



Family &  
Community  
Services



Health

## Housing and Mental Health Agreement Annual Report 2013-14



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## **1. Overview**

Research indicates that half of all people who experience homelessness also experience a mental health condition after becoming homeless<sup>1</sup>. This increase is triggered by the trauma, distress and anxiety associated with being homeless or at risk of homelessness. Consequently, mental illness can be both a symptom and cause of housing instability and homelessness.

Improving the coordination and integration of the housing, homelessness and mental health service systems is central to improving outcomes for people who are homeless or at-risk of homelessness and who live with mental illness.

The Housing and Mental Health Agreement (the Agreement) is a partnership agreement between NSW Department of Family and Community Services (FACS) and NSW Health.

The Agreement provides an overarching framework for planning, coordinating and delivering mental health care, accommodation support and social housing services for clients experiencing mental illness who live in social housing, or who are homeless or at risk of homelessness.

The Agreement aims to improve the way agencies work together to provide services and to ensure that these services are integrated and accessible for clients who need them.

The primary mechanisms for implementing the Agreement are the Housing and Mental Health District Implementation and Coordinating Committees (DIACCs). FACS Districts (Districts) and Local Health Districts (LHDs) form the geographic bases for the Committees and each DIACC is responsible for improving the coordination between service providers in the area it covers.

Each DIACC is required to develop an annual work plan that sets out how the principles and objectives of the Agreement will be met and are required to submit their work plans at the end of the reporting period.

This Annual Report relates to the financial year 2013-14 and highlights the challenges, barriers and achievements related to the implementation of the Agreement across NSW.

## **2. Structural changes to DIACCs**

In 2013-14, there were important structural changes to some DIACCs. All of these changes place the Committees closer to the communities they serve and allow for more focused, localised responses:

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<sup>1</sup> Johnson, G., & Chamberlain, C. (2008). Homelessness and Substance Abuse: Which Comes First? *Australian Social Work*, 342-356.]

### ***Northern NSW and Mid North Coast DIACC***

Following the implementation of FACS Localisation in September 2013, the North Coast DIACC was divided to reflect the new District boundaries, creating the Northern NSW and Mid-North Coast DIACCs.

### ***Nepean-Blue Mountains DIACC***

In April 2014, the Nepean Blue Mountains (NBM) DIACC was established as a separate DIACC to the previously joint Western Sydney-Blue Mountains DIACC.

### ***Hunter – New England DIACC***

In June 2014 the DIACC adopted a new District model which sees separate groups in the Hunter and New England (aligned to LHD clusters) reporting to a District Executive DIACC Committee.

## **3. Key Achievements 2013-14**

### ***Housing and Mental Health Annual Forum 2014***

In May 2014, FACS and NSW Health jointly sponsored and delivered the Housing and Mental Health Annual Forum. Attendees included representatives from across government and non-government sectors, as well as consumer representatives. The Forum had the theme *Supporting Communities - Leading Strategic Reform at the Local Level*.

The Forum was held to promote good practice in delivering effective services and to inform key stakeholders of significant reforms underway within the housing, homelessness and mental health sectors.

Key speakers at the Forum included:

- John Feneley, Mental Health Commissioner on “Mental Health and Housing – the Future”
- Phil Berry, National Disability Insurance Scheme (NDIS) Cross Agency Coordinator, FACS Ageing Disability and Home Care, “NDIS – Housing and Mental Health interfaces”
- Tully Rosen, Acting Deputy CEO, Mental Health Coordinating Council, “Trauma Informed Care and Practice – A cultural shift in human services”
- Dr Elizabeth Conroy, Research Fellow, Centre for Health Research, University of Western Sydney, “Integrated service responses to mental health problems among people experiencing homelessness”

Following the Forum a DIACC Planning Workshop was held and was attended by DIACC representatives from FACS, NSW Health, Medicare Locals and NGO partners.

The purpose of the workshop was to discuss progress, good practice, challenges, and barriers and to identify new opportunities for the implementation of the Agreement across NSW. The workshop also aimed to clarify reporting requirements for 2013-14 and to explore approaches for streamlining DIACC reporting for 2014-15.

Workshop participants developed a number of strategic priorities to be incorporated into District planning and the streamlined reporting. These priorities were grouped into themes: consumer and carer partnerships; building the capacity of front-line staff; integrated care coordination in business as usual; early identification of at-risk clients; and working with extremely vulnerable clients.

#### *DIACC Membership 2013-14*

Whilst membership of DIACCs varies across Districts, reflecting the composition of local service systems and District priorities, all DIACCs have been successful in engaging government partners and a range of non-government agencies including mental health service providers, community housing providers and Aboriginal housing providers.

