



Australian Government

**Department of Families,
Housing, Community Services
and Indigenous Affairs**

PART A :
Targeted Community Care (Mental Health)
Program Guidelines
November 2012

Preface

These guidelines provide the framework for the implementation and administration of the Targeted Community Care (Mental Health) Program.

The Australian Government Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA or the Department) has a suite of documents (the **Program Guidelines Suite**) which provide information relating to the Program. They provide the key starting point for parties considering whether to participate in the Program and form the basis for the business relationship between FaHCSIA and the funding recipient.

They are:

Part A: Targeted Community Care (Mental Health) Program Guidelines which provide an overview of the Targeted Community Care (Mental Health) Program and the Activities relating to the Program.

Part B: Information for Applicants which provides information on the Application, Assessment, Eligibility, Selection and Complaints Processes; and Financial and Funding Agreement arrangements.

Part C1- Application Information for the Personal Helpers and Mentors Activity - which provides specific information on the Activity, Selection Processes, Performance Management and Reporting. This part should be read in conjunction with the [Standard Terms and Conditions](#).

Part C2 - Application Information for the Mental Health Respite: Carer Support Activity which provides specific information on the Activity, Selection Processes, Performance Management and Reporting. This part should be read in conjunction with the [Standard Terms and Conditions](#).

Part C3 - Application Information for the Family Mental Health Support Services Activity which provides specific information on the Activity, Selection Processes, Performance Management and Reporting. This part should be read in conjunction with the [Standard Terms and Conditions](#).

The **Application Form** which is completed by applicants applying for funding during a selection process.

FaHCSIA reserves the right to amend these documents from time to time by whatever means it may determine in its absolute discretion and will provide reasonable notice of these amendments.

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1. Program Overview

The Targeted Community Care (Mental Health) Program (TCC Program or the Program) commenced in 2006 following a Council of Australian Governments (COAG) agreement to a whole-of-government approach to mental health. The original measures (over five years to 2010–11) are now fully implemented and the three Activities under the Program are well established and achieving good outcomes for people with mental illness, their families and carers.

The three Activities funded under the TCC Program are:

- Personal Helpers and Mentors (PHaMs)
- Mental Health Respite: Carer Support (MHR:CS), and
- Family Mental Health Support Services (FMHSS).

The TCC Program is contributing towards the Government's mental health agenda, by providing services that are designed around the support needs of people with mental illness, their families and carers, and that work together to help people with a mental illness live well in their communities.

The services delivered under the TCC Program are seen as an important component of the broader mental health service system, complementing other Commonwealth and state clinical and non-clinical services that aim to increase the ability for people with severe mental illness to be fully participating members of their communities. Ongoing feedback from community mental health sector stakeholders has confirmed the importance of these community-based programs in areas of prevention, early intervention and targeted support. Each Activity makes a substantial contribution through increasing access to services and improving service pathways and social inclusion.

In the 2011–12 Budget, the Australian Government announced a significant investment for a major expansion of all three TCC Program Activities, building on the successes of the previous five years. The Government allocated a total of \$269.3 million in its Mental Health Reform Budget measures that will see new services rolled out over the five years from 2011–12 to 2015–16. The number of FMHSS will double, the PHaMs workforce will increase by almost 50 per cent, and respite and carer support will be available for 1,100 additional carers of people with mental illness. The Government also introduced a new component of the PHaMs Activity to provide personal helpers and mentors to specifically help people with mental illness on, or claiming income support or the Disability Support Pension, who are also engaged with employment services.

In implementing the Budget measures, FaHCSIA will be:

- Increasing the number of intensive support services for people with severe and persistent mental illness who have complex care needs, along with their carers
- Targeting support to areas and communities that need it most, such as Indigenous communities and socioeconomically disadvantaged areas that are underserved, and
- Helping to detect potential mental health problems in early years, and supporting children and young people and families who struggle with mental illness.

