RESOLVE SOCIAL BENEFIT BOND

BASELINE REPORT

PREPARED FOR RESOLVE SII
22 AUGUST 2019
FINAL

URBIS

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Urbis' Economic and Social Advisory team has received ISO 20252 Certification for the provision of Economic and Social Research and Evaluation.

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CONTENTS

EXECUTIVE SUMMARY

BACKGROUND

The Resolve Social Benefit Bond (SBB) is a social impact investment developed by Flourish Australia (Flourish), Social Ventures Australia (SVA), the NSW Ministry of Health (NSW Health), and NSW Office of Social Impact Investment (OSII) (the program partners). The Bond funds the Resolve program (the program), an innovative mental health service which blends psycho-social and clinical services to support people living with severe and persistent mental health issues. The program was established in 2017 in Orange and Cranebrook, NSW.

Urbis has been commissioned by SVA on behalf of NSW Health to evaluate the program over a period of seven years (2018 to 2025). This is the Baseline Report for the evaluation.

METHODOLOGY

The methodology for the evaluation to date has included the development of a Program Logic and Evaluation Framework, ethics application and baseline data collection and analysis.

The baseline data collection involved site visits to the two program locations, interviews with 47 stakeholders (including clients, staff, program partners and external service providers), and a review of aggregated program data, as available in the Resolve SBB Annual Report Year 1 (Year 1 Annual Report), for the period 1 October 2017 to 30 September 2018. All site visit and interview data was thematically analysed, and triangulated with the program data to form the findings of this report.

EXECUTIVE SUMMARY CONTINUED

SUMMARY OF KEY FINDINGS

The program has been successfully implemented

Implementation was enabled by a successful Joint Development Phase (JDP) undertaken by the program partners between October 2016 and June 2018. Preparation for program delivery was undertaken over three months from July to September 2017, with all Resolve model elements fully operational from October 2017.

Challenges encountered during the implementation phase related principally to complexities in data collection and outcome measurement for the program, and staff recruitment. Overall the program's implementation has been as intended and the success of this process is a credit to all involved.

The target cohort is being reached

Resolve has supported 167 clients in its first year, exceeding its target of 160. Almost 60% of clients accessing the program have a diagnoses of schizophrenia or other psychoses-related disorders, indicating that the reach is appropriately focussed on people who live with severe and persistent mental illness.

Early client outcomes are evident

Clients report reduced hospitalisations and increased social connections as a result of taking part in the program. More time and data is required to determine whether these outcomes meet the program's targets relating to hospitalisation.

Carer outcomes have also been reported, with the program providing carers with respite and opportunities to improve their relationships with family members who are accessing the program.

Program integration with the mental health sector has commenced

Partnerships have been established between Flourish and Local Health Districts (LHDs) and clients are now able to access both psycho-social and clinical support through the program. However, some opportunities exist to strengthen care coordination between Flourish and the LHDs. The program is also in the process of building relationships with other community mental health service providers.

Early signs of the appropriateness of the peer-led model

Flourish has successfully recruited a peer workforce to deliver the program, who are involved in all aspects of the model. Both staff and clients report the program offers a highly accepting and safe environment, and that the peer workers play a critical role in building a strong rapport between the program and clients.

Outcomes are being enabled by a range of factors

Enablers of program outcomes include the existing organisational infrastructure of Flourish, the program's successful referral pathway, the sites' residential settings, and the appropriate ways in which program staff are delivering the program.

Some challenges are also evident

Some challenges in service delivery were noted. These include the extent to which program delivery aligns to the underlying principles of the Resolve model, complexities in navigating the data collection and analysis required to measure program outcomes, limits to program flexibility and staff development activities due to current team size, and difficulties in educating the sector about the program. There are also concerns amongst stakeholders that the two-year service delivery limit is not suited for the needs of all clients.

EXECUTIVE SUMMARY CONTINUED

SUMMARY OF RECOMMENDATIONS

1. **Capture and share early learnings for future SBBs** to support ongoing development of SBBs for program partners and other stakeholders.

2. **Develop and embed best practice approach to delivering the Resolve model** which optimises program outcomes by intentionally applying model elements to specific presenting issues and recovery goals.

3. **Embed Resolve in the service landscape** to improve client access to necessary support, and to mitigate risks posed by the time limited nature of the program.

4. **Develop and support the Resolve workforce** to ensure all staff are equipped to deliver the model as it was designed, and are supported to succeed in delivering the 'best practice' approach.

5. **Prepare for future scale** by documenting the best practice model and supporting resources, and by implementing continuous quality improvement and monitoring activities.

INTRODUCTION

INTRODUCTION

BACKGROUND

The Resolve SBB is a social impact investment developed by Flourish Australia (Flourish), Social Ventures Australia (SVA), the NSW Ministry of Health (NSW Health), and NSW Office of Social Impact Investment (OSII) (the program partners). The Bond funds the Resolve program (the program), an innovative mental health service which blends psycho-social and clinical services to support people living with severe and persistent mental health issues.

The program underwent a JDP spanning October 2016 to June 2017, and a further development period from July to September 2017 to prepare for service commencement in October 2017. The program operates in two sites: Cranebrook in the Nepean Blue Mountains LHD and in Orange in the Western NSW LHD. The program is expected to be delivered for a period of 7.5 years until 2025 and support 530 people throughout that period.

Urbis has been commissioned by SVA on behalf of NSW Health to evaluate the program throughout its seven-year delivery period. This document is the Baseline Report for the evaluation.

PARTNER ROLES

The program partners are involved in the management of the Resolve SBB and delivery of the program, as shown in Table 1. All program partners were members of the JDP, and now operate as members of the Joint Working Group (JWG) for the SBB and the program.

Table 1 Resolve partner roles

PROGRAM PARTNERS	ROLES
Social Ventures Australia	■ Manager of the Resolve SBB ■ Manager of the Resolve SBB Trust ■ Management of quarterly service payments from the Resolve SBB Trust to Flourish, in accordance with the financial model
Flourish Australia	■ Service provider of the Resolve program in Cranebrook and Orange ■ Investor in the Resolve SBB
Ministry of Health	■ Responsible for issuing standing charge and outcomes payments to the Resolve SBB Trust, in accordance with the Payment Schedule in the Implementation Agreement (outcomes contract governing the Resolve SBB arrangement). Outcomes achieved under the Resolve SBB will be verified by the Independent Certifier for payment purposes. ■ Contract management and data analysis reporting
NSW Health Nepean Blue Mountains and Western NSW LHDs	■ Provision of referrals and clinical support to the Resolve Program through the Nepean Blue Mountains and Western NSW LHDs
NSW Office of Social Impact Investment	■ Oversight and guidance for the Resolve SBBs
All partners	■ Member of the JWG

THE RESOLVE SBB

The Resolve SBB is recognised as being highly innovative, as it is the first SBB in Australia to focus on mental health. This represents a new funding model for community mental health services in which Government, investors and the service provider (Flourish) are contributing their expertise and capital. The Resolve SBB has been funded with $7m raised from private investors (including Flourish), as well as additional upfront standing charge payments and outcome payments from the NSW Government[1].

The NSW Government's standing charge and outcomes payments are both made to the Resolve SBB Trust, which pays quarterly service payments to Flourish for the delivery of the Resolve program. The Resolve SBB Trust also pays investors a fixed coupon in years 1-4, and performance coupons in years 5-7 dependent on the balance of trust assets (in excess of future expenditure requirements). As one of the investors in the Resolve SBB ($500k of $7m), Flourish has an additional financial incentive to perform.

In the target scenario, investors will receive estimated returns of 7.5% p.a. if the Resolve program meets its target objective of supporting program participants to improve their mental health and consequently reduce their health-related consumption[2]. The outcome metric that will be used to measure the program's performance in this context is National Weighted Activity Units (NWAUs). NWAUs are an activity measure that capture an individual's total health related consumption, including both the intensity and duration of the services accessed. Program performance will be measured by a percentage reduction in NWAUs incurred by each client enrolled in the program (the Intervention Group) across their two-year engagement in the program, relative to a Control Group.

THE RESOLVE PROGRAM

The Resolve program broadly targets adults who live with severe and persistent mental illness. The inclusion criteria for the program is people who have been an inpatient in the mental health unit of NSW Health for between 40 and 270 days in the preceding 12 months. For the current Resolve locations, this criteria can only be applied to people who have been in an inpatient unit at either the Nepean Blue Mountains or the Western NSW LHD. The Resolve program enables this cohort to access community-based services to support them on their recovery journey. Program clients have access to tailored, recovery-oriented support options which blend psycho-social support with clinical services. Each client can access the program for up to two years.

Flourish works in partnership with both NSW LHDs (Western NSW and Nepean Blue Mountains) to deliver the program. Flourish and the LHDs hold responsibility for managing referrals into the program. The program has target referral numbers for each year of operation, and in order to meet these Flourish requests new referrals from the LHD as places in the program become available. The LHDs use a customised algorithm on public health system admissions data to identify and refer individuals to the program. Once a client engages with the program, Flourish is responsible for delivering psycho-social support and the LHDs are responsible for providing clinical mental health services.

1 Note that the expected contract value (i.e. cost) of the Resolve SBB to the NSW Government is $21.7m if expected performance is achieved.
2 The estimated return of 7.5% p.a. is as per the Resolve Information Memorandum, and is based on the program achieving a 25% reduction in NWAUs for the Intervention Group relative to the Control Group. It is understood that this is an estimated average of the seven annual payments which will be made to investors over the 7.75-year bond term. Investors will receive a 2%p.a. payment for the first four annual payments. They will then receive payments which are based on performance of the Resolve program for the remaining three annual payments.

