schizophrenia as a primary diagnosis.
- Clients spent 12,486 days in hospital or residential rehabilitation centres in the year prior to joining HASI.

Partnership model

- Housing provision by community housing providers and the DOH is well linked to clinical support from the Area Mental Health Services (AMHSs) and accommodation/disability support from non-government organizations (NGOs).

- Three NGOs, Neami, Richmond Fellowship of NSW and New Horizons, fulfill the role of the Accommodation Support Providers (ASPs). They provide a range of support to clients – domestic, emotional, physical health, education and employment, advocacy, social and leisure.
- Clients are independently accommodated in units, townhouses, villas or separate houses, which usually have two-bedrooms.

Initial outcomes

- 93.1 per cent of clients were satisfied with their homes.
- Community participation levels had improved for most HASI Stage One clients. 72.2 per cent had made new friends since joining the program and 65.6 per cent were participating in social and community activities.

- 85 per cent of clients have successfully maintained their tenancy under HASI.
- 69 per cent of AMHS case managers reported an improvement in their clients’ mental health.
- Projected over twelve months, HASI clients spent 1,377 days in hospital, which represents a 90 per cent fall in hospitalization/residential rehabilitation trends.
- Most clients were regularly seeing a case manager (92.2 per cent), psychiatrist (88.9 per cent) and general practitioner (85.4 per cent); and 42.4 per cent had consulted an allied health professional.
- Over half of the clients reported improvement in their cooking, shopping and budgeting skills, along with improved diet and use of public transport.
- 9 per cent of individuals had exited the program at the time of the evaluation.

Client outcomes	Partnership outcomes	Cost effective outcomes
1. Number of registered HASI clients who have completed MHOAT outcome measures <hr/> Total number HASI clients in period	5. Total number of planned inpatient (acute or non-acute) for HASI clients in period <hr/> Total number HASI clients in period	7. Total number of inpatient (acute or non-acute) bed days occupied by HASI clients in period <hr/> Total number HASI client group days in period
2. Number of HASI clients who have completed validated Quality of Life measures in period <hr/> Total number HASI clients in period	6. Total number of HASI evictions from housing in period <hr/> Total number HASI client in housing (public and community) in period	8. Total number of disability support hours delivered to HASI client group in period <hr/> Total number of disability contracted support hours in period
3a. Total number of unplanned inpatient (acute or non-acute) admission for HASI clients in the period <hr/> Total number of HASI clients in period		9 Total number of ambulatory mental health care hours delivered to HASI client group in period
3b. Number of individual HASI clients with unplanned inpatient admissions in period		
4. Total number of HASI 1 and 3 clients who have moved to HASI 2 or non-HASI housing in period. <hr/> Total number of HASI 1 and 3 clients in period		

Service Level Agreement (*sample*)

Housing and accommodation support initiative Service Level Agreement – conditions and requirements

1. Introduction

The Housing and Accommodation Support Initiative is a three way NSW Government funded partnership between Area Mental Health Services, Non-Government Mental Health Accommodation Support Providers (hereafter referred to as Accommodation Support Providers) and the Social Housing Providers.

This service agreement is to ensure an understanding of and agreement to the roles and responsibilities of all parties with respect to the client and each organisation. While it is acknowledged that each provider has their own core responsibilities and areas of expertise, it is also acknowledged that the partnership adds more value than just the sum of the parts and that the nature of the program inevitably means that there will be opportunities to improve service delivery through strategic involvement of partners across particular areas of responsibility. It is a program requirement of the Department of Housing and the NSW Department of Health, Centre for Mental Health that a service level agreement be in place.

The parties to this agreement are:

- Mental Health Accommodation Support Provider
- Social Housing Provider
- Area Mental Health Service.

2. Communication and information

2.1 Lines of communication

While in most cases, communication will be between the Accommodation Support Provider and the Area Mental Health Service or between the Accommodation Support Provider and the Social Housing Provider, all parties to this agreement retain the right to contact each other directly, when necessary.

2.2 Consent to exchange information

As the project is a three way partnership, it will be an entry requirement that clients allow disclosure of relevant information between the parties and that this be recorded in writing between the clients and the relevant parties.

2.3 Notification of absence from dwelling

All parties will notify each other should it become known to them that the tenant has left, or intends to leave, the property with the intention not to return or if for any other reason is absent or likely to be absent from the property for a period in excess of three months.

2.4 Change of Clinical Mental Health Worker, Housing Worker or Accommodation Support Worker

The Area Mental Health Service, Social Housing Provider and Accommodation Support Provider will notify each other immediately of any change in the worker allocated as primary contact for the client.

2.5 Support Agreement for individual client

Where the Social Housing Provider is a Community Housing Organisation, a separate support agreement will be entered into for each client.

3. User rights

The Area Mental Health Service, Social Housing Provider, and the Accommodation Support Provider will:

- Respect the right of the client to an independent, self-determining lifestyle.
- Respect the client's right to privacy and confidentiality.
- Will only share extra client information that is above the agreed level of information exchange with the knowledge and permission of the client and/or his or her guardian (where the client has an appointed guardian).
- Will treat the client with dignity at all times.
- Will act in accordance with the NSW Community Housing Disability Policy and the National Mental Health Statement of Rights and Responsibilities.
- Will make information available to clients in relation to both internal and external complaints and appeals mechanisms.

4. Accommodation Support Provider

4.1 Major roles of Accommodation Support Provider

The Accommodation Support Provider is responsible for:

- Establishing, assessing and monitoring individual support plan with the client in collaboration with the designated Area Mental Health staff; and where relevant (see dot point below), designated Social Housing Provider staff.
- Liaising with the Social Housing Provider in relation to issues that have the potential to affect the tenancy, or represent a breach of the lease agreement (where known). The Accommodation Support Provider will incorporate relevant goals in the support plan where appropriate, to address any such issues.
- Promptly informing the Social Housing Provider and appropriate Area Health Service staff of any matter which may affect the safety and security of staff and/or neighbours.
- Promptly informing the designated Area Mental Health staff of any mental health concerns or issues which may impact on the mental health and wellbeing of clients in the program.
- Providing support to each client in Program in line with the needs identified in their individual plan, within the boundaries of this Service Level Agreement, and in accordance with the recurrent

funding agreement with the NSW Health under the Housing and Accommodation Support Initiative.

- The Accommodation Support Provider will provide the client, and/or his or her guardian
 - A copy of the individual plan.
 - Written advice on complaints handling procedures.
- Should the client's finances be under the management of the Office of the Protective Commissioner, the Accommodation Support Provider is required to obtain approval from the Office of the Protective Commissioner for the payment of rent and other contributions to household expenses.

4.2 Level of support from Accommodation Support Provider

The level and type of support to be provided to the client shall be in accordance with the funding contract between the Accommodation Support Provider and the Area Mental Health Service, set out in an Individual Service Plan negotiated between the Accommodation Support Worker, Mental Health Worker, the client (and guardian), and recorded. Individual Service Plans must be reviewed at least every three months. The aim of the document is to assist the client to lead a fulfilling, meaningful life in the community, that meets his or her individual needs.

