

Dear [REDACTED]

I refer to correspondence regarding the request made by you for information under the *Freedom of Information Act 1989* (the FOI Act) to:

- *Project Plan for MHJHADS to Support the Transition of People from BHRC to Alternative Accommodation August 2014,*
- *Project Plan for MHJHADS to Support the Transition of People from BHRC to Alternative Accommodation – Updated July 2015*
- *Project Plan for MHJHADS to Support the Transition of People from BHRC to Alternative Accommodation - Updated February 2016, and*
- *All documents relating to future accommodation arrangements for residents of Brian Hennessy Rehabilitation Centre.*

As the Executive Director, Mental Health, Justice Health and Alcohol and Drug Services, ACT Health, I am an officer authorised under Section 22 of the Act to make a decision in relation to this matter.

After conducting a thorough search of all relevant ACT Health records, documents were identified that fall within the ambit of your request. A number of the documents identified within the ambit of your request are deemed to be a health record within the meaning of the *Health Records (Privacy and Access) Act 1997* and are exempt from the operation of the *Freedom of Information Act 1989*.

I have also decided to exempt certain documents, or part thereof, under the following provisions of the FOI Act:

- **S35 Executive documents**
- **S36 Internal working documents**
- **S41 Documents affecting personal privacy**

In making my decision I have considered the sections of legislation listed at **Attachment A** to this letter.

If you wish to seek a review of this decision you should write to:

The Principal Officer  
c/- FOI Coordinator  
Executive Coordination  
ACT Health  
GPO Box 825  
CANBERRA ACT 2601

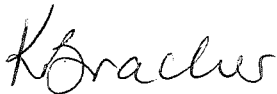
You have 28 days from the date of this letter to seek a review of the outcome or such other period as the Principal Officer permits.

You also have the right to complain to the Ombudsman about the progression of your request. If you wish to lodge a complaint you should write to:

The Ombudsman  
GPO Box 442  
CANBERRA CITY ACT 2601

Should you have any queries in relation to this matter please contact Jonas Allen, Freedom of Information Coordinator on 6205 1340 or [HealthFOI@act.gov.au](mailto:HealthFOI@act.gov.au)

Yours sincerely



Katrina Bracher  
**Executive Director**  
Mental Health, Justice Health, Alcohol and Drug Services  
16 June 2016

# Attachment A

## Sections of relevant legislation that have been considered by the Decision Maker in determining the status of each document:

### *Freedom of Information Act 1989 (FOI Act)*

#### Section 35 of the FOI Act – Executive documents

(1) A document is an exempt document if it is—

- (a) a document that has been submitted to the Executive for its consideration or is proposed by a Minister to be so submitted, being a document that was brought into existence for the purpose of submission for consideration by the Executive; or
- (b) an official record of the Executive; or
- (c) a document that is a copy of, or of a part of, or contains an extract from, a document referred to in paragraph (a) or (b); or
- (d) a document the disclosure of which would involve the disclosure of any deliberation or decision of the Executive, other than a document by which a decision of the Executive was officially published.

*Note* Access to the Cabinet notebook is excluded under s 11 (2).

(2) This section does not apply to a document (a **relevant document**)—

- (a) that is referred to in subsection (1) (a); or
- (b) that is referred to in subsection (1) (b) or (c) and is a copy of, or of part of, or contains an extract from, a document that is referred to in subsection (1) (a);

to the extent that the relevant document contains purely factual material unless—

- (c) the disclosure under this Act of that document would involve the disclosure of any deliberation or decision of the Executive; and
- (d) the fact of that deliberation or decision has not been officially published.

(3) A reference in this section to the Executive includes a reference to a committee of the Executive.

## **Section 36 of the FOI Act – Internal working documents**

- (1) Subject to this section, a document is an exempt document if its disclosure under this Act—
  - (a) would disclose matter in the nature of, or relating to, opinion, advice or recommendation obtained, prepared or recorded, or consultation or deliberation that has taken place, in the course of, or for the purposes of, the deliberative processes involved in the functions of an agency or Minister or of the Territory; and
  - (b) would be contrary to the public interest.
- (2) In the case of a document of the kind referred to in section 8 (1), the matter referred to in subsection (1) (a) of this section does not include matter that is used or to be used for the purpose of the making of decisions or recommendations referred to in section 8 (1).
- (3) This section does not apply to a document only because of purely factual material contained in the document.
- (4) This section does not apply to—
  - (a) reports (including reports concerning the results of studies, surveys or tests) of scientific or technical experts, whether employed within an agency or not, including reports expressing the opinions of such experts on scientific or technical matters; or
  - (b) reports of a prescribed body or organisation established within an agency; or
  - (c) the record of, or a formal statement of the reasons for, a final decision given in the exercise of a power or of an adjudicative function.
- (5) Where a decision is made under part 3 that an applicant is not entitled to access to a document because of this section, the notice under section 25 shall state the ground of public interest on which the decision is based.

## **Section 41 of the FOI Act - Documents relating to personal privacy**

- (1) A document is an exempt document if its disclosure under this Act would involve the unreasonable disclosure of personal information about any person (including a deceased person).
- (2) Subject to subsection (3), subsection (1) does not apply to a request by a person for access to a document only because of the inclusion in the document of matter relating to that person.
- (3) Where—
  - (a) a request is made to an agency or Minister for access to a document of the agency, or an official document of the Minister, that contains information of a medical or psychiatric nature concerning the person making the request; and

- (b) it appears to the principal officer of the agency, or to the Minister, as the case may be, that the disclosure of the information to that person might be prejudicial to the physical or mental health or wellbeing of that person;

the principal officer or Minister may direct that access to the document, so far as it contains that information, that would otherwise be given to that person is not to be given to that person but is to be given instead to a doctor to be nominated by that person.

SCHEDULE OF DOCUMENTS

██████████ – FOI16/20

FOLIO	ITEM	DATE	STATUS	REASON FOR EXEMPTION	Internet publication – YES/NO – if no, why not
1-2	Letter to Katrina Bracher regarding Brian Hennessy Rehabilitation Centre and the meeting of 12 April 2013	24/4/2013	Part Release S41	Personal Privacy which may identify a person	Yes
3-4	Response letter from Katrina Bracher regarding Brian Hennessy Rehabilitation Centre	9/5/2013	Part Release S41	Personal Privacy which may identify a person	Yes
5-6	Ministerial brief regarding concerns about Brian Hennessy Rehabilitation Centre	24/9/2013	Part Release S41	Personal Privacy which may identify a person	Yes
7	Letter to Minister for Health regarding the proposal to close Brian Hennessy Rehabilitation Centre	20/2/2014	Part Release S41	Personal Privacy which may identify a person	Yes
8-10	Ministerial brief regarding concerns about the closure Brian Hennessy Rehabilitation Centre	6/3/2014	Part Release S41	Personal Privacy which may identify a person	Yes
11-12	Response letter from Minister for Health regarding the closure of Brian Hennessy Rehabilitation Centre	6/3/2014	Part Release S41	Personal Privacy which may identify a person	Yes
13-16	Email – Hennessy House letter to Minister for Health regarding the closure of Brian Hennessy Rehabilitation Centre	24/2/2014	Part Release S41	Personal Privacy which may identify a person	Yes
17-18	Response letter from Minister for Health regarding the closure of Brian Hennessy Rehabilitation Centre	23/5/2014	Part Release S41	Personal Privacy which may identify a person	Yes
19	Email – Hennessy House letter to Minister for Health regarding the closure of Brian Hennessy Rehabilitation Centre	3/3/2014	Part Release S41	Personal Privacy which may identify a person	Yes

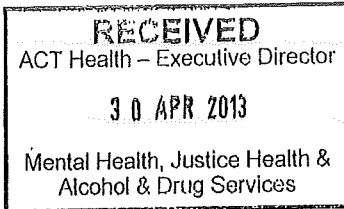
20-21	Response letter from Minister for Health regarding the future of Brian Hennessy Rehabilitation Centre	19/3/2014	Part Release S41	Personal Privacy which may identify a person	Yes
22-23	Email – to Minister for Health on behalf of U3A Mental Health Forum seeking more specifically about the planned closure of Hennessy House.	17/2/2014	Part Release S41	Personal Privacy which may identify a person.	Yes
24-29	Ministerial brief regarding concerns about the closure Brian Hennessy Rehabilitation Centre	23/5/2014	Part Release S41	Personal Privacy which may identify a person.	Yes
30-31	Response letter from Minister for Health to U3A regarding the closure of Brian Hennessy Rehabilitation Centre	23/5/2014	Part Release S41	Personal Privacy which may identify a person.	Yes
32-47	MHJHADS supporting the transition of people from Brian Hennessy Rehabilitation Centre to alternative accommodation – Project plan	August 2014	Full release		Yes
48-69	Ministerial brief regarding the proposed information sessions, highlighting ACT health's future rehabilitation directions for people, family and support people from Brian Hennessy Rehabilitation Centre	8/10/2014	Full Release		Yes
70-72	Letter to Minister for Health regarding the announcement that Hennessy House is closing and the decision to close be reviewed and reversed	14/12/2014	Part Release S41	Personal Privacy which may identify a person.	Yes
73-74	Annual reporting hearing 2013-14 – MHJHADS closure of Brian Hennessy Rehabilitation Centre	November 2014	Full release		Yes
75-76	Annual reporting hearing 2013-14 – MHJHADS closure of Brian Hennessy Rehabilitation Centre	December 2014	Full release		Yes
77	Portfolio Key issue – Closure of Brian Hennessy Rehabilitation Centre	December 2014	Full release		Yes
78-81	Ministerial brief regarding decision to close Brian Hennessy Rehabilitation Centre	9/1/2015	Part Release S41	Personal Privacy which may identify a person.	Yes

82-83	Response letter from Minister for Health regarding the decision to close Brian Hennessy Rehabilitation Centre	9/1/2015	Part Release S41	Personal Privacy which may identify a person.	Yes
84-87	Ministerial brief regarding the request to met with the Minister for Health to discuss Brian Hennessy Rehabilitation Centre	24/3/2015	Part Release S41	Personal Privacy which may identify a person.	Yes
88-89	Email – follow up to request to meet with Minister for Health to discuss the closure of Brian Hennessy Rehabilitation Centre	2/2/2015	Part Release S41	Personal Privacy which may identify a person.	Yes
90	Email – acknowledgment of meeting with Minister for Health re meeting about the ongoing care of long term residents of Hennessy House	9/4/2015	Part Release S41	Personal Privacy which may identify a person.	Yes
91	Response letter from Minister for Health to follow up meeting re the care of long term residents of Hennessy House	12/5/2015	Part Release S41	Personal Privacy which may identify a person.	Yes
92-93	Email – to ACT Health Director General regarding Hennessy House	19/5/2015	Part Release S41	Personal Privacy which may identify a person.	Yes
94-95	Response from ACT Health Director General regarding Hennessy House	26/6/2015	Part Release S41	Personal Privacy which may identify a person.	Yes
96-108	MHJHADS supporting the transition of people from Brian Hennessy Rehabilitation Centre to alternative accommodation – Project Update	July 2015	Full release		Yes
109-134	Letters to carers and family of residents of Brian Hennessy Rehabilitation Centre inviting to 19 June 2015 forum to discuss future options and opportunities for people transiting from Brian Hennessy Rehabilitation Centre	4/6/2015	Part Release S41	Personal Privacy which may identify a person.	Yes
135-136	Select committee on Estimates 2015-16 budget – MHJHADS Transitional arrangements Brian Hennessy Rehabilitation Centre	17/6/2015	Full release		Yes



137-138	BHRC community Forum – 19 June 2016	19/6/2015	Part Release S41	Personal Privacy which may identify a person.	Yes
139-164	Ministerial brief – forum to discuss possible transition options for people currently at Brian Hennessy Rehabilitation Centre	22/6/2015	Part Release S41	Personal Privacy which may identify a person.	Yes
165-169	Letters to key stakeholders providing a project update, MHJHADS supporting the transition of people from Brian Hennessy Rehabilitation Centre to alternative accommodation	21/7/2015	Part Release S41	Personal Privacy which may identify a person.	Yes
170-171	Annual report hearing 2014-15 – MHJHADS Future of Brian Hennessy Rehabilitation Centre	12/11/2015	Full release		Yes
172	Letter from Minister Rattenbury regarding the proposed closure of Brian Hennessy Rehabilitation Centre	29/11/2015	Full release		Yes
173-174	Minister for Health response letter proposed closed of Brian Hennessy Rehabilitation Centre	13/12/2015	Full release		Yes
175-190	Letters to carers and family of residents of Brian Hennessy Rehabilitation Centre inviting to 25 February 2016 forum to information session	11/2/2016	Part Release S41	Personal Privacy which may identify a person.	Yes
191-192	BHRC Community forum – 25 Feb 2015	25/2/2015	Part Release S41	Personal Privacy which may identify a person	Yes
193-202	MHJHADS supporting the transition of people from Brian Hennessy Rehabilitation Centre to alternative accommodation – Project update	February 2016	Full release		Yes
203-204	University of Canberra Public Hospital Newsletter	1/6/2014	Full release		Yes
205	MHJHADS – Newsletter- Brian Hennessy Rehabilitation Centre – Future Directions – Information session	25/9/2014	Full release		Yes
206	MHJHADS – Newsletter - Brian Hennessy Rehabilitation Centre – Future Directions	20/7/2015	Full release		Yes

	Budget in confidence – 2016-17 concept briefs	June 2016	Exempt s 35, 36	Internal working document and executive document	Yes
	Budget in confidence – 2016-17 business cases	June 2016	Exempt s 35, 36	Internal working document and executive document	Yes
	Select committee on Estimates 2016-17 budget – MHJHADS Transitional arrangements Brian Hennessy Rehabilitation Centre	14/6/2016	Exempt s 35	Internal working document	Yes



[REDACTED]

24<sup>th</sup> April 2013

Ms K Bracher  
Executive Director  
Mental Health, Justice Health and Alcohol & Drug Services  
GPO Box 825  
Canberra City  
ACT 2601

Dear Ms Bracher

I am writing to you after attending the meeting you called at Brian Hennessy Rehabilitation Centre on Friday 12<sup>th</sup> April 2013. It is good to know there is some progress in providing for more opportunities for those people living with mental illness in our community. However, I do have a number of concerns and ideas and thought it appropriate to forward these to you for your consideration at this stage in the planning process.

While I was pleased we were called to a meeting early on in the process, I was disappointed that it was not even earlier in the form of a proposal or a variety of options. I also wonder about the advisability of meeting with residents and parents/families/carers at the same meeting.

You would be aware that a number of the residents who did come to the meeting left early. Our daughter, [REDACTED] was one of those. She phoned the next morning and asked what else was said after she left and then basically told me she thought that moving the residents from the villas to a larger facility that is part of the new hospital was a stupid (sic) idea. She said that living in the villa feels like being at home but that what is proposed could never feel like anything more than being in an institution. Interestingly, she also commented that she thought having a mental health facility on the same campus as the University of Canberra would facilitate access to the university bar. For many of the residents, their rehabilitation should be providing them with the best possible care and support in a place which does feel like home so they are as content as they can be while living with the awful realities of mental illness. This might be particularly the case for people with dual and multiple diagnoses. While it is good that some people are able to move into less highly supported situations, the reality is that some people in our community do need the level of support and care such as is provided at the current Brian Hennessy Rehabilitation Centre for the long-term.

When I told [REDACTED] that you said that the buildings at BHRC were no longer fit for their purpose, her response was that all that was needed was some new shower-heads! People who need to remain in such a supported environment want to feel as if it is 'homely' and not a modern, sterile institution. As I mentioned in the meeting, with the restful gardens and the nearby bush, the current location of BHRC is ideal for many of those who currently live in the villas. One of the residents asked you what was proposed for the current BHRC site and you answered that you did not know.

Another issue I raised at the meeting was the current availability of ECU if/when there is a serious escalation for a resident in a villa. Such is the skill and caring of the staff that they are usually able to manage these situations within the villa but there have been occasions when ECU has been used to provide a higher level of care.

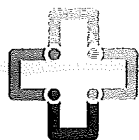
It might be considered constructive to include a new mental health rehabilitation facility at the Public Hospital at the University of Canberra for those people with mental illness for whom there is a realistic chance that their rehabilitation will in time enable them to move into a somewhat more independent living situation. However, after thinking about the proposal for a few days, I feel very strongly that this facility would not be appropriate for those people needing long-term care and support.

After the turmoil of [REDACTED] life for more than twenty years, I consider that the rehabilitation provided at BHRC over the past 21 months has brought a significant (some would say almost miraculous) degree of feeling settled, secure and supported to [REDACTED] despite her severe on-going mental and other health issues.

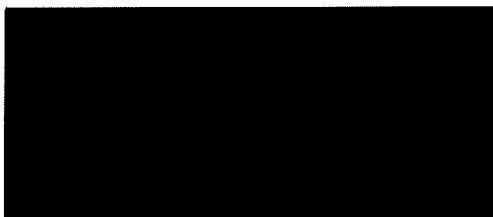
I look forward to receiving your response and to working with you to ensure appropriate accommodation for the residents of BHRC. I can be contacted at the above address or by email at [REDACTED]

Yours sincerely,

[REDACTED]



CANBERRA HOSPITAL  
AND HEALTH SERVICES



Thank you for your correspondence of 24 April 2013 regarding your concerns about the future development of the University of Canberra Public Hospital (UCPH) in relation to Brian Hennessy Rehabilitation Centre (BHRC) and your daughter's care.

I regret that we were unable to involve yourself and other related parties during the earlier phases of the planning process around the UCPH in relation to BHRC. However, I would like to assure you that we seriously considered the possible impacts of these changes on our consumers and their families during the initial development stages of these plans.

I would like you to know that we are committed to ensuring that these changes will provide better rehabilitation services for the mental health community of the ACT. The UCPH represents an opportunity to have greater flexibility to provide these essential services within an appropriate, safe, custom-built, state-of-the-art facility. It is intended that this new facility will still provide a homely and comfortable living environment, while at the same time having a more clearly defined rehabilitation focus.

I acknowledge your view that the new proposed facility may not be the most appropriate environment for those mental health consumers experiencing longer-term difficulties with independent living. Planning is already underway to explore alternative options for supported care in the community. I would acknowledge the uniqueness in BHRC in terms of the community environment it fosters, particularly for our longer-term residents. I would like to assure you that we are committed in ensuring that this sense of community is not lost in terms of the alternative supported accommodation options we will be exploring.

In regards to your concern about caring for people who may at times be experiencing heightened levels of distress or may require a high-level of care and supervision. Provisions for such situations are being developed as part of the model of care for the new facility.

As with other health facilities including the current BHRC, inpatients often have unaccompanied leave which may allow them access to alcohol. I appreciate the point you are making in terms of its proximity to the University of Canberra bar. We will of course be working within our operational procedures and policies to ensure this co-location does not present any additional risks for our consumers and the broader community. Furthermore, it is hoped that the placement within the University of Canberra campus may in fact give our consumers greater access to other facilities and resources that may assist in their rehabilitation.

In terms of what will happen with the existing BHRC facility in the future, I regret that I am unable to provide you with more information; currently no decisions have been made.

I am happy to hear that BHRC has provided your daughter with such a high degree of support and stability in her journey of recovery and I hope this continues. We are committed to ensuring that she, like all our other consumers, continues to receive the support and care required as we plan our future services.

I am grateful to receive your comments as we work closely with consumers and their families to continually improve and plan our services. I would also invite you to contact the Team Leader of ~~BHRC on 6205 1222 or the Operational Director for ACT Wide Mental Health Services on 6205 1062~~ to discuss any concerns you may have in relation to this issue.

Alternatively, if you can prefer you can also provide your feedback via the Health Infrastructure Program (HIP) via the email address [HIP@act.gov.au](mailto:HIP@act.gov.au).

Thank you for raising this matter with me.

Yours sincerely



Katrina Bracher  
**Executive Director**  
Mental Health, Justice Health and Alcohol & Drug Services

9 May 2013



# MINISTERIAL BRIEF

GPO Box 825 Canberra ACT 2601  
 Website: [www.health.act.gov.au](http://www.health.act.gov.au)  
 ABN: 82 049 056 234

**To:** Katy Gallagher MLA, Minister for Health  
**Subject:** Concerns about Brian Hennessy Rehabilitation Centre  
**Through:** Dr Peggy Brown, Director-General *8/17/13*  
 Ian Thompson, Deputy Director-General – Canberra Hospital and Health Services  
**Critical Date** N/A

Received in  
 Minister's office:  
 18 SEP 2013

## Background

2. Brian Hennessy Rehabilitation Centre (BHRC) is anticipated to cease operations with the commissioning of University of Canberra Public Hospital (UCPH). It is planned that the 20 bed psychosocial rehabilitation service currently provided at BHRC will be re-located to the UCPH which is anticipated to be operational in 2017.
3. Additionally, BHRC currently provides 10 low secure beds in its Extended Care Unit (ECU) and it is planned that these 10 beds will form part of the new 25-bed Secure Mental Health facility which is planned for completion in 2016-17.
4. No decisions have been made at this stage in relation to the use of the BHRC facility in the future.
5. Consultation with BHRC staff, residents, families and carers around these proposed changes commenced in April 2013.

## Communication Implications (including media)

6. There is a communication strategy and plan in place regarding BHRC and consultation forums have been held with consumers and families of BHRC. This matter has the potential to generate media comment, particularly around the possible absence of alternative and appropriate supported accommodation options for longer-term residents of BHRC.

## Issues

7. There are a number of longer-term residents at BHRC. It is envisaged that the new facility at UCPH will have a more clearly defined rehabilitation focus and as a result may not be the most appropriate environment for those mental health consumers experiencing longer-term difficulties with independent living. Understandably, concerns have been raised by some residents, as well as their families, carers and other parties about the availability of alternative and appropriate supported accommodation options.
8. Planning has commenced by Mental Health, Justice Health, Alcohol & Drug Services (MHJHADS) to explore alternative options for supported care in the community for these current BHRC residents and any other people who may require such care in the future. It is anticipated that community agencies and resources derived from the National Disability Insurance Scheme will play a key role in the provision of such alternatives.

9. The Model of Care for Mental Health Rehabilitation Services is also under development as part of the broader Model of Care work being done across Adult Mental Health Services.
10. Dr Peggy Brown, Katrina Bracher (ED MHJHADS) and Jacinta George (Acting ED, Service and Capital Planning) met with [REDACTED] on 29 August 2013 to discuss the concerns they raised regarding their [REDACTED] who is a long term resident of BHRC. Further detailed work is planned on clarifying individual needs for the current residents of BHRC to inform transition arrangements in the lead up to the closure of BHRC in 2016-17.

#### Financial Implications

11. N/A

#### Internal Consultation

12. N/A

#### External Consultation

13. N/A

#### Benefits/Sensitivities

14. N/A

#### Recommendation

That you note the above information

NOTED PLEASE DISCUSS

*Katy Gallagher* 24/9/13  
1 1

.....  
Katy Gallagher MLA

Katrina Bracher  
**Executive Director**  
Mental Health, Justice Health and Alcohol and Drug Services

Action Officer: **Bruno Aloisi**  
Phone: **x51062**

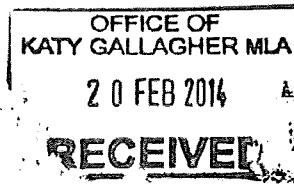


Mini 7/225

please excuse  
recycled  
paper

[REDACTED]  
20<sup>th</sup> Feb 2014

Ms K Gallagher  
Chief Minister  
Legislative Assembly ACT



Dear Chief Minister

I have recently learnt of a proposal to close Hennessy House.

This disturbs me greatly because I have had firsthand experience of the excellent work done at Hennessy.

It has provided a very secure and safe accommodation for those citizens, who for no reason of their own, suffer a mental illness and find they are unable to look after themselves – certainly not in the short term.

There is a percentage who are unable to look after themselves even in the long term.

What will happen to these citizens if Hennessy closes?

Is the proposal simply for them to fall into the Criminal Justice system and end up in the Alexander Maconochie Centre? That place is already overcrowded with people who are unstable and little prospect for them on release.

To have more people end up in the AMC 'to save money' is I believe is a very backward step and not in keeping with what a Government should do – and that is provide every opportunity for all its citizens.

I urge you – and your Government – to seriously reconsider this proposal.

At the very least come up with alternative that will ensure as much as possible these residents – and future residents – do not end up in the Criminal justice system.

Thank you for considering this.

Yours sincerely

[REDACTED]

please excuse  
recycled  
paper

please excuse  
recycled  
paper



**ACT**  
Government  
Health

# MINISTERIAL BRIEF

GPO Box 825 Canberra ACT 2601  
Website: [www.health.act.gov.au](http://www.health.act.gov.au)  
ABN: 82 049 056 234

**To:** Katy Gallagher MLA, Minister for Health

**Subject:** Concerns about proposed closure of Brian Hennessy Rehabilitation Centre

**Through:** Dr Peggy Brown, Director-General  
Ian Thompson, Deputy Director-General – Canberra Hospital and Health Services

**Critical Date** N/A

Received in  
Minister's office:

5 MAR 2014

## Background

2. On 20 February 2014, [REDACTED] wrote to you expressing concerns regarding the proposed closure of BHRC and the impact this would have on both current and future mental health consumers who might require high levels of support then possibly available in the community.
3. BHRC is anticipated to cease operations with the commissioning of University of Canberra Public Hospital (UCPH). It is planned that the 20 bed psychosocial rehabilitation service currently provided at BHRC will be re-located to the UCPH which is anticipated to be operational in 2017-18.
4. Additionally, BHRC currently provides 10 low secure beds in its Extended Care Unit (ECU). It is planned that these 10 beds will form part of the new 25-bed Secure Mental Health facility which is planned for completion in 2016-17.
5. No decisions have been made at this stage in relation to the use of the BHRC facility in the future.
6. Consultation with BHRC staff, residents, families and carers around these proposed changes commenced in April 2013 and an update was held with these same groups in October 2013. Further consultations sessions will be schedule in the coming months.

## Communication Implications (including media)

7. There is a communication strategy and plan in place regarding BHRC and consultation forums have been held with consumers and families of BHRC. This matter has the potential to generate media comment, particularly around the possible absence of alternative and appropriate supported accommodation options for longer-term residents of BHRC.

## Issues

8. There are a number of longer-term residents at BHRC. It is envisaged that the new facility at UCPH will have a more clearly defined rehabilitation focus and as a result may not be the most appropriate environment for those mental health consumers experiencing longer-term difficulties with independent living. Understandably, concerns have been raised by some residents, as well as their families, carers and other parties about the availability of alternative and appropriate supported accommodation options.

9. Planning has commenced by Mental Health, Justice Health, Alcohol & Drug Services (MHJHADS) to explore alternative options for supported care in the community for these current BHRC residents and any other people who may require such care in the future. It is anticipated that community agencies and resources derived from the National Disability Insurance Scheme will play a key role in the provision of such alternatives. For example, MHJHADS is actively engaged with initiatives such as Common Ground and the more recently proposed My Home in Canberra project, as well as in preliminary discussion with community agencies around possible community support options. The interface with ACT Housing is also critical to the planning and development of these options and this alliance will be more formally pursued in the coming months.
10. Preliminary work has commenced in exploring methodologies for assisting mental health consumers with significant disability to make a safe adjustment from residence in an inpatient setting (albeit community-based in the example of BHRC) to more independent but appropriately supported community living. For example, discussions have been conducted with a representative from Queensland Health in regards to the "Project 300" Initiative which required similar transitions to be effected.
11. Further detailed work is planned on clarifying individual needs for the current residents of BHRC to inform transition arrangements in the lead up to the closure of BHRC in 2016-17.
12. The Model of Care for Mental Health Rehabilitation Services is also under development as part of the broader Model of Care work being done across Adult Mental Health Services.
13. Ms Katrina Bracher, Executive Director, MHJHADS and Mr Aloisi have organised to attend the U3A ACT Mental Health Forum on 1 May 2014 to discuss the concerns that have been raised by multiple people that attend that Forum.

#### **Financial Implications**

14. N/A

#### **Internal Consultation**

15. N/A

#### **External Consultation**

16. N/A

#### **Benefits/Sensitivities**

17. N/A

**Recommendation**

That you note the above information.

NOTED PLEASE DISCUSS

*Katy Gallagher* , ,  
Katy Gallagher MLA  
6/3/14

Liz Sharpe  
**Acting Executive Director**  
Mental Health, Justice Health and Alcohol and Drug Services

Action Officer: **Bruno Aloisi**  
Phone: **x51062**



Original Sent by Minister's Office

11-3-14 *Edm*

## Katy Gallagher MLA

**CHIEF MINISTER**

MINISTER FOR HEALTH  
MINISTER FOR REGIONAL DEVELOPMENT  
MINISTER FOR HIGHER EDUCATION

MEMBER FOR MOLONGLO

[REDACTED]

[REDACTED]

Thank you for your correspondence of 20 February 2014 regarding your concerns about the future of Brian Hennessy Rehabilitation Centre (BHRC).

I would like to reassure you that there are no immediate plans to close BHRC. However, the services provided from the Centre are planned for relocation in the future.

ACT Health is currently undertaking the planning and design works for the new public sub-acute hospital on the University of Canberra site. The 20 bed psychosocial rehabilitation service currently provided at BHRC will be relocated to the University of Canberra Public Hospital when it becomes operational in 2017-18.

ACT Health is committed to ensuring that service changes enhance rehabilitation services for the mental health community of the ACT. The UCPH represents an opportunity to have greater flexibility to provide these essential services within an appropriate, safe, custom-built, state-of-the-art facility. It is intended that this new facility will still provide a homely and comfortable living environment, while at the same time having a more clearly defined rehabilitation focus.

BHRC also provides 10 low secure beds in its Extended Care Unit (ECU). It is planned that these 10 beds will form part of the new 25-bed Secure Mental Health Facility (SMHF) which is planned for completion in 2016-17. The new SMHF will have an appropriate model of care for both forensic and non-forensic patients.

No decision has yet been made about the future use of the BHRC facility. I appreciate that BHRC provides many mental health consumers with a high degree of support and stability in their journey of recovery and the ACT Government is committed to ensuring that all consumers continue to receive the support and care required as we plan our future services.

ACT LEGISLATIVE ASSEMBLY

London Circuit, Canberra ACT 2601 GPO Box 1020, Canberra ACT 2601



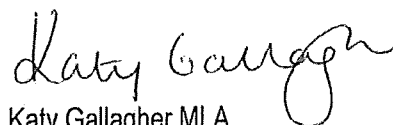
CANBERRA

Planning is underway to explore alternative options for supported care in the community for current longer-term residents at BHRC. It is anticipated that community agencies and resources derived from the National Disability Insurance Scheme will play a key role in the provision of alternative options. ACT Health is also considering ways to ensure that mental health consumers with a significant disability make a safe adjustment from residence in an inpatient setting to more independent, but appropriately supported, community living. Further detailed work is also planned to clarify the individual needs of the current residents of BHRC which will inform transitional arrangements for these consumers.

I would encourage you to maintain contact with Mr Aloisi on 6205 1062 should you require any further information in regards to BHRC and these developments. Alternatively, you can also provide your feedback through the Health Infrastructure Program (HIP) via the email address [HIP@act.gov.au](mailto:HIP@act.gov.au).

Thank you for raising this matter with me.

Yours sincerely



Katy Gallagher MLA  
Minister for Health

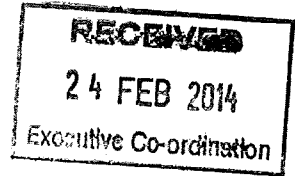
6 MAR 2014

13  
Min 14/246

**Dal Molin, Vanessa (Health)**

---

**From:** Schembri, Karen on behalf of GALLAGHER  
**Sent:** Monday, 24 February 2014 10:36 AM  
**To:** Dal Molin, Vanessa (Health)  
**Cc:** Wotton, Katrina  
**Subject:** FW: Hennessy House  
**Attachments:** U3Agroup.odt



Vanessa

Response please

Regards

**Karen Schembri** | Office of the Chief Minister  
t: 620 50840 | fx: 620 53030 | [karen.schembri@act.gov.au](mailto:karen.schembri@act.gov.au) | [www.chiefminister.act.gov.au](http://www.chiefminister.act.gov.au)

---

IMPORTANT: This message, and any attachments to it, contains information that is confidential and may also be the subject of legal professional or other privilege. If you are not the intended recipient of this message, you must not review, copy, disseminate or disclose its contents to any other party or take action in reliance of any material contained within it. If you have received this message in error, please notify the sender immediately by return email informing them of the mistake and delete all copies of the message from your computer system.

---

---

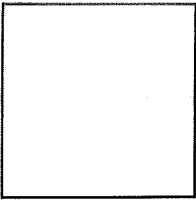
**From:** [REDACTED]  
**Sent:** Sunday, 23 February 2014 3:14 PM  
**To:** GALLAGHER  
**Cc:** [Katrina.Brascher@act.gov.au](mailto:Katrina.Brascher@act.gov.au)  
**Subject:** Fw: Hennessy House

**From:** [REDACTED]  
**Sent:** Sunday, February 23, 2014 3:08 PM  
**To:** [gallagher@act.gov.au](mailto:gallagher@act.gov.au)  
**Cc:** [katrina.Brascher@act.gov.au](mailto:katrina.Brascher@act.gov.au)  
**Subject:** Hennessy House

Dear Chief Minister  
Attached please find a request for further information concerning the proposed closure of Hennessy House rehabilitation facility. The lack of information and assurances of a safe future is of considerable concern to carers and clients of mental health.

Yours sincerely

[REDACTED]



This email is free from viruses and malware because avast! Antivirus protection is active.



Ms K Gallagher  
 Chief Minister  
 Minister for Health  
 Legislative Assembly for the ACT

cc :  
 Ms T Brascher  
 Chief Executive Officer  
 Health Directorate

cc:  
 Mr Bruno Aloisi  
 Director  
 Hennessy Rehabilitation Facility

Dear Chief Minister

As the carer of a current resident of Hennessy House, a young person with a history of schizophrenia, homelessness and drug addiction, I am writing in response to a briefing on the proposed closure of Hennessy, the briefing to which I was invited took place in 2013.

In response to this 2013 briefing by Ms Brascher at the Hennessy rehabilitation Facility, many of those present, including residents expressed some specific concerns relating to the planned closure of Hennessy House, the future of the current residents of Hennessy and more broadly, to the future of all ACT mental health clients.

We would appreciate your response to these concerns:

- If the University of Canberra facility provides for rehabilitation/residence for only 3 to 12 months, are parallel plans being developed for post re-rehabilitation longer term care?
- Hennessy currently provides permanent homes for residents, what plans are there for alternative permanent residences for those who cannot live in the community?
- Some mental health clients will be accommodated at the proposed secure facility. Some at the adult mental health facility and some in temporary care. There are other who do not fit into this plan, the marginalised, those who cannot live independently in the community and those without support. What arrangements are there for the next step, for permanent, appropriate, supported accommodation?
- With the role-out of the Disability Insurance Scheme, does the ACT Government plan to withdraw from direct responsibility for mental health services in favour of non-government /community organisations?
- Some carer and consumer experience with non-government organisations has given rise to serious concerns regarding their commitment, ability, professionalism and accountability, what guarantees can be put in place that mental health clients will be treated appropriately?

In view of carer and consumer concern, and general satisfaction with the way in which Hennessy currently functions, providing the best support and protection for a very vulnerable group, the ideal

situation would be to guarantee the future of Hennessy and to use other planned arrangements to complement Hennessy's services.

Thank you for your attention to this matter.

Yours sincerely





## Katy Gallagher MLA

CHIEF MINISTER

MINISTER FOR HEALTH  
MINISTER FOR REGIONAL DEVELOPMENT  
MINISTER FOR HIGHER EDUCATION

MEMBER FOR MOLONGLO



Thank you for your correspondence of 23 February 2014 regarding your concerns about the future of Brian Hennessy Rehabilitation Centre (BHRC), with respect to the development of the University of Canberra Public Hospital (UCPH). I understand that you also met with Dr Peggy Brown, Director-General, ACT Health on 16 May 2014.

I would like to reassure you that there are no immediate plans to close BHRC. However, the services provided from the BHRC are planned for relocation in the future.

ACT Health is currently undertaking the planning and design works for the new public sub-acute hospital on the University of Canberra site. The 20 bed psychosocial rehabilitation service currently provided at BHRC will be relocated to the University of Canberra Public Hospital when it becomes operational in 2017-18. In addition, I can advise you that the model of care for Mental Health Rehabilitation Services is also under development as part of the broader model of care work being done across Adult Mental Health Services.

ACT Health is committed to ensuring that service changes enhance rehabilitation services for the mental health community of the ACT. The UCPH represents an opportunity to have greater flexibility to provide these essential services within an appropriate, safe, custom-built, state-of-the-art facility. It is intended that this new facility will still provide a homely and comfortable living environment, while at the same time having a more clearly defined rehabilitation focus.

BHRC also provides 10 low secure beds in its Extended Care Unit. It is planned that these 10 beds will form part of the new 25-bed Secure Mental Health Facility (SMHF) which is planned for completion in 2016-17. The new SMHF will have an appropriate model of care for both forensic and non-forensic patients.

No decision has yet been made about the future use of the BHRC facility. I appreciate that BHRC provides many mental health consumers with a high degree of support and stability in their journey of recovery and the ACT Government is committed to ensuring that all consumers continue to receive the support and care required as we plan our future services.

### ACT LEGISLATIVE ASSEMBLY

London Circuit, Canberra ACT 2601 GPO Box 1020, Canberra ACT 2601

Phone: (02) 6205 0840 Fax: (02) 6205 3030 Email: [gallagher@act.gov.au](mailto:gallagher@act.gov.au)

Facebook: [KatyGallagherMLA](https://www.facebook.com/KatyGallagherMLA) Twitter: [@katyGMLA](https://twitter.com/katyGMLA)



Planning is underway to explore alternative options for supported care in the community for current longer-term residents at BHRC. It is anticipated that community agencies and resources derived from the National Disability Insurance Scheme will play a key role in the provision of alternative options. ACT Health is also considering ways to ensure that mental health consumers with a significant disability make a safe adjustment from residence in an inpatient setting to more independent, but appropriately supported, community living. Further detailed work is also planned to clarify the individual needs of the current residents of BHRC which will inform transitional arrangements for these consumers.

I would encourage you to maintain contact with Mr Bruno Aloisi, Operational Director of ACT Wide Mental Health Services, on 6205 1062 should you require any further information in regards to BHRC and these developments. Alternatively, you can also provide your feedback through the Health Infrastructure Program via the email address [HIP@act.gov.au](mailto:HIP@act.gov.au).

Thank you for raising this matter with me.

Yours sincerely



Katy Gallagher MLA  
Minister for Health

23 MAY 2014

19  
Min 14/308

**Dal Molin, Vanessa (Health)**

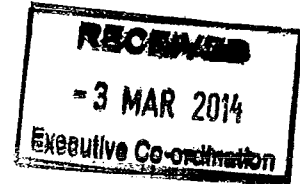
---

**From:** Schembri, Karen on behalf of GALLAGHER  
**Sent:** Monday, 3 March 2014 11:24 AM  
**To:** Dal Molin, Vanessa (Health)  
**Cc:** Wotton, Katrina  
**Subject:** FW: Hennessy House

Vanessa

Response please

Regards



**Karen Schembri** | Office of the Chief Minister  
t: 620 50840 | fx: 620 53030 | [karen.schembri@act.gov.au](mailto:karen.schembri@act.gov.au) | [www.chiefminister.act.gov.au](http://www.chiefminister.act.gov.au)

---

IMPORTANT: This message, and any attachments to it, contains information that is confidential and may also be the subject of legal professional or other privilege. If you are not the intended recipient of this message, you must not review, copy, disseminate or disclose its contents to any other party or take action in reliance of any material contained within it. If you have received this message in error, please notify the sender immediately by return email informing them of the mistake and delete all copies of the message from your computer system.

---

---

**From:** [REDACTED]  
**Sent:** Monday, 3 March 2014 10:20 AM  
**To:** GALLAGHER  
**Subject:** Hennessy House

Dear Ms Gallagher, An old friend of mine is participating in a 3-day bicycle ride from Canberra Zoo to Dubbo Zoo this coming Friday in support of the Black Dog Institute. His son has struggled with mental health problems for twenty years.

He told me that Hennessy House has been an invaluable help to their family over the years, but that it is under threat of closure. My query to you is, is that correct? Mental health issues are being discussed more openly these days than they were in the past, and it is clear that they are the cause of many of the suicides and law and order problems that society is now facing. If it is true that this valuable facility is being considered for closure, I would urge you to reconsider your position.

I know that many areas of government are looking to cost-saving areas, but it seems a misjudgement to remove useful services from those who desperately need such a resource, and the families of the people who are the recipients must feel that once again they are on their own. I don't have to face that particular problem, but I feel for those who do.

I would appreciate a response from you on this question.

Yours faithfully, [REDACTED]

**EMAILED**  
 (20-3-14)



## Katy Gallagher MLA

CHIEF MINISTER

MINISTER FOR HEALTH  
 MINISTER FOR REGIONAL DEVELOPMENT  
 MINISTER FOR HIGHER EDUCATION

MEMBER FOR MOLONGLO



Thank you for your correspondence of 3 March 2014 regarding your concerns about the future of Brian Hennessy Rehabilitation Centre (BHRC).

I would like to reassure you that there are no immediate plans to close BHRC. However, the services provided from the Centre are planned for relocation in the future.

ACT Health is currently undertaking the planning and design works for the new public sub-acute hospital on the University of Canberra site. The 20 bed psychosocial rehabilitation service currently provided at BHRC will be relocated to the University of Canberra Public Hospital (UCPH) when it becomes operational in 2017-18.

ACT Health is committed to ensuring that service changes enhance rehabilitation services for the mental health community of the ACT. The UCPH represents an opportunity to have greater flexibility to provide these essential services within an appropriate, safe, custom-built, state of the art facility. It is intended that this new facility will still provide a homely and comfortable living environment, while at the same time having a more clearly defined rehabilitation focus.

BHRC also provides 10 low secure beds in its Extended Care Unit. It is planned that these 10 beds will form part of the new 25-bed Secure Mental Health Facility (SMHF) which is planned for completion in 2016-17. The new SMHF will have an appropriate model of care for both forensic and non-forensic patients.

No decision has yet been made about the future use of the BHRC facility. I appreciate that BHRC provides many mental health consumers with a high degree of support and stability in their journey of recovery and the ACT Government is committed to ensuring that all consumers continue to receive the support and care required as we plan our future services.