INTRODUCTION CONTINUED

PROGRAM PRINCIPLES

The program operates under the following seven core principles to provide a consistent and supportive approach for clients.

PRINCIPLE	SUMMARY
Strengths-based approach	Through Resolve, clients identify personal strengths and goals, which they are supported to achieve through an individualised approach to care planning.
Respect	Resolve recognises and values people with lived experience of mental health issues by involving them in all aspects of the program, as clients and peer work staff.
Recovery	Recovery concepts underpin the Resolve program, reflected in the strengths-based approach to providing person-centred support. Resolve supports clients to engage with their community, education and employment opportunities to build their personal, social, communication and living skills.
Person-centred care / Multidisciplinary care	Facilitating access to appropriate mental and other health supports through integrated services and partnerships.
Partnerships	Providing integrated and quality care by developing partnerships which span organisational and sector boundaries.
Carer and family support and education	Involving carers and family members in the planning and care for clients throughout their recovery journey and supporting carer's own needs.
Community development and capacity building	Working with and enhancing existing resources within the community to support clients through their recovery journey.

RESOLVE MODEL ELEMENTS

The psycho-social elements of the Resolve model of care (the Resolve model) are provided by Flourish, and include residential services for periodic intensive support, outreach, and a 24-hour telephone service for ongoing support as needed, referred to as the 'warmline'. These elements are complemented by clinical mental health support on an as needs basis for each client, provided by LHD case workers.

The model was designed with the intention that the psycho-social services would be delivered by peer workers. Within the Resolve model, a peer worker performs the same role as a mental health support worker, has the same responsibilities and duties, and has equivalent qualifications or experience. Peer workers are also trained to use their own lived experience of mental health to enhance their ability to support other people experiencing mental health issues on their recovery journey.

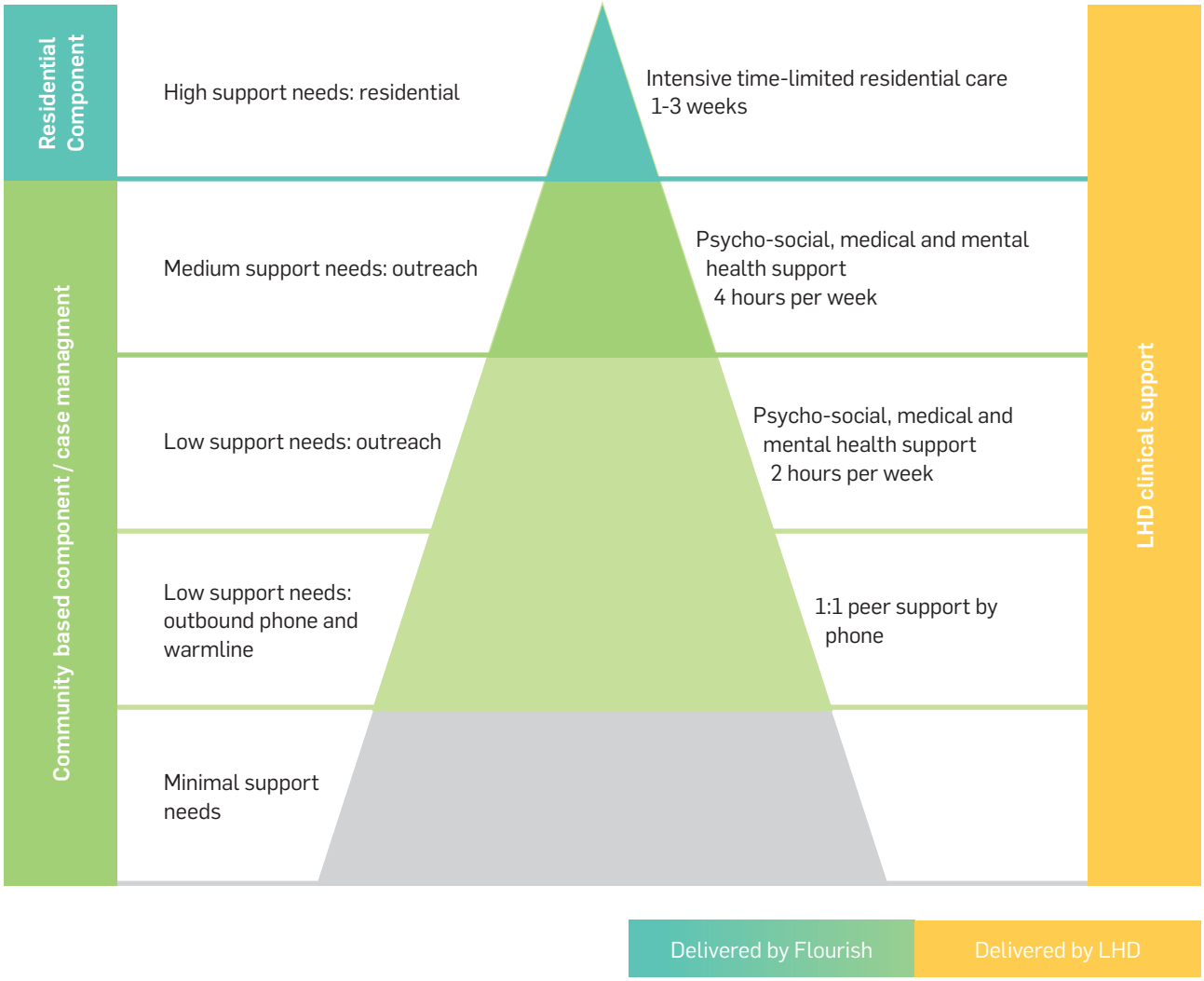
Flourish recruits peer workers on the basis that they have the necessary skills and experience that would be required of any mental health support worker. Flourish management also report that the peer workers employed to deliver the Resolve model are paid at the same rate as mental health support workers.

The model elements are designed to be applied as needed to meet low to high needs of clients, as shown in Figure 1.

INTRODUCTION CONTINUED

Figure 1 Resolve model elements

The Resolve model offers tiered levels of psycho-social support blended with clinical support; care can be stepped up and down as required.



Adapted from: Flourish Australia. (2016). Resolve Model of Care. Flourish Australia

EVALUATION OVERVIEW

EVALUATION OBJECTIVES

The evaluation of the program commenced in 2017 and will conclude in 2025. The evaluation is focussed on the implementation and outcomes of the program and does not include any assessment of the Resolve SBB structure or function. The evaluation will not assess the outcomes of the Control Group, other than how they compared to the outcomes of the Intervention Group.

The findings of the evaluation will support the program partners to identify and incorporate key learnings throughout the program's delivery. The evaluation will also support the program partners to make informed decisions about the program's future (including its potential for scalability, as well as the development of additional social impact investments in the future.

The evaluation has five areas of investigation:

Implementation

- Consider and advise on implementation of the program including the referral pathway and referrals, LHD support and participation, appropriateness of the service model and engagement levels with the program.

Innovation

- Advise on innovations and amendments to the program design and hypothesise any likely effects the program modifications may have on the outcomes achieved.

Outcomes

- Examine the outcomes for participants, their families, their carers and the community.
- Analyse the variation in outcomes achieved by participants with varying characteristics (e.g. age, sex, Aboriginality, primary mental health diagnosis) and the factors that may have influenced varying results.
- Analyse the impact of the outcomes-based contracting arrangement on program partners.

Cost-effectiveness

- Understand the cost effectiveness of the service delivery model from the perspective of Government.
- Determine whether the proxy measure (relative reduction in NWAUs) used to determine payments under the Resolve SBB arrangement is an appropriate indicator of the social outcomes the bond is intended to achieve and whether there are more appropriate indicators.

Unintended consequences

- Identify any unintended consequences or perverse incentives arising from the program or the SBB arrangement.

BASELINE METHODOLOGY

The purpose of the baseline data collection and reporting is to provide the evaluation with a starting point, against which evaluation data from the Interim and Final data collection and analysis periods in 2022 and 2025 can be compared. This report documents the program's implementation story, as well as evidence of emerging program outcomes. Implications of these outcomes are discussed, and recommendations proposed.

The methodology for the evaluation to date is shown in Figure 2.

INTRODUCTION CONTINUED

Figure 2 Evaluation methodology

EVALUATION PLANNING

Evaluation design

- Collaborative design of Resolve program logic with program stakeholders
- Development of evaluation plan including key evaluation questions, indicators, and data sources

Ethical approval

- Extensive ethical approval process
- Development of appropriate consent forms and discussion guides

DATA COLLECTION

Site visits

- Two day visit to each Resolve site in May 2019
- Interviews* with:
  - Resolve staff and site manager (n=11)
  - Consumers** (n=15)
  - Carers** (n=5)
  - LHD staff (n=8)
  - Other community stakeholders (n=1).

