NSW Health

Housing and Mental Health Agreement 2022

The Service Delivery Framework

NSW Health and
Department of Communities
and Justice

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The NSW Ministry of Health acknowledges the traditional custodians of the lands across NSW. We acknowledge that we live and work on Aboriginal lands. We pay our respects to Elders past and present and to all Aboriginal people.

Further copies of this document can be downloaded from the NSW Health webpage www.health.nsw.gov.au

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Contents

"The national and international evidence indicates the importance of having a home for an individual's ability to lead a contributing life. We know that generally, for people who are living with a mental health difficulty, getting and keeping their own home is hard to achieve compared to the general community... For the most vulnerable and unwell, cycles of homelessness, unstable housing and poor mental health can become their total life experience. Housing is a critical foundation for an individual's journey to recovery."

Professor Allan Fels AO and Dr Peggy Brown
Housing, Homelessness and Mental Health Consultation
National Mental Health Commission, 2017

A guiding note on language

Language has a profound impact on people and the use of inclusive and contemporary language empowers people, minimises stigma and changes culture over time.

The language used in this document is intended to be respectful, inclusive, recovery oriented and reflect the **Recovery Oriented Language Guide and Resources** produced by the Mental Health Coordinating Council (MHCC). The terminology of "person with a mental health condition" is used to refer to people with lived experience.

The framework also uses language which acknowledges the lived experience of carers, families, kinship groups and friends supporting people with lived experience of mental health conditions.

Further resources on language can be found here:

- **Lived Experience Framework for NSW** produced by the NSW Mental Health Commission
- **Language Matters** resource produced by the Network of Alcohol and Other Drugs Agencies (NADA).

Abbreviations

ACCHO	Aboriginal Community Controlled Health Organisation
ACHP	Aboriginal Community Housing Provider
ACI	Agency for Clinical Innovation
ACM	Assertive Case Management
AHO	Aboriginal Housing Office
AOD	Alcohol and Other Drugs
CCCP	Continuing Coordinated Care Program
CHP	Community Housing Provider
CLS	Community Living Supports
CMO	Community Managed Organisation
DCJ	Department of Communities and Justice
HASI	Housing and Accommodation Support Initiative
HMHA 22	Housing and Mental Health Agreement 2022
LHD	Local Health District
MH-CLSR	Mental Health Community Living Supports for Refugees
MHCC	Mental Health Coordinating Council
NGO	Non-Government Organisation
NDIA	National Disability Insurance Agency
NDIS	National Disability Insurance Scheme
NSW	New South Wales
PHN	Primary Health Network
SHS	Specialist Homelessness Service
SHMT	Social Housing Management Transfer program
SOW	Services Our Way program

Understanding this document

The Housing and Mental Health Agreement 2022 (HMHA 22) (and its supporting frameworks) operate in a complex environment of interrelated housing, homelessness and mental health policies and programs. This document uses the following icons to identify some of the key stakeholder, policy, program and other interrelationships that some HMHA 22 participants may not be familiar with.

Signpost	Description
 **A key partnership**	Part of the reason for developing a new HMHA 22 is to help develop relationships between an increasingly complex range of programs and providers relevant to the shared client group. These sections give some introductory information about partnerships that are necessary for effective HMHA 22 implementation.
 **A related policy framework**	These sections describe existing health, housing, homelessness or other government policy frameworks that relate to the HMHA 22 objectives and/or implementation. This information can help us 'talk each other's language'.
 **A useful guide or resource**	These are useful contemporary guides to implementing a principle or practice, or other resources that are relevant to HMHA 22 service delivery.
 **A key program for the HMHA 22 shared clients**	These sections give a snapshot of programs that are available across NSW that are relevant to the shared client group.
 **A good practice example**	HMHA 22 has been developed through detailed engagement with the housing, homelessness and mental health sectors. These sections highlight good practice examples unearthed during the consultation process.
 **A HMHA 22 supporting framework commitment**	These are the commitment cogs in the supporting frameworks. Implementing these at a state, district and local level gives us the best chance of achieving the HMHA 22 vision.
 **Make the case evidence summary**	HMHA 22 signatories and participants are committed to evidence-based practice. These sections provide a short plain English summary of key evidence.

The Housing and Mental Health Agreement 2022

01

Introduction

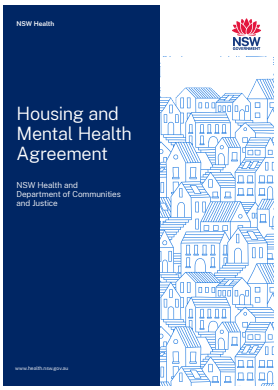
The Housing and Mental Health Agreement 2022 is a formal agreement between NSW Health and the Department of Communities and Justice.

It is a commitment that all levels of the agencies will work together, and with key stakeholders, to ensure that people with lived experience of a mental health condition have timely access to safe, secure, appropriate housing; and mental health supports in place when needed, to sustain their housing, live well in the community and lead their recovery.

The Agreement

Access to safe, secure, appropriate housing is essential to ensure that people who live with a mental health issue can live well in the community. Timely access to appropriate mental health supports enhances wellbeing, helps people sustain their tenancy, and creates pathways into housing for people experiencing homelessness.

NSW Health and the Department of Communities and Justice (DCJ) entered into the current **Housing and Mental Health Agreement (HMHA 22)** in February 2022. It marks a commitment between the two agencies to deliver the following key objectives:



- **Objective 1:** Re-invigorate effective, accountable and sustainable governance between mental health, housing, and homelessness services.
- **Objective 2:** Deliver on a common cross-agency agenda through shared goals in partnership with mental health, housing, and homelessness services and other key stakeholders.
- **Objective 3:** Embed agreed principles in policy, commissioning and service delivery.

The case for collaboration: a two-way relationship between housing and mental health

Housing and mental health have a two-way relationship. Having a safe and secure place to call home is a fundamental foundation for health and wellbeing. In turn, having good health and wellbeing helps people to sustain housing and access housing supports.

In NSW, like in other states, housing, homelessness and mental health have a history of being separate policy systems with little formal integration.

Acknowledging this two-way relationship and strengthening how we work together can amplify our efforts to improve our shared clients' wellbeing and mental health.

The HMHA 22 Shared Client Group

The HMHA 22 relates to the policy, commissioning and delivery of mental health, social housing and homelessness services by the signatory agencies to a shared client group.

The shared client group are people aged 16 years and over who:

- are living in social housing, experiencing homelessness, or at risk of experiencing homelessness, and
- require mental health services funded by NSW Health or support to access broader mental health services.

The HMHA 22 Participants

While the HMHA 22 is a formal agreement between DCJ and NSW Health, it cannot achieve its objectives without the two agencies working in close partnership with a broader range of service providers and the people who use these services. In the Agreement, this group is collectively referred to as the HMHA 22 'participants', and includes:

- people with a lived experience of a mental health condition, housing instability or homelessness, their families, kin, carers, and representative organisations
- NSW Health local health districts (LHDs)
- DCJ Districts
- Social Housing Management Transfer Program (SHMT) providers
- specialist mental health supports
- specialist housing supports
- specialist homelessness supports
- specialist Aboriginal providers
- housing supply and management
- other Non-Government Organisations (NGOs) providing DCJ and NSW Health funded housing, homelessness and mental health services to the shared client group and their peak organisations.

These stakeholders are considered key participants for the effective implementation of HMHA 22 and are encouraged to join in district and local level governance groups.