If there is a change in the level of support provided to the client, the Support Provider will inform both the Social Housing Provider and appropriate Area Mental Health staff.

4.3 Client exit

Wherever possible, the Support Organisation will ensure that the individual plan is formally evaluated with the client (and guardian) at a case closure meeting.

5. Major roles of the Area Mental Health Service

The Area Mental Health Service will:

- provide clinical mental health services based on each client's individual assessed needs. Services may include arrange of professional assessments, care coordination, treatment, rehabilitation and in-patient services.
- inform clients, any family or carers, the Social Housing Provider and the Accommodation Support Provider on appropriate referral procedures

and access pathways for mental health services, both during office hours and after hours.

- provide access to 24 hour mental health services for clients in situations of psychiatric emergency. Access to consultation and advice will be available on a 24 hour basis to the Accommodation Support Provider and Social Housing Provider. This will at least constitute a telephone support and triage service.
- participate in the development of the Individual Service Plan. This will involve the client and relevant staff from the Accommodation Support Provider and Mental Health Service and as necessary, the Social Housing Provider.
- provide educational workshops and other forms of tuition in relation to mental health issues for Accommodation Support Provider and Social Housing Providers

6. Housing provision

6.1 Roles of the Social Housing Provider

The Social Housing Provider is responsible for:

- **[High Support HASI only]** Developing acquisition briefs for stock acquisition and, where relevant, identifying properties for acquisition by the NSW Land and Housing Corporation. While this process will be coordinated by the Social Housing Provider, all parties will have opportunity to participate in the process, to the extent that they determine is appropriate. It should be noted however organisations participating in identification of properties for acquisition will need to have the capacity to act on short time frames.
- **[High Support HASI only]** Acquiring stock on the private market for use in the program. This will be done in consultation with all parties who can be involved in the identification process, to the extent that they determine is appropriate.
- To provide replacement properties as outlined elsewhere in this agreement. Such offers of housing will be made in accordance with the Social Housing Providers internal policies and procedures.
- Outlining the roles, responsibilities and expectations of the Social Housing Provider to the tenant (and guardian).
- Ensuring the tenant is provided with appropriate information in order to understand and sign a Residential Tenancy Agreement. Alternatively, where

a guardian has been appointed the guardian can take on the process issues relating to the Tenancy. In this case the Social Housing Provider is required to ensure that the guardian is aware of the nature of the Agreement with his or her client. Where the tenant's finances are managed by the Office of the Protective Commissioner, the Social Housing Provider is required to ensure that rent or fee receipts are provided to the Protective Commissioner where this is required by legislation.

- Providing relevant information to the client and where relevant, his/her guardian in relation to housing services available through their organisation, and other generalist housing services. The support provider will source other information where required in relation to alternative supported housing and or support options.
- Providing sensitive, responsive housing management to the tenant in accordance with the *Residential Tenancy Act* and applicable standards.
- **[High Support HASI only]** Asset management of any properties owned by the Office of Community Housing and head leased to the Social Housing Provider, as outlined in applicable head lease documents. It is the role of the Social Housing Provider to negotiate asset management issues with the Office of Community Housing (or the landlord where the property is head leased in the private rental market) directly and (in consultation with the support provider) on behalf of the support provider.
- Promptly informing the Support Provider and designated Area Mental Health staff of any matter which may affect the safety and security of staff, or any breach of the lease, or other matter which may affect the sustainability of the premises or is relevant to the support agreement.

6.2 Terms of the tenancy and information at lease commencement

The terms of the tenancy will be in accordance with the *Residential Tenancy Act*. The term of the tenancy will be in accordance with the 'Renewable Tenancies Policy' applicable to public housing, or the organisations own policy, whichever affords greater security of tenure.

The client (and guardian) is to be given the following documents at the start of their tenancy:

- All documents required by law eg lease including property inspection and the Renting Guide (available from the Department of Fair Trading,

Customer Services and Community Education Division PO Box 972 Parramatta 2124).

- Information on tenancy information services such as The Department of Fair Trading, Tenant's services provided by Community Legal Centres and the Tenants Union Hotline (02) 9251 6590.
- A copy of the Social Housing Provider's Tenant Dispute Policy and grievance procedure.

7. Provision of furnishings

In properties where furnishings are provided by the accommodation support provider, the accommodation support provider, as the owner of the furniture, will be responsible for repairs and maintenance of such. In such cases the furniture will not be rented as furnished premises and an inventory of the furniture will not form part of the lease agreement. The Social Housing Provider's insurance (where applicable) will not cover the furniture.

8. Where Accommodation Support Provider involvement ceases

The Support Provider will immediately inform the Social Housing Provider and the designated Area Mental Health staff if the client declines further support or if for any other reason support ceases either temporarily or permanently.

Where the tenant remains in the property and is able to live independently without support, or with support from an alternative provider, the tenant will become a general tenant of the Housing Association, and another property will be made available to the Housing Support Provider for allocation, subject to resources of the Social Housing Provider. In the case of HASI Stage One, prior to any final decision not to make an additional property available for allocation under the initiative, the Social Housing Provider will discuss the issue with the Office of Community Housing.

Where the tenant remains in the property and there are significant tenancy issues or other factors which may indicate that the tenant is unable to live independently, a joint meeting between the Social Housing Provider, the Accommodation Support Provider and Area Mental Health staff may be convened by any of the parties to determine a plan to address the situation, given the resources of the three partner organisations. Options may include rehousing, provision of services from alternative support sources, instigation of proceedings to end the tenant's lease agreement etc.

If the tenancy ends, the Social Housing Provider will make another property available to the Housing Support Provider for allocation under the HASI program, subject to resources of the Social Housing Provider. In the case of High Support HASI, prior to any final decision not to make an additional property available for allocation under the initiative, the Social Housing Provider will discuss the issue with the Office of Community Housing.

9. Client information

9.1 Meetings with Social Housing Provider, Clinical Mental Health Service Provider and Accommodation Support Provider

The client and guardian can request to meet at any time with the Social Housing Provider, Clinical Service Provider or Accommodation Support Provider to discuss the progress of the tenancy and the support arrangements, and consent will not be withheld unreasonably.

9.2 Right to terminate arrangements

The client has the right to terminate either the tenancy in line with the conditions of the Residential Tenancy Agreement or the support arrangement at any time; however, termination of the support arrangement by the tenant, may jeopardise the tenancy. The client's ability to refuse clinical mental health services will be dependant upon their *NSW Mental Health Act* legal status and any treatment obligations at the time.

9.3 Tenancy participation

The client will have the opportunity to be involved in all forms of tenant participation as outlined in the Social Housing Provider's Tenant Participation Policy.

10. Reporting and evaluation and review

10.1 Review of arrangements for housing and support of clients

The Accommodation Support Provider will contact the Social Housing Provider after the first six months, and then annually, to discuss the appropriateness of housing and support arrangements for clients housed under the program unless more frequent contact is indicated under other terms of this agreement. If the client has a guardian appointed and any change in housing or support arrangements is proposed, the guardian is to be involved in these discussions.

Where a client's tenancy or support arrangements are threatened for any reason, the workers who have that knowledge (from any agency) will inform the other service partners immediately. The guardian must also be contacted.

