Evaluatio n of the Whole of Mental Health, Housing and Accommodation Support Initiative (HASI)

Evaluation Plan

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Contents

Executive Summary

Timeframes

Qualitative data collection is planned to take place in two phases: Phase 1 (September 2009) and Phase 2 (September 2010). Administrative and secondary data will be collected by NSW Health and Housing NSW and transferred to the SPRC in February 2010. The research team will provide a baseline report and an interim report during the evaluation and a final report which will be delivered at the completion of the research

1 Introduction

NSW Health and Housing NSW have commissioned a research team at the University of New South Wales (UNSW), led by researchers at the Social Policy Research Centre (SPRC), to conduct an evaluation of the Mental Health, Housing and

The key philosophy that underpins the HASI program is one of recovery. The HASI program recognises that secure, safe and stable housing is an essential requirement for health and well-being. The program recognises that many people with mental health disorders have difficulty accessing or maintaining housing because of their illness and other factors such as poverty and social stigma. HASI aims to increase access to recovery services and to services that assist people with mental health disorders to maintain secure housing. This is done through the provision of integrated services which work in partnership across the health, housing, and NGO sectors (NSW Health, 2006a).

NSW is not alone in delivering integrated services to people with mental health disorders. Programs that are similar to HASI currently operate in most other Australian states and territories. For example, the Housing and Support Program (HASP) in Victoria and Queensland have provided supported housing to people with mental illness for over ten years (Carter, 2008; Meehan et al. 2001). Western

1.3 Roles and responsibilities of HASI partners

HASI is a joint initiative between NSW Health and Housing NSW with NGOs playing a central role in the HASI partnership model. The roles and responsibilities of each of the partners are described below.

NGO partnerships

Accommodation support is provided by NGO service providers with funding from NSW Health. NGO service providers that are responsible for delivering accommodation support packages include organisations such as Mission Australia, New Horizons, Neami and Uniting Care. The type of accommodation support provided varies depending on the stage of HASI in which the packages were awarded: some NGOs provide high levels of support to clients, while others provide medium to low support or a combination of support levels. NGOs work with local Area Mental Health Services (AMHS) to provide client focused care planning and access to appropriate services (NSW Health, 2006a: 25).

NSW Health

NSW Health funds the accommodation support provided by NGOs to HASI clients. In addition, NSW Health provides clinical mental health services to HASI clients from AMHS. Mental Health clinicians provide ongoing clinical support to HASI clients such as assessments, care coordination, treatment and rehabilitation (NSW Health, 2006a: 41)

Housing NSW

The provision of stable housing is one of the key objectives of HASI. To meet this objective, Housing NSW provides a mix of public and community housing properties to people with mental health disorders who are accepted into the HASI program. Key responsibilities of the public and community housing providers include:

- Allocate accommodation;
- Provide tenancy management services;
- Monitor rental payments and rental arrears; and
- Assist clients to manage their tenancies (NSW HASI, 2006a: 28-31).

Governance arrangements

The sponsor agencies, NSW Health and Housing NSW, are each represented on the Housing and Mental Health Partnerships Senior Officers Meeting and the Departmental Executive Committee (DEC). The Senior Officers Meeting oversees the HASI program from a strategic development, governance and future planning perspective. The DEC focuses on policy and operational effectiveness issues. HASI is managed on the local level by Local Coordination Groups, which aim to foster partnerships between the Area Mental Health Service, housing provider and the accommodation support provider in each area.

NSW Health hosts HASI stakeholder meetings regularly throughout the year where all the non-government organisations (NGOs) and the Area Health Services (AHS) are represented. A representative from Housing NSW is also invited to attend.

This model has been recognised as a successful way to support people with mental health problems and, in 2006, was awarded the Premier's Public Sector Gold Award for service delivery (NSW Premier's Department, 2006).

1.4 Framework for service delivery

The program is available to adults with a diagnosed mental illness who require support services (and in most cases housing) to assist them to live in the community. Commonly, people accessing support have been diagnosed with schizophrenia, schizoaffective disorder or bipolar disorder, however, some people have a dual diagnosis which may include depressive, anxiety, personality, intellectual, substance use, or brain injury disorders (NSW Health, 2006a: 21).

