NSW Health
Department of Communities and Justice

Housing and Mental Health Agreement 2022

The Service Delivery Framework

CONSULTATION EXPOSURE DRAFT

January 2023

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

Abbreviations	
ACCHO	Aboriginal Community Controlled Health Organisation
ACHP	Aboriginal Community Housing Provider
ACI	Agency for Clinical Innovation
AHO	Aboriginal Housing Office
AOD	Alcohol and other drugs
CHP	Community Housing Provider
CLS	Community Living Supports program
CMO	Community Managed Organisation
DCJ	Department of Communities and Justice
DIP	District Implementation Plan
HASI	Housing and Accommodation Support Initiative
HMHA 22	Housing and Mental Health Agreement 2022
LALC	Local Aboriginal Land Council
LHD	Local Health District
LIACC	Local implementation and coordination committee
LIP	Local Implementation Plan
MH	Mental health
MHS	Mental Health Service
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
TA	Temporary Accommodation

Understanding this document

The Housing and Mental Health Agreement 2022 (and its supporting frameworks) operate in a complex context 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 housing and mental health agreement 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 the support providers that are likely necessary for effective HMHA 22 implementation.
 **A related policy framework**	These sections describe existing health, housing, homelessness or other government policy framework that relates 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 the programs that are available across NSW that are relevant to the shared clients group.
 **A good practice example**	HMHA 22 has been developed through a detailed engagement with the housing, homelessness and mental health sectors. These sections proudly report just some of the good practice examples unearthed during this 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**	All of the HMHA 22 participants are committed to evidence-based practice. These sections provide a short plain English summary of key evidence.

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:

- Lived Experience Framework for NSW produced by the NSW Mental Health Commission
- Recovery Oriented Language Guide produced by the Mental Health Coordinating Council (MHCC) and
- Language Matters resource produced by the Network of alcohol and other drugs agencies (NADA).

The terms used in this document are explained below.

People who have experienced a mental health issue and have recovered, or who currently have a personal lived experience of mental health issues and are on their recovery journey, are referred to as ‘people with lived experience of mental health issues’.

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 issues.

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The Housing and Mental Health Agreement 2022

Introduction

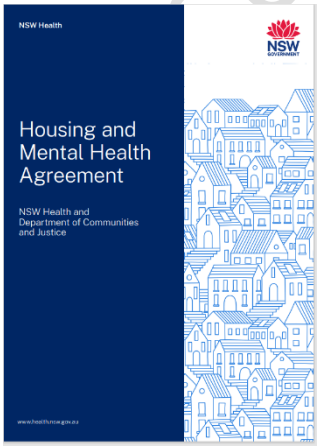
The Housing and Mental Health Agreement 2022 (HMHA 22) is a formal agreement between NSW Health and the Department of Communities and Justice (DCJ).

It is a commitment that all levels of the agencies will work together, and with key stakeholders, to ensure that that people with people with lived experience of mental health issues 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 (HMHA 22)

Access to safe, secure, appropriate housing is essential to ensure that people who live with mental health issues can live well in the community. And 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 DCJ entered into the current Housing and Mental Health Agreement in February 2022. It marked a public commitment between the two agencies and established the common objectives, principles, and commitments of the signatories including to:



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

Make the case / evidence summary

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

We know that safe, secure, appropriate and affordable housing improves wellbeing by allowing people to build independence, social relationships and networks; and is critical for recovery from mental ill-health. And we know that poor and deteriorating mental health directly impact housing stability.

Having this two-way relationship means when we work together, we can amplify our shared clients' wellbeing and minimise their mental ill-health.

But in NSW, like in other states, housing, homelessness and mental health have a history of being separate policy systems with little formal integration. And this can contribute to poor housing and health outcomes for people with lived experience of mental ill-health

The scope of the Agreement – our shared clients

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

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 be supported to access broader mental health services.

Two signatory partners working with a broad range of participants

While 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 services and the people supported by these services.

In the Agreement, this group is collectively referred to as the HMHA 22 'participants' and it includes:

- People with a lived experience of mental ill health, housing instability or homelessness, their families, kin, carers, and representative organisations.
- Community Housing Providers (CHPs)
- Community managed organisations (CMOs) providing mental health and psychosocial supports
- Specialist Homelessness Services (SHS)
- Aboriginal owned and community-controlled organisations including Aboriginal Community Housing Providers (ACHPs), Aboriginal Community Controlled Health Organisations (ACCHOs) and Local Aboriginal Land Councils (LALCs)
- 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.

Signatories

NSW Health Local Health Districts
Department of Communities and Justice Districts

Social Housing Management Transfer (SHMT) Program providers

People with lived experience

Specialist mental health supports

Specialist housing supports

Housing supply and management

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, including the delivery of private rental assistance products as part of the Social Housing Management Transfer (SHMT) Program. 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.

Four supporting frameworks

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

The HMHA 22 Service Delivery Framework sets out the 'shared agenda' (the second of the agreement's 3 key objectives) and guides how this agenda should be implemented by the signatories and participants in service delivery at the 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 Service Delivery Framework along with three other related supporting frameworks:

	Governance Framework [LINKED ONCE PUBLISHED]
	Monitoring and Reporting Framework [LINKED ONCE PUBLISHED]
	Information sharing framework [LINKED ONCE PUBLISHED]

2 The Service Delivery Framework

The Framework at a Glance

Our shared vision

People with mental health issues 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

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 the signatories and participants at the local, district and state levels. The Framework is a flexible living document. It will adapt over time as it gets reviewed with the people who experience the services every two years.

