

Guidelines

for implementing the

Housing and Mental Health Agreement

May 2012

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1. About these guidelines

In August 2011, NSW Health and the Department of Family and Community Services (encompassing its agencies of: Housing NSW; Aboriginal Housing Office; Ageing, Disability & Home Care and Community Services) signed the Housing and Mental Health Agreement (the Agreement).

The Agreement was developed collaboratively by signatory Departments, and with extensive consultation with the government and non-government sectors (including Joint Guarantee of Service (JGOS) partners) and the NSW Ombudsman.

The Agreement aims to improve housing outcomes and general well-being of people with mental health problems and disordersⁱ who are living in social housing or who are homeless or at risk of homelessness. It provides an overarching framework for planning, coordinating and delivering services to this target group. A key objective of the Agreement is to promote good practice in providing coordinated services at the local level.

Non-government organisations, including community housing providers, are recognised in the Agreement as key providers of services to the target group and signatory Departments are committed to working in partnership with them.

These guidelines outline the processes for signatory Departments to implement the Agreement in partnership with NGOs to achieve better coordination of services for the target group. They are to be read in conjunction with the Agreement, a full copy of which is in Appendix 1.

ⁱ As defined in the Agreement, page 16

2. Why do we need a Housing and Mental Health Agreement?

Research suggests that people with mental health problems and disorders often experience difficulties in accessing and maintaining affordable, safe and stable housing. Mental health issues can reduce an individual's capacity to live independently and disrupt tenancies, including their ability to pay rent, maintain their property to a suitable standard and live harmoniously with neighbours. At the same time, unstable housing arrangements can also contribute to the deterioration of mental wellbeing.ⁱⁱ

The prevalence of mental illness in the community is high. In 2007, almost half (45%) of 16-85 year olds in Australia reported they had a mental disorder at some point in their life and one in five had symptoms of a mental disorder in the twelve months prior to the survey.ⁱⁱⁱ

People with mental health (and drug & alcohol) issues comprise a significant proportion of the population facing homelessness. However, there is emerging evidence that only some of these people have mental health problems that contribute significantly toward their homelessness. Other people develop (or experience exacerbation of) mental illness as a result of facing homelessness or being homeless – meaning that attending early to people's housing needs may reduce the likelihood of mental health decline, improve mental health and housing outcomes and reduce demands on mental health and others services.

It is difficult to determine exactly the number of people with mental illness living in social housing. However, 35% of social housing tenants in NSW listed the disability pension as their main income in 2011. A National Health Survey conducted by the Australian Bureau of Statistics in 2007-08 found that 24% of people living in social housing in NSW had a mental/behavioural condition which is current or long term. This compares with 10.9% of the general population of NSW.

Individuals at risk of tenancy failure because of mental illness are particularly vulnerable because of the limited alternative housing options they have and the other consequences that tenancy loss brings. They may become homeless or have to move to unsafe or inappropriate housing, lose possessions and/or any supports that were in place.^{iv}

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

Evaluation of programs such as the Housing and Accommodation Support Initiative (HASI) have confirmed that when stable housing is linked to appropriate mental health and accommodation support, people are able to overcome the sometimes debilitating effects of mental illness and live independent lives with connections to their community.^{vi}

ⁱⁱ Housing and Accommodation Support Initiative (HASI) for people with mental illness, *Resource Manual*, NSW Health, 2006.

ⁱⁱⁱ Australian Bureau of Statistics, *National Survey of Mental Health and Wellbeing: Summary of Results 2007*, ABS, Canberra

^{iv} P. Flatau, M. Slatter, Jo Baulderstone, A. Coleman, S. Long, P. Memmott and L. Shepard for the Australian Housing and Urban Research Institute 'Sustaining at-risk Indigenous tenancies' 2008 cited in NSW Ombudsman, *The implementation of the Joint Guarantee of Service for People with Mental health Problems and Disorders Living in Aboriginal, Community and Public Housing*, November 2009, page 4

^v Reynolds, A., Inglis, S & O'Brien, A. (2002) *Linkages between housing and support – what is important from the perspective of people living with a mental illness*. Australian Housing and Urban Research Institute: Swinburne/Monash Research Centre.

^{vi} Social Policy Research Centre, *Housing and Accommodation Support Initiative (HASI) Evaluation, Stage 1 Report 2007*

3. Background to the Housing and Mental Health Agreement

The Housing and Mental Health Agreement builds on and strengthens the way government agencies and NGOs already work together to provide, and maximise access to, services to improve housing outcomes and general well-being for people with mental health problems and disorders.

In 1997, the Joint Guarantee of Service for People with Mental Health Problems and Disorders Living in Public, Community and Aboriginal Housing (JGOS) was endorsed between Housing NSW and NSW Health. In 2003, the JGOS was expanded to include NSW Department of Community Services (on behalf of SAAP services), Aboriginal Housing Office, Aboriginal Health and Medical Research Council of NSW, Aboriginal and community housing providers and non-government mental health service providers.

The JGOS aimed to better coordinate services to clients with mental health problems and disorders to assist them to access and sustain social housing. It also aimed to facilitate strong relationships between participating organisations, enabling better planning and delivery of coordinated services that meet client needs.

In 2009, the JGOS was evaluated, both independently and by the NSW Ombudsman. These evaluations provided evidence that there was a need to strengthen the implementation of the JGOS. JGOS partners agreed that the findings of the evaluations would be addressed through the development of the Housing and Mental Health Agreement and that this Agreement would build on the good work of, and replace, the JGOS.

The Agreement improves JGOS by reinvigorating activities to better coordinate housing, mental health and support services at the local level, more clearly defining the context of these activities and strengthening the governance structures to oversee its ongoing implementation.

An overview of how the Agreement improves on the JGOS is in Appendix 2.

4. Overview of the Housing and Mental Health Agreement

4.1 Aim and target groups

The Housing and Mental Health Agreement aims to improve housing outcomes and general well-being of people with mental health problems and disorders who are over 16 years old and homeless or at risk of homelessness or living in social housing by promoting good practice in providing coordinated services at the local level.^{vii}

The Agreement provides an overarching framework for planning, coordinating and delivering services for people with mental health problems and disorders. It is about strengthening the way local services work together rather than implementing a new program or service.

4.2 The scope of the Agreement

Successful implementation of the Agreement will assist service providers to better deliver streamlined and integrated services to clients with mental health problems and disorders, as well as maximise client's access to the full range of available services they are eligible for.

However, the Agreement operates within existing resources and where possible uses existing structures. Each partner agency will separately determine client eligibility, access and prioritisation to its services according to its policies, procedures and legislation.

4.3 Signatories

The Agreement is between the NSW Health and the Department of Family and Community Services (encompassing its agencies of: Housing NSW; Aboriginal Housing Office; Ageing, Disability & Home Care and Community Services).

Non-government organisations, as well as other government agencies, are recognised in the Agreement as key providers of services to the target group and signatory Departments are committed to working in partnership with them.