The signatories also recognise the role of private sector stakeholders in supporting the shared client group, including the role of general practitioners, private psychiatrists, allied health professionals, landlords and real estate agents.

Signatories

NSW Health Local Health Districts
Department of Communities and Justice Districts

Social Housing Management Transfer (SHMT) Program providers

Specialist mental health supports

Specialist housing supports

Housing supply and management

People with lived experience

Specialist homelessness supports

Specialist Aboriginal providers

Local supports

Specialist mental health supports

- Community Managed Organisations funded by NSW Government
- Community Managed Organisations funded by Primary Health Networks
- Psychosocial disability support providers funded under the National Disability Insurance Scheme
- Private sector providers – General Practitioners and private psychiatrists

Housing supply and management

- Land and Housing Corporation
- Aboriginal Housing Office
- Aboriginal Land Councils
- Real estate agents and landlords

Specialist Aboriginal providers

- Aboriginal Community Controlled Organisations
- Specialist Aboriginal Services funded by Primary Health Networks

Specialist housing supports

- Community Housing Providers
- Aboriginal Community Housing Providers

Specialist homelessness supports

- Specialist Homelessness Services

Local supports

- Local Government

A key program for the HMHA 22 shared clients

The Social Housing Management Transfer (SHMT) Program

The Department of Communities and Justice has transferred the tenancy management of around 14,000 social housing tenancies to community housing providers (CHPs), including the delivery of private rental assistance products as part of the **Social Housing Management Transfer (SHMT)**. This reflects the NSW Government support for a diverse community housing provider sector, and recognition of positive impact CHPs can have on people's lives.

Where a community housing provider has responsibility for tenancy management under the SHMT, it takes on responsibilities like DCJ Housing. This includes HMHA 22 district level governance.

In this Framework, where a DCJ District Executive Director has responsibility for an action, this is transferred to the Chief Executive of the relevant SHMT provider, if a transfer has occurred.

The Supporting Frameworks

The HMHA 22 outlines the overarching aims, objectives and commitments for DCJ and NSW Health as the signatories to support the shared client group.

The Service Delivery Framework (SDF) sets out the 'shared agenda' (the second of the Agreement's three key objectives) and guides how this agenda should be implementated by the signatories and participants in service delivery at local, district and state levels.

The foundations of the SDF are:

- three principle-based domains of action, and
- a shared agenda described as four focus areas.

The Agreement is underpinned by this Framework along with other supporting frameworks:

Governance Framework

Monitoring and Reporting Framework

The Service Delivery Framework

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The Framework at a Glance

Our shared vision

People with mental health conditions have timely access to safe, secure, appropriate housing; and mental health supports in place when needed, to sustain their housing, live well in the community and lead their recovery.

Why it matters

Housing and mental health are closely related. →

Having a safe and secure place to call home is a fundamental foundation for health and wellbeing. ↙

In turn, having good health and wellbeing helps people to sustain housing and access housing supports. ↖

Our shared client group

People aged 16 years and over who:

- are living in social housing, experiencing homelessness, or are at risk of experiencing homelessness, and
- may require mental health services funded by NSW Health or be supported to access broader mental health services.

The Service Delivery Framework

The HMHA 22 Service Delivery Framework supports the practical implementation of the Agreement. It sets out our shared agenda and guides how this should be implemented by signatories and participants at the local, district and state levels.

The Service Delivery Framework is a flexible living document. It will adapt over time as it gets reviewed with the people who experience these services every two years.

DOMAIN 1
How we work with our shared clients

DOMAIN 2
How we work with each other

DOMAIN 3
How we promote the Agreement and work together to innovate

Our shared agenda – the agreed focus areas for the first two years (2023 – 2025)

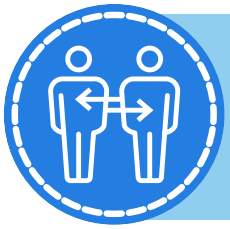
1. Preventing exits from mental health services into homelessness.
2. Prioritising mental health support to sustain tenancies and prevent people from the shared client group entering the homelessness system.
3. Innovating our response to support people from the shared client group experiencing rough sleeping.
4. Innovating to meet the unique needs of Aboriginal people in the shared client group and providing a culturally sensitive and trauma-informed response that recognises Aboriginal people's relationship to land, country and kinship.

The Domains of Action

The HMHA 22 Service Delivery Framework applies the key elements of the Agreement to three service delivery Domains of Action.

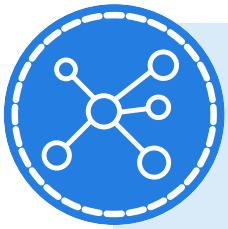
Domain 1: Working with the shared client group

How we deliver services to our shared clients



Domain 2: Working with each other

How we work with each other to design, deliver and evaluate services



Domain 3: Working together to promote the Agreement and innovate

How we work together to promote the Agreement and innovate service delivery to achieve its objectives

Domain 1: Working with the shared client group

Purpose

The HMHA 22 signatories and participants commit to working with shared clients and delivering our services to meet the needs of this group according to the following principles, regardless of where they are engaged across the spectrum of housing, homelessness, and mental health services.

Principles

Person-centred	We **place the person at the centre of our services** and treat them as a person first. Our support is tailored to each person's needs and unique circumstances; and is focused on supporting the person to achieve their aspirations.
Rights-based	We **empower and respect the rights of people with lived experience** of housing instability, homelessness and mental health conditions.
Trauma-informed	We **commit to a trauma-informed** approach through actions that promote safety, choice, collaboration and empowerment to build trust. We do this to ensure that our service delivery is based on understanding how trauma affects people's lives, their service needs and service usage.
Culturally responsive	We **provide culturally responsive services** that are consistent with the cultural identity, communication styles, meaning and value, and social contexts of consumers, program participants and other stakeholders. This includes recognising, respecting and responding to the unique needs of Aboriginal people, communities and their kinship networks' connection to land and country.
Holistic	We **adopt a holistic** approach that looks at the whole person, is inclusive of family where the person chooses, and considers the person's physical, emotional, social, cultural and spiritual wellbeing. This includes building our joint capacity to respond effectively to people with multiple and complex needs, including people experiencing issues related to alcohol and drug use or dependence.

A useful guide or resource

Lived Experience Framework for NSW

...be brave, generous and curious in spirit, to seek out opportunities to learn and improve, and for people with lived experience of mental health issues and caring, families and kinship groups to work together with service providers as equal partners.

HMHA 22 embraces the participation, influence and leadership of people with lived experience of mental health, housing supports and homelessness in all aspects of service design and delivery. The **NSW Lived Experience Framework** is a useful guide to make this happen.

It outlines a language guide, vision, guiding principles, actions and an implementation approach that can be used to embed lived experience across mental health and housing and homelessness systems.

Domain 2:
Working with each other

Purpose

The HMHA 22 signatories and participants commit to working with each other according to the following principles to ensure the best possible experience and outcomes for our shared clients.