The HASI program has developed over time and, through the release of different stages, provides low to very high levels of support for people with mental health disorders. Most stages of HASI involve the provision of:

- Some level of accommodation support services; and
- A place in public or community housing.

A limited number of packages released in Stage 4B provide accommodation support to people who live in private housing (also called *HASI in the Home*). Table 1.1 describes the packages in each HASI stage.

Are not eligible for social housing;

Require long-term hospital care;

Receive support through other programs provided through NSW Department of Ageing, Disability and Home Care (DADHC) or the Department of Community Services;

Require lower levels of support; or

Are older and receive support through a nursing home or hostel (NSW Health, 2006a: 17).

Lower support packages

The client has a new partner and wants to end the housing lease; or

The client wishes to end the lease for financial reasons (NSW Health, 2006a: 15)

2 Evaluation Framework

Program theory provides the conceptual basis for the HASI evaluation (Figure 3.1).

2.2 Evaluation parts

The evaluation has three interrelated parts: formative, summative and economic evaluation.

Formative and summative evaluation

The evaluation process will generate information about the program throughout the evaluation period to inform progressive policy and program change. This will include outcomes and process evaluation data. In addition, the final evaluation report will draw summative conclusions for the whole of HASI program.

One of the key aims of the evaluation is to assess whether the program has met its objectives for individual clients. To address this aim, the evaluation will analyse the outcomes for HASI participants across a range of health, housing and social indicators (Section 2.3).

Another important aspect of the evaluation is to assess the effectiveness of the service delivery model. To address this aim, the evaluation will analyse the policy context in which HASI operates and how effectively the current service delivery model is operating across each of the HASI stages and as a whole program, including the HASI partnership model which is central to the service delivery framework (Section 2.3).

Economic evaluation

Economic analysis provides information about the value added to the service system by a particular program. The underlying principle of economic analysis is that for the given budget, the government wishes to maximise the total aggregate housing, health and other consumer benefits. This analysis is done by comparing the cost of HASI with its outcomes and making judgments about the benefits of the program as a whole based on this comparison (Section 2.3).

2.3 Evaluation questions

The tender document outlined evaluation questions in five themes: aims and objectives, economic analysis, models, analysis of existing policy and partnerships. The questions under the five original themes have been consolidated into three key themes: client outcomes (aims and objectives), service delivery model (partnerships, policy and models) and economic analysis.

1. Participant outcomes To what extent has the initiative met its objectives for individual clients?

    Are clients receiving stable and affordable housing?

    What impact has the initiative had on community participation?

    Are clients more engaged in activities such as employment, voluntary work and education and training?

    Is the initiative achieving improved health and mental health outcomes for clients?

    Is the initiative having an impact on clients' quality of life?

Is the program facilitating improved access to generalist and specialist services?

Is the initiative supporting improved social contact?

2. Policy and service delivery model How effective is the HASI service delivery model?

What are the strengths and weaknesses of the current service delivery model?

How could the service model be improved and strengthened?

What are the factors that support good working relationships between HASI partners?

Are there any factors which limit the effectiveness of HASI partnerships?

How can HASI partnerships be improved and strengthened?

Do the current partnership arrangements support appropriate and flexible delivery of services for clients?

How effective is the governance of HASI?

3. Economic analysis What are the costs and benefits of HASI?

What is the HASI expenditure in terms of establishment and recurrent costs? Which agencies or people incur these costs?

What is the average cost per person in HASI compared to the cost prior to HASI?

What are the benefits to the person, government and community during HASI compared to prior to HASI?

Where these benefits can be quantified in financial or economic terms, what cost savings result from HASI services? What agencies experience the cost savings?

The next section outlines the methods by which these questions will be answered and the rationale behind the research design.