Stakeholder interviews

- Additional in-person and telephone interviews with:
  - Flourish Australia Resolve Program Management (n=2)
  - The NSW Ministry of Health (n=4)
  - SVA Impact Investing and Bond Managers (n=1)

Program data review

- Reviewed 2018 Resolve SBB Annual Report (1 October 2017 to 30 September 2018) to identify:
  - how participants use the Resolve model
  - evidence of program outcomes and variations between the Intervention and Control Groups
  - how participant characteristics differ between the two Resolve sites, and the Control Group

ANALYSIS AND REPORTING

Analysis

- The Urbis evaluation team held workshops to thematically analyse the qualitative and quantitative data and detail key findings

Reporting

Key findings are captured in the Baseline report that outlines:

- Program context
- Implementation story
- Current operations and reach
- Program outcomes, drivers and challenges
- Recommendations

*Interviews were conducted using a semi-structured discussion guide and were recorded. Interviews unable to be completed during the site visit were completed afterwards by telephone

**Consumers and carers received a $40 gift card as thanks for their participation

INTRODUCTION CONTINUED

BASELINE REPORT FINDING LIMITATIONS

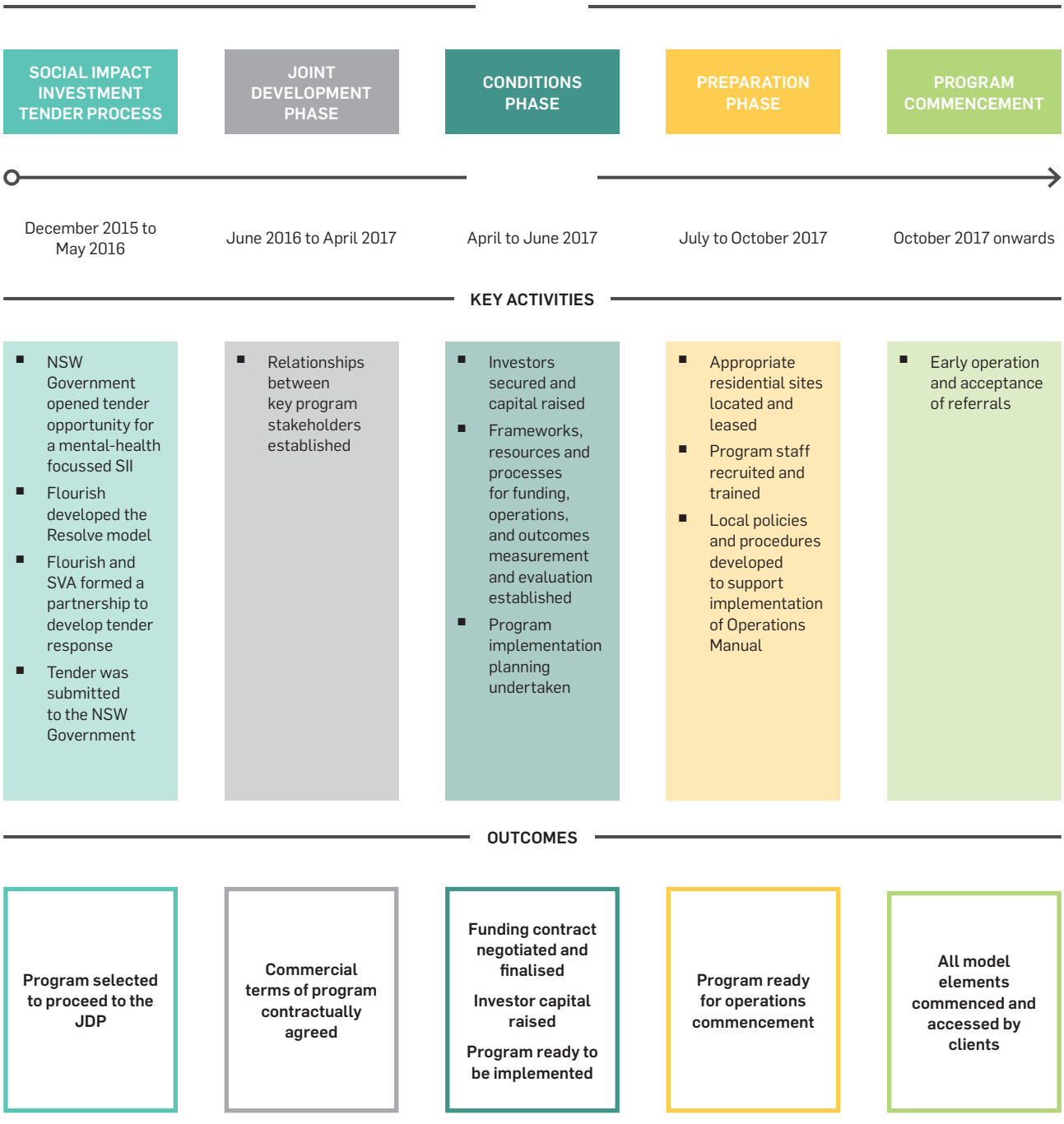
- **Program staff views may not be fully representative.** The majority of program staff participated in the evaluation interviews, but a small number were not available due to the program roster during the evaluation site visits.
- **Qualitative and quantitative data may not be aligned**, due to a difference in data collection periods. Quantitative data used in this report has been taken from the Annual Report – Year 1 and covers the October 2017 to September 2018 period. Qualitative data used in this report was collected in May 2019 following receipt of ethics approval. While it would have been ideal for the quantitative and qualitative data to be collected during the same period, this was not possible due to timing requirements for the 2019 Annual Report and the timing for the ethics application. The potential impact is inconsistencies between the two data sources in relation to key evaluation questions.
- **Raw quantitative data has not been analysed for this report**. Urbis only had access to the aggregated quantitative data as included in the Annual Report – Year 1. NSW Health and Urbis made the decision to use the aggregated data as it provides sufficient details to assess the evaluation questions at this stage of the evaluation.

PROGRAM IMPLEMENTATION

PROGRAM IMPLEMENTATION

IMPLEMENTATION PROCESS

Figure 3 Implementation timeline



*Date for launch of tender process sourced from https://www.osii.nsw.gov.au/initiatives/sii/sii-in-nsw/.

PROGRAM IMPLEMENTATION CONTINUED

IMPLEMENTATION ACHIEVEMENTS

The JDP successfully initiated the program

The JDP was completed over a period of nine months from October 2016 to June 2017 by a working group referred to as the Resolve Social Impact Investment Negotiation Team (the Negotiation Team). Stakeholders report this period was resource intensive and required Negotiation Team members to work together to navigate complex decisions relating to data (including navigating how to best link NSW health data sources in order to track client and Control Group participants' outcomes), the referral pathway and outcome measurement. Negotiation Team members also spent considerable time developing a program Operations Manual to enable a smooth implementation journey.

The completion of these tasks and raising of the capital required in a relatively short time period indicates that the JDP was a success, and appropriate for the needs of the program.

Both sites near full staffing capacity

Prior to the commencement of the program, adequate numbers of staff were recruited for both sites. The initial staffing profile prior to service commencement included an overarching Program Manager, Site Manager for Cranebrook, as well as a peer workforce for both sites. An existing Flourish Senior Cluster Manager in Orange operated as the Orange site manager for a period of approximately three months until a site manager was recruited.

As program delivery commenced, the Orange Site Manager was recruited. Remaining team positions continued to be filled, with Flourish recruiting peer workers for all remaining team roles. As of June 2019, both sites are nearly fully staffed (Cranebrook have 2.5 FTE positions unfilled, Orange have 2 FTE positions unfilled). This is a significant achievement for recruiting peer work roles in the Mental Health sector.

While the peer workers recruited did not have prior experience in delivering mental health services, they hold a range of relevant qualifications that underpin their delivery of the Resolve model. For example, many hold tertiary qualifications in fields such as psychology, health, social work and community services and some had experience in social service delivery roles such as disability support workers. All were supported by Flourish to complete a five-day Intensive Peer Support training program prior to the program commencing service delivery and have received a range of training including Mental Health First Aid - Suicide Intervention, as well as other training on topics such as medication support, trauma informed practice, diversity, the NDIS, using lived experience, and LGBTI-Q inclusion. Some peer workers have since completed additional training including Suicide ASSIST, Drug and Alcohol First Aid, Project AIR – treatment of personality disorders, Cognitive Function and Recovery and Motivational Interviewing. A number of peer workers are also in the process of completing a Certificate IV in Mental Health Peer Work.

All peer workers shadowed existing Flourish workers at other mental health programs to learn organisational processes, and in addition both teams received on-the-job training provided by the Cranebrook Site Manager and the Flourish Orange Cluster Manager during their onboarding period. Peer workers report very positive feedback about the level of support provided.

All elements of the program have been implemented

On service commencement in October 2017, both sites were in a position to offer clients all elements of the Resolve model during weekdays. Since then, both sites have expanded their service delivery activities. They now both provide weekly group social activities for clients, and in addition both sites provide weekend residential stays. It is a credit to both sites and their teams that all elements of the model were available on service commencement, and that additional services have since been implemented.

Existing local partnerships were built upon, and new partnerships developed

During the implementation period, Resolve staff established strong local relationships with the Western NSW and Nepean Blue Mountains LHDs. The development of these relationships was enabled by both LHDs and Flourish being on the JWG. Flourish also had long-standing organisational relationships within the mental health sector in both LHDs. In addition, key personnel at Flourish and the LHD in Orange had a very strong pre-existing working relationship, built over many years of working together in the local area. The program has also built connections with other mental health service providers (e.g. Aftercare, Wellways).

IMPLEMENTATION CHALLENGES

The JDP was more complex than expected

The JDP was more resource intensive than stakeholders anticipated, and challenges were experienced throughout the process. The key challenges related to the Negotiation Team needing to navigate different parties' requirements for outcome measurements, and the reporting of program data.

In reflecting on the successes and challenges of the JDP, it is important to note that designing and implementing an impact bond focussed on mental health is inherently challenging. There are significant complexities not only in consistently measuring outcomes across individual recovery journeys, but also in meaningfully attributing any changes in the public health system costs to those outcomes.

That the JDP was able to navigate these challenges and prepare for program commencement within a nine-month period is a measure of success, and indicates the commitment to the program demonstrated by all members of the Negotiation Team.

The three-month preparation period was highly resource intensive

At the conclusion of the JDP, the program was required to be prepared for service commencement within three months. This timeframe proved a challenge for the JWG, with all members recounting a high volume of work and "all hands on deck" to prepare the program for commencement, including Flourish establishing both sites and the Ministry of Health developing and launching the data capture tool. The preparation process was completed successfully, but more resources or a longer time period would have been beneficial for the program and stakeholders.