4.4 Commitments

The Agreement commits signatory Departments to:

1. Promoting good practice in delivering coordinated services at the local level
2. Collaborating with non-government organisations as equal partners
3. Strengthening integrated service planning
4. Delivering coordinated client-focused services
5. Improving transition planning to prevent homelessness
6. Embedding the principles and commitments of the Agreement into standard business practice.

Implementation of these commitments is discussed further in sections 5 and 6 of these guidelines.

4.5 Elements of good practice in delivering coordinated services

To achieve the elements of good practice in delivering coordinated services referred to in Commitment 1, the Agreement suggests that service providers need to:

- Communicate regularly with other services working with the client group
- Understand the roles and responsibilities of other providers

^{vii} These target groups include situations where a social housing tenancy may be at risk because of the mental health support needs of a family member or other person living in the household, regardless of the age of this person. It also recognises that people in these circumstances may have a range of complex needs arising from dual diagnosis and other co-morbidities such as intellectual disability, drug and alcohol issues etc.

- Share information about strategies, programs and resources for supporting clients with mental health problems and disorders
- Notify the appropriate agency as soon as possible where there are any issues that may place the clients' tenancy at risk so that issues can be addressed and the tenancy maintained
- Agree on a process for early intervention to prevent homelessness
- Develop local referral networks and agree on protocols for making referrals, including a process for providing feedback on the outcome of referrals
- Exchange client information with other services appropriately and effectively within the relevant privacy legislation
- Provide services in a recovery oriented framework
- Develop mechanisms to discuss individual clients (where relevant and appropriate, and within the relevant privacy legislation), and undertake joint client-focused planning, and agree on shared responses
- Identify and resolve local and broader issues which impact on how services are provided, or escalate issues appropriately if they cannot be resolved locally^{viii}.

The implementation of this Agreement will promote these good practice strategies in delivering coordinated services and assist partner agencies and non-government organisations to incorporate them into standard business practice.

4.6 Implementation

The primary mechanisms for implementing the Agreement are the Housing and Mental Health District Implementation and Coordinating Committees (DIACCs). The role, membership, deliverables, accountability and reporting requirements of these committees are explained in detail in section 5 of these Guidelines.

^{viii} Pages 8-9 of the Agreement

5. Implementing the Agreement through the Housing and Mental Health District Implementation and Coordinating Committees (DIACCs)

5.1 Overview of implementation

The Agreement is implemented by the Housing and Mental Health District Implementation and Coordinating Committees (DIACCs) which meet quarterly. Local Health Districts (LHDs) form the geographic basis for these Committees, with each Local Health District across NSW being covered by a DIACC^{ix}.

Senior managers from Housing NSW and LHDs have determined the location and final boundaries of each DIACC and ensured that all LHDs are covered.

The purpose of the DIACC is to improve coordination of services between providers in the housing, mental health and support service system in the LHD it covers. It focuses on the service system rather than on individual clients.

The DIACC is accountable for implementing the Agreement. Each DIACC develops a work plan which builds on current good practice activities and identifies the new actions the Committee is to undertake to achieve the deliverables of the Agreement. This work plan forms the basis of reporting for the DIACC.

Reporting under the Agreement focuses on capturing information about how the agencies are working together to achieve the deliverables articulated in the work plan and promote good practice. Reporting will be to the Senior Executives Group of the Agreement (refer to sections 7.1-7.3 for more information).

Implementation of the Agreement is led by local champions, whom the Agreement identifies as senior managers from Housing NSW and from Local Health District. These senior managers will facilitate, attend and take a lead role in the DIACC which covers the Local Health District relevant to them.

5.2 Establishing a DIACC

The DIACC may be a new committee, or it may replace an existing housing and mental health interagency such as a regional JGOS committee if one exists.

Alternatively, a DIACC may be attached to another existing committee which meets quarterly if some or all of the relevant organisations are in attendance, with those not in attendance invited to the Housing and Mental Health part of the meeting. However, the DIACC component of the meeting must have its own terms of reference and agenda.

A summary overview of the DIACC model is in Appendix 3.

5.3 Role of local champions (senior managers to lead implementation)

In each location, implementation is led jointly by senior managers from Housing NSW and from the Local Health District. From Housing NSW, this will be an Area Director and from the LHD, a Mental Health Director or their delegate.

These senior managers facilitate, attend and take a lead role in the DIACC that covers the LHD relevant to them. They are champions of the Agreement and its implementation, and drive improvements to practices across the LHD. They will: take a District-wide (or for Housing NSW managers, an Area-wide) perspective; provide leadership; build and maintain partnerships; and allocate resources as appropriate.

^{ix} One DIACC may cover one or more than one LHD. Similarly, one LHD may have more than one DIACC

In LHDs where there is significantly reduced or no Housing NSW presence, for example Far West LHD, the community housing provider will be encouraged to take up this role in partnership with the LHD^x.

Specifically, the senior managers leading implementation will:

- Facilitate and attend a DIACC meeting every quarter
- Provide the secretariat for the committee
- Take a lead role within the Committee to:
 - Ensure appropriate membership and adequate engagement with NGOs and consumers and carers
 - Oversee and guide the development of a work plan
 - Monitor the implementation of the work plan
 - Ensure reporting requirements are met and reporting to regional managers on the implementation of the Agreement as required
 - Resolve or escalate issues as required
- Be, or nominate, the contact person for committee.

The specific responsibilities of each senior manager (from Housing NSW and the LHD) will need to be negotiated and agreed locally. Agreed responsibilities are to be incorporated into the DIACC's Term of Reference^{xi}.

5.4 Role of the DIACC

Each DIACC is to take an LHD-wide perspective. Its primary purpose is to improve coordination of services between providers in the housing, mental health and support service system as it operates in the District, in order to:

- Deliver better coordinated and integrated services to clients
- Maximise client access to the full range of services for which they are eligible.

The role of the DIACC is to improve coordination of services by:

- Communicating formally and regularly with relevant government and non-government agencies, and sharing information about roles, responsibilities and service delivery
- Engaging with consumers and carers about effectiveness of service delivery
- Collaborating with NGOs, community housing providers and other key stakeholders
- Promoting good practice in delivering coordinated services by strengthening^{xii}, where required, processes and mechanisms for:
 - improving understanding of roles and service delivery at the local level
 - early intervention to prevent homelessness
 - making referrals
 - discussing individual clients, undertaking joint client focussed planning and agreeing on shared responses
 - exchanging client information
 - providing services in a recovery framework
 - escalating issues.
- Resolving local issues or escalating

^x High level targeted communication with the relevant community housing providers on the implementation of the Housing and Mental Agreement will be undertaken centrally. DIACCs will engage locally with community housing providers.

^{xi} These responsibilities can be varied if required, by agreement between HNSW and LHD representatives, in collaboration with the DIACC.