### ACT LEGISLATIVE ASSEMBLY

London Circuit, Canberra ACT 2601 GPO Box 1020, Canberra ACT 2601  
 Phone: (02) 6205 0840 Fax: (02) 6205 3030 Email: [gallagher@act.gov.au](mailto:gallagher@act.gov.au)  
 Facebook: [KatyGallagherMLA](https://www.facebook.com/KatyGallagherMLA) Twitter: [@katyGMLA](https://twitter.com/katyGMLA)

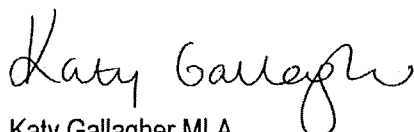


Planning is underway to explore alternative options for supported care in the community for current longer-term residents at BHRC. It is anticipated that community agencies and resources derived from the National Disability Insurance Scheme will play a key role in the provision of alternative options. ACT Health is also considering ways to ensure that mental health consumers with a significant disability make a safe adjustment from residence in an inpatient setting to more independent, but appropriately supported, community living. Further detailed work is also planned to clarify the individual needs of the current residents of BHRC which will inform transitional arrangements for these consumers.

If you have any further questions in regards to BHRC please contact Mr Aloisi on 6205 1062. Alternatively, you can also provide your feedback through the Health Infrastructure Program (HIP) via the email address [HIP@act.gov.au](mailto:HIP@act.gov.au).

Thank you for raising this matter with me.

Yours sincerely



Katy Gallagher MLA  
Minister for Health

19 MAR 2014

22  
Min 14/199

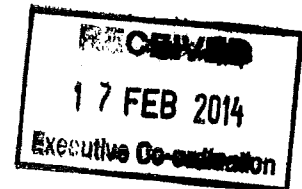
**Dal Molin, Vanessa (Health)**

---

**From:** Schembri, Karen on behalf of GALLAGHER  
**Sent:** Monday, 17 February 2014 9:42 AM  
**To:** Dal Molin, Vanessa (Health)  
**Cc:** Wotton, Katrina  
**Subject:** FW:

Vanessa

Response please



Regards

**Karen Schembri** | Office of the Chief Minister  
t: 620 50840 | fx: 620 53030 | [karen.schembri@act.gov.au](mailto:karen.schembri@act.gov.au) | [www.chiefminister.act.gov.au](http://www.chiefminister.act.gov.au)

---

IMPORTANT: This message, and any attachments to it, contains information that is confidential and may also be the subject of legal professional or other privilege. If you are not the intended recipient of this message, you must not review, copy, disseminate or disclose its contents to any other party or take action in reliance of any material contained within it. If you have received this message in error, please notify the sender immediately by return email informing them of the mistake and delete all copies of the message from your computer system.

---

---

**From:** [REDACTED]  
**Sent:** Sunday, 16 February 2014 10:52 AM  
**To:** GALLAGHER  
**Cc:** Bracher, Katrina (Health); Aloisi, Bruno (Health)  
**Subject:**

Ms K Gallagher  
Chief Minister and Minister for Health  
Legislative Assembly for the ACT  
cc :  
Ms T Bracher  
Executive Officer  
Mental Health Division  
ACT Health Direcorate

cc:  
Mr Bruno Aloisi  
Director  
Hennessy Rehabilitation Facility  
Dear Chief Minister  
I am writing on behalf of the U3A Mental Health forum, consisting of carers and consumers involved in the ACT mental health system.  
In response to the recent briefing by Ms Bracher at the Hennessy rehabilitation Facility, the U3A group has expressed some specific concerns relating to the planned closure of Hennessy House, the future of the current residents of Hennessy and more broadly, to the future of all ACT mental

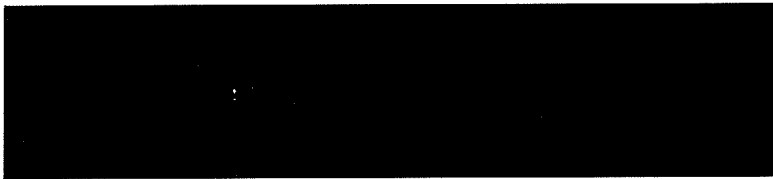


health clients. These concerns also reflect the comments made by participants in the briefing session.

Hennessy currently provides very valuable permanent accommodation for residents whose mental health is so poor that they cannot live in the community. We understand that the University of Canberra facility will provide residential and rehabilitation services for 3-12 months for clients but not appropriate, secure, supported accommodation for indefinite periods. This leaves a real gap in the provision of services for seriously ill clients.

What plans are there for current and future MH clients with needs for long-term supported accommodation who cannot live in the community?

Thank you for your attention to this matter.  
Yours sincerely





# MINISTERIAL BRIEF

GPO Box 825 Canberra ACT 2601  
 Website: [www.health.act.gov.au](http://www.health.act.gov.au)  
 ABN: 82 049 056 234

**To:** Katy Gallagher MLA, Minister for Health  
**Subject:** Concerns raised by [REDACTED] about Brian Hennessy  
 Rehabilitation Centre  
**Through:** Dr Peggy Brown, Director-General [Signature] 19/5/14  
 Ian Thompson, Deputy Director-General – Canberra Hospital and  
 Health Services

Received in  
 Minister's office:

20 MAY 2014

**Critical Date** N/A

RETURN FOR FURTHER

**ACTION**

DUE EC 5/6/14

## Purpose

- To seek your signature on a letter to [REDACTED] in response to his letter expressing his concerns regarding the proposed closure of the Brian Hennessy Rehabilitation Centre (BHRC)

## Background

- On 16 February 2014, [REDACTED] writing on behalf of the group 'U3A ACT Mental Health Forum', emailed the Chief Minister, in regards to the BHRC. [REDACTED] expressed his concerns regarding the proposed closure of BHRC and the impact this would have on both current and future mental health consumers who might require high levels of support.
- BHRC is anticipated to cease operations with the commissioning of University of Canberra Public Hospital (UCPH). It is planned that the 20 bed psychosocial rehabilitation service currently provided at BHRC will be re-located to the UCPH which is anticipated to be operational in 2017-18.
- Additionally, BHRC currently provides 10 low secure beds in its Extended Care Unit (ECU). It is planned that these 10 beds will form part of the new 25-bed Secure Mental Health facility which is planned for completion in 2016-17.
- No decisions have been made at this stage in relation to the use of the BHRC facility in the future.
- Consultation with BHRC staff, residents, families and carers around these proposed changes commenced in April 2013 and an update was held with these same groups in October 2013. Further consultations sessions will be scheduled in the coming months.

## Communication Implications (including media)

- The communication plan regarding BHRC and consultation forums form components of the UCPH and Secure Mental Health Unit communication strategies. This matter has the potential to generate media comment, particularly around the concerns regarding an absence of currently available alternative and appropriate supported accommodation options for longer-term residents of BHRC.

## Issues

- There are a number of longer-term residents at BHRC. It is envisaged that the new facility at UCPH will have a more clearly defined rehabilitation focus and as a result may not be the most appropriate environment for those mental health people experiencing longer-term difficulties with independent living.

Understandably, concerns have been raised by some residents, as well as their families, carers and other parties about the current availability of alternative and appropriate supported accommodation options.

10. Planning has commenced by ACT Health to explore alternative options for supported care in the community for these current BHRC residents and any other people who may require such care in the future. It is anticipated that community agencies and resources derived from the National Disability Insurance Scheme will play a key role in the provision of such alternatives.
11. Mental Health, Justice Health, Alcohol & Drug Services (MHJHADS) is actively engaged with initiatives such as Common Ground and the more recently proposed My Home in Canberra project, as well as having preliminary discussions with community agencies around possible community support options. The interface with ACT Housing is also critical to the planning and development of these options and this alliance will be more formally pursued in the coming months.
12. Preliminary work has commenced in exploring methodologies for assisting mental health consumers with significant disability to make a safe adjustment from residence in an inpatient setting to more independent but appropriately supported community living. For example, discussions have been conducted with a representative from Queensland Health in regards to the "Project 300" Initiative which required similar transitions to be effected.
13. Further detailed work is commencing in late May 2014 to clarify individual needs for the current residents of BHRC to inform transition arrangements in the lead up to the closure of BHRC in 2016-17.
14. The Model of Care for Mental Health Rehabilitation Services is also under development as part of the broader Model of Care work being done across Adult Mental Health Services.
15. On 1 May 2014 Ms Katrina Bracher, Executive Director, MHJHADS and Ms Jacinta George, Acting Deputy Director General, HIP, attended a meeting with [REDACTED] and the members of the U3A ACT Mental Health Forum. At the Forum Ms Bracher and Ms George provided the following information:
  - A presentation that was consistent with the information previously provided to the staff, residents and carers at BHRC as well as to Carers ACT and the Mental Health Consumer Network over the last nine months, at Attachment A.
  - Provided clarification that no decision has been made regarding the future of BHRC and listened and responded to the concerns about the potential closure raised by the attendees. The concerns raised were consistent with those previously raised during consultation forums by the residents and carers currently in BHRC, staff of BHRC, the Mental Health Consumer Network and Carers ACT. Those concerns are primarily about the wellbeing of the people utilising this service, the need for the residents to have a home and to be provided with support to live as independently as possible in the community, and that the current bush location was an important aspect in the provision of care.
  - One carer spoke of her son who was waiting for a place in BHRC and to participate in the rehabilitation program that is offered. This was the first time carers had voiced concerns regarding access to appropriate rehabilitation services and unmet need.
  - Other carers sought to know what the alternative options were as there are none visible at UCPH and they were concerned that their loved ones would not be provided with the some level of support.
  - The members of the Forum were appreciative for the attendance of Ms Bracher and Ms George and expressed their intention to remain actively involved in further consultations. In response to questions regarding the Model of Care for Adult Mental Health Services Mr Bracher confirmed the contact details for the project officer would be provided to [REDACTED]

16. On 7 May 2014 MHJHADS received an email from [REDACTED] regarding the 1 May 2014 meeting. [REDACTED] expressed his dissatisfaction with the meeting in general, and that he felt it is unacceptable for the community to be left in limbo, without any attempt by ACT Health to engage with the issues that concern the members of the forum.
17. During the Forum [REDACTED] made incorrect /untrue statements regarding BHRC. Ms Bracher and Ms George sought to provide clarification to those comments, and provide information that ACT Health has consistently provided over the past nine months.
18. Ms Bracher provided an email response to [REDACTED] on 8 May 2014 to reassure him and the U3A group that ACT Health do want to hear the concerns of the members of the Forum and that we are listening and working through the feedback as part of developing the Mental Health Service system of the future. Ms Bracher acknowledged the members' concerns and offered to meet again or receive written suggestions on these projects.
19. [REDACTED] remained concerned and as a result, he and [REDACTED] another concerned mental health carer, met with the Director-General, Dr Peggy Brown, on Friday 16 May 2014.
20. Dr Brown heard again their concerns about a perceived service gap (i.e. for campus based supported accommodation/ slow-stream rehabilitation) should BHRC close. She acknowledged their concerns and agreed to convey these concerns to yourself. Dr Brown also reinforced that no decision had yet been made about the future use of the BHRC facility following the opening of UCPH.

#### **Financial Implications**

21. N/A

#### **Internal Consultation**

22. N/A

#### **External Consultation**

23. N/A

#### **Benefits/Sensitivities**

24. N/A

**Recommendation**

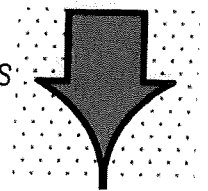
That you:

- Note the above information.
- Agree to sign the attached letter.

NOTE/PLEASE DISCUSS

**NOTE**

AGREED/NOT AGREED/PLEASE DISCUSS



.....Katy Gallagher 23 15 14  
Katy Gallagher MLA

Katrina Bracher  
**Executive Director**  
Mental Health, Justice Health and Alcohol and Drug Services

Action Officer: Bruno Aloisi  
Phone: x51062

Have Are UC aware of  
Re plans re BHRC.?

# Staff Update on new Mental Health facilities

Edition 1 - 12 April 2013

## Introduction

Welcome to the first edition of our Newsletter. We are going to provide regular newsletters to staff, consumers, carers and other interested parties as we progress through the development of the new University of Canberra Public Hospital and the Secure Mental Health facility.

It has been an honour and a privilege to lead a Division that has benefited so significantly from the Health Infrastructure Program within ACT Health. We have a new Mental Health Assessment Unit and the new Adult Mental Health Unit commissioned over the last few years, which have both greatly improved our options for caring for people with mental health issues.

The ACT Government is now planning to build a new northside hospital on the University of Canberra's campus. The University of Canberra Public Hospital (UCPH) will provide a focus on sub-acute rehabilitation and aged care services. It is intended that the psychosocial rehabilitation service currently provided at Brian Hennessy Rehabilitation Centre (BHRC) is planned to be re-located to UCPH when it is anticipated to be operational in 2017.

The ACT Government has announced the commencement of work to develop a new Secure Mental Health facility which will be located on the site of the former Quamby Youth Detention Centre in Symonston. This unit will provide 25 beds for people with access to inpatient mental health care, rehabilitation and support in a secure environment. Brian Hennessy Rehabilitation Centre currently has 10 low secure beds and it is planned that these 10 beds will form part of the new secure mental health facility when it is planned for completion late in 2016.

These newsletters will be part of the briefing sessions that will take place throughout the development of these two new facilities and will keep you informed on the overall progress of the project. It will also let you know about opportunities to be involved in providing input on operational matters and design of the facilities.

I look forward to working with you and keeping you up to date on these important new projects.

**Katrina Bracher**  
Executive Director,  
Mental Health, Justice Health and Alcohol and Drug Services  
Canberra Hospital and Health Services

## New Model of Care Project Officers

**Megan Chiu** has commenced preliminary work on the development of our Adult Mental Health Services Model of Care. Many of you know Megan as a Team Leader from CAMHS and more recently as the project officer for our Smoke Free Environment Initiative.

As part of this new project she is coordinating our Divisional input with Service and Capital Planning area. Currently a large amount of time is being taken up with developing the Health Planning Briefs, which architects will use to develop some preliminary plans for the UCPH.

A number of our staff from BHRC and Older Persons Mental Health team has already had significant clinical input into the documents. Consumers, the community, stakeholders and staff will be provided with a range of opportunities to engage in the project and provide comments

**Dannielle Nagle** has also commenced preliminary work on the development of a Model of Care for the secure mental health facility. Many of you will know of Dannielle Nagle as Team Leader of Belconnen Mental Health.

She has recently returned from 10 months in a change management position at E-Health and Clinical Records. This Model of Care will outline the consumer journey through the secure facility and how the facility will operate. This then will be used to guide the design of the facility. Consumers, the community, stakeholders and staff will be provided with a range of opportunities to engage in the project and provide comments.

## University of Canberra Public Hospital – Mental Health Services

The ACT Government is planning to build a new northside hospital on the University of Canberra's Belconnen campus. The sub-acute hospital will provide up to 200 beds with a focus on sub-acute rehabilitation and aged care services. A number of public health services that are currently provided in other facilities will be re-located to the new hospital along with the development of new services that currently don't exist in the ACT. For our Division this is a great opportunity to develop this part of our service system so that we have greater flexibility to provide care in the most appropriate, least restrictive setting.

### For further information contact:

Redevelopment Unit | Ph 6174 8088 | Email: HIP@act.gov.au  
Model of Care Project Officer | Ph 6207 7509 | Email: dannielle.nagle@act.gov.au

### Health Infrastructure Program



There are a number of services that we will be providing on the new hospital campus:

- An Adult Mental Health day service – this service currently does not exist. It is one of the strategies in our ACT Mental Health Plan that is currently being developed and will move into this new facility.
- It is intended that the psychosocial rehabilitation service currently provided at Brian Hennessy Rehabilitation Centre (BHRC) will be re-located to UCPH into a new custom built 20 bed Inpatient Rehabilitation Unit.
- 10 new Older Persons Rehabilitation beds are being planned for the new hospital to complement the 10 acute Older Persons beds at Calvary Public Hospital.
- 16 Neuro behavioural beds are also being planned for the new hospital. This will be a new service for the ACT.
- A new Older Persons Day service is planned to provide short term therapeutic care and compliment the current inpatient and community based services that exist.
- It is planned that the Older Persons Community Team will also move into office space in close proximity to the teams that provide the other services for Older People.
- There will also be considerable development of other Rehabilitation and Aged Care Services that are currently managed by Rehabilitation, Aged and Community Care Division.



*The proposed site for the University of Canberra Public Hospital is on the corner of Aikman Drive and Ginninderra Drive, in the north-west corner of the University of Canberra campus*

## The Secure Mental Health Unit

In 2009, ACT Health conducted extensive site investigations to determine the most appropriate location for the facility in the ACT, identifying the former Quamby Youth Detention Centre in Symonston as the most appropriate location.

Following unacceptable costs escalation with the project, a number of important factors in the early planning for the facility were reviewed, including: any changes to demand projections that informed the initial planning; increased capacity for secure beds in NSW; the opening of the Alexander Maconochie Centre; developments in contemporary Models of Care; a range of amendments to codes and regulations; and, preliminary construction cost estimates.

Reviews reaffirmed that the ACT requires a small number of secure beds to supplement existing mental health and forensic services, and that a significantly higher demand was projected for medium secure than high secure care.

The reviews also found that caring for all secure care patients within a high secure facility was not recommended as the environment could significantly negatively influence the management of patients and limit rehabilitative options. Instead, co-locating low and medium secure inpatient units will achieve a care continuum consistent with current Models of Care.

Therefore, the level of security that the facility will be designed to provide, and the type of mental health consumer able to access the facility for their treatment and care needs, has reduced from the initial proposal of a high secure facility to a medium and low secure facility.

Following consideration of this advice, and advice from the Health Directorate, the ACT Government has decided to proceed with constructing a medium 25-bed secure mental health facility which will co-locate 15 medium and 10 low secure beds.

As part of the project, there will be a comprehensive community engagement plan to ensure that all interested stakeholders, staff and the community are fully informed and consulted about the facility.



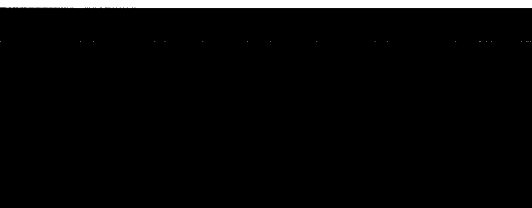
EMAILED  
26-5-14

## Katy Gallagher MLA

CHIEF MINISTER

MINISTER FOR HEALTH  
MINISTER FOR REGIONAL DEVELOPMENT  
MINISTER FOR HIGHER EDUCATION

MEMBER FOR MOLONGLO



Thank you for your correspondence of 16 February 2014 regarding your concerns about the future of Brian Hennessy Rehabilitation Centre (BHRC). I apologise for the delay in my response.

I have been advised that on 1 May 2014 Ms Katrina Bracher, Executive Director, MHJHADS and Ms Jacinta George, Acting Deputy Director -General, Health Infrastructure and Planning, attended the U3A ACT Mental Health Forum and provided further information regarding the development of the UCPH.

I have also been advised that you met with Dr Peggy Brown, Director-General, ACT Health on 16 May 2014 to further discuss your concerns.

I would like to reassure you that that there are no immediate plans to close BHRC. However, the services provided from the BHRC are planned for relocation in the future. ACT Health is currently undertaking the planning and design works for the new public sub-acute hospital on the University of Canberra site. The 20 bed psychosocial rehabilitation service currently provided at BHRC will be relocated to the University of Canberra Public Hospital when it becomes operational in 2017-18.

ACT Health is committed to ensuring that service changes enhance rehabilitation services for the mental health community of the ACT. The UCPH represents an opportunity to have greater flexibility to provide these essential services within an appropriate, safe, custom-built, state-of-the-art facility. It is intended that this new facility will still provide a homely and comfortable living environment, while at the same time having a more clearly defined rehabilitation focus.

BHRC also provides 10 low secure beds in its Extended Care Unit (ECU). It is planned that these 10 beds will form part of the new 25-bed Secure Mental Health Facility (SMHF) which is planned for completion in 2016-17.

### ACT LEGISLATIVE ASSEMBLY

London Circuit, Canberra ACT 2601 GPO Box 1020, Canberra ACT 2601  
Phone: (02) 6205 0840 Fax: (02) 6205 3030 Email: [gallagher@act.gov.au](mailto:gallagher@act.gov.au)  
Facebook: [KatyGallagherMLA](https://www.facebook.com/KatyGallagherMLA) Twitter: [@katyGMLA](https://twitter.com/katyGMLA)





No decision has yet been made about the future use of the BHRC site. I appreciate that BHRC provides many people with a high degree of support and stability in their journey of recovery and the ACT Government is committed to ensuring that these people and their families continue to receive the support and care required as we plan our future services.

Planning is underway to explore alternative options for supported care in the community for current longer-term residents at BHRC. It is anticipated that community agencies and resources derived from the National Disability Insurance Scheme will play a key role in the provision of alternative options. ACT Health is also considering ways to ensure that people with a significant disability make a safe adjustment from residence in an inpatient setting to more independent, but appropriately supported, community living. Further detailed work is also planned to clarify the individual needs of the current residents of BHRC which will inform transitional arrangements for these consumers.

The model of care for Mental Health Rehabilitation Services is also under development as part of the broader model of care work being done across Adult Mental Health Services. A dedicated project officer has been assigned to that piece of work and if you have any specific feedback on the model of care, please contact Annette Wrightson via email at [Annette.wrightson@act.gov.au](mailto:Annette.wrightson@act.gov.au).

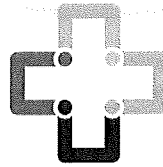
Thank you for raising this matter with me.

Yours sincerely



Katy Gallagher MLA  
Minister for Health

23 MAY 2014



CANBERRA HOSPITAL  
AND HEALTH SERVICES

# MHJHADS SUPPORTING THE TRANSITION OF PEOPLE FROM THE BRIAN HENNESSY REHABILITATION CENTRE (BHRC) TO ALTERNATIVE ACCOMMODATION

---

## Project Plan

Revised August 2014

## CONTENTS

Contents .....	<b>Error! Bookmark not defined.</b>
1. Document Information.....	4
Document Purpose.....	4
Intended Audience .....	4
2. Introduction.....	4
Brief Description of Project .....	4
3. Background.....	4
Relevant Adult Mental Health Services.....	4
The Brian Henessy Rehabilitation Centre (BHRC) .....	5
National Disability Insurance Scheme (NDIS).....	6
<i>Common Ground</i> in the ACT.....	7
The ACT Mental Health Services Plan .....	7
4. Phases of Project .....	8
5. Project Definition .....	8
Project Aim .....	9
Objectives.....	9
Scope .....	9
Key Deliverables .....	9
Dependencies, Interdependencies and Related Projects .....	10
6. Project Organisation.....	10
Governance .....	10
Stakeholders Consultation and Communications .....	11
Issues Management .....	11

## CONFIDENTIAL – NOT FOR CIRCULATION

7. Project Plan .....	11
Approach .....	11
Proposed Work Plan and Time Frames .....	11
Proposed Project Flow Chart.....	14
Staffing Options.....	15
8. Issues for consideration .....	16

## 1. DOCUMENT INFORMATION

### DOCUMENT PURPOSE

The purpose of this project plan is to document the plan for the Mental Health, Justice Health and Alcohol and Drug Services (MHJHADS) to assist people currently supported by the Brian Hennessy Rehabilitation Centre (BHRC) to access opportunities arising from the launch of the National Disability Insurance Scheme (NDIS) in the ACT and new accommodation options being developed, such as the *Common Ground* Canberra project. The plan will assist these people, and others in the future, to access appropriate accommodation, supports and services to enable them to successfully reside in the community in the future.

### INTENDED AUDIENCE

This document is intended for key staff from MHJHADS and stakeholders in other relevant Directorates.

## 2. INTRODUCTION

### BRIEF DESCRIPTION OF PROJECT

The project will review the type and scope of services currently utilised by people who are currently supported at the BHRC.

In addition, the project will consider those services that would support these people to live in the community in the future and how access to these services would be best facilitated. Such services and supports may include:

- Accommodation
- Food services
- Individual support for activities of daily living, living skills development and maintenance and accessing vocational training
- Community Sector supports and services – psychosocial supports

The project will seek information collated from residents, their clinical managers/the AMHS service, family and carers, and the Community Sector who provide services to these people.

By having a comprehensive understanding of people's current and future needs and services we will be better placed to access future services and opportunities as they arrive.

## 3. BACKGROUND

### RELEVANT ADULT MENTAL HEALTH SERVICES

MHJHADS currently provides inpatient services for up to 30 people through the BHRC.

---

## THE BHRC

The BHRC is a unit that provides 24 hour/7day a week services and supports for up to 30 people including:

- Support with activities of daily living (ADL)
- Therapeutic group work
- Individual therapy
- Facilitating the mental and physical needs of people
- Ensuring compliance with medications
- Family centered care
- Functional assessments
- Skills training
- Commence people on clozapine or support people coming off clozapine
- Post discharge outreach for 3 months
- Some people also have community clinical managers

In addition, BHRC manages a 3 bedroom house that provides an important opportunity for people to transition from BHRC to the community.

### **People Currently at BHRC**

There are currently 30 people supported through BHRC. Ages range from 19 to 65 years old, each residing at the centre from 6 months to 13 years. 11 have been at the Centre for up to 2 years, eight for longer than 2 years and 11 for longer than 5 years.

Of these residents, 8 have already been assessed as requiring ACT Community Housing with intensive supports in place such as afterhours support, medication supervision, assistance with ADL's and incontinence, meal preparation and supervision, diabetic management, risk management inclusive of fire risk.

Only 19 of these people have Clinical Managers from the Adult Mental Health Community teams, which can pose difficulties when trying to access community sector services.

Family and carers, and a variety of Community Sector organizations also provide a range of services to these people including:

- day to day living needs e.g. shopping, attending appointments, etc
- psychosocial support
- vocational training and support
- education and support to manage ongoing mental health issues
- peer support
- referrals to other services.

## NATIONAL DISABILITY INSURANCE SCHEME (NDIS)

In July 2014 the National Disability Insurance Scheme (NDIS) was launched in the ACT. The National Disability Insurance Agency (NDIA) is the statutory body that will be implementing and managing the scheme. The NDIS is a new way of funding supports and services to people with a disability and will offer individualised funding and support packages for those people with significant and lifelong disability. These packages have been determined to be Tier 3 services. Tier 2 services are still being defined but are likely to consist of one – off services, information and referral services and skill building or decision support services. Tier 1 of the NDIS is for those people who are not eligible and this will be linking people with mainstream supports.

Joint investment into the scheme in the ACT by 2019-20 is expected to be \$342 million. The ACT Government will provide about \$167 million or 49% of the cost and the Commonwealth Government will contribute around \$175 million or 51% of the cost.

The NDIS will mean that those community managed services and programmes deemed as specialist disability services will cease to be block funded by the ACT government and that the funding will go to the NDIA as part of the ACT government's contribution to the NDIS. Specialist disability services delivered by government will also be considered as part of the ACT contribution to the NDIS. A number of identified commonwealth programmes have also been identified and will form part of the commonwealth contribution to the NDIS. People with disability will then receive a package of funding to support their needs and choose which service they wish to purchase.

In the ACT over 5,000 people who are eligible for Tier 3 services are set to transition into the NDIS over two years. Of this number, approximately 900-1000 People with psychosocial disability will be eligible for the Tier 3 services from the NDIS. This is approximately 1 out of 7 people who are currently receiving clinical services from MHJHADS. Currently approximately 200 people receive support from ACT Government funded community managed services and a further 150 people are receiving support from Commonwealth funded programmes. All BHRC are likely to be eligible for NDIS support.

### NDIS principles

“Choice” and “Control” for people with a disability are central core tenets of the NDIS. This means that people with a disability have the right to make their own decisions regarding things like;

- The type of supports and services they use
- Who provides these services
- How services are designed and provided
- How supports are to be managed
- How their funding is managed
- NDIS Planning

Key to the NDIS is the use of goal based planning. Participants of the scheme will be required to develop a plan that will express their goals and aspirations. Experience from other trial sites has

## CONFIDENTIAL – NOT FOR CIRCULATION

shown that participants are taking longer than expected to complete a plan and that planning is a new experience for many people.

### NDIS Eligibility

To be eligible for the NDIS a person must be:

- An ACT resident and be a permanent resident of Australia
- Aged under 65
- Meet the disability requirements or
- Have a disability that would meet the early intervention requirements

To meet the 'disability requirements' means having a significant and permanent disability that affects communication, mobility, self-care or self-management. A disability that varies in intensity (for example because the impairment is of a chronic episodic nature) may be permanent, and the person's support needs in relation to the impairment may be likely to continue for the person's lifetime, despite the variation.

---

### COMMON GROUND IN THE ACT

In July 2013 the Federal and ACT Governments announced \$14 million joint funding towards a *Common Ground* project, to enable the development of long-term accommodation and support services for the Canberra people.

- \$4 million from the Federal Government for the Common Ground project
- \$7.5 million from the ACT Government for the Common Ground project
- \$2.2 million approximate land value (considered in kind a contribution from the ACT Government)
- \$1.48 million each in matched funding from the Federal and ACT Governments as part of the National Partnership Agreement on Homelessness.

40 new units are planned to be built on a site in Gungahlin that will offer a supported and inclusive community for homeless individuals and families, as well as low-income earners. The program works with a mix of around 50 percent income-earning households, and aims to create a community with good role models for all residents, rather than a concentrated pocket of disadvantage. In addition to stable accommodation, *Common Ground* will provide wrap-around services to help people overcome health, education or substance addiction issues. *Common Ground* approach is a partnership between community groups, the private sector and the government, and *Common Ground* Canberra is due for completion by December 2014. It is proposed that a community agency, "Argyle Housing", will manage the tenancy arrangements with Northside Community Services providing social support services.

---

### THE ACT MENTAL HEALTH SERVICES PLAN



## CONFIDENTIAL – NOT FOR CIRCULATION

The ACT Mental Health Services Plan sets the strategic direction for mental health service development within ACT. The vision for 2020 outlined in the plan states<sup>1</sup>:

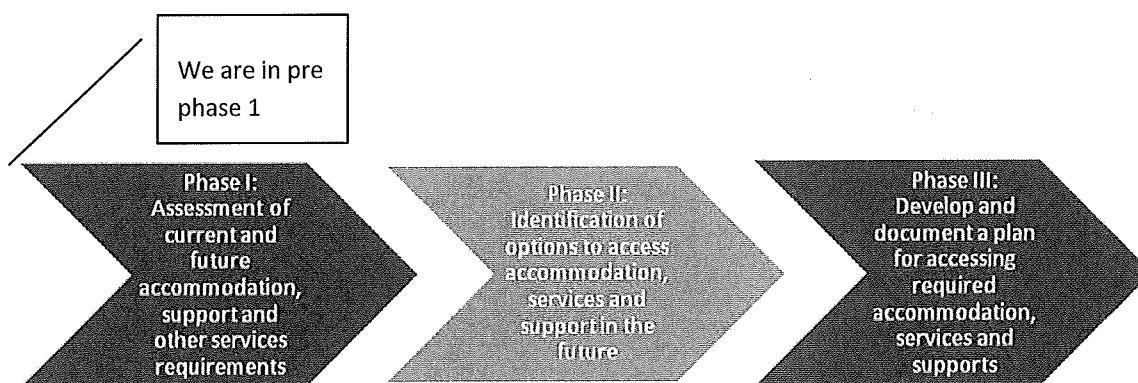
*In the ACT in 2020, the mental health system will be consumer oriented and driven and focus on recovery and rehabilitation. Consumers and carers will have seamless access to a coordinated and interconnected network of services provide by the consumer, community, public and private sectors and designed to meet the mental health and psychological needs for individual health and well being.*

It is anticipated that the implementation of the NDIS in July 2014 in the ACT will assist people with significant and lifelong disability (including psychosocial disabilities) to access services through individualised funding and support packages.

#### 4. PHASES OF PROJECT

The Project will be divided into three phases with the initial focused on the assessment of the current accommodation, supports and services utilised by people living in BHRC supported accommodation and those that might be required in the future. This phase will actively seek input from people and their families by way of volunteered individual stories. It is anticipated that analysis of this information will also be used to inform future AMHS Models of Care. The second will consider how accommodation and these services and supports might be accessed in the future, with consideration of new opportunities available though the NDIS and other initiatives (such as *Common Ground*). The final phase of the project will develop individual plans for accessing future accommodation, services and supports to meet the needs of people living in BHRC accommodation.

**Diagram I: Phases of Project**



#### 5. PROJECT DEFINITION

<sup>1</sup> ACT Mental Health Services Plan 2009-2014, p.11

## PROJECT AIM

To establish individual plans for people currently supported at BHRC to access appropriate accommodation, supports and services to enable them to successfully reside in the community in the future.

It is anticipated that this project will also inform our service of ways to support additional people in the future, both as individuals and collectively through our future AMHS Models of Care.

## OBJECTIVES

The objectives of the project are to:

- Assess the current and future accommodation, support and other service needs of people currently supported by BHRC
- Identify options to access these accommodation, services and support requirements in the future
- Support people at BHRC to access required accommodation, services and supports
- Identify and report where there are “gaps” in services
- and work with the NDIA, Community Sector Service providers and Government agencies to facilitate the provision of accommodation, support and services

## SCOPE

While the project scope is focused on BHRC, the aim is to develop a sustainable process so that other people will benefit into the future.

### Out of Scope

People who are not currently supported at the BHRC or would be unlikely to in the future.

## KEY DELIVERABLES

- Assess those people who will meet the criteria for Common Ground and support people to access the NDIS
- In collaboration with people who use these services, their families, AMHS staff and current service providers – undertake comprehensive assessments to identify appropriate accommodation, support and services required to enable them to successfully reside in the community in the future
- In addition to these assessments, we seek input from people and their carers and families by way of volunteered individual stories.
- Analysis of this information will be used to inform our service of ways to support additional people in the future, both as individuals and collectively through our future AMHS Models of Care.

## CONFIDENTIAL – NOT FOR CIRCULATION

- Working with government agencies and community service providers, source the accommodation, support and service requirements for people and support individual's NDIS planning and make appropriate referrals
- Where there are "gaps" in services, work with the NDIA and other service providers to determine ways to access accommodation, services and support in the future and facilitate the provision of these services
- Document individual plans for people to access their requirements, including process/flow maps, and service relationships.

---

**DEPENDENCIES, INTERDEPENDENCIES AND RELATED PROJECTS**

The interdependencies of the project will be with:

- The launch of the NDIS in July 2014 and the MHJHADS implementation
- The launch of the Common Ground project in early 2015
- Planned opening of UCPH in 2018
- Planned opening of Secure Mental Health Unit in 2016
- Development of AMHS Model of Care (MoC)
- Development of an AMHS Community Mental Health MoC

Linkages between MHJHADS and the following will also need to be considered:

- ACT Housing
- NDIA
- Centrelink
- Community Sector mental health services
- General Practitioners
- Other individuals or organisations as identified

## 6. PROJECT ORGANISATION

### GOVERNANCE

The staff identified for this project will be required work closely with existing staff at BHRC and report to the Project Officer for Adult Mental Health Services Model of Care. At weekly multidisciplinary team meetings, held at BHRC, people's individual assessments will be coordinated and discussed with the treating consultant. Staff will also report monthly to the Project Officer for Adult Mental Health Services Model of Care on the progress and outcomes of assessments made, transition services provided and any identified gaps in accommodation, support and services required.

Monthly status reports will be provided by the Adult Mental Health Model of Care Project Officer to the Operational Director for ACT Wide Mental Health Services and the Steering Committee for AMHS

MoC which is chaired by the Executive Director of Mental Health, Justice Health and Alcohol & Drug Services.

## STAKEHOLDERS CONSULTATION AND COMMUNICATIONS

People currently accessing accommodation or inpatient services at BHRC are central to this project. Individuals' choice and control is key to ensuring people's needs are met and appropriate services and supports are facilitated. It is anticipated that families and carers will provide additional perspectives and information to support peoples' needs. We will actively seek input from people and their families by way of volunteered individual stories. It is anticipated that analysis of this information will be used to inform our service of ways to support additional people in the future, both as individuals and collectively through our future AMHS Models of Care.

In addition it is anticipated that planning for access to accommodation, services and supports will need to be undertaken collaboratively with other services such as the National Disability Insurance Agency, *Common Ground* Canberra, ACT Housing and other service providers.

To ensure that key stakeholders are informed of the progress of the development of the project the following will be completed:

- Status Reports will be provided by the Adult Mental Health Model of Care Project Officer to the Operational Director for ACT Wide Mental health Services and the Steering Committee for AMHS MoC
- Consultation with key stakeholder groups - A number of consultation forums will be provided to key consultation groups

## ISSUES MANAGEMENT

An issues/risk register will be collated as part of the project. Any risks and issues identified will be documented and presented to the Steering Committee on a monthly basis.

## 7. PROJECT PLAN

### APPROACH

Input to the plan will be provided by the Rehabilitation Working Group, the NDIA, *Common Ground*, ACT Housing, Centrelink and overseen by the AMHS MoC Steering Committee.

### PROPOSED WORK PLAN AND TIME FRAMES

In order to meet the scheduling requirements of the launch of *Common Ground* and the stepped launch of the NDIS it will be important to prioritise the assessments of those people who are eligible for these services.

As experience from other NDIS trial sites has shown, individuals are taking longer than expected to complete an NDIS plan and that planning is a new experience for many, including support workers.

## CONFIDENTIAL – NOT FOR CIRCULATION

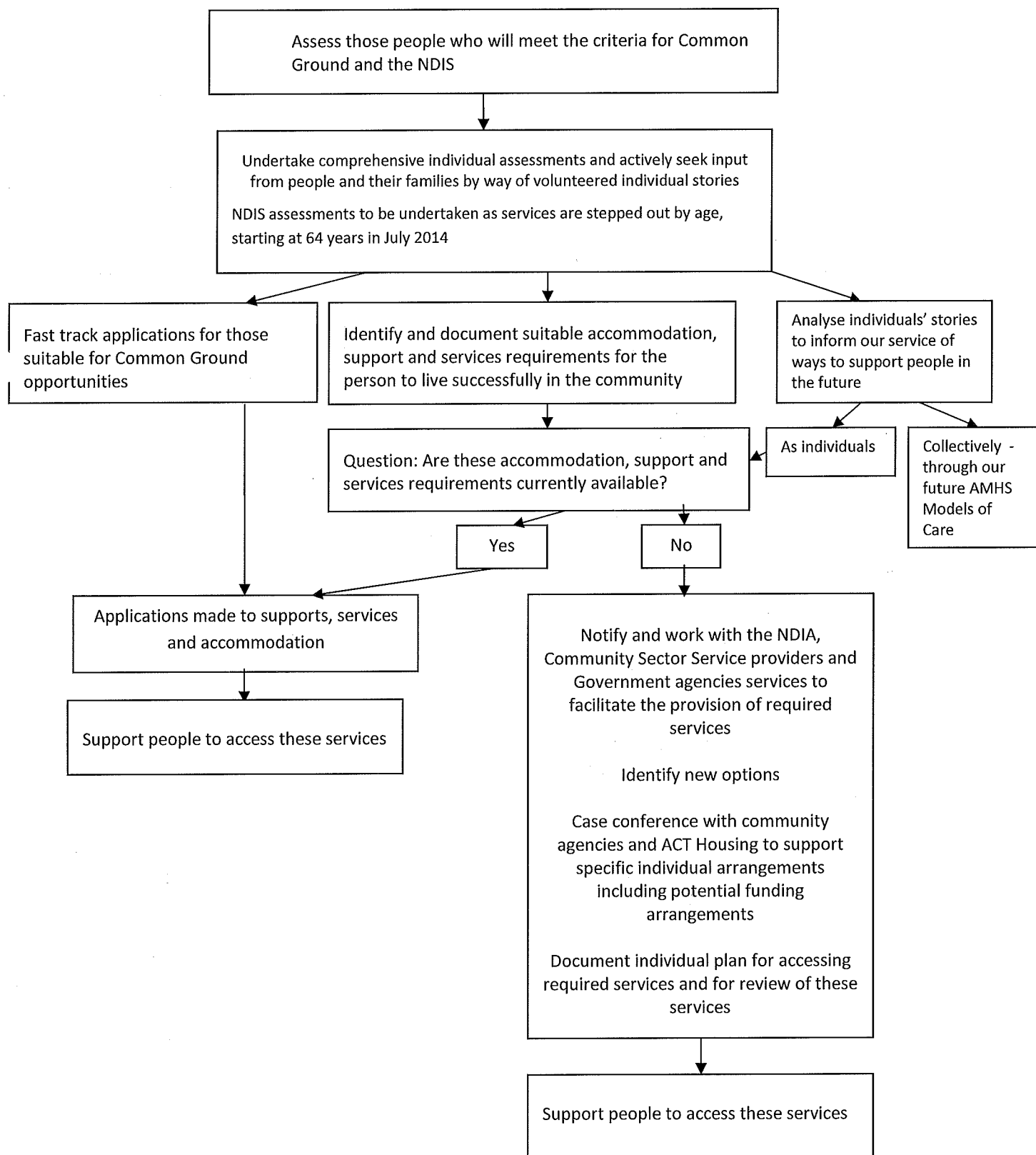
As such, it is anticipated that staff resources will be required initially to engage with people, their carers and family, as well as other service providers and key stakeholders. Specific training will be required to assist staff to facilitate individuals' supported decision making, and assist people to develop a plan that will express their goals and aspirations.

Work	Method	Completed Timeframe
1) Skills development	Undertake specific training to assist staff to facilitate individuals' supported decision making, and develop a plan that will express their goals and aspirations	From September 2014
2) Assess those people who will meet the criteria for <i>Common Ground</i> and the NDIS	Liaise with <i>Common Ground</i> and NDIS	From September 2014
<p>Note: Assessments to be prioritised in order to meet deadlines of            NDIS launched July 2014 - <i>Common Ground</i> to be launched in December 2014</p>		
3) Undertake comprehensive individual assessments  4) The stories of those people volunteering information to be collated and analysed	Comprehensive assessments to include: <ul style="list-style-type: none"> <li>• Functional Assessment (strengths and limitations, occupational therapy)</li> <li>• Physical health assessment</li> <li>• Mental health assessment</li> <li>• Neuropsychological assessment including intellectual and cognitive functioning</li> </ul> Analysis of peoples' stories used to inform our service of ways to support additional people in the future, both as individuals and collectively through our future AMHS Models of Care	Fast tracking those deemed suitable for <i>Common Ground</i> opportunities  NDIS assessments to be undertaken as services are stepped out by age, starting at 64 years from July 2014  All Assessments to be completed by July 2015  Analyses of people's stories to be considered in the development of future AMHS Models of Care
5) Identify suitable accommodation, support and services requirements for the person to live successfully in the	Applications to be made to ACT Housing and other support accommodation eg: <i>Common Ground</i>	Relevant ACT Housing applications have already been made for eligible people - Ongoing

## CONFIDENTIAL – NOT FOR CIRCULATION

community	<p>Review of people unable to be placed in alternative long term accommodation</p> <p>Identify gaps, where services required are not currently available</p>	<p>Commence transitioning as <i>Common Ground</i> becomes available – December 2014</p> <p>Commence transitioning to other services as they become available</p>
6) Where there are 'gaps' in services, notify/work with relevant services to facilitate the provision of these services	liaise with ACT Housing, NDIA, and other service providers to identify options to access accommodation, services and supports in the future	2015
7) Document individuals' requirements (Rather than plans) for accessing these required services which will include process/flow maps, and service relationships.	<p>Document individuals' requirements for accessing required accommodation, services and supports.</p> <p>Identify the availability of these Requirements and</p> <p>Report where any "gaps" in required accommodation, services and supports are occurring</p>	<p>Ongoing from September 2014</p> <p>To be completed by July 2015</p>
<p>8) Work with key service providers to Identify:</p> <ul style="list-style-type: none"> <li>• New options to access accommodation, services and support in the future; and</li> <li>• assessment criteria required by NDIA/other services to access these services</li> </ul>	Case conference with community agencies and ACT Housing to support specific individual arrangements including potential funding arrangements eg: Memorandums of Understandings (MOUs) and Service Level Agreements (SLAs )	2015 - this action has now been timetabled post documenting individuals' requirements
9) Support people to access these services	BHRC staff, clinical managers and treating team	<p>Ongoing from 2015</p> <p>To be completed by June 2016</p>

## PROPOSED PROJECT FLOW CHART



## STAFFING OPTIONS

As experience from other NDIS trial sites has shown, individuals are taking longer than expected to complete an NDIS plan and that planning is a new experience for many, including support workers. As such, it is anticipated that staff resources will be required initially to engage with people, their carers and family, as well as other service providers and key stakeholders. Specific training will be required to assist staff to facilitate individuals' supported decision making, and assist people to develop a plan that will express their goals and aspirations.