10.2 Participation in data collection

The Support Provider and Social Housing Provider will provide client data as required by the funding bodies as agreed by the parties or as is otherwise notified, provided this information is reasonable and does not place undue demands on the organisation's resources.

10.3 Client satisfaction evaluation

The client's satisfaction with the service received from all partners to the HASI will be evaluated by the Support Provider as part of the case closure process and by the Social Housing Provider, should the lease end, or the tenant decline support from the Support Provider. The findings of any such review will be made known to the other parties.

10.4 Participation in HASI program monitoring and evaluation process

The Support Provider is required to participate in an annual review process as part of their funding agreement with Area Mental Health. The Social Housing Provider will also be given the opportunity to have input to any formal review of the initiative.

The Social Housing Provider and Support Provider agree to jointly undertake regular evaluations to ensure the Service Agreement is working efficiently and meeting the needs of the clients. These will be undertaken at least annually.

10.5 Review of this Agreement

This agreement should be reviewed every twelve months. Section 6.5 states that the Social Housing Provider and Support Provider agree to jointly undertake regular evaluations to ensure the Service Agreement is working efficiently and meeting the needs of the client. The review is in addition to the evaluation and is to ensure that the Service Agreement enables the Social Housing Provider and the Support Provider to work effectively together to meet the needs of their clients. The terms and conditions of this agreement should be reviewed by all of the parties annually.

11. Dispute resolution

Step 1. Housing Worker, Clinical Services Worker and Support Worker

When a dispute arises between the parties to this Agreement, a representative from each of the parties will first attempt to resolve the situation by discussing the issues in dispute and reaching agreement on how to resolve them. A written record will be kept detailing who was present, the issues in dispute, agreements reached and recommended actions.

Step 2. Representation to management boards

If the dispute is not resolved in Step 1, any party can make a complaint or appeal a decision through the relevant organisation's complaints and appeals mechanisms. If the organisation does not have a complaint's and appeals mechanism representation can be made to the Management Committee of the other party. The complainant will detail the nature of the dispute in writing.

Step 3. Mediation

If the dispute is not resolved in Step 2, the involved parties Social Housing Provider will arrange mediation through an independent service such as a Community Justice Centre. The parties involved in the mediation will share the costs of the mediation equally.

Stage 4. Advice to Department of Housing and NSW Health

After mediation, the Support Provider and Social Housing Provider will write jointly to the regional Department of Housing officer and the regional Service Support and Development Officer of the NSW Health. This letter should detail the issues in dispute, what attempts have been made to resolve the issue and the outcome and agreements of the mediation process.

12. Vacancies and allocations (High Support HASI only)

The Accommodation Support Provider is required to inform the Social Housing Provider and the Area Mental Health Service if a vacancy occurs in housing funded under the Housing and Accommodation Support Initiative. The Accommodation Support Provider will convene a meeting of all parties to form an allocations committee to prioritise eligible applicants and to fill

vacancies. Should the Housing Provider not wish to participate in the allocation process, they can inform the remaining parties that vacancies may be filled by nomination. Any vacancy in a Housing and Accommodation Support Initiative property, has an impact on the Social Housing Providers capacity to put aside funds for repairs, maintenance, upgrading, rates and insurance of the property. It is therefore important that the Accommodation Support Provider notify the Social Housing Provider promptly and assessment for a new client commences at the earliest opportunity. The Accommodation Support Provider agrees to meet the agreed cost rent payable on any property that remains vacant and ready for reletting for more than four consecutive weeks, or else to waive their option to place a HASI client in the property.

13. Withdrawal from this Agreement

If any party wishes to withdraw from this Agreement, one month's written notice shall be given to the other party indicating their reason for withdrawal.

If disputed by the other party and if the dispute procedure has not been used to resolve issues associated with the reason for withdrawal, the parties should proceed to Step Two of the Disputes Procedure.

No party will withdraw services, while the matter is undergoing any dispute resolution process outlined in this agreement.

If either the Housing or Support Provider is unable to continue providing housing or support services, the Regional Team Leader of the Department of Housing and the Area Mental Health Service Management will be contacted and invited to assist the providers in making alternative housing or support services for the client.

14. Safety issues

Workers from any of the parties will notify the Social Housing Provider immediately they become aware of any outstanding safety issues in properties including, but not restricted to:

- a. storage of unsafe or dangerous goods
- b. the use of any unsafe appliances
- c. the malfunction of any smoke or fire alarm system in the property
- d. outstanding maintenance issues
- e. any likely dangerous situations housing workers or contractors may encounter when visiting the property.

For those properties managed by Public Housing Client Service Teams the Housing Contact Centre should be called on 131 571 for b, c and d above.

15. Critical issues

Notwithstanding obligations under clauses 14, all parties agree that they will supply relevant information to each other in regard to any critical incidents that occur in properties managed under this Agreement. Verbal notification should occur immediately on one party becoming aware of any critical incident.

If the parties agree that a written report is required, a report should be prepared by the parties within two working days of the incident occurring and being brought to the attention of the parties.

Housing and accommodation support initiative Service Level Agreement – (HASI stage one) *(sample)*

This Service Level Agreement is made on _____ at _____ New South Wales
between _____ afterwards known as the 'Social Housing Provider'
and _____ afterwards known as the 'Housing Support Provider'
and the _____ Area Health Service.

Signatures

_____ *(Social Housing Provider)* agrees to abide by the special terms outlined in this Agreement, the standard terms outlined in the Housing and Accommodation Support Initiative Service Level Agreement and to adhere to the Provider's stated policies and procedures in maintaining the tenancy or license agreement.

Name _____
(Social Housing Provider Chairperson)

Signature _____

Name _____
(Housing Worker)

Signature _____

Should be whoever has delegation to sign on behalf of the organisation.

_____ *(Support Provider)* agrees to abide by the special terms outlined in this Agreement, the standard terms outlined in the Housing and Accommodation Support Initiative Service Level Agreement and will ensure that the level of support agreed to in the funding Contract with NSW Health is delivered in accordance with the principles outlined in this Service Level Agreement and the client's individual plan.

Should be whoever has delegation to sign on behalf of the organisation.

Name _____

Signature _____

Name _____

Signature _____

_____ *(Area Health Service)* will ensure that the level of support agreed to in the funding Contract with the Support Provider is delivered in accordance with the principles outlined in this Service Level Agreement and the client's individual support plan.

Name _____
(Area Health Service)

Position _____

Signature _____

Individual Service Plan *(sample)*

This Service Plan is for _____ *(name of client)*
residing at _____ *(full property address)*
made on _____ *(date)* at _____ *(location)*,
NSW between _____ afterwards known as the
'Mental Health Service', _____ afterwards known the
'Housing Provider', and _____ afterwards known as the
'Accommodation Support Provider' as part of the Housing and Support Initiative afterwards known as 'HASI'.

Accommodation Support Provider

The name of the Accommodation Support Provider is:

The support coordinator who has responsibility for the development and monitoring of the client's support services, and for liaising with other providers as required is:

Name _____

Phone _____

If this person is unavailable, an alternative contact is:

Phone _____

The after-hours contact is:

Phone _____

Service details

(Add here or attach any service details or information relevant to the client's mental health care plan – see over page as an example).