Principles

Invest in our relationships	We invest to continuously strengthen our relationships through formal structures and informal connections.
Committed to shared governance	We acknowledge the value of strong governance as a key enabler for achieving our vision. This means we actively participate in and share resourcing for governance and related cross-agency forums at local, district and state levels.
Coordinate care for shared clients	We coordinate the supports we provide for shared clients. This includes making sure that we have shared processes and protocols to easily and quickly coordinate an effective response to episodic conditions and multiple and complex needs, and to provide continuity of care for shared clients.
'No wrong door'	We commit to actively provide a 'no wrong door' experience for shared clients. This includes recognising that a person's needs may require us to coordinate support both within our organisations and across sectors. Using our expertise and relationships to actively facilitate support will often be just as important as providing it ourselves.
Share information	Our default position is to (lawfully and ethically) share information to support service planning and facilitate client outcomes (and we agree to work to break down barriers to sharing information where they exist).
Value each other's perspectives	We respect, understand, value and collaborate between the sectors and participant organisations, learning from each other (including from cultural perspectives). This includes recognising that there may be different priorities and constraints but then working to achieve the HMHA 22 vision.
Consult and collaborate early	We consult and collaborate early with each other and other participants, when designing, implementing and evaluating policies and programs that affect the shared client group.
Equal partners	We embrace non-government providers and community managed organisations (CMO) as essential equal partners to achieve the HMHA 22 goals in the contemporary service landscape. To avoid doubt, our principles of working with each other absolutely include our non-government and CMO partners.

Domain 3: Working together to promote the Agreement and innovate

Purpose

The HMHA 22 signatories and participants commit to promoting the Agreement and challenging the way we have always done things, to do them better and achieve better outcomes for shared clients.

Principles

Learn from lived experience	We commit to continuously learning from people with lived experience of mental health conditions, homelessness and social housing. This means we aim to improve integration, experience and the quality of services by partnering with people with lived experience at all levels of implementation of the HMHA 22, encouraging their active participation; drawing on their insights and encouraging them to be a critical voice.
Promotion and active engagement	We acknowledge that the HMHA 22 is only effective if it is understood by shared clients and at all levels of the signatory agencies and participants. So, we actively engage with it and promote it widely.
Challenge the status quo	We know we can do things better for shared clients. So, we respectfully challenge the status quo of policies and processes to innovate and improve outcomes for people.
Develop relationships with new partners	We know that effectively supporting the shared client group extends beyond DCJ and NSW Health. We commit to developing new partnerships and raising awareness of the HMHA 22 across the housing, homelessness and mental health sectors to strengthen pathways and access to: • mental health and psychosocial supports • alcohol and other drug supports • housing supports beyond the traditional NSW Government DCJ delivery responsibilities • Aboriginal communities and organisations.
Plan services together	We commit to joint service planning, collaborating on policy, service, system design and joint commissioning.
Evidence based practice and decision making	We commit to developing an evidence base for best practice and policy to inform decision making.

The Shared Agenda – Our Priority Focus Areas

One of the fundamental objectives of the HMHA 22 is for the signatories to deliver on a common agenda through shared goals in partnership with HMHA 22 participants.

During the first two years, the Service Delivery Framework sets this agenda through its domains of action and the following four priority focus areas:

1. Preventing exits from mental health services into homelessness.
2. Prioritising mental health support to sustain tenancies and prevent people from the shared client group entering the homelessness system.
3. Innovating our response to support people from the shared client group sleeping rough.
4. Innovating to meet the unique needs of Aboriginal people in the shared client group and providing a culturally sensitive and trauma-informed response that recognises Aboriginal people's relationship to land, country and kinship.

Priorities for the first two years (2023 – 2025)

Preventing exits from mental health services into homelessness

The **No Exits from Government Services into Homelessness: A framework for multi-agency action (2020) (No Exits Framework**) aims to coordinate and focus effort within and across government agencies to prevent exits into homelessness. DCJ and NSW Health are key signatories to the No Exits Framework.

Over the first two years of the HMHA 22, signatories and participants agree to focus on service delivery innovation and actions to prevent exits from mental health services into homelessness, supplementing the existing commitments of the No Exits Framework with a focus on the HMHA 22 shared clients.

At the state level, the State Steering Committee will explore options to develop partnerships and pathways to support shared clients who require mental health and housing supports when exiting correctional facilities.

A related policy framework

No Exits from Government Services into Homelessness: A framework for multi-agency action (2020) (No Exits Framework)

The No Exits Framework outlines agreed service principles for effective and coordinated planning across NSW government agencies to support people to move into stable accommodation.

A key aim of the No Exits Framework is to improve partnerships between agencies, housing pathways providers, Specialist Homlessness Services (SHS) and other non-government support providers. This includes building an understanding of the role of Commonwealth Government services, such as the National Disability Insurance Scheme (NDIS) and Primary Health Networks (PHN), in providing essential supports to vulnerable groups.

Prioritising mental health supports to sustain tenancies and prevent people from the shared client group entering the homelessness system

Supporting people to sustain safe, secure, and appropriate housing and support services is critical for mental health recovery.

Over the first two years of the HMHA 22, signatories and participants agree to focus on service delivery innovation and actions to support shared clients sustain tenancies.

A key program for the HMHA 22 shared clients

NSW Mental Health Community Living Programs

NSW Health invests more than $98 million each year in the suite of NSW Mental Health Community Living Programs – the **Housing and Accommodation Support Initiative (HASI)**, the **Community Living Supports (CLS)** program, **HASI Plus** and Mental Health **Community Living Supports for Refugees (MH-CLSR)**.

Under these programs, specialist mental health CMOs work in close partnership with LHDs to support more than 1900 people with severe mental health conditions to live independently in the community.

While access to NSW Mental Health Community Living Programs depends on the severity of a person's condition, circumstances or needs, CMO providers are contracted to consider several priority groups relevant to the HMHA 22:

- people living in public or community housing, or a boarding house
- people who are homeless or at risk of becoming homeless
- people who are in hospital for longer than needed because of their high support needs
- people who need help keeping their housing because they need more support to manage their mental health conditions.

In 2022, approximately 40% of HASI and CLS consumers lived in public or community housing.

A key program for the HMHA 22 shared clients

Sustaining Tenancies in Social Housing

The Sustaining Tenancies in Social Housing (STSH) program provides outreach and case management support for people in social housing to address complex needs that can affect their tenancy.


Sustaining Tenancies in Social Housing

The program works on a recovery approach, offering support that builds the capacity of participants and members of their household to manage a tenancy independently.

STSH recognises the extent to which mental health conditions, and the availability of mental health support services, impact the sustainability of tenancies. As part of STSH service requirements, STSH providers work closely with mainstream services at the local level to address barriers tenants may experience when accessing various supports, including mental health services.

Case management is one of six STSH program elements, providing tailored responses for social housing tenants with complex and multiple needs, such as those impacted by significant mental health conditions.

Innovating our response to support people from the shared client group sleeping rough

Evidence shows that people who are sleeping rough have a greater prevalence of mental health conditions, including schizophrenia and other psychotic disorders, and greater risk of co-existing physical disease, substance use, disability, as well as mortality from different causes.

Over the first two years of the HMHA 22, signatories and participants agree to jointly focus on actions and innovation to better support people sleeping rough with mental health conditions.

Make the case / evidence summary

The 2023 NSW Street Count results

The 2023 NSW street count is the fourth annual statewide rough sleeping street count.

1,623 people were counted sleeping rough in the 2023 NSW street count – a 34% increase compared to 2022.

Street counts took place between 2 February and 27 February 2023, in more than 350 towns and suburbs in 76 local government areas (LGA) across NSW.

Over 300 local organisations either consulted in the planning phase or participated in the delivery of street counts. Partners included CHPs local councils and SHS, as well Aboriginal organisations, LHDs, local community groups, and NSW Police.

A Technical Paper analysing the 2023 street count results, including a full table of results by local government area, **can be found here**.

