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Re: Recovery and Resources Program

Dear Karin,

I am writing today at the request of MHCC member organisations to share with you, and with the aim to problem solve, concerns related to the Recovery and Resources Program (RRSP). MHCC is advised that RRSP funding is to be subsumed into the new Enhanced Adult Community Living Supports (CLS) initiative.

The RRSP was designed to increase the capacity of community managed organisations (CMOs) to provide support and access to quality mainstream community social, leisure and recreation opportunities and vocational and educational services for people with a mental health condition, based on the best available evidence and practices. When established, it was agreed to be an integral part of the continuum of care funded by the MoH Mental Health Drug and Alcohol Office (MHDAO).

While current and comprehensive data about the RRSP can be difficult to access we understand it to be a \$2.7 million dollar a year program delivered through six organisations at 21 locations across NSW. Most locations, but not all, are in regional NSW where very little community mental health infrastructure existed when the RRSP was first established. An overview of these locations is provided as Attachment 1.

In 2014, MHDAO contracted with ARTD Consultants to conduct a process and outcomes evaluation of the RRSP (*'Evaluation of the Recovery and Resources Program for People with a Mental Health Problem'*). They used a mixed-method design, including an analysis of monitoring data, semi-structured interviews with 9 senior program stakeholders, an online survey of 46 program staff and 66 referral agency staff, and case studies of 9 sites (which included semi-structured interviews with 33 consumers, 28 program staff, 18 referral agency staff). MHCC understands that the evaluation provided evidence for decisions about the future funding of the program but is concerned that this report has never been made public.

The client capacity of, and outcomes achieved by, RRSP is unknown to MHCC. However, indicative data from a March 2015 ARTD RRSP Monitoring Report show that at the end of December 2014 the program had 648 active clients with a service plan (i.e., about \$4,000 per client per year). Quantitative information about RRSP client functional needs is not reported. However, the report does indicate that many have high prevalence disorders like anxiety and depression. Furthermore, the nature of the program type suggests that many would not have a

very high level of psychosocial disability and/or acute treatment/rehabilitation need. Therefore, it is generally understood that this is a group of people that would likely be ineligible for the Housing and Accommodation Support Initiative (HASI) or CLS type support. They are also unlikely to be successful with applications to access individually funded services and supports funded through the National Disability Insurance Scheme (NDIS).

'Tier 2' of the NDIS (i.e., Information, Linkages and Capacity-building/ILC initiative) intends to operationalise a system of support for people with disability/s ineligible for individually funded services and supports. However, the ILC Commissioning Framework Consultation Draft (December 2015, p. 21) states that: "... *the (National Disability Insurance) Agency does not consider there is sufficient clarity to be able to detail the exact role of ILC and the ways in which it will interact with the broader mental health system ...*". National mental health sector reforms, particularly intergovernmental discussions in regard to the Primary Health Network (PHN) 'commissioning' of services for people with mental health conditional, are relevant here. The lack of clarity for ILC and national mental health reform directions and timelines adds to the existing uncertainty for current MoH funded RRSP clients.

Without some arrangement to ensure continuity of service arrangements during NSW mental health and disability sector reform RRSP clients are at risk of being seriously disadvantaged. Furthermore, they will be high risk for becoming acutely unwell during the period of change management placing additional demand on Local Health District mental health services.

A greater understanding and more pro-active planning for managing the impacts of change on RRSP clients and those that provide services and support to them is required. The timelines for re-tendering HASI, and potentially ending RRSP were scheduled to be finalised by 30 June 2016. MHCC understands an announcement is to be made soon about a revised timeframe and that the Ministry is aware a process is required to ensure RRSP clients are not disadvantaged. However we would welcome the opportunity to discuss our concerns with you and be consulted about possible accommodations for the discrete group of individuals currently accessing RRSP across NSW.

I would be pleased to organise a small consultation of relevant RRSP providers.

Kind regards,



Jenna Bateman
Chief Executive Officer
Mental Health Coordinating Council

**NSW Recovery and Resources Program Locations
By Local Health District and Service Provider**

Local Health District	Service Provider	Service Locations
Illawarra Shoalhaven LHD	SFNSW	Ulladulla
Murrumbidgee LHD	SFNSW St Luke's RichmondPRA RichmondPRA RichmondPRA	Wagga Wagga Albury Griffith/Leeton Temora Young
Hunter & New England LHD	RichmondPRA RichmondPRA RichmondPRA RichmondPRA	Armidale Maitland Moree Taree Forster
Western Sydney LHD	RichmondPRA	Blacktown
Southern NSW LHD	RichmondPRA	Bega
Western NSW LHD	Mission Australia Mission Australia Mission Australia	Bathurst/Cowra Dubbo Parkes/Forbes
South Western Sydney LHD	Mission Australia Neami	Bowral Liverpool
South Eastern Sydney LHD	Neami	Sutherland
Mid North Coast LHD	New Horizons New Horizons	Kempsey Port Macquarie
Northern NSW LHD	New Horizons	Lismore