DOMAIN 1	DOMAIN 2	DOMAIN 3
How we work with our shared clients	**How we work with each other**	**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 to 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. Innovate 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 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 agree to deliver services to our shared clients

DOMAIN 2

Working with each other

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

DOMAIN 3

Working together to promote the Agreement and innovate

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

Domain 1: Working with the shared client group

Purpose

The HMHA signatories and participants commit to working with our shared clients and delivering our services to 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 focused on helping the person achieve their aspirations.
Rights-based	We **empower and respect the rights of people with lived experience** of housing instability, homelessness and mental health issues. This includes the right to participate in decisions about their care, to decline services and to respect their confidentiality and privacy in accordance with relevant laws.
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 and care 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 or normative systems and social contexts of consumers, program participants and other stakeholders. This includes recognising, respecting and responding to the unique needs of Aboriginal communities and their kinship networks, connection to land and country.
Holistic	We **adopt a holistic approach** that looks at the whole person, and considers their 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 drug use or dependence.

Domain 2: Working with each other

Purpose

The HMHA 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 arrange coordination to respond effectively to episodic ill health and multiple and complex needs.
'No wrong door'	We **commit to actively provide a 'no wrong door' experience** for our shared clients, despite the challenges it poses. 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 can collaborate through the differences** between the sectors and participants organisations (including cultural perspectives). This includes recognising that there may be different priorities and constraints but then working to achieve the HMHA 22 vision regardless.
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 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 community managed partners.

Domain 3: Working together to promote the Agreement and innovate

Purpose

The HMHA 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 our shared clients.

Principles

Learn from lived experience	We commit to **continuously learning from people with lived experience** of mental health issues, homelessness and social housing. This means we aim to improve service integration, experience and the quality for service for users by involving people with lived experience at all levels of implementation of the HMHA, encouraging their active participation; drawing on their insights and encouraging them to be a critical voice.
Promote the Agreement	We acknowledge that **HMHA 22 is only effective if it is understood** by our shared clients and all levels of the signatory agencies and the participants. So, we promote it widely.
Challenge the status quo	We **know we can do things better** for our shared clients. So, we respectfully, challenge the status quo of policies and processes to improve outcomes for people. This means if we have exhausted all reasonable efforts to resolve a systemic issue at our level we escalate it using the pathways of the Governance Framework.
Develop relationships with new partners.	We know that **effectively supporting the shared client group extends beyond DCJ and NSW Health**. We commit to raise awareness of the HMHA across the housing, homelessness and mental health sectors, and to strengthen pathways and access to: • mental health and psychosocial supports beyond the traditional NSW Government mental health service delivery responsibilities • alcohol and other drug supports • to housing supports beyond the traditional NSW Government DCJ delivery responsibilities • housing supports beyond traditional social housing products.
Plan services together	We **commit to joint service planning** and collaborate on policy, service, system design and outcomes and value-based commissioning.
Evidence based practice and decision making	Commitment to **developing an evidence base** for best practice and policy to inform decision making.

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.

The shared agenda – Our priority focus areas

One of the three fundamental objectives of HMHA 22 is for the signatories to deliver on a common agenda through shared goals in partnership with funded services and other key stakeholders.

The Service Delivery Framework sets this agenda through its domains of actions and the following as a set of four manageable priority focus areas:

1. Preventing exits from mental health services to 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 provide a culturally sensitive and trauma informed response that recognises Aboriginal relationship to land, country and kinship.

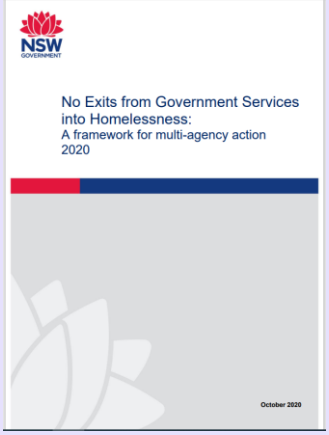
Priorities for the first two years (2023 – 2025)

Preventing exits from mental health services to 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. Both DCJ and NSW Health are key signatories to the No Exits Framework.

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

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 Framework is to improve partnerships between agencies, Housing Pathways providers, Specialist Homelessness Services and other non-government support providers. This includes building understanding of the role of Australian Government services, such as the National Disability Insurance Scheme and Primary Health Networks, in providing essential supports to vulnerable groups.

Prioritising mental health support 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 HMHA 22, signatories and participants agree to focus 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

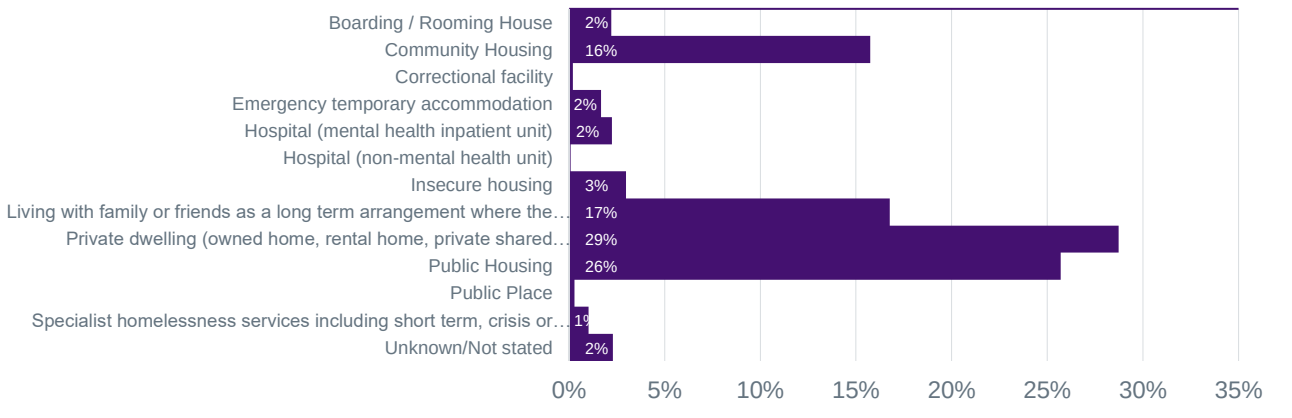
NSW Health invests more than $90 million each year in the suite of NSW Mental Health Community Living Programs – the Housing and Accommodation Support Initiative (HASI), the Community Living Supports (CLS) program, HASI Plus and CLS for Refugees.