A key program for the HMHA 22 shared clients

Together Home

The **Together Home Program** aims to transition people onto a trajectory away from homelessness and into long-term stable housing, while improving overall personal wellbeing.

It is underpinned by Housing First principles and is being delivered across NSW by 18 CHPs that sub-contract the support component to SHS or other partners.

Support providers work to coordinate and strengthen relationships between the various services involved in a person's support plan, including disability supports.

As many people who are experiencing homelessness also experience mental health conditions, the Together Home program specifically allocates high needs packages to people with complex needs, including those with severe mental health conditions.

Under the program, people can receive intensive assistance, which may include support with:

- daily living skills like shopping, looking after finances, cooking or catching public transport
- remembering mental and physical health appointments, medications and other treatments
- meeting people in the local community and participating in social, leisure or sporting activities
- learning new skills
- accessing education or help to get a job
- moving from a hospital or a prison back to home
- accessing other supports like drug or alcohol services and the NDIS.

Innovating to meet the unique needs of Aboriginal people in the shared client group and providing a culturally sensitive and trauma informed response that recognises Aboriginal people's relationship to land, country and kinship.

Improving the mental health and wellbeing of Aboriginal people and communities across the state is a priority of the NSW Government.

Over the first two years of the HMHA 22, signatories and participants agree to focus on innovating the way services are delivered to meet the unique needs of Aboriginal people in the shared client group and provide a culturally sensitive and trauma informed response that recognises Aboriginal people's relationship to land, country and kinship.

A related policy framework

NSW Aboriginal Mental Health and Wellbeing Strategy 2020-2025

In NSW, Aboriginal people fare significantly worse than non-Aboriginal people on every indicator of economic and social disadvantage, and experience multiple stressors that are pre-determinants of mental health conditions and substance use. This stems from the significant impact of colonisation on Aboriginal people, families and communities.

Sadly, the results are intergenerational and vicarious trauma and abuse, grief and loss, violence, removal from family and displacement through the Stolen Generations, substance misuse, family breakdown, cultural and country dislocation, racism and discrimination, exclusion and segregation, loss of control of life, and social disadvantage.

These negative impacts also shape the social determinants of health including housing, education, employment status, income, physical environment and social supports.

The **NSW Aboriginal Mental Health and Wellbeing Strategy 2020 – 2025** outlines a new approach for Aboriginal mental health and wellbeing in NSW where all Aboriginal people have access to holistic and culturally safe services that provide the best opportunity for improved mental health and social and emotional wellbeing.

Implementation of the HMHA 22 is a key state wide action under the Strategy to build partnerships with Aboriginal specialist services and improve access for Aboriginal people requiring high levels of clinical support in the community.

A related policy framework

National Agreement on Closing the Gap

The National Agreement on Closing the Gap aims to strengthen the way Aboriginal and Torres Strait Islander people and governments work together to overcome the inequality experienced by Aboriginal and Torres Strait Islander people, and achieve life outcomes equal to all Australians.

Two of the socio-economic targets are particularly relevant to the HMHA 22 signatories and participants:

Outcome 9 – Aboriginal and Torres Strait Islander people have access to secure, appropriate, affordable housing that is aligned with their priorities and needs.

Outcome 14 – Aboriginal and Torres Strait Islander people enjoy high levels of social and emotional wellbeing.

The HMHA 22 Service Delivery Framework is an important opportunity to reflect the priority reforms of the National Agreement on Closing the Gap.

Strategic Actions for HMHA 22 Participants

The following Strategic Actions set out high level objectives to support implementation of the HMHA 22 at the state, district and local levels.

The committees at each level of governance will develop action and implementation plans that reflect the domains and shared agenda, and include these strategic actions. The District and Local Committee Implementation Plans should reflect the needs of the shared client group in their local area.

Key:

- State level actions **(S)**
- District level actions **(D)**
- Local level actions **(L)**

The Framework at the **State Level**

Domain 1: State level actions to embed how we work with the shared client group

	Strategic Actions	Responsibility	How will we know it is achieved?
	S1 **Establish and partner with the Lived Experience Committee**, according to the requirements of the Governance Framework, to inform the implementation, review and evaluation of the HMHA 22.	DCJ with Ministry of Health	Committee established and meeting regularly
	S2 **Promote key learnings from state funded programs** that align with the HMHA 22 vision, for example: • Mental Health Awareness Training for CHPs and Aboriginal CHPs delivered by MHCC and the Community Housing Industry Association NSW (CHIA NSW), funded by the Ministry of Health) • Project Embark 2, supporting people with psychosocial disability and experiencing or at risk of homelessness, to access the NDIS (delivered by the Independent Community Living Australia, funded by the Ministry of Health) • Together Home program, supports for people to transition away from homelessness into long-term stable housing with high needs packages to address complex needs (funded by the DCJ).	DCJ with Ministry of Health	Learnings from health, housing and homelessness initiatives inform the development and implementation of initiatives under the HMHA 22
	S3 **Promote trauma informed care** to HMHA 22 participants through the ACI Mental Health Network.	Ministry of Health with the NSW Health Agency for Clinical Innovation (ACI)	New cross-sector membership on the ACI Mental Health Network
	S4 **Investigate ways to collect data on shared clients who re-quire mental health and housing supports when exiting correctional facilities.** Data is used to identify new partnerships and support pathways for shared clients exiting correctional facilities.	DCJ (lead)	Data included in HMHA 22 Monitoring and Reporting

Domain 2: State level actions to embed how we work with each other

	Strategic Actions	Responsibility	How will we know it is achieved?
	S5 Establish and provide secretariat support to the HMHA 22 State Steering Committee. The Committee addresses systemic issues and, outcomes are communicated to all governance level HMHA 22 participants.	DCJ with Ministry of Health	Committee established and meeting regularly
	S6 Finalise, release and promote the three tiered HMHA 22 Governance Framework.	DCJ with Ministry of Health	Framework published and committees functioning at local, district and state levels
	S7 Finalise, release and promote the HMHA 22 Service Delivery Framework, and review every two years.	Ministry of Health and DCJ	Framework published
	S8 Finalise, release and promote the HMHA 22 Monitoring & Reporting Framework.	Ministry of Health and DCJ	Framework published
	S9 Finalise, release and promote the HMHA 22 Information Sharing Framework.	Ministry of Health and DCJ	Framework published
	S10 Provide support to districts for the implementation of the HMHA 22, such as: • targeted support to districts to develop implementation plans • support for districts with a platform for cross-agency collaboration • support for districts to work towards co-design of imple-mentation plans with people from the shared client group • support for districts to engage Aboriginal communities and organisations.	Ministry of Health and DCJ	Committees established and implementation plans in place in all districts
	S11 Consult and collaborate early on policy, programs and initiatives that impact the shared client group.	HMHA 22 signatories and participants	Increased collaboration on policy development, partnership projects and programs

Domain 3: State level actions to drive innovation and promote the HMHA 22

	Strategic Actions	Responsibility	How will we know it is achieved?
	S12 Promote HMHA 22 in Funding Agreements and Implementation Plans. Identify existing state wide funding agreements or implementation plans that relate to the shared client group and seek to incorporate principles of the HMHA 22.	Ministry of Health and DCJ	HMHA 22 principles integrated in state level initiatives relating to homelessness and mental health
	**S13 Ensure all scheduled reviews of state wide policies relating to the shared client group consider the objectives and commitments of HMHA 22,** including: • NSW Health Mental Health Triage Policy • NSW Health Discharge Policy • NSW Homelessness Strategy • NSW Social Housing Strategy.	Ministry of Health and DCJ	Policies reviewed and updated to reflect HMHA 22 objectives
	S14 Encourage and support innovative practices through the HMHA 22, and share examples of innovation and best practice across different districts.	DCJ with Ministry of Health and Sydney, South Eastern Sydney and Central Coast LHDs	Program established and evaluated