A key area of progress in 2013-14 has been the strengthening of relationships with Medicare Locals across a number of Districts. This was evidenced by a number of DIACCs reporting representation from Medicare Locals and Partners in Recovery (PIR) on their Committees. DIACCs also reported that effective relationships had been established as a result which led to improved integration and collaboration within the service system. This also led to improvements in the way clients who experienced mental illness were supported.

In a number of cases, improved collaborative relationships were supported by DIACC Chairs who were also members of PIR Management Committees.

The Federal Government's decision to replace Medicare Locals with Primary Health Networks has the potential to impact on these relationships, although the specific implications are currently unclear.

Many DIACCs demonstrated a strong capacity to engage key stakeholders across the government and NGO sectors, including consumer and carer representatives. For example, the Southern NSW DIACC has representatives from across FACS, Southern NSW LHD Mental Health, Drug and Alcohol Services, Commonwealth Government, Medicare Local and Partners in Recovery, a range of NGO service providers, as well as consumer and mental health carer representatives.

#### *Strategic links*

In 2013-14, DIACCs have improved strategic links with other local committees and governance structures. This has been demonstrated through improved linkages with the Regional Homelessness Committees, Local Implementation and Coordinating Committees (LIACCs), and local client meetings between NSW Health and FACS.

Some DIACCs have established links with Ageing Disability and Home Care (ADHC) and Mental Health Joint Forums, Housing and Accommodation Support Initiative (HASI) and Aboriginal-HASI steering committees, Community Advisory

Groups and District substance abuse taskforces. These links ensure governance structures and related processes are streamlined and effective.

The Northern NSW DIACC has utilised membership links between the DIACC, the Regional Homelessness Committee, Mental Health Services Partnership, HASI Committees and the ADHC and Mental Health Services Joint Forum in order to maximise efficiency and productivity. The Northern NSW DIACC is planning to use the Housing and Mental Health Agreement as the foundation for the development and implementation of service level agreements and clinical care pathways with the non-government and social housing sector.

### *Improving local responses*

As detailed in Section 2, the Nepean Blue Mountains (NBM) District has established a separate DIACC to the previously joint Western Sydney – NBM DIACC.

The new NBM DIACC is currently in its establishment phase. However, preliminary work is well underway with:

- an initial planning meeting held between NBM FACS and Mental Health representatives on 22 May 2014 and a Local Implementation and Coordinating Committee (LIACC) established soon after
- a terms of reference ratified in July 2014 and
- links established between the DIACC and the Going Home Staying Home District Implementation Group (DIG) and the NBM Integrated Complex Case Panel.

### *Improved integration of local structures*

The Illawarra and Shoalhaven DIACC have established two Local Implementation and Coordinating Committees (LIACCs) to provide client-focused consultation and collaboration relating to individual clients and local service issues. These LIACCs also incorporate participation of ad-hoc members on an ‘as needs’ basis to strengthen responses to individual client needs.

The Nepean Blue Mountains DIACC members have agreed to explore an opportunity to streamline existing structures by combining their LIACC meetings with the ADHC Mental Health Liaison Committee. Streamlining existing structures in this way will ensure that a range of relevant programs implemented by the District are more closely integrated and clients have access to a broader range of services.

The Northern NSW District has also streamlined existing structures by using their local HASI Review and Complex Case Conference Committees to fulfil the function of the LIACC. Incorporation of these existing structures under the DIACC has strengthened local relationships and the role of the DIACC as a local escalation pathway for resolving systemic issues.

### *Workforce development*

In response to a recommendation made by the Premier's Council on Homelessness in 2013, FACS Housing Statewide Services have developed a training package for frontline public housing staff who work with people experiencing mental illness.

The aim of the training package is to improve interpersonal skills, develop understanding of trauma-informed care and improve the experience of clients accessing public housing assistance.

To inform the development of this training, Housing Statewide Services consulted widely with internal and external stakeholders including the Mental Health Coordinating Council and consumer groups.

As at June 2014, the training had been piloted with 10 Team Leaders from across NSW, and 10 Client Service staff from Surry Hills Housing Office. The pilot included:

- a one-day training program for frontline staff
- a one-day training program for their line managers
- an e-learning module that is a prerequisite for these other modules

### *Overall progress of DIACCs*

The table below shows the overall progress of each DIACC in 2013-14. Although most DIACCs have made significant advances in 2013-14, some are experiencing slight delays due to the challenges outlined in the following section.