(Sample)

A minimum of _____ hours per week
and a maximum of _____ hours per week
will be provided to the Client through the Accommodation Support Provider. The accommodation support provider will maintain client records of the support time provided to the Client.

Additional support service

(For services purchased through brokerage by the Accommodation Support Provider).

Name of the support provider is:

Name _____

Phone _____

If this person is unavailable, an alternative contact is:

Phone _____

The after-hours contact is:

Phone _____

Service details

The support provider will provide the client with:

(Add here or attach any service details or information relevant to the client's support services)

Mental Health Service

The name of the mental health service is:

The mental health care coordinator who will provide treatment and rehabilitation services on behalf of the mental health service is:

Name _____

Phone _____

If this person is unavailable, an alternative contact is:

Phone _____

The after-hours mental health crisis line contact is:

Phone _____

Service details

(Add here or attach any service details or information relevant to the client's mental health care plan)

Housing Provider

The name of the housing provider is:

The contact name for the housing officer who will manage the property and tenancy related issues is:

Name _____

Phone _____

If this person is unavailable, an alternative contact is:

Phone _____

The after-hours contact is:

Phone _____

Tenancy details:

(Add or Attach Tenancy Agreement or other information relevant to the client's housing)

Signatures: _____

As nominated representatives of our respective agencies we endorse this Statement of Service by signing:

Signature _____

(Accommodation Support representative)

Print Name _____

Date _____

Signature _____

(Mental Health representative)

Print Name _____

Date _____

Signature _____

(Housing representative)

Print Name _____

Date _____

Client Agreement

I, _____

(Client name) have been involved in negotiating the various aspects of the above Service Plan.

I nominate _____

(name) _____

(contact details including phone number) to be my family or support contact.

In accepting my housing under the HASI program, I agree to the support provided by the nominated services.

I also agree to meet with my nominated care coordinator from time to time, or at my request, to discuss, monitor and change the support provided to meet my needs.

Signature _____ *(Client)*

Print Name _____

Date _____

3. What other services are assisting you?

4. In what areas can we assist?
ie meeting people, looking after the home,
learning new skills etc

5. How much support do you think you need
to be able to live independently?

6. Have you been unwell recently? (list details)

7. What keeps you well?

8. Are you satisfied with your housing/living situation?

Yes No

9. Have you ever lived on your own?

Yes No

If yes, in what circumstances?

10. Where have you lived over the past three years?

11. Have you ever lived in public housing?

Yes No

12. Have you applied for public housing?

Yes No

13. Do you have assets over \$30,000?

Yes No

14. Have you ever lived in a supported housing service?

Yes No

If so where, and why did you leave?

15. Which areas would you most like to live?

Is the applicant suitable for Accommodation Support under HASI?

Yes No

16. Do you have a carer?

Yes No

If yes – Does carer assist with self-care, mobility or communication?

Yes No

17. Does carer live with you?

Yes No

18. Carer relationship to you:

- Wife/female partner
- Husband/male partner
- Mother
- Father
- Daughter
- Son
- Daughter-in-law
- Son-in-law
- Other female relative
- Other male relative
- Friend/neighbour female
- Friend/neighbour male

19. Carer's Age Group:

- Under 15 years
- 15–24 years
- 25–44 years
- 45–64 years
- 65 years and over

20. Does carer receive a service from a PDSS?

- Yes – as a primary client
- Yes – as a carer of a client
- Yes – as both a primary client and as a carer
- No

21. Do you consent to the release of your information to DHS for the purpose of data collection?

- Yes No

22. Referral source:

- Self
 Family/friend
 General Practitioner
 Community Service Agency (government)
 Community Service Agency (non-government)
 Specialist aged or disability assessment service
 Residential Rehabilitation
 Residential alcohol/drug treatment unit
 Acute care hospital (general)
 Psychiatric Facility, inpatient unit
 Community Mental Health Service
 Psychiatric Long Term Facility, CCU
 Non psychiatric long term care
 Private Psychiatrist
 Within organisation

23. Heritage and Background are you of?

- Aboriginal origin
 Torres Strait Islander origin
 Both Aboriginal and Torres Strait Islander
 Neither Aboriginal nor Torres Strait Islander origin

Country of birth:

Self _____

Father _____

Mother _____

24. Main language spoken at home?

25. Interpreter required?

- For language other than English

Language _____

- For non spoken communication

- No

26. Most effective method of communication:

- Spoken language
 Sign language
 Other effective non-spoken communication
 Little or no effective communication

27. Primary diagnosis:

- Schizophrenia
 Bipolar disorder
 Depression
 Anxiety
 Personality disorder
 Eating disorder
 Post natal
 Schizo-affective
 Other Psychiatric diagnosis
 Not known

28. Other disability:

- Drug and alcohol
 Intellectual
 Specific learning/Attention deficit disorder
 Autism
 Physical
 Acquired Brain injury/Head injury
 Neurological
 Deafblind (dual sensory)
 Vision
 Hearing
 Speech

Comments:

28. Usual residential Setting:

- Private residence – owned or purchased
- Private residence – private rental
- Private residence – public rental
- Private residence – mobile home or caravan
- Independent unit within a retirement village
- Boarding house/Private hotel
- Short term crisis/emergency accommodation
- Transitional accommodation
- Domestic-scale supported living facility
- Supported residential service, Hostel
- Residential aged care facility
- Psychiatric inpatient unit
- Psychiatric community care facility (CCU, Residential rehabilitation)
- Public place/Temporary shelter
- Residence within an Aboriginal community – rented private residence
- Residence within an Aboriginal community – temporary shelter
- Hospital
- Other

29. Living arrangement:

- Live alone
- Live with family
- Live with others

30. Do you have dependent children?

- Yes, live with me
- Yes, do not live with me
- No

30. Labor force status:

- Employed
- Unemployed
- Not in the labour force

31. Main source of income:

- Disability support pension
- Other pension or benefit
- Paid employment
- Compensation payments
- Other (superannuation, investments)
- No income

32. Emergency contact person:

Name _____

Relationship _____

Address _____

Phone _____

Mobile _____

33. Support needs:

a) Self care:

- Unable or always needs support
- Sometimes needs support
- Does not need support but uses aids or equipment
- Does not need support

b) Mobility:

- Unable or always needs support
- Sometimes needs support
- Does not need support but uses aids or equipment
- Does not need support

c) Communication:

- Unable or always needs support
- Sometimes needs support
- Does not need support but uses aids or equipment
- Does not need support

d) Interpersonal interactions and relationships:

- Unable or always needs support
- Sometimes needs support
- Does not need support but uses aids or equipment
- Does not need support

e) Learning:

- Unable or always needs support
- Sometimes needs support
- Does not need support but uses aids or equipment
- Does not need support

f) Education:

- Unable or always needs support
- Sometimes needs support
- Does not need support but uses aids or equipment
- Does not need support

g) Community and economic life:

- Unable or always needs support
- Sometimes needs support
- Does not need support but uses aids or equipment
- Does not need support

h) Domestic life:

- Unable or always needs support
- Sometimes needs support
- Does not need support but uses aids or equipment
- Does not need support

i) Working:

- Unable or always needs support
- Sometimes needs support
- Does not need support but uses aids or equipment
- Does not need support

34. Who is the service user's primary clinical support?

- Public Area Mental Health Service
- Private Psychiatrist
- General Practitioner
- Other

Name _____

Service _____

Phone _____

35. Do you have a care coordinator at the Area Mental Health Service?

- Yes No

Name _____

Service _____

Phone _____

Permission sought to check with case manager and/or doctor to clarify any parts of this application.