^{xii} Strengthening good practice processes includes communicating any changes made to processes to front-line staff and embedding effective changes into business as usual and monitoring these for effectiveness

- Encouraging and supporting front-line staff to develop their skills in responding to people with mental health problems and disorders who are homeless or at risk of homelessness or living in social housing, within available resources^{xiii}.

Each DIACC is responsible for developing, and reporting on, a work plan which builds on current good practice and implements the Agreement in that location. It is expected that the activities of the DIACC that work towards achieving the deliverables of the Agreement will be carried out over a period of time, with each committee establishing its own local priorities. (Refer section 6 of the guidelines for more information about developing a work plan.)

The DIACC does not discuss individual clients unless raised in the context of a system-wide issue. However, it is recognised that there is a need for local mechanisms to discuss individual clients and support joint client focussed planning.

The DIACC will identify locations where local mechanisms to discuss individual clients would be useful, as well as identify existing structures that may be used for this purpose (for example a re-badged JGOS committee or a HASI committee) or establish a new mechanism where required. The DIACC will link to and support these mechanisms and be the escalation point for any issues that relate to how services are delivered to clients. (Refer to section 5.10 for more information)

A draft Terms of Reference which can be used by Housing and Mental Health District Implementation and Coordinating Committees is included at Appendix 4. It is expected that the DIACCs use this as a basis but adapt it as relevant.

5.5 Membership of the DIACC

It is expected that actual membership of each DIACC may vary, depending on the services available in each LHD. Appropriate membership is to be determined by each DIACC in its establishment phase.

5.5.1 FACS Housing NSW and Local Health Districts

Each DIACC is facilitated and attended by senior staff from the LHD and Housing NSW.

5.5.2 Other FACS agencies

Representatives from other FACS agencies of Community Services, ADHC and AHO would be included in the DIACC and would attend or actively participate where they have:

- a direct responsibility for the delivery of relevant services; and/or
- a responsibility for disseminating information about the Agreement to their funded and contracted NGOs and encouraging them to engage with the work of the committee where relevant; and/or
- a clear role in strengthening the service system.

Government agencies do not attend on behalf of NGOs.

5.5.3 Non-government organisations

The Agreement recognises that NGOs are key providers of services to the target group and commits signatory Departments to collaborating with them as equal partners. The DIACC should actively engage with senior representatives from key NGOs operating in their District^{xiv}, such as:

^{xiii} Note: These activities for the DIACC have been arrived at by distilling and analysing the commitments, principles, elements of good practice and actions contained within the Agreement. They summarise the requirements of partner agencies to successfully implement the Agreement at the local level.

^{xiv} In the first instance, the local champions will make a determination as to which NGOs should participate in the DIACC to improve the service system at the local level.

- Community housing providers
- Aboriginal community housing providers and Local Aboriginal Land Councils
- Mental health service providers
- Aboriginal Medical Services
- Specialist homelessness services
- Consumer, carer and other advocacy services.

Community housing providers are a specific type of NGO which provide community housing in a similar manner to the way Housing NSW provides public housing. In some locations across NSW, community housing providers are the only providers of social housing. In other locations, the proportion of social housing provided by community housing providers is similar to that provided by Housing NSW. Community housing provider engagement with the DIACC will be critical.

Similar to community housing providers, Aboriginal community housing providers and Local Aboriginal Land Councils provide community housing for Aboriginal people within their local communities.

Initial communication between government agencies and their funded or contracted NGO service providers will be organised centrally. Subsequent communications with NGOs will be managed by the DIACC.

DIACCs can be flexible about which NGOs participate and this can be guided by local relationships and relevance as well as the way NGOs prefer to be involved. For example, some NGOs may prefer to be members and attend regularly, while others may prefer to attend when needed while others may prefer to receive minutes only. As a guide, however, each DIACC should aim for a core membership of at least 3 or 4 NGO representatives and ensure the both State and Commonwealth Government funded NGOs are included. DIACCs will need to work with NGOs in its District as to how this can be achieved and how it can connect to interested NGOs which do not become members^{xv}.

The keys to effective NGO engagement under the Agreement are that:

- open and two-way communication between Government agencies and NGOs is established and maintained; and
- NGOs are able to use the DIACC when required as a forum for raising issues relating to the service system for clients with mental health problems and disorders and that these issues are addressed or escalated.

5.6 Consumer and carer involvement in the work of the committee

The Agreement also recognises the important role of consumers, and their carers, in ensuring the services provided are relevant and appropriate for the target group. It commits signatory Departments to ensuring opportunities are provided wherever possible for consumers and carers to contribute to service improvement activities.

As part of its role, each DIACC is to engage consumers and carers with the work of the committee. The way this engagement occurs will be determined by the DIACC in consultation with consumer and carer representatives in its District, and may vary. For example, DIACCs may:

- Invite a consumer and a carer representative to join the committee; or
- Link with an existing consumer and carer mechanism which already operates within the LHD; or

^{xv} It is not proposed that NGO members represent other NGOs unless that it is what is agreed by the NGOs at the DIACC level

- Establish a new consumer and/or carer engagement mechanism if a suitable one does not already exist; or
- Use a combination of these strategies.

The DIACC, in developing its work plan, will include consumer and carer group or representative input, and will seek on-going input into relevant service improvement activities that the committee undertakes.

As the LHDs already have structures in place in many locations that enable meaningful consumer and carer engagement, the Local Health District senior manager may be better placed to drive the process of engaging consumers and carers in the work of the committee.

5.7 Frequency of meetings and secretariat

Each DIACC will meet quarterly.

It is anticipated that Housing NSW and the Local Health District will share roles of chair and secretariat of the Committee and each Committee can determine how this is undertaken. Once established, Committees may choose to vary this and delegate the tasks more broadly. However, responsibility for ensuring that the Committee meets and progresses its work plan will ultimately remain with senior managers from Housing NSW and the LHD.

In LHDs where Housing NSW has a reduced or no presence, an alternative arrangement will need to be discussed. This may include encouraging a community housing provider to partner with the Local Health District in facilitating the committee.

5.8 The location of DIACCs

LHDs will form the geographic basis for implementing the Agreement.

In some locations, it may be more appropriate to have one DIACC cover more than one LHD. Senior managers from Housing NSW and the LHDs will determine the final boundaries of each DIACC and ensure that all LHDs are covered.

Each agency and NGO attending or linking with the committee will need to consider geography when determining which committee/s they need to be involved with.

5.9 Links to other related interagency committees

In some locations, other interagency committees may already operate which potentially overlap with a specific part of the housing and mental health service system, for example, there may be a regional or local homelessness committee or other relevant interagency committee.

Similarly, other Memorandums of Understanding or Agreements that are concerned with providing services to people with mental health problems and disorders may have been developed whose Terms of Reference overlap with some aspects of the work of the DIACC. For example, the Memorandum of Understanding between Ageing, Disability and Home Care Department of Human Services NSW and NSW Health in the Provision of Services to People with an Intellectual Disability and a Mental Illness focuses on a subset of the Agreement's target group, i.e people with dual diagnosis of mental illness and intellectual disability^{xvi}.