Challenges were faced in recruiting peer workers for the program

The majority of roles in the program as designed by Flourish are staffed by peer workers, with only the Cranebrook site manager having a different professional background as a mental health support worker. Flourish has extensive experience in recruiting peer workers, and has robust organisational policies and procedures which support effective recruitment for this workforce. Although this experience and infrastructure supported recruitment for the program, stakeholders report experiencing some challenges in recruiting trained and experienced peer workers for the program. These related to limited numbers of trained and experienced peer workers seeking work at the time of recruitment. More broadly, the emergent nature of the peer workforce in the mental health sector also played a role, with a limited number of peer workers currently in the mental health workforce.

Despite the challenges faced in recruiting peer workers, both teams are observed to be highly engaged in the program and active in their professional development.

CURRENT OPERATIONS

WORKFORCE

Each location is staffed by one site manager and an eight-person peer workforce, in a combination of full-time and part-time roles. The program is designed to have a flexible staffing model which adjusts to changing levels of participant numbers. Both sites operate on a daily, three-shift roster with 24-hour coverage from Monday to Saturday. At least one staff member is rostered to answer the warm line 24 hours a day, seven days a week. The Orange site also provides residential support on Sundays, and the Cranebrook has provided residential support on Sundays to meet client demand when staffing capacity has allowed. Several staff are rostered during the day to facilitate the site-based activities and undertake outreach, with one person rostered for the evening shift, and one for the overnight sight. All staff were recruited specifically for the program as peer workers with lived experience of mental illness, with the exception of the Cranebrook site manager, who is a long-term Flourish employee.

LOCATION AND EQUIPMENT

The program operates from two sites, based in suburban homes located in quiet areas of Cranebrook and Orange. The sites and surrounding areas feel peaceful and non-institutional. There is limited traffic, comfortable furniture and homely touches such as artwork and photos.

Both homes have four bedrooms available for residential support, dedicated office space for program staff and site managers to work, a mix of spaces including bedrooms and 'nooks' for privacy and quiet time, and communal social areas including the kitchen, dining room, lounge room, and backyard.

There are resources, such as a television, games, DVDs, books, art materials, and a computer station available for clients to use. The sites use a 'help-yourself' approach to all resources and spaces, which gives clients a sense of comfort and autonomy.

Each site has three vehicles (two cars and one van) for outreach and to transport clients during residential stays. At both sites, vehicles are in high demand and coordinating transport and outreach work across a large area is logistically challenging.

GOVERNANCE

The JWG provides governance and oversees the delivery and evaluation of the program. The JWG meets quarterly, communicating more frequently as required on specific matters (e.g. outcome measurement, data requirements). Stakeholders report that the governance structure is working well and reflect that all members of the group remain committed to the successful delivery of the SBB and the program.

CURRENT OPERATIONS CONTINUED

ACTIVITIES

Both sites deliver a range of psycho-social activities including outreach and residential services, an inbound warmline, and weekly group activities.

The outreach service provides low and medium intensity psycho-social non-clinical mental health support on an individual basis throughout the week. The Cranebrook site delivers outreach to the Penrith, Blue Mountains and Hawkesbury regions. The Orange site delivers outreach locally and also travels to Bathurst, Mudgee, Blayney, Millthorpe, Cowra, Dubbo, Goolma, Parkes, Forbes, Molong, Gulgong, Eugowra and Mebul. Activities undertaken in outreach include house visits, social outings, and support with independent daily living activities, such as budgeting, shopping and maintaining their property.

The residential service provides more intensive, short-term support when required. Clients can stay at the house when they need extra support due to an increase in acuity of their mental health issue, but not to the point where they require hospitalisation. Clients often book in advance to stay for 1-4 nights at a time. During a stay, clients control their own time, but can follow a suggested daily agenda if they prefer. Clients are supported and encouraged to use this agenda, as appropriate for their needs at the time of their stay. Peer workers support clients with cooking, outings, and activities such as movies, art, or conversation.

The inbound warmline provides clients with lower intensity and after-hours peer support which they can access as needed. Both sites also conduct phone outreach for clients who may be uncomfortable calling the warmline, or who are in the process of building trust in the program.

Weekly group activities, such as barbeques and games days, are held at each site and are open to all program clients. These are popular as they give structure to a clients' week, provide an opportunity for social inclusion, and allow clients to check in with peer workers.

While each site delivers the same range of activities, they have adopted a different emphasis in how they approach supporting clients to build their capacity. The Orange site focusses on offering more tailored one-on-one support, through goal-oriented outreach, while the Cranebrook site focusses on offering more group-based activities, such as drop-in to the residential site.

To deliver these activities, program staff operate as a team, with no individual caseloads. In this way, all clients can be supported by all staff, and are supported to choose who they would like to engage with at any point in time. The Cranebrook team assigns each client to an individual peer worker who manages any administrative responsibilities, such as managing the client's support plan. This relationship is purely administrative and does not impact the team-based approach to service delivery. This approach has recently been adopted by the Orange site.

CURRENT OPERATIONS CONTINUED

SYSTEMS AND PROCESSES

The Operations Manual created during the JDP forms the foundation for the activities, systems and processes of both sites.

To access the program, clients are directly referred by the Nepean Blue Mountains and Western NSW LHDs. Referrals are requested weekly by each site manager to fill available capacity and meet referral targets. Each LHD runs a weekly report to identify eligible individuals and prioritises their referral to the program.

The LHD then provides initial information about the program to potential clients, and with clients' permission, makes a formal referral to the program. Once referred, program staff make contact and seek formal consent for the client to participate in the program.

After giving consent, a client begins their participation in the program by meeting with Flourish and a LHD clinician or case manager. This meeting is used to undertake a baseline needs assessment and jointly develop an individual support plan where clients are supported to identify program goals. Flourish staff then support clients to access relevant parts of the Resolve model which facilitate achievement of these goals. LHD staff report that program clients usually receive fortnightly clinical support, with this increasing to meet client needs as required.

Every six months, program staff hold a formal individual plan review with clients to reflect on their progress through the program and make any necessary adjustments to their support plan. Check-ins are used to reassess goals and undertake the Recovery Assessment Scale – Domains and Stages (RAS-DS) and Camberwell Assessment of Need Short Appraisal Schedule (CANSAS) with clients. The extent to which the outcomes of assessments and updated goals are formally documented varies between the two sites.

Sites have several internal processes to manage the operation of the program. Staff use the handover period between shifts to update their colleagues about clients' current needs and goals. These handover conversations allow staff to implement a team-based approach to supporting clients from one shift to another. All staff complete notes on the client database, which also has reminders for appointments and any risk assessments as required.

Both sites provide information concerning the operation of the program to staff teams individually or in small groups as necessary, and both sites have regular staff meetings (although the scheduling of these varies month to month depending on roster availability). Staff have access to supervision and peer debriefs, but the formality and regularity of these arrangements varies between sites. The Orange site is currently establishing a set schedule and processes for team meetings, supervision and debriefs. In addition, Flourish management meet with the site managers weekly, alternating group and individual conversations, to track and manage the implementation and operation of the program.

PROGRAM REACH

THE PROGRAM REFERRAL PATHWAY

ELIGIBLE CONSUMERS

Mental health consumers who meet the eligibility criteria for the program

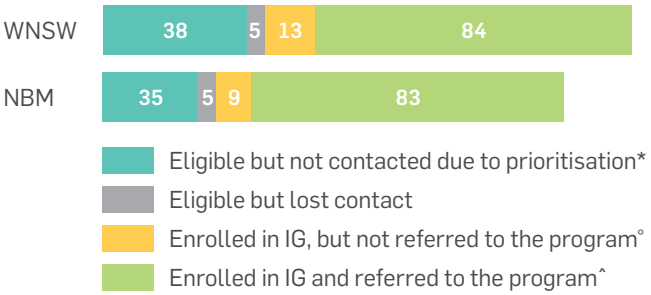
INTERVENTION GROUP MEMBERS

Eligible mental health consumers who have been successfully contacted by LHD program managers, irrespective of their decision to join Resolve are enrolled in the Intervention Group

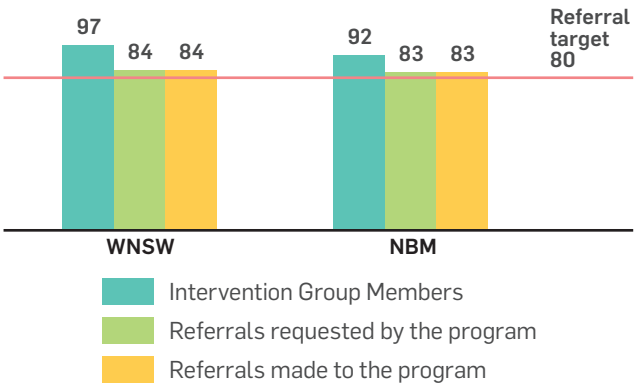
PROGRAM PARTICIPANTS

Mental health consumers who accept referral to the program, based on referral requests from each site and prioritisation by each LHD