A schedule will need to be developed to coordinate the engagement of people and their families and carers, to undertake comprehensive assessments and assist in the development of individuals' requirements.

It has been identified that in order for current and future accommodation, support and other service needs of people currently supported by BHRC to be fully assessed, extensive individual assessments will need to be undertaken. These include:

- Neuropsychological assessment – including assessment of cognitive capacity, memory learning styles and executive functioning to identify strengths and weaknesses to better understand what is happening for the individual and what areas need to be targeted to assist in identifying gaps and areas for skill building and/or for support persons to understand the full capacity of each individual from a cognitive and personality perspective. In addition, therapeutic input may be provided to support the residents during the preparation phase.
  - Proposed position: 0.4 FTE HP3 Psychologist
- Functional Assessment - adaptive daily functioning, identifying gaps and areas for skill building or target support needs. This position will require an experienced occupational therapist that will be able to work through some of the individual and systemic challenges presented in transitioning people from BHRC.
  - Proposed position: 0.4 FTE HP3 Occupational Therapist
- Recovery Planning and support - to support people to transition from BHRC to community living
  - Proposed position: 0.3 FTE Registered Nurse Level 2 to backfill existing nursing staff to undertake this role

It is expected that staff will engage with individuals, their carers and family, the relevant MDT/clinical managers, other relevant AMHS staff, Community Sector service providers, NDIS planners, specialists and other staff as required.

A report, coordinated by the Project Officer for the Adult Mental Health Model of Care will be required documenting the requirements of people to access accommodation, services and support in the future (as determined by comprehensive assessments). Staff would be required to work collaboratively with BHRC and AMHS staff, including Clinical Managers and other stakeholders to apply for and access these services and, importantly, where there are identified gaps in accommodation, supports and services.



## 8. ISSUES FOR CONSIDERATION

- Of the 30 BHRC residents, 8 have already been assessed as requiring ACT Community Housing with intensive supports in place such as:
  - afterhours support
  - medication supervision
  - assistance with ADL's and incontinence
  - meal preparation and supervision
  - diabetic management
  - risk management inclusive of fire risk

There is currently no such accommodation available and no known plan to address this issue.

- In order to access Community Sector services the majority of service providers require the allocation of an Adult Mental Health Community Clinical Manager. Many of the people at BHRC do not have a current Community Clinical Manager.
- Clinicians, supported by the clinical leads for each area will be required to liaise with, and support people to engage with their NDIS planners
- Anecdotal evidence that some Community Sector services are ceasing current services in anticipation of NDIS (eg: Pottery at Belconnen Community Service will cease due to funding being diverted to NDIS, Personal Helpers and Mentors (Phams) ceasing in 12 months due to funding going to NDIS )
- Many of the people currently at BHRC have significant complex mental health, behavioural, co morbidity and/or risk issues. For some these issues may preclude them from existing ACT Housing or other accommodation services
- Peoples' legal status – eg: PTO, people directed to BHRC by the courts – may impact on people accessing alternative accommodation. As such, clear guidelines are required as to how and where these people will be supported either in the community or other AMHS (Eg: The Secure Mental Health Unit or the Adult Mental Health Rehabilitation Unit at UCPH)



# MINISTERIAL BRIEF

GPO Box 825 Canberra ACT 2601  
 Website: [www.health.act.gov.au](http://www.health.act.gov.au)  
 ABN: 82 049 056 234

**To:** Katy Gallagher MLA, Minister for Health

**Subject:** Proposed information sessions, highlighting ACT Health's future rehabilitation directions for people, family and support people from Brian Hennessy Rehabilitation Centre.

**Through:** Dr Peggy Brown, Director-General *5/10/14*  
 Ian Thompson, Deputy Director-General, Canberra Hospital and Health Services

Received in  
 Minister's office:

**Critical Date** N/A

RETURN FOR FURTHER  
**ACTION**  
 DUE EC *16/10/14*

## Purpose

- To provide you with background and information regarding information sessions, highlighting ACT Health's future rehabilitation directions for people, family and support people from Brian Hennessy Rehabilitation Centre.

## Background

- In 2011 the ACT Government announced its decision to build a new subacute hospital in the ACT.
- In 2012 the University of Canberra was selected as the preferred site for that facility and work began on developing the University of Canberra Public Hospital (UCPH) Service Delivery Plan, including an Adult Mental Health Rehabilitation Unit (AMHRU) and an Adult Mental Health Day Service (AMHDS).
- In May 2014 the ACT Government released the finalised Service Delivery Plan for the UCPH. The plan was also used to develop Models of Care for the AMHRU and AMHDS.
- In April and October 2013, two series of forums were hosted by Mental Health, Justice Health and Alcohol and Drug Services (MHJHADS) at Brian Hennessy Rehabilitation Centre for residents, family/carers and staff to inform them of the proposed development of the new UCPH and its Adult Mental Health Rehabilitation Unit (AMHRU). At that time concerns were raised regarding the long term plan for people residing at Brian Hennessy Rehabilitation Centre.

## Communication Implications (including media)

- No media have been invited to these information sessions. However, Emma Kelly at Canberra Times has requested interview with ACT Health about these changes, and there may be additional media interest given recent media coverage of ACT Health's mental health service.
- Additionally, it is anticipated that these information sessions may generate more feedback from consumers, carers and other interested parties. Q&A's have been provided at Attachment A.

## Issues

9. In June 2014 at the Select Committee for Estimates, Dr Peggy Brown advised that Brian Hennessy Rehabilitation Centre would be closing and that existing residents would be transferred to alternative Mental Health services in the ACT or, as part of the National Disability Insurance Scheme, assisted to find supported accommodation in the ACT.
10. In August 2014 a *Project Plan for MHJHADS to Support the Transition of People from BHRC to Alternative Accommodation* was endorsed by the Adult Mental Health Model of Care Steering Committee, at Attachment B, as were the draft Models of Care for the AMHRU and interim AMHDS at Belconnen Community Health Centre.
11. The Draft Models of Care were sent to key stakeholders and comments were received internally and from a number of external parties including the Australian Nursing and Midwifery Federation (ANMF), Canberra Public Sector Union (CPSU), Alcohol Tobacco and Other Drug Association ACT (ATODA), ACT Medicare Local, and Carers ACT.
12. Two information sessions will be held on 9 October 2014 and are planned for people, family and support people and staff from Brian Hennessy Rehabilitation Centre to provide information on:
  - Planning for UCPH to date,
  - The new Model of Care for the Adult Mental Health Rehabilitation Unit (AMHRU) at UCPH, and
  - The transition of people currently at BHRC to alternative accommodation/services.
13. A flyer advertising the proposed information sessions is at Attachment C and a newsletter that will be distributed during the sessions is at Attachment D.
14. Staff from the ACT Health Infrastructure and Planning Unit are in the process of developing a communication plan regarding BHRC, UCPH, and the Secure Mental Health Unit.
15. Further sessions will then be organised with peak bodies representing consumer, carer and community organisations.

## Financial Implications

16. N/A

## Internal Consultation

17. Complete – through the Adult Mental Health Model of Care Steering Committee

## External Consultation

18. Complete – The proposed information sessions are being held in order to provide an update highlighting ACT Health's future rehabilitation directions for people, family and support people from Brian Hennessy Rehabilitation Centre

## Benefits/Sensitivities

19. Concerns have been raised from consumers, carers and the ANF, regarding the long term plan for people residing at Brian Hennessy Rehabilitation Unit.

**Recommendation**

That you note the above information.

NOTED/PLEASE DISCUSS

*Katy Gallagher* ..... 8/10/14  
Katy Gallagher MLA

Will some residents be eligible for  
stay at SMTU?

This transition needs to be  
dealt with very carefully +  
with as much  
communication with  
residents and ~~and~~  
families.  
KQ.

Katrina Bracher  
**Executive Director**  
Mental Health, Justice Health and Alcohol and Drug Services

Action Officer: **Bruno Aloisi**  
Phone: **x 51048**

## Q&As - Brian Hennessy Rehabilitation Centre

### **What is happening with the University of Canberra Public Hospital?**

In 2011, the ACT Government announced its decision to build a new subacute hospital in the ACT.

In 2012, the University of Canberra Belconnen campus was selected as the preferred site for the facility, and work began on developing the University of Canberra Public Hospital (UCPH) Service Delivery Plan for a sub-acute hospital providing up to 200 beds with a focus on sub-acute rehabilitation and aged care services.

In May 2014, the ACT Government released the finalised Service Delivery Plan for the UCPH.

### **What health services will be delivered at the University of Canberra Public Hospital?**

A number of health services will be delivered at the new UCPH campus, including:

- An Adult Mental Health Rehabilitation Unit (AMHRU) and an Adult Mental Health Day Service (AMHDS). The finalised Service Delivery Plan for the UCPH was used to develop a new Model of Care for the AMHRU and AMHDS.
- There will also be considerable development of other Rehabilitation and Aged Care Services that are currently managed by Rehabilitation, Aged and Community Care (RACC) Division.

### **How will the new Adult Mental Health Rehabilitation Unit at UCPH be delivered?**

The new AMHRU will be a purpose built rehabilitation inpatient unit, working under a new Model of Care, aimed at delivering effective, recovery oriented rehabilitation to people whose needs cannot be met by less intensive community based adult mental health services. The anticipated length of stay at the unit will be 3 to 18 months.

### **Will residents of Brian Hennessy Rehabilitation Centre move into the AMHRU?**

It is intended that the psychosocial rehabilitation service that is currently provided at Brian Hennessy Rehabilitation Centre (BHRC) will be re-located to UCPH into the new AMHRU. In preparation of the new AMHRU opening in 2017-18, and the new Model of Care for this facility, ACT Health is supporting the transition of people from the existing BHRC to alternative accommodation/services.

### **Will all of the residents at Brian Hennessy Rehabilitation Centre move into the AMHRU?**

No, however planning is underway to explore alternative options for supported care in the community for current longer-term residents at BHRC. It is anticipated that community agencies and resources derived from the National Disability Insurance Scheme (NDIS) will play a key role in the provision of alternative options.

ACT Health is committed to ensuring that service changes enhance rehabilitation services for the mental health community of the ACT. The UCPH represents an opportunity to have greater flexibility to provide these essential services within an appropriate, safe, custom-built, state-of-the-art facility.

### **How can I find out more information about the transition plans?**

Consultation with BHRC staff, residents, families and carers around proposed changes to the operations of the BHRC commenced in April 2013 and will be ongoing.

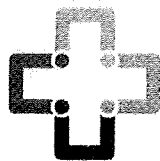
Two information sessions will be held on 9 October 2014 for clients, families, support people and staff from BHRC (media are not invited) to provide information on:

- Planning for University of Canberra Public Hospital (UCPH) to date,
- The new Model of Care for the Adult Mental Health Rehabilitation Unit (AMHRU) at UCPH and
- The transition of people currently at BHRC to alternative accommodation/services.

### **What will happen with the Brian Hennessy Rehabilitation Centre building in the future?**

At this stage, no decisions have been made in relation to the use of the BHRC facility in the future.

CONFIDENTIAL – NOT FOR CIRCULATION

CANBERRA HOSPITAL  
AND HEALTH SERVICES

# MHJHADS SUPPORTING THE TRANSITION OF PEOPLE FROM THE BRIAN HENNESSY REHABILITATION CENTRE (BHRC) TO ALTERNATIVE ACCOMMODATION

---

## Project Plan

Revised August 2014

## CONTENTS

Contents .....	<b>Error! Bookmark not defined.</b>
1. Document Information.....	4
Document Purpose.....	4
Intended Audience .....	4
2. Introduction.....	4
Brief Description of Project .....	4
3. Background.....	4
Relevant Adult Mental Health Services.....	4
The Brian Henessy Rehabilitation Centre (BHRC) .....	5
National Disability Insurance Scheme (NDIS).....	6
<i>Common Ground</i> in the ACT .....	7
The ACT Mental Health Services Plan .....	7
4. Phases of Project .....	8
5. Project Definition .....	8
Project Aim .....	9
Objectives.....	9
Scope .....	9
Key Deliverables .....	9
Dependencies, Interdependencies and Related Projects .....	10
6. Project Organisation.....	10
Governance .....	10
Stakeholders Consultation and Communications .....	11
Issues Management .....	11

CONFIDENTIAL – NOT FOR CIRCULATION

7. Project Plan .....11

    Approach .....11

    Proposed Work Plan and Time Frames .....11

    Proposed Project Flow Chart.....14

    Staffing Options.....15

8. Issues for consideration .....16



## 1. DOCUMENT INFORMATION

### DOCUMENT PURPOSE

The purpose of this project plan is to document the plan for the Mental Health, Justice Health and Alcohol and Drug Services (MHJHADS) to assist people currently supported by the Brian Hennessy Rehabilitation Centre (BHRC) to access opportunities arising from the launch of the National Disability Insurance Scheme (NDIS) in the ACT and new accommodation options being developed, such as the *Common Ground* Canberra project. The plan will assist these people, and others in the future, to access appropriate accommodation, supports and services to enable them to successfully reside in the community in the future.

### INTENDED AUDIENCE

This document is intended for key staff from MHJHADS and stakeholders in other relevant Directorates.

## 2. INTRODUCTION

### BRIEF DESCRIPTION OF PROJECT

The project will review the type and scope of services currently utilised by people who are currently supported at the BHRC.

In addition, the project will consider those services that would support these people to live in the community in the future and how access to these services would be best facilitated. Such services and supports may include:

- Accommodation
- Food services
- Individual support for activities of daily living, living skills development and maintenance and accessing vocational training
- Community Sector supports and services – psychosocial supports

The project will seek information collated from residents, their clinical managers/the AMHS service, family and carers, and the Community Sector who provide services to these people.

By having a comprehensive understanding of people's current and future needs and services we will be better placed to access future services and opportunities as they arrive.

## 3. BACKGROUND

### RELEVANT ADULT MENTAL HEALTH SERVICES

## CONFIDENTIAL – NOT FOR CIRCULATION

MHJHADS currently provides inpatient services for up to 30 people through the BHRC.

---

#### THE BHRC

The BHRC is a unit that provides 24 hour/7day a week services and supports for up to 30 people including:

- Support with activities of daily living (ADL)
- Therapeutic group work
- Individual therapy
- Facilitating the mental and physical needs of people
- Ensuring compliance with medications
- Family centered care
- Functional assessments
- Skills training
- Commence people on clozapine or support people coming off clozapine
- Post discharge outreach for 3 months
- Some people also have community clinical managers

In addition, BHRC manages a 3 bedroom house that provides an important opportunity for people to transition from BHRC to the community.

#### People Currently at BHRC

There are currently 30 people supported through BHRC. Ages range from 19 to 65 years old, each residing at the centre from 6 months to 13 years. 11 have been at the Centre for up to 2 years, eight for longer than 2 years and 11 for longer than 5 years.

Of these residents, 8 have already been assessed as requiring ACT Community Housing with intensive supports in place such as afterhours support, medication supervision, assistance with ADL's and incontinence, meal preparation and supervision, diabetic management, risk management inclusive of fire risk.

Only 19 of these people have Clinical Managers from the Adult Mental Health Community teams, which can pose difficulties when trying to access community sector services.

Family and carers, and a variety of Community Sector organizations also provide a range of services to these people including:

- day to day living needs e.g. shopping, attending appointments, etc
- psychosocial support
- vocational training and support
- education and support to manage ongoing mental health issues
- peer support
- referrals to other services.

## NATIONAL DISABILITY INSURANCE SCHEME (NDIS)

In July 2014 the National Disability Insurance Scheme (NDIS) was launched in the ACT. The National Disability Insurance Agency (NDIA) is the statutory body that will be implementing and managing the scheme. The NDIS is a new way of funding supports and services to people with a disability and will offer individualised funding and support packages for those people with significant and lifelong disability. These packages have been determined to be Tier 3 services. Tier 2 services are still being defined but are likely to consist of one – off services, information and referral services and skill building or decision support services. Tier 1 of the NDIS is for those people who are not eligible and this will be linking people with mainstream supports.

Joint investment into the scheme in the ACT by 2019-20 is expected to be \$342 million. The ACT Government will provide about \$167 million or 49% of the cost and the Commonwealth Government will contribute around \$175 million or 51% of the cost.

The NDIS will mean that those community managed services and programmes deemed as specialist disability services will cease to be block funded by the ACT government and that the funding will go to the NDIA as part of the ACT government's contribution to the NDIS. Specialist disability services delivered by government will also be considered as part of the ACT contribution to the NDIS. A number of identified commonwealth programmes have also been identified and will form part of the commonwealth contribution to the NDIS. People with disability will then receive a package of funding to support their needs and choose which service they wish to purchase.

In the ACT over 5,000 people who are eligible for Tier 3 services are set to transition into the NDIS over two years. Of this number, approximately 900-1000 People with psychosocial disability will be eligible for the Tier 3 services from the NDIS. This is approximately 1 out of 7 people who are currently receiving clinical services from MHJHADS. Currently approximately 200 people receive support from ACT Government funded community managed services and a further 150 people are receiving support from Commonwealth funded programmes. All BHRC are likely to be eligible for NDIS support.

### NDIS principles

"Choice" and "Control" for people with a disability are central core tenets of the NDIS. This means that people with a disability have the right to make their own decisions regarding things like;

- The type of supports and services they use
- Who provides these services
- How services are designed and provided
- How supports are to be managed
- How their funding is managed
- NDIS Planning

Key to the NDIS is the use of goal based planning. Participants of the scheme will be required to develop a plan that will express their goals and aspirations. Experience from other trial sites has

## CONFIDENTIAL – NOT FOR CIRCULATION

shown that participants are taking longer than expected to complete a plan and that planning is a new experience for many people.

**NDIS Eligibility**

To be eligible for the NDIS a person must be:

- An ACT resident and be a permanent resident of Australia
- Aged under 65
- Meet the disability requirements or
- Have a disability that would meet the early intervention requirements

To meet the 'disability requirements' means having a significant and permanent disability that affects communication, mobility, self-care or self-management. A disability that varies in intensity (for example because the impairment is of a chronic episodic nature) may be permanent, and the person's support needs in relation to the impairment may be likely to continue for the person's lifetime, despite the variation.

**COMMON GROUND IN THE ACT**

In July 2013 the Federal and ACT Governments announced \$14 million joint funding towards a *Common Ground* project, to enable the development of long-term accommodation and support services for the Canberra people.

- \$4 million from the Federal Government for the Common Ground project
- \$7.5 million from the ACT Government for the Common Ground project
- \$2.2 million approximate land value (considered in kind a contribution from the ACT Government)
- \$1.48 million each in matched funding from the Federal and ACT Governments as part of the National Partnership Agreement on Homelessness.

40 new units are planned to be built on a site in Gungahlin that will offer a supported and inclusive community for homeless individuals and families, as well as low-income earners. The program works with a mix of around 50 percent income-earning households, and aims to create a community with good role models for all residents, rather than a concentrated pocket of disadvantage. In addition to stable accommodation, *Common Ground* will provide wrap-around services to help people overcome health, education or substance addiction issues. *Common Ground* approach is a partnership between community groups, the private sector and the government, and *Common Ground* Canberra is due for completion by December 2014. It is proposed that a community agency, "Argyle Housing", will manage the tenancy arrangements with Northside Community Services providing social support services.

**THE ACT MENTAL HEALTH SERVICES PLAN**

## CONFIDENTIAL – NOT FOR CIRCULATION

The ACT Mental Health Services Plan sets the strategic direction for mental health service development within ACT. The vision for 2020 outlined in the plan states<sup>1</sup>:

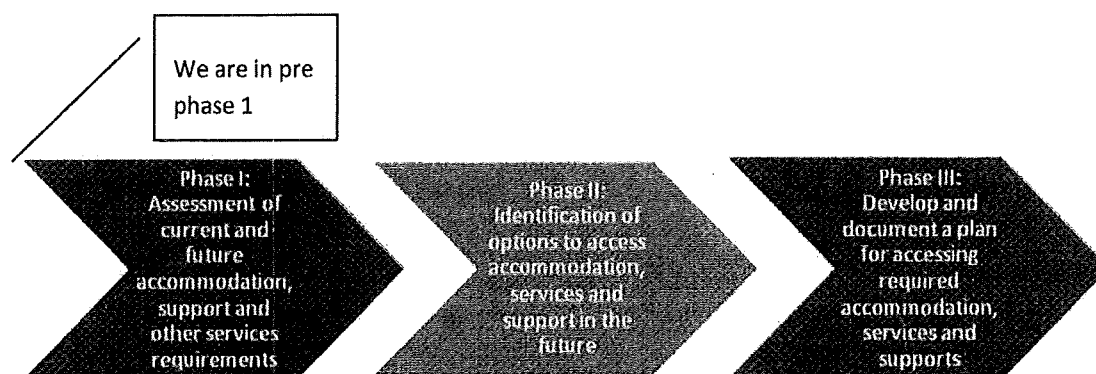
*In the ACT in 2020, the mental health system will be consumer oriented and driven and focus on recovery and rehabilitation. Consumers and carers will have seamless access to a coordinated and interconnected network of services provide by the consumer, community, public and private sectors and designed to meet the mental health and psychological needs for individual health and well being.*

It is anticipated that the implementation of the NDIS in July 2014 in the ACT will assist people with significant and lifelong disability (including psychosocial disabilities) to access services through individualised funding and support packages.

#### 4. PHASES OF PROJECT

The Project will be divided into three phases with the initial focused on the assessment of the current accommodation, supports and services utilised by people living in BHRC supported accommodation and those that might be required in the future. This phase will actively seek input from people and their families by way of volunteered individual stories. It is anticipated that analysis of this information will also be used to inform future AMHS Models of Care. The second will consider how accommodation and these services and supports might be accessed in the future, with consideration of new opportunities available though the NDIS and other initiatives (such as *Common Ground*). The final phase of the project will develop individual plans for accessing future accommodation, services and supports to meet the needs of people living in BHRC accommodation.

**Diagram I: Phases of Project**



#### 5. PROJECT DEFINITION

<sup>1</sup> ACT Mental Health Services Plan 2009-2014, p.11

CONFIDENTIAL – NOT FOR CIRCULATION

## PROJECT AIM

To establish individual plans for people currently supported at BHRC to access appropriate accommodation, supports and services to enable them to successfully reside in the community in the future.

It is anticipated that this project will also inform our service of ways to support additional people in the future, both as individuals and collectively through our future AMHS Models of Care.

## OBJECTIVES

The objectives of the project are to:

- Assess the current and future accommodation, support and other service needs of people currently supported by BHRC
- Identify options to access these accommodation, services and support requirements in the future
- Support people at BHRC to access required accommodation, services and supports
- Identify and report where there are “gaps” in services
- and work with the NDIA, Community Sector Service providers and Government agencies to facilitate the provision of accommodation, support and services

## SCOPE

People who are supported at the BHRC at present.

### Out of Scope

People who are not currently supported at the BHRC.

## KEY DELIVERABLES

- Assess those people who will meet the criteria for Common Ground and support people to access the NDIS
- In collaboration with people who use these services, their families, AMHS staff and current service providers – undertake comprehensive assessments to identify appropriate accommodation, support and services required to enable them to successfully reside in the community in the future
- In addition to these assessments, we seek input from people and their carers and families by way of volunteered individual stories.
- Analysis of this information will be used to inform our service of ways to support additional people in the future, both as individuals and collectively through our future AMHS Models of Care.

## CONFIDENTIAL – NOT FOR CIRCULATION

- Working with government agencies and community service providers, source the accommodation, support and service requirements for people and support individual's NDIS planning and make appropriate referrals
- Where there are "gaps" in services, work with the NDIA and other service providers to determine ways to access accommodation, services and support in the future and facilitate the provision of these services
- Document individual plans for people to access their requirements, including process/flow maps, and service relationships.

## DEPENDENCIES, INTERDEPENDENCIES AND RELATED PROJECTS

The interdependencies of the project will be with:

- The launch of the NDIS in July 2014 and the MHJHADS implementation
- The launch of the Common Ground project in December 2014
- Planned opening of UCPH in 2018
- Planned opening of Secure Mental Health Unit in 2016
- Development of AMHS Model of Care (MoC)
- Development of an AMHS Community Mental Health MoC

Linkages between MHJHADS and the following will also need to be considered:

- ACT Housing
- NDIA
- Centrelink
- Community Sector mental health services
- General Practitioners
- Other individuals or organisations as identified

## 6. PROJECT ORGANISATION

### GOVERNANCE

The staff identified for this project will be required work closely with existing staff at BHRC and report to the Project Officer for Adult Mental Health Services Model of Care. At weekly multidisciplinary team meetings, held at BHRC, people's individual assessments will be coordinated and discussed with the treating consultant. Staff will also report monthly to the Project Officer for Adult Mental Health Services Model of Care on the progress and outcomes of assessments made, transition services provided and any identified gaps in accommodation, support and services required.

Monthly status reports will be provided by the Adult Mental Health Model of Care Project Officer to the Operational Director for ACT Wide Mental Health Services and the Steering Committee for AMHS

## CONFIDENTIAL – NOT FOR CIRCULATION

MoC which is chaired by the Executive Director of Mental Health, Justice Health and Alcohol & Drug Services.

### STAKEHOLDERS CONSULTATION AND COMMUNICATIONS

People currently accessing accommodation or inpatient services at BHRC are central to this project. Individuals' choice and control is key to ensuring people's needs are met and appropriate services and supports are facilitated. It is anticipated that families and carers will provide additional perspectives and information to support peoples' needs. We will actively seek input from people and their families by way of volunteered individual stories. It is anticipated that analysis of this information will be used to inform our service of ways to support additional people in the future, both as individuals and collectively through our future AMHS Models of Care.

In addition it is anticipated that planning for access to accommodation, services and supports will need to be undertaken collaboratively with other services such as the National Disability Insurance Agency, *Common Ground* Canberra, ACT Housing and other service providers.

To ensure that key stakeholders are informed of the progress of the development of the project the following will be completed:

- Status Reports will be provided by the Adult Mental Health Model of Care Project Officer to the Operational Director for ACT Wide Mental health Services and the Steering Committee for AMHS MoC
- Consultation with key stakeholder groups - A number of consultation forums will be provided to key consultation groups

### ISSUES MANAGEMENT

An issues/risk register will be collated as part of the project. Any risks and issues identified will be documented and presented to the Steering Committee on a monthly basis.

## 7. PROJECT PLAN

### APPROACH

Input to the plan will be provided by the Rehabilitation Working Group, the NDIA, *Common Ground*, ACT Housing, Centrelink and overseen by the AMHS MoC Steering Committee.

### PROPOSED WORK PLAN AND TIME FRAMES

In order to meet the scheduling requirements of the launch of *Common Ground* and the stepped launch of the NDIS it will be important to prioritise the assessments of those people who are eligible for these services.

As experience from other NDIS trial sites has shown, individuals are taking longer than expected to complete an NDIS plan and that planning is a new experience for many, including support workers.



## CONFIDENTIAL – NOT FOR CIRCULATION

As such, it is anticipated that staff resources will be required initially to engage with people, their carers and family, as well as other service providers and key stakeholders. Specific training will be required to assist staff to facilitate individuals' supported decision making, and assist people to develop a plan that will express their goals and aspirations.

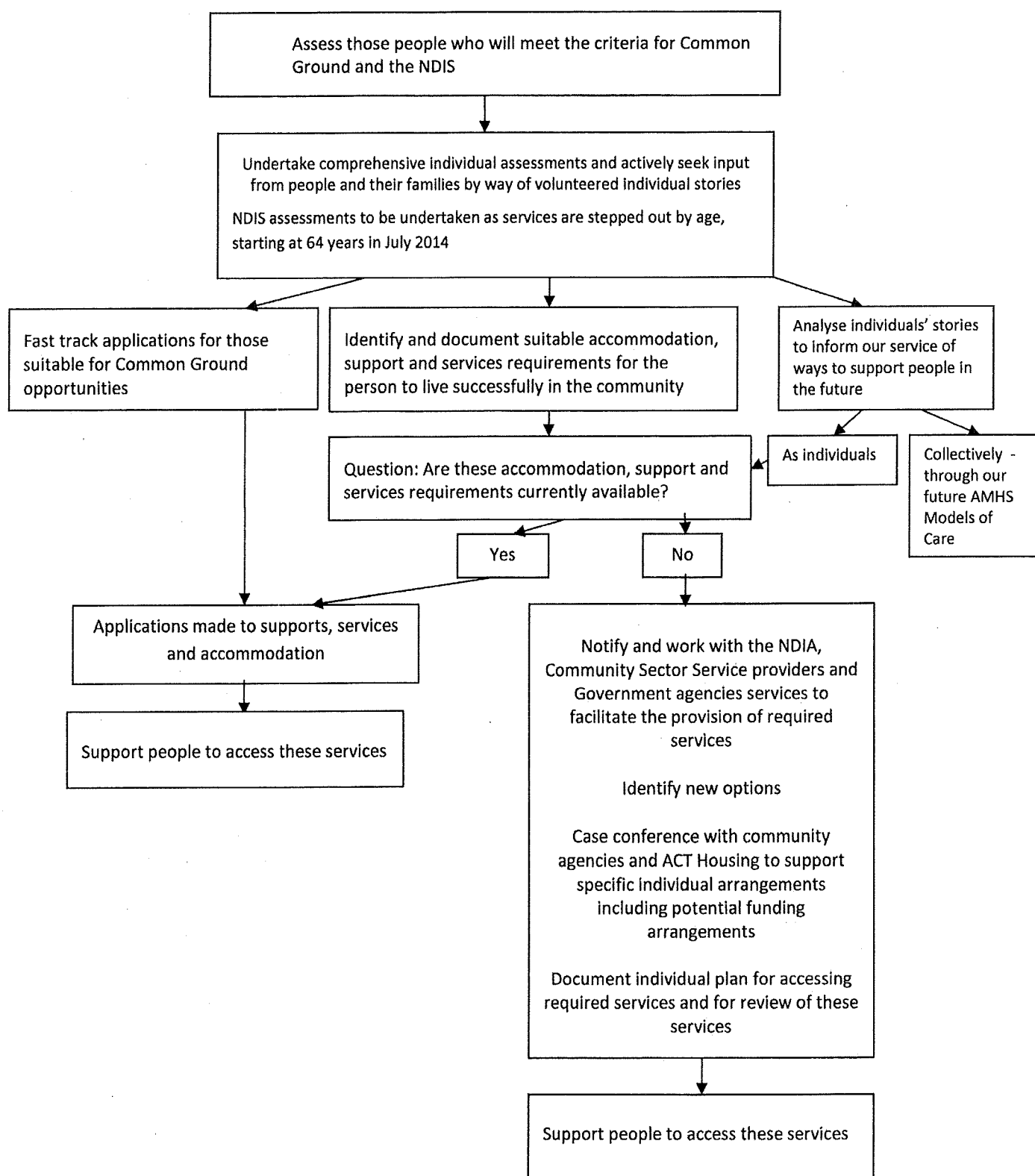
Work	Method	Completed Timeframe
1) Skills development	Undertake specific training to assist staff to facilitate individuals' supported decision making, and develop a plan that will express their goals and aspirations	From September 2014
2) Assess those people who will meet the criteria for <i>Common Ground</i> and the NDIS	Liaise with <i>Common Ground</i> and NDIS	From September 2014
<p style="text-align: center;">Note: Assessments to be prioritised in order to meet deadlines of NDIS launched July 2014 - <i>Common Ground</i> to be launched in December 2014</p>		
3) Undertake comprehensive individual assessments  4) The stories of those people volunteering information to be collated and analysed	Comprehensive assessments to include: <ul style="list-style-type: none"> <li>• Functional Assessment (strengths and limitations, occupational therapy)</li> <li>• Physical health assessment</li> <li>• Mental health assessment</li> <li>• Neuropsychological assessment including intellectual and cognitive functioning</li> </ul> Analysis of peoples' stories used to inform our service of ways to support additional people in the future, both as individuals and collectively through our future AMHS Models of Care	Fast tracking those deemed suitable for <i>Common Ground</i> opportunities  NDIS assessments to be undertaken as services are stepped out by age, starting at 64 years from July 2014  All Assessments to be completed by July 2015  Analyses of people's stories to be considered in the development of future AMHS Models of Care
5) Identify suitable accommodation, support and services requirements for the person to live successfully in the	Applications to be made to ACT Housing and other support accommodation eg: <i>Common Ground</i>	Relevant ACT Housing applications have already been made for eligible people - Ongoing

## CONFIDENTIAL – NOT FOR CIRCULATION

community	<p>Review of people unable to be placed in alternative long term accommodation</p> <p>Identify gaps, where services required are not currently available</p>	<p>Commence transitioning as <i>Common Ground</i> becomes available – December 2014</p> <p>Commence transitioning to other services as they become available</p>
6) Where there are 'gaps' in services, notify/work with relevant services to facilitate the provision of these services	liaise with ACT Housing, NDIA, and other service providers to identify options to access accommodation, services and supports in the future	2015
7) Document individuals' requirements (Rather than plans) for accessing these required services which will include process/flow maps, and service relationships.	<p>Document individuals' requirements for accessing required accommodation, services and supports.</p> <p>Identify the availability of these Requirements and</p> <p>Report where any "gaps" in required accommodation, services and supports are occurring</p>	<p>Ongoing from September 2014</p> <p>To be completed by July 2015</p>
<p>8) Work with key service providers to identify:</p> <ul style="list-style-type: none"> <li>• New options to access accommodation, services and support in the future; and</li> <li>• assessment criteria required by NDIA/other services to access these services</li> </ul>	Case conference with community agencies and ACT Housing to support specific individual arrangements including potential funding arrangements eg: Memorandums of Understandings (MOUs) and Service Level Agreements (SLAs )	2015 - this action has now been timetabled post documenting individuals' requirements
9) Support people to access these services	BHRC staff, clinical managers and treating team	<p>Ongoing from 2015</p> <p>To be completed by June 2016</p>

CONFIDENTIAL – NOT FOR CIRCULATION

## PROPOSED PROJECT FLOW CHART



## STAFFING OPTIONS

As experience from other NDIS trial sites has shown, individuals are taking longer than expected to complete an NDIS plan and that planning is a new experience for many, including support workers. As such, it is anticipated that staff resources will be required initially to engage with people, their carers and family, as well as other service providers and key stakeholders. Specific training will be required to assist staff to facilitate individuals' supported decision making, and assist people to develop a plan that will express their goals and aspirations.

A schedule will need to be developed to coordinate the engagement of people and their families and carers, to undertake comprehensive assessments and assist in the development of individuals' requirements.

It has been identified that in order for current and future accommodation, support and other service needs of people currently supported by BHRC to be fully assessed, extensive individual assessments will need to be undertaken. These include:

- Neuropsychological assessment – including assessment of cognitive capacity, memory learning styles and executive functioning to identify strengths and weaknesses to better understand what is happening for the individual and what areas need to be targeted to assist in identifying gaps and areas for skill building and/or for support persons to understand the full capacity of each individual from a cognitive and personality perspective. In addition, therapeutic input may be provided to support the residents during the preparation phase.
  - Proposed position: 0.4 FTE HP3 Psychologist
- Functional Assessment - adaptive daily functioning, identifying gaps and areas for skill building or target support needs. This position will require an experienced occupational therapist that will be able to work through some of the individual and systemic challenges presented in transitioning people from BHRC.
  - Proposed position: 0.4 FTE HP3 Occupational Therapist
- Recovery Planning and support - to support people to transition from BHRC to community living
  - Proposed position: 0.3 FTE Registered Nurse Level 2 to backfill existing nursing staff to undertake this role

It is expected that staff will engage with individuals, their careers and family, the relevant MDT/clinical managers, other relevant AMHS staff, Community Sector service providers, NDIS planners, specialists and other staff as required.

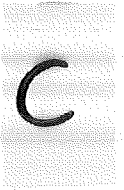
A report, coordinated by the Project Officer for the Adult Mental Health Model of Care will be required documenting the requirements of people to access accommodation, services and support in the future (as determined by comprehensive assessments). Staff would be required to work collaboratively with BHRC and AMHS staff, including Clinical Managers and other stakeholders to apply for and access these services and, importantly, where there are identified gaps in accommodation, supports and services.

## 8. ISSUES FOR CONSIDERATION

- Of the 30 BHRC residents, 8 have already been assessed as requiring ACT Community Housing with intensive supports in place such as:
  - afterhours support
  - medication supervision
  - assistance with ADL's and incontinence
  - meal preparation and supervision
  - diabetic management
  - risk management inclusive of fire risk

There is currently no such accommodation available and no known plan to address this issue.

- In order to access Community Sector services the majority of service providers require the allocation of an Adult Mental Health Community Clinical Manager. Many of the people at BHRC do not have a current Community Clinical Manager.
- Clinicians, supported by the clinical leads for each area will be required to liaise with, and support people to engage with their NDIS planners
- Anecdotal evidence that some Community Sector services are ceasing current services in anticipation of NDIS (eg: Pottery at Belconnen Community Service will cease due to funding being diverted to NDIS, Personal Helpers and Mentors (Phams) ceasing in 12 months due to funding going to NDIS )
- Many of the people currently at BHRC have significant complex mental health, behavioural, co morbidity and/or risk issues. For some these issues may preclude them from existing ACT Housing or other accommodation services
- Peoples' legal status – eg: PTO, people directed to BHRC by the courts – may impact on people accessing alternative accommodation. As such, clear guidelines are required as to how and where these people will be supported either in the community or other AMHS (Eg: The Secure Mental Health Unit or the Adult Mental Health Rehabilitation Unit at UCPH)



## Brian Hennessy Rehabilitation Centre Future Directions – Information session

Dear residents, family and support people and staff from Brian Hennessy Rehabilitation Centre

Mental Health, Justice Health and Alcohol & Drug Services (MHJHADS) invite you to an information session about ACT Health's future plans for rehabilitation services in the ACT, including:

1. The University of Canberra Public Hospital (UCPH)
2. The new Model of Care for the Adult Mental Health Rehabilitation Unit (AMHRU) at UCPH
3. The transition of people currently at BHRC

**When:** Thursday 9<sup>th</sup> October (2 sessions - 4pm and 5:45pm)

**You are welcome to join us for our community BBQ at 5:00pm**

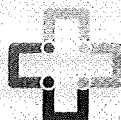
**Where:** The Hub - Brian Hennessy Rehabilitation Centre

**For Further information please contact**

Natalie Robinson, Clinical Nurse Consultant BHRC

Ph: 6205 1222

Email: [natalie.robinson@act.gov.au](mailto:natalie.robinson@act.gov.au)



## Mental Health, Justice Health, Alcohol and Drug Services

### Brian Hennessy Rehabilitation Centre Future Directions – Information Session

#### Background

In April and October 2013, forums were hosted by Mental Health Justice Health and Alcohol and Other Drug Services (MHJHADS) at Brian Hennessy Rehabilitation Unit for residents, family and support people and staff to inform them of the proposed development of the new University of Canberra Public Hospital (UCPH) and its Mental Health Services.

#### University of Canberra Public Hospital (UCPH) – Due to Open in Early 2018

In 2011 the ACT Government announced its decision to build a new subacute hospital in the ACT. In 2012 the University of Canberra was selected as the preferred site for that facility and work began on developing the University of Canberra Public Hospital (UCPH) Service Delivery Plan, including an Adult Mental Health Rehabilitation Unit (AMHRU) and an Adult Mental Health Day Service (AMHDS) which was completed in May 2014. The UCPH Service Delivery Plan was also used to develop Models of Care for both the AMHRU and AMHDS.

#### New Models of Care for the Adult Mental Health Rehabilitation Unit (AMHRU) and the Adult Mental Health Day Service (AMHDS) at UCPH

The AMHRU will be a purpose built rehabilitation inpatient unit aimed at delivering effective, recovery oriented rehabilitation to people whose needs cannot be met by less intensive community based adult mental health services. It will focus on supporting people with moderate to severe and enduring complex mental health conditions, who face challenges living in the community, have high levels of psychological distress and for whom a combination of acute and community based services have not been able to adequately meet their needs. The anticipated length of stay will be 3 to 18 months.

The AMHDS will assist people on their recovery journeys without an inpatient admission and in an environment that is flexible to optimise symptom relief, build capacity for self management and

resilience and develop skills and resources for living in the community. A temporary AMHDS is currently located at the Belconnen Community Health Centre and will relocate to the UCPH when it is opened in 2018. As such an interim Model of Care has been developed for this service.

In developing the AMHRU and AMHDS Models of Care, best practice guidelines and evidence based literature have been reviewed and incorporated into the description of the service model. Consumers, carers, clinicians, and support staff have been involved in the development of the Models of Care and feedback has been sought by key stakeholder groups.

#### The Transition of People Currently at BHRC to Alternative Accommodation and Services

In June 2014 it was announced that Brian Hennessy Rehabilitation Centre would be closing in conjunction with the opening of the new UCPH and that existing residents would be transferred to alternative Mental Health services in the ACT or, as part of the National Disability Insurance Scheme (NDIS), assisted to find suitable accommodation, services and supports in the ACT.

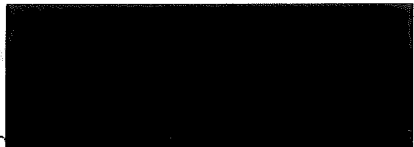
A project plan for MHJHADS to support the transition of people from BHRC to alternative accommodation has been completed, and outlines the first steps to assisting people to identify their individual needs and source appropriate accommodation, services and supports in the ACT.