DIACCs should aim to establish formal links (as relevant) with other interagency structures and build on the implementation activities of other MOUs or Agreements^{xvii}. This will enable

^{xvi} This MOU is being implemented via an Implementation Representative in each LHD and ADHC Region.

^{xvii} It is acknowledge that some DIACCs may have aligned with other interagency structures when they were established.

the DIACC to promote the work it is doing to other parts of the service system, as well as to gain an understanding of the work of other relevant interagency forums and MOUs, and identify areas of work that may compliment each other.

5.10 Mechanisms to discuss individual clients

The Agreement requires that effective, local interagency mechanisms which are able to discuss individual clients be supported. These mechanisms form a part of the strategy for promoting good practice in coordinating services at the local level.

The purpose of these mechanisms is to discuss individual clients as required, undertake joint client focussed planning and agree on shared responses. They will, of course, need to operate within existing relevant privacy and confidentiality legislation.

The DIACC, in consultation with local service teams, decides which locations would benefit from a local client-focused mechanism, and then accesses an existing structure or establishes a new one. The DIACC will endorse these mechanisms, and individual members of the DIACC will authorise/instruct their local staff to participate (as required).

A local interagency mechanism to discuss individual clients can take any form. For example, it can be regular phone or email contact that is carried out over a short or long-term period, or can use an existing JGOS (re-badged) or HASI coordination committee etc. These mechanisms involve service providers who work in the care of a client. Frequency and method of meeting is determined by the needs of participants.

Any individual client matters should be escalated as per existing mechanisms or as otherwise agreed with the DIACC. Where local issues relate to the service system or resources, they can be escalated to the DIACC.

Local mechanisms to discuss clients may provide summary reports to the DIACC as required for effective operation and monitoring. However, they are not accountable for the implementation of the Agreement and do not have a formal reporting role on its outcomes.

Mechanisms to discuss individual clients will help to:

- Deliver better integrated services to clients
- Ensure that clients are able to access the full range of services they are eligible for
- Ensure service providers can intervene early to prevent homelessness
- Ensure that issues are resolved, and if they cannot be resolved, they are escalated within an agency (individual client issue) or to the DIACC (systemic issues).

5.11 The relationship between the Agreement and existing JGOS committees

The Agreement recognises that the JGOS has forged strong relationships between its partner agencies in many locations and that many useful JGOS interagency committees^{xviii} continue to operate. It builds on these structures and replaces them.

Regional JGOS committees

DIACCs will replace regional JGOS committees. Where a regional JGOS is operating successfully (as determined by its members) implementation of the Agreement will build on this committee and seek to transition it into a DIACC. A review of membership and work plan will be required to ensure it aligns with the aims and commitments of the Agreement, but it is expected that it will continue to operate in a similar way as it does now.

^{xviii} These committees were described as useful by a committee member in the recent audit of JGOS committees commissioned by Housing NSW in 2011.

Local JGOS committees

Where a useful local JGOS committee that discusses clients operates, the Agreement also supports this committee to continue. These committees will be re-badged as mechanisms to discuss individual clients under the Agreement and will be linked to the nearest DIACC. Any issues relating to the service system will be escalated to the DIACC.

Where a useful local JGOS committee that has focussed on systemic issues operates, the Agreement supports the structure of the committee to continue but with a change in focus so it becomes a mechanism to discuss clients while systemic issues are escalated to the DIACC.

6. Deliverables of the DIACC (work plans and reporting)

6.1 Deliverables of the DIACC

The Housing and Mental Health Agreement will be successfully implemented by the DIACCs if they are working towards, and achieving over time, the following deliverables:

1. Regular communication between key agencies, and with the NGO sector, is established and maintained
2. Consumers and carers engagement with the work of the committee is demonstrated
3. Collaboration with NGOs, community housing providers and other key stakeholders occurs
4. Good practice in delivering coordinated services to the target group across the LHD is promoted by strengthening^{xix}, where required, processes and mechanisms for:
 - o improving understandings of roles and service delivery
 - o early intervention to prevent homelessness
 - o making referrals
 - o discussing individual clients, undertaking joint client focussed planning and agreeing on shared responses
 - o exchanging client information
 - o providing services in a recovery framework
 - o escalating issues.
5. Local issues are resolved or escalated
6. Staff are encouraged to develop skills in responding to people with mental health problems and disorders who are homeless or at risk of homelessness or living in social housing, within available resources^{xx}.

6.2 Developing a work plan

Each DIACC is to develop a work plan, which identifies how it will work towards and achieve these deliverables.

The process of developing the work plan will enable each DIACC to establish priorities and decide on activities relevant to their district/area. Work plans should be developed for a one-year period, then reviewed.

Some activities may be one-off projects, with a start and finish date, while others will be on-going activities of the committee. Projects or activities which are likely to take more than a year, or that are on-going, can be staged in each year's work plan, enabling progress reports at the end of each year.

It is expected that over time each DIACC will review all good practice processes for delivering coordinated services that are identified in Section 10 of the Agreement, strengthening these where required. However, if after review and consideration, a DIACC determines that a process is working as effectively as it can within available resources, then no change to this process is required. In this instance, the role of the DIACC may be to monitor the process on-going to ensure it remains effective for all relevant stakeholders.

NGOs and consumer/carers representatives will have input into the development of the DIACC work plan.

Housing NSW and LHD representatives are to coordinate any regional endorsement requirements relevant to their agency, and then submit final work plans to the Senior Executives Group for final endorsement.

A template for DIACC work plan is in Appendix 5.

^{xix} Strengthening good practice processes includes communicating any changes made to processes to front-line staff and embedding effective changes into business as usual and monitoring these for effectiveness

^{xx} These deliverables have been arrived at by distilling and analysing the commitments, principles, elements of good practice and actions contained within the Agreement. They summarise the requirements of partner agencies to successfully implement the Agreement at the local level.

6.3 Sample activities for a DIACC work plan

Table 6.1 provides examples of the activities a DIACC might undertake towards each deliverable. These are examples only. A DIACC may identify other activities it believes would be more useful for its location.