1.1 TCC Program Outcomes

This program provides accessible, responsive, high-quality and integrated community-based mental health services that improve the capacity of individuals, families and carers to manage the impacts of mental illness on their lives and improve their overall wellbeing.

1.2 TCC Program Objectives

The objective of the TCC Program is to implement community mental health initiatives to assist people with mental illness and their families and carers to manage the impact of mental illness. The TCC Program will provide accessible, responsive, high-quality and integrated community mental health services that improve the lives of people with severe mental illness, provide support for families and carers of people with a mental illness, and intervene early to assist families with children and young people affected by, or at risk of, mental illness.

2. Responsibilities and accountabilities under the Program

This section sets out the responsibilities and accountabilities of FaHCSIA, the funding recipients or applicants seeking funding in the course of a funding round, and the role of the Minister.

2.1 FaHCSIA National Office responsibilities and accountabilities

Under this Program FaHCSIA, through the Program delegate, is responsible for:

- Developing and implementing the Program
- Promoting the Program at a national level
- Managing the assessment of applications in selection processes
- Approval of funding agreements for service providers
- Providing Program Guidelines and reporting templates
- Providing training and networking opportunities for service providers
- High-level reporting
- Providing clarification of policy or operational requirements
- Ongoing monitoring, review and evaluation of the Program, and
- Working across government in accordance with Government priorities.

2.2 FaHCSIA State and Territory Offices

Under this Program FaHCSIA State and Territory Offices will be responsible for:

- Funding agreement management, including administering payments and monitoring service provider compliance with, and performance under, the funding agreement, and assessing reports provided by the service provider
- Processing of any required variations to the funding agreement
- Taking remedial action if funding agreement requirements are not met or delivery of a service type is at risk, and escalating issues appropriately

- Liaising with the service provider, as required, on day-to-day issues and program policy and changes
- Periodically conducting compliance visits
- Undertaking assessment of applications in selection processes, when required
- Liaising with relevant state and territory government officials and other stakeholders, and
- Communicating with and reporting to National Office as required, including reporting on program performance.

2.3 Service provider responsibilities and accountabilities

Under this Program the service provider will be responsible for:

- Adhering to the Terms and Conditions of the funding agreement
- Providing quality services which are effective, efficient, and appropriately targeted
- Contributing to the development and improvement of the Program by sharing best practice and participating in meetings, forums and other events to share learnings
- Working collaboratively with the Department, each other and relevant sectors to deliver the Program
- Ensuring that access to services for Indigenous Australians, people from culturally and linguistically diverse backgrounds and other vulnerable groups is given priority
- Complying with relevant Commonwealth and state and territory legislation, including, but not limited to:
 - State and territory mental health acts
 - State and territory child protection acts and the *Family Law Act 1975*
 - *Privacy Act 1998* and the National Privacy Principles (NPPs)
 - *Racial Discrimination Act 1975*
 - *Sex Discrimination Act 1984*
 - *Disability Discrimination Act 1992*
 - National Standards for Disability Services (1993)
 - Any applicable state or territory law relating to discrimination, and
 - Any state or territory laws regarding young people who are under 18 years of age
- Meeting the obligations and accountabilities as stated in the funding agreement between FaHCSIA and the service provider
- Providing and operating a transparent and accessible complaints handling mechanism
- Conducting the service consistent with any Code of Conduct that may apply within the Program as referred to in Parts C1, C2 and C3 of the guidelines, and
- Ensuring staff are well supported and have appropriate skills and qualifications to deliver the services.

2.4 Role of the Minister

The Minister for Families, Community Services and Indigenous Affairs and Minister for Disability Reform has overall responsibility for the TCC Program. The final decision about locations, sites and funding allocations will be made by the Minister, with advice provided by FaHCSIA.

3. Risk management strategy

FaHCSIA funding agreements are managed according to a risk management approach, which includes identifying risks, determining the level of risk and applying treatments in order to prevent or minimise their impact. Funding recipients are subject to an assessment that identifies the level of risk in funding them, with appropriate treatments put in place if necessary. Risks are assessed in regard to governance, financial management, viability, performance management and issues management.