**Katrina Bracher**  
Executive Director  
Mental Health, Justice Health, Alcohol and Drug  
Services  
25 September 2014

MIN14/2054

SIMON CORBELL'S  
16 DEC 2014  
OFFICE  
R. Mr Simon Corbell MLA

RECEIVED  
13 DEC 2014  
Executive Co-ordination



Minister for Health  
ACT Legislative Assembly  
GPO Box 1020  
Canberra ACT 2601

- TO
- Chief of Staff
  - Senior Adviser
  - Media Adviser
  - .....

- ADVISOR
- EO
- DLO

- PLEASE
- Reply
  - Advise
  - Noted
  - File
  - .....
  - Arrange meeting
  - For information
  - Refer to .....
  - Action

Dear Minister

As the parents of a long-term resident of Brian Hennessy Rehabilitation Centre, we write to ask to meet with you in relation to the announcement that Hennessy House is to be closed and to request that this decision be reviewed and reversed.

COMMENT

The following is a brief history of this matter and of our involvement in it:

- In 12 April 2013 Ms Katrina Bracher met with staff, residents and families to inform us that it was proposed to close Hennessy House probably late in 2017. Residents would be accommodated either at the new secure forensic facility or at the new mental health rehab centre at UC Public Hospital.
- On 24 April 2013 we sent an email to Ms Bracher expressing our concerns that most residents of Hennessy House Villas C and D were long-term residents for whom Hennessy House was their home. We pointed out that these residents required high levels of care and support to maintain their quality of life and that Hennessy House provided an appropriate care regime while providing the residents with a 'home-like' environment in a quality setting.
- On 30 July 2013 we sent an email to Dr Peggy Brown expressing similar concerns and asking for a meeting.
- On 12 August 2013 we met with Carers ACT to express our concerns about the proposed closure.
- On 14 August 2013 we met with Ian Rentsch, then CEO of the Mental Health Community Coalition expressing our concern at the continuing loss of long-term mental health care places.
- On 16 August 2013 we met with Ms Mary Porter MLA seeking her intervention in the matter.
- On 29 August 2013 we met with Dr Peggy Brown, Ms Katrina Bracher and Ms Jacinta George to express our concerns that the closure of Hennessy House would leave the majority of the current residents of Villas C and D without appropriate long-term accommodation and would destroy the tight-knit community in those Villas. We also



suggested that Hennessy House had the appropriate treatment and care regime for this community of people.

- On 10 October we attended the launch of the new Gymnasium at Hennessy House.
- 24 October 2013 a further meeting was held at Hennessy House to discuss the treatment regime at the new rehabilitation facility. The few residents who were present all expressed their concern and anxiety about the proposed closure of Hennessy House

- On 6 December 2013 we attended the launch of the Scentenary Garden by the then Chief Minister.
- During 2014 significant renovations have taken place at Hennessy House. The kitchen in the common area 'The Hub' has been upgraded and the kitchens and the bathrooms in Villas C and D have also been renovated and upgraded.

All of these discussions have been very amicable. We believe that we have been heard and our views have been taken seriously. On many occasions the comment has been made that planning for the future needs to take into account the community nature of Villas C and D and that the treatment regime meets the needs of this group of people. We also believe that we have been heard in relation to the appropriate location of Hennessy House which provides a quiet 'bush' setting, close to health, transport, religious and other facilities which aid greatly the well-being of the residents.

Throughout the past almost 2 years we have entered these discussions in good faith believing that your Government would do its utmost to protect the interests and well-being of the residents of Hennessy House who are among the most vulnerable members of our community. Yet on Monday 13 October 2014 we were contacted by Hennessy House and advised that there had been a meeting at Hennessy House the previous Thursday and apologizing that due to an oversight we had not been invited. Instead we were invited to a follow-up meeting on Wednesday 15 October. Invitations to meetings at Hennessy House are often at very short notice and we try to give them priority but on this occasion we had an engagement that we could not put aside for the meeting. We did ask for advice about the agenda for the meeting and its outcome but no one seemed to know or was forthcoming.

Instead an article appeared in 'The Canberra Times' on 18 October 2014 which indicated that Hennessy House will close when the rehabilitation facility opens in 4 years' time. We are deeply disappointed by this decision and the manner in which it was announced.

On 12 November 2014 [REDACTED] met with Ms Katrina Wotton and Ms Katrina Bracher. The meeting was lengthy and amicable. The outcome of that meeting was that at Elizabeth's suggestion, Ms Wotton undertook to visit Hennessy House to gain an understanding of the needs of the residents. This was the first time in all of these discussions that anyone had mentioned the needs of the residents and had undertaken to do anything to determine those

needs. Ms Wotton emailed us recently to say that she had been unable to fulfil this undertaking.

Our view at this stage in our discussions is that in reaching the decision to close Hennessy House due process has not been observed. It is not unusual for due process not to be observed in this situation. It is very difficult to consult with people who live with mental illness. It is also difficult to consult with carers who are always deeply emotionally involved. However, that difficult process of consultation is essential when dealing with the future care of this community of vulnerable people. It is certainly not consultation to call consumers and carers to meetings at short notice to inform them of the decisions that have been taken. As carers we also often feel that we are supposed to be grateful for whatever decisions are made in relation to the care of our relatives. We are most certainly grateful but that does not mean that we will be compliant when bad decisions are made without due process. It is clear in this case that no needs-based assessment was carried out to determine the needs of the residents of Hennessy House and how those needs could best be met into the future. It is our view that if a serious needs assessment was carried out it would find that the well-being of the current long-term residents of Hennessy House and those who will require long-term care in the future will best be met by maintaining Hennessy House as a long-term mental health care facility providing the care regime that is currently provided.

On the basis that due process was not observed in reaching the decision to close Brian Hennessy House Rehabilitation Centre and that no needs assessment was carried out for the long-term residents of Hennessy House before the decision to close the facility was taken we seek a review of the decision to close Hennessy House and a reversal of that decision.

We are available to discuss these issues with you and would welcome the opportunity to do so. We may be contacted on [REDACTED]

We look forward to hearing from you.

Yours sincerely

[REDACTED]

**Annual Report Hearing  
2013-14**

**November 2014**

**Mental Health, Justice Health and Alcohol and Drug Services – Closure of  
Brian Hennessy Rehabilitation Centre**

page 44-45

### **Key Points**

- In June 2014 at the Select Committee for Estimates, Dr Peggy Brown advised that Brian Hennessy Rehabilitation Centre (BHRC) would be closing and that existing residents would be transferred to alternative Mental Health services in the ACT or, as part of the National Disability Insurance Scheme, assisted to find supported accommodation in the ACT.
- In August 2014 a *Project Plan for MHJHADS to Support the Transition of People from BHRC to Alternative Accommodation* was endorsed by the Adult Mental Health Model of Care Steering Committee, as were the draft Models of Care for the AMHRU and interim AMHDS at Belconnen Community Health Centre.
- A communication strategy plan has been developed in regards to this matter. This issue has the potential to generate further media comment, particularly around the possible absence of alternative and appropriate supported accommodation options for longer-term residents of BHRC.
- Information sessions about the closure were held on 9 and 15 October 2014 for residents, family and support people and staff from Brian Hennessy Rehabilitation Centre to provide information on:
  - Planning for the University of Canberra Public Hospital (UCPH) to date;
  - The new Model of Care for the Adult Mental Health Rehabilitation Unit (AMHRU) at UCPH; and
  - The transition of people currently at BHRC to alternative accommodation/services.
- On 17 October 2014, a Canberra Times article, including an interview with the Mental Health, Justice Health and Alcohol and Drug Services, Executive Director, was published titled "Brian Hennessy House closure- What's next?" about the closure and transition of consumers from BHRC.
- Ongoing forums and meetings will occur to seek input and to keep residents, families and staff informed as these projects progress.

### **Background**

- In 2011 the ACT Government announced its decision to build a new subacute hospital in the ACT.
- In 2012 the University of Canberra was selected as the preferred site for that facility and work began on developing the University of Canberra Public Hospital (UCPH) Service Delivery Plan,

including an Adult Mental Health Rehabilitation Unit (AMHRU) and an Adult Mental Health Day Service (AMHDS).

- In April and October 2013, two series of forums were hosted by Mental Health, Justice Health and Alcohol and Drug Services (MHJHADS) at Brian Hennessy Rehabilitation Centre for residents, family/carers and staff to inform them of the proposed development of the new UCPH and its Adult Mental Health Rehabilitation Unit (AMHRU). At that time concerns were raised regarding the long-term plan for people residing at Brian Hennessy Rehabilitation Centre.
- In May 2014 the ACT Government released the finalised Service Delivery Plan for the UCPH. The plan was also used to develop Models of Care for the AMHRU and AMHDS.

**CONTACT: Katrina Bracher**

**PHONE: 6205 1313**

---

**Annual Report Hearing  
2013-14**

**December 2014**

**Mental Health, Justice Health and Alcohol and Drug Services – Closure of  
Brian Hennessy Rehabilitation Centre**

Page 44-45

**Key Points**

- Brian Hennessy Rehabilitation Centre (BHRC) is planned to close following the opening of the University of Canberra Public Hospital (UCPH). Existing residents are planned to be transferred to alternative Mental Health services in the ACT or, as part of the National Disability Insurance Scheme, assisted to find supported accommodation in the ACT.
- In August 2014 a *Project Plan for MHJHADS to Support the Transition of People from BHRC to Alternative Accommodation* was endorsed by the Adult Mental Health Model of Care Steering Committee, as were the draft Models of Care for the Adult Mental Health Rehabilitation Unit (AMHRU) and interim Adult Mental Health Day Service (AMHDS) at Belconnen Community Health Centre.
- A communication strategy plan has been developed in regards to this matter. This issue has the potential to generate further media comment, particularly around the possible absence of alternative and appropriate supported accommodation options for longer-term residents of BHRC.
- Information sessions about the closure were held on 9 and 15 October 2014 for residents, family and support people and staff from Brian Hennessy Rehabilitation Centre to provide information on:
  - Planning for UCPH to date
  - AMHRU at UCPH
  - The transition of people currently at BHRC to alternative accommodation/services.
- On 17 October 2014, a Canberra Times article, including an interview with the Mental Health, Justice Health and Alcohol and Drug Services (MHJHADS), Executive Director, was published titled "Brian Hennessy House closure- What's next?" about the closure and transition of consumers from BHRC.
- Ongoing forums and meetings will occur to seek input and to keep residents, families and staff informed as these projects progress.

**Background**

- In 2011 the ACT Government announced its decision to build a new subacute hospital in the ACT.

- In 2012 the University of Canberra was selected as the preferred site for that facility and work began on developing the UCPH Service Delivery Plan, including an AMHRU and AMHDS.
- In April and October 2013, two series of forums were hosted by MHJHADS at BHRC for residents, family/carers and staff to inform them of the proposed development of the new UCPH and its AMHRU. At that time concerns were raised regarding the long-term plan for people residing at BHRC.
- In May 2014 the ACT Government released the finalised Service Delivery Plan for the UCPH. The plan was also used to develop Models of Care for the AMHRU and AMHDS.

**CONTACT: Katrina Bracher**

**PHONE: 6205 1313**

---

<b>KEY DATES</b>	
	<p><b>Portfolio</b> Health Directorate</p> <p><b>Function</b> Closure of Brian Hennessy Rehabilitation Centre (BHRC)</p>
Issue topic	<p><b>Issue</b> In June 2014, it was announced at the Estimate Hearings that Brian Hennessy Rehabilitation Centre (BHRC) would be closing following the opening of the University of Canberra Public Hospital (UCPH).</p> <p>Existing residents are planned to be transferred to alternative mental health services in the ACT or, as part of the National Disability Insurance Scheme (NDIS), be assisted to find supported accommodation in the ACT.</p> <p>In August 2014 a <i>Project Plan for MHJHADS to Support the Transition of People from BHRC to Alternative Accommodation</i> was endorsed by the Adult Mental Health Model of Care Steering Committee.</p> <p>A communication strategy has been developed in regards to this matter. Ongoing forums and meetings will occur to seek input and to keep residents, families and staff informed as these projects progress.</p>
	<p><b>Critical dates and reasons</b> Consultation will continue with residents, carers and staff about how residents of BHRC will be supported into their new accommodation and this will be tailored to the needs of individual residents.</p> <p>Two information sessions concerning the transition arrangements were held in 2013, with additional sessions more recently held in October 2014.</p>
Funding	<p><b>Financial considerations</b> Within current budget</p>
	<p><b>Recommended approach</b> That you note the above information.</p>

**Contact Officer:** Katrina Bracher  
**Telephone:** 6205 1313  
**Directorate:** Health



## MINISTERIAL BRIEF

GPO Box 825 Canberra ACT 2601 | phone: 13 22 81  
www.health.act.gov.au

UNCLASSIFIED

TRIM No.: MIN14/2054

Date Rec'd Minister's Office

To: Simon Corbell MLA, Minister for Health

From: ~~Dr Peggy Brown~~, Director-General ACT Health

Subject: Closure of Brian Hennessy Rehabilitation Centre – Letter

Critical Date: No critical date

Critical Reason: Not applicable

- DG Health 6/11/15
- DDG S&C .../.../...

**Purpose**

- To provide you with information regarding the closure of Brian Hennessy Rehabilitation Centre, the work being undertaken in preparation for the closure, and to seek your approval on the attached letter to [REDACTED].

**Background**

- In 2011, the ACT Government announced its decision to build a new subacute hospital in the ACT.
- In 2012, the University of Canberra was selected as the preferred site for that facility and work began on developing the University of Canberra Public Hospital (UCPH) Service Delivery Plan, including an Adult Mental Health Rehabilitation Unit (AMHRU) and an Adult Mental Health Day Service (AMHDS).
- In 2013, Mental Health, Justice Health and Alcohol and Drug Services (MHJHADS) held two information sessions at Brian Hennessy Rehabilitation Centre for residents, family/carers and staff to inform them of the proposed development of the new UCPH and its Adult Mental Health Rehabilitation Unit (AMHRU).
- In August 2013, Dr Peggy Brown, Katrina Bracher (ED MHJHADS) and Jacinta George (Acting ED, Service and Capital Planning) met with [REDACTED] to discuss the concerns they raised regarding their [REDACTED] who is a long term resident of BHRC.
- In June 2014, it was announced during the Estimate Hearings that Brian Hennessy Rehabilitation Centre (BHRC) would be closing and that existing residents would be transferred to alternative Mental Health services in the ACT or, as part of the National Disability Insurance Scheme, assisted to find supported accommodation in the ACT.



8. BHRC is anticipated to cease operations with the commissioning of UCPH. It is planned that the 20 bed psychosocial rehabilitation service currently provided at BHRC will be re-located to the UCPH which is anticipated to be operational in 2018.
9. Additionally, BHRC currently provides 10 low secure beds in its Extended Care Unit (ECU) and it is planned that these 10 beds will form part of the new 25-bed Secure Mental Health facility which is planned for completion in 2016-17.
10. Consultation with BHRC staff, residents, families and carers around these proposed changes commenced in April 2013.
11. There are a number of longer-term residents at BHRC. It is envisaged that the new facility at UCPH will have a more clearly defined rehabilitation focus and as a result may not be the most appropriate environment for those mental health consumers experiencing longer-term difficulties with independent living. Understandably, concerns have been raised by some residents, as well as their families, carers and other parties about the availability of alternative and appropriate supported accommodation options.
12. Planning has commenced by MHJHADS to explore alternative options for supported care in the community for these current BHRC residents and any other people who may require such care in the future. It is anticipated that community agencies and resources derived from the National Disability Insurance Scheme will play a key role in the provision of such alternatives.
13. The Model of Care for Mental Health Rehabilitation Services is also under development as part of the broader Model of Care work being done across Adult Mental Health Services.

#### **Government Commitment – Other**

14. Constituent correspondence

#### **Issues**

15. In October 2014, further information sessions were held at BHRC and information provided to the residents, families and staff about:
  - The planning for the University of Canberra Public Hospital (UCPH) to date,
  - The new Model of Care for the Adult Mental Health Rehabilitation Unit at UCPH, and
  - The transition of residents currently at BHRC to alternative accommodation/services.
16. While this information was welcomed and well received, concern was raised by attendees that BHRC would be closing as a mental health rehabilitation centre. Specific concerns by attendees included:
  - Uncertainty regarding the transition of current BHRC residents when the UCPH opens and BHRC closes, and
  - Uncertainty as to the future use of the BHRC buildings.

17. It was acknowledged that some residents will be eligible for admission to the Secure Mental Health Unit (SMHU) or the Adult Mental Health Rehabilitation Unit (AMHRU) at UCPH. However, for some residents alternative accommodation and supports will need to be sourced.
18. The Common Ground Project, scheduled to open in early 2015 is one option for some residents at BHRC. The Common Ground model seeks to provide a housing response to the most vulnerable people experiencing homelessness. The model provides permanent housing and includes on-site support which follows a case management approach. Common Ground Canberra aims to provide long-term, high quality affordable housing that is safe and supportive, creating a diverse, harmonious and inclusive community.
19. Aged Care facilities are another option for some BHRC residents.
20. It was acknowledged that future work is required to plan for the transition of BHRC residents, and MHJHADS have developed a *Project Plan for MHJHADS to support the Transition of People from BHRC to Alternative Accommodation*. This document outlines that MHJHADS have initiated Phase 1 of the project, and are focusing on obtaining comprehensive individual assessments of BHRC residents and identifying their future accommodation, support and service needs.
21. In order to facilitate this MHJHADS have started a recruitment process for additional occupational therapy, psychology and nursing support staff at BHRC to undertake these assessments by July 2015.
22. MHJHADS have been liaising with Queensland Health regarding a similar transitional process that was undertaken in 1995 (*Project 300*) where people with significant chronic mental health issues were assisted to move from institutional care to supported living arrangements in the community.
23. It is anticipated that a forum will be held in early 2015 to further discuss options for transitional arrangements. A representative from *Project 300* has been invited to attend this forum to outline their experiences.
24. There are a small number of people currently at BHRC who will not be suitable for any of these options. It is anticipated that these people will require community housing with significant clinical and non clinical supports. At present there is no such accommodation available. ACT Health is liaising with Housing ACT for a cross-government solution. A

#### Financial Implications

25. Not applicable

#### Directorate Consultation

26. Not applicable

#### External Consultation

27. Not applicable

**Benefits/Sensitivities**

28. Not applicable

**Media Implications**

29. There has been previous media interest in the closure of BHRC.

**Recommendations**

That you:

- 1. Note the information contained in this brief; and

**Noted / Please Discuss**

- 2. Sign the attached letter (Attachment A).

**Agreed / Not Agreed / Please Discuss**

**Noted by Minister**

Simon Corbell MLA.....

9/1/15

Minister's Comments
---------------------

Signatory Name: Katrina Bracher Phone: 51313

Title: Executive Director, Mental Health, Justice Health and Alcohol and Drug Services

Date: 23 December 2014

Action Officer: Michelle Hemming Phone: 55142



Original Sent by Minister's Office

12-1-15 [Signature]

**Simon Corbell MLA****DEPUTY CHIEF MINISTER**

ATTORNEY-GENERAL  
 MINISTER FOR HEALTH  
 MINISTER FOR THE ENVIRONMENT  
 MINISTER FOR CAPITAL METRO

MEMBER FOR MOLONGLO



Dear [Redacted]

Thank you for your letter of 14 December 2014 about the closure of Brian Hennessy Rehabilitation Centre (BHRC).

As you may be aware, the formal announcement to close BHRC was made in June 2014 and that the existing residents would be transferred to alternative Mental Health services in the ACT or, as part of the National Disability Insurance Scheme, assisted to find supported accommodation in the ACT. I would like to assure you that in making this decision, consideration of the possible impacts of these changes on the residents and their families was made.

BHRC is anticipated to cease operations with the commissioning of the University of Canberra Public Hospital (UCPH). It is planned that the 20 bed psychosocial rehabilitation service currently provided at BHRC will be re-located to the UCPH which is anticipated to be operational in 2018.

The 10 low secure beds in the BHRC Extended Care Unit (ECU) will form part of the new 25-bed Secure Mental Health facility which is planned for completion in 2016-17.

ACT Health is committed to ensuring that these changes will provide better rehabilitation services for the mental health community of the ACT. UCPH represents an opportunity to have greater flexibility to provide these essential services within an appropriate, safe, custom-built, state-of-the-art facility. It is intended that this new facility will still provide a homely and comfortable living environment, while at the same time having a more clearly defined rehabilitation focus.

I have been advised that Mental Health, Justice Health and Alcohol and Drug Services have commenced the planning required to explore alternative options for supported care in the community for current BHRC residents and any other people who may require such care in the future. It is anticipated that community agencies and resources derived from the National Disability Insurance Scheme will play a key role in the provision of such alternatives.

In August 2014 a *Project Plan for MHJHADS to Support the Transition of People from BHRC to Alternative Accommodation* was developed and consumer and carer groups have been actively involved in this process.

## ACT LEGISLATIVE ASSEMBLY

London Circuit, Canberra ACT 2601 GPO Box 1020, Canberra ACT 2601  
 Phone: (02) 6205 0000 Fax: (02) 6205 0535 Email: corbell@act.gov.au  
 Twitter: @SimonCorbell Facebook: www.facebook.com/simon.corbell

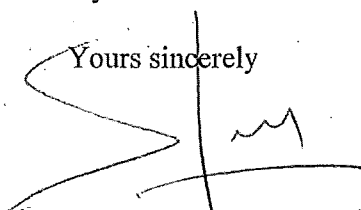


This document outlines the different phases of the project, and is the currently obtaining comprehensive individual assessments of BHRC residents and identifying their future accommodation, support and service needs. The piece of work is to ensure that all residents have a needs based assessment undertaken by July 2015.

Consultation will continue in 2015 with residents, carers and staff about how residents of BHRC will be supported into their new accommodation and this will be tailored to the needs of individual residents and to discuss options for the transitions arrangements. I would encourage you to attend the forums during 2015.

I would also be pleased to meet with you to discuss your concerns. Please contact Mr John Gray in my office on 6205 0000 to arrange a suitable time.

Yours sincerely

A handwritten signature in black ink, appearing to be 'Simon Corbell', written over a vertical line that serves as a separator between the closing and the name.

Simon Corbell MLA  
Minister for Health

9.1.15



## MINISTERIAL BRIEF

GPO Box 825 Canberra ACT 2601 | phone: 13 22 81  
www.health.act.gov.au

UNCLASSIFIED

TRIM No.: MIN15/197

Date Rec'd Minister's Office 2/2/15

**To:** Minister for Health

**From:** Dr Peggy Brown, Director-General ACT Health

**Subject:** Closure of Brian Hennessy Rehabilitation Centre – Letter from [REDACTED]

**Critical Date:** 1 April 2015

**Critical Reason:** 1 April 2015 meeting with [REDACTED]

- DG Health 2/2/15
- DDG CHHS .../.../...

**Purpose**

1. To provide you with information regarding the planned closure of Brian Hennessy Rehabilitation Centre (BHRC) and the work being undertaken in preparation for the closure.

**Background**

2. In 2011, the ACT Government announced its decision to build a new subacute hospital in the ACT.
3. In 2012, the University of Canberra was selected as the preferred site for that facility and work began on developing the University of Canberra Public Hospital (UCPH) Service Delivery Plan, including an Adult Mental Health Rehabilitation Unit (AMHRU) and an Adult Mental Health Day Service (AMHDS).
4. In 2013, Mental Health, Justice Health and Alcohol and Drug Services (MHJHADS) held two information sessions at Brian Hennessy Rehabilitation Centre for residents, family/carers and staff to inform them of the proposed development of the new UCPH and its AMHRU.
5. In August 2013, Dr Peggy Brown, Katrina Bracher (ED, MHJHADS) and Jacinta George (Acting ED, Service and Capital Planning) met with [REDACTED] to discuss the concerns they raised regarding their [REDACTED] who is a long term resident of BHRC.
6. In June 2014, it was announced during the Estimate Hearings that BHRC would be closing and that existing residents would be transferred to alternative Mental Health services in the ACT or, as part of the National Disability Insurance Scheme, assisted to find supported accommodation in the ACT.
7. BHRC is anticipated to cease operations with the commissioning of UCPH in 2018. It is planned that the 20 bed psychosocial rehabilitation service currently provided at BHRC will be re-located to the UCPH.

8. Additionally, BHRC currently provides 10 low secure beds in its Extended Care Unit (ECU) and it is planned that these 10 beds will form part of the new 25-bed Secure Mental Health facility which is planned for completion in late 2016.
9. Consultation with BHRC staff, residents, families and carers around these proposed changes commenced in April 2013.
10. There are a number of longer-term residents at BHRC. It is envisaged that the new facility at UCPH will have a more clearly defined rehabilitation focus and as a result may not be the most appropriate environment for those mental health consumers experiencing longer-term difficulties with independent living. Understandably, concerns have been raised by some residents, as well as their families, carers and other parties about the availability of alternative and appropriate supported accommodation options.
11. Planning has commenced by MHJHADS to explore alternative options for supported care in the community for these current BHRC residents and any other people who may require such care in the future. It is anticipated that community agencies and resources derived from the National Disability Insurance Scheme will play a key role in the provision of such alternatives.
12. The Model of Care for Mental Health Rehabilitation Services is also under development as part of the broader Model of Care work being done across Adult Mental Health Services.

#### **Government Commitment –**

13. Constituent correspondence

#### **Issues**

14. In October 2014, further information sessions were held at BHRC and information provided to the residents, families and staff about:
  - the planning for the UCPH to date
  - the new Model of Care for the AMHRU at UCPH
  - the transition of residents currently at BHRC to alternative accommodation/services.
15. While this information was welcomed and well received, concern was raised by attendees that BHRC would be closing as a mental health rehabilitation centre. Specific concerns by attendees included:
  - uncertainty regarding the transition of current BHRC residents when the UCPH opens and BHRC closes
  - uncertainty as to the future use of the BHRC buildings.
16. It was acknowledged that some residents will be eligible for admission to the Secure Mental Health Unit (SMHU) or the AMHRU at UCPH. However, for some residents alternative accommodation and supports will need to be sourced.

17. The Common Ground Project, scheduled to open in early to mid 2015 is one option for some residents at BHRC. The Common Ground model seeks to provide a housing response to the most vulnerable people experiencing homelessness. The model provides permanent housing and includes on-site support which follows a case management approach. Common Ground Canberra aims to provide long-term, high quality affordable housing that is safe and supportive, creating a diverse, harmonious and inclusive community.
18. Aged Care facilities are another option for some BHRC residents.
19. It was acknowledged that future work is required to plan for the transition of BHRC residents, and MHJHADS have developed a *Project Plan for MHJHADS to support the Transition of People from BHRC to Alternative Accommodation*. This document outlines that MHJHADS have initiated Phase 1 of the project, and are focusing on obtaining comprehensive individual assessments of BHRC residents and identifying their future accommodation, support and service needs.
20. In order to facilitate this MHJHADS have recruited an additional occupational therapist at BHRC to help undertake these assessments by July 2015.
21. MHJHADS have been liaising with Queensland Health regarding a similar transitional process that was undertaken in 1995 (*Project 300*) where people with significant chronic mental health issues were assisted to move from institutional care to supported living arrangements in the community.
22. It is anticipated that a forum will be held in April 2015 to further discuss options for transitional arrangements. A representative from *Project 300* has been invited to attend this forum to outline their experiences.
23. There are a small number of people currently at BHRC who will not be suitable for any of these options. It is anticipated that these people will require community housing with significant clinical and non clinical supports. At present there is no such accommodation available. ACT Health is liaising with Housing ACT for a cross-government solution. A

#### **Financial Implications**

24. Not applicable.

#### **Directorate Consultation**

25. Not applicable.

#### **External Consultation**

26. Not applicable.

#### **Benefits/Sensitivities**

27. Not applicable.



**Media Implications**

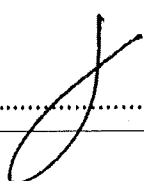
28. There has been previous media interest in the closure of BHRC.

**Recommendation**

That you note the information contained in this brief.

**Noted / Please Discuss**

Simon Corbell MLA.....



24 3 15  
...../...../.....

Minister's Comments

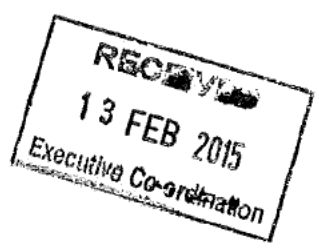
Signatory Name: Jacinta George Phone: 51313  
Title: Acting Executive Director, Mental Health,  
Justice Health and Alcohol and Drug  
Services  
Date: 13 February 2015  
Action Officer: Michelle Hemming Phone: 55142

88  
MINIS/197

**Grimson, Melanie (Health)**

---

**Subject:** Meeting with [REDACTED] - Hennessey House  
**Location:** [REDACTED]  
**Start:** [REDACTED]  
**End:** [REDACTED]  
**Show Time As:** [REDACTED]  
**Recurrence:** [REDACTED]  
**Meeting Status:** [REDACTED]  
**Organizer:** [REDACTED]  
**Required Attendees:** Boogs, Monika; Grimson, Melanie (Health)



Melanie – can you please arrange a brief

---

**From:** [REDACTED]  
**Sent:** Monday, 2 February 2015 10:07 AM  
**To:** Gray, John  
**Subject:** Hennessey House

Dear John

I made contact with you on Friday concerning a meeting with the Minister in relation to the proposed closure of Hennessey House. You asked me to write to you to let you know the reasons for the meeting.

On 14 December 2014 we wrote to the Minister seeking a review and reversal of the decision to close Hennessey House on the grounds that due process had not been followed in relation to the decision to close the facility. This related to the refusal of officials to set out for consumers and carers the reasons for the decision to close the facility and also to demonstrate that appropriate consultation had taken place with consumers and carers before the decision was made. Both of these steps are critical when it is recognized that the human rights of some of the most vulnerable members of our community are at stake here. The process to date, we suggest, has been outcomes-based rather needs-based.

On 9 January the Minister replied reiterating the decisions taken and the proposed accommodation and treatment facilities for some of the residents of Hennessey House. The residential and care requirements of most of the current residents of Villas C and D of Hennessey House will not be met by the two proposed facilities which the Minister outlined. It is this group of people who form the community of Hennessey House. Some of these residents were previously moved from Watson Hostel when it closed and now face the closure of Hennessey House. We believe that it is appropriate that we should have the opportunity to explore these issues with the Minister in person.

In his letter the Minister invited us to meet with him and we wish to accept his offer.

We are available most days of the week except Tuesday mornings. We are also not available on Wednesday 11 February and the mornings of 12 February and 16 February. We will be absent from Canberra for 3 weeks from 26 February.

We look forward to the opportunity to meet with the Minister.

Many thanks for your assistance.

[REDACTED]

Min 15/550

Lindsay, Jack

From: [Redacted]  
Sent: Thursday, 9 April 2015 3:16 PM  
To: CORBELL  
Subject: Thank you

Dear Simon,

Many thanks for meeting with us last week about the ongoing care of the long-term residents of Hennessy House. We were relieved to realize that you understand the significant needs of these members of our community. We were also most grateful to hear your assurances that the Government is going to ensure that these people continue to receive the high level of care and support they require in order to live their lives with dignity.

With thanks and best wishes,

[Redacted]

TO

Chief of Staff

Senior Adviser

Media Adviser

[Redacted]

Adviser

EO

DLO

PLEASE

Reply

Advise

Noted

File

[Redacted]

Change meeting

For information

Refer to

Action

COMMENT

[Redacted]

RECEIVED  
16 APR 2015  
Executive Co-ordination

TO

Chief of Staff

Senior Adviser

Media Adviser

[Redacted]

Adviser

EO

DLO

PLEASE

Reply

Advise

Noted

File

[Redacted]

Change meeting

For information

Refer to

Action

COMMENT

*JLB*

*JA 17/4*



**Simon Corbell MLA**

DEPUTY CHIEF MINISTER  
ATTORNEY-GENERAL  
MINISTER FOR HEALTH  
MINISTER FOR THE ENVIRONMENT  
MINISTER FOR CAPITAL METRO



**E-MAILED**

13.5.15

MEMBER FOR MOLONGLO

Dear [REDACTED]

Thank you for your letter of 9 April 2015 regarding our 1 April 2015 meeting about the closure of Brian Hennessy Rehabilitation Centre (BHRC).

I also appreciated the opportunity that we had to discuss the ongoing care of the long term residents of BHRC.

I would like to re-assure you that ACT Health will continue to provide the same high level of care and support that the residents require through this period of transition.

If you have any further queries, please contact Ms Tina Bracher, Executive Director, Mental Health, Justice Health, Alcohol and Drug Services on 6205 1313.

Thank you again for meeting with me.

Yours sincerely

Simon Corbell MLA  
Minister for Health

12.5.15

ACT LEGISLATIVE ASSEMBLY

London Circuit, Canberra ACT 2601 GPO Box 1020, Canberra ACT 2601  
Phone: (02) 6205 0000 Fax: (02) 6205 0535 Email: corbell@act.gov.au  
Twitter: @SimonCorbell Facebook: www.facebook.com/simon.corbell



29/5/15

**Elsey, Jennifer (Health)**

**From:** Brown, Peggy (Health)  
**Sent:** Tuesday, 19 May 2015 3:28 PM  
**To:** Elsey, Jennifer (Health)  
**Subject:** FW: Hennessy House

T/R

**Dr Peggy Brown MB, BS (Hons) FRANZCP**

Director-General

11 Moore St, Canberra City 2601  
 GPO Box 825, Canberra City  
 Phone: 02 6205 0825  
 Fax: 02 6205 0830  
 E-mail: [peggy.brown@act.gov.au](mailto:peggy.brown@act.gov.au)

Care ▲ Excellence ▲ Collaboration ▲ Integrity



→ ED, MHJ + ADS for  
 response please prior  
 to 29/5/15

(PS) 21/5

**From:** [REDACTED]  
**Sent:** Tuesday, 19 May 2015 2:57 PM  
**To:** Brown, Peggy (Health)  
**Subject:** Hennessy House

Hello Peggy

I hope you are well and looking forward to the next stage in your life.

I am writing to you direct in the hope that a great deal of time might be saved by approaching you direct rather than by asking a local MLA to attempt to have inquiries resolved in the Health Minister's office.

Carers remain just as concerned as ever about the unexplained decision to close Hennessy House without consultation and without reasons given. As you know, carers put a lot of effort into documenting the quality of care their carees have received at Hennessy. (<http://tinyurl.com/Hennessy-future-doco>)

Despite the efforts made by carers to document our concerns and hold meetings with officials, we have never received any arguable reasons for the planned closure. Initial reasons about it being replaced by facilities at the new UC hospital and the new Mugga Lane facility were abandoned by officials when challenged.

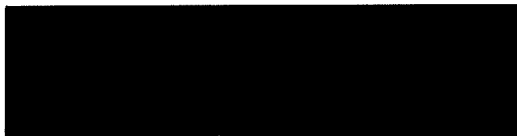
I recall that when [REDACTED] and I met with you last year, you mentioned only 2 possible reasons, namely, 1) people find arguments for residential care when it would be much better to care for people in the community; and 2) a reference to the situation in Queensland where (as I understand) a facility somehow comparable to Hennessy House would be justified in the ACT for perhaps 6 residential places. I simply did not understand what you were referring to here, particularly as there are what may be described as 2 or 3 or more different populations cared for at BHH. (A record of this meeting is available at:

<http://tinyurl.com/May-14-meeting-with-Dr-Brown>)

You will see from the experience of carers documented above that Hennessy House proved such a godsend because years of trying to help their carees to stabilise their lives using other facilities, including care in the community, had failed over and over. BHH provided a last hope. And proved true for so many who have been cared for there with its open time frame and secure placement. Carees had been repeatedly thrown out of facilities provided by NGOs.

If you believe the matter might be satisfactorily resolved by meeting with you and/or others, I and other carers would be very keen to have such a meeting.

Kind regards





[REDACTED]

Dear [REDACTED]

I acknowledge your email of 19 May 2015 regarding the future closure of Brian Hennessey Rehabilitation Centre.

ACT Health is committed to ensuring that service changes enhance rehabilitation services for the mental health community of the ACT. The University of Canberra Public Hospital (UCPH) represents an opportunity to have greater flexibility to provide these essential services within an appropriate, safe, custom-built, state-of-the-art facility. It is intended that this new facility will still provide a homely and comfortable living environment, while at the same time having a more clearly defined rehabilitation focus.

While the decision to close BHRC was announced in 2014, there have been many discussions with the BHRC community specifically, and with broader community groups regarding the services that the ACT requires.

In 2012, the University of Canberra Public Hospital (UCPH) Service Delivery Plan commenced and included an Adult Mental Health Rehabilitation Unit (AMHRU) and an Adult Mental Health Day Service (AMHDS).

In 2013, Mental Health, Justice Health and Alcohol and Drug Services (MHJHADS) held two information sessions at Brian Hennessey Rehabilitation Centre for residents, family/carers and staff to inform them of the proposed development of the new UCPH and its Adult Mental Health Rehabilitation Unit (AMHRU).

On 1 May 2014, Ms Bracher, Executive Director, MHJHADS and Ms George, Acting Deputy Director -General, Health Infrastructure and Planning attended the U3A ACT Mental Health Forum and provided further information regarding the development of the UCPH. Furthermore, I understand you had a meeting with former Director General of ACT Health Dr Peggy Brown, on 16 May 2014 to further discuss your concerns.

In June 2014, it was announced during the Estimate Hearings that Brian Hennessey Rehabilitation Centre (BHRC) would be closing and that existing residents would be transferred to alternative mental health services in the ACT or, as part of the National Disability Insurance Scheme, assisted to find supported accommodation in the ACT.



BHRC is anticipated to cease operations with the commissioning of UCPH. It is planned that the 20 bed psychosocial rehabilitation service currently provided at BHRC will be re-located to the UCPH which is anticipated to be operational in 2018.

Additionally, BHRC currently provides 10 low secure beds in its Extended Care Unit (ECU) and it is planned that these 10 beds will form part of the new 25-bed Secure Mental Health Unit which is planned for completion in 2016-17.

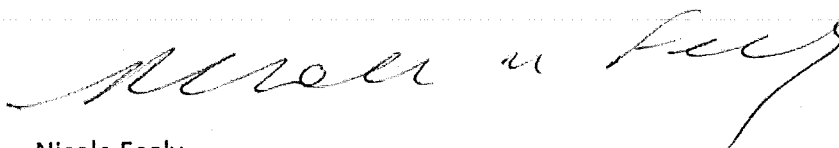
On 9 and 15 October 2014, a third series of information sessions about the closure of BHRC were held on for residents, family and support people and staff from BHRC. These sessions were followed up by presentations at the ACT Mental Health Coalition's Quarterly Forum and MHJHADS staff information sessions in December 2014.

Another forum for residents, carers and staff of BHRC is currently being arranged for June 2015 to further discuss option for transitional arrangements.

MHJHADS have been liaising with Queensland Health regarding a similar transitional process (*Project 300*) where people with significant chronic mental health issues were assisted to move from institutional care to supported living arrangements in the community. A representative involved in Project 300 has been invited to attend the June 2015 forum to outline their experiences.

I acknowledge the closure of Brian Hennessey Rehabilitation Centre will be a cause for concern for some. However, the changes that are being made to enhance rehabilitation services in the ACT at the new UCPH facility are exciting, and I look forward to seeing how these services will continue to honour the work of Dr Brian Hennessey.

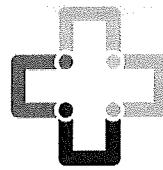
Yours sincerely



Nicole Feely  
**Director-General**  
ACT Health

26 June 2015

CONFIDENTIAL – NOT FOR CIRCULATION

CANBERRA HOSPITAL  
AND HEALTH SERVICES

# MHJHADS SUPPORTING THE TRANSITION OF PEOPLE FROM THE BRIAN HENNESSY REHABILITATION CENTRE (BHRC) TO ALTERNATIVE ACCOMMODATION

---

## Project Update

July 2015

## CONTENTS

Background.....	3
Project Outline .....	3
Project Aim.....	3
Objectives .....	3
Phases of Project .....	3
Project Update .....	4
Individual Journey Boards.....	4
National Disability Insurance Scheme (NDIS) Eligibility .....	4
Common Ground .....	5
The Secure Mental Health Unit .....	5
The Adult Mental Health Rehabilitation Unit (AMHRU) at UCPH.....	5
Accessing Aged Care Facilities .....	5
Alternative Arrangments .....	6
Alternative Models.....	6
1. Project Independence.....	6
2. Joint Disability Housing Project Team.....	6
3. The Canberra Hospital Foundation.....	7
4. Other Non Government Organisations.....	7
5. Models from Interstate and other Services .....	7
Summary of Transition Activities – As at June 2015 .....	9
Dependencies, Interdependencies and Related Projects .....	11
Stakeholders Consultation and Communications .....	11
Issues Management .....	12
Staffing and Workforce Update .....	12
Issues for Consideration .....	13

## BACKGROUND

This transition project plan was initiated in August 2014 to review the type and scope of services utilised by people who are currently supported at the BHRC and identify those services that would be required to support these people to live in the community in the future. Information was collated (and continues to be collected) from people at BHRC, their key workers/clinical managers/the AMHS service, family and carers, and the Community Sector who currently provide services to these people.

By having a comprehensive understanding of people's current and future needs and services we will be better placed to access future services and opportunities as they arise and to consider alternative solutions and how they might be best facilitated.

## PROJECT OUTLINE

### PROJECT AIM

To establish individual plans for 30 people who are currently supported at BHRC to access appropriate accommodation, supports and services to enable them to successfully reside in the community in the future.

This project will also inform our service of ways to support additional people in the future, both as individuals and collectively through our future AMHS Models of Care.