Table 3.1: Program Aims, Evaluation Questions and Methods

Theme	Evaluation questions	Evaluation methods						
		Program data	Secondary data	Interviews-clients	Interviews-family	Interviews-stakeholders	Observation	Policy and document analysis
Individual clients	To what extent has the initiative met its objectives for individual clients?							
	Are clients receiving and maintaining stable and affordable housing?							
	Is the program facilitating improved acce to generalist and specialist services?							
	Is the initiative achieving improved health and mental health outcomes for clients?							
	What impact has the initiative had on community participation?							
	Are clients more engaged in activities su as employment, voluntary work and education and training?							
	Is the initiative supporting improved social contact?							
	Is the initiative having an impact on clients' quality of life?							
Service model	How effective is the HASI service deliver model?							
	What are the strengths and weaknesses the current service delivery model?							
	How could the service model be improve and strengthened?							

3.2 Methods

The evaluation methods are summarised in Table 3.2 and discussed below.

Table 3.2: Description of Evaluation Methods

Evaluation methods	Description and explanation
Program data (HASI MDS)	Information collected as part of the HASI Minimum Data Set (MDS) will be analysed as part of the evaluation.
Secondary data (Health, Housing)	Administrative records on client outcomes will be analysed from datasets managed by NSW Health and Housing NSW. This includes: NSW Health Inpatient care data NSW Health Mental Health Ambulatory data NSW Health NOCC data Housing NSW tenancy data Financial and administrative data on the costs of the program: NSW Health financial data Housing NSW financial data
Interviews Clients Family members Other stakeholders	Interviews will be conducted with HASI clients, family and friends of HASI clients, NGO service delivery workers, Housing provider staff, AMHS staff, other stakeholders involved in HASI policy and program implementation. The interviews will provide detailed information to address key evaluation questions specifically in relation to the strengths and weakness of the program, track changes for a group of clients over time and will assist with understanding how changes occur over time.
Program observation	The researchers will spend time at each of the three fieldwork sites observing the different contexts in which the HASI program operates
Policy and program documents	Program and policy documents will be collected and analysed as part of the evaluation.

Program data

The evaluation will analyse information collected in the HASI Minimum Data Set (MDS). This information is collected as part of monitoring of the HASI program for the purpose of quality assurance. The MDS was designed and managed by and

The MDS provides a uniform way of describing demographic characteristics of consumers in HASI and also contains valuable information about program inputs as the percentage of time staff spend with clients on certain activities. However, in its current form, the MDS collects limited data on client outcomes such as clients' physical health status, or social and community participation. For example, the information in the MDS on clients' mental health status is based either the NOCC scores reported to the NGO by the AMHS, or the NGO's assessment of CAN and GAF scores. There are poor completion rates for all measures, which limits their usefulness for the evaluation.

Even though the HASI MDS does contain some information related to clients' participation in community activities, this information only describes program inputs rather than client outcomes. In other words, it can be used to measure whether clients have a goal to participate in social activities, but we do not know whether or in what way they are participating. Therefore, the current data in MDS cannot be used to determine whether clients' participation in community activities

HASI clients will be identified through their Medical Record Number (MRN) and the location of service which will be added to the MDS so that HASI clients can be identified in NSW Health data without accessing any identifying information. The data will be collected on each client from the year 2000 until 2009 in order to track change in mental health status, hospitalisation and service use before, during and after HASI. Analysis of secondary health data is contingent on ethics approval, consistency in identifying MRNs, and completeness of the datasets.

If possible, comparison groups will also be selected so that the changes experienced by HASI clients can be measured against people of similar characteristics who have not had access to HASI support. Ideally, the comparison groups will be as large as the group of HASI clients (up to 1000 people) and would be determined based on the following characteristics: diagnosed mental illness of similar severity to HASI clients; age; and pattern of service use comparable to the matched HASI client.

This data provided by NSW Health is crucial for the evaluation to assess changes in clients' mental and physical health as a result of HASI, however, there are limitations surrounding the completeness and reliability that the NOCC and Mental Health Ambulatory data is collected and entered into the system by HASI clinical staff. The APQ-6 is a new assessment which has been introduced in 2009. While data from this assessment would be useful to the evaluation, retrospective data will be unavailable and the completeness of the data remains unknown at this stage.

Housing NSW

Administrative data from Housing NSW's Integrated Housing System (IHS) will be used to collect information on the following client outcomes (Table 4.2 for more detail):

- Tenancy stability;
- Homelessness;
- Housing affordability;
- Housing Assistance; and
- Repairs and maintenance.