Table 6.1 – sample activities for a DIACC

Deliverable	Sample activities
1. Regular communication between key agencies, and with the NGO sector, is established and maintained	<ul style="list-style-type: none"> • Ensure key government and non government partners are engaged with the DIACC – either as members or with formal links • Agree on who will be responsible for which tasks associated with on-going operation of the Committee, including arranging regional endorsement as required • Identify and establish links with other relevant interagency committees, for example homelessness • Share information about each other’s roles and responsibility and the services provided • Provide regular updates at DIACC meetings of new or changed services provided, for example have a standing agenda item • Establish email list of key relevant services in the LHD and keep them informed of activities of the committee, new services or developments that impact on clients with mental health problems and disorders etc • Hold workshops or in-service inviting broader participation than just DIACC members (rotating presentations from service providers) • Create a service directory of all available services.
2. Consumers and carers engagement with the work of the committee is demonstrated	<ul style="list-style-type: none"> • Identify consumer engagement mechanisms operating in the LHD • Develop a formal link with these mechanisms where appropriate, for example minutes are exchanged • Consumer and carer representatives are members of the DIACC • Work plans are sent to representatives for endorsement • Invite consumer input into the draft work plan of the DIACC • Seek consumer input on-going into service improvement activities undertaken by the DIACC.
3. Collaboration with NGOs, community housing providers and other key stakeholders occurs	<ul style="list-style-type: none"> • Identify key relevant NGOs operating across the LHD • Provide information about the DIACC and invite senior representation from the NGO to join the Committee, or engage with it • Develop protocols which enable alternative/flexible methods of engagement by NGOs – for example, NGO members may attend less regularly or for specific parts of the meeting, or provide NGOs with capacity to include items on the agenda when required and attend on an as needs basis, compile an email list of interested NGOs and send out minutes etc • Work plans reviewed by key NGOs for their input.

Deliverable	Sample activities
4. Good practice in delivering coordinated services to the target group across the LHD is promoted* by strengthening, where, required, processes and mechanisms for:	<ul style="list-style-type: none"> • Conduct a review of key processes for coordinating services to clients in this LHD to identify practices that require improvement. Ensure key NGOs and consumer and carer reps are involved in this review.
4a. improving understandings of roles and service delivery at the local level	<ul style="list-style-type: none"> • Provide front-line staff with fact sheets outlining core services relating to housing, homelessness and mental health, as well as information about new products and services. Include details of relevant services provided by government agencies and key NGOs • Regularly update staff on new services or changes to service delivery • Hold in-service training or local interagency workshops • Develop a resource directory that includes: <ul style="list-style-type: none"> ○ description of services ○ eligibility criteria ○ referral pathways ○ contact numbers • Encourage attendance at interagency meetings to discuss consumer needs/referrals.
4b. early intervention to prevent homelessness	<ul style="list-style-type: none"> • Agree on a process to improving exit planning to prevent homelessness • Agree on a shared response to early warning at-risk indicators such when a tenancy becomes at risk because of unmet mental health support needs or deteriorating mental health • Develop a protocol for notifying other service providers supporting a client when a change to support delivered by one provider may impact on the support provided by another • Ensure all service providers have up to date and relevant consumer information i.e changes in risk status and/or presentation.
4c. making referrals	<ul style="list-style-type: none"> • Ensure that relevant agencies and NGOs have an easily accessible, user friendly referral process • Ensure that referring agencies or NGOs provide all the information that agencies receiving referrals require • Agree on a process for providing and receiving feedback on a referral • Develop joint/ single referral points where possible • Ensure decision making processes are open and transparent to all providers • Ensure that services are responsive to contact from other providers and provide timely advice, assessments and feedback • Identify, and agree on, alternative pathways for situations where referrals are regularly made to services which are full or not available.
4d. discussing individual clients, undertaking joint client focussed planning and agreeing on shared responses	<ul style="list-style-type: none"> • Identify locations across the LHD which might benefit from a local interagency structure to discuss clients • Identify locations where there are multiple providers offering services to the same/similar client group – where interagency discussions/ planning will be

Deliverable	Sample activities
	<p>required</p> <ul style="list-style-type: none"> • Identify existing interagency mechanisms in these locations which may be used to discuss individual clients – for example, an existing local JGOS committee (re-badged), or a HASI coordination committee etc • Provide support and senior management cross agency endorsement to the functioning of these mechanisms as required to enable them to continue • Provide an escalation point for systemic issues impacting on the way local services are delivered.
4e. exchanging client information	<ul style="list-style-type: none"> • Promote understanding across agencies of the types of information in relation to the client group that is useful to exchange and what it is used for • Ensure each agency's process for obtaining client consent to exchange information is adequate and functional • Agree on processes and mechanisms for exchanging client information when client consent has been obtained • Work with central offices of NSW Health and Housing NSW to improve understandings of the privacy/confidentiality legislation • Ensure a confidential room is made available to discuss individual clients • Ensure all stakeholders involved in supporting the client are invited.
4f. providing services in a recovery framework	<ul style="list-style-type: none"> • Consumer participation is evident in the care planning and service coordination process(es) • All providers are delivering services that are aimed at supporting the client to: <ul style="list-style-type: none"> ○ Gain and retain hope; ○ Develop an understanding of their own abilities and limitations; ○ Engage in an active life; ○ Participate fully in their community; ○ Develop a social identity and personal autonomy; and ○ Develop a positive sense of self. • Recovery based service delivery is demonstrated by each agency/organisation via: <ul style="list-style-type: none"> ○ Equitable access to services; ○ Early intervention pathways; ○ Provision of collaborative, individualised care plans which address consumer identified needs; ○ Provision of genuine choices in treatment and support for consumers; ○ Collaborative partnership development between service providers; ○ Delivery of evidence based interventions; and ○ Evidence of service evaluation and ongoing service development/ improvement.
4g. escalating issues	<ul style="list-style-type: none"> • Develop clear pathways and protocols for escalating issues that cannot be resolved locally, including the

Deliverable	Sample activities
	<p>types of issues that can be escalated to the DIACC, and the feedback mechanism when issues are raised</p> <ul style="list-style-type: none"> • Communicate these pathways and protocols to staff • Ensure key staff are aware of these pathways and protocols for escalating issues that cannot be resolved locally.
5. Local issues are resolved or escalated	<ul style="list-style-type: none"> • Outline a protocol for escalating systemic issues relating the housing and mental health support system, including the types of issues that can be escalated to the DIACC. Develop formal timely feedback mechanisms for issues raised and actions taken/ suggested • Keep an issues log to record issues resolved, and those escalated, and use this to contribute to an evidence base on housing and mental health issues • Escalate resource issues that cannot be resolved by the DIACC to regional managers from within the relevant agency or the Senior Executives Group (refer section 7).
6. Staff are encouraged to develop skills in responding to people with mental health problems and disorders	<ul style="list-style-type: none"> • Identify key front line staff to attend Mental Health First Aid training (within existing resources) and/or other such training • Professional Development opportunities for staff are supported and funded where possible • Provide in-service workshops for staff • Explore opportunities for short-term secondments/ shift shadows for staff to other relevant service providers in the housing and mental health service system • Provide opportunities for relevant front line staff to engage with consumer and carer representatives as appropriate.

** Note that for good practice in delivering coordinated services to be effectively promoted, any changes to processes must be communicated to front-line staff, and effective changes to good practice processes must be embedded into business as usual and monitored on-going for effectiveness.*

7. Reporting and governance

7.1 Reporting on the implementation of the Agreement

Reporting under the Agreement focuses on capturing information about how agencies are working better together and with NGOs, and the activities undertaken to promote good practice in delivering coordinated services.