MENTAL HEALTH CONSUMERS ELIGIBLE FOR RESOLVE BY LHD



REFERRALS MADE TO RESOLVE BY LHD

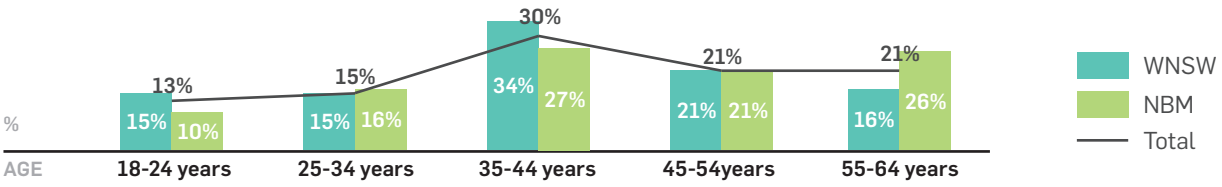


* This group comprises those that are on the weekly eligibility list who the LHD does not attempt to contact due to referral requests being filled by other eligible persons of higher priority on the list(s)
° This group comprises those that are enrolled in the Intervention Group (i.e. have been successfully contacted by the LHD Program Managers) but have declined referral to the program.
^ This group comprises those that are enrolled in the Intervention Group and have accepted referral to the program

Source: 2019 Annual Report for the Resolve Social Benefit Bond

PROGRAM REACH CONTINUED

RESOLVE CLIENTS BY AGE AND LHD



RESOLVE CLIENTS BY GENDER AND LHD

Across both sites, the Resolve clients are 50% male and 50% female

RESOLVE CLIENTS BY ABORIGINALITY AND LHD

Across both sites, 14% of Resolve clients are Indigenous and 86% are non-Indigenous. In NSW, Aboriginal and/or Torres Strait Islander people make up 3.4% of the population (Source: ABS, 2016 Census)

MOST PREVALENT DIAGNOSES

Source: 2019 Annual Report for the Resolve Social Benefit Bond

PROGRAM OUTCOMES

PROGRAM OUTCOMES

TARGET COHORT REACHED

The Resolve model was designed to support people living with severe and persistent mental illness. The 2019 Annual Report data indicates that the model has been successful in reaching this cohort, with just under 60% of clients from Year 1 living with primary diagnoses of schizophrenia or other psychoses[3]. The representation of clients living with Borderline Personality Disorder (BPD) accessing the program is further evidence that the program is reaching its target cohort, as people who live with BPD often struggle to access treatment and can fall through service gaps[4].

Program referral targets have been adequately met. The Year 1 Annual Report showed that a total of 167 clients were referred to the program (84 in Orange, 83 in Cranebrook) from a total of 189 clients enrolled in the Intervention Group (97 in Orange, 92 in Cranebrook)[5]. This exceeds the minimum requirement for referrals for the period to date by 7 referrals (4 in Orange, 3 in Cranebrook)[6]. At 31 March 2019, a total of 201 clients had been referred to the program (99 in Orange, 102 in Cranebrook) and 36 had been deemed inactive or exited the program. A client may be deemed inactive or exited from the program if the intervention period of 2 years has been reached, they no longer want support, they withdraw consent for service delivery, they move interstate, or if they pass away.

HOSPITAL STAYS REDUCED

The Year 1 Annual Report indicates that participants in the Resolve program experienced a small, but not statistically significant reduction in NWAU.

Staff and client feedback in May 2019 provides early evidence that the program is delivering a reduction in the number of hospital stays for some clients. Clients report they are using hospital less frequently and/or for shorter periods than they were prior to engaging with the program. Clients reflect that the residential component of the Resolve model enables them to 'reset their routine' when they notice their mental health state deteriorating, and that the non-institutional nature of the program is a very welcome change. For some, they are also more likely to access the residential component of the Resolve model earlier than they would otherwise seek support from hospital.

This qualitative data is promising for the performance of the program and Resolve SBB, however it is not possible to corroborate the qualitative evidence of program outcomes with the quantitative data presented in the 2019 Annual Report due to the difference in data collection time periods (as noted in the Limitations section of this report). Further, the qualitative data does not include details of NWAUs for these clients and cannot be compared with data from the Control Group. The extent and impact of these qualitative outcomes should be verified with the Year 2 outcomes data for program clients and the Control Group.

There are some early indications that the use of the residential stays may not always reflect a decrease in clients' need for hospital. Some clients report weekly or fortnightly use of the residential stays, and LHD stakeholders reflect

> *The* [referral] *tool sets priorities by number of admissions and ranks days in hospital...You're targetting people coming into hospital a lot. So you figure what's not working. The other thing it does, we had someone very at the top* [of the priority list]*, but they were coming in very regularly for ECT, planned treatment for an ECT. They clearly weren't what the program is designed for, so that's why talking to clinicians and looking in the notes* [is important].
>
> **LHD Staff**

> *These guys have helped me to pick up early and identify my triggers which I know what they are, but my behaviour, I don't have insight. I do have insight, but it's a bit of denial. They're helping me to realise what I have to do to maintain my wellness.*
>
> **Resolve Client**

> *I've had numerous stays, I've stayed here more than most people, I've found it beneficial and I feel safer here because I live alone.*
>
> **Resolve Client**

> *Residential stays help me to reset and get back to routine.*
>
> **Resolve Client**

3 2019 Annual Report for the Resolve Social Benefit Bond, page 13
4 Carrotte, E. & Blanchard, D. M., 2018. *Understanding how best to respond to the needs of Australians living with personality disorder*, Melbourne: SANE Australia.
5 2019 Annual Report for the Resolve Social Benefit Bond, page 10
6 2019 Annual Report for the Resolve Social Benefit Bond, page 9

PROGRAM OUTCOMES CONTINUED

a perception that the program is at times an appropriate alternative to hospital, particularly when there are bed shortages in the public system. Flourish has risk management processes in place to assess client needs at the time of making a booking for an overnight stay, and when they arrive at the site, which are designed to make sure that clients who require more acute care are accessing the support they need from hospital and not the residential component of the program.

At this stage there is not sufficient evidence to determine whether the program is being used as an alternative to hospital, but LHD stakeholder perceptions to this effect should be addressed and the purpose and scope of the program clearly defined in the sector.

SOCIAL CONNECTIONS INCREASED

A key outcome reported by clients (particularly in the Cranebrook site) is that the program has been instrumental in increasing social connection. Many clients reported being very socially isolated. The program has provided them with access to a social group and opportunities to connect with people facing similar mental health challenges.

CARER RESPITE PROVIDED

Many carers report that prior to the person they care for engaging with the program, they experienced high levels of stress in providing support. Issues raised include having to manage the majority of household tasks (e.g. looking after children, grocery shopping, cooking meals, cleaning and washing), and difficulties in providing appropriate support when the mental health of the person they care for declined.

Resolve is making a positive difference for carers, with many clients and carers reporting that the program has reduced stress for carers, and has also provided them with respite. In some instances, the program has also supported clients and carers to improve their relationships with one another.

These are very positive outcomes for both clients and carers, and indicate the important role that the program plays in addressing the needs of carers as well as clients.

> [Resolve has helped me] *stay out of hospital. I come in when I start to go downhill and need some support, then I'm able to go home within a few days.*
>
> **Resolve Client**

> *Since I've been so unwell for so many years I've gradually become a hermit and I don't like to associate with people much any more. Coming here has helped me to reconnect to people and be social again.*
>
> **Resolve Client**

> *I'm starting to become more social again. Being social is one of the best ways to distract yourself from listening to voices 24/7 that make you feel anxious and crappy and helpless. The longer I'm by myself, the worse it gets. Because I feel a bit alienated away from my uni friends and high school friends because I'm sick and they're not and I just feel I can't connect with them anymore, so I feel really isolated around them. So finding people here that have similar issues to me, I feel more at home and I feel I can talk to them and be myself and not have to be paranoid around them.*
>
> **Resolve Client**

> *We are now brothers, I'm no longer taking the role of the carer. I can actually be his brother now instead of being a carer, our relationship has improved out of sight.*
>
> **Resolve Carer**

PROGRAM OUTCOMES CONTINUED

EARLY SIGNS OF THE APPROPRIATENESS OF THE PEER-LED MODEL

There is early evidence of the appropriateness of the peer-led nature of the program. Peer workers themselves report a high degree of satisfaction from their work, and that the peer-led approach is integral to the program being able to offer clients a safe, non-judgemental space.

Some clients reflected that the peer workers' modelling of recovery was beneficial for their own recovery. Other clients indicated that they appreciated the accepting approach and mindset of the peer workers, reporting that the approach taken by the staff enabled them to build trust in the program, feel comfortable attending social events at the site, and to feel supported to access the residential stays.

Some clients did not indicate awareness that the staff were peer workers and this was likely to be a reflection of their own current mental state (as observed by members of the evaluation team with qualifications and experience in working with people who live with severe and persistent mental illness, rather than a reflection of how the peer workers are communicating their role. These clients still reported positive feedback about the peer workers, and the supportive environment the program provides.

Overall, it is likely that the peer-led nature of the program is positively contributing to the delivery of a safe and accepting service.

In addition, there is currently a shift towards peer-led models in the broader mental health sector. The LHD in Orange, for instance, has recently employed a peer-worker and is expected to engage a peer-team in the near future. It is not clear whether this change has been influenced by the program.

COLLABORATION BETWEEN FLOURISH AND LHDS EVIDENT, ALTHOUGH OPPORTUNITIES FOR IMPROVEMENT NOTED

There is clear evidence that Flourish and both LHDs are working collaboratively to engage clients with the program. As outlined above, the referral pathway is highly successful and demonstrates the high level of engagement from both LHDs in supporting the program.

Stakeholders report mixed levels of coordinated care between the Flourish and LHD teams during service delivery. When clients' mental health is more stable, there appears to be limited communication and coordinated care between the Flourish and LHD teams. Stakeholders report that this level of collaboration is appropriate when clients' mental health state is stable, and that when client mental health needs escalate, the teams actively coordinate client care and the LHDs increase their delivery of clinical support as needed.