State level actions to advance our shared agenda

	Strategic Actions	Responsibility	How will we know it is achieved?
	S15 Investigate options for integrating housing assessments and status into mental health admission screening protocols. This would enable formal assessment of individuals' existing housing status, including their housing preferences upon discharge, and their risk of housing insecurity.	Ministry of Health and DCJ	Report to State Steering Committee on feasibility
	S16 Pilot and evaluate a Mental Health Homelessness In-reach Service.	DCJ with Ministry of Health and Sydney, South Eastern Sydney and Central Coast LHDs	Program established and evaluated

A related policy framework

The NSW Primary Health Network – NSW Health Joint Statement

The HMHA 22 acknowledges the increasingly complex service environment for the shared client group, and the importance of engaging with services funded by the Australian Government through the NSW Primary Health Networks (PHNs).

The **NSW Primary Health Network – NSW Health Joint Statement** is an agreement between NSW Health, the NSW PHNs and the Primary Care Division of the Australian Government Department of Health. The Statement encourages a one health system mindset which supports NSW Health and PHN funded services to think and act beyond our current healthcare structures and boundaries in healthcare.

Patient-centered care requires collaboration between and integrating care across the primary, community, hospital and social care areas. Providing patient-centered healthcare is important because evidence shows that outcomes for people and communities are improved when the different providers in a health system work together.

The HMHA 22 and Joint Statement complement each other.

A useful guide or resource

A framework for trauma-informed care in mental health services across NSW

Trauma-informed care changes the question from 'What is wrong with you?' to 'What has happened to you?'

The NSW Health Agency for Clinical Innovation has worked with clinicians, managers, people with a lived experience, carers, families, kinship groups, and other experts in the field, to develop Trauma-informed Care in Mental Health Services Across NSW: A Framework for Change

The framework supports the implementation of trauma-informed care in mental health services across NSW. It identifies what good practice looks like for mental health systems, services and staff, and includes related actions.

The trauma-informed care framework is for everybody working in mental health services, people accessing support and those who support them. While it has been developed for mental health services, the priority areas and actions identified can be applied across other health and support settings, including housing and homelessness supports. Trauma-informed care is everyone's business. Action areas are targeted across the system and will involve a multi-level approach for implementation.

The Framework at the **District Level**

Domain 1: District level actions to embed how we work with the shared client group

	Strategic Actions	Responsibility	How will we know it is achieved?
	D1 **Embed Recovery-Oriented Language and Trauma-Informed Care** into district social housing practice. Embed resources into district housing practice to support frontline staff and managers to use consistent recovery-oriented language and trauma-informed and strengths-based practice approaches to service delivery, for example: • Mental Health Commission of NSW's Lived Experience Framework • MHCC's Recovery Oriented Language Guide.	DCJ District Executive Directors	Resources available to all frontline staff and managers
	D2 **Promote training opportunities** that build capacity to respond effectively to the needs of the shared client group.	LHD Directors of Mental Health, DCJ District Executive Directors	Training reported in the annual District Implementation Plan report
	D3 **Strive for co-design of District Implementation Plans** through partnering with people with lived experience of local mental health and housing and homelessness supports.	District committee members	Co-design process detailed in annual District Implementation Plan Report

Domain 2: District level actions to embed how we work with each other

	Strategic Actions	Responsibility	How will we know it is achieved?
	D4 Establish the HMHA 22 district level committee according to the Governance Framework requirements. As explained in the Governance Framework, this is flexible to accommodate district service contexts and existing governance structures, where appropriate.	LHD Directors of Mental Health and DCJ Executive District Directors	Committee established
	D5 Develop HMHA 22 District Implementation Plan with members of the local committee.	LHD Directors of Mental Health and DCJ Executive District Directors	District Implementation Plan submitted to the State Steering Committee
	**D6 Integrate and strengthen relationships with key partners from the wider service system into district governance, including:** • alcohol and other drug services, including non-government organisations • Aboriginal services, people and communities • Primary Health Networks.	LHD Directors of Mental Health and DCJ Executive District Directors	District governance committee's include minimum required membership as outlined in the HMHA 22 Governance Framework
	D7 Identify and promote opportunities for HMHA 22 participant organisations' staff to learn from each other, including public mental health services, CHPs, NSW Mental Health Community Living Programs (HASI, CLS, HASI Plus, and MH-CLSR) and ACCHOs. This could include joint training, secondments or rotations.	LHD Directors of Mental Health and DCJ Executive District Directors Support: Ministry of Health	Learning opportunities detailed in annual District Implementation Plan Report

Domain 2: District level actions to embed how we work with each other (cont.)

	Strategic Actions	Responsibility	How will we know it is achieved?
	**D8** **Consult and collaborate early on policy, programs and initiatives** that impact the shared client group.	District committee members	Collaborative projects/ approaches reported in annual district Implementation Plan Report

Domain 3: District level actions to drive innovation and promote the HMHA 22

	Strategic Actions	Responsibility	How will we know it is achieved?
	**D9** **Promote HMHA 22 and encourage integration, where** possible, in new (and renewed) district mental health and housing services funding agreements, strategies and implementation plans.	LHD Directors of Mental Health, DCJ District Executive Directors	Report new or existing Agreements, Strategies, and Implementation Plans with HMHA 22 incorporated in annual District Implementation Plan Report
	D10 **Consider ways to integrate existing mental health, homelessness and housing demand data into shared service development processes** including: • demand estimates from the National Mental Health Service Planning Framework • NSW Mental Health Community Living Programs (HASI, CLS, HASI Plus, MH-CLSR) data • local street count data • housing register and waitlist data • other relevant local data.	LHD Directors of Mental Health, DCJ District Executive Directors	Shared service processes informed by data from all participants

District level actions to advance our shared agenda

	Strategic Actions	Responsibility	How will we know it is achieved?
D11	**Strengthen opportunities for tenants to connect to social and cultural supports** to improve their wellbeing and sustain their tenancy.	LHD Directors of Mental Health, DCJ District Executive Directors	Social and cultural supports promoted through local committees

A useful guide or resource

The National Mental Health Service Planning Framework for joint service planning

The **National Mental Health Service Planning Framework (NMHSPF)** is a tool designed to help plan, coordinate and resource mental health services to meet population demands. It's an evidenced-based framework providing national average benchmarks for optimal service delivery across the full spectrum of mental health service in Australia.

The NMHSPF-Planning Support Tool (NMHSPF-PST) is an interactive data visualisation tool. It is used by LHD and PHN mental health service planners to estimate need and expected demand for mental health care and the level and mix of mental health services required for a given population.

A key program for the HMHA 22 shared clients

Assertive Case Management – Drug and Alcohol Programs

The Assertive Case Management (ACM) teams, available in some LHDs, are made up of alcohol and other drug specialists. Their work in the community focuses on the longer term needs of the person, beyond treatment of dependence.

The ACM approach works towards meaningful engagement, supporting living skills development and building health and wellbeing protective factors. This assertive approach is actively tailored to facilitate access to the range of supports an individual may need for longer term wellbeing.