Under these programs, specialist mental health CMOs working in close partnership with local health district clinical services to support more than 1900 people with severe mental illness to live independently in the community.

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

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

In June 2022, at a statewide level, 42 percent of HASI and CLS consumers lived in social housing with other situations summarised as below.



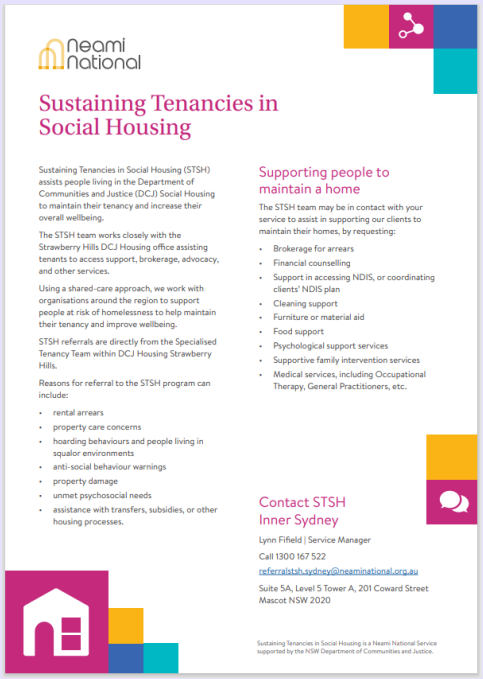
All district mental health services have access to NSW Mental Health Community Living programs data, which can be used for service monitoring and planning.

A key program for the HMHA 22 shared clients

Sustaining Tenancies in Social Housing and Tenancy Management (STSH)

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

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



neami national

Sustaining Tenancies in Social Housing

Sustaining Tenancies in Social Housing (STSH) assists people living in the Department of Communities and Justice (DCJ) Social Housing to maintain their tenancy and increase their overall wellbeing.

The STSH team works closely with the Strawberry Hills DCJ Housing office assisting tenants to access support, brokerage, advocacy, and other services.

Using a shared-care approach, we work with organisations around the region to support people at risk of homelessness to help maintain their tenancy and improve wellbeing.

STSH referrals are directly from the Specialised Tenancy Team within DCJ Housing Strawberry Hills.

Reasons for referral to the STSH program can include:

- rental arrears
- property care concerns
- hoarding behaviours and people living in squalor environments
- anti-social behaviour warnings
- property damage
- unmet psychosocial needs
- assistance with transfers, subsidies, or other housing processes.

Supporting people to maintain a home

The STSH team may be in contact with your service to assist in supporting our clients to maintain their homes, by requesting:

- Brokerage for arrears
- Financial counselling
- Support in accessing NDIS, or coordinating clients' NDIS plan
- Cleaning support
- Furniture or material aid
- Food support
- Psychological support services
- Supportive family intervention services
- Medical services, including Occupational Therapy, General Practitioners, etc.

Contact STSH Inner Sydney

Lynn Fifield | Service Manager

Call 1300 167 522

referralstsh.sydney@neaminational.org.au

Suite 5A, Level 5 Tower A, 201 Coward Street Mascot NSW 2020

Sustaining Tenancies in Social Housing is a Neami National Service supported by the NSW Department of Communities and Justice.

STSH draws on a broader tenancy sustainment SHS evidence base indicating that people who have experienced homelessness often need post-crisis support once they enter public housing and are at increased risk of exiting into homelessness if they don't receive it.

STSH recognises the extent to which mental health issues 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 experience 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 issues.

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

The NSW Government has committed to reducing street homelessness in NSW by 50 per cent by 2025 as one of the NSW Government's 14 Premier's Priorities. Epidemiologic evidence shows that people who are homeless have a greater prevalence of treatable mental health conditions including schizophrenia and other psychotic disorders, and they are associated with a greater risk of comorbid physical disease, substance use, and disability as well as mortality from different causes.

Over the first two years of HMHA 22, signatories and participants agree to jointly focus on actions and innovations to better support the small but particularly vulnerable group of people sleeping rough with mental health issues.

A related policy framework

Premier's priority – Reducing homelessness

The NSW Government has committed to reduce street homelessness across NSW by 50% by 2025.

The DCJ Housing team is working with partners from Corrections, Health, councils and NGOs to support people off the street through initiatives such as the Together Home and Assertive Outreach programs.

Make the case / evidence summary

The 2022 NSW Street Count results

The 2022 NSW Street Count, the NSW Government's third annual statewide rough sleeping street count, was completed between 3 February and 28 February 2022.

Over 150 organisations participated in the street counts, and over 300 either participated in the counts or were consulted during the planning phase. Partners included Community Housing Providers, local councils and Specialist Homelessness Services, as well Aboriginal organisations, Local Health Districts, local community groups, and Police.

Street counts took place across more than 300 towns and suburbs in 76 local government areas (LGA) across NSW. Despite extreme weather across NSW from the week beginning 21 February, street counts were completed in all planned locations, except in the towns of Brunswick Heads and Mullumbimby in the Byron Shire LGA which were cancelled due to unsafe conditions.