- Yes No

Application completed by:

Date _____/_____/_____

Consent *(sample)*

I, _____ give my consent to {insert accommodation support provider name} to seek information from the following concerning matters related to this application from:

Name _____

Relationship _____

Phone _____ *(for the period of this intake process)*

I also give my consent to the {insert accommodation support provider name} to keep a record of my referral. I understand that this information will be coded to protect my identity and will only be accessible to the services that I come into contact with.

I agree to allow {insert accommodation support provider name} to call me (or my designated contact person if I am not contactable) in order to update my information and to see if I am still interested in housing and support.

Signed _____ Date _____ / _____ / _____

Application consent form *(sample)*

This form is part of the Housing Accommodation Support Initiative (HASI) client selection process. It formally seeks the applicant's approval to allow the HASI accommodation support provider to use information provided by the applicant to further process their application to the Initiative.

The Accommodation Support Service understands and respects the importance of the confidentiality of your health and personal information.

This application provides the Accommodation Support Service with information about your present living situation, your personal life, your housing care and support needs. In order for the Initiative to make an informed decision regarding your application for housing we may need to verify documentation or information with those that have provided it.

Under the *Public Health Act* the Accommodation Support Service has an obligation to obtain your consent for your care coordinator to give this application to us.

Your consent is also needed before we can discuss this application and verify any details with your care coordinator or other persons involved in providing you with care and support services.

I, _____
(applicant name) give consent for my support coordinator

(support coordinator name) to submit this application form to

(name of accommodation support provider), the local HASI Accommodation Support Provider.

I give consent for _____
(name of accommodation support provider), to submit this application to the Client Selection Panel on my behalf if it is prioritised for a vacancy.

I understand that the Accommodation Support Provider will confirm my consent with me at the time of submission of the application to the Selection Panel.

Signed _____ *(applicant signature)* Date _____/_____/_____

I, _____
(applicant name) also give consent for the Client Selection Panel to verify documentation and discuss this application with those who have provided the information.

I understand that if I do not provide this consent the Selection Panel for the Housing and Accommodation Support Initiative may not be able to consider my application.

Signed _____ *(applicant signature)* Date _____/_____/_____

Witness Signature _____ Date _____/_____/_____

Relative need assessment form *(sample)*

This form is for use by the Selection Committee to determine the relative needs of applicants to the Housing Accommodation Support Initiative (HASI). The forms generates a relative need score that can then be used to determine priority candidates to fill a vacancy. The form has been adapted from a version used by the Richmond Fellowship of NSW.

Applicant name _____ Date of Birth ____/____/____

Address _____ Date of assessment ____/____/____

1. General criteria for entry

The following are minimal criteria for acceptance into HASI:

- The person has a mental illness, mental health problem or disabling mental disorder.
- The person has a need for high-level accommodation support.
- The person has the potential to benefit from a residential program and wants to live in supported accommodation.
- The person has a capacity to function within the level of support available, ie the person's mental health is sufficiently stable to be able to live in the community.
- The person's alcohol or drug use can be managed safely within the available support level.

All boxes should be ticked to proceed to 2.

2. Criteria for placement in a particular program or house or level of support

Each of the houses within the Initiative is designed to meet particular needs.

Factors that are considered include:

- the applicant's Living Skills Profile (which accompanies the ApplicationForm)
- the person's level of support needs and level of ongoing disability
- any specific behaviour, health problems or special needs which may require particular support
- the person's age, and gender
- the current needs of other tenants

3. Criteria for prioritisation

The following criteria and scores help determine priority applicants for HASI:

Relative Needs Score – Present accommodation	
Acute or Non-Acute Psychiatric Unit	10
Low – moderate level Supported Accommodation	8
Homeless/Respite Services	8
Short term accommodation/Refuge	6–8
Long term accommodation	4–8
Living at home	4–8

Accommodation

Scores for long-term accommodation and living at home are based on an assessment of the applicant's total psychosocial needs and the suitability of his or her current accommodation. This is determined in consultation with the applicant and his or her referrer, care coordinator and/or primary carer.

Primary diagnosis

Mental illness (schizophrenia, bipolar disorder, other psychotic disorders, other disabling mental disorders)	10
Other mental health problems	3
Youth eligibility criteria (not diagnosed)	

Area criteria

Current resident of area for which application is made	7
Previous resident with significant links to area for which application is made	7
Previous tenant in an accommodation support service	3

HASI joint assessment policy *(sample)*

Developed by Raichel Green

Statement of principle/outcome

The Mental Health service is committed to providing consumers of the HASI project with a high quality assessment. In order to achieve optimum outcomes for the consumer this assessment will be conducted in partnership with clinical mental health services and disability support staff from New Horizons. This is in recognition of the unique partnership developed as per the HASI project.

National Mental Health Standards

Standard 11.3 Consumers and their carers receive a comprehensive, timely and accurate assessment and a regular review of process.

Standard 8.3 The mental health service develops and maintains links with other sectors at a local, state and national level to ensure specialised coordinated care and promote community integration for people with mental disorders and/or mental health problems.

Policy/Procedure statements

- All referrals received for the HASI projects are to be directed to New Horizons HASI coordinator who will co-ordinate the assessment process.
- New Horizons HASI coordinator will then contact the applicant and the clinical mental health care coordinator to arrange a suitable time and venue for the assessment interview.
- If the client does not have a clinical mental health care coordinator and has been referred by an outside agency/family then a clinical mental health member from the placement committee will conduct the assessment with the New Horizons worker.
- It is preferable that the clinician and the HASI coordinator or delegate meets prior to the assessment in order to clarify any issues or ensure relevant information exchange prior to the assessment interview.
- The assessment interview will be culturally sensitive
- During the assessment interview the following information should be addressed.

1. Purpose of assessment is explained to consumer.
 2. Information regarding HASI is provided to the consumer
 3. Assessment of the consumers ability to complete daily living activities including bathing, dressing, cleaning, shopping and housing needs etc.
 4. Assessment of clinical needs (These may already have been assessed by the referring mental health clinician and information may merely be needed to be provided to New Horizons.)
 5. Identification of the type and frequency of support hours required.
 6. Identification of any cultural factors.
 7. Confirmation of specific housing requirements including access issues, special needs location and cost.
 8. Informs the consumer of the selection committee process eg what will happen next.
 9. Following the interview the assessment team should gather as much information about the client as possible once gaining consent from the consumer eg contact GP or other agencies involved.
 10. The assessment team will then make a recommendation to the placement committee regarding the consumers eligibility for the program and the type of package that the client requires eg High support or medium support.
- The assessment team will utilise specific assessment documentation as developed for the project when assessing consumers.
 - AT times a specific occupational therapy assessment may be recommended by the assessment team to gain further information regarding the consumers eligibility/needs.