Feedback from LHD stakeholders noted a small number of concerns regarding some client experiences with the Resolve program. For example, LHD staff reported observing that at times, other LHD staff responsible for communicating with eligible people about a referral for the program following up excessively with people who had declined a referral . Some LHD staff have also provided mixed feedback about the level of Resolve staff engagement with clients during residential stays. Some LHD staff also indicated concerns about the program's

> *Peer workers have an idea of what you're going through.*
>
> **Resolve Client**

> *The peer support workers have lived experience themselves, they understand and give me permission to know that it's ok to be struggling.*
>
> **Resolve Client**

> *I feel understood, I feel like they* [peer workers] *get it.*
>
> **Resolve Client**

> *I didn't feel comfortable being identified with other people with mental illness. But guess what, while I've had residential stays, I've seen this group operate and I've met some of the people and they're as human as I am, because I feel safe around the peer support workers - I've allowed myself to feel comfortable in that environment and join in those activities, and that's helped.*
>
> **Resolve Client**

> *We've got the most supportive LHD and Case Managers, and we go out, I meet with most of them regularly. I go out to Parkes and Dubbo and Mudgee and all of those and I meet with them every month without fail just to ensure we're doing what we need to be doing or if there is any areas we need to focus on, or something we need to be aware of.*
>
> **Resolve Staff**

PROGRAM OUTCOMES CONTINUED

safety practices. particularly in relation to medication management and the overnight residential shift. LHD stakeholders questioned the appropriateness of having only one staff member rostered for the overnight residential shifts to supervise clients and manage medication, given the levels of client complexity and associated risk. It is noted that Flourish stakeholders report their established safety processes are used to assess client's suitability for accessing aspects of the program, such as residential stays. Flourish management also report that extra staff are rostered on the overnight shift if required. These differences in perception may reflect a need for greater communication and information sharing between LHD and Flourish staff. Some LHD staff noted that they did not have enough information about what the program delivers, and the function and responsibilities of the peer worker role. Some level of concern was also reported about the outcomes-based funding model, as this is a new model of funding, some stakeholders were unclear how it would affect service delivery.

This feedback about the model and program illustrate the need for the program to provide more education to the sector about the model, as well as opportunities to increase sector trust in the program.

Both teams report positive working relationships with one another, and the current level of integrated care being delivered is a positive outcome for clients and the mental health sector. Opportunities to deepen these relationships and increase the coordination of care for clients at all stages of their engagement with the program should be explored.

SERVICE LANDSCAPE INTEGRATION COMMENCED

The program is designed to integrate with the mental health service landscape and not duplicate existing services for the target cohort. Successful integration relies on the program establishing strong working relationships with existing providers of mental health services in the Cranebrook and Orange regions, and working with these services to coordinate support for individual clients.

The program has commenced this process and evidence of service integration is emerging. Staff at the Orange site express clear views about the program's role in the sector landscape, and that they take care not to duplicate existing services.

Staff at the Orange site attend care coordination meetings with Wellways, a local Housing and Accommodation Support Initiative (HASI) provider, for shared clients. Together the services plan who will provide what support to each shared client. The site also works closely with the Orange LikeMind program, a centre-based psycho-social and clinical mental health service for people living with severe and persistent mental illness.

The Cranebrook site has some shared clients with local service providers, such as Aftercare, but is not yet demonstrating the same level of service integration as the Orange site. The policy scan completed for this baseline research has identified a number of existing programs and initiatives with which the program could establish or strengthen collaboration, such as additional local service providers of HASI and LikeMind, and providers of Community Living Supports (CLS) and the National Disability Insurance Scheme (NDIS).

> *As clinicians we need to be more informed about that* [peer work] *and what that role is - I'm uncertain what that role is.*
>
> **LHD Staff**

> *Where we hope to be is that bouncing ball to other things in the community because we're only here for two years.*
>
> **Resolve Staff**

> *Our job is to support them to identify their goals and then help connect them with services that are going to help them reach them. When we notice that we're not able to meet a need, then it's part of our job to connect them with someone who can.*
>
> **Resolve Staff**

> *Everyone* [on the JWG] *is very invested in this for the right reasons and wants to contribute and make a meaningful difference.*
>
> **JWG Member**

> *The relationship between* [the LHD] *and Flourish* [has helped]*, and being able to go out and work the program, that's a clinical person, that's a Resolve Program Manager, hang on, these two are working really well.*
>
> **Resolve Staff**

OUTCOME DRIVERS

EXISTING FLOURISH INFRASTRUCTURE ENABLED IMPLEMENTATION

The program has benefitted from being implemented within the existing infrastructure of Flourish, a well-established mental health service provider. Specifically, the program has been able to access and utilise Flourish's recovery-led approach, policies and procedures, the knowledge of existing staff, and workforce support and development functions. For example, staff recruited to the program were also able to learn by shadowing existing Flourish staff at other mental health programs, and the training provided for some of the peer workers follows Flourish's already established peer worker training pathway.

SUCCESSFUL IMPLEMENTATION

As outlined above, the program was successfully implemented, with all model elements available for clients on service commencement in October 2017. This achievement has provided the program with maximum time to support clients to achieve outcomes and has provided clients with maximum opportunities to utilise all elements of the model to meet their needs.

REFERRAL PATHWAY IS ENABLING REACH TO TARGET COHORT

The referral pathway is a key enabler to the successful reach of the program. Development of the referral pathway took considerable time and resources for the JWG, and it is clear this effort was justified.

It is clear that the focussed nature of the referral pathway, whereby clients' hospitalisation data directly influences their eligibility, is enabling the program to access the very clients for whom it is designed.

During site visits, both staff and clients said they found the referral pathway to be straightforward, and that it did not cause any issues or complications. This is a significant achievement in mental health service delivery, particularly for a cohort with complex needs where service wait-times and eligibility criteria can often cause challenges for clients, program staff and referrers.

> [Under an SBB, providers] *can use their experience and what they know works to come up with a program, rather than being told what the service model is.*
>
> **JWG Member**

> *I did orientation and training* [of the Resolve team] *into Flourish Australia and how we work. We looked at strengths based language, how we look after ourselves as workers.*
>
> **Resolve Staff**

> *Meeting that* [implementation] *timeframe was pretty amazing and knowing that there were the first participants involved, that was a pretty big achievement.*
>
> **JWG Member**

> [The model] *is actually very close* [to what was planned]. *I quite like going back sometimes and going you know what, we're so close to that, this is awesome... We've had to adapt policies and adapt some of the things we need to do to reach those* [consumer number] *goals, but nothing's been out of reach.*
>
> **Resolve Staff**

> *I was quite moved by* [the referral process], *because it was so personal and I felt like she* [the peer worker] *got me.*
>
> **Resolve Client**

PROGRAM OUTCOMES CONTINUED

THE PHYSICAL INFRASTRUCTURE SUPPORTS CLIENT ENGAGEMENT

Both residential sites provide a mix of public, private and quiet spaces that cater for various client needs. The flexible approach to the use of the space, the absence of formal agendas (although the sites do have suggested agendas for residential stays displayed and/or communicated by staff which clients can use if they wish), and a home-like quality contribute to both sites avoiding an 'institutional' atmosphere which supports clients to engage with the program. Clients reflected these characteristics of the program were a strong influence in their level of engagement with the program.

PSYCHO-SOCIAL ELEMENTS AND DELIVERY APPROPRIATE FOR TARGET COHORT

The appropriateness and range of different psycho-social supports provided through the Resolve model (outreach, warmline and residential support) is a key enabler of program outcomes.

Data from the 2019 Annual Report demonstrates that each element is being used by clients. In the first year of the program, clients had 128 residential stays (over 334 nights), received 4,140 hours of face-to-face support, and were contacted by phone 7,757 times[7]. The 2019 Annual Report data also shows that 84% of all referred clients who engage with the program have utilised one or more of the model elements per month for at least 80% of the time since their referral [8]. This utilisation of all psycho-social elements provides evidence that these elements of model are appropriate for the target cohort, and are contributors to program outcomes.

Clients and carers also value the way in which the elements of the model are delivered. There were three noted aspects of delivery which are enabling outcomes:

- *Acceptance and safety.* The program offers clients a safe environment to access support. Clients report feeling safe because they feel accepted by staff and other clients for where they are in their recovery process.
- *Opportunities to build social connections.* The ability to interact with peer workers and other clients is a great benefit of the program. The weekly games day in Cranebrook and the social barbeque in Orange were rated as the most popular group activities. A large component of which is the social interaction which they provide.
- *Time taken to build trust.* As the program operates outside a clinical environment, staff are less constrained by time-limited appointments. Staff at both sites invest time to build trust with clients and help them to engage with the program (particularly during the first six months post-referral when clients require assistance to build trust in the program). Clients and peer workers reflect that this use of time is a key advantage of the program, as it enables clients to build strong relationships with peer workers and trust in the program.

7 2019 Annual Report for the Resolve Social Benefit Bond, pages 20-22
8 2019 Annual Report for the Resolve Social Benefit Bond, pages 15-16

> *Even with a full house, there is still room to have personal space. This is very different to a hospital environment.*
>
> **Resolve Client**

> *The staff are really friendly, like if you're feeling down or anxious you can talk to them and they're completely neutral and unbiased, non judgemental.*
>
> **Resolve Client**

> *I don't feel any anxiety or any pressure or find it challenging at all to walk up to them and straight away just say 'look I'm feeling anxiety'. I feel really comfortable around them. This is probably the best one* [serivce] *I've come to so far.*
>
> **Resolve Client**

> *I sit at home basically 24 hours a day and worry. And if I come here, I'm having a conversation with someone, it's taking your mind off, just small talk with somebody. It's just feeling security, safety, there are people around to help you. You can talk to someone. I have many many, problems, real or imaginary, and I can talk to anyone in the program about them, they understand.*
>
> **Resolve Client**

> *We're able to spend time having long conversations, there's no 'that's your hour up'. You can call again tomorrow, you can call three times today if you need to.*
>
> **Resolve Staff**

CHALLENGES

MIXED LEVELS OF RECOVERY-LED APPROACH MAY LIMIT PROGRAM OUTCOMES

Some program staff demonstrated a strong understanding of the Resolve model as recovery-oriented and focussed on building clients' capacity to manage their mental illness within this framework. These staff actively ensure all activities are anchored in a capacity-building goal.