1,207 people were counted sleeping rough during these street counts.

A key program for the HMHA 22 shared clients

Together Home

The Together Home Program is a $177.5 million investment by the NSW Government. It aims to support over 1,072 people street-sleeping across NSW into stable accommodation, linked to wraparound support.

The program is a key initiative to support the Premier's Priority to halve street homelessness by 2025.

Together Home 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 Community Housing Providers that sub-contract the support component to Specialist Homelessness Services 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 illness, the Together Home program will specifically allocate high needs packages to people with complex high needs, including severe mental health needs.

It is the intention that these people will 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 National Disability Insurance Scheme (NDIS).

The CHP will receive additional support funding to engage a service that can deliver this intensive support to the person. The CHP should also establish relationships with the local health district (LHD) should a referral to the local mental health team be required.

Program participants should be supported with a referral to the NDIS, if appropriate.

Innovate 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 relationship to land, country and kinship.

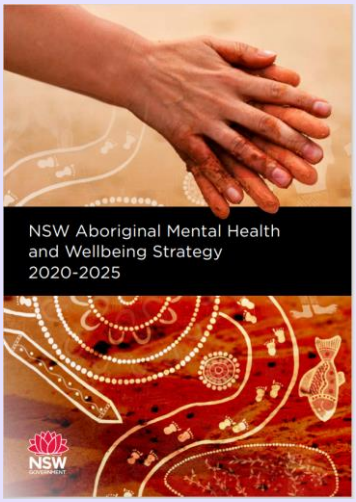
Improving the mental health and wellbeing of Aboriginal communities across the state is a priority of the NSW Government.

Over the first two years of HMHA 22, signatories 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 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 problems and substance use.



This has stemmed 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 will have access to holistic and culturally safe services that provide the best opportunity for improved mental health and social and emotional wellbeing.

HMHA 22 is a key statewide 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 enable Aboriginal and Torres Strait Islander people and governments to 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 secure appropriate, affordable housing that is aligned with their priorities and need; and

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 Closing the Gap Agreement priority reforms. And the Governance Framework reflects empowering Aboriginal and Torres Strait Islander people to share decision-making authority with governments to accelerate policy and place-based progress on Closing the Gap through formal partnership arrangements.

The Framework at the **local level**

In the three-tiered HMHA 22 governance model, the local level is focussed on:

1. Ensuring agreed and functioning processes for participants to coordinate services for individual clients
2. Building relationships for a HMHA 22 participant local alliance
3. Implementing the HMHA 22 Service Delivery Framework at a local level.

Importantly, the local level committee oversees:

- The development and common understanding of the local process and/or protocol for any participant to escalate a shared client for a coordinated response from one or more other local participants
- ensuring coordinated transitional planning for people exiting mental health inpatient facilities, or shared clients existing social housing, general health or other government services.

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)

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

	Strategic Action - Mandatory		Responsibility	Measure(s) of success
	L1	HMHA 22 Local Implementation Plans are co-designed with people with lived experience of the local mental health and social housing supports.	HMHA 22 local committee leaders	Detailed in annual Local Implementation Plan Report

A good practice example

Kempsey Peer Worker (Mid North Coast District)

The Kempsey Peer Worker project is a collaboration between the Department of Communities and Justice and the Mid-North Coast Mental Health Service. It's about a peer worker with lived experience of both systems being co-located and embedded across both services.

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

	Strategic Action - Mandatory		Responsibility	Measure(s) of success
	L2	HMHA 22 Local Implementation and Coordination Committee (LIACC) is established according to the requirements of the HMHA 22 Governance Framework	HMHA 22 local committee leaders	Committee established and regular meetings held.
	L3	HMHA 22 Local Implementation Plan (LIP) is prepared and agreed by the members of the LIACC.	HMHA 22 local committee leaders	Plan submitted to State Steering Committee
	L4	Agree the 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.	HMHA 22 local committee leaders	Description of the local process and/or protocol available to participants.

A good practice example

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

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

These committees bring together senior staff from community housing providers, specialist homelessness services, 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 CHAMHS 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.

A key partnership

NDIS providers are important participants

A key reason for updating the HMHA 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 through the National Disability Insurance Scheme (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.

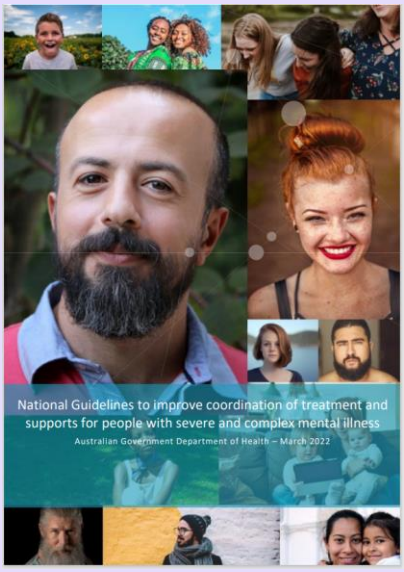
See https://data.ndis.gov.au/explore-data for up-to-date district level data.

Many people in the HMHA 22 shared client group will be receiving support from NDIS funded providers because they have a psychosocial disability. And 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 illness

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 good practice example

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.

A good practice example

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 Social Housing Management Transfer (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 issues are commonplace.

The Greenway Wellbeing Centre 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: Local level actions to drive promotion and innovation

	Strategic Actions - Mandatory	Responsibility	Measure(s) of success
	L5 Promote HMHA 22 and integrate it into all new (and renewed) local mental health and housing services level agreements, memoranda of understanding, or other local formal arrangements for cooperation.	HMHA 22 local committee leaders	Number of agreements with the HMHA 22 requirements integrated into the agreement structure.