### OBJECTIVES

The objectives of the project are to:

- Assess the current and future accommodation, support and other service needs of people currently supported by BHRC
- Identify options to access these accommodation, services and support requirements in the future
- Support people at BHRC to access required accommodation, services and supports
- Identify and report where there are "gaps" in services
- and work with the NDIA, Community Sector Service providers and Government agencies to facilitate the provision of accommodation, support and services

## PHASES OF PROJECT

The Project has been divided into three phases:

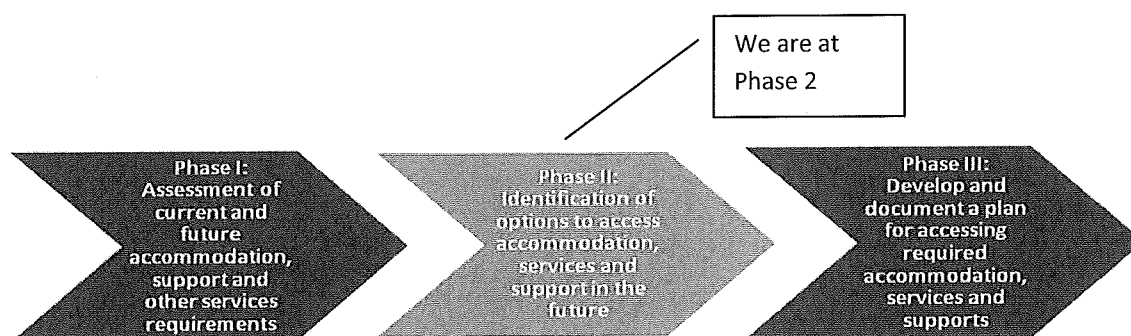
- Phase 1: Assessment of the current accommodation, supports and services utilised by people living in BHRC supported accommodation and those that might be required in the

## CONFIDENTIAL – NOT FOR CIRCULATION

future (Staged applications have been completed, 25 assessments will be staged and completed by June 2016)

- Phase 2: Consider how accommodation and these services and supports might be accessed in the future, with consideration of new opportunities available through the NDIS and other initiatives (such as *Common Ground*) (In progress)
- Phase 3: Develop individual plans for accessing future accommodation, services and supports to meet the needs of people living in BHRC accommodation (In Progress for some individuals)

**Diagram I: Phases of Project**



## PROJECT UPDATE

### INDIVIDUAL JOURNEY BOARDS

Individual journey boards have been created for people currently at BHRC. These are being used to track individuals' assessments, NDIS and housing applications as well as reporting on required supports and services to support their transition.

### NATIONAL DISABILITY INSURANCE SCHEME (NDIS) ELLIGIBILITY

On July 1 2014 the National Disability Insurance Scheme (NDIS) was launched in the ACT and people are accessing the scheme based on an 'ages and stages' approach, meaning that people will enter the NDIS according to their date of birth.

In line with this phasing, NDIS applications have been lodged for four of the 30 people at BHRC. Of the applications lodged one has been accepted and an NDIS plan is in place, the other three are being reviewed as per NDIA protocol.

Six applications are due in October 2015, six in January 2016, and the remaining 13 due in April 2016.

## CONFIDENTIAL – NOT FOR CIRCULATION

“Choice” and “Control” for people with a disability are central core tenets of the NDIS. To assist with NDIS planning approximately 80% of BHRC staff have undertaken “*Supported Decision Making*” training to assist NDIS applicants to develop a plan that will express their goals and aspirations.

In addition 4 key staff are enrolled in “*Motivational Interventions*” to assist individuals in their readiness to move towards transitioning from BHRC.

---

**COMMON GROUND**

40 *Common Ground* units have been built adjacent Gungahlin Town Centre offering a supported and inclusive community for homeless individuals and families, as well as low-income earners. “Argyle Housing”, will manage the tenancy arrangements with Northside Community Services providing social support services. It is anticipated that successful applicants will move into their units in the coming months.

10 applications for *Common Ground* have been lodged for people at BHRC. Of these four have been accepted and planning is underway for the provision of accompanying supports and services to facilitate their transition to their new units in the coming months.

---

**THE SECURE MENTAL HEALTH UNIT**

It is anticipated that some people currently at BHRC will transfer to the Secure Mental Health Unit (SMHU) when it is operationalised in late 2016, although a formal assessment criteria and process for SMHU has yet to be determined.

---

**THE ADULT MENTAL HEALTH REHABILITATION UNIT (AMHRU) AT UCPH**

A new Model of Care has been developed for the AMHRU with its purpose to deliver effective recovery based treatment and rehabilitation to people whose needs cannot be met by less intensive community based adult mental health services. The focus will be on people with moderate to severe and enduring complex mental health conditions who face challenges living in the community. The AMHRU will include 20 beds configured in residential style “pods”. It is anticipated that people will stay at the AMHRU for a period of 3 - 12 months. This broad length of stay reflects the range of peoples’ needs, which may be difficult to predict and may require longer periods of intervention to facilitate lasting benefits.

Some individuals at BHRC may be suitable for future admission at the AMHRU, with formal assessment criteria and processes to be determined as part of the operational planning for UCPH over the next 18 months. As part of the UCPH Operational Commissioning Plan, BHRC will be working towards adopting the AMHRU Model of Care where possible.

---

**ACCESSING AGED CARE FACILITIES**

Two longer term residents at BHRC are now eligible to transition to aged care facilities in Canberra. While applications have been made for both, neither has been accepted to local services as places

are limited. Further work will need to be undertaken to secure appropriately supported aged care placements.

---

## ALTERNATIVE ARRANGMENTS

A number of options for alternative accommodation arrangements are being investigated.

People at BHRC have been living in villas with shared facilities for some time, and some have indicated that they would like to continue living in a shared arrangement with other selected people from BHRC. This may pose an issue where the combined income of multiple tenants may exceed the income threshold for eligibility for social housing through Housing ACT.

## ALTERNATIVE MODELS

---

### 1. PROJECT INDEPENDENCE

Project Independence is a new social housing model that aims to give people with mild intellectual disability home ownership. It is being developed through a partnership between Project Independence Ltd and the ACT Government and it is the first of its kind in Australia.

The current focus is on the construction of properties on two identified sites on Housing ACT land at Harrison and Latham. Each site will accommodate up to 10 adults with intellectual disability with additional space for a live-in house coordinator and separate guest facilities. The Harrison site, which launched construction in February 2015, will include social housing on-site to enable the development of a community with shared common space. The Latham site, which was launched in April 2015 is situated close to shops and transport which will enable the development of a community and also foster independence for its residents.

It is expected that construction of these properties will be complete by December 2015.

Project Independence objectives are:

- Creation of pathways for independent living
- Ownership opportunities for people with disabilities
- Individualised support that promotes continuous growth
- Person centred model, which encourages freedom of choice and a sense of commitment and community
- Engage business in the model
- Social business model that is self funding
- Continued growth

Similar models could well meet the accommodation, support and service needs of individuals currently at BHRC or a similar cohort in the future.

---

### 2. JOINT DISABILITY HOUSING PROJECT TEAM

MHJHADS is represented on the Joint Disability Housing Project Team that meets monthly to progress quantifying the anticipated demand and types of housing sought by people with a disability (including psycho-social disability), the evaluation existing projects and research models which further best-practice and in order to develop two innovative pilot projects for NDIA funding consideration.

---

### 3. THE CANBERRA HOSPITAL FOUNDATION

MHJHADS staff have met with the Manager of the Canberra Hospital Foundation to discuss possible future projects and funding options to support alternative accommodation arrangements.

---

### 4. OTHER NON GOVERNMENT ORGANISATIONS

Some local Non Government Organisations (NGOs) are currently investigating options to facilitate shared living arrangements (Group houses) with appropriate services and supports, funded through individuals NDIS packages. MHJHADS will continue to work with these organisations to progress these options.

---

### 5. MODELS FROM INTERSTATE AND OTHER SERVICES

Other jurisdictions provide a variety of accommodation options to support people to live in their communities. Models include:

Community Care Units (CCUs) - In Queensland 13 CCUs have been built across the state which are embedded in the community, within easy walking access to shops, medical services etc. The units are configured with a staffing hub surrounded by 5 pods of 4 independent units (each unit has its own bedroom, kitchenette, living area and laundry) The idea is to create a style of accommodation that would support people to create a sense of community. Staff generally include clinical staff (Registered nurses, occupational therapists or psychologist) with non government organisations and peer support staff providing “psychosocial support” eg: supporting people to get to appointments.

Opening Doors - located in East St Kilda, Victoria, provides medium to long-term rehabilitation for adults, who are generally 25 years old and over and linked to the southern metropolitan region. Opening Doors is a group of seven flats with a communal kitchen, laundry facilities, dining room and lounge attached. Each resident has their own bedroom and flats have cooking facilities. Accommodation is provided for a maximum of twenty residents. Staff are available twenty four hours, seven days per week. The purpose of residential rehabilitation is to provide a safe environment for people with severe, on-going disabilities to gain the skills they need to participate more fully in the community. Residents move on to live more independently. Opening Doors helps participants to develop skills in personal care, recreation and socialisation by providing skills training on an individual level and by linking participants into nearby agencies. The program has links to local area community mental health clinics, which provide psychiatric care and case management for program participants.



CONFIDENTIAL – NOT FOR CIRCULATION

PARC (Prevention and Recovery Care) - In Shepparton, Victoria provides clinical and psychosocial rehabilitation services together to prevent relapse and speeding recovery, within an established mental health system. It is the first of three pilot programs intended to divert hospitalisation and promote recovery following an in-patient admission. Admission is co-ordinated by the Crisis Assessment and Treatment Team which assesses clinical needs and then visits PARC twice a day, seven days per week. The program also accommodates daily visits from psychiatrists, psychiatric registrars, medical officers, case managers and other clinical staff as needed. The psychosocial component, delivered by Mental Illness (MI) Fellowship, encourages participants to explore four key life areas: living, learning, socialising and working and establish goals to address their areas of need.

Collins Place (Barwon Region, Victoria) - Is a residential recovery program for anyone eligible for the NDIS who has been diagnosed with a mental illness or other disability that affects how they think, feel and act. Support is provided to develop independent living skills and establish healthy and fulfilling roles within individuals' family and community. Collins Place provides a home like environment with the option of 24-hour support if required. People can stay for up to 12 months or longer, according to their NDIS plan. Access to support for up to 12 months after leaving Collins Place, or as an alternative to a stay, depending on a person's NDIS plan. Programs can help people develop skills for living successfully at home, preparing for employment and education, reconnecting with friends, family and community and drug and alcohol support.

SUMMARY OF TRANSITION ACTIVITIES – AS AT JUNE 2015

Proposed Individual Anticipated Transition Arrangements (30 people currently at BHRC)	Applications made	Anticipated/ Confirmed	Comment
<b>NDIS Applications</b>	4	6 due October 2015 6 due January 2016 13 due April 2016	1 person ineligible due to age Applications completed in line with NDIS roll out schedule (4/30) Of the four completed <ul style="list-style-type: none"> <li>• one accepted, with an NDIS plan in place,</li> <li>• three under review as per NDIA protocol</li> </ul>
<b>Common Ground</b>	10	4	<ul style="list-style-type: none"> <li>• 10 applications made</li> <li>• 6 interviews were undertaken</li> <li>• 4 placements have been confirmed and accepted</li> <li>• 4 waiting list</li> <li>• 2 did not meet the criteria – will require alternative arrangements</li> </ul>
<b>Secure Mental Health Unit (SMHU)</b>	5	5 (TBC)	Awaiting formal assessment criteria and process
<b>Adult Mental Health Rehabilitation Unit (AMHRU) at UCPH</b>	6	6 (TBC)	Awaiting formal assessment criteria and process
<b>Aged care facility</b>	2	2	Awaiting placement – 1 individual has an NDIS package approved
<b>Alternative arrangements required</b> <ul style="list-style-type: none"> <li>• Individual accommodation through ACT Housing with wrap around supports and services</li> </ul>		13	No accommodation model currently exists for people with significant and complex mental health issues A number of people are under the guardianship of the public advocate, as

<ul style="list-style-type: none"> <li>• Social Housing through Housing ACT with wrap around supports and services</li> <li>• Private Housing with wrap around supports and services</li> <li>• Housing model similar to Project Independence</li> </ul>			<p>such their future transition arrangement will need to be negotiated with their public advocate.</p> <p>A number of individuals have indicated that they may move to accommodation, with family – NDIS package including wrap around supports and services to be determined</p> <p>Many individuals have complex support needs that will require significant wrap around services through NDIS, Mental Health Services and NGO support</p> <p>Some individuals have indicated a preference for social housing through Housing ACT however joint incomes may exceed the threshold for eligibility for same</p>
	<b>Total</b>	<b>30</b>	

## UPDATE - DEPENDENCIES, INTERDEPENDENCIES AND RELATED PROJECTS

The interdependencies of the project will be with:

- The “roll out” of the NDIS and MHJHADS implementation of same
- The opening of Common Ground project (Current)
- Planned opening of UCPH in 2018
- Planned opening of Secure Mental Health Unit in 2016
- Development of AMHS Model of Care (MoC)
- Development of an AMHS Community Mental Health MoC

Note: a draft version of the AMHS Community Mental Health MoC has been distributed to the Clinical Redesign Reference Group for comment. The MoC emphasises community mental health as the nucleus for service provision for adult consumers and will promote the principle of least restrictive care, with inpatient hospital admission after all community treatment and interventions options have been proactively and assertively examined. Once feedback has been collated and it is endorsed it will be available to staff and the community groups involved in the consultation.

External linkages between MHJHADS and the following will also need to be considered:

- ACT Housing
- NDIA
- Centrelink
- Community Sector mental health services
- General Practitioners
- Other individuals or organisations as identified

## STAKEHOLDERS CONSULTATION AND COMMUNICATIONS

The people currently at BHRC are central to this project. Individuals’ choice and control is key to ensuring people’s needs are met and appropriate services and supports are facilitated. In addition, where appropriate, families and carers have provided additional perspectives and information to support peoples’ needs.

To ensure that key stakeholders are informed of the progress of the development of the project a number of information sessions and forums have been held including:

- Forums involving the BHRC community (Including people, carers, support people and staff)
  - April and October 2013
  - 9 October and 15 October 2014
  - 19 June 2015
- Information sessions for our peak bodies:
  - ACT Consumer Network - 30 October 2014

## CONFIDENTIAL – NOT FOR CIRCULATION

- the ACT Mental Health Coalition (Incorporating Carers ACT) - December 2014
- The ACT Health Care Consumer Network - October 2014
- Information sessions for MHJHADS Divisional staff (Divisional Forum – 18 June 2015) and
- The provision of monthly status reports to the Steering Committee for AMHS MoC

Future targeted forums will be held for the BHRC Community, staff and stakeholders, aligned with transitional progress and key milestones in the development of UCPH.

Additional communication activities have been identified as part of the UCPH Communications and Stakeholder Engagement Plan which is anticipated will be endorsed in the PCG in the coming weeks.

Formal monthly reporting on future BHRC transition arrangements will be undertaken through the UCPH MHJHADS Operational Working Group to the UCPH Operational Commissioning Steering Committee.

### ISSUES MANAGEMENT

An issues/risk register will be collated as part of the project. Any risks and issues identified will be documented and is anticipated will be presented to the UCPH MHJHADS Operational Working Group on a monthly basis.

### STAFFING AND WORKFORCE UPDATE

Our experience, and that of other NDIS trial sites, have demonstrated that NDIS planning and assessments often take longer than expected. In order to support the transition project additional staffing allocations were made in 2014/2015. It was proposed that 0.4 FTE HP3 psychologist, 0.4 FTE HP3 occupational therapist and 0.3 FTE Registered Nurse Level 2 would be recruited to support various aspects of NDIS assessments and transitional planning.

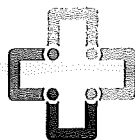
However, due to limited recruitment success, a 0.8 FTE HP2 Occupational Therapist was been employed to support individual assessments from January to 30 June 2015. As the majority (25) of NDIS assessments are not due until April 2016 it is anticipated that extended transitional support will be required.

As part of the UCPH Operational Commissioning Plan, a UCPH Workforce Development Working Group has been initiated to develop a detailed future workforce plan, consider operational workforce recruitment funding and undertake associated recruitment activities. These activities will also be discussed at the monthly MHJHADS Divisional Workforce Meeting. This Working Group will report monthly to the UCPH Operational Commissioning Steering Committee.

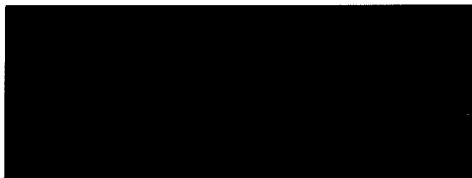
In addition, the MHJHADS Workforce Strategy, Planning, Development and Implementation Group oversees the development of a workforce strategy, planning and development framework for effective recruitment, development, management, training and retention of staff across the Division's programs. Staff meet monthly and report to the MHJHADS Divisional Executive Strategy & Business planning Committee on a quarterly basis.

**ISSUES FOR CONSIDERATION**

- Many people currently at BHRC have significant complex mental health, behavioural, co morbidity and/or risk issues. For some, these issues may preclude them from existing Housing ACT or other accommodation services.
- Access to aged care facility places is limited and it appears that individuals' complex mental health, behavioural, co morbidity and/or risk issues may further limit access to these services.
- Peoples' legal status – eg: PTO, people directed to BHRC by the courts – may impact on people accessing alternative accommodation. As such, clear guidelines are required as to how and where these people will be supported either in the community or other AMHS (e.g: The Secure Mental Health Unit or the Adult Mental Health Rehabilitation Unit at UCPH)
- Existing Housing ACT policy relating to the means testing of individual's incomes (or combined income if they choose to share accommodation) may preclude people from Housing ACT. As such private arrangement will need to be identified or exemptions sought from Housing ACT.
- Some local Non Government Organisations (NGOs) are currently investigating options to facilitate shared living arrangements (Group houses) with appropriate services and supports, funded through individuals NDIS packages.
- It is anticipated that Phase 2 of the common Ground Project – providing additional units will be undertaken in the coming years.
- It is anticipated that some people currently at BHRC will transfer to the Secure Mental Health Unit (SMHU) or the Adult Mental Health Rehabilitation Unit (AMHRU) at UCPH - formal assessment criteria and processes for each unit have yet to be determined.
- The development of a detailed future workforce plan, including associated recruitment funding and activities will be undertaken as part of the UCPH Workforce Development Working Group reporting to the UCPH Operational Commissioning Steering Committee and the MHJHADS Divisional Workforce Meeting.
- It is anticipated that a further project update will be provided in December 2015.



CANBERRA HOSPITAL  
AND HEALTH SERVICES



Dear 

I am writing to invite you to a forum to discuss future options and opportunities for people transitioning from the Brian Hennessy Rehabilitation Centre.

As you may be aware we have held a number of previous forums to provide information on:

- Planning for the University of Canberra Hospital (UCPH) to date,
- The new Model of Care for the Adult Mental Health Rehabilitation Unit (AMHRU) at UCPH, and
- The transition of people currently at BHRC to alternative accommodation/services.

MHJHADS has also been liaising with Queensland Health regarding a similar transitional process that was undertaken in Queensland (Project 300). Dr Tom Meehan, a representative from Project 300 will speak at the forum to outline his experiences and the experiences of some people who transitioned as part of their project.

The forum will be held:

**DATE:** 3:00pm - 5:00pm (Followed by at BBQ at 5:00pm)

**TIME:** Friday 19 June 2015

**LOCATION:** The HUB, Brian Hennessy Rehabilitation Centre

Please RSVP to Jessica Bekavac on 6205 2225 by Friday 12 June 2015.

I look forward to meeting with you at the forum.

Yours sincerely

Katrina Bracher

**Executive Director**

Mental Health, Justice Health and Alcohol & Drug Services

4 June 2015



I am writing to invite you to a forum to discuss future options and opportunities for people transitioning from the Brian Hennessy Rehabilitation Centre.

As you may be aware we have held a number of previous forums to provide information on:

- Planning for the University of Canberra Hospital (UCPH) to date,
- The new Model of Care for the Adult Mental Health Rehabilitation Unit (AMHRU) at UCPH, and
- The transition of people currently at BHRC to alternative accommodation/services.

MJHADS has also been liaising with Queensland Health regarding a similar transitional process that was undertaken in Queensland (Project 300). Dr Tom Meehan, a representative from Project 300 will speak at the forum to outline his experiences and the experiences of some people who transitioned as part of their project.

The forum will be held:

**DATE:** 3:00pm - 5:00pm (Followed by at BBQ at 5:00pm)

**TIME:** Friday 19 June 2015

**LOCATION:** The HUB, Brian Hennessy Rehabilitation Centre

Please RSVP to Jessica Bekavac on 6205 2225 by Friday 12 June 2015.

I look forward to meeting with you at the forum.

Yours sincerely

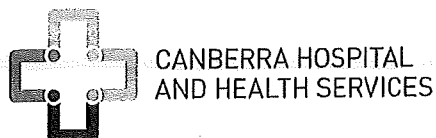
Katrina Bracher

**Executive Director**

Mental Health, Justice Health and Alcohol & Drug Services

4 June 2015





I am writing to invite you to a forum to discuss future options and opportunities for people transitioning from the Brian Hennessy Rehabilitation Centre.

As you may be aware we have held a number of previous forums to provide information on:

- Planning for the University of Canberra Hospital (UCPH) to date,
- The new Model of Care for the Adult Mental Health Rehabilitation Unit (AMHRU) at UCPH, and
- The transition of people currently at BHRC to alternative accommodation/services.

MHJHADS has also been liaising with Queensland Health regarding a similar transitional process that was undertaken in Queensland (Project 300). Dr Tom Meehan, a representative from Project 300 will speak at the forum to outline his experiences and the experiences of some people who transitioned as part of their project.

The forum will be held:

**DATE:** 3:00pm - 5:00pm (Followed by at BBQ at 5:00pm)

**TIME:** Friday 19 June 2015

**LOCATION:** The HUB, Brian Hennessy Rehabilitation Centre

Please RSVP to Jessica Bekavac on 6205 2225 by Friday 12 June 2015.

I look forward to meeting with you at the forum.

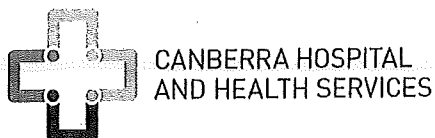
Yours sincerely

Katrina Bracher

**Executive Director**

Mental Health, Justice Health and Alcohol & Drug Services

4 June 2015



I am writing to invite you to a forum to discuss future options and opportunities for people transitioning from the Brian Hennessy Rehabilitation Centre.

As you may be aware we have held a number of previous forums to provide information on:

- Planning for the University of Canberra Hospital (UCPH) to date,
- The new Model of Care for the Adult Mental Health Rehabilitation Unit (AMHRU) at UCPH, and
- The transition of people currently at BHRC to alternative accommodation/services.

MHJHADS has also been liaising with Queensland Health regarding a similar transitional process that was undertaken in Queensland (Project 300). Dr Tom Meehan, a representative from Project 300 will speak at the forum to outline his experiences and the experiences of some people who transitioned as part of their project.

The forum will be held:

**DATE:** 3:00pm - 5:00pm (Followed by at BBQ at 5:00pm)

**TIME:** Friday 19 June 2015

**LOCATION:** The HUB, Brian Hennessy Rehabilitation Centre

Please RSVP to Jessica Bekavac on 6205 2225 by Friday 12 June 2015.

I look forward to meeting with you at the forum.

Yours sincerely

Katrina Bracher

**Executive Director**

Mental Health, Justice Health and Alcohol & Drug Services

4 June 2015



I am writing to invite you to a forum to discuss future options and opportunities for people transitioning from the Brian Hennessy Rehabilitation Centre.

As you may be aware we have held a number of previous forums to provide information on:

- Planning for the University of Canberra Hospital (UCPH) to date,
- The new Model of Care for the Adult Mental Health Rehabilitation Unit (AMHRU) at UCPH, and
- The transition of people currently at BHRC to alternative accommodation/services.

MHJHADS has also been liaising with Queensland Health regarding a similar transitional process that was undertaken in Queensland (Project 300). Dr Tom Meehan, a representative from Project 300 will speak at the forum to outline his experiences and the experiences of some people who transitioned as part of their project.

The forum will be held:

**DATE:** 3:00pm - 5:00pm (Followed by at BBQ at 5:00pm)

**TIME:** Friday 19 June 2015

**LOCATION:** The HUB, Brian Hennessy Rehabilitation Centre

Please RSVP to Jessica Bekavac on 6205 2225 by Friday 12 June 2015.

I look forward to meeting with you at the forum.

Yours sincerely

Katrina Bracher  
**Executive Director**  
 Mental Health, Justice Health and Alcohol & Drug Services

4 June 2015



I am writing to invite you to a forum to discuss future options and opportunities for people transitioning from the Brian Hennessy Rehabilitation Centre.

As you may be aware we have held a number of previous forums to provide information on:

- Planning for the University of Canberra Hospital (UCPH) to date,
- The new Model of Care for the Adult Mental Health Rehabilitation Unit (AMHRU) at UCPH, and
- The transition of people currently at BHRC to alternative accommodation/services.

MHJHADS has also been liaising with Queensland Health regarding a similar transitional process that was undertaken in Queensland (Project 300). Dr Tom Meehan, a representative from Project 300 will speak at the forum to outline his experiences and the experiences of some people who transitioned as part of their project.

The forum will be held:

**DATE:** 3:00pm - 5:00pm (Followed by at BBQ at 5:00pm)

**TIME:** Friday 19 June 2015

**LOCATION:** The HUB, Brian Hennessy Rehabilitation Centre

Please RSVP to Jessica Bekavac on 6205 2225 by Friday 12 June 2015.

I look forward to meeting with you at the forum.

Yours sincerely

Katrina Bracher  
**Executive Director**  
 Mental Health, Justice Health and Alcohol & Drug Services

June 2015



I am writing to invite you to a forum to discuss future options and opportunities for people transitioning from the Brian Hennessy Rehabilitation Centre.

As you may be aware we have held a number of previous forums to provide information on:

- Planning for the University of Canberra Hospital (UCPH) to date,
- The new Model of Care for the Adult Mental Health Rehabilitation Unit (AMHRU) at UCPH, and
- The transition of people currently at BHRC to alternative accommodation/services.

MHJHADS has also been liaising with Queensland Health regarding a similar transitional process that was undertaken in Queensland (Project 300). Dr Tom Meehan, a representative from Project 300 will speak at the forum to outline his experiences and the experiences of some people who transitioned as part of their project.

The forum will be held:

**DATE:** 3:00pm - 5:00pm (Followed by at BBQ at 5:00pm)

**TIME:** Friday 19 June 2015

**LOCATION:** The HUB, Brian Hennessy Rehabilitation Centre

Please RSVP to Jessica Bekavac on 6205 2225 by Friday 12 June 2015.

I look forward to meeting with you at the forum.

Yours sincerely

Katrina Bracher  
**Executive Director**  
 Mental Health, Justice Health and Alcohol & Drug Services

4 June 2015



I am writing to invite you to a forum to discuss future options and opportunities for people transitioning from the Brian Hennessy Rehabilitation Centre.

As you may be aware we have held a number of previous forums to provide information on:

- Planning for the University of Canberra Hospital (UCPH) to date,
- The new Model of Care for the Adult Mental Health Rehabilitation Unit (AMHRU) at UCPH, and
- The transition of people currently at BHRC to alternative accommodation/services.

MHJHADS has also been liaising with Queensland Health regarding a similar transitional process that was undertaken in Queensland (Project 300). Dr Tom Meehan, a representative from Project 300 will speak at the forum to outline his experiences and the experiences of some people who transitioned as part of their project.

The forum will be held:

**DATE:** 3:00pm - 5:00pm (Followed by at BBQ at 5:00pm)

**TIME:** Friday 19 June 2015

**LOCATION:** The HUB, Brian Hennessy Rehabilitation Centre

Please RSVP to Jessica Bekavac on 6205 2225 by Friday 12 June 2015.

I look forward to meeting with you at the forum.

Yours sincerely

Katrina Bracher  
**Executive Director**  
 Mental Health, Justice Health and Alcohol & Drug Services

4 June 2015



I am writing to invite you to a forum to discuss future options and opportunities for people transitioning from the Brian Hennessy Rehabilitation Centre.

As you may be aware we have held a number of previous forums to provide information on:

- Planning for the University of Canberra Hospital (UCPH) to date,
- The new Model of Care for the Adult Mental Health Rehabilitation Unit (AMHRU) at UCPH, and
- The transition of people currently at BHRC to alternative accommodation/services.

MHJHADS has also been liaising with Queensland Health regarding a similar transitional process that was undertaken in Queensland (Project 300). Dr Tom Meehan, a representative from Project 300 will speak at the forum to outline his experiences and the experiences of some people who transitioned as part of their project.

The forum will be held:

**DATE:** 3:00pm - 5:00pm (Followed by at BBQ at 5:00pm)

**TIME:** Friday 19 June 2015

**LOCATION:** The HUB, Brian Hennessy Rehabilitation Centre

Please RSVP to Jessica Bekavac on 6205 2225 by Friday 12 June 2015.

I look forward to meeting with you at the forum.

Yours sincerely

Katrina Bracher

**Executive Director**

Mental Health, Justice Health and Alcohol & Drug Services

4 June 2015



I am writing to invite you to a forum to discuss future options and opportunities for people transitioning from the Brian Hennessy Rehabilitation Centre.

As you may be aware we have held a number of previous forums to provide information on:

- Planning for the University of Canberra Hospital (UCPH) to date,
- The new Model of Care for the Adult Mental Health Rehabilitation Unit (AMHRU) at UCPH, and
- The transition of people currently at BHRC to alternative accommodation/services.

MHJHADS has also been liaising with Queensland Health regarding a similar transitional process that was undertaken in Queensland (Project 300). Dr Tom Meehan, a representative from Project 300 will speak at the forum to outline his experiences and the experiences of some people who transitioned as part of their project.

The forum will be held:

**DATE:** 3:00pm - 5:00pm (Followed by at BBQ at 5:00pm)

**TIME:** Friday 19 June 2015

**LOCATION:** The HUB, Brian Hennessy Rehabilitation Centre

Please RSVP to Jessica Bekavac on 6205 2225 by Friday 12 June 2015.

I look forward to meeting with you at the forum.

Yours sincerely

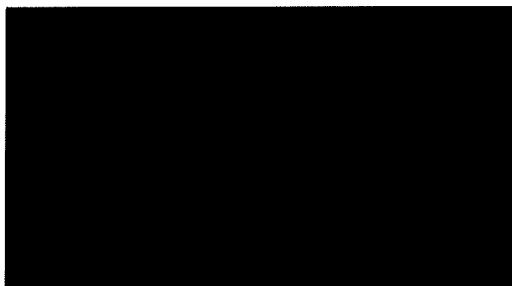
Katrina Bracher

**Executive Director**

Mental Health, Justice Health and Alcohol & Drug Services

Y June 2015





I am writing to invite you to a forum to discuss future options and opportunities for people transitioning from the Brian Hennessy Rehabilitation Centre.

As you may be aware we have held a number of previous forums to provide information on:

- Planning for the University of Canberra Hospital (UCPH) to date,
- The new Model of Care for the Adult Mental Health Rehabilitation Unit (AMHRU) at UCPH, and
- The transition of people currently at BHRC to alternative accommodation/services.

MHJHADS has also been liaising with Queensland Health regarding a similar transitional process that was undertaken in Queensland (Project 300). Dr Tom Meehan, a representative from Project 300 will speak at the forum to outline his experiences and the experiences of some people who transitioned as part of their project.

The forum will be held:

**DATE:** 3:00pm - 5:00pm (Followed by at BBQ at 5:00pm)

**TIME:** Friday 19 June 2015

**LOCATION:** The HUB, Brian Hennessy Rehabilitation Centre

Please RSVP to Jessica Bekavac on 6205 2225 by Friday 12 June 2015.

I look forward to meeting with you at the forum.

Yours sincerely

Katrina Bracher  
**Executive Director**  
 Mental Health, Justice Health and Alcohol & Drug Services

4 June 2015



I am writing to invite you to a forum to discuss future options and opportunities for people transitioning from the Brian Hennessy Rehabilitation Centre.

As you may be aware we have held a number of previous forums to provide information on:

- Planning for the University of Canberra Hospital (UCPH) to date,
- The new Model of Care for the Adult Mental Health Rehabilitation Unit (AMHRU) at UCPH, and
- The transition of people currently at BHRC to alternative accommodation/services.

MHJHADS has also been liaising with Queensland Health regarding a similar transitional process that was undertaken in Queensland (Project 300). Dr Tom Meehan, a representative from Project 300 will speak at the forum to outline his experiences and the experiences of some people who transitioned as part of their project.

The forum will be held:

**DATE:** 3:00pm - 5:00pm (Followed by at BBQ at 5:00pm)

**TIME:** Friday 19 June 2015

**LOCATION:** The HUB, Brian Hennessy Rehabilitation Centre

Please RSVP to Jessica Bekavac on 6205 2225 by Friday 12 June 2015.

I look forward to meeting with you at the forum.

Yours sincerely

A handwritten signature in cursive script that reads "K Bracher".

Katrina Bracher  
**Executive Director**  
Mental Health, Justice Health and Alcohol & Drug Services

4 June 2015



I am writing to invite you to a forum to discuss future options and opportunities for people transitioning from the Brian Hennessy Rehabilitation Centre.

As you may be aware we have held a number of previous forums to provide information on:

- Planning for the University of Canberra Hospital (UCPH) to date,
- The new Model of Care for the Adult Mental Health Rehabilitation Unit (AMHRU) at UCPH, and
- The transition of people currently at BHRC to alternative accommodation/services.

MHJHADS has also been liaising with Queensland Health regarding a similar transitional process that was undertaken in Queensland (Project 300). Dr Tom Meehan, a representative from Project 300 will speak at the forum to outline his experiences and the experiences of some people who transitioned as part of their project.

The forum will be held:

**DATE:** 3:00pm - 5:00pm (Followed by at BBQ at 5:00pm)

**TIME:** Friday 19 June 2015

**LOCATION:** The HUB, Brian Hennessy Rehabilitation Centre

Please RSVP to Jessica Bekavac on 6205 2225 by Friday 12 June 2015.

I look forward to meeting with you at the forum.

Yours sincerely

A handwritten signature in cursive script that reads "K Bracher".

Katrina Bracher

**Executive Director**

Mental Health, Justice Health and Alcohol & Drug Services

4 June 2015



I am writing to invite you to a forum to discuss future options and opportunities for people transitioning from the Brian Hennessy Rehabilitation Centre.

As you may be aware we have held a number of previous forums to provide information on:

- Planning for the University of Canberra Hospital (UCPH) to date,
- The new Model of Care for the Adult Mental Health Rehabilitation Unit (AMHRU) at UCPH, and
- The transition of people currently at BHRC to alternative accommodation/services.

MHJHADS has also been liaising with Queensland Health regarding a similar transitional process that was undertaken in Queensland (Project 300). Dr Tom Meehan, a representative from Project 300 will speak at the forum to outline his experiences and the experiences of some people who transitioned as part of their project.

The forum will be held:

**DATE:** 3:00pm - 5:00pm (Followed by at BBQ at 5:00pm)  
**TIME:** Friday 19 June 2015  
**LOCATION:** The HUB, Brian Hennessy Rehabilitation Centre

Please RSVP to Jessica Bekavac on 6205 2225 by Friday 12 June 2015.

I look forward to meeting with you at the forum.

Yours sincerely

Katrina Bracher  
**Executive Director**  
 Mental Health, Justice Health and Alcohol & Drug Services

4 June 2015



I am writing to invite you to a forum to discuss future options and opportunities for people transitioning from the Brian Hennessy Rehabilitation Centre.

As you may be aware we have held a number of previous forums to provide information on:

- Planning for the University of Canberra Hospital (UCPH) to date,
- The new Model of Care for the Adult Mental Health Rehabilitation Unit (AMHRU) at UCPH, and
- The transition of people currently at BHRC to alternative accommodation/services.

MHJHADS has also been liaising with Queensland Health regarding a similar transitional process that was undertaken in Queensland (Project 300). Dr Tom Meehan, a representative from Project 300 will speak at the forum to outline his experiences and the experiences of some people who transitioned as part of their project.

The forum will be held:

**DATE:** 3:00pm - 5:00pm (Followed by at BBQ at 5:00pm)

**TIME:** Friday 19 June 2015

**LOCATION:** The HUB, Brian Hennessy Rehabilitation Centre

Please RSVP to Jessica Bekavac on 6205 2225 by Friday 12 June 2015.

I look forward to meeting with you at the forum.

Yours sincerely

A handwritten signature in cursive script that reads "K Bracher".

Katrina Bracher

**Executive Director**

Mental Health, Justice Health and Alcohol & Drug Services

4 June 2015



I am writing to invite you to a forum to discuss future options and opportunities for people transitioning from the Brian Hennessy Rehabilitation Centre.

As you may be aware we have held a number of previous forums to provide information on:

- Planning for the University of Canberra Hospital (UCPH) to date,
- The new Model of Care for the Adult Mental Health Rehabilitation Unit (AMHRU) at UCPH, and
- The transition of people currently at BHRC to alternative accommodation/services.

MHJHADS has also been liaising with Queensland Health regarding a similar transitional process that was undertaken in Queensland (Project 300). Dr Tom Meehan, a representative from Project 300 will speak at the forum to outline his experiences and the experiences of some people who transitioned as part of their project.

The forum will be held:

**DATE:** 3:00pm - 5:00pm (Followed by at BBQ at 5:00pm)

**TIME:** Friday 19 June 2015

**LOCATION:** The HUB, Brian Hennessy Rehabilitation Centre

Please RSVP to Jessica Bekavac on 6205 2225 by Friday 12 June 2015.

I look forward to meeting with you at the forum.

Yours sincerely

Katrina Bracher  
**Executive Director**  
 Mental Health, Justice Health and Alcohol & Drug Services

4 June 2015



I am writing to invite you to a forum to discuss future options and opportunities for people transitioning from the Brian Hennessy Rehabilitation Centre.

As you may be aware we have held a number of previous forums to provide information on:

- Planning for the University of Canberra Hospital (UCPH) to date,
- The new Model of Care for the Adult Mental Health Rehabilitation Unit (AMHRU) at UCPH, and
- The transition of people currently at BHRC to alternative accommodation/services.

MHJHADS has also been liaising with Queensland Health regarding a similar transitional process that was undertaken in Queensland (Project 300). Dr Tom Meehan, a representative from Project 300 will speak at the forum to outline his experiences and the experiences of some people who transitioned as part of their project.

The forum will be held:

**DATE:** 3:00pm - 5:00pm (Followed by at BBQ at 5:00pm)

**TIME:** Friday 19 June 2015

**LOCATION:** The HUB, Brian Hennessy Rehabilitation Centre

Please RSVP to Jessica Bekavac on 6205 2225 by Friday 12 June 2015.

I look forward to meeting with you at the forum.

Yours sincerely

Katrina Bracher

**Executive Director**

Mental Health, Justice Health and Alcohol & Drug Services

4 June 2015



I am writing to invite you to a forum to discuss future options and opportunities for people transitioning from the Brian Hennessy Rehabilitation Centre.

As you may be aware we have held a number of previous forums to provide information on:

- Planning for the University of Canberra Hospital (UCPH) to date,
- The new Model of Care for the Adult Mental Health Rehabilitation Unit (AMHRU) at UCPH, and
- The transition of people currently at BHRC to alternative accommodation/services.

MJHADS has also been liaising with Queensland Health regarding a similar transitional process that was undertaken in Queensland (Project 300). Dr Tom Meehan, a representative from Project 300 will speak at the forum to outline his experiences and the experiences of some people who transitioned as part of their project.

The forum will be held:

**DATE:** 3:00pm - 5:00pm (Followed by at BBQ at 5:00pm)

**TIME:** Friday 19 June 2015

**LOCATION:** The HUB, Brian Hennessy Rehabilitation Centre

Please RSVP to Jessica Bekavac on 6205 2225 by Friday 12 June 2015.

I look forward to meeting with you at the forum.

Yours sincerely

Katrina Bracher

**Executive Director**

Mental Health, Justice Health and Alcohol & Drug Services

4 June 2015





I am writing to invite you to a forum to discuss future options and opportunities for people transitioning from the Brian Hennessy Rehabilitation Centre.

As you may be aware we have held a number of previous forums to provide information on:

- Planning for the University of Canberra Hospital (UCPH) to date,
- The new Model of Care for the Adult Mental Health Rehabilitation Unit (AMHRU) at UCPH, and
- The transition of people currently at BHRC to alternative accommodation/services.

MHJHADS has also been liaising with Queensland Health regarding a similar transitional process that was undertaken in Queensland (Project 300). Dr Tom Meehan, a representative from Project 300 will speak at the forum to outline his experiences and the experiences of some people who transitioned as part of their project.

The forum will be held:

**DATE:** 3:00pm - 5:00pm (Followed by at BBQ at 5:00pm)

**TIME:** Friday 19 June 2015

**LOCATION:** The HUB, Brian Hennessy Rehabilitation Centre

Please RSVP to Jessica Bekavac on 6205 2225 by Friday 12 June 2015.

I look forward to meeting with you at the forum.

Yours sincerely

Katrina Bracher

**Executive Director**

Mental Health, Justice Health and Alcohol & Drug Services

4 June 2015



I am writing to invite you to a forum to discuss future options and opportunities for people transitioning from the Brian Hennessy Rehabilitation Centre.

As you may be aware we have held a number of previous forums to provide information on:

- Planning for the University of Canberra Hospital (UCPH) to date,
- The new Model of Care for the Adult Mental Health Rehabilitation Unit (AMHRU) at UCPH, and
- The transition of people currently at BHRC to alternative accommodation/services.

MHJHADS has also been liaising with Queensland Health regarding a similar transitional process that was undertaken in Queensland (Project 300). Dr Tom Meehan, a representative from Project 300 will speak at the forum to outline his experiences and the experiences of some people who transitioned as part of their project.

The forum will be held:

**DATE:** 3:00pm - 5:00pm (Followed by at BBQ at 5:00pm)

**TIME:** Friday 19 June 2015

**LOCATION:** The HUB, Brian Hennessy Rehabilitation Centre

Please RSVP to Jessica Bekavac on 6205 2225 by Friday 12 June 2015.

I look forward to meeting with you at the forum.

Yours sincerely

Katrina Bracher

**Executive Director**

Mental Health, Justice Health and Alcohol & Drug Services

4 June 2015



I am writing to invite you to a forum to discuss future options and opportunities for people transitioning from the Brian Hennessy Rehabilitation Centre.

As you may be aware we have held a number of previous forums to provide information on:

- Planning for the University of Canberra Hospital (UCPH) to date,
- The new Model of Care for the Adult Mental Health Rehabilitation Unit (AMHRU) at UCPH, and
- The transition of people currently at BHRC to alternative accommodation/services.

MHJHADS has also been liaising with Queensland Health regarding a similar transitional process that was undertaken in Queensland (Project 300). Dr Tom Meehan, a representative from Project 300 will speak at the forum to outline his experiences and the experiences of some people who transitioned as part of their project.

The forum will be held:

**DATE:** 3:00pm - 5:00pm (Followed by at BBQ at 5:00pm)

**TIME:** Friday 19 June 2015

**LOCATION:** The HUB, Brian Hennessy Rehabilitation Centre

Please RSVP to Jessica Bekavac on 6205 2225 by Friday 12 June 2015.

I look forward to meeting with you at the forum.

Yours sincerely

A handwritten signature in cursive script that reads "K Bracher".