HASI clients will be identified in the IHS through a flag that identifies HASI clients under the Housing and Human Service Accord. About 500 HASI clients in public housing can be identified through the flag. Unfortunately, the IHS does not include information on clients in community housing, therefore, the administrative data on housing indicators will be limited to HASI clients who are living in public housing. Even though the delivery of services by community and public housing providers may affect client outcomes, there is no way of measuring this from the IHS. This issue will be explored, however, in interviews with HASI clients. A further limitation of this data is that neighbour complaints can only be collected from hard copy files rather than the IHS, so this data is not available for the evaluation.

Housing NSW has identified a potential comparison group through a review of a selection of people on the priority housing list. The file review identified 59 clients

who had similar characteristics to HASI clients but who were not receiving HASI services.

The researchers aim to link de-identified Housing data with the Health data and MDS by way of client date of birth, gender and postcode. Data will only be able to be linked for the 500 clients in public housing, but it will lead to a more robust analysis of the data overall.

Interviews

Longitudinal interviews will be undertaken with key stakeholders involved in the program. Samples will include: 60 consumers across the HASI stages in the three fieldwork sites; forty workers and managers; and nine family and carers related to the 60 consumers will also be interviewed (Table 3.3). Interviews will be conducted with the most recent clients in all six of the HASI stages, equating to approximately 10 consumers per stage.

Table 3.3: Longitudinal Interviews

	Phase

Table 3.4: Interviews with Clients

	Phase 1 2009	Phase 2 2010	Total
Metropolitan site	20	20	40
Regional site	20	20	40
Rural site	20	20	40
Total	60	60	120

Family member or carer interviews

With the permission of clients, family, friends and carers of the 60 consumers will also be invited to participate in an interview (Table 3.5). Similar to HASI clients, family and friends will be asked about their experience and perceptions of the program.

Table 3.5: Interviews with Family Members

	Phase 1 2009	Phase 2 2010	Total
Metropolitan site	3	3	6
Regional site	3	3	6
Rural site	3	3	6
All three sites	9	9	18

Other stakeholder interviews

Other stakeholders associated with the three fieldwork sites will also be asked to participate in a face to face interview or phone interview (Table 3.6). Stakeholder interviews will focus on their experience of the service delivery model, partnerships and client outcomes. The following stakeholders will be invited to take part in the evaluation:

- Accommodation support providers: NGO staff who provide essential accommodation services as part of the HASI program;
- Housing providers: staff involved with HASI who work for community and public housing service providers;
- AMHS service delivery staff and AMHS Managers: mental health clinicians who provide support to HASI clients;
- HASI staff at NSW Health and Housing NSW: Key staff involved in the HASI program at a program and policy level;
- Consumer and provider organisations: Representatives from the Evaluation Reference Group will also be invited to participate in an interview. Additional representatives from consumer and mental health peak bodies may also be asked to participate if appropriate.

Table 3.6: Stak[redacted] Interviews

	Phase 1 2009	Phase 2 2010	Total
[redacted]politan site	10	10	20
Regional site	10	10	20
Rural site			

Table 3.7: Rural Research Site (Tamworth area)

NGO providers	HASI Stages	Commencement date	Number of packages
RFNSW	Stage 1	2002/03	10

Program observation

In addition to undertaking interviews with key stakeholders, the research team will spend time in each of the three fieldwork sites to explore how the program operates in specific contexts. In consultation with NGOs and their staff, researchers will spend time at the NGO offices to understand the environment in which HASI services are managed and delivered.

Participant observation is a method that has been used in previous research on health care service delivery (Fudge et al 2008: 314). It involves the researchers observing how the service system and partnerships are working across the individual stages of HASI and as a whole program.

Non-financial costs, such as time, stress and impact on other service providers.

4 Analysis

Analysis of the various sources of data will be conducted with the aim of answering each of the evaluation questions as set out in Section 2.3. The three key research questions are:

1. To what extent has the initiative met its objectives for individual clients?
2. How effective is the HASI service delivery model?
3. What are the costs and benefits of HASI?