A key program for the HMHA 22 shared clients

Continuing Coordinated Care Program (CCCP)

The Continuing Coordinated Care Program (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 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 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

Assertive Community Management - Drug and Alcohol (Nepean Blue Mountains and Sydney Districts)

Assertive Community Management (ACM) teams are an alcohol and other drug specialists available in some districts, who focus 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.

Referral:

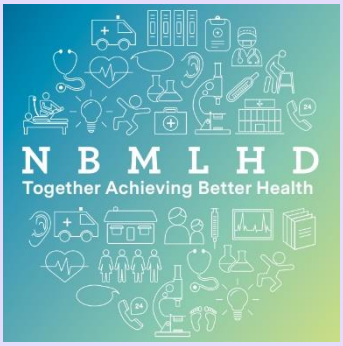
To gain access to the ACM program, individuals must be existing Drug and Alcohol clients.

Eligibility:

Where possible, a client's eligibility for the program is based on the outcome of the client's comprehensive assessment. This will include using the Australian Treatment Outcome Profile (ATOP), Client Complexity Rating Scale (CCRS) and making an assessment of the client's risk factors. Whether a client is eligible for the ACM program is a clinical decision to be determined by the responsible clinician.

Admission:

Once a client is considered by the clinician to be eligible for admission, the client is admitted to the program and is provided with, or given access to, all ACM funded services. At a time when the client's substance use has been controlled to some extent, based on the client's risk assessment at admission an assessment of the client's cognitive capacity may be necessary.



Nepean Blue Mountains District

The Nepean Blue Mountains Assertive Community Management team are senior alcohol and other drug clinicians providing direct frontline services to drug and alcohol patients who experience a range of comorbid physical and mental health problems as well as multiple social issues.

The team promotes the principles of harm minimisation and a recovery model of care from drug and alcohol dependency and 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.

Sydney District – Assertive Community Drug & Alcohol Team (ACDAT)

The ACDAT is a new service that 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 comorbidities (e.g., cognitive impairment, psychiatric, medical or social needs).

Local actions to advance our shared agenda

	Strategic Action - Mandatory		Responsibility	Measure(s) of success
	L6	Include at least one action in the Local Implementation Plan to improve coordination between housing, homelessness and mental health services for one of the four Service Delivery Framework priority focus areas.	HMHA 22 local committee leaders	Action included in all Local Implementation Plans
	L7	Local Implementation and Care Coordination Committee (LIACC) to include local Aboriginal organisations and service providers	HMHA 22 local committee leaders	Number of District committees with Aboriginal service provider representation

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.

The Framework at the **district level**

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

		Strategic Actions - Mandatory	Responsibility	Measure(s) of success
	D1	Embed resources into District social housing practice materials to support frontline staff and managers to use consistent recovery-oriented language and trauma informed and strengths-based practice approaches to service delivery.	DCJ District Executive Directors	Resources available to all frontline staff and managers
	D2	Promote training opportunities that build capacity for responding effectively to the needs of the shared client group such as: Mental Health Professional Online Development (MHPOD)	LHD MH Directors, DCJ District Executive Directors	TBC

A useful guide or resource

Mental Health Professional Online Development (MHPOD) Portal

The MHPOD Learning Portal is an evidence-based online learning resource for people working in or connected to mental health service delivery. Currently, there are over 100 hours of material across 74 topics, written and produced in Australia. The topics range from recovery to legislation and dual disability. Each topic includes an overview, activity, in-practice section, and resources such as checklists, templates, or links to further information. The content of MHPOD is linked to the National Practice Standards for the Mental Health Workforce.

The MHPOD Program **is available to anyone** including across the public health and human service systems i.e. social services and those professions whose clientele are at risk of developing a mental illness.

Some topics particularly relevant to HMHA 22 include:

- Dual diagnosis – develop skills to respond to co-occurrence of mental illness and substance use disorder
- Psychosocial interventions: strategies for case managers
- Networks of care - the principles of effective interagency working and identifying the services that comprise a comprehensive health and welfare system.

All HMHA participants can get more information and access the MHPOD resources here.

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

	Strategic Actions - Mandatory		Responsibility	Measure(s) of success
	D3	Establish the District tier HMHA 22 Governance Committee according to the Governance Framework requirements	LHD MH Directors, DCJ District Executive Directors	Committee established
	D4	Partner on reciprocal arrangements between HMHA 22 participants including public mental health services, Community Housing Providers, NSW Community Living Programs (HASI, CLS, HASI Plus, and CLS-R) and ACCHOs for staff secondment and rotations.	Lead: LHD MH Directors, DCJ District Executive Directors Support: HETI, Ministry	Number of secondments

A good practice example

Mental Health Housing Liaison Officer

In the Sydney and southeastern 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**.

The senior allied health position is co located at DCJ offices and MHS offices. The main aims 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.

A Statement of Collaboration endorsed by the LHD Chief Executive and Executive District Director will support a common understanding of agreed roles and responsibilities and encourage 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 southeastern Sydney partnership)
- consent-based access to both the health and housing information systems.