Nepean Blue Mountains LHD – Assertive Community Management Program

The Nepean Blue Mountains LHD Assertive Community Management team comprises of senior alcohol and other drug clinicians. They provide case management and support to drug and alcohol patients experiencing coexisting physical and mental health problems, as well as social issues (such as accommodation, social isolation, and employment).

The team promotes the principles of harm minimisation and a recovery model of care from drug and alcohol dependency. Its core functions include developing linkages and referral pathways across a range of community-based support services and providing assertive follow up for patients including undertaking home visits.

A useful guide or resource

Sydney LHD – Assertive Community Drug & Alcohol Team

The Assertive Community Drug and Alcohol Team is a new service that provides intensive, time limited case management, assertive outreach and specialist supports (e.g., neuropsychological, social work, occupational therapy) for clients who have difficulty engaging in drug and alcohol treatment due to complex co-existing conditions (e.g., cognitive impairment, psychiatric, medical or social needs).

The Framework at the **Local Level**

Domain 1: Local actions to embed how we work with the shared client group

	Strategic Actions	Responsibility	How will we know it is achieved?
	**L1** **Strive for co-design of Local Implementation Plans** through partnering with people with lived experience of local mental health and housing and homelessness supports.	HMHA 22 local committee leaders	Co-design process detailed in annual Local Implementation Plan Report

Domain 2: Local level actions to embed how we work with each other

	Strategic Actions	Responsibility	How will we know it is achieved?
	**L2** **Establish the HMHA 22 local level committee/s** according to the Governance Framework requirements.	HMHA 22 local committee leaders	Local committee established and regular meetings held
	L3 **Develop HMHA 22 Local Implementation Plan** with members of the local committee.	HMHA 22 local committee leaders	Plan submitted to district committee
	L4 **Agree on a consistent local process and/or protocol for any participant to escalate a shared client for a coordinated response** from one or more other local participants. Ensure the process and/or protocol is available and clearly understood by all participants in the local area. Consider the ***National Guidelines to improve coordination of treatment and supports for people with severe and complex mental illness*** to guide how the local process and/or protocol for care coordination can be developed.	HMHA 22 local committee leaders	Description of the local process and/or protocol available to participants

Domain 2: Local level actions to embed how we work with each other (cont.)

	Strategic Actions	Responsibility	How will we know it is achieved?
	**L5** **Consult and collaborate** early on policy, programs and initiatives that impact the shared client group.	HMHA 22 local committee participants	Collaborative projects/ approaches reported in annual Local Implementation Plan Report

Domain 3: Local level actions to drive innovation and promote the HMHA 22 (cont.)

	Strategic Actions	Responsibility	How will we know it is achieved?
	**L6** **Encourage and support innovative practices through the HMHA 22.** Share examples of innovation and best practice locally and with the district level, which can be escalated to the State Steering Committee for wider dissemination.	HMHA 22 local committee leaders	Innovative practice from local committees is shared across the state
	L7 **Share HMHA 22 resources with new staff and stakeholders** to support service coordination for shared clients.	HMHA 22 local committee lead-ers and participants	New staff and stake-holders are aware of the HMHA 22

Local level actions to advance our shared agenda

	Strategic Actions	Responsibility	How will we know it is achieved?
	L8 **Develop one or more actions to improve coordination between housing, homelessness and mental health services** to address at least one of the first three priority focus areas.	HMHA 22 local committee leaders	Actions included in Local Implementation Plans
	L9 **Develop one or more actions in the Local Implementation Plan** to address the fourth priority focus area: 'innovate to meet the unique needs of Aboriginal people in the shared client group'.	HMHA 22 local committee leaders	Actions included in Local Implementation Plans
	L10 **Increase awareness of available Aboriginal-specific mental health services** across HMHA 22 participants.	HMHA 22 local committee leaders	Aboriginal-specific mental health services report greater visibility and referrals through HMHA 22 participants

Make the case / evidence summary

Why is coordinated service provision important?

'The benefits of effective coordination are significant. It can improve consumer, carer and community experiences, quality of life and family engagement. Good care coordination will also reduce hospital admissions, improve clinical outcomes, increase productivity and provide economic benefits.

Coordinated care increases the likelihood that the person will feel supported and safe to access and receive support where and when it is needed.

The needs of a person change over time, so it is vital that coordination efforts focus on the person receiving care. Individual goals and basic needs, including physical health, housing and employment, need to be understood and met in order to help improve overall health and wellbeing.'

– National Guidelines to improve coordination of treatment and supports for people with severe and complex illness (2022)

A key partnership

NDIS providers are important participants

A key reason for updating the HMHA 22 was to ensure that the agreement appropriately reflected the contemporary service environment including recognising the important role of Commonwealth funded supports for people with a psychosocial disability accessing the NDIS.

As of March 2022, in NSW:

- there were **16,122 people with a primary psychosocial disability** supported through the NDIS
- There were **2,145 organisations** or sole traders supporting this group as registered providers
- **1,417 people** with a primary psychosocial disability live in NDIS funded supported independent living arrangements in NSW.

See **https://data.ndis.gov.au/explore-data** for up-to-date district level data.

Many people in the HMHA 22 shared client group will be receiving support from NDIS funded providers because they have a psychosocial disability. Effective local collaborations will need to include relationships with these local providers.

A useful guide or resource

National Guidelines to improve coordination of treatment and supports for people with severe and complex mental health conditions

The **National Guidelines to improve coordination of treatment and supports for people with severe and complex mental illness** were endorsed by all Australian Governments and published in March 2022. They are aspirational and provide a useful framework for local committees to consider when setting up processes to effectively coordinate care and supports for shared clients.

The Guidelines are a set of nine recommendations to enhance care and treatment coordination:

1. Clarify the function and role of each stakeholder.
2. Ensure there is a care coordinator to navigate and coordinate support for consumers.
3. Ensure multiagency care planning is consumer-led and recovery oriented.
4. Develop and implement practices that support communication and information sharing.
5. Establish and support safe transitions of care.
6. Ensure Aboriginal and Torres Strait Islander services are involved and available.
7. Promote and strengthen innovative leadership.
8. Ensure workforces are equipped to deliver effective coordination.
9. Commit to improve and increase the use of data and technology in care coordination.

A key program for the HMHA 22 shared clients

Continuing Coordinated Care Program (CCCP)

The CCCP helps people stay in alcohol and other drug treatment, especially those with significant and complex needs who require intensive support. CCCP has been delivered by three non-government organisations (NGO) across the 15 NSW LHDs from July 2018 - St Vincent de Paul Society, Mission Australia and The Buttery.

The CCCP objectives are that:

- clients maintain engagement with alcohol and other drug (AOD) treatment services
- clients have reduced consumption of alcohol and other drugs of concern
- clients experience reduced harms associated with AOD use
- clients have improved physical health and wellbeing
- clients have improved employment, educational and vocational connections
- clients have improved social functioning and family and community connectedness
- clients housing tenancies are maintained
- clients experience reduced functional impairment.

Supports delivered under CCCP encompass a wide range of activities that build independence in daily life, minimise harms associated with AOD use, maintain engagement with treatment services and contribute to recovery.

CCCP clients receive services in three streams:

1. Clinical linkages: intensively supported access to existing clinical AOD services, primary health, medical services and mental health services.
2. Livings skills support: intensive personal and domestic support, financial, vocational and educational support.
3. Family and community connections: intensive support to maintain or renew connections with family as well as to access community services, housing services or other government / NGO services.