However, other program staff did not demonstrate a strong understanding of the principles underlying the Resolve model, or how the principles of recovery should be informing their approach with clients. These staff instead seemed to be practicing with the best intentions to help their clients but ultimately were potentially not supporting them to make best use of the Resolve model and increase their capacity to manage their mental health.

Examples of this include:

- Clients for whom the program was the only service they accessed, and where they are not being actively supported to broaden their support network to longer-term options. This included clients at the Cranebrook site who were reported to not be receiving clinical support from the LHD, although limited evidence was available on this. LHD stakeholders reported that all clients referred to the program access case management, indicating some confusion between the teams and a need to ensure that all clients are receiving both psycho-social and clinical support.
- Clients who are making use of the residential facilities without clear recovery-related goals. Some clients report they stay at the site for multiple nights on a weekly or fortnightly basis, but in some of these instances, neither the clients nor staff expressed a clear purpose for these stays in relation to building capacity in the longer-term. In addition, the Year 1 Annual Report indicates three clients have already spent more than 21 nights at Resolve. While this level of usage is within the Resolve model of care, any stays without capacity-building support to reduce usage over time may represent an opportunity for the program to increase focus on goal-oriented practice.
- Staff also recounted some examples of clients who had developed dependency on the program, and that it had been difficult to establish appropriate program boundaries with these clients.

Resolve staff demonstrate good insight into their need for continued development and support regarding client boundaries and dependency issues. Staff insight into their understanding and application of the principles of recovery was not as strong and is identified as a very important development area.

> *I've always worried about what happens after those two years because that hasn't really been communicated.*
>
> **LHD Staff**

> *Sometimes it's* [Resolve residential stays] *the only option and we utilise it... because bed pressure in the hospital is problematic.*
>
> **LHD Staff**

> [As a peer worker I ask myself] *did I step in as a fixer, or did I actually help the person? Thinking about the end of the two years, what I personally do is imagine the person with the same problem, but in two years' time and I'm no longer here* [will they be able to solve it]*?*
>
> **Resolve Staff**

> *I don't know what interventions are going to support reducing the admission of some clients. Just because of the complexity. Even Resolve could take on clients that are too clomplex and need some more specialist intervention, even separate from the LHD Acute Wards.*
>
> **LHD Staff**

> *Having those boundaries and making sure you do your own self care was a steep learning curve when I first started.*
>
> **Resolve Staff**

PROGRAM OUTCOMES CONTINUED

A TIME-LIMITED PROGRAM MAY BE UNSUITABLE FOR CLIENTS WITH SEVERE AND PERSISTENT NEEDS

Many stakeholders expressed concern about the two-year service delivery time period, noting that clients are likely to have continuing support needs beyond this time period. Some staff expressed confusion about whether the two-year time period was a confirmed part of the model. This confusion was preventing these staff from discussing exit plans with current clients, and was resulting in clients and staff feeling worried about what to expect when the two-year service delivery period is completed.

In addition, clients and staff report that it takes time for new clients to build trust in the program and engage fully with the model. This process of building trust and engagement was reported to be up to six months for most clients.

This lag between referral and full engagement with the model means clients are not spending the full two years using the program to its full extent. Some clients expressed regret that their "time is running out" and they hadn't made full use of the service during their two-year period, but also reported that the six-month trust-building period was necessary.

At the time of data collection the program had been in operation for 18 months, and as such, no clients had yet reached their two-year service delivery limit. As the program progresses and clients begin exiting, the appropriateness of the two-year limit in relation to client needs will be able to be assessed.

LIMITED COMMUNITY AND SECTOR AWARENESS OF THE PROGRAM IS A BARRIER TO SERVICE INTEGRATION

Staff and program partners reported that much of the local community and mental health sector were not aware of the program and had a limited understanding of the program's aims and activities. This limits collaboration and partnership opportunities for the program.

Both site managers were noted to be very active in promoting the service to local providers and express a strong understanding of the importance of these activities. A more targeted and intensive approach to sector integration should increase program awareness and collaboration opportunities.

> *Putting a timeframe on it sort of restricts the outcomes.*
>
> **LHD Staff**

> *After two years, I think I should have enough knowledge of my own mental illness to incorporate. It will be hard at the start because Resolve is a good back up. Resolve is helping to build skills and I'm getting better quicker and taking responsibility for my own care.*
>
> **Resolve Client**

> *It depends on the individual case I've found, some have more complex needs and need more, and there's some that might respond quite well to that model.*
>
> **LHD Staff**

> *The other services talk and* [collaboration] *seems to be getting easier. The more we collaborate with especially other health services it's getting stronger. That's what we're learning, what our boundaries are, how they provide their services.*
>
> **Resolve Staff**

> *There are still some sections* [of the sector] *that don't* [know what we do]. *I remember an ambulance guy came here recently and said, 'what do you do?' He didn't have any* [idea], *but then he was amazed, he said 'wow, I didn't understand that such services existed'.*
>
> **Resolve Staff**

PROGRAM OUTCOMES CONTINUED

STAFFING CAPACITY MAY BE AFFECTING SERVICE DELIVERY

Staff and management report the current staffing profile is only just sufficient for the effective running of the program. If anything unexpected arises (e.g. staff absence, escalation of client needs) this can place strain on the team to fill the roster. The current capacity means that staff training, meetings and debriefings are difficult to arrange, and can often only occur on an ad hoc basis. It should be noted that as the program has not yet achieved full staffing capacity, it is unclear if this challenge is due to the full team not yet being recruited, and whether when the full staffing model is recruited to this challenge will be addressed. If demand for the service exceeds even the full staffing model, then this challenge may persist.

Staff in Orange also report that the time taken by the team to travel to surrounding towns within the catchment area to provide outreach takes the equivalent of one full-time staff member per week. While staff do not raise concerns about the travel requirements, the result is that the team is effectively missing one full-time team member.

There is also evidence that demand for the program is currently exceeding current capacity. During the October 2017 to September 2018 period, a total of 27% eligible individuals had not been contacted at the end of year one due to prioritisation of other eligible clients (as per the referral pathway where clients with the highest need are referred as a priority before clients who have less need for the program but who are still eligible). While the service has exceeded its Year 1 referral targets, this level of unmet need in the community together with the abovementioned current staffing profile constraints indicates greater service scale could be warranted.

> *We're ok now* [with 9 staff], *but when someone needs to leave, or is sick, then we're scrambling to fill* [the roster].
>
> **Resolve Staff**

> *In evenings there is only one worker. A full house puts a lot of pressure on staff. It can be harder depending on who* [clients] *is able to help.*
>
> **Resolve Client**

> *They could use a few more people. You can't leave people in the house alone. If there is only one worker present, you can't go out if other residents don't want to.*
>
> **Resolve Client**

DISCUSSION AND RECOMMENDATIONS

DISCUSSION AND RECOMMENDATIONS

LESSONS LEARNED DURING JDP AND EARLY STAGES CAN INFORM THE DESIGN AND DELIVERY OF FUTURE SIIs

The findings highlight key enablers of the program's successful implementation and operations to date. There are also a number of areas where considerable effort and learning took place to support the implementation of the program.

Of note is the considerable effort and expertise from all JWG members demonstrated during the JDP in navigating complex data capture and measurement requirements (including linked data processes), defining the referral pathway, and in working across sectors to design and deliver an innovative solution to a complex social issue.

The benefits of operationalising the program within an existing, well-established mental health service provider have also been key to the program's success to date. Flourish's organisational knowledge, existing workforce, systems and processes all aided the program to be implemented quickly and with no major challenges or delays.

The lessons learned throughout the JDP and implementation process will be of great value to all members of the JWG, as well as other interested parties who may engage in the development of future social services or SIIs.

RECOMMENDATION 1

Capture and share early learnings for future SIIs

Conduct a debrief and review process on the JDP and program implementation. Capture and share learnings with JWG members and with stakeholders who have an interest in developing future SIIs.

DISCUSSION AND RECOMMENDATIONS CONTINUED

HAVING SUCCESSFULLY IMPLEMENTED THE PROGRAM, THERE IS AN OPPORTUNITY TO ESTABLISH AND EMBED A BEST PRACTICE APPROACH WHICH OPTIMISES PROGRAM OUTCOMES

Funded under the first SBB in Australia to be focussed on mental health, the Resolve program represents a high profile and important opportunity for Flourish and the JWG members to demonstrate the full potential of this innovative model. Learnings from our evaluation of the Newpin SBB have shown that making the most of this opportunity involves having a focus which goes beyond the length of the program's current contract, and intentionally using the current delivery period to best position the model for long term success and scale.

The Resolve program is in an excellent stage in its journey to now adopt this focus, as the program has been implemented very successfully and is demonstrating positive outcomes for clients. From this strong foundation, the JWG can make the most of the remaining contract period to , transition from a well-functioning program to a high performing outcomes-focussed program with an eye on implementation post 2025. This can be achieved by adopting a long-term success mindset and undertaking work now to optimise the application of Resolve model elements, and to maximise the value of learnings made by the two pilot sites about how the model works best to support client outcomes. Resolve SBB leadership will need to drive this process and empower program staff to establish and embed a 'best practice' approach to delivering the Resolve model that readies Flourish or potential program expansion.