Domain 3: District level actions to drive promotion and innovation

	Strategic Actions - Mandatory		Responsibility	Measure(s) of success
	D5	Promote HMHA 22 and integrate it into all new (and renewed) District mental health and housing services funding agreements, strategies and implementation plans	LHD MH Directors, DCJ District Executive Directors	Number of Agreements with the HMHA 22 requirements integrated into the agreement structure.
	D6	Integrate the District alcohol and other drug (AOD) services and Aboriginal Community Controlled Health Organisations (ACCHO) into the District HMHA 22 Governance (or strengthen and reinvigorate the integration of those two key partners into the governance)	LHD Mental Health Directors and DCJ District Executive Directors	HMHA 22 District governance committee includes appropriate representatives from the District AOD services and relevant ACCHO
	D7	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 Community Living Programs (HASI, CLS, HASI Plus) data • local street count data • housing register and waitlist data • other relevant local data.	LHD Mental Health Directors and DCJ District Executive Directors	Shared service processes informed by data from all participants
	D8	Provide financial bursary support for district and/or local tier representatives to attend and present innovations at mental health, homelessness and/or housing conferences.	LHD Mental Health Directors and DCJ District Executive Directors	Number of bursary's provided.

A good practice example

Road to Recovery – Short term transitional supported housing program

Central Coast Local Health District Mental Health Service (CCMH) has partnered with Pacific Link Housing (PLH) 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.

Road to Recovery supports mental health consumers who need short term psychosocial intervention to support their successful reintegration into the community. Pacific Link sources and manages the tenancy and provides the support coordination component. It works with CCMH and subcontracts a psychosocial support provider with experience and demonstrated capabilities supporting people with mental health issues.

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

A good practice example

Survey of discharge to unstable accommodation from mental health facilities (Sydney District)

In the Sydney District, 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 specialist homelessness services and other stakeholders for service delivery innovations.

A good practice example

Mental Health Homelessness In-Reach Service (MH-HIRS) – Central Coast and Sydney Districts

The Assertive Outreach model is being adapted deliver assertive in-reach support to people experiencing, or at risk of street homelessness, who receiving care in mental health units. Specialist Mental Health Caseworks will be employed in the existing DCJ Assertive Outreach teams to work directly with Local Health Districts to support this cohort transition into stable long-term accommodation with wrap around support.

In line with the NSW Homelessness Strategy 2018-2023 and No Exits Framework, the initiative will deliver a person centred, cross-agency approach, and support delivery of the Premier's Priority to reduce street sleeping by 50 per cent by 2025.

Targeting intervention for people experiencing or at risk of rough sleeping, the expanded service will integrate SHS support into transition planning in partnership with mental health services in LHDs.

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

A good practice example

MapMyRecovery (Murrumbidgee District)

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

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.

Actions to advance our shared agenda

	Strategic Actions - Mandatory		Responsibility	Measure(s) of success
	D9	Continue to strengthen opportunities for tenants to connect to social and cultural supports to promote wellbeing and prevent tenancy problems occurring.	LHD MH Directors, DCJ District Executive Directors	Social and cultural supports promoted through local committees

A good practice example

Gunida Gunyah

In Gunnedah, North Eastern 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.

The Framework at the **state level**

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

	Strategic Actions - Mandatory		Responsibility	Measure(s) of success
	S1	Establish the Lived Experience Advisory Committee according to the requirements of the Governance Framework to inform the implementation, review and evaluation of HMHA 22.	DCJ with Ministry of Health (Mental Health Branch)	Committee established and meeting.
	S2	Deliver a state-wide program of training for frontline housing staff and managers to build awareness and capacity to recognise and respond to mental ill health with trauma informed and recovery led practices.	Ministry of Health (Mental Health Branch) with Community Housing Industry Association (CHIA) and Mental Health Coordinating Council (MHCC)	Number of training sessions delivered, attendees and Community Housing Providers engaged.
	S3	Promote the NSW Health Trauma Informed Care capacity building initiatives to HMHA participants including the Agency for Clinical Innovation's (ACI) Trauma-Informed Care Community of Practice.	Ministry of Health (Mental Health Branch) with Agency for Clinical Innovation (ACI)	Cross-sector new membership

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 (ACI) has worked with clinicians, managers, people with a lived experience, carers, families, kinship groups and other experts in the field to develop the framework for trauma-informed care in mental health services across NSW.

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.

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

	Strategic Actions - Mandatory		Responsibility	Measure(s) of success
	S4	Finalise, release and promote the three-tiered HMHA 22 Governance Framework	Ministry of Health (Mental Health Branch) and DCJ	Framework published.
	S5	Establish the HMHA 22 State Steering Committee	Ministry of Health (Mental Health Branch) and DCJ	Committee established. Number of meetings
	S6	Develop the HMHA 22 Information Sharing Framework	Ministry of Health (Mental Health Branch) and DCJ	Information sharing guide released.
	S7	Resource additional project and administrative support to support districts to establish HMHA 22 governance, implementation plans and associated projects	Ministry of Health (Mental Health Branch) and DCJ	Funding and/or support provided
	S8	Establish the HMHA 22 cross-agency statewide collaboration website (Sharepoint)	Ministry of Health (Mental Health Branch), eHealth and DCJ	Sharepoint site developed. Website traffic analytics.
	S9	Develop and promote the NSW Mental Health Community Living Programs portal to improve awareness of the statewide community based integrated clinical and psychosocial supports.	Ministry of Health (Mental Health Branch)	Portal developed. Website traffic analytics.