Katrina Bracher

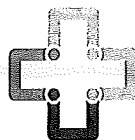
**Executive Director**

Mental Health, Justice Health and Alcohol & Drug Services

4 June 2015



**ACT**  
Government  
Health



CANBERRA HOSPITAL  
AND HEALTH SERVICES



I am writing to invite you to a forum to discuss future options and opportunities for people transitioning from the Brian Hennessy Rehabilitation Centre.

As you may be aware we have held a number of previous forums to provide information on:

- Planning for the University of Canberra Hospital (UCPH) to date,
- The new Model of Care for the Adult Mental Health Rehabilitation Unit (AMHRU) at UCPH, and
- The transition of people currently at BHRC to alternative accommodation/services.

MHJHADS has also been liaising with Queensland Health regarding a similar transitional process that was undertaken in Queensland (Project 300). Dr Tom Meehan, a representative from Project 300 will speak at the forum to outline his experiences and the experiences of some people who transitioned as part of their project.

The forum will be held:

**DATE:** 3:00pm - 5:00pm (Followed by at BBQ at 5:00pm)

**TIME:** Friday 19 June 2015

**LOCATION:** The HUB, Brian Hennessy Rehabilitation Centre

Please RSVP to Jessica Bekavac on 6205 2225 by Friday 12 June 2015.

I look forward to meeting with you at the forum.

Yours sincerely

Katrina Bracher

**Executive Director**

Mental Health, Justice Health and Alcohol & Drug Services

4 June 2015



I am writing to invite you to a forum to discuss future options and opportunities for people transitioning from the Brian Hennessy Rehabilitation Centre.

As you may be aware we have held a number of previous forums to provide information on:

- Planning for the University of Canberra Hospital (UCPH) to date,
- The new Model of Care for the Adult Mental Health Rehabilitation Unit (AMHRU) at UCPH, and
- The transition of people currently at BHRC to alternative accommodation/services.

MJHADS has also been liaising with Queensland Health regarding a similar transitional process that was undertaken in Queensland (Project 300). Dr Tom Meehan, a representative from Project 300 will speak at the forum to outline his experiences and the experiences of some people who transitioned as part of their project.

The forum will be held:

**DATE:** 3:00pm - 5:00pm (Followed by at BBQ at 5:00pm)

**TIME:** Friday 19 June 2015

**LOCATION:** The HUB, Brian Hennessy Rehabilitation Centre

Please RSVP to Jessica Bekavac on 6205 2225 by Friday 12 June 2015.

I look forward to meeting with you at the forum.

Yours sincerely

Katrina Bracher

**Executive Director**

Mental Health, Justice Health and Alcohol & Drug Services

4 June 2015



I am writing to invite you to a forum to discuss future options and opportunities for people transitioning from the Brian Hennessy Rehabilitation Centre.

As you may be aware we have held a number of previous forums to provide information on:

- Planning for the University of Canberra Hospital (UCPH) to date,
- The new Model of Care for the Adult Mental Health Rehabilitation Unit (AMHRU) at UCPH, and
- The transition of people currently at BHRC to alternative accommodation/services.

MHJHADS has also been liaising with Queensland Health regarding a similar transitional process that was undertaken in Queensland (Project 300). Dr Tom Meehan, a representative from Project 300 will speak at the forum to outline his experiences and the experiences of some people who transitioned as part of their project.

The forum will be held:

**DATE:** 3:00pm - 5:00pm (Followed by at BBQ at 5:00pm)

**TIME:** Friday 19 June 2015

**LOCATION:** The HUB, Brian Hennessy Rehabilitation Centre

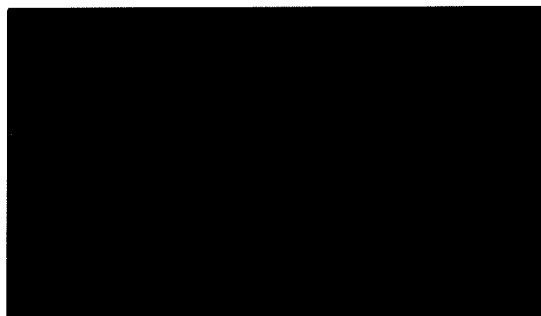
Please RSVP to Jessica Bekavac on 6205 2225 by Friday 12 June 2015.

I look forward to meeting with you at the forum.

Yours sincerely

Katrina Bracher  
**Executive Director**  
 Mental Health, Justice Health and Alcohol & Drug Services

Y June 2015



I am writing to invite you to a forum to discuss future options and opportunities for people transitioning from the Brian Hennessy Rehabilitation Centre.

As you may be aware we have held a number of previous forums to provide information on:

- Planning for the University of Canberra Hospital (UCPH) to date,
- The new Model of Care for the Adult Mental Health Rehabilitation Unit (AMHRU) at UCPH, and
- The transition of people currently at BHRC to alternative accommodation/services.

MHJHADS has also been liaising with Queensland Health regarding a similar transitional process that was undertaken in Queensland (Project 300). Dr Tom Meehan, a representative from Project 300 will speak at the forum to outline his experiences and the experiences of some people who transitioned as part of their project.

The forum will be held:

**DATE:** 3:00pm - 5:00pm (Followed by at BBQ at 5:00pm)

**TIME:** Friday 19 June 2015

**LOCATION:** The HUB, Brian Hennessy Rehabilitation Centre

Please RSVP to Jessica Bekavac on 6205 2225 by Friday 12 June 2015.

I look forward to meeting with you at the forum.

Yours sincerely

Katrina Bracher

**Executive Director**

Mental Health, Justice Health and Alcohol & Drug Services

4 June 2015



I am writing to invite you to a forum to discuss future options and opportunities for people transitioning from the Brian Hennessy Rehabilitation Centre.

As you may be aware we have held a number of previous forums to provide information on:

- Planning for the University of Canberra Hospital (UCPH) to date,
- The new Model of Care for the Adult Mental Health Rehabilitation Unit (AMHRU) at UCPH, and
- The transition of people currently at BHRC to alternative accommodation/services.

MHJHADS has also been liaising with Queensland Health regarding a similar transitional process that was undertaken in Queensland (Project 300). Dr Tom Meehan, a representative from Project 300 will speak at the forum to outline his experiences and the experiences of some people who transitioned as part of their project.

The forum will be held:

**DATE:** 3:00pm - 5:00pm (Followed by at BBQ at 5:00pm)

**TIME:** Friday 19 June 2015

**LOCATION:** The HUB, Brian Hennessy Rehabilitation Centre

Please RSVP to Jessica Bekavac on 6205 2225 by Friday 12 June 2015.

I look forward to meeting with you at the forum.

Yours sincerely

Katrina Bracher

**Executive Director**

Mental Health, Justice Health and Alcohol & Drug Services

4 June 2015



**Select Committee on Estimates  
2015 – 2016 Budget**

**17 June 2015**

**Mental Health, Justice Health and Alcohol and Drug Services –  
Transitional Arrangements Brian Hennessy Rehabilitation Centre**

**Key Points**

- Brian Hennessy Rehabilitation Centre (BHRC) is planned to close following the opening of the University of Canberra Public Hospital (UCPH). Existing residents are planned to be transferred to alternative Mental Health services in the ACT or, as part of the National Disability Insurance Scheme, assisted to find supported accommodation in the ACT.
- In April and October 2013, two forums were hosted by Mental Health Justice Health and Alcohol and Drug Services (MHJHADS) at BHRC for residents, family/carers and staff to inform them of the proposed development of UCPH and its Adult Mental Health Rehabilitation Unit (AMHRU). At that time concerns were raised regarding the long term plan for people residing at BHRC.
- In June 2014, at the Select Committee for Estimates, Dr Peggy Brown advised that BHRC would be closing and that existing residents would be transferred to alternative mental health services in the ACT or, as part of the National Disability Insurance Scheme, assisted to find supported accommodation in the ACT.
- In August 2014, a *Project Plan for MHJHADS to Support the Transition of People from BHRC to Alternative Accommodation* was endorsed by the Adult Mental Health Model of Care Steering Committee.
- On 9 and 15 October 2014, a third series of information sessions about the closure of BHRC were held on for residents, family and support people and staff from BHRC to provide information on:
  - Planning for UCPH to date
  - AMHRU at UCPH
  - The transition of people currently at BHRC to alternative accommodation/services.
- These sessions were followed up by presentations at the ACT Mental Health Coalition's Quarterly Forum and MHJHADS staff information sessions in December 2014.
- Ongoing forums and meetings will occur to seek input and to keep residents, families and staff informed as these projects progress.
- Another forum for residents, carers and staff of BHRC is currently being arranged for June 2015 to further discuss option for transitional arrangements. A representative involved in Project 300 (a Queensland initiative which transitioned a number of longer-term mental health inpatient residents successfully to the community) has been invited to attend this forum to outline their experiences.

## **Background**

In 2011 the ACT Government announced its decision to build a new subacute hospital in the ACT.

In 2012 the University of Canberra was selected as the preferred site for that facility and work began on developing the UCPH Service Delivery Plan, including an AMHRU and AMHDS.

In May 2014 the ACT Government released the finalised Service Delivery Plan for the UCPH. The plan was also used to develop Models of Care for the AMHRU and AMHDS.

UCPH planning and development continues with estimated practical completion date for the facility in October 2017.

**Contact: Katrina Bracher**

**Phone: 6205 1313**

---

**BHRC Community Forum****The HUB, BHRC– 19 June 2015****Attendees****Carers/family Members****Consumers****Staff**

Bruno Aloisi – Operational Director, ACT Wide Mental Health Services

Annette Wrightson – UCPH Project Officer, MHJHADS

Carolyn (RN)

Peter Carter (RN)

Casual RN

RN new starter

Dana (food Services)

**Invited guest** – Dr Tom Meehan, Associate Professor University of Queensland to discuss “Project 300”

**Apologies**

Katrina Bracher, Executive Director, MHJHADS

**Agenda**

1. Brief Update of UCPH (Annette Wrightson)
2. Presentation by Dr Tom Meehan, Associate Professor University of Queensland  
*“The Transition of 300 People from a Stand-Alone Psychiatric Facility to Alternative Housing in the Community with Supports”*
3. Discussion re transition arrangements for people at BHRC  
Over view of Common Ground (Bruno Aloisi)

**Issues Raised**

## CONFIDENTIAL - NOT FOR CIRCULATION

Concern that transition arrangements will not meet the needs of consumers. In particular:

- Accommodation not being secure (Properties have been broken into)
- Accommodation in areas that make people more vulnerable (people are victimised, exposure to drugs and alcohol)

Concern that current NGO programs and arrangement will not meet the needs of people at BHRC

- Discussion regarding MHJHADs work with other sectors included ACT Housing and the NDIA regarding alternative accommodation options in the ACT
- Action: NGO programs and services to be discussed/reviewed with ACT Health, Mental Health Policy Unit

What is the process if transition arrangements don't work?

- Discussion regarding BHRC outreach support post discharge
- Action: Commitment given ensuring that transition arrangements meet the needs of consumers

Concern there is not enough communication regarding assessments for family members or updates of transition arrangements.

- Discussed the potential for a dedicated "transition contact person".
- Suggested utilisation on monthly NDIS drop in sessions at Carers ACT/Their newsletter
- Action: Participants contact details updated
- Action: Agreed to involve family/carers/support people in assessment processes where appropriate (NDIS planning, determining supports and services)
- Action: Commitment given to ¼ newsletter to update family/carers re transition arrangements (AW/HIP communications team)
- AW to discuss "transition contact person" options with KB, BA, NR

What is happening to the BHRC Buildings?

Undecided at this point in time,  
Action: will advise when resolved

Request for articles re Project 300 and Project 300 conclusions

- Action: Annette to send articles via email contact list

UNCLASSIFIED

TRIM No.: MIN15/782

Date Rec'd Minister's Office 18.6.15

**To:** Simon Corbell MLA, Minister for Health**From:** Nicole Feely, Director-General ACT Health**Subject:** Forum to discuss possible transition options for people currently at Brian Hennessy Rehabilitation Centre.**Critical Date:** 19 June 2015**Critical Reason:** The forum will be held on 19 June 2015

- DG Health .../.../...
- DDG CH&HS .../.../...

**Purpose**

1. To provide you with background and information regarding a scheduled forum to discuss transition options for people currently residing at Brian Hennessy Rehabilitation Centre (BHRC).

**Background**

2. The former Minister for Health was previously briefed on these events, at Attachment A.
3. You have been previously briefed on this issue prior to you meeting with [REDACTED] in April 2015, at Attachment B.
4. A number of forums have previously been hosted by Mental Health, Justice Health and Alcohol and Drug Services (MHJHADS) for residents, family/carers and staff to provide:
  - An update on planning for UCPH to date,
  - An outline of the new Model of Care for the AMHRU at UCPH,
  - Discussion regarding the transition of residents currently at BHRC to alternative accommodation/services.

**Government Commitment – Other**

5. Service Delivery

**Issues**Current Transition Options

6. Staff have been working with the residents at BHRC to assess their future accommodation, support and service needs. In line with NDIS phasing, applications have been lodged for four of the 30 residents at BHRC, with one being accepted and an NDIS plan is in place, the other three are being reviewed as per NDIA protocol.

UNCLASSIFIED

UNCLASSIFIED

7. 10 applications for *Common Ground* have been lodged for residents of BHRC, and four have been accepted. Planning is underway for the provision of accompanying supports and services to facilitate their transition to their new units in the coming months.
8. It is anticipated that some residents currently at BHRC will transfer to the Secure Mental Health Unit (SMHU) when it is operationalised in late 2016, and some will be suitable for future admission to the AMHRU at UCPH when it is operationalised in early 2018.
9. Two longer term residents at BHRC are now eligible to transition to aged care facilities in Canberra. While applications have been made for both, neither has been accepted to local services as places are limited, and further work will need to be undertaken to secure appropriately supported aged care placements.
10. Around 13 residents of BHRC will require alternative accommodation arrangements.

#### Alternative Models

11. Alternative Models include *Project Independence*, a not-for-profit business building housing in Canberra that provides independent living and home ownership for people living with intellectual disabilities. In addition, local Non Government Organisations (NGOs) are currently investigating options to facilitate shared living arrangements (Group houses) with appropriate services and supports, funded through individuals NDIS packages. MHJHADS will continue to work with these organisations to progress these options.
12. Residents of BHRC, carers and support and staff have been invited to a forum to discuss possible transition options for people currently at the BHRC.
13. In previous forums and correspondence concerns have been raised regarding:
  - Uncertainty of the transition of current BHRC residents when UCPH opens and BHRC closes. There has been some progress with respect to four of the current BHRC residents being accepted into the Common Ground initiative (supported accommodation) with other proposed models of support still being explored.
  - Uncertainty as to the future use of the BHRC buildings.
14. MHJHADS have been liaising with Queensland Health regarding a similar transitional process, Project 300. This involved 300 people with significant chronic mental health issues were assisted to move from institutional care to supported living arrangements in the community.
15. A Queensland Health representative from Project 300 will be attending this forum to outline their experiences and the experiences of some people who transitioned as part of their project.

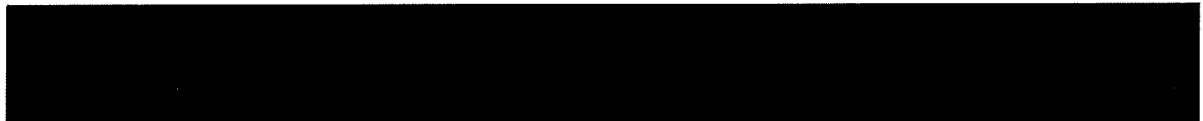
UNCLASSIFIED

UNCLASSIFIED

16. Common Ground offers low-cost supportive housing adjacent to the Gungahlin Town Centre in a supported inclusive community. 50% of the housing will be allocated to homeless individuals and families and 50% to low-income earners. Wrap-around services will be provided to help people overcome health, education or substance addiction issues. Argyle Community Housing, a not-for-profit provider of social and affordable housing will manage the tenancy arrangements with Northside Community Services providing social support services.
17. The Application process for Common Ground was recently opened and applications have been made for ten people currently at BHRC. MHJHADS have been advised the four NHRC residents have been successful and will move into their units in the coming months.
18. There are a small number of people currently at BHRC who will not be suitable for current housing options. It is anticipated that these people will require community housing with significant clinical and non clinical supports. At present there is no such accommodation available. ACT Health is liaising with House ACT for a cross-government solution.

#### Financial Implications

19.



#### Directorate Consultation

20. Not applicable

#### External Consultation

21. Not applicable

#### Benefits/Sensitivities

22. Not applicable

#### Media Implications

23. There has been previous media interest in the closure of BHRC, and media dot points are at Attachment C.

#### Recommendation

That you note the information contained in this brief and attachments.

**Noted / Please Discuss**

Simon Corbell MLA.....

22 6 15  
...../...../.....

UNCLASSIFIED

UNCLASSIFIED

**Minister's Comments**

Signatory Name: Katrina Bracher Phone: 51313

Title: Executive Director, Mental Health, Justice  
Health and Alcohol and Drug Services

Date: 9 June 2015

Action Officer: Annette Wrightson Phone: 75588

UNCLASSIFIED





# MINISTERIAL BRIEF

A

GPO Box 825 Canberra ACT 2601  
 Website: [www.health.act.gov.au](http://www.health.act.gov.au)  
 ABN: 82 049 056 234

**To:** Katy Gallagher MLA, Minister for Health

**Subject:** Proposed information sessions, highlighting ACT Health's future rehabilitation directions for people, family and support people from Brian Hennessy Rehabilitation Centre.

**Through:** Dr Peggy Brown, Director-General *5/1/14*  
 Ian Thompson, Deputy Director-General, Canberra Hospital and Health Services

Received in  
 Minister's office:

**Critical Date** N/A

RETURN FOR FURTHER  
**ACTION**  
 DUE EC 16/10/14

## Purpose

- To provide you with background and information regarding information sessions, highlighting ACT Health's future rehabilitation directions for people, family and support people from Brian Hennessy Rehabilitation Centre.

## Background

- In 2011 the ACT Government announced its decision to build a new subacute hospital in the ACT.
- In 2012 the University of Canberra was selected as the preferred site for that facility and work began on developing the University of Canberra Public Hospital (UCPH) Service Delivery Plan, including an Adult Mental Health Rehabilitation Unit (AMHRU) and an Adult Mental Health Day Service (AMHDS).
- In May 2014 the ACT Government released the finalised Service Delivery Plan for the UCPH. The plan was also used to develop Models of Care for the AMHRU and AMHDS.
- In April and October 2013, two series of forums were hosted by Mental Health, Justice Health and Alcohol and Drug Services (MHJHADS) at Brian Hennessy Rehabilitation Centre for residents, family/carers and staff to inform them of the proposed development of the new UCPH and its Adult Mental Health Rehabilitation Unit (AMHRU). At that time concerns were raised regarding the long term plan for people residing at Brian Hennessy Rehabilitation Centre.

## Communication Implications (including media)

- No media have been invited to these information sessions. However, Emma Kelly at Canberra Times has requested interview with ACT Health about these changes, and there may be additional media interest given recent media coverage of ACT Health's mental health service.
- Additionally, it is anticipated that these information sessions may generate more feedback from consumers, carers and other interested parties. Q&A's have been provided at Attachment A.

### Issues

9. In June 2014 at the Select Committee for Estimates, Dr Peggy Brown advised that Brian Hennessy Rehabilitation Centre would be closing and that existing residents would be transferred to alternative Mental Health services in the ACT or, as part of the National Disability Insurance Scheme, assisted to find supported accommodation in the ACT.
10. In August 2014 a *Project Plan for MHJHADS to Support the Transition of People from BHRC to Alternative Accommodation* was endorsed by the Adult Mental Health Model of Care Steering Committee, at [Attachment B](#), as were the draft Models of Care for the AMHRU and interim AMHDS at Belconnen Community Health Centre.
11. The Draft Models of Care were sent to key stakeholders and comments were received internally and from a number of external parties including the Australian Nursing and Midwifery Federation (ANMF), Canberra Public Sector Union (CPSU), Alcohol Tobacco and Other Drug Association ACT (ATODA), ACT Medicare Local, and Carers ACT.
12. Two information sessions will be held on 9 October 2014 and are planned for people, family and support people and staff from Brian Hennessy Rehabilitation Centre to provide information on:
  - Planning for UCPH to date,
  - The new Model of Care for the Adult Mental Health Rehabilitation Unit (AMHRU) at UCPH, and
  - The transition of people currently at BHRC to alternative accommodation/services.
13. A flyer advertising the proposed information sessions is at [Attachment C](#) and a newsletter that will be distributed during the sessions is at [Attachment D](#).
14. Staff from the ACT Health Infrastructure and Planning Unit are in the process of developing a communication plan regarding BHRC, UCPH, and the Secure Mental Health Unit.
15. Further sessions will then be organised with peak bodies representing consumer, carer and community organisations.

### Financial Implications

16. N/A

### Internal Consultation

17. Complete – through the Adult Mental Health Model of Care Steering Committee

### External Consultation

18. Complete – The proposed information sessions are being held in order to provide an update highlighting ACT Health's future rehabilitation directions for people, family and support people from Brian Hennessy Rehabilitation Centre

### Benefits/Sensitivities

19. Concerns have been raised from consumers, carers and the ANF, regarding the long term plan for people residing at Brian Hennessy Rehabilitation Unit.

**Recommendation**

That you note the above information.

NOTED/PLEASE DISCUSS

*Katy Gallagher* ..... 8/10/14  
Katy Gallagher MLA

Will some residents be eligible for  
stay at SIMTU?

This transition needs to be  
dealt with very carefully +  
with as much  
communication with  
residents as ~~possible~~  
families,  
KQ.

Katrina Bracher  
**Executive Director**  
Mental Health, Justice Health and Alcohol and Drug Services

Action Officer: **Bruno Aloisi**  
Phone: **x 51048**

A

## Q&As - Brian Hennessy Rehabilitation Centre

### What is happening with the University of Canberra Public Hospital?

In 2011, the ACT Government announced its decision to build a new subacute hospital in the ACT.

In 2012, the University of Canberra Belconnen campus was selected as the preferred site for the facility, and work began on developing the University of Canberra Public Hospital (UCPH) Service Delivery Plan for a sub-acute hospital providing up to 200 beds with a focus on sub-acute rehabilitation and aged care services.

In May 2014, the ACT Government released the finalised Service Delivery Plan for the UCPH.

### What health services will be delivered at the University of Canberra Public Hospital?

A number of health services will be delivered at the new UCPH campus, including:

- An Adult Mental Health Rehabilitation Unit (AMHRU) and an Adult Mental Health Day Service (AMHDS). The finalised Service Delivery Plan for the UCPH was used to develop a new Model of Care for the AMHRU and AMHDS.
- There will also be considerable development of other Rehabilitation and Aged Care Services that are currently managed by Rehabilitation, Aged and Community Care (RACC) Division.

### How will the new Adult Mental Health Rehabilitation Unit at UCPH be delivered?

The new AMHRU will be a purpose built rehabilitation inpatient unit, working under a new Model of Care, aimed at delivering effective, recovery oriented rehabilitation to people whose needs cannot be met by less intensive community based adult mental health services. The anticipated length of stay at the unit will be 3 to 18 months.

### Will residents of Brian Hennessy Rehabilitation Centre move into the AMHRU?

It is intended that the psychosocial rehabilitation service that is currently provided at Brian Hennessy Rehabilitation Centre (BHRC) will be re-located to UCPH into the new AMHRU. In preparation of the new AMHRU opening in 2017-18, and the new Model of Care for this facility, ACT Health is supporting the transition of people from the existing BHRC to alternative accommodation/services.

### Will all of the residents at Brian Hennessy Rehabilitation Centre move into the AMHRU?

No, however planning is underway to explore alternative options for supported care in the community for current longer-term residents at BHRC. It is anticipated that community agencies and resources derived from the National Disability Insurance Scheme (NDIS) will play a key role in the provision of alternative options.

ACT Health is committed to ensuring that service changes enhance rehabilitation services for the mental health community of the ACT. The UCPH represents an opportunity to have greater flexibility to provide these essential services within an appropriate, safe, custom-built, state-of-the-art facility.

### How can I find out more information about the transition plans?

Consultation with BHRC staff, residents, families and carers around proposed changes to the operations of the BHRC commenced in April 2013 and will be ongoing.

Two information sessions will be held on 9 October 2014 for clients, families, support people and staff from BHRC (media are not invited) to provide information on:

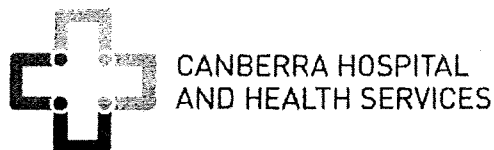
- Planning for University of Canberra Public Hospital (UCPH) to date,
- The new Model of Care for the Adult Mental Health Rehabilitation Unit (AMHRU) at UCPH and
- The transition of people currently at BHRC to alternative accommodation/services.

### What will happen with the Brian Hennessy Rehabilitation Centre building in the future?

At this stage, no decisions have been made in relation to the use of the BHRC facility in the future.

CONFIDENTIAL – NOT FOR CIRCULATION

B



# MHJHADS SUPPORTING THE TRANSITION OF PEOPLE FROM THE BRIAN HENNESSY REHABILITATION CENTRE (BHRC) TO ALTERNATIVE ACCOMMODATION

Project Plan

Revised August 2014

CONFIDENTIAL – NOT FOR CIRCULATION

**CONTENTS**

Contents .....	<b>Error! Bookmark not defined.</b>
1. Document Information.....	4
Document Purpose.....	4
Intended Audience .....	4
2. Introduction.....	4
Brief Description of Project .....	4
3. Background.....	4
Relevant Adult Mental Health Services.....	4
The Brian Henessy Rehabilitation Centre (BHRC) .....	5
National Disability Insurance Scheme (NDIS).....	6
<i>Common Ground</i> in the ACT.....	7
The ACT Mental Health Services Plan .....	7
4. Phases of Project.....	8
5. Project Definition .....	8
Project Aim .....	9
Objectives.....	9
Scope.....	9
Key Deliverables .....	9
Dependencies, Interdependencies and Related Projects .....	10
6. Project Organisation.....	10
Governance .....	10
Stakeholders Consultation and Communications .....	11
Issues Management .....	11

## CONFIDENTIAL – NOT FOR CIRCULATION

7. Project Plan .....	11
Approach .....	11
Proposed Work Plan and Time Frames .....	11
Proposed Project Flow Chart.....	14
Staffing Options.....	15
8. Issues for consideration .....	16

CONFIDENTIAL – NOT FOR CIRCULATION

## 1. DOCUMENT INFORMATION

### DOCUMENT PURPOSE

The purpose of this project plan is to document the plan for the Mental Health, Justice Health and Alcohol and Drug Services (MHJHADS) to assist people currently supported by the Brian Hennessy Rehabilitation Centre (BHRC) to access opportunities arising from the launch of the National Disability Insurance Scheme (NDIS) in the ACT and new accommodation options being developed, such as the *Common Ground* Canberra project. The plan will assist these people, and others in the future, to access appropriate accommodation, supports and services to enable them to successfully reside in the community in the future.

### INTENDED AUDIENCE

This document is intended for key staff from MHJHADS and stakeholders in other relevant Directorates.

## 2. INTRODUCTION

### BRIEF DESCRIPTION OF PROJECT

The project will review the type and scope of services currently utilised by people who are currently supported at the BHRC.

In addition, the project will consider those services that would support these people to live in the community in the future and how access to these services would be best facilitated. Such services and supports may include:

- Accommodation
- Food services
- Individual support for activities of daily living, living skills development and maintenance and accessing vocational training
- Community Sector supports and services – psychosocial supports

The project will seek information collated from residents, their clinical managers/the AMHS service, family and carers, and the Community Sector who provide services to these people.

By having a comprehensive understanding of people's current and future needs and services we will be better placed to access future services and opportunities as they arrive.

## 3. BACKGROUND

### RELEVANT ADULT MENTAL HEALTH SERVICES



## CONFIDENTIAL – NOT FOR CIRCULATION

MHJHADS currently provides inpatient services for up to 30 people through the BHRC.

**THE BHRC**

The BHRC is a unit that provides 24 hour/7day a week services and supports for up to 30 people including:

- Support with activities of daily living (ADL)
- Therapeutic group work
- Individual therapy
- Facilitating the mental and physical needs of people
- Ensuring compliance with medications
- Family centered care
- Functional assessments
- Skills training
- Commence people on clozapine or support people coming off clozapine
- Post discharge outreach for 3 months
- Some people also have community clinical managers

In addition, BHRC manages a 3 bedroom house that provides an important opportunity for people to transition from BHRC to the community.

**People Currently at BHRC**

There are currently 30 people supported through BHRC. Ages range from 19 to 65 years old, each residing at the centre from 6 months to 13 years. 11 have been at the Centre for up to 2 years, eight for longer than 2 years and 11 for longer than 5 years.

Of these residents, 8 have already been assessed as requiring ACT Community Housing with intensive supports in place such as afterhours support, medication supervision, assistance with ADL's and incontinence, meal preparation and supervision, diabetic management, risk management inclusive of fire risk.

Only 19 of these people have Clinical Managers from the Adult Mental Health Community teams, which can pose difficulties when trying to access community sector services.

Family and carers, and a variety of Community Sector organizations also provide a range of services to these people including:

- day to day living needs e.g. shopping, attending appointments, etc
- psychosocial support
- vocational training and support
- education and support to manage ongoing mental health issues
- peer support
- referrals to other services.

CONFIDENTIAL – NOT FOR CIRCULATION

## NATIONAL DISABILITY INSURANCE SCHEME (NDIS)

In July 2014 the National Disability Insurance Scheme (NDIS) was launched in the ACT. The National Disability Insurance Agency (NDIA) is the statutory body that will be implementing and managing the scheme. The NDIS is a new way of funding supports and services to people with a disability and will offer individualised funding and support packages for those people with significant and lifelong disability. These packages have been determined to be Tier 3 services. Tier 2 services are still being defined but are likely to consist of one – off services, information and referral services and skill building or decision support services. Tier 1 of the NDIS is for those people who are not eligible and this will be linking people with mainstream supports.

Joint investment into the scheme in the ACT by 2019-20 is expected to be \$342 million. The ACT Government will provide about \$167 million or 49% of the cost and the Commonwealth Government will contribute around \$175 million or 51% of the cost.

The NDIS will mean that those community managed services and programmes deemed as specialist disability services will cease to be block funded by the ACT government and that the funding will go to the NDIA as part of the ACT government's contribution to the NDIS. Specialist disability services delivered by government will also be considered as part of the ACT contribution to the NDIS. A number of identified commonwealth programmes have also been identified and will form part of the commonwealth contribution to the NDIS. People with disability will then receive a package of funding to support their needs and choose which service they wish to purchase.

In the ACT over 5,000 people who are eligible for Tier 3 services are set to transition into the NDIS over two years. Of this number, approximately 900-1000 People with psychosocial disability will be eligible for the Tier 3 services from the NDIS. This is approximately 1 out of 7 people who are currently receiving clinical services from MHJHADS. Currently approximately 200 people receive support from ACT Government funded community managed services and a further 150 people are receiving support from Commonwealth funded programmes. All BHRC are likely to be eligible for NDIS support.

### NDIS principles

"Choice" and "Control" for people with a disability are central core tenets of the NDIS. This means that people with a disability have the right to make their own decisions regarding things like;

- The type of supports and services they use
- Who provides these services
- How services are designed and provided
- How supports are to be managed
- How their funding is managed
- NDIS Planning

Key to the NDIS is the use of goal based planning. Participants of the scheme will be required to develop a plan that will express their goals and aspirations. Experience from other trial sites has

## CONFIDENTIAL – NOT FOR CIRCULATION

shown that participants are taking longer than expected to complete a plan and that planning is a new experience for many people.

**NDIS Eligibility**

To be eligible for the NDIS a person must be:

- An ACT resident and be a permanent resident of Australia
- Aged under 65
- Meet the disability requirements or
- Have a disability that would meet the early intervention requirements

To meet the 'disability requirements' means having a significant and permanent disability that affects communication, mobility, self-care or self-management. A disability that varies in intensity (for example because the impairment is of a chronic episodic nature) may be permanent, and the person's support needs in relation to the impairment may be likely to continue for the person's lifetime, despite the variation.

**COMMON GROUND IN THE ACT**

In July 2013 the Federal and ACT Governments announced \$14 million joint funding towards a *Common Ground* project, to enable the development of long-term accommodation and support services for the Canberra people.

- \$4 million from the Federal Government for the Common Ground project
- \$7.5 million from the ACT Government for the Common Ground project
- \$2.2 million approximate land value (considered in kind a contribution from the ACT Government)
- \$1.48 million each in matched funding from the Federal and ACT Governments as part of the National Partnership Agreement on Homelessness.

40 new units are planned to be built on a site in Gungahlin that will offer a supported and inclusive community for homeless individuals and families, as well as low-income earners. The program works with a mix of around 50 percent income-earning households, and aims to create a community with good role models for all residents, rather than a concentrated pocket of disadvantage. In addition to stable accommodation, *Common Ground* will provide wrap-around services to help people overcome health, education or substance addiction issues. *Common Ground* approach is a partnership between community groups, the private sector and the government, and *Common Ground* Canberra is due for completion by December 2014. It is proposed that a community agency, "Argyle Housing", will manage the tenancy arrangements with Northside Community Services providing social support services.

**THE ACT MENTAL HEALTH SERVICES PLAN**

## CONFIDENTIAL – NOT FOR CIRCULATION

The ACT Mental Health Services Plan sets the strategic direction for mental health service development within ACT. The vision for 2020 outlined in the plan states<sup>1</sup>:

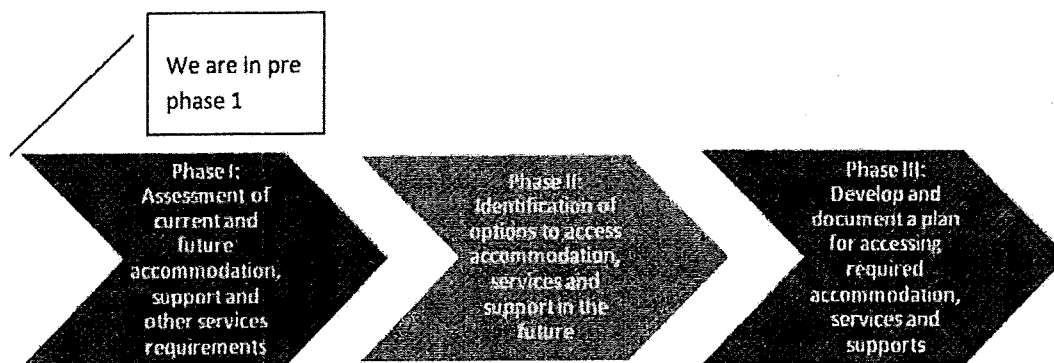
*In the ACT in 2020, the mental health system will be consumer oriented and driven and focus on recovery and rehabilitation. Consumers and carers will have seamless access to a coordinated and interconnected network of services provide by the consumer, community, public and private sectors and designed to meet the mental health and psychological needs for individual health and well being.*

It is anticipated that the implementation of the NDIS in July 2014 in the ACT will assist people with significant and lifelong disability (including psychosocial disabilities) to access services through individualised funding and support packages.

#### 4. PHASES OF PROJECT

The Project will be divided into three phases with the initial focused on the assessment of the current accommodation, supports and services utilised by people living in BHRC supported accommodation and those that might be required in the future. This phase will actively seek input from people and their families by way of volunteered individual stories. It is anticipated that analysis of this information will also be used to inform future AMHS Models of Care. The second will consider how accommodation and these services and supports might be accessed in the future, with consideration of new opportunities available though the NDIS and other initiatives (such as *Common Ground*). The final phase of the project will develop individual plans for accessing future accommodation, services and supports to meet the needs of people living in BHRC accommodation.

Diagram I: Phases of Project



#### 5. PROJECT DEFINITION

<sup>1</sup> ACT Mental Health Services Plan 2009-2014, p.11

CONFIDENTIAL – NOT FOR CIRCULATION

## PROJECT AIM

To establish individual plans for people currently supported at BHRC to access appropriate accommodation, supports and services to enable them to successfully reside in the community in the future.

It is anticipated that this project will also inform our service of ways to support additional people in the future, both as individuals and collectively through our future AMHS Models of Care.

## OBJECTIVES

The objectives of the project are to:

- Assess the current and future accommodation, support and other service needs of people currently supported by BHRC
- Identify options to access these accommodation, services and support requirements in the future
- Support people at BHRC to access required accommodation, services and supports
- Identify and report where there are “gaps” in services
- and work with the NDIA, Community Sector Service providers and Government agencies to facilitate the provision of accommodation, support and services

## SCOPE

People who are supported at the BHRC at present.

### Out of Scope

People who are not currently supported at the BHRC.

## KEY DELIVERABLES

- Assess those people who will meet the criteria for Common Ground and support people to access the NDIS
- In collaboration with people who use these services, their families, AMHS staff and current service providers – undertake comprehensive assessments to identify appropriate accommodation, support and services required to enable them to successfully reside in the community in the future
- In addition to these assessments, we seek input from people and their carers and families by way of volunteered individual stories.
- Analysis of this information will be used to inform our service of ways to support additional people in the future, both as individuals and collectively through our future AMHS Models of Care.

## CONFIDENTIAL – NOT FOR CIRCULATION

- Working with government agencies and community service providers, source the accommodation, support and service requirements for people and support individual's NDIS planning and make appropriate referrals
- Where there are "gaps" in services, work with the NDIA and other service providers to determine ways to access accommodation, services and support in the future and facilitate the provision of these services
- Document individual plans for people to access their requirements, including process/flow maps, and service relationships.

## DEPENDENCIES, INTERDEPENDENCIES AND RELATED PROJECTS

The interdependencies of the project will be with:

- The launch of the NDIS in July 2014 and the MHJHADS implementation
- The launch of the Common Ground project in December 2014
- Planned opening of UCPH in 2018
- Planned opening of Secure Mental Health Unit in 2016
- Development of AMHS Model of Care (MoC)
- Development of an AMHS Community Mental Health MoC

Linkages between MHJHADS and the following will also need to be considered:

- ACT Housing
- NDIA
- Centrelink
- Community Sector mental health services
- General Practitioners
- Other individuals or organisations as identified

**6. PROJECT ORGANISATION****GOVERNANCE**

The staff identified for this project will be required work closely with existing staff at BHRC and report to the Project Officer for Adult Mental Health Services Model of Care. At weekly multidisciplinary team meetings, held at BHRC, people's individual assessments will be coordinated and discussed with the treating consultant. Staff will also report monthly to the Project Officer for Adult Mental Health Services Model of Care on the progress and outcomes of assessments made, transition services provided and any identified gaps in accommodation, support and services required.

Monthly status reports will be provided by the Adult Mental Health Model of Care Project Officer to the Operational Director for ACT Wide Mental Health Services and the Steering Committee for AMHS

## CONFIDENTIAL – NOT FOR CIRCULATION

MoC which is chaired by the Executive Director of Mental Health, Justice Health and Alcohol & Drug Services.

**STAKEHOLDERS CONSULTATION AND COMMUNICATIONS**

People currently accessing accommodation or inpatient services at BHRC are central to this project. Individuals' choice and control is key to ensuring people's needs are met and appropriate services and supports are facilitated. It is anticipated that families and carers will provide additional perspectives and information to support peoples' needs. We will actively seek input from people and their families by way of volunteered individual stories. It is anticipated that analysis of this information will be used to inform our service of ways to support additional people in the future, both as individuals and collectively through our future AMHS Models of Care.

In addition it is anticipated that planning for access to accommodation, services and supports will need to be undertaken collaboratively with other services such as the National Disability Insurance Agency, *Common Ground* Canberra, ACT Housing and other service providers.

To ensure that key stakeholders are informed of the progress of the development of the project the following will be completed:

- Status Reports will be provided by the Adult Mental Health Model of Care Project Officer to the Operational Director for ACT Wide Mental health Services and the Steering Committee for AMHS MoC
- Consultation with key stakeholder groups - A number of consultation forums will be provided to key consultation groups

**ISSUES MANAGEMENT**

An issues/risk register will be collated as part of the project. Any risks and issues identified will be documented and presented to the Steering Committee on a monthly basis.

**7. PROJECT PLAN****APPROACH**

Input to the plan will be provided by the Rehabilitation Working Group, the NDIA, *Common Ground*, ACT Housing, Centrelink and overseen by the AMHS MoC Steering Committee.

**PROPOSED WORK PLAN AND TIME FRAMES**

In order to meet the scheduling requirements of the launch of *Common Ground* and the stepped launch of the NDIS it will be important to prioritise the assessments of those people who are eligible for these services.

As experience from other NDIS trial sites has shown, individuals are taking longer than expected to complete an NDIS plan and that planning is a new experience for many, including support workers.

## CONFIDENTIAL – NOT FOR CIRCULATION

As such, it is anticipated that staff resources will be required initially to engage with people, their carers and family, as well as other service providers and key stakeholders. Specific training will be required to assist staff to facilitate individuals' supported decision making, and assist people to develop a plan that will express their goals and aspirations.