Reporting will be based on the DIACC work plan, with each DIACC reporting on the progress of activities contained within it. Reports will be qualitative, not quantitative, that is it will not involve reporting on outcomes for specific clients. Rather reporting will demonstrate the extent to which improvements have been made to interagency coordination of the service system in a LHD.

Housing NSW and LHD representatives are to coordinate any regional endorsement requirements relevant to their agency, and then report directly to the Senior Executives Group, noting regional input.

A reporting template, including a sample of the type of information that may be included in the report is in Appendix 6.

Reporting and escalation of issues will occur via the following governance mechanism. A diagram of the governance model for implementing the Agreement is in Appendix 7.

7.2 Regional reporting

Housing NSW and LHD representatives on the DIACC are to coordinate any regional endorsement requirements relevant to their agency, on both work plans and reports.

Once regional endorsement requirements have been met, the DIACC will submit its final work plan to the Senior Executives Group, noting regional input.

Similarly, once regional endorsement requirements have been met, the DIACC will submit its report to the Senior Executives Group, noting regional input.

DIACCs will report to the Senior Executive's Group twice a year in the first year, then the reporting period will be reviewed.

7.3 Housing and Mental Health Senior Executives Group

The Housing and Mental Health Senior Executives Group (SEG) meets three times a year and:

- is responsible for the overall success of the implementation of the Housing and Mental Health Agreement;
- has oversight of the implementation of the Agreement and ensure that each agency implements the commitments in the Agreement;
- will oversight any evaluation, review and any changes needed to the Agreement;
- addresses systemic issues as they arise; and
- reports to the Director Generals of NSW Health and the Department of Family and Community Services on the implementation of the Agreement.^{xxi}

Members of the SEG include senior executives from the Ministry of Health, FACS Central Office and FACS agencies of Housing NSW, Community Services, Ageing Disability & Home Care and Aboriginal Housing Office.

^{xxi} Housing and Mental Health Senior Executives Group *Terms of Reference*

Final DIACC work plans, and subsequent reports against these work plans, will be reviewed by the SEG after they have met any regional endorsement requirements of Housing NSW and/or the LHD.

The SEG will report annually on the implementation of the Agreement to the Directors General of Family and Community Services and of NSW Health, based on the reports submitted by DIACCs.

Issues that cannot be resolved regionally or that relate to the housing and mental health service system as a whole should be escalated to the SEG.

7.4 Annual forum

Each year, a forum will be facilitated which brings together key government and NGO providers of mental health, accommodation, advocacy, homelessness and housing services to discuss, workshop, resolve and/or escalate any issues arising from the implementation of the Agreement and/or about providing effective services to people with mental health problems or disorders who are homeless, at risk of homelessness or living in social housing. This forum will be coordinated centrally by FACS Housing NSW and the NSW Ministry of Health, in consultation with DIACCs, NGO peaks and consumer and carer representatives.

Appendix 1

Appendix 1: [The Housing and Mental Health Agreement](#)

Appendix 2 - Housing and Mental Health Agreement improvements on JGOS

Issues identified with the JGOS ^{xxii}	Housing and Mental Health Agreement improvements
Ensure clarity of aims and scope	<ul style="list-style-type: none"> • The Housing and Mental Health Agreement (the Agreement) replaces the Joint Guarantee of Service. • As with the JGOS, the Agreement aims to improve the way services are coordinated locally. It provides an overarching framework for planning, coordinating and delivering services for people with mental health problems and disorders living in social housing or who are homeless or at risk of homelessness. • It is about strengthening the way local services work together rather than implementing a new program or service. It focuses on improving the service system and clients access to it. • The Agreement is to be implemented using existing resources.
Clarify the role of partners	<ul style="list-style-type: none"> • The Agreement is between NSW Health and FACS, signing on behalf of Housing NSW, AHO, CS and ADHC. • The role of partners is articulated in the commitments and action plan of the Agreement. • Non-government organisations are recognised in the Agreement as key providers of services to the target group and signatory agencies are committed to working in partnership with them. • The Agreement also commits signatory Departments to communicating with their funded and contracted NGOs about the Agreement. However, no government agency has signed on behalf of its contracted NGOs.
Update the NSW Government context	<ul style="list-style-type: none"> • The Agreement was developed in the context of the new FACS Department and signed under the current NSW State Government. • It works with existing relevant FACS structures where possible, and is aligned with other NSW Government interagency initiatives.
Strengthen implementation, ensure it is consistent across the state and clarify the role of structures	<ul style="list-style-type: none"> • The Agreement is implemented by District Implementation and Coordinating Committees (DIACCs) • Local Health Districts are the geographic basis, and all LHDs are covered by a DIACC (though in some instances, a DIACC may cover more than one LHD) • The structure and role of DIACCs is consistent across NSW. Each DIACC will develop a work plan to identify local priorities. • DIACCs are facilitated and attended by local champions of the Agreement, which the Agreement defines as senior managers (decision makers) from Housing NSW and LHDs. • DIACCs also support local mechanisms to discuss individual clients wherever a DIACC, in consultation with local service teams, decides these will be useful. These can use an existing structure or establish a new one as required.