Domain 3: State Actions to drive promotion and innovation

	Strategic Actions - Mandatory		Responsibility	Measure(s) of success
	S10	Promote HMHA 22 and integrate it into new (or renewed) statewide funding agreements, strategies and implementation plans	Ministry of Health (Mental Health Branch) and DCJ	Number of agreements incorporating the HMHA 22
	S11	Ensure that 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 • Housing Pathways Evidence Requirements and other Information	Ministry of Health (Mental Health Branch) and DCJ	Number of policies reviewed and updated to reflect HMHA 22 objectives.
	S12	Fund and deliver a HMHA 22 innovation grant initiative to support time limited district or local level partnership initiatives.	Ministry of Health (Mental Health Branch) and DCJ	Initiative delivered. Number of grants provided.
	S13	Deliver, evaluate and promote learnings from project Embark - supporting people with psychosocial disability experiencing or at risk of homelessness to access the National Disability Insurance Scheme (NDIS); and build the capacity of homelessness services in relation to the NDIS.	Ministry of Health (Mental Health Branch)	Pilot implemented and evaluated.
	S14	Explore establishing a new priority category for eligibility for the NSW Mental Health Community Living Programs for: • newly housed applicants from the NSW Housing Register in social housing • who were previously homeless or at risk of homelessness.	Ministry of Health (Mental Health Branch)	Report to State Steering Committee
	S15	Explore establishing a list of designated NSW mental health residential rehabilitation services that are considered satisfactory evidence of unstable housing circumstances for Eligibility for priority housing assistance.	DCJ and Ministry of Health (Mental Health Branch)	Report to State Steering Committee

A related policy framework

The NSW Primary Health Network - NSW Health Joint Statement

HMHA 22 acknowledges the increasingly complex environment of services for the shared client group, and the importance of engaging at all level with services funded by the Commonwealth Government through the Primary Health Networks.

The NSW Primary Health Network - NSW Health Joint Statement is an agreement between NSW Health, the NSW Primary Health Networks (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-centred care requires collaboration between and integrating care across the primary, community, hospital and social care areas. Providing patient-centred healthcare is important because evidence shows that outcomes for people and communities are improved when the different providers in a health system work together.

HMHA 22 and this Service Delivery Framework complement the Joint Statement and vice versa.

State level actions to advance our shared agenda

	Strategic Actions - Mandatory	Responsibility	Measure(s) of success
S16	Increase awareness of available Aboriginal specific mental health services across HMHA 22 participants including Aboriginal Peer Workers and Aboriginal Care Navigators.	Ministry of Health (Mental Health Branch and Centre for Aboriginal Health) and DCJ	
S17	Support Aboriginal Community Housing Providers to identify Aboriginal people at risk of mental health distress and make appropriate referrals.	DCJ and Ministry of Health (Mental Health Branch and Centre for Aboriginal Health)	
S18	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, along with their risk of housing insecurity.	Ministry of Health (Mental Health Branch) and DCJ	
S19	Pilot and evaluate a Mental Health Homelessness In-reach Service (MH-HIRS)	DCJ with Ministry of Health (Mental Health Branch) and Sydney, South Easter Sydney and Central Coast districts	Program established and evaluated.

Appendix A – A summary of the mandatory requirements in the framework

The Housing and Mental Health Agreement 2022 Service Delivery Framework includes a suite of mandatory requirements for signatories to implement with participants. These are the ‘cogs’ in the supporting frameworks. Doing these things at the state, district and local levels gives us the best chance of achieving the HMHA 22 vision.

Types of mandatory requirements in the Service Delivery Framework

Governance related	These actions reiterate some key requirement of the Governance Framework.
Implementation support	These are actions to support the implementation and ongoing operation of the agreement.
Capacity building	These actions build common knowledge and skills for HMHA 22 participants.
Integration	These actions are opportunities to integrate key aspects of the agreement into policy, service planning, commissioning and/or delivery.
Program / pilot	These actions are a program (or pilot program) with evaluation.

Ref	Type	Link / Section	Mandatory action
Local level			
L1	Governance related	Domain 1 – How we work with the shared client group	HMHA 22 Local Implementation Plans are co-designed with people with lived experience of the local mental health and social housing supports.
L2	Governance related	Domain 2 – How we work with each other	HMHA 22 Local Implementation and Coordination Committee (LIACC) is established according to the requirements of the HMHA 22 Governance Framework
L3	Governance related	Domain 2 – How we work with each other	HMHA 22 Local Implementation Plan (LIP) is prepared and agreed by the members of the LIACC
L4	Governance related	Domain 2 – How we work with each other	Agree the 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.
L5	Integrate	Domain 3 – Promote and innovate	Promote HMHA 22 and integrate it into all new (and renewed) local mental health and housing services level agreements, memoranda of understanding, or other local formal arrangements for cooperation.
L6	Governance related	Priority focus - general	Include at least one action in the Local Implementation Plan to improve coordination between housing, homelessness and mental health services for one of the four Service Delivery Framework priority focus areas.
L7	Governance related	Priority focus – Aboriginal people	Local Implementation and Care Coordination Committee (LIACC) to include local Aboriginal organisations and service providers
District level			
D1	Capacity build	Domain 1 – How we work with the shared client group.	Embed resources into District social housing practice materials to support frontline staff and managers to use consistent recovery-oriented language and trauma informed and strengths-based practice approaches to service delivery.
D2	Capacity build	Domain 1 – How we work with the shared client group.	Promote training opportunities that build capacity for responding effectively to the needs of the shared client group across District HMHA participants including Mental Health Professional Online Development (MHPOD)
D3	Governance related	Domain 2 – How we work with each other	Establish the District tier HMHA 22 Governance Committee according to the Governance Framework requirements
D4	Capacity build	Domain 2 – How we work with each other	Partner on reciprocal arrangements between HMHA 22 participants including public mental health services, Community Housing Providers, NSW Community Living Programs (HASI, CLS, HASI Plus, and CLS-R) and ACCHOs for staff secondment and rotations.
D5	Integrate	Domain 3 – Promote and innovate	Promote HMHA 22 and integrate it into all new (and renewed) District mental health and housing services funding agreements, strategies and implementation plans
D6	Governance related	Domain 3 – Promote and innovate	Integrate the District alcohol and other drug (AOD) services and Aboriginal Community Controlled Health Organisations (ACCHO) into the District HMHA 22 Governance (or strengthen and reinvigorate the integration of those two key partners into the governance)
D7	Integrate	Domain 3 – Promote and innovate	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 Community Living Programs (HASI, CLS, HASI Plus) data