General information

A concise summary can be written if the procedure is complicated or requires detailed explanation.

Requirements or equipment

New Horizons and Mental Health Joint assessment documentation.

Acceptance letter (*sample*)

<Contact details>

Dear < > ,

I am writing to advise you that your recent application to the Housing and Supported Accommodation Initiative has been successful.

At this time we are able to offer you a medium disability support package which will be provided by New Horizons. The RAFT team will continue to support you regarding your clinical mental health needs.

Kind Regards

Rejection letter (*sample*)

<Contact details>

Dear < > ,

Thank you for referring Daphne Steel to the Supported Accommodation Packages on the Central Coast. Your referral has been assessed by a care coordinator from New Horizons and Central Coast health and has been presented to the projects placement committee for consideration. Unfortunately your referral to the program was not accepted as,

- The client referred was assessed as requiring a higher level of support than is provided via the packages eg 24-hour group home supervision.
- The client has not been stabilised on their medication regime/the client is currently experiencing an acute episode of illness.
- The client refused to accept disability support services offered.
- The client was assessed as requiring a lower level of disability support than is offered via the packages.
- The client has since moved out of area.
- The client does not have a primary diagnosis of mental illness.
- The client's age is outside the eligible age for the program (16–65 years)
- Other _____

At this time your referral information will be archived. If your client's circumstances change please contact New Horizons so that your referral can be reactivated.

Should you wish to appeal this decision you have 1 week to lodge a written appeal with the placement committee. Please address all appeals to:

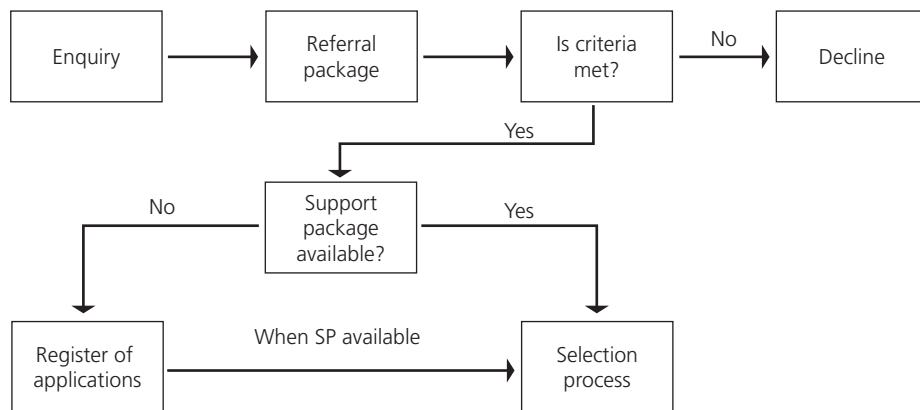
The Coordinator
New Horizons
<Contact address>

Regards

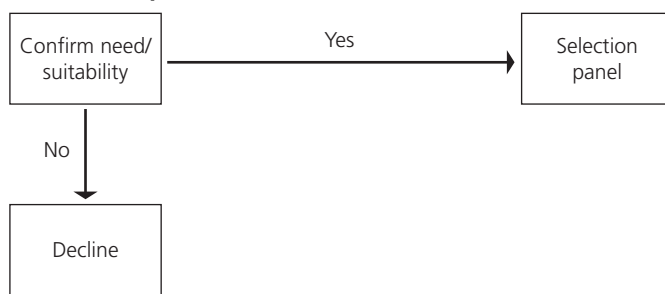
On behalf of the Central Coast Placement Committee
Supported Accommodation Packages.

Sample intake system *(provided by Aftercare)*

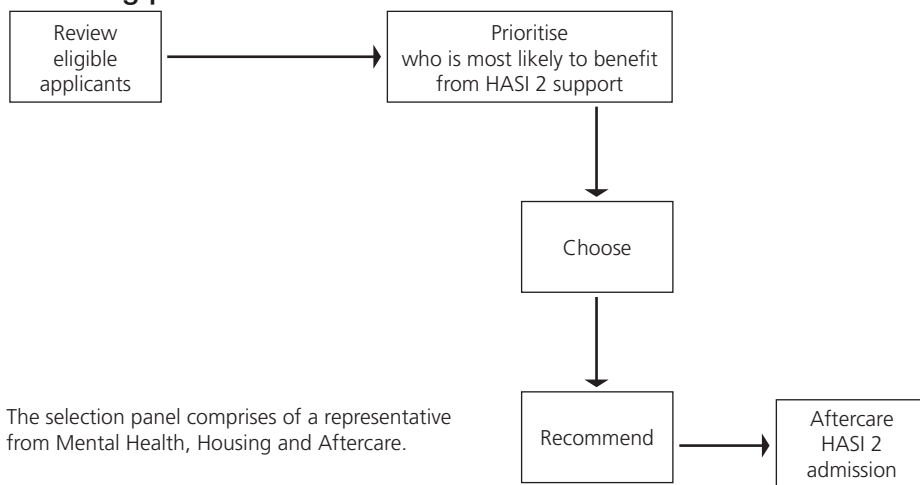
Intake



Selection process



Selecting panel



HASI monitoring forms (*sample*)

HASI monitoring form 1. Applicant profile

(Version 2, please ensure that you use current version)

A separate form is to be completed for each HASI application received during the reporting period.

Pilot forms: Submission to ARTD by mail: PO Box 216, Haberfield, NSW 2045
or email hasi.monitoring@artd.com.au

1. Service name

2. Applicant/client code

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3. Reporting period

- 1 July – September 2006
- 2 October – December 2006
- 3 January – June 2007

4. Informed consent

- 1 Yes
- 2 No

Application and referral

5. Date application received

6. Referral source

- 1 Public Housing Client Service Team
- 2 Mental Health Service
- 3 Hospital
- 4 Community Housing Provider
- 5 Referral from other HASI program
- 6 Other (specify) _____

7. Name of referring organisation

8. Date application processed by selection committee

Eligibility

9. Applicant date of birth (16 years or older)

10. Accommodation at time of application

- 1 Public housing
- 2 Hospital, date of admission
- 3 Community housing
- 4 Other – specify name and location of accommodation _____

11. Diagnosed mental illness

- 1 Schizophrenia
- 2 Bipolar Disorder
- 3 Schizo-affective
- 4 Functional impairment identified by mental health professional
- 5 Other diagnosed mental illness, specify _____

12. High support needs (if applicable)

- 1 In hospital (acute)
- 2 In hospital (sub-acute)
- 3 Recurrent hospitalisation (acute)
- 4 Recurrent hospitalisation (sub-acute)

13. Predicted support hours per month

Applicant characteristics

14. Gender

- 1 Male
- 2 Female

15. Cultural/language background

- 1 ATSI
- 2 Language other than English spoken at home, specify _____
- 3 Language other than English-need interpreter