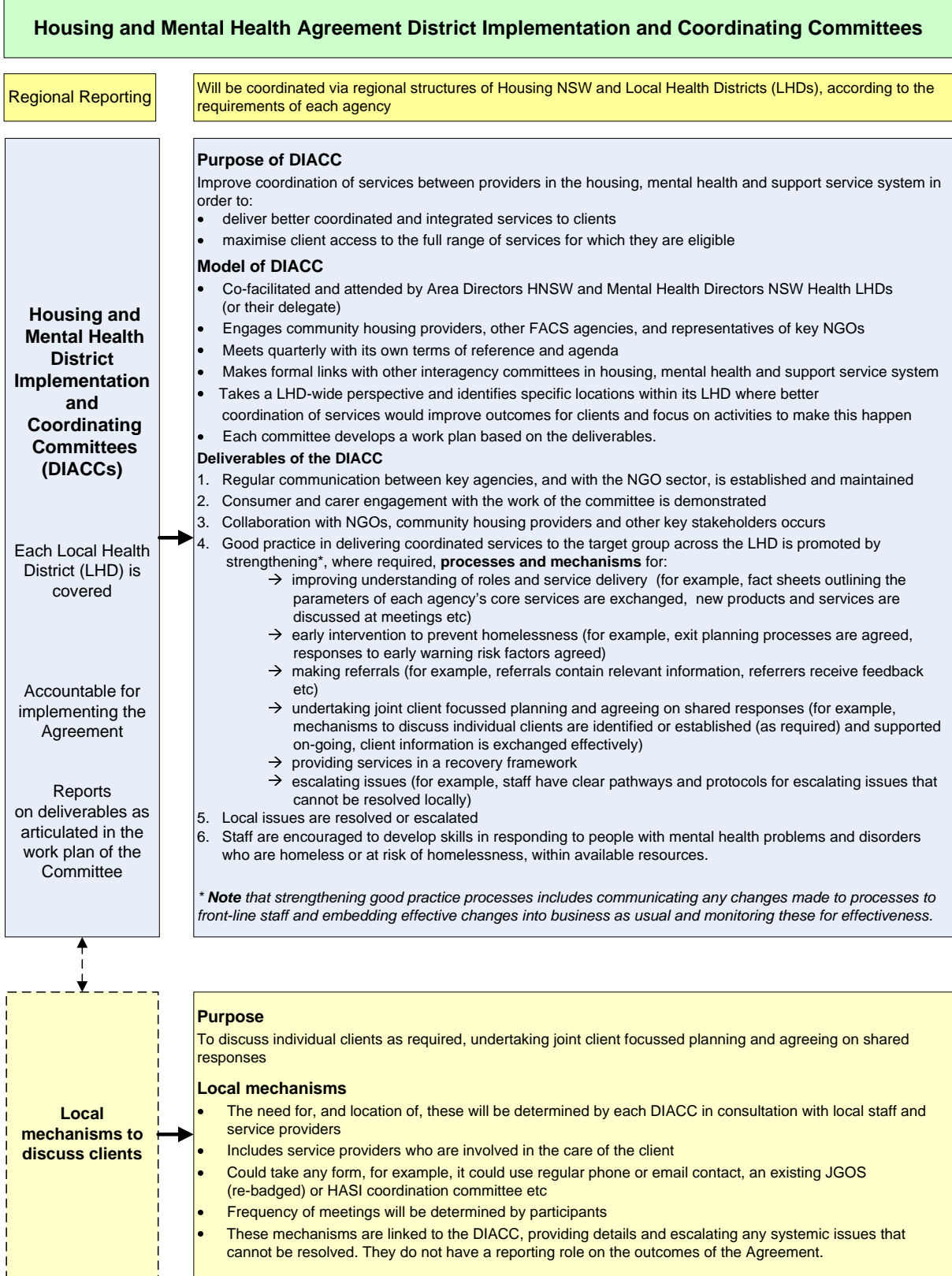
^{xxii} The Joint Guarantee of Service was independently evaluated in 2007, and then investigated by the NSW Ombudsman in 2009. The recommendations from both reviews have been synthesised into the 'Issues Identified with the JGOS' column of this table.

^{xxiii} While structures developed under JGOS may continue under the Agreement where appropriate, the title 'JGOS committee' will no longer be used.

Issues identified with the JGOS^{xxii}	Housing and Mental Health Agreement improvements
	<ul style="list-style-type: none"> The Agreement may use an existing JGOS structure wherever it exists and is appropriate but this structure will be re-badged to be part of the Agreement^{xxiii}. This will ensure that any good practice and experience developed under the JGOS is maintained, strengthened and shared where appropriate.
Ensure there are guidelines to support implementation	<ul style="list-style-type: none"> The Guidelines unpack the commitments and actions of the Agreement, clearly articulating the tasks required to implement it and suggest activities that could be undertaken. These tasks are based on promoting the elements of good practice articulated within the Agreement, and improving good practice processes where required.
Strengthen participation in structures of the Agreement	<ul style="list-style-type: none"> Senior managers from Housing NSW and NSW Health will facilitate and attend the DIACC. Senior representatives from other FACS agencies of AHO, CS and ADHC will attend the DIACC where they have a direct service provision role in the District and where they have a role in further strengthening the service delivery system. Key NGOs will be invited to join, or participate in, the DIACC, and the DIACC will adopt a flexible approach to participation enabling NGOs to take part in a way that suits them. DIACCs will seek consumer and carer input into its work plan and activities DIACCs will support local mechanisms to discuss individual clients on an as needs basis, and these will be attended by service providers involved in the care of the client.
Embed objectives into standard business practice	<ul style="list-style-type: none"> The Agreement recognises that to sustain good practice requires that it be integrated into standard business practice, and so contains this as a commitment. This will occur centrally by reviewing overarching policy, and also at the District level where effective changes to processes for coordinating services agreed on by the DIACC are embedded into standard business practice.
Address systemic issues	<ul style="list-style-type: none"> The Agreement promotes good practice in processes for providing coordinated services to clients at the local level. The DIACC will be primarily concerned with improving these processes, therefore improving the system of providing housing and mental health services to the client group. Systemic issues that cannot be resolved by the DIACC can be escalated to a Senior Executives Group. The Agreement also supports a number of statewide initiatives to improve the service system and thus, service delivery, such as improving processes for exchanging client information These projects will be facilitated by Housing NSW and the Ministry of Health centrally.
Strengthen governance	<ul style="list-style-type: none"> The Agreement will be oversighted at a state level by a Housing and Mental Health Senior Executive Group which builds on an existing meeting between Housing NSW and the Ministry of Health and invites other FACS agencies to participate, and meets three times a year. This is a more senior group than the Strategic Partners Committee (SPC) of the JGOS, and will be responsible for reporting to the Director's General on implementation. The DIACC will be oversighted regionally by FACS Housing NSW regional structure and the LHD. Implementation will be supported by a statewide Interagency Implementation Committee (IIC) (which will meet monthly for

Issues identified with the JGOS^{xxii}	Housing and Mental Health Agreement improvements
	<p>12 months and then be reviewed) comprised of representatives from the Ministry of Health and all FACS agencies and inviting NGOs and a consumer representative in an advisory capacity.</p> <ul style="list-style-type: none"> • A yearly forum for government agencies and relevant NGOs and consumer and carer representatives will occur to discuss, workshop, resolve and/or escalate any issues arising from the implementation of the Agreement and/or about providing effective services to the target group.

Appendix 3 – Model for the DIACCs



Appendix 4 – Sample Terms of Reference

Purpose

The Housing and Mental Health District Implementation and Coordinating Committee (DIACC) will be responsible and accountable for implementing the Housing and Mental Health Agreement.

The committee will take a LHD-wide approach to improving coordination of services between providers in the housing and mental health service system in order to:

- Deliver coordinated and integrated services to clients
- To maximise client access to the full range of services for which they are eligible.

Target group

The committee will focus on improving the coordination of services for:

1. People with mental health problems and disorders who are over 16 years and who are homeless or at risk of homelessness
2. Social housing tenants whose tenancy may be at risk because of mental health support needs.

These target groups include situations where a social housing tenancy may be at risk because of the mental health support needs of a family member or other person living in the household, regardless of the age of this person. It also recognises that people in these circumstances may have a range of complex needs arising from dual diagnosis and other co-morbidities such as intellectual disability, drug and alcohol issues etc.