			• local street count data • housing register and waitlist data • Aboriginal Housing Office Dwellings dashboard • other relevant local data.
D8	Capacity	Domain 3 – Promote and innovate	Provide financial bursary support for district and/or local tier representatives to attend and present innovations at mental health, homelessness and/or housing conferences.
D9	Capacity	Priority focus – Tenancy	Continue to strengthen opportunities for tenants to connect to social and cultural supports to promote wellbeing and prevent tenancy problems occurring.
State level			
S1	Governance	Domain 1 – How we work with the shared client group	Establish the Lived Experience Advisory Committee according to the requirements of the Governance Framework to inform the implementation, review and evaluation of HMHA 22.
S2	Capacity	Domain 1 – How we work with the shared client group	Deliver a state-wide program of training for frontline housing staff and managers to build awareness and capacity to recognise and respond to mental ill health with trauma informed and recovery led practices.
S3	Capacity	Domain 1 – How we work with the shared client group	Promote the NSW Health Trauma Informed Care capacity building initiatives to HMHA participants including the Agency for Clinical Innovation's (ACI) Trauma-Informed Care Community of Practice.
S4	Governance	Domain 2 – How we work with each other	Finalise, release and promote the three-tiered HMHA 22 Governance Framework
S5	Governance	Domain 2 – How we work with each other	Establish the HMHA 22 State Steering Committee
S6	Integrate	Domain 2 – How we work with each other	Develop the HMHA 22 Information Sharing Framework
S7	Implement support	Domain 2 – How we work with each other	Resource additional project and administrative support to support districts to establish HMHA 22 governance, implementation plans and associated projects
S8	Implement support	Domain 2 – How we work with each other	Establish the HMHA 22 cross-agency statewide collaboration website (Sharepoint)
S9	Integrate	Domain 2 – How we work with each other	Develop and promote the NSW Mental Health Community Living Programs portal to improve awareness of the statewide community based integrated clinical and psychosocial supports.
S10	Integrate	Domain 3 – promote and innovate	Promote HMHA 22 and integrate it into new (or renewed) statewide funding agreements, strategies and implementation plans
S11	Integrate	Domain 3 – promote and innovate	Ensure that 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 • Housing Pathways Evidence Requirements and other Information
S12	Program / pilot	Domain 3 – promote and innovate	Fund and deliver a HMHA 22 innovation grant initiative to support time limited district or local level partnership initiatives.
S13	Program / pilot	Domain 3 – promote and innovate	Deliver, evaluate and promote learnings from project Embark - supporting people with psychosocial disability experiencing or at risk of homelessness to access the National Disability Insurance Scheme (NDIS); and build the capacity of homelessness services in relation to the NDIS.
S14	Integrate	Domain 3 – promote and innovate	Explore establishing a new priority category for eligibility for the NSW Mental Health Community Living Programs for: • newly housed applicants from the NSW Housing Register in social housing, • who were previously homeless or at risk of homelessness.

S15	Integrate	Domain 3 – promote and innovate	Explore establishing a list of designated NSW mental health residential rehabilitation services that are considered satisfactory evidence of unstable housing circumstances for eligibility for priority housing assistance.
S16	Capacity	Priority focus – Aboriginal people	Increase awareness of available Aboriginal specific mental health services across HMHA 22 participants including Aboriginal Peer Workers and Aboriginal Care Navigators.
S17	Capacity	Priority focus – Aboriginal people	Support Aboriginal Community Housing Providers to identify Aboriginal people at risk of mental health distress and make appropriate referrals.
S18	Integrate	Priority focus – No exits	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, along with their risk of housing insecurity.
S19	Program / Pilot	Priority focus – no exits	Pilot and evaluate a Mental Health Homelessness In-reach Service (MH-HIRS)

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 community housing providers include social housing, affordable housing and supported housing.
Community Managed Organisation (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; and • had some SHS or TA 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. May be: • 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 ill health, housing instability or homelessness, their families, kin, carers, and representative organisations. • 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. • Non-SHMT Community Housing Providers. • Community managed organisations (CMOs) providing mental health and psychosocial supports and Specialist Homelessness Services (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 Office (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 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 signatories	Secretaries of the Department of Communities and Justice 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 • Local Health Districts, Specialty Health Networks and DCJ districts • Community Housing Providers (CHPs) from the Social Housing Management Transfer (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 Implementation and Coordination Committee (LIACC)	A general term used to describe the HMHA 22 local governance tier which is focussed on implementing the agreement locally including coordinating service access and care for individual shared clients.
Local health district	The 15 local health districts 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 local health districts 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 local health districts, 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.
Outcome data	Data that indicates whether, or the degree to which, the intended result or consequence has occurred from a program or activity. An example of an outcome is an increase in a consumer's ability to participate in the community.
Outputs data	Data measuring what has been produced by an activity or group of activities. An example of an output is the number of occasions of service an organisation has delivered.
Peer worker	A mental health peer worker is someone employed based on their personal lived experience of mental health issues and recovery (a consumer peer worker), or their experience of supporting family or friends with mental health issues (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	Primary Health Networks (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	A range of supports which may include mental health treatment and counselling, education, social support and group support. It aims to address ongoing psychological and social problems experienced by individuals which may increase the risk of homelessness. In NSW people with a mental illness 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 community housing providers, 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	Two specialist statewide 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 to help with and/or supervision of daily tasks to develop their skills of 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.

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