Work	Method	Completed Timeframe
1) Skills development	Undertake specific training to assist staff to facilitate individuals' supported decision making, and develop a plan that will express their goals and aspirations	From September 2014
2) Assess those people who will meet the criteria for <i>Common Ground</i> and the NDIS	Liaise with <i>Common Ground</i> and NDIS	From September 2014
<p>Note: Assessments to be prioritised in order to meet deadlines of NDIS launched July 2014 - <i>Common Ground</i> to be launched in December 2014</p>		
3) Undertake comprehensive individual assessments  4) The stories of those people volunteering information to be collated and analysed	Comprehensive assessments to include: <ul style="list-style-type: none"> <li>• Functional Assessment (strengths and limitations, occupational therapy)</li> <li>• Physical health assessment</li> <li>• Mental health assessment</li> <li>• Neuropsychological assessment including intellectual and cognitive functioning</li> </ul> Analysis of peoples' stories used to inform our service of ways to support additional people in the future, both as individuals and collectively through our future AMHS Models of Care	Fast tracking those deemed suitable for <i>Common Ground</i> opportunities  NDIS assessments to be undertaken as services are stepped out by age, starting at 64 years from July 2014  All Assessments to be completed by July 2015  Analyses of people's stories to be considered in the development of future AMHS Models of Care
5) Identify suitable accommodation, support and services requirements for the person to live successfully in the	Applications to be made to ACT Housing and other support accommodation eg: <i>Common Ground</i>	Relevant ACT Housing applications have already been made for eligible people - Ongoing

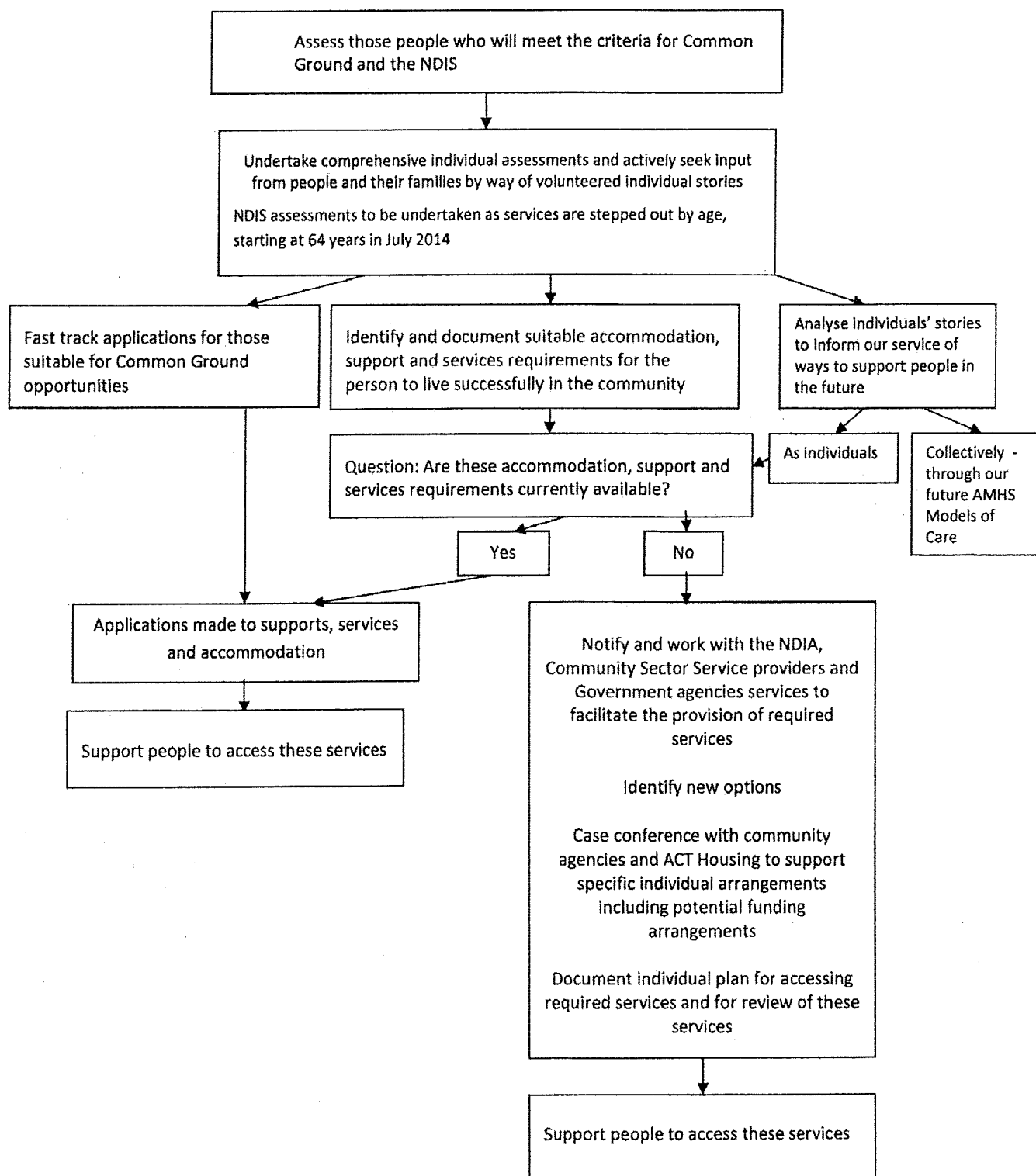


## CONFIDENTIAL – NOT FOR CIRCULATION

community	<p>Review of people unable to be placed in alternative long term accommodation</p> <p>Identify gaps, where services required are not currently available</p>	<p>Commence transitioning as <i>Common Ground</i> becomes available – December 2014</p> <p>Commence transitioning to other services as they become available</p>
6) Where there are 'gaps' in services, notify/work with relevant services to facilitate the provision of these services	liaise with ACT Housing, NDIA, and other service providers to identify options to access accommodation, services and supports in the future	2015
7) Document individuals' requirements (Rather than plans) for accessing these required services which will include process/flow maps, and service relationships.	<p>Document individuals' requirements for accessing required accommodation, services and supports.</p> <p>Identify the availability of these Requirements and</p> <p>Report where any "gaps" in required accommodation, services and supports are occurring</p>	<p>Ongoing from September 2014</p> <p>To be completed by July 2015</p>
<p>8) Work with key service providers to Identify:</p> <ul style="list-style-type: none"> <li>• New options to access accommodation, services and support in the future; and</li> <li>• assessment criteria required by NDIA/other services to access these services</li> </ul>	Case conference with community agencies and ACT Housing to support specific individual arrangements including potential funding arrangements eg: Memorandums of Understandings (MOUs) and Service Level Agreements (SLAs )	2015 - this action has now been timetabled post documenting individuals' requirements
9) Support people to access these services	BHRC staff, clinical managers and treating team	<p>Ongoing from 2015</p> <p>To be completed by June 2016</p>

CONFIDENTIAL – NOT FOR CIRCULATION

## PROPOSED PROJECT FLOW CHART



CONFIDENTIAL – NOT FOR CIRCULATION

**STAFFING OPTIONS**

As experience from other NDIS trial sites has shown, individuals are taking longer than expected to complete an NDIS plan and that planning is a new experience for many, including support workers. As such, it is anticipated that staff resources will be required initially to engage with people, their carers and family, as well as other service providers and key stakeholders. Specific training will be required to assist staff to facilitate individuals' supported decision making, and assist people to develop a plan that will express their goals and aspirations.

A schedule will need to be developed to coordinate the engagement of people and their families and carers, to undertake comprehensive assessments and assist in the development of individuals' requirements.

It has been identified that in order for current and future accommodation, support and other service needs of people currently supported by BHRC to be fully assessed, extensive individual assessments will need to be undertaken. These include:

- Neuropsychological assessment – including assessment of cognitive capacity, memory learning styles and executive functioning to identify strengths and weaknesses to better understand what is happening for the individual and what areas need to be targeted to assist in identifying gaps and areas for skill building and/or for support persons to understand the full capacity of each individual from a cognitive and personality perspective. In addition, therapeutic input may be provided to support the residents during the preparation phase.
  - Proposed position: 0.4 FTE HP3 Psychologist
- Functional Assessment - adaptive daily functioning, identifying gaps and areas for skill building or target support needs. This position will require an experienced occupational therapist that will be able to work through some of the individual and systemic challenges presented in transitioning people from BHRC.
  - Proposed position: 0.4 FTE HP3 Occupational Therapist
- Recovery Planning and support - to support people to transition from BHRC to community living
  - Proposed position: 0.3 FTE Registered Nurse Level 2 to backfill existing nursing staff to undertake this role

It is expected that staff will engage with individuals, their carers and family, the relevant MDT/clinical managers, other relevant AMHS staff, Community Sector service providers, NDIS planners, specialists and other staff as required.

A report, coordinated by the Project Officer for the Adult Mental Health Model of Care will be required documenting the requirements of people to access accommodation, services and support in the future (as determined by comprehensive assessments). Staff would be required to work collaboratively with BHRC and AMHS staff, including Clinical Managers and other stakeholders to apply for and access these services and, importantly, where there are identified gaps in accommodation, supports and services.

CONFIDENTIAL – NOT FOR CIRCULATION

**8. ISSUES FOR CONSIDERATION**

- Of the 30 BHRC residents, 8 have already been assessed as requiring ACT Community Housing with intensive supports in place such as:
  - afterhours support
  - medication supervision
  - assistance with ADL's and incontinence
  - meal preparation and supervision
  - diabetic management
  - risk management inclusive of fire risk

There is currently no such accommodation available and no known plan to address this issue.

- In order to access Community Sector services the majority of service providers require the allocation of an Adult Mental Health Community Clinical Manager. Many of the people at BHRC do not have a current Community Clinical Manager.
- Clinicians, supported by the clinical leads for each area will be required to liaise with, and support people to engage with their NDIS planners
- Anecdotal evidence that some Community Sector services are ceasing current services in anticipation of NDIS (eg: Pottery at Belconnen Community Service will cease due to funding being diverted to NDIS, Personal Helpers and Mentors (Phams) ceasing in 12 months due to funding going to NDIS )
- Many of the people currently at BHRC have significant complex mental health, behavioural, co morbidity and/or risk issues. For some these issues may preclude them from existing ACT Housing or other accommodation services
- Peoples' legal status – eg: PTO, people directed to BHRC by the courts – may impact on people accessing alternative accommodation. As such, clear guidelines are required as to how and where these people will be supported either in the community or other AMHS (Eg: The Secure Mental Health Unit or the Adult Mental Health Rehabilitation Unit at UCPH)



C

## Brian Hennessy Rehabilitation Centre Future Directions – Information session

Dear residents, family and support people and staff from Brian Hennessy Rehabilitation Centre

Mental Health, Justice Health and Alcohol & Drug Services (MHJHADS) invite you to an information session about ACT Health's future plans for rehabilitation services in the ACT, including:

1. The University of Canberra Public Hospital (UCPH)
2. The new Model of Care for the Adult Mental Health Rehabilitation Unit (AMHRU) at UCPH
3. The transition of people currently at BHRC

**When:** Thursday 9<sup>th</sup> October (2 sessions - 4pm and 5:45pm)

**You are welcome to join us for our community BBQ at 5:00pm**

**Where:** The Hub - Brian Hennessy Rehabilitation Centre

**For Further information please contact**  
Natalie Robinson, Clinical Nurse Consultant BHRC  
Ph: 6205 1222  
Email: [natalie.robinson@act.gov.au](mailto:natalie.robinson@act.gov.au)



## Mental Health, Justice Health, Alcohol and Drug Services

### Brian Hennessy Rehabilitation Centre Future Directions – Information Session

#### Background

In April and October 2013, forums were hosted by Mental Health Justice Health and Alcohol and Other Drug Services (MHJHADS) at Brian Hennessy Rehabilitation Unit for residents, family and support people and staff to inform them of the proposed development of the new University of Canberra Public Hospital (UCPH) and its Mental Health Services.

#### University of Canberra Public Hospital (UCPH) – Due to Open in Early 2018

In 2011 the ACT Government announced its decision to build a new subacute hospital in the ACT. In 2012 the University of Canberra was selected as the preferred site for that facility and work began on developing the University of Canberra Public Hospital (UCPH) Service Delivery Plan, including an Adult Mental Health Rehabilitation Unit (AMHRU) and an Adult Mental Health Day Service (AMHDS) which was completed in May 2014. The UCPH Service Delivery Plan was also used to develop Models of Care for both the AMHRU and AMHDS.

#### New Models of Care for the Adult Mental Health Rehabilitation Unit (AMHRU) and the Adult Mental Health Day Service (AMHDS) at UCPH

The AMHRU will be a purpose built rehabilitation inpatient unit aimed at delivering effective, recovery oriented rehabilitation to people whose needs cannot be met by less intensive community based adult mental health services. It will focus on supporting people with moderate to severe and enduring complex mental health conditions, who face challenges living in the community, have high levels of psychological distress and for whom a combination of acute and community based services have not been able to adequately meet their needs. The anticipated length of stay will be 3 to 18 months.

The AMHDS will assist people on their recovery journeys without an inpatient admission and in an environment that is flexible to optimise symptom relief, build capacity for self management and

resilience and develop skills and resources for living in the community. A temporary AMHDS is currently located at the Belconnen Community Health Centre and will relocate to the UCPH when it is opened in 2018. As such an interim Model of Care has been developed for this service.

In developing the AMHRU and AMHDS Models of Care, best practice guidelines and evidence based literature have been reviewed and incorporated into the description of the service model. Consumers, carers, clinicians, and support staff have been involved in the development of the Models of Care and feedback has been sought by key stakeholder groups.

#### The Transition of People Currently at BHRC to Alternative Accommodation and Services

In June 2014 it was announced that Brian Hennessy Rehabilitation Centre would be closing in conjunction with the opening of the new UCPH and that existing residents would be transferred to alternative Mental Health services in the ACT or, as part of the National Disability Insurance Scheme (NDIS), assisted to find suitable accommodation, services and supports in the ACT.

A project plan for MHJHADS to support the transition of people from BHRC to alternative accommodation has been completed, and outlines the first steps to assisting people to identify their individual needs and source appropriate accommodation, services and supports in the ACT.

**Katrina Bracher**  
Executive Director  
Mental Health, Justice Health, Alcohol and Drug  
Services

25 September 2014



CANBERRA HOSPITAL  
AND HEALTH SERVICES

Attn: General Public Advocate  
PO Box 1001  
Civic Square ACT 2608

Dear Madam/Sir

**Project Update – Mental Health, Justice Health, Alcohol and Drug Service (MHJHADS)  
Supporting the Transition of People from Brian Hennessy Rehabilitation Centre to Alternative  
Accommodation**

In 2011, the ACT Government announced the decision to build a new sub-acute hospital. In 2012 the University of Canberra campus was selected as the preferred location for the new facility and work began on developing the University of Canberra Public Hospital (UCPH) Service Delivery Plan, including an Adult Mental Health Rehabilitation Unit (AMHRU) and an Adult Mental Health Day Service (AMHDS).

In June 2014 it was announced that Brian Hennessy Rehabilitation Centre (BHRC) would be closing in conjunction with the opening of the UCPH. In preparation for these events, MHJHADS developed a project plan to support the transition of people residing at BHRC to alternative accommodation.

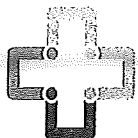
Attached is a project update, outlining our progress to date and future activities to support the transition of these people. If you would like further information, to discuss or provide comment on project update please contact Annette Wrightson, UCPH Project Officer on 6207 5588 or via email at [annette.wrightson@act.gov.au](mailto:annette.wrightson@act.gov.au).

Yours sincerely

A handwritten signature in cursive script that reads "K Bracher".

Katrina Bracher  
**Executive Director**  
Mental Health, Justice Health and Alcohol & Drug Services

21 July 2015



CANBERRA HOSPITAL  
AND HEALTH SERVICES

Ms Sue Connor  
Principal Official Visitor  
c/ -Public Trustee for the ACT  
PO Box 221  
Civic Square ACT 2608

Dear Ms Connor

*Sue*

**Project Update – Mental Health, Justice Health, Alcohol and Drug Service (MHJHADS)  
Supporting the Transition of People from Brian Hennessy Rehabilitation Centre to Alternative  
Accommodation**

In 2011, the ACT Government announced the decision to build a new sub-acute hospital. In 2012 the University of Canberra campus was selected as the preferred location for the new facility and work began on developing the University of Canberra Public Hospital (UCPH) Service Delivery Plan, including an Adult Mental Health Rehabilitation Unit (AMHRU) and an Adult Mental Health Day Service (AMHDS).

In June 2014 it was announced that Brian Hennessy Rehabilitation Centre (BHRC) would be closing in conjunction with the opening of the UCPH. In preparation for these events, MHJHADS developed a project plan to support the transition of people residing at BHRC to alternative accommodation.

Attached is a project update, outlining our progress to date and future activities to support the transition of these people. If you would like further information, to discuss or provide comment on project update please contact Annette Wrightson, UCPH Project Officer on 6207 5588 or via email at [annette.wrightson@act.gov.au](mailto:annette.wrightson@act.gov.au).

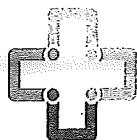
Yours sincerely

*K Bracher*

Katrina Bracher  
Executive Director  
Mental Health, Justice Health and Alcohol & Drug Services

21 July 2015





CANBERRA HOSPITAL  
AND HEALTH SERVICES

Ms Dee McGrath  
Chief Executive Officer  
ACT Carers Australia  
80 Beaurepaire Crescent  
HOLT ACT 2615 .

Dear Ms McGrath

*Dee*

**Project Update – Mental Health, Justice Health, Alcohol and Drug Service (MHJHADS)  
Supporting the Transition of People from Brian Hennessy Rehabilitation Centre to Alternative  
Accommodation**

In 2011, the ACT Government announced the decision to build a new sub-acute hospital. In 2012 the University of Canberra campus was selected as the preferred location for the new facility and work began on developing the University of Canberra Public Hospital (UCPH) Service Delivery Plan, including an Adult Mental Health Rehabilitation Unit (AMHRU) and an Adult Mental Health Day Service (AMHDS).

In June 2014 it was announced that Brian Hennessy Rehabilitation Centre (BHRC) would be closing in conjunction with the opening of the UCPH. In preparation for these events, MHJHADS developed a project plan to support the transition of people residing at BHRC to alternative accommodation.

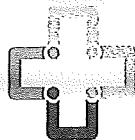
Attached is a project update, outlining our progress to date and future activities to support the transition of these people. If you would like further information, to discuss or provide comment on project update please contact Annette Wrightson, UCPH Project Officer on 6207 5588 or via email at [annette.wrightson@act.gov.au](mailto:annette.wrightson@act.gov.au).

Yours sincerely

*K Bracher*

Katrina Bracher  
Executive Director  
Mental Health, Justice Health and Alcohol & Drug Services

24 July 2015



CANBERRA HOSPITAL  
AND HEALTH SERVICES

Ms Dalane Drexler  
Executive Officer  
ACT Mental Health Consumer Network  
PO BOX469  
CIVIC SQUARE ACT 2608

Dear Ms Drexler

*Dalane*

**Project Update – Mental Health, Justice Health, Alcohol and Drug Service (MHJHADS)  
Supporting the Transition of People from Brian Hennessy Rehabilitation Centre to Alternative  
Accommodation**

In 2011, the ACT Government announced the decision to build a new sub-acute hospital. In 2012 the University of Canberra campus was selected as the preferred location for the new facility and work began on developing the University of Canberra Public Hospital (UCPH) Service Delivery Plan, including an Adult Mental Health Rehabilitation Unit (AMHRU) and an Adult Mental Health Day Service (AMHDS).

In June 2014 it was announced that Brian Hennessy Rehabilitation Centre (BHRC) would be closing in conjunction with the opening of the UCPH. In preparation for these events, MHJHADS developed a project plan to support the transition of people residing at BHRC to alternative accommodation.

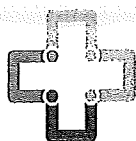
Attached is a project update, outlining our progress to date and future activities to support the transition of these people. If you would like further information, to discuss or provide comment on project update please contact Annette Wrightson, UCPH Project Officer on 6207 5588 or via email at [annette.wrightson@act.gov.au](mailto:annette.wrightson@act.gov.au).

Yours sincerely

*K Bracher*

Katrina Bracher  
Executive Director  
Mental Health, Justice Health and Alcohol & Drug Services

21 July 2015



CANBERRA HOSPITAL  
AND HEALTH SERVICES

Mr Simon Viereck  
Executive Officer  
Mental Health Community Coalition ACT  
Room 1.06, Level 1, The Griffin Centre  
20 Genge Street  
CANBERRA CITY ACT 2601

Dear Mr Viereck *Simon*

**Project Update – Mental Health, Justice Health, Alcohol and Drug Service (MHJHADS)  
Supporting the Transition of People from Brian Hennessy Rehabilitation Centre to Alternative  
Accommodation**

In 2011, the ACT Government announced the decision to build a new sub-acute hospital. In 2012 the University of Canberra campus was selected as the preferred location for the new facility and work began on developing the University of Canberra Public Hospital (UCPH) Service Delivery Plan, including an Adult Mental Health Rehabilitation Unit (AMHRU) and an Adult Mental Health Day Service (AMHDS).

In June 2014 it was announced that Brian Hennessy Rehabilitation Centre (BHRC) would be closing in conjunction with the opening of the UCPH. In preparation for these events, MHJHADS developed a project plan to support the transition of people residing at BHRC to alternative accommodation.

Attached is a project update, outlining our progress to date and future activities to support the transition of these people. If you would like further information, to discuss or provide comment on project update please contact Annette Wrightson, UCPH Project Officer on 6207 5588 or via email at [annette.wrightson@act.gov.au](mailto:annette.wrightson@act.gov.au).

Yours sincerely

A handwritten signature in cursive script that reads 'K Bracher'.

Katrina Bracher  
Executive Director

Mental Health, Justice Health and Alcohol & Drug Services

*21* July 2015

**Annual Report Hearing  
2014-15**

**12 November 2015**

**Mental Health, Justice Health and Alcohol and Drug Services –  
Future of Brian Hennessy Rehabilitation Centre**

(Page 63)

**Key Points**

- Brian Hennessy Rehabilitation Centre (BHRC) is planned to close following the opening of the University of Canberra Public Hospital (UCPH). Existing residents are planned to be transferred to alternative mental health services in the ACT or, as part of the National Disability Insurance Scheme, assisted to find supported accommodation in the ACT.
- In August 2014 a *Project Plan for MHJHADS to Support the Transition of People from BHRC to Alternative Accommodation* was endorsed by the Adult Mental Health Model of Care Steering Committee, as were the draft Models of Care for the Adult Mental Health Rehabilitation Unit (AMHRU) and interim Adult Mental Health Day Service (AMHDS) at Belconnen Community Health Centre.
- A communication plan has been developed in regards to this matter. This issue has the potential to generate further media comment, particularly around the possible absence of alternative and appropriate supported accommodation options for longer-term residents of BHRC.
- Information sessions about the closure were held on 9 and 15 October 2014 for residents, family and support people and staff from Brian Hennessy Rehabilitation Centre to provide information on:
  - Planning for UCPH to date
  - Adult Mental Health Rehabilitation Unit at UCPH
  - The transition of people currently at BHRC to alternative accommodation/services.
- On 17 October 2014, a Canberra Times article, including an interview with the Mental Health, Justice Health and Alcohol and Drug Services (MHJHADS), Executive Director, was published titled “Brian Hennessy House closure- What’s next?” about the closure and transition of consumers from BHRC.
- Another forum for residents, carers and staff of BHRC was conducted on the 19 June 2015 to further discuss option for transitional arrangements. A representative, Mr Tom Meehan, involved in Project 300 (a Queensland initiative which similarly transitioned a number of longer-term mental health inpatient residents successfully to the community) attended this forum at BHRC to outline his experiences in this area. He also presented on his experiences of Project 300 as part of a broader MHJHADS Divisional Forum on the 18 June 2015 which was attended by a number of MHJHADS staff and other agency representatives.

- Ongoing forums and meetings will occur regularly to seek input and to keep residents, families and staff informed as these projects progress.
- Four BHRC residents have already successfully transitioned to long-term accommodation through the Common Ground initiative in Gungahlin from June 2015. Furthermore, one BHRC resident has already transitioned to supported long-term accommodation as part of a new program run by Richmond Fellowship. This program provides 24/7 community agency support in residential housing with places for up to five people with a mental health illness in each home. Currently, there are two houses operational in the ACT, with further plans for expansion of this program.
- Other accommodation options and models for longer-term BHRC residents will continue to be explored.
- At this stage, no decisions have been made in relation to the use of the BHRC facility in the future, however ACT Health would like to keep to land (site) for future/other health services.

## **Background**

In 2011 the ACT Government announced its decision to build a new subacute hospital in the ACT.

In 2012 the University of Canberra was selected as the preferred site for that facility and work began on developing the UCPH Service Delivery Plan, including an AMHRU and AMHDS.

In April and October 2013, two series of forums were hosted by MHJHADS at BHRC for residents, family/carers and staff to inform them of the proposed development of the new UCPH and its AMHRU. At that time concerns were raised regarding the long-term plan for people residing at BHRC.


Contact: Katrina Bracher

Phone: 6205 1313

---

Mm 15/1746

SIMON CORBELL'S  
01 DEC 2015  
OFFICE  
Received

		<input type="checkbox"/> CHIEF OF STAFF <input type="checkbox"/> HEALTH ADVISER <input type="checkbox"/> ENVIRONMENT ADVISER <input type="checkbox"/> ELECTORATE ADVISER <input type="checkbox"/> OTHER
TO <input type="checkbox"/> LEGISLATIVE ASSEMBLY <input type="checkbox"/> LEGAL ADVISER <input type="checkbox"/> MEDIA ADVISER		
FOR Rattenbury MLA ACT Greens Member for Molonglo	<input type="checkbox"/> ACTION <input type="checkbox"/> FILE <input type="checkbox"/> ARRANGE MEETING <input type="checkbox"/> INFORMATION <input type="checkbox"/> DISCUSSION <input type="checkbox"/> COPY	
<input type="checkbox"/> ADVISE <input type="checkbox"/> NOTED <input type="checkbox"/> CONTACT <input type="checkbox"/> NFA <input type="checkbox"/> REFER TO	COMMENT: .....	

Mr Simon Corbell MLA  
Minister for Health  
ACT Legislative Assembly  
London Circuit  
CANBERRA ACT 2601

Dear Minister Corbell,

I am writing in regards to the proposed closure of Brian Hennessy Rehabilitation Centre (BHRC), which currently provides 30 beds for people with a mental illness including a combination of residential and active rehabilitation services alongside 10 low-level secure beds.

In June 2014 it was announced that Brian Hennessy Rehabilitation Centre would be closing in conjunction with the opening of the new UCPH and that existing residents would be transferred to alternative Mental Health services in the ACT or, as part of the National Disability Insurance Scheme (NDIS), assisted to find suitable accommodation, services and supports in the ACT.

My office has recently been contacted by friends and family of current tenants of BHRC, expressing some concern regarding the proposed closure, and asking me to raise their concerns with you. The concerns relate to the decision making process that has lead to the proposed closures; ongoing communications between Mental Health Justice Health and Alcohol and Other Drug Services (MHJHADS) and consumers, family and advocates; and an apparent lack of certainty about future supported accommodation options.

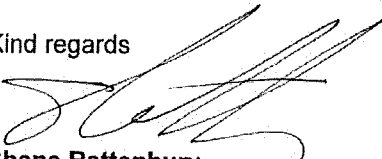
I understand that in September 2014, a MHJHADS publication indicated:

*'A project plan for MHJHADS to support the transition of people from BHRC to alternative accommodation has been completed, and outlines the first steps to assisting people to identify their individual needs and source appropriate accommodation, services and supports in the ACT.'*

Staff from my office have previously been provided information on this project by ACT Health Directorate staff, and I thank you for that assistance.

I would appreciate an update from you on the issues raised in this letter.

Kind regards

  
**Shane Rattenbury**  
Greens MLA for Molonglo  
29 November 2015

Received  
on  
5 DEC 2015  
MINISTERIAL AND  
GOVERNMENT SERVICES



Original Sent by Minister's Office

18/12/15 *CM***Simon Corbell MLA****DEPUTY CHIEF MINISTER**

ATTORNEY-GENERAL

MINISTER FOR HEALTH

MINISTER FOR THE ENVIRONMENT

MINISTER FOR CAPITAL METRO

MINISTER FOR POLICE AND EMERGENCY SERVICES

MEMBER FOR MOLONGLO

Mr Shane Rattenbury  
 Member for Molonglo  
 Legislative Assembly for the ACT  
 GPO Box 1020  
 CANBERRA ACT 2601

Dear Mr Rattenbury

Thank you for your letter of 29 November 2015 about the proposed closure of Brian Hennessy Rehabilitation Centre (BHRC). I acknowledge the concerns expressed to you by the families and carers of the residents of BHRC regarding the closure.

ACT Health is committed to ensuring that service changes enhance rehabilitation services for the mental health community of the ACT. The University of Canberra Public Hospital (UCPH) represents an opportunity to have greater flexibility to provide these essential services within an appropriate, safe, purpose-built, state-of-the-art facility. It is intended that this new facility will have a more clearly defined rehabilitation focus while still providing a homely and comfortable living environment.

While the decision to close BHRC was announced in 2014, there have been many discussions with the BHRC community specifically, and with broader community groups regarding the services that the ACT requires. On 1 May 2014, Ms Katrina Bracher, Executive Director of Mental Health, Justice Health, Alcohol and Drug Services (MHJHADS) and Ms Jacinta George, then Acting Deputy Director General, Health Infrastructure and Planning, attended a representative group of family and carers of residents, the U3A ACT Mental Health Forum, and provided further information regarding the development of the UCPH.

On 19 June 2015, a forum for residents, carers and staff of BHRC was conducted to further discuss options for transitional arrangements. A representative, Mr Tom Meehan, involved in Project 300 (a Queensland initiative which similarly transitioned a number of longer-term mental health inpatient residents successfully to the community) attended this forum at BHRC to outline his experiences in this area. He also presented on his experiences with Project 300 as part of a broader MHJHADS Divisional Forum on 18 June 2015 which was attended by a number of MHJHADS staff and other agency representatives.

## ACT LEGISLATIVE ASSEMBLY

London Circuit, Canberra ACT 2601 GPO Box 1020, Canberra ACT 2601  
 Phone: (02) 6205 0000 Fax: (02) 6205 0535 Email: corbell@act.gov.au  
 Twitter: @SimonCorbell Facebook: www.facebook.com/simon.corbell



Ongoing forums and meetings will occur regularly to seek input and to keep residents, families and staff informed as these projects progress. Further information sessions have been planned for February 2016 and all families and carers of the residents of BHRC will be contacted and invited to this session.

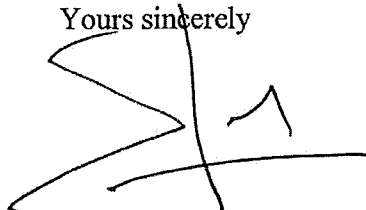
I am happy to advise you and the friends and families of the residents of BHRC that in June 2015, four BHRC residents have been successfully transitioned to long-term accommodation through the Common Ground initiative in Gungahlin. A further four BHRC residents have transitioned to supported long-term accommodation as part of a new program run by Richmond Fellowship.

The Richmond Fellowship program provides twenty four hour community agency support in these residential homes that house up to five people with a mental health illness. Currently, there are two houses operational in the ACT, with further plans for expansion of this program. BHRC staff provide outreach support to these people for three months after they have left BHRC while ongoing clinical support is provided by the community mental health teams.

The families, carers and residents of BHRC will continue to be provided with regular updates regarding the transition project and the work being done in regards to the residents accommodation options.

Thank you for writing to me about this important issue.

Yours sincerely

A handwritten signature in black ink, appearing to be 'S. Corbell', written over a horizontal line.

Simon Corbell MLA  
Minister for Health

13/12/15





### Invitation to Brian Hennessy Rehabilitation Centre Information Session

I am writing to invite you to an information session to provide an update on the development of the University of Canberra Public Hospital (UCPH) and options and opportunities for people transitioning from the Brian Hennessy Rehabilitation Centre (BHRC). The information session will be preceded by a BHRC Community BBQ.

The forum will be held:

**DATE:** Thursday 25<sup>th</sup> February 2016  
**TIME:** Community BBQ from 5:00pm  
**Information Session from 5:45pm**  
**LOCATION:** The HUB, Brian Hennessy Rehabilitation Centre

Please RSVP to Jessica Bekavac on 02- 6205 2225 by Friday 19th February 2016.

I look forward to meeting with you at the forum.

Yours sincerely

A handwritten signature in black ink, appearing to read "Bruno Aloisi".

Bruno Aloisi  
**A/g Executive Director**  
Mental Health, Justice Health and Alcohol & Drug Services

11 February 2016



### Invitation to Brian Hennessy Rehabilitation Centre Information Session

I am writing to invite you to an information session to provide an update on the development of the University of Canberra Public Hospital (UCPH) and options and opportunities for people transitioning from the Brian Hennessy Rehabilitation Centre (BHRC). The information session will be preceded by a BHRC Community BBQ.

The forum will be held:

**DATE:** Thursday 25<sup>th</sup> February 2016  
**TIME:** Community BBQ from 5:00pm  
**Information Session from 5:45pm**  
**LOCATION:** The HUB, Brian Hennessy Rehabilitation Centre

Please RSVP to Jessica Bekavac on 02- 6205 2225 by Friday 19th February 2016.

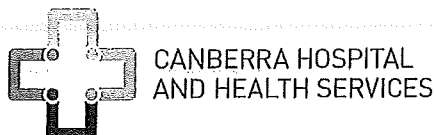
I look forward to meeting with you at the forum.

Yours sincerely

A handwritten signature in black ink, appearing to read "Bruno Aloisi".

Bruno Aloisi  
**A/g Executive Director**  
Mental Health, Justice Health and Alcohol & Drug Services

11 February 2016



### Invitation to Brian Hennessy Rehabilitation Centre Information Session

I am writing to invite you to an information session to provide an update on the development of the University of Canberra Public Hospital (UCPH) and options and opportunities for people transitioning from the Brian Hennessy Rehabilitation Centre (BHRC). The information session will be preceded by a BHRC Community BBQ.

The forum will be held:

**DATE:** Thursday 25<sup>th</sup> February 2016  
**TIME:** Community BBQ from 5:00pm  
**Information Session from 5:45pm**  
**LOCATION:** The HUB, Brian Hennessy Rehabilitation Centre

Please RSVP to Jessica Bekavac on 02- 6205 2225 by Friday 19<sup>th</sup> February 2016.

I look forward to meeting with you at the forum.

Yours sincerely

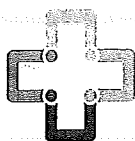
A handwritten signature in black ink, appearing to read "Bruno Aloisi".

Bruno Aloisi  
**A/g Executive Director**  
Mental Health, Justice Health and Alcohol & Drug Services

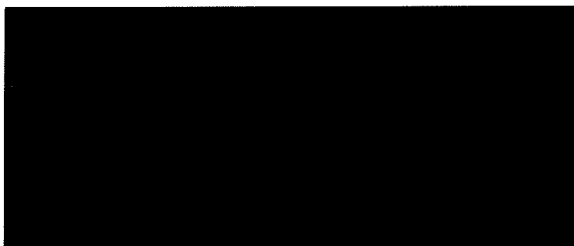
11 February 2016



**ACT**  
Government  
Health



CANBERRA HOSPITAL  
AND HEALTH SERVICES



### Invitation to Brian Hennessy Rehabilitation Centre Information Session

I am writing to invite you to an information session to provide an update on the development of the University of Canberra Public Hospital (UCPH) and options and opportunities for people transitioning from the Brian Hennessy Rehabilitation Centre (BHRC). The information session will be preceded by a BHRC Community BBQ.

The forum will be held:

**DATE:** Thursday 25<sup>th</sup> February 2016  
**TIME:** Community BBQ from 5:00pm  
**Information Session from 5:45pm**  
**LOCATION:** The HUB, Brian Hennessy Rehabilitation Centre

Please RSVP to Jessica Bekavac on 02- 6205 2225 by Friday 19th February 2016.

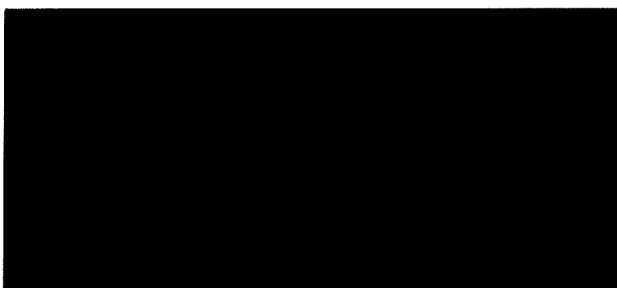
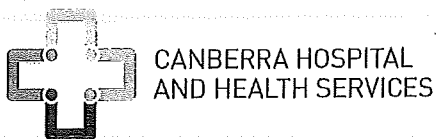
I look forward to meeting with you at the forum.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Bruno Aloisi'.

Bruno Aloisi  
**A/g Executive Director**  
Mental Health, Justice Health and Alcohol & Drug Services

11 February 2016



### Invitation to Brian Hennessy Rehabilitation Centre Information Session

I am writing to invite you to an information session to provide an update on the development of the University of Canberra Public Hospital (UCPH) and options and opportunities for people transitioning from the Brian Hennessy Rehabilitation Centre (BHRC). The information session will be preceded by a BHRC Community BBQ.

The forum will be held:

**DATE:** Thursday 25<sup>th</sup> February 2016  
**TIME:** Community BBQ from 5:00pm  
**Information Session from 5:45pm**  
**LOCATION:** The HUB, Brian Hennessy Rehabilitation Centre

Please RSVP to Jessica Bekavac on 02- 6205 2225 by Friday 19th February 2016.

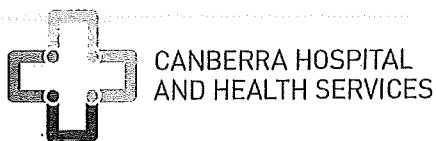
I look forward to meeting with you at the forum.

Yours sincerely

A handwritten signature in black ink, appearing to read "Bruno Aloisi".

Bruno Aloisi  
A/g Executive Director  
Mental Health, Justice Health and Alcohol & Drug Services

11 February 2016



### Invitation to Brian Hennessy Rehabilitation Centre Information Session

I am writing to invite you to an information session to provide an update on the development of the University of Canberra Public Hospital (UCPH) and options and opportunities for people transitioning from the Brian Hennessy Rehabilitation Centre (BHRC). The information session will be preceded by a BHRC Community BBQ.

The forum will be held:

**DATE:** Thursday 25<sup>th</sup> February 2016  
**TIME:** Community BBQ from 5:00pm  
**Information Session from 5:45pm**  
**LOCATION:** The HUB, Brian Hennessy Rehabilitation Centre

Please RSVP to Jessica Bekavac on 02- 6205 2225 by Friday 19th February 2016.

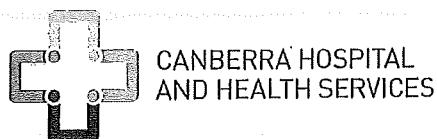
I look forward to meeting with you at the forum.

Yours sincerely

A handwritten signature in black ink, appearing to read "Bruno Aloisi".

Bruno Aloisi  
**A/g Executive Director**  
Mental Health, Justice Health and Alcohol & Drug Services

11 February 2016



### Invitation to Brian Hennessy Rehabilitation Centre Information Session

I am writing to invite you to an information session to provide an update on the development of the University of Canberra Public Hospital (UCPH) and options and opportunities for people transitioning from the Brian Hennessy Rehabilitation Centre (BHRC). The information session will be preceded by a BHRC Community BBQ.

The forum will be held:

**DATE:** Thursday 25<sup>th</sup> February 2016  
**TIME:** Community BBQ from 5:00pm  
**Information Session from 5:45pm**  
**LOCATION:** The HUB, Brian Hennessy Rehabilitation Centre

Please RSVP to Jessica Bekavac on 02- 6205 2225 by Friday 19th February 2016.

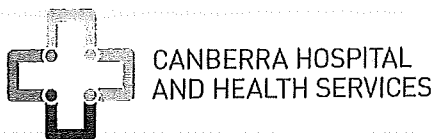
I look forward to meeting with you at the forum.

Yours sincerely

A handwritten signature in black ink, appearing to read "Bruno Aloisi".

Bruno Aloisi  
**A/g Executive Director**  
Mental Health, Justice Health and Alcohol & Drug Services

11 February 2016



### Invitation to Brian Hennessy Rehabilitation Centre Information Session

I am writing to invite you to an information session to provide an update on the development of the University of Canberra Public Hospital (UCPH) and options and opportunities for people transitioning from the Brian Hennessy Rehabilitation Centre (BHRC). The information session will be preceded by a BHRC Community BBQ.

The forum will be held:

**DATE:** Thursday 25<sup>th</sup> February 2016  
**TIME:** Community BBQ from 5:00pm  
**Information Session from 5:45pm**  
**LOCATION:** The HUB, Brian Hennessy Rehabilitation Centre

Please RSVP to Jessica Bekavac on 02- 6205 2225 by Friday 19th February 2016.

I look forward to meeting with you at the forum.

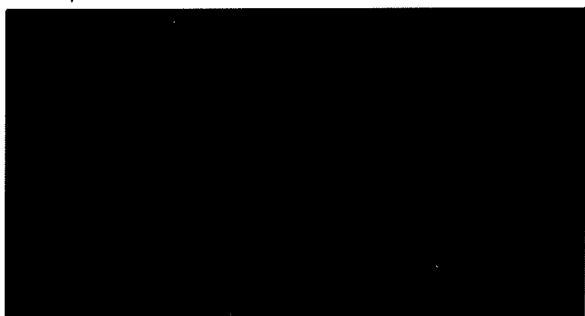
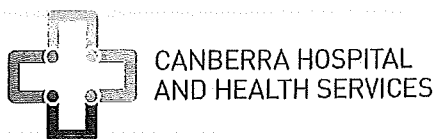
Yours sincerely

A handwritten signature in black ink, appearing to read "Bruno Aloisi".

Bruno Aloisi  
**A/g Executive Director**  
Mental Health, Justice Health and Alcohol & Drug Services

11 February 2016





### Invitation to Brian Hennessy Rehabilitation Centre Information Session

I am writing to invite you to an information session to provide an update on the development of the University of Canberra Public Hospital (UCPH) and options and opportunities for people transitioning from the Brian Hennessy Rehabilitation Centre (BHRC). The information session will be preceded by a BHRC Community BBQ.

The forum will be held:

**DATE:** Thursday 25<sup>th</sup> February 2016  
**TIME:** Community BBQ from 5:00pm  
**Information Session from 5:45pm**  
**LOCATION:** The HUB, Brian Hennessy Rehabilitation Centre

Please RSVP to Jessica Bekavac on 02- 6205 2225 by Friday 19th February 2016.

I look forward to meeting with you at the forum.

Yours sincerely

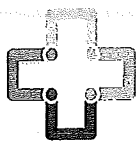
A handwritten signature in black ink, appearing to read "Bruno Aloisi".

Bruno Aloisi  
A/g Executive Director  
Mental Health, Justice Health and Alcohol & Drug Services

11 February 2016



**ACT**  
Government  
Health



CANBERRA HOSPITAL  
AND HEALTH SERVICES



### Invitation to Brian Hennessy Rehabilitation Centre Information Session

I am writing to invite you to an information session to provide an update on the development of the University of Canberra Public Hospital (UCPH) and options and opportunities for people transitioning from the Brian Hennessy Rehabilitation Centre (BHRC). The information session will be preceded by a BHRC Community BBQ.

The forum will be held:

**DATE:** Thursday 25<sup>th</sup> February 2016  
**TIME:** Community BBQ from 5:00pm  
**Information Session from 5:45pm**  
**LOCATION:** The HUB, Brian Hennessy Rehabilitation Centre

Please RSVP to Jessica Bekavac on 02- 6205 2225 by Friday 19th February 2016.

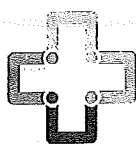
I look forward to meeting with you at the forum.

Yours sincerely

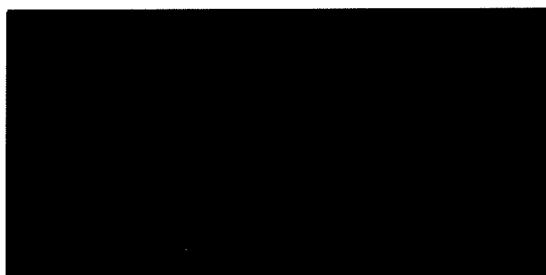
A handwritten signature in black ink, appearing to read 'Bruno Aloisi'.