RECOMMENDATION 2

Develop and embed a best practice approach to delivering the Resolve model

Flourish Leadership should take an active role in empowering program staff to fully test and optimise the Resolve model to best position the program for long-term success and scaling potential

Flourish should undertake a systematic review of a representative sample of client files (beyond or complementing existing quality assurance file audit processes), and analyse the interaction of presenting issues, model elements accessed and resulting outcomes. This will identify patterns of how different model elements have influenced change for different presenting issues across the sample of client files reviewed.

Using the results of this analysis, Flourish should develop a 'best-practice' model of delivery which intentionally aligns the delivery of model elements to clients' presenting issues and their recovery goals. Opportunities to incorporate early exit-planning into the application of the model (given the two-year time period) should also be investigated. The best practice model should then be tested and refined as required to optimise program outcomes. The principles of recovery and person-centred care would still infuse service delivery, with clients presented with all the information needed to make informed decisions about how to best use the Resolve model to achieve their goals.

The refined best practice model should be embedded in practice and all staff supported to deliver it on an ongoing basis.

DISCUSSION AND RECOMMENDATIONS CONTINUED

THE TWO-YEAR SERVICE DELIVERY PERIOD NEEDS TO BE CAREFULLY MANAGED

The Resolve model has been designed to include a two-year maximum service period for each client. After clients complete this two-year period, or exit from the program at an earlier date, they are no longer eligible for support from the program irrespective of their mental health needs.

The first 18 months of service delivery have highlighted that the program may face several challenges in adhering to this time limit. Clients, staff and program partners all report concerns that the needs of the target cohort are likely to require ongoing support beyond the two-year period.

The noted lag between program referral and full client engagement with the service is also causing concerns for clients who regret they have not made full use of the model earlier, yet who also report that the time needed to build trust is essential for successful engagement. This lag is reflective of the needs of the target cohort and cannot be avoided. However, because outcomes are linked to a two-year service delivery period, instances where clients have been accepted to the program but have not not yet fully engaged may also ultimately affect the measurement of the program's performance.

The program needs to find solutions to these challenges by delivering the model with greater intention towards achieving its desired outcomes, as per Recommendation 2 above.

These challenges can also be mitigated by further leveraging the strength of the existing mental health service landscape in order to provide clients with longer-term care options beyond their engagement with the program.

The policy scan undertaken as part of this baseline research (Appendix B) reveals a wide range of opportunities for the program to improve its integration with the sector. Programs and initiatives of particular relevance include:

- The ongoing funding for HASI Plus and LikeMind (noting this program has two of its four sites in Penrith and Orange), and the increased funding for HASI and CLS awarded in 2018.
- The continuing roll-out of the NDIS
- The NSW Health State Plan Towards 2021, and the NSW Rural Health Plan Towards 2021 which provide an increase in funding for mental health in rural areas
- The increased budget for Pathways for Community Living Initiative announced for the NSW Government 2018-2019 budget, with an additional 260 step-down beds to be available for people exiting long-term hospitalisation
- Employment of peer workers across all LHDs as a directive from NSW Health
- Increased flexible mental health services commissioned or provided by Primary Health Networks.

Successful integration with these programs and initiatives will require the program to overcome current difficulties educating the sector about the program and to develop robust care coordination and program exit pathways. This will help to mitigate the risks to ongoing client outcomes currently posed by the time-limited nature of the program.

RECOMMENDATION 3

Embed Resolve in the service landscape

Commence a targeted strategy to connect with relevant local service providers in the Penrith and Orange catchment areas, and to build long-term care pathways for program clients.

Formal partnership agreements such as Memorandums of Understanding with partners will facilitate the strength of these pathways by providing clarity of partnership roles and responsibilities. Ongoing monitoring and review processes for all partnerships should also be established.

Relationship and formal partnership building should be aligned and reflected in the best practice approach outlined in Recommendation 2.

DISCUSSION AND RECOMMENDATIONS CONTINUED

ADDITIONAL WORKFORCE CAPACITY AND SUPPORT WILL BETTER ENABLE PROGRAM PERFORMANCE

As noted throughout the report, all the current Resolve team members are highly engaged and committed to the Resolve model. However, many reported having had no prior experience working in mental health service delivery and are also new to peer work. The considerable efforts and hard work of the teams to upskill are very evident, and the success of the program to date is a credit to both teams.

However, there are gaps in the extent to which the principles of recovery and the Resolve model itself are being applied, a clear risk to program fidelity (e.g. as noted in the challenges section of this report, where clients are accessing support without consistent application by staff of goal-oriented practice). These gaps are most likely a result of limited knowledge and experience, and the program has a clear opportunity to lift performance through a targeted staff development process.

This will support staff to thrive in their roles, and will also empower them to establish and embed the best practice model as outlined above. Opportunities to increase current staffing capacity should also be explored to address noted constraints in the current roster and level of demand for the program

RECOMMENDATION 4

Develop and support the Resolve workforce

There are a number of steps which should be taken to develop the Resolve workforce and to help them translate the learnings they have gained from undertaking training (as per Flourish workforce procedures in training staff in the Recovery model) into their daily practice. These steps include:

- As the program continues and new staff join, ensure all Resolve peer workers receive all training as per the Flourish peer worker training standards.
- Provide additional training for existing staff to build their understanding of the recovery model and the Resolve model of care, and also how to best translate this into daily practice. Additional hands-on support or mentoring may be required to support this translation of knowledge into practice.
- Conduct ongoing training to ensure staff are equipped to deliver the best practice model of care. There should be a focus on embedding a culture of reflective practice where staff are continually reviewing and refining their own performance, and the performance of the program to maximise its opportunities for future funding and scale.

While filling current staffing vacancies is important, the capacity of the current staffing profile to meet program demand should also be reviewed and opportunities to expand capacity explored. Options for consideration could include increasing staffing, or back-filling Resolve staff with other Flourish staff. Any increases in capacity should be used to enable the team to implement regular team meetings, supervision, debriefings and professional development.

DISCUSSION AND RECOMMENDATIONS CONTINUED

OPPORTUNITIES EXIST TO PREPARE EARLY FOR FUTURE SCALE

While it is early days for the SII and program scale will be formally reviewed as it matures, the program currently has a critical window of opportunity to prepare for achieving scale. This should involve standardising the best practice model, and implementing continuous quality improvement processes which can later support the model to be easily implemented by new teams in new locations.

Undertaking this work now as the model is being refined maximises the value of the learnings being experienced by the current teams, and also enables future deliverers of the model to access organisational knowledge and processes.

The continuous quality improvement process will also support the current teams to participate in reflective practice, and make necessary adjustments to the model throughout the remaining service delivery period to maximise the opportunity to deliver client outcomes.

RECOMMENDATION 5

Package the best practice model to prepare for future scale

Document and package the refined best practice model to embed its delivery in the current sites, and to enable effective scaling of the model in the future. The package should include a revised Operations Manual, all relevant model documents (e.g. templates, forms), and monitoring and evaluation tools for new teams to assess and maintain best practice model fidelity.

A continuous quality improvement monitoring and review process should also be implemented to collect ongoing evidence for the model and support current and future team learnings.

CONSIDERATIONS FOR THE INTERIM EVALUATION

In conducting the baseline research, the evaluation team identified a range of areas which warrant future exploration during the Interim data collection and analysis planned for 2022, and the Final data collection and analysis planned for 2025.

These areas relate to topics which are relevant to the evaluation questions, but for which there was not enough data to make an appropriate judgement during the baseline research.

Exploration of these issues in future stages of the evaluation will depend on the availability of appropriate data.

- What outcomes have been delivered for program clients, and how does this compare to NWAU reductions for the Control Group?
- To what extent are clients' reduced hospital visits related to a use of Resolve as a proxy for hospital, or is the program having a long-term, sustainable impact on reducing client's need to access the health system?
- How appropriate is the two-year program time limit for the needs of the target cohort? As a time-limited intervention, how has the program integrated with the broader mental health service landscape to best support client outcomes?
- What has the program demonstrated about the role and impact of a peer-led team in mental health service delivery? What unique impact do peer workers have on the recovery journey of clients? Would the program have a comparable impact without such a high level of peer worker involvement?
- How suitable is a SBB as a funding structure for the Resolve model of care?

In addition to the above queries, in the period between the conclusion of data collection and drafting this report, Flourish management have reported they are employing a Transition Worker role at each site to support clients as they near the end of their two-year engagement with Resolve. As of August 2019, a Transition Worker has commenced at the Orange site, and recruitment for a Transition Worker at the Cranebrook site is in progress. The Transition Worker role aims to address some of the potential challenges associated with a time-limited program, as identified through this report. It will be important for the evaluation team to explore the impact of the Transition Worker role during the Interim and Final data collection and analysis phases of this evaluation.

CONCLUSION

Overall Resolve has been implemented well and is functioning at a high level. It has received positive feedback from a wide range of stakeholders, and is beginning to demonstrate integration with the broader service landscape. Opportunities exist to strengthen the delivery of the model to maximise client outcomes. There is also scope to increase the support and professional development offered to program staff to better enable their delivery of the model. All stakeholders should be commended on their delivery of the program to date, and realisation of these opportunities for improvement will enhance the already strong delivery of the program.

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APPENDIX A
RESOLVE PROGRAM LOGIC

APPENDIX B
POLICY SCAN

APPENDIX C
REFERENCE LIST

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