FaHCSIA has undertaken risk assessments of the TCC Program and will continue to monitor risks. Monitoring service delivery focuses on addressing areas of risk that have the most impact on the Program outcome.

As part of the overall risk management strategy for the Program, FaHCSIA requires service providers to undertake risk assessments for delivering TCC Program services and implement adequate and effective policies and procedures to manage risks through the funding period.

3.1 Financial Reporting

The TCC Program is managed to ensure the efficient and effective use of public monies. This is consistent with best value in social services principles, the FaHCSIA Funding Agreement, the aim of maintaining viable services and acting to prevent fraud against the Commonwealth.

Funding must only be used for the purposes for which it was provided.

3.2 Evaluation

FaHCSIA conducts evaluations of the TCC Program to appropriately address the changing context of community mental health and the role of the Program in the broader context of mental health service delivery. Evaluation findings demonstrate progress to date and are used to inform future policy directions.

An evaluation of the implementation of the 2011–12 National Mental Health Reform Budget measures is planned and service providers may be required to participate in the evaluation.

4. TCC Program Performance Framework and Reporting

The Department monitors and evaluates ongoing Program performance to ensure that accountability requirements are met by service providers. Service providers are required to provide performance reports in accordance with their funding agreements, using reporting templates where provided by FaHCSIA.

In consultation with stakeholders, the Department will continue to review the performance framework for measuring the effectiveness of service strategies and Program effectiveness while also contributing to the development of a sound, consistent evidence base for the Program as a whole.

FaHCSIA's Performance Indicators focus on three key questions:

- Did it make an immediate difference? (Immediate outcomes) – Percentage and number of clients, families and carers maintaining progress against individual goals
- How well is it being done? – Percentage and number of clients who report they are satisfied that the service they received was appropriate to their needs; Percentage and number of clients from Indigenous and culturally and linguistically diverse backgrounds
- How much is being done? (Deliverables/outputs) – Number of clients, carers and families, whose lives are affected by mental illness, accessing support services.

5. TCC Program Component Activities

5.1 Activities under the TCC Program

5.1.1 Personal Helpers and Mentors (PHaMs)

PHaMs provides practical assistance to people with severe mental illness, aged 16 years and over, to help them achieve their personal goals, develop better relationships with family and friends, and manage their everyday tasks. One-to-one support ensures the individual needs of the Program participants can be addressed. Participants are assisted to access services and participate economically and socially in the community, increasing their opportunities for recovery.

In 2011–12, 175 continuing PHaMs services were funded for a total of \$82.5 million. Additional funding of \$154 million over five years was allocated in the 2011–12 Budget to employ an additional 425 personal helpers and mentors nationally. Fifty million dollars of this was allocated to provide personal helpers and mentors to specifically help people with mental illness to achieve their employment goals.

5.1.2 Mental Health Respite: Carer Support (MHR:CS)

MHR: CS provides a range of flexible respite and family support options for carers of people with severe mental illness and carers of people with an intellectual disability. The aim of services is to provide alternative or supplementary care arrangements and a range of carer and family supports to assist them to maintain their caring roles.

In 2011–12, 190 continuing MHR:CS services were funded for a total \$50.3 million. Additional funding of \$54.3 million over five years was allocated in the 2011–12 Budget to give about 1,100 families and carers of people with mental illness greater access to flexible respite and support services.

5.1.3. Family Mental Health Support Services (FMHSS)

FMHSS provide early intervention support to assist vulnerable families with children and young people who are at risk of, or affected by, mental illness. These services support parents to reduce family stress and enable children and young people to reach their potential.

In 2011–12, 41 continuing FMHSS were funded for a total of \$15.9 million. Additional funding of \$61 million over five years was allocated in the 2011–12 Budget to establish 40 new FMHSS to provide family-focused early intervention support to assist children and young people who are at risk of, or affected by, mental illness.