16. Country of birth

17. Have the following assessments been completed (tick all that apply and give scores)

- 1 MH-OAT (standard measures)
 - a) HoNOS score _____
 - b) LSP-16 score _____
 - c) K10 score _____
- 2 Global assessment of functioning
 - a) GAF score _____
- 3 Camberwell assessment of needs
 - a) CANSAS score _____

18. Co-existing factors impacting on mental illness

- 1 Intellectual disability
- 2 Substance abuse
- 3 Physical disability
- 4 Other, specify _____

19. Tenancy risk factors

- 1 High turnover in housing/accommodation
Number of tenancies/houses in last 2 years

- 2 Periods of homelessness
Number of days homeless in last 2 years

- 3 Nuisance and annoyance complaints related to tenancy
Number of N&A complaints for tenancy in last 2 years

- 4 Applications for orders to CTTT
Number CTTT applications for tenancy in last 2 years

20. Other relevant information

21. Application outcome

- 1 Approved – placed on register
- 2 Approved – support package allocated
- 3 Rejected, state reason for rejection, specify _____

22. Type of Support Package approved

- 1 Lower level support (HASI 2, \$10,000)
- 2 High level support (HASI 1 and 3), \$50,000
- 3 Very High Level of support (HASI 3B, \$70,000)

HASI monitoring form 2A. Clients with individual statement of support *(Version 2, please ensure that you use current version)*

A separate form is to be completed for each HASI client who has an ISP during the reporting period.

Pilot forms: Submission to ARTD by mail: PO Box 216, Haberfield, NSW 2045
or email hasi.monitoring@artd.com.au

1. Service name

2. Applicant/client code

--	--	--	--	--	--

3. Reporting period

- 1 July – September 2006
 2 October – December 2006
 3 January – June 2007

4. Client status

- 1 Current ISP in place throughout reporting period
- 2 New ISP signed during reporting period
Specify date _____
- 3 ISP closed during the reporting period
Specify date _____

Services provided – ISP

5. Direct support – services provided by the Support Coordinator to the client under the agreed ISP

- a) Total number of direct support hours agreed in the ISP in reporting period _____
- b) Total number of direct support hours actually delivered in reporting period _____
- c) Largest number of direct support hours in any single week in reporting period _____
- d) Smallest number of direct support hours in any single week in reporting period _____
- e) Number of weeks in reporting period where no direct disability support was provided _____

6. Main support activities/services during the reporting period (estimate percentage of total time spent on each)

- a) Domestic skills _____
- b) Personal and health self-care _____
- c) Pre-vocational and vocational support _____
- d) Advocacy _____
- e) Income management _____
- f) Counselling/psychosocial support _____
- g) Links with family and friends _____

7. Provide details of main support activities

8. Further details of other direct support

9. Ambulatory mental health care

- a) Total number of ambulatory mental health care hours delivered in reporting period _____

10. Referrals

- a) Number of referrals made by Support Coordinator to other supports _____
- b) Total number of support hours by other agencies under non-HASI support plans _____

Tenancy details – ongoing tenancies

11. Tenancy

- a) Duration of current tenancy (in months) _____
- b) Number of N&A complaints for tenancy in reporting period _____
- c) Number CTTT applications for tenancy in reporting period _____
- d) Number of weeks in rental arrears at end of reporting period _____

12. Factors that put the tenancy at risk over the reporting period

13. Strategies in place to address risk factors

Support details – ongoing tenancies

14. Has the client attained their individual (ISP) goals in the reporting period in relation to ...

	Yes	Partly	No
a) Self-care (personal hygiene, diet, taking medication)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Domestic skills (cooking, cleaning, shopping, laundry)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Community tasks (transport, income management, making appointments)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Use of health and allied services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Social and community participation (family, friends)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Work and education/training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Other Specify other goal _____			

15. If no, provide details of main strategies in place to improve goal attainment

16. Inpatient admissions in reporting period (number and stay in days, acute and sub-acute)

	No. of adm	Acute days	Sub-acute days
a) Unplanned admissions in reporting period	_____	_____	_____
b) Planned admissions in reporting period	_____	_____	_____

Tenancy details – terminating tenancies

17. Did the tenancy end during the reporting period

- 1 Yes
- 2 No – if no, go to question 21

18. Date client exited tenancy

19. Reason for exiting tenancy

- 1 Eviction
- 2 Abandoned property
- 3 Non-renewal of tenancy due to failure of tenant to meet RTA obligations
- 4 Housing inappropriate for client's needs
- 5 Client moving to other long-term housing
- 6 Client moving back to higher-support accommodation
- 7 Planned end of tenancy due to end of individual support plan

20. Details of tenancy exit

Support details – closed ISP

21. Was the client's Individual Service Plan closed during the reporting period

- 1 Yes
- 2 No – if no, there are no more questions

22. Reason for ISP closure

- 1 Client no longer needed support (planned closure)
- 2 Client decided to discontinue support (unplanned closure)
- 3 Non-renewal of ISP due to failure of tenant to meet their obligations
- 4 Client moving to other long-term housing
- 5 Client moving back to higher-support accommodation
- 6 Other, specify _____

23. Other relevant information about ISP closure

HASI monitoring form 2B. Clients on register of applicants

(Version 2, please ensure that you use current version.)

A separate form is to be completed for each HASI client who has an ISP during the reporting period.

Pilot forms: Submission to ARTD by mail: PO Box 216, Haberfield, NSW 2045
or email hasi.monitoring@artd.com.au

1. Service name

2. Applicant/client code

--	--	--	--	--	--

3. Reporting period

- 1 July – September 2006
 2 October – December 2006
 3 January – June 2007

4. Client status

- 1 On Registry of Applicants throughout reporting period
 2 New entry in Registry of Applicants during reporting period
Specify entry date _____
 3 Removed from Register of Applicants during reporting period (ISP not allocated)
Specify date removed _____

Tenancy details – ongoing tenancies

5. Tenancy

- a) Duration of current tenancy (in months) _____
b) Number of N&A complaints for tenancy in reporting period _____
c) Number CTTT applications for tenancy in reporting period _____
d) Number of weeks in rental arrears at end of reporting period _____

6. Factors that put the tenancy at risk over the reporting period

7. Strategies in place to address risk factors

8. Inpatient admissions in reporting period (number and stay in days, acute and sub-acute)

	No. of adm	Acute days	Sub-acute days
a) Unplanned admissions in reporting period	_____	_____	_____
b) Planned admissions in reporting period	_____	_____	_____

Tenancy details – terminating tenancies

9. Did the tenancy end during the reporting period

- 1 Yes
 2 No – no more questions to answer

10. Date client exited tenancy

11. Reason for exiting tenancy

- 1 Eviction
 2 Abandoned property
 3 Non-renewal of tenancy due to failure of tenant to meet RTA obligations
 4 Housing inappropriate for client's needs
 5 Client moving to other long-term housing
 6 Client moving back to higher-support accommodation
 7 Planned end of tenancy due to end of individual support plan

12. Details of tenancy exit

Satisfaction survey (example)

The Richmond Fellowship wants to improve services we provide to you, so we have put together a 'satisfaction survey'. We would appreciate if you took the time to fill this out. The questionnaire is anonymous, so try to be as honest as you can.