A key program for the HMHA 22 shared clients

Services Our Way

Services Our Way (SOW) provides culturally appropriate service coordination, support and capacity building for Aboriginal people and families experiencing vulnerability.

SOW connects them to existing, non-government and government programs and services, as well as specialist, informal and community support.

The Aboriginal Housing Office delivers SOW to empower Aboriginal people to improve their wellbeing and achieve their goals.

How does SOW work?

SOW has specialist Aboriginal staff who work with clients to get to the heart of their challenge and develop a culturally appropriate and tailored support plan to help overcome it.

SOW strengthens the capability of individuals and families to access the services and support they need.

Staff advocate for their clients to bring about positive change in their lives.

A client's support plan identifies their current concerns, and the strategies that will be used to help address and resolve them.

SOW takes a collaborative and holistic approach.

Appendix:
Best Practice Examples of Service Delivery

This section provides information to the HMHA 22 signatories and participants in delivering the HMHA 22 vision to our shared client group at the district and local level. District and local committees can use these examples to inform their District and Local Implementation Plans when addressing the domains of action and shared agenda under the Service Delivery Framework.

Domain 1: Working with the shared client group

South Eastern Sydney LHD and assertive outreach collaborations

South Eastern Sydney LHD supports shared clients who are rough sleeping through its collaborations with the Assertive Outreach patrols led by DCJ districts. These patrols involve engaging with people sleeping rough and supporting them to obtain stable accommodation. At present, a clinician from Sutherland Mental Health Service attends monthly assertive outreach collaboration and is available to conduct mental health assessments of rough sleepers.

Kempsey Peer Worker

The **Kempsey Peer Worker project** is a collaboration between DCJ and the Mid-North Coast LHD Mental Health Service. The project is about a peer worker with lived experience of both systems being co located and embedded across both services.

Domain 2: Working with each other

Mental Health Housing Liaison Officer

Mental Health Housing Liaison Officer, Sydney and South Eastern Sydney

In Sydney and South Eastern Sydney districts, the LHD mental health services and DCJ housing teams have partnered to develop a cross-agency integrated Housing and Mental Health Liaison Officer position.

The Position

The senior allied health position is co-located at DCJ offices and mental health service offices. The main aim for the position is to enable people linked with mental health services and/or social housing to access appropriate housing and/or mental health care, maximise their participation in the community, and sustain any existing tenancies.

Collaboration

A Statement of Collaboration endorsed by the LHD Chief Executive and Executive District Director supports a common understanding of agreed roles and responsibilities and encourages parties to work with other stakeholders to ensure the best outcomes are achieved for services and individual service users.

The positions are well regarded by the local inpatient and community mental health services and district housing officers. Key enablers for the roles include:

- bilateral senior executive support for the roles (and shared funding for the South Eastern Sydney partnership)
- consent-based access to both the health and housing information systems.

Collaborative Housing and Mental Health Service Committees (Hunter New England LHD)

Hunter New England Mental Health Services are expanding a model of Collaborative Housing and Mental Health Service Committees across all sectors of Hunter New England.

These committees bring together senior staff from CHPs, SHS and mental health services at the local level. The committees receive referrals, coordinate service availability and trigger escalation pathways for consumers in each sector with complex housing and mental health needs, who have a demonstrated need for intervention by more than one of the partner agencies.

Existing Collaborative Housing and Mental Health Service Committees have demonstrated effectiveness in terms of improved partnerships and information-sharing between partner agencies, and examples of improved outcomes for consumers in terms of access to appropriate housing and mental health support.

Banksia Inpatient Homelessness Action Group

This is a group of representatives from Hunter New England Mental Health Service and Homes North Housing Provider. The group's aim is to develop a straightforward pathway that improves early contact and collaborative planning between Homes North and staff at Banksia Mental Health Unit in Tamworth, to support transitions back to the community, reduce homelessness and help people sustain tenancies.

Greenway Estate Wellbeing Centre

The Greenway complex in Kirribilli is the oldest and one of the largest public housing estates in NSW. It has been managed by St George Community Housing since 2019 under the SHMT program.

Greenway has a diverse population of 360 residents most of whom are over 60 – and many are frail, with complex needs. Mental health conditions are commonplace.

The Greenway Wellbeing Centre was initiated by the Greenway Tenants Group to improve and maintain the overall health and wellbeing of Greenway tenants. It is a community hub for health, medical, wellbeing and social support services to provide services onsite at Greenway for residents. The aim of the Greenway Wellbeing Centre is to provide Greenway residents with greater access to services to support a healthy, happy life.

Domain 3: Working together to promote the Agreement and innovate

Road to Recovery – Short term transitional supported housing program

Central Coast LHD Mental Health Service has partnered with Pacific Link Housing to trial an innovative short-term transitional accommodation facility and tenancy support model for consumers requiring NDIS packages or brief psychosocial intervention to support their successful reintegration into the community.

Pacific Link's role is to:

- source and manage the tenancy and provide the support coordination component
- work with Central Coast LHD Mental Health Service and subcontract a psychosocial support provider with experience and demonstrated capabilities supporting people with mental health conditions.

The initial 6-month short term tenancy is designed to provide flexible support to establish other community-based supports, such as the NDIS, so that the person can live independently in the community.

Survey of discharge to unstable accommodation from mental health facilities (Sydney and South Eastern Sydney LHDs)

In Sydney LHD, mental health facilities conduct a regular 3-monthly survey capturing data on interventions and outcomes of people entering inpatient mental health facilities who are experiencing homelessness.

The survey insights are used by several local partnership committees of mental health and SHS's and other stakeholders for service delivery innovations

South Eastern Sydney LHD has also built on this work. Their inpatient survey of homelessness status provides a quick one-day snapshot of those who are homeless and at risk of homelessness

MapMyRecovery (Murrumbidgee District)

The Murrumbidgee Mental Health Drug and Alcohol Alliance is a partnership between Murrumbidgee PHN and Murrumbidgee LHD. Together, the Alliance have developed MapMyRecovery, a free resource providing mental health information specific to the Murrumbidgee region.

The shared agenda – Our priority focus areas

Transitional accommodation for shared clients exiting mental health services

South Eastern Sydney Mental Health Pathways Plus program with Independent Community Living Australia (ICLA)

The Pathways Plus program is a partnership between South Eastern Sydney LHD's mental health service and ICLA, a community organisation which delivers mental health and psychosocial disability services. The partnership enhances access to transitional accommodation for people exiting mental health services and experiencing mental health conditions and homelessness. The program provides participants with accommodation as well as support to stabilise recovery, increase community engagement and support individual goals toward independence.

South Eastern Sydney LHD Mental Health Service's role in the program is to:

- screen referrals and help assess those coming into their section of the transitional accommodation
- seek to coordinate mental health care for all those coming into the program places
- work with ICLA to review how participants are managing in the accommodation and assist in their transition plans.

The program has facilitated the clients' move into subsequent stable accommodation. Examples of this are public housing properties and stable family accommodation.

Gunida Gunyah

In Gunnedah, North Western NSW, Gunida Gunya Aboriginal Corporation supports Aboriginal people by strengthening connections to country, kin and community. While housing is a priority for Gunida Gunya, it also offers a range of responsive services, programs and events that enhance the lives of local people.

In 2019, Gunida Gunya was awarded the Aboriginal Social and Emotional Wellbeing Award for the Warranggal Dhiyan (Strong Families) program.

Warranggal Dhiyan is an intensive management and support program for people in contact with the criminal justice system. It supports people to connect with services, like mental health supports, to address underlying needs and reduce recidivism.