#	DIACC Name	Overall progress
1	Central Coast	Experiencing minor delays
2	Illawarra-Shoalhaven	On track
3	Murrumbidgee	Experiencing minor delays
4	South Eastern Sydney	On track
5	South Western Sydney	On track
6	Southern NSW	On track
7	Western NSW	On track
8	Western Sydney	On track
9	Sydney	On track
10	North Sydney	On track

11	Hunter New England	On track
12	Northern NSW	On track
13	Nepean Blue Mountains	Recently established – On track
14	Far West	On track
15	Mid North Coast	Experiencing minor delays

## 4. Challenges

The implementation of two state-wide strategic reforms in 2013-14 created some unique challenges for DIACCs and led to significant resource implications for FACS Districts across NSW.

### *FACS Localisation*

In September 2013 FACS introduced Localisation. The change from a centralised organisational structure to a localised structure has enabled FACS to place greater focus on client-centred approaches and has supported increased localised decision-making. 15 new FACS Districts, aligned with Local Health Districts (LHDs), were established to improve integration between senior service delivery management and frontline staff across both agencies.

Whilst Localisation resulted in some disruption to the work of the DIACCs, particularly due to changes in staff resources, the present and future benefits and opportunities resulting from localisation are significant for the DIACCs. Through Localisation, FACS now has a stronger platform to work closely with NSW Health at the client and community level.

### *Going Home Staying Home (GSHS)*

Another state-wide strategic reform undertaken in 2013-14 was the Going Home Staying Home (GSHS) reform of the Specialist Homelessness Services (SHS) system. Under GSHS the reformed SHS system will deliver a better balance between prevention and crisis responses by bringing together a range of responses to support clients where they live before they become homeless. The reform will also improve the capacity of Districts to respond to clients who are already homeless within their own Districts.

Whilst the reforms present a range of opportunities for improving client outcomes, as with all significant change, the implementation of the reform has had some resourcing implications for DIACCs. Many FACS staff responsible for coordinating DIACCs have been directly involved in the GSHS reform process causing some delays to planned DIACC activities.



The GSH procurement process also led to some delays in planned DIACC activities. For example, in order to meet the probity requirements of the GSH procurement process, the Hunter New England DIACC delayed a planning forum until new contracts were signed with new service providers. For the same reason, the Central Coast DIACC, which had also planned to hold a key stakeholder forum, to inform the committee of priorities for the work plan into the future, delayed their forum until GSH procurement activities were concluded.

Looking forward, the GSH reform is likely to generate increased opportunities for improving integration and collaboration between the SHS, social housing and mental health service system, particularly in relation to the increased prevention and early intervention role for SHS providers. For instance, District Homelessness Implementation Groups (DHIG) now replace the former Regional Homelessness Committees and are aligned with the same boundaries as DIACCs providing opportunities for improving integration between housing, homelessness and mental health service providers.

### *Structural Factors*

Significant parts of NSW continue to experience structural challenges relating to the demand for social housing assistance and clinical mental health services. The lack of available social housing stock and clinical mental health support services has limited the capacity of some DIACC's to deliver improved client outcomes. Despite this, many DIACCs reported having established streamlined referral processes between social housing providers and mental health services. They also worked more creatively together to find innovative solutions to client and systemic issues.

### *Consumer and Carer representation*

A long-standing challenge for DIACCs relates to securing carer and consumer representation on Committees. This is a key requirement under the Agreement and aims to ensure the perspectives of service users and those that care for them are part of planning and decision-making processes. Whilst some DIACCs have reported progress against this area, many have continued to find it challenging. Alternative and innovative approaches to engaging carers and consumers will need to be considered to ensure all DIACCs can meet this requirement in 2014-15.

Carer engagement is a key focus area of the *FACS NSW Carers Strategy 2014-19* and presents opportunities for improving how DIACCs can engage and involve carers in decision making. This focus is expected to lead to improvements in the design and delivery of services.

The Strategy aims to make it easier for government and other public sector agencies in NSW to engage carers in decision making processes about policy and program decisions that could impact them. The outcomes of this project should

be of direct benefit to DIACCs in terms of supporting increased carer engagement.

## **5. Recommendations**

Based on the findings of this Report, the following strategies are recommended to improve the effectiveness of DIACCs in 2014-15:

- establishment of strong linkages between the DHIGs and DIACCs to ensure linkages between the reformed SHS system and the mental health service system
- development of strategies for improving carer and consumer representation on DIACCs in collaboration with NSW Health and FACS Office for Carers and
- development of strategies for effectively sharing innovative good practice and key learnings between DIACCs