Role of the committee

The role of the DIACC is to improve coordination of services by:

- Communicating formally and regularly with relevant government and non-government organisations, and sharing information about roles, responsibilities and service delivery
- Engaging with consumers and carers about the effectiveness of service delivery and the work of the committee
- Collaborating with NGOs, community housing providers and other key stakeholders
- Promoting good practice in delivering coordinated services by strengthening^{xxiv}, where required, processes and mechanisms for:
 - improving understanding of roles and service delivery at the local level
 - early intervention to prevent homelessness
 - making referrals
 - discussing individual clients, undertaking joint client focussed planning and agreeing on shared responses
 - exchanging client information
 - providing services in a recovery framework
 - escalating issues.
- Resolving local issues or escalating to the nominated regional structure, or to the Senior Executives Group.

Encouraging and supporting front-line staff to develop their skills in responding to people with mental health problems and disorders who are homeless or at risk of homelessness or living in social housing, within available resources.

Work plans

The DIACC will develop a work plan, based on the commitments, actions and elements of best practice contained in the Agreement. Housing NSW and LHD DIACC representatives

^{xxiv} Strengthening good practice processes includes communicating any changes made to processes to front-line staff and embedding effective changes into business as usual and monitoring these for effectiveness

will coordinate any regional requirements relevant to their agency, and then submit it to the Senior Executives Group, noting regional reporting.

Reporting

Twice a year (for the first year) the DIACC will report against this work plan to the Senior Executives Group, after obtaining any regional endorsement relevant to Housing NSW and the LHD, noting regional input.

Reporting under the Agreement will focus on capturing information on how the agencies are working together to achieve these deliverables.

Frequency of meeting: quarterly

Secretariat: Housing NSW and NSW Health LHDs

Membership

The meeting will be co-chaired by Housing NSW Area Director and LHD Mental Health Director (or their delegate).

Community housing providers in Housing Pathways should be invited to attend as key providers of social housing in the District.

The Agreement recognises NGOs as key providers of services to the target group and commits signatory Departments to collaborating with them as equal partners. The DIACC should actively engage with senior representatives from key NGOs operating in their District^{xxv}, such as:

- Other community housing providers
- Aboriginal community housing providers and Local Aboriginal Land Councils
- Mental health service providers
- Aboriginal Medical Services
- Specialist homelessness services
- Consumer and other representative and/or advocacy services.

DIACCs can be flexible about which NGOs participate and this can be guided by local relationships and relevance as well as the way NGOs prefer to be involved. For example, some NGOs may prefer to be members and attend regularly, while others may prefer to attend when needed while others may prefer to receive minutes only. However, each DIACC should aim for a core membership of at least 3 or 4 NGO representatives, including State and Commonwealth Government funded NGOs, and work with key NGOs in its District as to how this can be achieved.

Representatives from other FACS agencies of Community Services, ADHC and AHO would be included in the DIACC and would attend where they have:

- a direct responsibility for the delivery of relevant services; and/or
- a responsibility for disseminating information about the Agreement to their funded and contracted NGOs and encouraging them to engage with the work of the committee where relevant; and/or
- a clear role in strengthening the service system.

Government agencies do not attend on behalf of NGOs.

^{xxv} In the first instance, the local champions may make a determination as to which NGOs to approach to participate in the DIACC to improve the service system at the local level.

Appendix 5 – Sample Work Plan

Role of the DIACC	Work plan activities	Who	When	Deliverable
1. Communicate formally and regularly with relevant government and non-government agencies, and share information about roles, responsibilities and service delivery				1. Regular communication between key agencies, and with the NGO sector, is established and maintained
2. Engage with consumers and carers about effectiveness of service delivery				2. Consumers and carers engagement with the work of the committee is demonstrated
3. Collaborate with NGOs, community housing providers and other key stakeholders				3. Collaboration with NGOs, community housing providers and other key stakeholders occurs
4. Promote good practice in delivering coordinated services by strengthening where required processes and mechanisms ²⁶ for:				4. Good practice in processes for delivering coordinated services to the target group across the LHD are strengthened where required, including:
4a. Improving understanding of roles and services				4a. Understandings of roles and service delivery are improved
4b. Early intervention to prevent homelessness				4b. Homelessness is prevented by improved early intervention processes
4c. Making referrals				4c. Referrals are effective
4d. Discussing individual				4d. Local mechanisms exist to discuss individual clients,

²⁶ Strengthening good practice processes includes communicating any changes made to processes to front-line staff and embedding effective changes into business as usual and monitoring these for effectiveness

Role of the DIACC	Work plan activities	Who	When	Deliverable
clients				undertake joint client focussed planning and agree on shared responses where required
4e. Exchanging client information				4e. Client information is exchanged effectively
4f. Providing services in a recovery framework				4f. Services are provided in a recovery framework
4g. Escalating issues				4g. Issues are escalated when required
5. Resolve local issues, or escalate				5. Local issues are resolved or escalated
6. Encourage and support front-line staff to develop skills in responding to the target group				6. Staff are encouraged to develop skills in responding to people with mental health problems and disorders who are homeless or at risk of homelessness or living in social housing, within available resources

Note: The deliverables articulated in this work plan have been arrived at by distilling and analysing the commitments, principles, elements of good practice and actions contained within the Agreement. They summarise the requirements of partner agencies to successfully implement the Agreement at the local level.

Appendix 6 – Sample Reporting Format

Deliverable	Achievements of the DIACC to date (measured against activities outlined in work plan)	Status	Comments
1. Regular communication between key agencies, and with the NGO sector, is established and maintained	<p><i>For example:</i></p> <ul style="list-style-type: none"> • <i>The DIACC has met four times in 2012-13</i> • <i>Membership includes government agencies of (insert list) and non government agencies of (insert list)</i> • <i>A mailing list of interested NGOs has been compiled and this list is sent minutes and other key documents</i> • <i>Each member has tabled information about its role and services, and this has been mailed to the mailing list</i> • <i>The Committee has established a formal link to (insert other relevant interagency committees). This includes (briefly describe the formal link)</i> 		
2. Consumer and carer engagement with the work of the committee is demonstrated	<ul style="list-style-type: none"> • <i>The DIACC has linked to (insert name of consumer and carer mechanism)</i> • <i>Consumer and carer representatives have endorsed the work plan for (year)</i> • <i>The consumer and carer representative group are invited to include items on the agenda of the DIACC, and attend if they want to talk about this item. (insert number) items have been included so far.</i> • <i>The outcome of the consumer carer discussion was (insert detail)</i> 		
3. Collaboration with NGOs, community housing providers and other key stakeholders occurs	<i>Etc</i>		
4. Good practice in delivering coordinated services to the target group across the LHD is promoted, including strengthening (where required) processes for:			
4a. Improving understandings of roles and services			

Deliverable	Achievements of the DIACC to date (measured against activities outlined in work plan)	Status	Comments
4b. Early intervention to prevent homelessness			
4c. Making referrals			
4d. Discussing individual clients			
4e. Exchanging client information			
4f. Providing services in a recovery framework			
4g. escalating issues			
5. Local issues are resolved or escalated			
6. Staff are encouraged to develop skills in responding to people with mental health problems and disorders who are homeless or at risk of homelessness or living in social housing, within available resources			

Appendix 7 – Governance Model for Implementation of the Agreement