4.1 Client outcomes

A key objective of the evaluation is to analyse the effectiveness of the program for individual participants. The data for this analysis will be drawn from program and secondary data sources for all HASI clients and interviews with clients and their family members in the three fieldwork sites.

The evaluation will analyse baseline data in order to compare change over time across a number of key housing, health and social and community outcomes for HASI clients. Outcomes data analysis will test the hypothesis that participation in HASI:

- Improves mental and general health;
- Improves housing stability;
- Improves social and community connections; and
- Increases access to health, mental health and accommodation services.

Where available a comparison group will be selected in order to measure changes within the HASI population group over time compared to changes within a comparable population group.

Health and mental health outcomes

The evaluation will assess whether there have been improvements for individual clients in terms of their health, mental health and well-being (Table 4.1). It will also analyse how effective the program has been in supporting clients to live independently in the community by analysing whether there has been a decrease in hospital admissions. Where possible the analysis will track changes over time by comparing health outcomes for participants before and during the program and also by comparing outcomes for the HASI population and comparison group. This analysis is dependent on when people start to receive HASI services. While there are different ways of measuring the HASI start date, such as acceptance into the program, start of lease date or move in date, for the purpose of this evaluation the HASI start date will be defined as the date the client was accepted into the program.[1]

[1] Except when analysing selected housing outcomes where the start date will be defined as the date the client's lease commenced.

Analysis of hospitalisation rates, mental health outcomes and other health outcomes for HASI clients as compared to other groups who are not receiving HASI services will provide additional information to understand the nature of change for HASI clients.

Table 4.1: Health and Mental Health Indicators

Outcome type	Variables	Sources	Comparison
Mental health status	K-10 HONOS LSP-16 GAF CAN NGO rating of change in health status	InforMH, MDS, Interviews	Data to be collected from a comparison group of non-HASI clients based on mental health diagnosis, similar hospitalisation history at the same age. Will look at changes over time from 2008-2009 Comparison with HASI Stage 1 evaluation
Physical health status	ABS health questions NGO rating of change in health status	Interviews, MDS	Comparison over time and change toward population norm
Hospitalisation	Number of hospital visits (inpatient and emergency) Reason for hospitalisation Type of treatment Length of stay Cost of hospitalisations	InforMH	Data to be collected from a comparison group of non-HASI clients based on mental health diagnosis, similar hospitalisation history at the same age. Will look at changes over time from 2008-2009 HASI Stage 1 evaluation
Community Mental Health Service Use	Number of units of service Type of service Cost of service	InforMH	Data to be collected from a comparison group of non-HASI clients based on mental health diagnosis, similar hospitalisation history at the same age. Will look at changes over time from 2008-2009

Housing outcomes

The main sources of data used to report on housing outcomes for HASI clients will be HASI MDS and Housing NSW's Integrated Housing System (IHS) database. Five key indicators will be used to report on housing outcomes:

- Tenancy stability;
- Homelessness;
- Housing affordability;

Housing assistance, and

Repairs and maintenance

Table 4.2 describes the variables that will be used to measure each indicator, the source of data and whether a population comparison group has been identified to compare the main findings.

Table 4.2: Housing Indicators

Outcome type	Variables	Sources	Comparison
Tenancy stability	Number of times clients have moved Length of tenancy Reason for tenancy change Number of times clients have changed housing provider Number of times homeless before HASI Number of CTTT actions	IHS, MDS, interviews	To be compared with up to 59 clients on the priority housing list who have mental illness and who have been housed by the first phase of data collection
Homelessness	Whether clients were homeless before they joined HASI	MDS, Interviews	None
Housing affordability	Number of clients in rental arrears Number of times in rental arrears $ owed in arrears	IHS, interviews	To be compared with up to 59 clients on the priority housing list who have mental illness and who have been housed by the first phase of data collection
Housing assistance	Type of assistance Number of times rental assistance requested Value of rental assistance	IHS	To be compared with up to 59 clients on the priority housing list who have mental illness and who have been housed by the first phase of data collection
Repairs and maintenance	Number of repairs and maintenance Cost of repairs	IHS, MDS,	

An aim of the HASI program is to improve community participation. Table 4.3 describes the outcome types that

5 Ethics

The UNSW has high standards of ethical practice in all of its research projects. This project is currently being reviewed by the UNSW Human Research Ethics Committee (HREC) and the NSW Population and Health Services Research Ethics Committee.