How long have you been with the Richmond Fellowship?

1. Housing

Overall, are you pleased with the standard of your accommodation?

- Not happy at all
- OK
- Excellent accommodation
- Other: _____

2. Community access

How much assistance do you think you need to get to community facilities such as, the local chemist, travel around town, shops etc?

- No help needed what so ever
- Occasional help needed
- Always need help
- Other: _____

How well do you think the Richmond Fellowship helps you access these community facilities?

- No help at all
- Sometimes helpful
- Always helpful
- Other: _____

3. Budgeting

How much help do you need to budget your money?

- No help needed what so ever
- Occasional help needed
- Always need help
- Other: _____

How well do you think the Richmond Fellowship helps you budget your?

- Never helpful
- Sometimes helpful
- Always helpful
- Other: _____

4. Daily living activities

How much help do you need with daily living activities such as the shopping, preparation of meals and household chores?

A. Shopping

How much help do you need with the shopping?

- No help needed
- Occasional help needed
- Always need help
- Other: _____

How well do you think the Richmond Fellowship helps you do the shopping?

- Never helpful
- Sometimes helpful
- Always helpful
- Other: _____

B. Meals

How much help do you need to prepare/cook meals?

- No help needed
- Occasional help needed
- Always need help
- Other: _____

How well do you think the Richmond Fellowship helps you with preparing/cooking meals?

- Never helpful
- Sometimes helpful
- Always helpful
- Other: _____

C. Household chore

How much help do you need doing household chores?

- No help needed
- Occasional help needed
- Always need help
- Other: _____

How well does the staff of the Richmond Fellowship help you with household chores?

- Never helpful
- Sometimes helpful
- Always helpful
- Other: _____

5. Health care

Do you feel you need help to find suitable medical treatment?

- No help needed
- Occasional help needed
- Always need help
- Other: _____

How well do you think the staff of the Richmond Fellowship help you to do this?

- Never helpful
- Sometimes helpful
- Always helpful
- Other: _____

6. Education

Do you need help to get educational or vocational training eg TAFE?

- YES
- NO

If yes, have you received any help from the staff of the Richmond Fellowship to access this?

- Never helpful
- Sometimes helpful
- Always helpful
- Other: _____

7. General – Staff

Does the staff of the Richmond Fellowship spend enough time with you?

- Never enough
- Not often enough
- Enough
- More than enough
- Too much time
- Other: _____

Does the staff of the Richmond Fellowship treat you appropriately and with respect?

- Never
- Sometimes
- Always
- Other: _____

Do you feel you can talk to the staff – are they approachable?

- Never
- Sometimes
- Always
- Other: _____

Did the staff show you around the local community when you first moved in?

- YES
- NO

8. Department of Housing

Did you know that the Richmond Fellowship could help you access the Department of Housing/ housing provider?

- YES
- NO

9. Complaints

Do you know how to make a complaint against the Richmond Fellowship if you wanted to?

- YES
- NO

What is the first step you would take to lodge a complaint against the Richmond Fellowship?

Do you feel that you could talk to your Consumer Advocate, about a problem if you had one?

- I never feel I could
- I sometimes feel I could
- I feel I always could
- Other: _____

10. General

Are you pleased with the standard of support?

- Never pleased
- Sometimes pleased
- Always pleased
- Other: _____

Is maintenance carried out in a reasonable time?

- Never
- Sometimes
- Always
- Other: _____

Do you have any ideas about what the Richmond Fellowship could do better?

Do you think you have a say in what goes on in the Richmond Fellowship?

- Never
- Sometimes
- All of the time
- Other: _____

Would you like more of a say in what goes on?

- YES
- NO

Would you like to add any other comments?

Thank you for your time!

References

- 1 As defined in the 2002 *NSW Health: Housing and Accommodation Support Framework for People with Mental Health Problems and Disorders* 'accommodation support' is a component of disability support that specifically assists an individual to maintain their role functioning, skills and independence in relation to their accommodation.
- 2 Anthony, W.A. (2000). A recovery-oriented service system: Setting some system level standards, in *Psychiatric Rehabilitation Journal*, Vol. 24, No. 2, pp. 159–168.
- 3 Russinova, Z. (1999). Provider's hope-inspiring competence as a factor optimizing psychiatric rehabilitation outcomes. *Journal of Rehabilitation*, 16(4), 50–57.
- 4 Dun, C. and Fossey, C. (2002). Promoting the process of recovery, in S. Pepper (Ed), *Towards Recovery* (Volume 1). New Paradigm Press, North Fitzroy.
- 5 Reynolds, A., Inglis, S & O'Brien, A. (2002) *Linkages between housing and support – what is important from the perspective of people living with a mental illness*. Australian Housing and Urban Research Institute: Swinburne/Monash Research Centre.
- 6 Reynolds, A., Inglis, S & O'Brien, A. (2002) *Linkages between housing and support – what is important from the perspective of people living with a mental illness*. Australian Housing and Urban Research Institute: Swinburne/Monash Research Centre.
- 7 In this document, HASI Stages One and Three will be referred to as 'High Support HASI' and HASI Stage Two will be referred to as 'Lower Support HASI'
- 8 HASI Report 1: Summary, Social Policy Research Centre 2005 NSW Health
- 9 Whilst the Service Level Agreement is intended to be the core operating document for HASI at the local level, it should be noted that a number of local HASI providers currently operate according to contracts signed with the relevant Sponsor or Partner Agency (eg in the case of accommodation support providers, a contract with the Area Health Service or in the case of community housing providers, a contract with the Office of Community Housing). In all cases these contracts predate the finalisation of the standard Service Level Agreement. It is hoped that over time all contracts will evolve to more consistently reflect the terms and conditions contained in the standard Service Level Agreement.
- 10 In areas which use other bodies to perform the role of a Local Coordination Group, or where parties other than the three local HASI providers also sit on the Group, it is advisable that only those directly involved in HASI, and specifically are signatories to the Service Level Agreement, should participate in the dispute resolution discussion.
- 11 Individuals who have existing support packages yet do not have housing are eligible for HASI as long as they meet each of the eligibility criteria.
- 12 If due to the volume of applicants with priority needs, a number of applicants consistently do not reach priority status then it may be advisable for the accommodation support provider to notify the applicant and the nominating agency of this situation. In doing so they may wish to suggest the applicant consider withdrawing their application for HASI and pursuing other programs and initiatives more suited to their needs.
- 13 Applicants for priority housing are not ineligible for the HASI Stage Two packages.
- 14 2002 NSW Health; *Framework for Housing and Accommodation Support for People with Mental Health Problems and Disorders*.
- 15 Various providers use different names for these plans including Individual Service Plans or Care Plans.
- 16 Whilst these are the roles of the local mental health provider, the Area Health Service (of which the provider is part) is also responsible for funding and monitoring the performance of the accommodation support provider. These two discrete functions:
 - 1) being a local partner agency and direct service provider to HASI clients; and
 - 2) being a funding and monitoring body – need to be separately and carefully managed so as not to undermine the partnership approach that underpins HASI in each local area.