Bruno Aloisi  
A/g Executive Director  
Mental Health, Justice Health and Alcohol & Drug Services

11 February 2016



CANBERRA HOSPITAL  
AND HEALTH SERVICES



### Invitation to Brian Hennessy Rehabilitation Centre Information Session

I am writing to invite you to an information session to provide an update on the development of the University of Canberra Public Hospital (UCPH) and options and opportunities for people transitioning from the Brian Hennessy Rehabilitation Centre (BHRC). The information session will be preceded by a BHRC Community BBQ.

The forum will be held:

**DATE:** Thursday 25<sup>th</sup> February 2016  
**TIME:** Community BBQ from 5:00pm  
**Information Session from 5:45pm**  
**LOCATION:** The HUB, Brian Hennessy Rehabilitation Centre

Please RSVP to Jessica Bekavac on 02- 6205 2225 by Friday 19th February 2016.

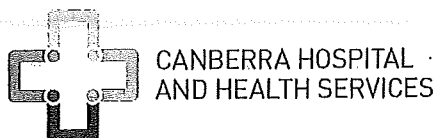
I look forward to meeting with you at the forum.

Yours sincerely

A handwritten signature in black ink, appearing to read "Bruno Aloisi".

Bruno Aloisi  
A/g Executive Director  
Mental Health, Justice Health and Alcohol & Drug Services

11 February 2016



### Invitation to Brian Hennessy Rehabilitation Centre Information Session

I am writing to invite you to an information session to provide an update on the development of the University of Canberra Public Hospital (UCPH) and options and opportunities for people transitioning from the Brian Hennessy Rehabilitation Centre (BHRC). The information session will be preceded by a BHRC Community BBQ.

The forum will be held:

**DATE:** Thursday 25<sup>th</sup> February 2016  
**TIME:** Community BBQ from 5:00pm  
**Information Session from 5:45pm**  
**LOCATION:** The HUB, Brian Hennessy Rehabilitation Centre

Please RSVP to Jessica Bekavac on 02- 6205 2225 by Friday 19th February 2016.

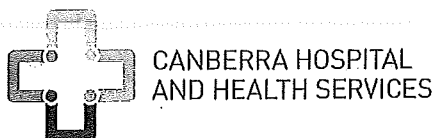
I look forward to meeting with you at the forum.

Yours sincerely

A handwritten signature in black ink, appearing to read "Bruno Aloisi".

Bruno Aloisi  
A/g Executive Director  
Mental Health, Justice Health and Alcohol & Drug Services

11 February 2016



### Invitation to Brian Hennessy Rehabilitation Centre Information Session

I am writing to invite you to an information session to provide an update on the development of the University of Canberra Public Hospital (UCPH) and options and opportunities for people transitioning from the Brian Hennessy Rehabilitation Centre (BHRC). The information session will be preceded by a BHRC Community BBQ.

The forum will be held:

**DATE:** Thursday 25<sup>th</sup> February 2016  
**TIME:** Community BBQ from 5:00pm  
**Information Session from 5:45pm**  
**LOCATION:** The HUB, Brian Hennessy Rehabilitation Centre

Please RSVP to Jessica Bekavac on 02- 6205 2225 by Friday 19th February 2016.

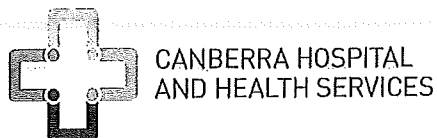
I look forward to meeting with you at the forum.

Yours sincerely

A handwritten signature in black ink, appearing to read "Bruno Aloisi".

Bruno Aloisi  
**A/g Executive Director**  
Mental Health, Justice Health and Alcohol & Drug Services

11 February 2016



### Invitation to Brian Hennessy Rehabilitation Centre Information Session

I am writing to invite you to an information session to provide an update on the development of the University of Canberra Public Hospital (UCPH) and options and opportunities for people transitioning from the Brian Hennessy Rehabilitation Centre (BHRC). The information session will be preceded by a BHRC Community BBQ.

The forum will be held:

**DATE:** Thursday 25<sup>th</sup> February 2016  
**TIME:** Community BBQ from 5:00pm  
**Information Session from 5:45pm**  
**LOCATION:** The HUB, Brian Hennessy Rehabilitation Centre

Please RSVP to Jessica Bekavac on 02- 6205 2225 by Friday 19th February 2016.

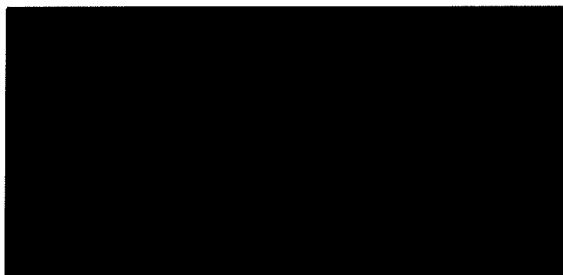
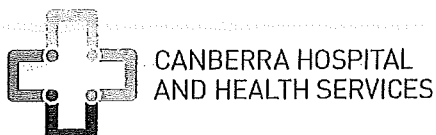
I look forward to meeting with you at the forum.

Yours sincerely

A handwritten signature in black ink, appearing to read "Bruno Aloisi".

Bruno Aloisi  
**A/g Executive Director**  
Mental Health, Justice Health and Alcohol & Drug Services

11 February 2016



### Invitation to Brian Hennessy Rehabilitation Centre Information Session

I am writing to invite you to an information session to provide an update on the development of the University of Canberra Public Hospital (UCPH) and options and opportunities for people transitioning from the Brian Hennessy Rehabilitation Centre (BHRC). The information session will be preceded by a BHRC Community BBQ.

The forum will be held:

**DATE:** Thursday 25<sup>th</sup> February 2016  
**TIME:** Community BBQ from 5:00pm  
**Information Session from 5:45pm**  
**LOCATION:** The HUB, Brian Hennessy Rehabilitation Centre

Please RSVP to Jessica Bekavac on 02- 6205 2225 by Friday 19th February 2016.

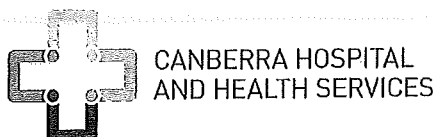
I look forward to meeting with you at the forum.

Yours sincerely

A handwritten signature in black ink, appearing to read "Bruno Aloisi".

Bruno Aloisi  
A/g Executive Director  
Mental Health, Justice Health and Alcohol & Drug Services

11 February 2016



### Invitation to Brian Hennessy Rehabilitation Centre Information Session

I am writing to invite you to an information session to provide an update on the development of the University of Canberra Public Hospital (UCPH) and options and opportunities for people transitioning from the Brian Hennessy Rehabilitation Centre (BHRC). The information session will be preceded by a BHRC Community BBQ.

The forum will be held:

**DATE:** Thursday 25<sup>th</sup> February 2016  
**TIME:** Community BBQ from 5:00pm  
**Information Session from 5:45pm**  
**LOCATION:** The HUB, Brian Hennessy Rehabilitation Centre

Please RSVP to Jessica Bekavac on 02- 6205 2225 by Friday 19th February 2016.

I look forward to meeting with you at the forum.

Yours sincerely

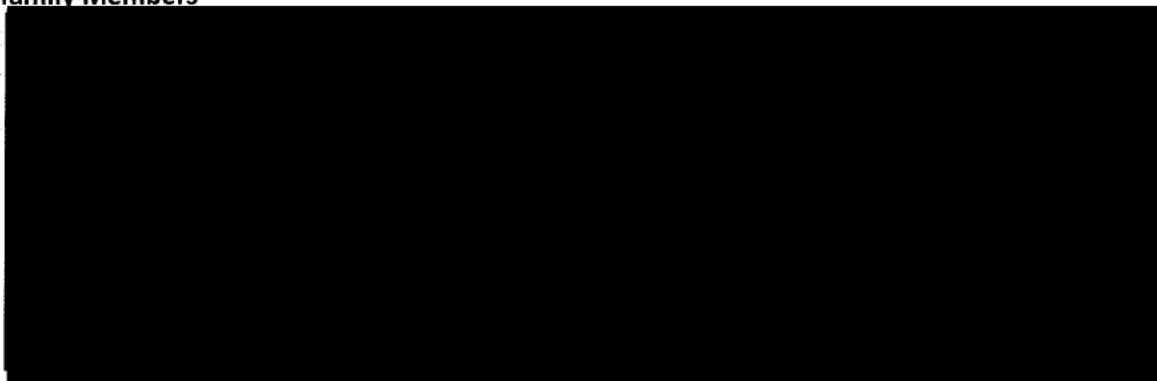
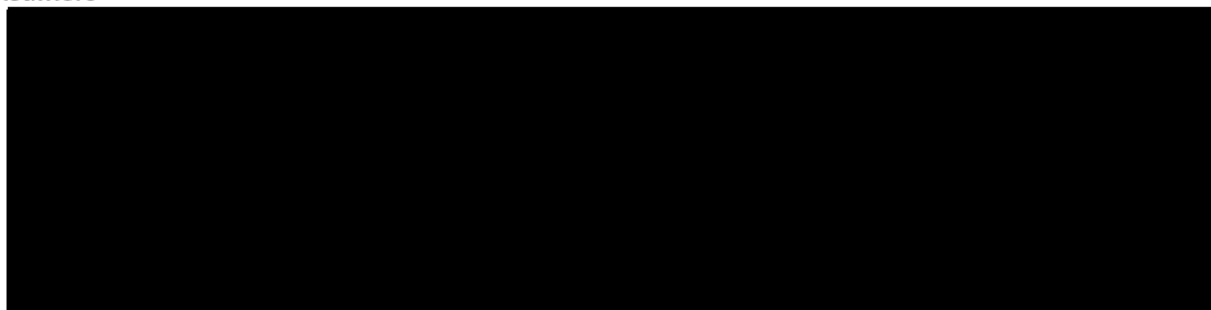
A handwritten signature in black ink, appearing to read "Bruno Aloisi".

Bruno Aloisi  
**A/g Executive Director**  
Mental Health, Justice Health and Alcohol & Drug Services

11 February 2016



**BHRC Community Forum**  
**The HUB, BHRC– 25 Feb 2015**

**Attendees****Carers/family Members****Consumers****Staff**

1. Bruno Aloisi – Acting ED, MHJHADS
2. David Hope – Acting Operational Director, ACT Wide Mental Health Services
3. Annette Wrightson – UCPH Project Officer, MHJHADS
4. Toni Cooper – T/L BHRC
5. Susan Jacques – CNC BHRC
6. Max Donnolly
7. Bev Reardon
8. Ian Diggle
9. Wee See Chua
10. Sue Tan

**Apologies**

- Katrina Bracher, Executive Director, MHJHADS

**Agenda**

1. Brief Update of BHRC transition stats (July 2015 to present) (Annette Wrightson)
2. Update on progress of UCPH (Annette Wrightson)
3. MHJHADS working with other areas (Joint Housing Group) (Annette Wrightson)
4. Update re proposed NDIA SDA framework (Annette Wrightson)
5. Discussion re future potential transition arrangements for people at BHRC (all)

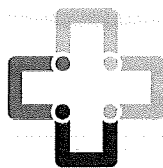
**Issues Raised/comments**

- Concern raised that BHRC has been “home” for many people for many years and for many it has taken years to find that security
- BHRC operates as a therapeutic community, with experienced staff

- What will happen to people in the future who will required the services of BHRC
- Concern that future transition arrangements will not meet the needs of consumers. In particular:
  - People may become isolated
  - Accommodation not being secure (Properties have been broken into)
  - Accommodation in areas that make people more vulnerable (people are victimised, exposure to drugs and alcohol)
- Concern that current NGO programs and arrangement will not meet the needs of people at BHRC (Carer's raised concerns given past experiences)
- BHRC staff are required to meet professional standards (registration) and are accountable to the Government. NGOs aren't subject to this scrutiny
  
- Acknowledgement that alternative accommodation/models are being developed in other areas (Respite house for children with Autism/ Project Independence) however these have been privately funded
- What is happening to the BHRC Buildings?
  - Action: Undecided at this point in time, will advise when resolved
- Request for article on UCPH update
  - Action: Annette to send article via email contact list
- Action: Update Newsletter to be distributed in coming weeks
- [REDACTED] University of the 3<sup>rd</sup> age are hoping to compile BHRC stories and lobby Govt – contacts for same distributed



**ACT**  
Government  
Health



CANBERRA HOSPITAL  
AND HEALTH SERVICES

# MHJHADS SUPPORTING THE TRANSITION OF PEOPLE FROM THE BRIAN HENNESSY REHABILITATION CENTRE (BHRC) TO ALTERNATIVE ACCOMMODATION

---

Project Update 2

February 2016

## BACKGROUND

This transition project plan was initiated in August 2014 to review the type and scope of services utilised by people who are currently supported at the BHRC and identify those services that would be required to support people to live in the community in the future. Information was collated (and continues to be collected) from people at BHRC, their key workers/clinical managers/ AMHS services, family and carers, and the community sector who currently provide services to these people.

This document provides an update on activities undertaken from July 2015 to February 2016.

## PROJECT OUTLINE

### PROJECT AIM

To establish individual plans for 30 people who are currently supported at BHRC to access appropriate accommodation, supports and services to enable them to successfully reside in the community in the future.

This project will also inform our service of ways to support additional people in the future, both as individuals and collectively through our future Adult Community Mental Health Services Model of Care.

### OBJECTIVES

The objectives of the project are to:

- Assess the current and future accommodation, support and other service needs of people currently supported by BHRC
- Identify options to access these accommodation, services and support requirements in the future
- Support people at BHRC to access required accommodation, services and supports
- Identify and report where there are “gaps” in services and
- work with the NDIA, Community Sector Service providers and Government agencies to facilitate the provision of accommodation, support and services

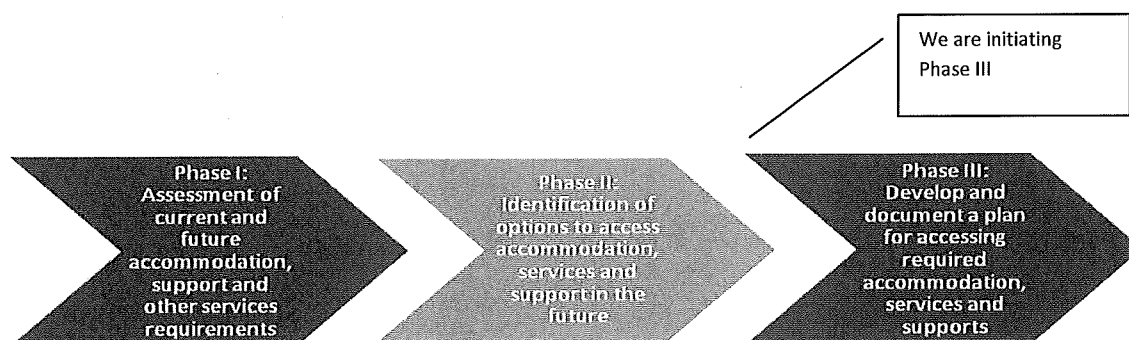
## PHASES OF PROJECT

The Project has been divided into three phases:

- Phase 1: Assessment of the current accommodation, supports and services utilised by people living in BHRC supported accommodation and those that might be required in the future (Staged applications have been completed, 25 assessments will be staged and completed by June 2016)

## CONFIDENTIAL – NOT FOR CIRCULATION

- Phase 2: Consider how accommodation and these services and supports might be accessed in the future, with consideration of new opportunities available through the NDIS and other initiatives (such as *Common Ground*) (In progress)
- Phase 3: Develop individual plans for accessing future accommodation, services and supports to meet the needs of people living in BHRC accommodation (In Progress for some individuals)

**Diagram I: Phases of Project****PROJECT UPDATE – JULY 2015 - FEBRUARY 2016****INDIVIDUAL JOURNEY BOARDS**

Individual journey boards have been created for people at BHRC. These are being used to track individuals' assessments, NDIS and applications to alternative accommodation, required supports and services as well as barriers to transition.

**NATIONAL DISABILITY INSURANCE SCHEME (NDIS) ELIGIBILITY**

In line with NDIS phasing, applications have been lodged for 20 of the 28 people at BHRC with the remaining 8 due in April 2016. Of the applications lodged, 10 have been accepted and have NDIS plans in place, 6 have been reviewed as per NDIA protocol.

MHJHADS wrote to the NDIA in late 2015 requesting that BHRC be considered as a "Defined Program" for the purposes of residences accessing the NDIS. If accepted this would mean that the NDIS application process could be expedited.

A part time clinician currently provides administration support for the delivery of the NDIS to people at Brian Hennessy Rehabilitation Centre, however ongoing allied health staff shortages have added pressure to the internal NDIS assessment process.

## CONFIDENTIAL – NOT FOR CIRCULATION

“Choice” and “Control” for people with a disability are central core tenets of the NDIS. To assist with NDIS planning approximately 95% of BHRC clinicians have undertaken “*Supported Decision Making*” training to assist NDIS applicants to develop a plan that will express their goals and aspirations.

In addition, *Advocacy For Inclusion* have been facilitating weekly self advocacy groups at BHRC since October 2015. Open groups to support NDIS pre planning were provided through the Mental Illness Fellowship in late 2015 and follow up one on one sessions have been provided to some individuals.

---

**COMMON GROUND**

In July 2015 40 *Common Ground* units were built adjacent Gungahlin Town Centre offering a supported and inclusive community for homeless individuals and families, as well as low-income earners. “Argyle Housing”, manages the tenancy arrangements with Northside Community Services providing social support services. It is anticipated that successful applicants will move into their units in the coming months.

Ten applications for *Common Ground* were lodged for people at BHRC. Of these four were accepted and their transition to their new units has been supported by BHRC’s outreach program and the Gungahlin Community Mental Health team.

---

**RICHMOND FELLOWSHIP HOUSING**

Richmond Fellowship has reconfigured some of their existing accommodation and support packages to meet the changing requirements of people with psychosocial disability including four people from BHRC.

One person has moved to a share house in Curtin with three months outreach support from BHRC and ongoing clinical support from the Woden Community Mental Health Team. A second person has moved to a share house in Lyneham with three months outreach support from BHRC and ongoing clinical support from the City Community Mental Health Team. Two people have moved to share house in Holt with three months outreach support from BHRC and ongoing clinical support from the Belconnen Community Mental Health Team. An additional three people have been accepted as part of future Richmond Fellowship programs including an individual unit in Holt (under construction) and a 6 bedroom group house in Scullin.

Two people have been nominally accepted by Richmond Fellowship however are waiting housing stock. Richmond Fellowship has indicated that they are looking to increase their housing stock to meet determined need, acknowledging that some people have complex needs.

It should be noted that nine people at BHRC have not been referred to Richmond Fellowship as their current support model would not meet the complex needs of these individuals.

---

**THE SECURE MENTAL HEALTH UNIT**

It is anticipated that some people currently at BHRC may transfer to the Secure Mental Health Unit (SMHU) when it is operationalised in late 2016, although a formal assessment criteria and process for

SMHU has yet to be determined. It should be noted that the Forensic Community Outreach Service (FCOS) has indicated that people on court orders would be transferred to the SMHU as a priority.

---

#### THE ADULT MENTAL HEALTH REHABILITATION UNIT (AMHRU) AT UCPH

BHRC is gradually moving towards the new Model of Care developed for the AMHRU with its purpose to deliver effective recovery based treatment and rehabilitation to people whose needs cannot be met by less intensive community based adult mental health services. Some individuals at BHRC may be suitable for future admission at the AMHRU, with formal assessment criteria and processes to be determined as part of the operational planning for UCPH over the next 12 months. As part of the UCPH Operational Commissioning Plan, BHRC will be working towards adopting the AMHRU Model of Care where possible. Activities to support the new model of care include:

- Encouraging consumer participation in their Multi Disciplinary Reviews and speak to their recovery issues and plans
- Pre- packaged and pre-ordered lunch meals have been replaced by fresh ingredients and wraps three days a week (planned to extend to five days a week)
- Healthier options are provided for community dinner and BBQ and take away night
- Development of a referral package including an updated checklist to streamline the referral process

---

#### ACCESSING AGED CARE FACILITIES

Two longer term residents at BHRC are now eligible to transition to aged care facilities in Canberra. While applications have been made for both, neither has been accepted to local services as places are limited. Further work will need to be undertaken to secure appropriately supported aged care placements.

---

#### ALTERNATIVE MODELS

---

##### 1. JOINT DISABILITY HOUSING PROJECT TEAM

MHJHADS is represented on the Joint Disability Housing Project Team to progress quantifying the anticipated demand and types of housing sought by people with a disability (including psycho-social disability), the evaluation existing projects and research models which further best-practice and in order to develop two innovative pilot projects for NDIA funding consideration.

---

##### 2. THE SPECIALIST DISABILITY ACCOMMODATION (SDA) PRICING AND PAYMENTS FRAMEWORK

SDA is housing that meets the needs of NDIA Participants who require a specialist built-form and/or participants whose support needs can only be met cost effectively by specialist disability

CONFIDENTIAL – NOT FOR CIRCULATION

accommodation. The SDA Pricing and Payments Framework was endorsed by the Disability Reform Council in November 2015. The Framework will provide a guide for the development of pricing for SDA contributions and guidance regarding eligibility, registration and quality and safeguards for SDA. The intent of the Framework is to establish a competitive price that attracts market players to supply new and appropriate dwelling stock. It also considers the need for stability in the transition from existing SDA arrangements to the NDIS. It is anticipated that the Framework will be finalised in July 2016

---

### 3. SPECIALIST DISABILITY ACCOMMODATION HOUSING PROJECTS TO BE “PILOTED”

A Request for Information was released in November 2015 seeking information on a range of innovative ideas on possible Specialist Disability Accommodation housing projects to be “piloted” in the Barwon trial site.

From this information, the NDIA will develop its understanding of the range of prospective projects in the Barwon region and use this information to build its capability and inform its procurement planning processes, including identification, refinement and cost capability options and, ultimately, the preparation of procurement documentation for SDA housing pilots.

It is anticipated that pilot housing projects will aim to optimise independence and social and economic participation for people with disability, initially focused on those with high and complex support needs.



SUMMARY OF TRANSITION ACTIVITIES – FROM JULY 2015 – FEBRUARY 2016

Proposed Individual Anticipated Transition Arrangements (28 people currently at BHRC)	Applications made	Anticipated/ Confirmed	Comment
<b>NDIS Applications</b>	21	5 plans in place 6 to be submitted	Plans being accessed whilst at Brian Hennessy Rehabilitation Centre 1 person ineligible due to age 16 Applications awaiting a planning session or outcome of planning session
<b>Common Ground</b>	10	4 transitioned during this period	<ul style="list-style-type: none"> <li>10 applications made</li> <li>6 interviews were undertaken</li> <li>4 people transitioned</li> <li>4 waiting list – however stage 2 is not yet underway</li> </ul>
<b>Richmond Fellowship</b>	10	4 transitioned during this period	<ul style="list-style-type: none"> <li>10 referrals made and assessed</li> <li>4 people transitioned</li> <li>2 awaiting units (under construction)</li> <li>2 nominally accepted but awaiting future stock</li> <li>2 additional referrals made</li> </ul>
<b>Secure Mental Health Unit (SMHU)</b>		5 (TBC)	Awaiting formal assessment criteria and process
<b>Adult Mental Health Rehabilitation Unit (AMHRU) at UCPH</b>		(TBC)	Awaiting formal assessment criteria and process
<b>Aged care facility</b>	2	2	Awaiting placement – 1 individual has an NDIS package approved

<p><b>Alternative arrangements required</b></p> <ul style="list-style-type: none"> <li>• Individual accommodation through Housing ACT with wrap around supports and services</li> <li>• Social Housing through Housing ACT with wrap around supports and services</li> <li>• Private Housing with wrap around supports and services</li> <li>• Housing model similar to Project Independence</li> <li>• Possible potential for investment for Specialist Disability Accommodation (SDA)</li> </ul>	<p>13</p>	<p>There are limited accommodation models for people with significant and complex mental health issues</p> <p>Existing accommodation services are at capacity</p> <p>A number of people are under the guardianship of the public advocate, as such their future transition arrangement will need to be negotiated with their public advocate</p> <p>A number of individuals have indicated that they may move to accommodation, with family – NDIS package including wrap around supports and services to be determined</p> <p>Many individuals have complex support needs that will require significant wrap around services through NDIS, Mental Health Services and NGO support</p> <p>Some individuals have indicated a preference for social housing through Housing ACT however joint incomes may exceed the threshold for eligibility for same</p>
<p><b>Total</b></p>	<p><b>28</b></p>	

## UPDATE - DEPENDENCIES, INTERDEPENDENCIES AND RELATED PROJECTS

The interdependencies of the project will be with:

- The “roll out” of the NDIS and MHJHADS implementation of same
- The future development of stage 2 of Common Ground project
- Planned opening of UCPH in 2018
- Planned opening of Secure Mental Health Unit in late 2016
- Development of Adult Community Mental Health Services Model of Care

External linkages between MHJHADS and the following will also need to be considered:

- Housing ACT
- NDIA
- Centrelink
- Community Sector mental health services
- General Practitioners
- Other individuals or organisations as identified

## STAKEHOLDERS CONSULTATION AND COMMUNICATIONS

To ensure that key stakeholders are informed of the progress of the development of the project a number of information sessions and forums were held during this period including:

- Forums involving the BHRC community (Including people, carers, support people and staff)
  - October 2015 (Staff)
  - February 2016 (BHRC community)
- A newsletter providing updates on UCPH development and NHRC transition
- monthly reporting on future BHRC transition arrangements will be undertaken through the UCPH MHJHADS Operational Working Group to the UCPH Operational Commissioning Steering Committee.

Future targeted forums will be held for the BHRC Community, staff and stakeholders, aligned with transitional progress and key milestones in the development of UCPH.

Key communication activities have been identified as part of the UCPH Communications and Stakeholder Engagement Plan.

## STAFFING AND WORKFORCE UPDATE

As part of the UCPH Operational Commissioning Plan, a UCPH Workforce Development Working Group has been initiated to develop a detailed future workforce plan, consider operational workforce recruitment funding and undertake associated recruitment activities. This Working Group

reports monthly to the UCPH Operational Commissioning Steering Committee. Activities are discussed at the monthly MHJHADS Divisional Workforce Meeting.

### ISSUES FOR CONSIDERATION

- Many people currently at BHRC have significant complex mental health, behavioural, co morbidity and/or risk issues. For some, these issues may preclude them from existing Housing ACT or other accommodation services.
- Existing Non Government Organisations (NGOs) supported living arrangements are now at capacity.
- Richmond Fellowship is looking to increase their housing stock to meet the future needs of people transitioning from BHRC. However the details for the provision of the complex support packages required by individuals has yet to be determined.
- *Common Ground* is at capacity - It is anticipated that Phase 2 of the project – providing additional units will be undertaken in the coming years.
- It is anticipated that some people currently at BHRC will transfer to the Secure Mental Health Unit (SMHU) or the Adult Mental Health Rehabilitation Unit (AMHRU) at UCPH - formal assessment criteria and processes for each unit have yet to be determined.
- Access to aged care facility places are limited and it appears that individuals' complex mental health, behavioural, co morbidity and/or risk issues may further limit access to these services.
- Peoples' legal status – eg: having a Mental Health Order may impact people accessing alternative accommodation. As such, clear guidelines are required as to how and where these people will be supported either in the community or other AMHS (eg: The Secure Mental Health Unit or the Adult Mental Health Rehabilitation Unit at UCPH)
- Existing Housing ACT policy relating to the means testing of individual's incomes (or combined income if they choose to share accommodation) may preclude people from Housing ACT. As such private arrangement will need to be identified or exemptions sought from Housing ACT.
- Results from the NDIA's Specialist Disability Accommodation Housing Pilot projects and the finalized SDA framework may influence accommodation solutions in the future.
- Additional work needs to be undertaken to clearly identify and articulate peoples' specific accommodation and support needs and preferences for accommodation and, to then work with NGOs and ACT Government services to develop targeted individual packages to meet complex care needs.
- It is anticipated that a further project update will be provided in July 2016.



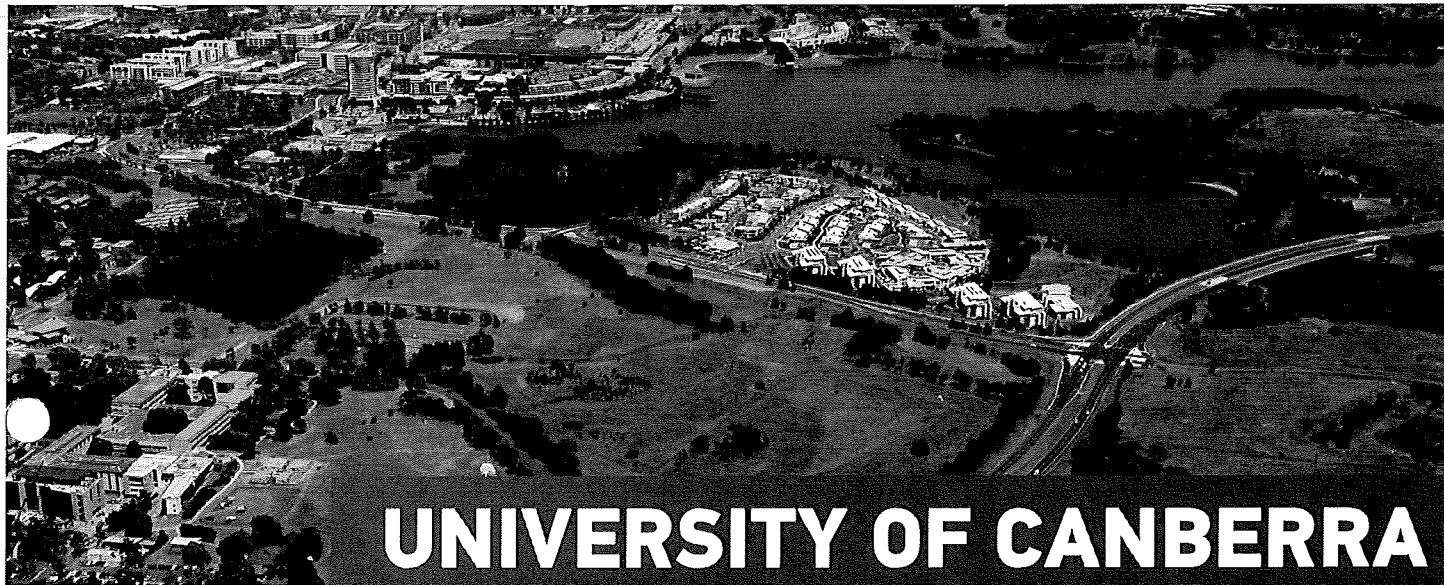
**ACT**  
Government  
Health

## HEALTH INFRASTRUCTURE PROGRAM

Investing in Canberra's health

## Newsletter

Edition 1 - June 2014



# UNIVERSITY OF CANBERRA PUBLIC HOSPITAL

## Welcome

Welcome to the first edition of the University of Canberra Public Hospital newsletter.

A review of the population needs for the future provision of public health services in the ACT identified a need to expand the ACT hospital system.

The ACT Government then announced the decision to build a new sub-acute hospital. Following consultation with the community, the corner of Aikman Drive and Ginninderra Drive on the University of Canberra campus, was selected as the preferred location.

This newsletter will keep you up to date with progress on the new hospital. It will also let you know how you can have your say on elements of the project, such as models of care and design plans.

We look forward to keeping you informed and involved in the project.

## Expanding hospital services in the ACT

The ACT needs a strong health system to provide services, education and support at every stage of life. Our health system should encourage health and wellbeing in the community, and provide the best possible care when it's needed. The demand for health care in our community is expected to grow significantly over the next 10-15 years, and we have to be ready.

ACT Health is continuing to expand health and hospital services in the region through the Health Infrastructure Program. The University of Canberra Public Hospital will be the first sub-acute rehabilitation hospital in the ACT. It will form part of a planned network of hospital facilities designed to meet the needs of our ageing and growing population.

Sub-acute services aim to improve patient mobility and functioning, often after surgery or other acute hospital admission, and focus on improving quality

of life. On completion, the University of Canberra Public Hospital will deliver sub-acute inpatient and day services in rehabilitation, aged care and mental health in line with proposed models of care and service delivery.

The new hospital will not have an emergency department and will not deliver acute services, like surgery. By focussing on new and expanded sub-acute services it will help to alleviate the pressures on acute facilities within the ACT region.

The University of Canberra Public Hospital will also be a teaching facility. It will extend and enable joint clinical training, teaching and research opportunities between the University of Canberra and ACT Health.

Construction of the new hospital is expected to begin in 2015. ACT Health will continue to consult with the community as the University of Canberra Public Hospital project progresses.

## Service Delivery Plan released for comment

Significant work has been undertaken to determine the services that would operate from the new University of Canberra Hospital began after the site was confirmed.

Clinicians, health planners and project managers have worked together with community stakeholders and health care consumers to develop the Service Delivery Plan.

On 4 June 2014, ACT Chief Minister and Minister for Health, Katy Gallagher, released the Service Delivery Plan and encouraged all interested parties to provide comment.

The Service Delivery Plan outlines the range of services that will be offered from the University of Canberra Public Hospital. It also sets out the technical and environmental issues that need to be considered in the design, and outlines the design concept.

Key services detailed in the Service Delivery Plan include:

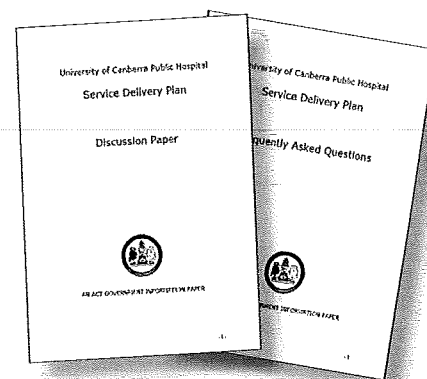
- Rehabilitation and aged care inpatient units – services to support recovery from injury and illness

- Rehabilitation and aged day/ ambulatory and community services – intensive therapy to improve mobility and function
- Adult mental health rehabilitation unit – focused on improving quality of life and functioning
- Adult mental health day service – clinical assessment and short term treatment.

The focus of these services will be to improve quality of life, whether it is providing rehabilitation services to patients following injury or illness, or building capacity for self-management and resilience. The hospital facilities will be designed to be less clinical and more suited to rehabilitation to support the emotional and physical comfort of patients during their visit.

The Service Delivery Plan can be downloaded from the ACT Government's Time to Talk consultation web site at: [www.timetotalk.act.gov.au](http://www.timetotalk.act.gov.au) or accessed from the Health Infrastructure Program web page at: [www.health.act.gov.au/HIP](http://www.health.act.gov.au/HIP)

## HAVE YOUR SAY



Comments about the Plan can be emailed to [HIP@act.gov.au](mailto:HIP@act.gov.au) by **16 July 2014** or mailed to Health Infrastructure Program, University of Canberra Public Hospital Service Delivery Plan, PO Box 11, Woden ACT 2606.

Following the period for public comment on the Service Delivery Plan, the project will move into the design phase. Additional newsletters will be published to keep you up to date on progress.



The site for the University of Canberra Public Hospital is on the corner of Aikman Drive and Ginninderra Drive, in the north-west corner of the University campus.

### Accessibility

The ACT Government is committed to making its information, services, events and venues as accessible as possible.

If you have difficulty reading a standard printed document and would like to receive this publication in an alternative format such as large print, please phone 13 22 81 or email [HealthACT@act.gov.au](mailto:HealthACT@act.gov.au)

If English is not your first language and you require a translating and interpreting service, please phone Canberra Connect on 13 22 81.

If you are Deaf, or have a speech or hearing impairment and need the teletypewriter service, please phone 13 36 77 and ask for 13 22 81.

For speak and listen users, please phone 1300 555 727 and ask for 13 22 81. For more information on these services visit <http://www.relayservice.com.au>

© Australian Capital Territory, Canberra, June 2014

This work is copyright. Apart from any use as permitted under the Copyright Act 1968, no part may be reproduced by any process without written permission from the Territory Records Office, Community and Infrastructure Services, Territory and Municipal Services, ACT Government, GPO Box 158, Canberra City ACT 2601.

Enquiries about this publication should be directed to ACT Government Health Directorate, Communications and Marketing Unit, GPO Box 825 Canberra City ACT 2601 or email: [HealthACT@act.gov.au](mailto:HealthACT@act.gov.au)

[www.health.act.gov.au](http://www.health.act.gov.au) | [www.act.gov.au](http://www.act.gov.au) | Enquiries: Canberra 13ACT1 or 132281 | Publication No 13/1286

### Further information:

For further information about the development of the models of care, the development of service delivery plans, or progress toward the development of preliminary design plans for the new University of Canberra Public Hospital please email: [HIP@act.gov.au](mailto:HIP@act.gov.au)



## Mental Health, Justice Health, Alcohol and Drug Services

### Brian Hennessy Rehabilitation Centre Future Directions – Information Session

#### Background

In April and October 2013, forums were hosted by Mental Health Justice Health and Alcohol and Other Drug Services (MHJHADS) at Brian Hennessy Rehabilitation Unit for residents, family and support people and staff to inform them of the proposed development of the new University of Canberra Public Hospital (UCPH) and its Mental Health Services.

#### University of Canberra Public Hospital (UCPH) – Due to Open in Early 2018

In 2011 the ACT Government announced its decision to build a new subacute hospital in the ACT. In 2012 the University of Canberra was selected as the preferred site for that facility and work began on developing the University of Canberra Public Hospital (UCPH) Service Delivery Plan, including an Adult Mental Health Rehabilitation Unit (AMHRU) and an Adult Mental Health Day Service (AMHDS) which was completed in May 2014. The UCPH Service Delivery Plan was also used to develop Models of Care for both the AMHRU and AMHDS.

#### New Models of Care for the Adult Mental Health Rehabilitation Unit (AMHRU) and the Adult Mental Health Day Service (AMHDS) at UCPH

The AMHRU will be a purpose built rehabilitation inpatient unit aimed at delivering effective, recovery oriented rehabilitation to people whose needs cannot be met by less intensive community based adult mental health services. It will focus on supporting people with moderate to severe and enduring complex mental health conditions, who face challenges living in the community, have high levels of psychological distress and for whom a combination of acute and community based services have not been able to adequately meet their needs. The anticipated length of stay will be 3 to 12 months.

The AMHDS will assist people on their recovery journeys without an inpatient admission and in an environment that is flexible to optimise symptom relief, build capacity for self management and

resilience and develop skills and resources for living in the community. A temporary AMHDS is currently located at the Belconnen Community Health Centre and will relocate to the UCPH when it is opened in 2018. As such an interim Model of Care has been developed for this service.

In developing the AMHRU and AMHDS Models of Care, best practice guidelines and evidence based literature have been reviewed and incorporated into the description of the service model. Consumers, carers, clinicians, and support staff have been involved in the development of the Models of Care and feedback has been sought by key stakeholder groups.

#### The Transition of People Currently at BHRC to Alternative Accommodation and Services

In June 2014 it was announced that Brian Hennessy Rehabilitation Centre would be closing in conjunction with the opening of the new UCPH and that existing residents would be transferred to alternative Mental Health services in the ACT or, as part of the National Disability Insurance Scheme (NDIS), assisted to find suitable accommodation, services and supports in the ACT.

A project plan for MHJHADS to support the transition of people from BHRC to alternative accommodation has been completed, and outlines the first steps to assisting people to identify their individual needs and source appropriate accommodation, services and supports in the ACT.

**Katrina Bracher**  
Executive Director  
Mental Health, Justice Health, Alcohol and Drug  
Services  
25<sup>th</sup> September 2014



## Mental Health, Justice Health, Alcohol and Drug Services

### Brian Hennessy Rehabilitation Centre

#### Future Directions – Newsletter 3

##### Background

The University of Canberra Public Hospital (UCPH) will include an Adult Mental Health Rehabilitation Unit (AMHRU) and an Adult Mental Health Day Service (AMHDS). Models of Care have been developed for these services and are available at [www.health.act.gov.au/our-services/mental-health/models-care](http://www.health.act.gov.au/our-services/mental-health/models-care)

Forums have been held at Brian Hennessy Rehabilitation Centre for residents, family, carers and support people, and staff to inform them of the development of the new University of Canberra Public Hospital (UCPH) and its impact on people currently at Brian Hennessy Rehabilitation Centre.

##### Project 300

At our June forum, Dr Tom Meehan, from Brisbane, gave an overview of *Project 300* a program where 300 people transitioned from long term mental health facilities to community care. The project involved Department of Housing, Queensland Health and Disability Services Queensland who worked together to provide accommodation and clinical and social supports. Follow up studies were conducted at 6, 18, 36 and 84 months and highlighted a number of themes to support successful transitions including:

- A long term commitment to provide tailored supports for individual needs
- The importance of maintaining 'hope'
- Recognising individuals' 'turning points'
- The need to move beyond symptoms and look at social and vocational needs.

A copy of Dr Meehan's longitudinal study is attached.

##### The Transition of People Currently at BHRC to Alternative Accommodation and Services

A project to support the transition of people from BHRC to alternative accommodation has been initiated, and work has commenced to assist people to identify their individual needs and source appropriate accommodation, services and supports in the ACT.

Individual assessments have commenced in line with the phasing of NDIS assessments and planning.

If you would like to discuss possible transition options for someone at BHRC please contact the BHRC Team Leader on 6205 1222. Please note that a consent form must be signed prior to any detailed discussions.

##### University of Canberra Public Hospital (UCPH)

Tenders for the University of Canberra closed on 18 June 2015. It is anticipated that the successful tender will be awarded in November 2015, with works to commence in early 2016 and the new hospital to be operational in early 2018.

##### The Secure Mental Health Unit (SMHU)

The SMHU, at Symonston, will provide recovery focused care in a therapeutically secure environment for people with severe mental illness who cannot be safely cared for in a less restrictive environment. It is anticipated that the building will be completed in August 2016 and open in late 2016.

##### Common Ground Opens

Common Ground is a 40 unit complex adjacent to Gungahlin Town centre that recently opened offering supported accommodation and inclusive communities for people. Argyle Housing will manage the tenancy arrangements and Northside Community Services will provide social support services. MHJHADS will provide clinical support for those who require our services.

##### Alternative Accommodation and Supports

MHJHADS is working with Housing ACT, Disability ACT and non government organisations to look at alternative accommodation, service and support models in the ACT.

##### Communication

BHRC Community Forums have been held in October 2013 and 2014, and June 2015 and will be held in the future as key milestones approach. Updates will also be provided through this newsletter. If you would like further information please contact Annette Wrightson, UCPH Project Officer at [annette.wrightson@act.gov.au](mailto:annette.wrightson@act.gov.au)

**Katrina Bracher**

**Executive Director**

**Mental Health, Justice Health, Alcohol and Drug Services**

20 July 2015