The fieldwork component of the evaluation raises a number of ethical issues including informed consent and anonymity and confidentiality. Participation in the study is purely voluntary and informed consent will be sought from participants prior to their participation in the study. Participants will also be informed that they can decide at any time to withdraw from the study by revoking their consent. Informed consent will be obtained from clients to participate in interviews and access administrative and data collected by the HASI program (HASI MDS). Permission to interview clients' family members or carers will also be requested from clients.

The interviews with clients will cover topics related to their experience of housing and accommodation support services. Interviews with clients might induce some anxiety because of the multiple issues that clients in this program are dealing with. If this occurs we will cease the interview. In all cases, clients will be able to choose if they would like to have somebody with them at the interview and we will have the details of the family, carers and service providers available so that they can be called if there is a problem.

The research team have significant experience in conducting research with people with a mental illness or disability. Researchers responsible for carrying out the fieldwork component of the study have undertaken research with vulnerable population groups such as young people, elderly people, people with complex mental health issues and disabilities. The researchers will also attend refresher training courses as part of the Mental Health First Aid course series in preparation for the current evaluation.

All sources of program and secondary data sources used in the evaluation related to individuals will be de-identified. It will not be possible to identify individual people.

To complete this report, the following must be transferred to the SPRC by February 2010:

- Cleaned Inpatient care, Ambulatory care and NOCC data from 30 June 2000 until 30 June 2009 for HASI clients and comparison group. This requires that the MRN of all HASI clients is available;
- Cleaned IHS data from August 1998 until end of August 2009 for HASI clients and comparison group;
- MDS data items and first round MDS supplement data; and
- Cost data from NSW Health (Central office and AHS) and Housing NSW.

Final Report (February 2011)
Background: program aims, stakeholder roles
Methods
Client outcomes
Program data (MDS)
Secondary data: Change over time of IHS and Health data
Findings from interviews and observation
Service system
Findings from interviews, observation, policy analysis in three sites
Economic analysis
Analysis of program costs versus client outcomes
Discussion
Implications

To complete this report, we need the following to be transferred to the SPRC by the end of August 2010:

- Cleaned IHS data from 1 July 2009 to 30 June 2010 for the comparison group; and up to date data on rent arrears (Aug 2010).
- MDS data items and second round MDS supplement data.

6.2 Reference group

The design phase of the research involved the establishment of an evaluation Reference Group. The role of the Reference Group is to provide advice to the research team during all stages of the research process including feedback on interim and final reports. Membership includes representatives from consumer organisations, service

6.4 Data collection timetable

Described below is the data collection timeframe for Phase 1, Phase 2 and Phase 3 of the evaluation. Commencement of data collection is contingent upon ethics approval. If fieldwork has not been approved to commence by October/November 2009 then it will be deferred to commence in February 2010.

Table 6.2: Data Collection Timeframe, Phase 1 2009

Data Collection Phase 1	Tasks	April	May	June	July	Aug	Sept	Oct
UNSW Ethics Committee	Submit ethics applicatior							
NSW Health Ethics process	Submit ethics applicatior							
Policy documents	From NSW Health & HousingNSW							
Stakeholder interviews	Finalise instruments							
	Recruit participants							
	Conduct interviews							
Program o								

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Appendix A: Evaluation Reference Group

Allan, John	Chief Psychiatrist, NSW Health
Booth, Keiran	ARAFMI NSW
Bourne, Rosemary	NSW Consumer Advisory Group
Burns, Karen	Uniting Care Mental Health
Conway, Aidan	Richmond Fellowship NSW
Cronin, Angela	Housing NSW
Gooley, Shannon	Mental Health and Drug and Alcohol Office, NSW Health
Kirkwood, Kathy	Housing NSW – Tamworth Office
McDonald, Catriona	Housing NSW
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