Mental Health Homelessness In-Reach Service – Central Coast, Sydney and South Eastern Sydney Districts

Building on the Assertive Outreach model

The program adapts Assertive Outreach principles for addressing street homelessness. The program targets intervention to people experiencing or at risk of street homelessness who are receiving care in mental health units. The initiative delivers a person-centred, cross-agency approach.

Partnerships

Specialist Caseworks in existing Assertive Outreach services work directly with LHDs to support this cohort transition into stable long-term accommodation with wrap around support.

The Ministry of Health and DCJ will evaluate the service innovation over the two years of the program.

Glossary

Aboriginal Community Controlled Health Organisation (ACCHO)	A primary health care service initiated and operated by the local Aboriginal community to deliver holistic, comprehensive, and culturally appropriate health care to the community which controls it (through a locally elected Board of Management).
Assertive outreach for homelessness	A purposeful, proactive and persistent approach that has the common goal of ending homelessness for those who are sleeping rough. It is conceptualised as part of a broader, integrated and intentional policy response that requires both a multidisciplinary team and the availability of long-term housing. It aims to work with people over the medium to long-term to assist people to access housing and sustain their tenancies post-homelessness
Community Housing Provider (CHP)	Not-for-profit providing housing assistance to eligible people on low incomes who are unable to access appropriate housing in the private market. The housing types provided by CHPs include social housing, affordable housing and supported housing.
Community Managed Organisa-tion (CMO)	Key non-government provider of mental health, community support and disability support services to people with a lived experience.
Culturally appropriate service delivery	Delivery of programs and services so that they are consistent with the cultural identity, communication styles, meaning and value or normative systems and social contexts of clients, program participants and other stakeholders.
High Needs Shared Client	A person who: • had a mental health related admission in the previous 2 years • had some SHS or temporary accommodation use in the past 3 years.
Homeless	Where a person does not have suitable accommodation which meets basic needs including a sense of security, stability, privacy, safety and the ability to control living space. Types of homelessness include: • primary: no conventional accommodation or shelter • secondary: living in shelters, emergency accommodation, refuges and couch surfing • tertiary: living in accommodation that falls below minimum community standards.

HMHA 22 participants	A collective term for the stakeholders considered key participants necessary for the effective implementation of HMHA 22 including: • People with a lived experience of mental health conditions, housing instability or homelessness, their families, kin, carers, and representative organisations • NGOs providing DCJ and NSW Health funded housing, homelessness and mental health services to the shared client group and their peak organisations • Non-SHMT CHPs • CMOs providing mental health and psychosocial supports • SHS • NSW Government agencies outside DCJ and NSW Health with policy or operational responsibility for housing, homelessness, mental health or psychosocial support services. This includes: – Land and Housing Corporation (LAHC) and the Aboriginal Housing Of-fice (AHO) which own social housing properties managed by DCJ and CHPs and Aboriginal Community Housing Providers (ACHPs) – the National Disability Insurance Agency (NDIA) – NDIS funded providers as it relates to case level responses – PHNs funding health and psychosocial supports – Local Government.
HMHA 22 private sector stakeholders	Private sector stakeholders that also provide relevant support to the shared client group, including general practitioners, private psychiatrists, landlords and real estate agents.
HMHA 22 signatories	Secretaries of DCJ and NSW Health as the representatives of or on behalf of: • senior Executives within the Ministry of Health and DCJ, who are responsible for ensuring the ongoing operation and progress against outcomes • policy and commissioning staff in both the Ministry of Health and DCJ • LHDs, Specialty Health Networks and DCJ districts • CHPs from the SHMT program, which take on responsibilities like DCJ Housing and in locations where they are the lead housing representatives, with responsibilities for service system coordination, HMHA state-wide governance and for engaging with senior executives from SHMT CHPs and involving them in decisions regarding implementation.
Local health district (LHD)	The 15 LHDs that are responsible for providing health services in a wide range of settings, from primary care posts in the remote outback to metropolitan tertiary health centres. Eight LHDs cover the greater Sydney metropolitan regions, and seven cover rural and regional NSW.
Non-government organisations	Includes organisations operating in the community or private sectors. See also Community Managed Organisations.
NSW Health	The collective term for the network of LHDs, specialty networks and non-government affiliated health organisations that operate more than 220 public hospitals, as well as provide community health and other public health services, for the NSW community.

Peer worker	A mental health peer worker is someone employed based on their personal lived experience of mental health conditions and recovery (a consumer peer worker), or their experience of supporting family or friends with mental health conditions (carer peer worker). This lived experience is an essential qualification for their job, in addition to other skills and experience required for the particular role they undertake.
Person-centred	Placing a person at the centre of service delivery to ensure a high standard of customer service and the best outcomes are achieved for each individual.
Primary Health Network (PHNs)	PHNs are independent organisations that are funded to coordinate primary health care in their region. PHNs assess the needs of their community and commission health services so that people in their region can access coordinated health care where and when they need it.
Psychosocial support	Psychosocial supports are non-clinical and recovery-oriented services, delivered in the community primarily by funded CMOs and tailored to individual needs, which support people experiencing moderate to complex mental health challenges to live independently and participate in the community. Examples may include support to sustain a tenancy, build skills to live independently, find fulfilling work, and build social connections. In NSW people with a mental health condition may receive psychosocial supports through NDIS funding and/or programs funded by NSW Health or Primary Health Networks.
Public housing	Long-term, affordable housing for people on low incomes who are unable to rent privately. The properties are managed by Department of Communities and Justice.
Risk of homelessness	A person is at risk of homelessness if they are at risk of losing their accommodation. A person may be at risk of homelessness if they are experiencing one or more of a range of factors or triggers that can contribute to homelessness.
Service integration	Structures and processes that attempt to bring together the participants in human services systems with the aim of achieving goals that cannot be achieved by those participants acting autonomously and separately.
Sleeping rough	Sleeping in uncomfortable conditions without housing and without shelter, often on the streets, in parks or in a car.
Social Housing Management Transfer (SHMT) program	DCJ transfer of tenancy management of social housing tenancies to CHPs, including the delivery of private rental assistance products under Housing Pathways.
Specialist homelessness services (SHS)	Assistance provided by a specialist homelessness agency to a person aimed at responding to or preventing homelessness. Support includes accommodation provision, assistance to sustain housing, domestic/family violence services, mental health services, family/relationship assistance, disability services, drug/alcohol counselling, legal/financial services, immigration/cultural services, other specialist services and general assistance and support.

Specialty Health Networks (SHN)	Two specialist state wide health networks that focus on children's and paediatric services (Sydney Children's Hospital Network), and justice health and forensic mental health (Justice Health and Forensic Mental Health Network); and the St Vincent's Health Network in Sydney.
Supported Independent Living	A National Disability Insurance Scheme (NDIS) term describing when a person receives funding for help with and/or supervision of daily tasks to develop their skills to live as independently as possible. Assistance is provided to the person as part of their NDIS plan depending on the level of support they need to live independently in the housing option of their choice.
Supportive housing	Housing which incorporates additional supports, such as case management and psychosocial supports.
Social housing	Rental housing provided by not-for-profit, NGO or government organisations to assist people who are unable to access suitable accommodation in the private rental market. It includes public, Aboriginal and community housing.
Trauma-informed care	An approach to service delivery based on an understanding of the ways trauma affects people's lives, their service needs and service usage. It incorporates principles of safety, choice, collaboration, trust and empowerment.


NSW
GOVERNMENT