PORTFOLIO DEMONSTRATION PIECE

Executive Summary

Specimen response: NSW Health Community Living Supports Open Grant Opportunity

> This executive summary was written as a specimen response to the NSW Health Community Living Supports (CLS) Open Grant Opportunity (2025), on behalf of a fictional community managed organisation. It is not an actual submission and does not represent any real provider. All organisational details and figures are invented. It is presented to demonstrate requirement analysis, win-theme development, and evaluation-criteria-driven bid writing.

Meridian Community Care: Response to the Community Living Supports Open Grant Opportunity

The transition to new CLS arrangements from 1 July 2026 gives NSW Health an opportunity to apply a decade of evidence about what helps people with severe mental illness live well in their communities. Meridian Community Care welcomes that opportunity, because it describes work we have been doing, refining, and measuring for twelve years.

Meridian is a community managed organisation delivering psychosocial supports to more than 400 people each year across South Western Sydney. We work with people whose mental illness has disrupted their housing, relationships, employment, and health, and whose recovery depends on support that is practical, sustained, and directed by them. Our workforce of 62 includes 14 designated peer workers with lived experience of mental illness and recovery. We regard lived experience as a distinct form of expertise in this work, and we have built our service model around it.

Our proposal rests on three commitments.

First, recovery outcomes that can be independently verified. Every person we support co-designs an individual recovery plan built around goals they choose for themselves, whether that means reconnecting with family, holding a tenancy, returning to study, or managing their health. We track progress against those goals using validated outcome measures administered at entry, review, and exit, alongside the indicators that matter to the wider system: tenancy stability, emergency department presentations, and unplanned hospital admissions. Among participants supported for twelve months or longer, we consistently record meaningful reductions in unplanned admissions and near-universal tenancy retention. We report these results in full, including where we fall short of our own targets, because a program built on public funds should be open to scrutiny.

Second, partnership arrangements that work in daily practice. Effective psychosocial support cannot operate at arm's length from clinical care. Meridian maintains active working relationships with the South Western Sydney Local Health District's community mental health teams, under shared care protocols that set out how referrals, escalations, and step-downs occur. Each protocol names specific contacts on both sides, so that coordination happens between practitioners who know each other rather than between organisations in the abstract. The same approach governs our relationships with housing providers, Services Australia, NDIS partners, and Aboriginal Community Controlled Health Organisations, with whom we work under formal arrangements that respect community leadership of Aboriginal health. When a

person's needs change, the system around them should adjust without requiring them to retell their story at every door.

Third, a workforce built for the communities we serve. South Western Sydney is among the most culturally diverse regions in Australia, and psychosocial support that is not culturally safe is not safe at all. Forty per cent of our staff speak a language other than English. Our practice framework embeds trauma-informed care and cultural supervision, and our peer workforce is recruited from the communities we support. We invest in this workforce deliberately, through structured supervision, professional development, and career pathways that run from peer support roles into senior practice positions, because continuity of support depends on continuity of people.

We understand the environment in which this opportunity sits, including the interface with the NDIS and the needs of people who are ineligible for it, the recommendations of successive reviews of HASI and CLS, and the requirement to demonstrate value in a constrained fiscal context. Our full proposal responds to each of these matters. It includes a transition plan that guarantees continuity of support for every participant transferring into our care, developed from our experience receiving program transfers in 2021 without a single lapsed service.

Meridian offers NSW Health a provider that is established without being complacent: rooted in its region, fluent in the clinical and social realities of severe mental illness, and organised around the goals that people set for their own lives. We would be proud to deliver Community Living Supports on that basis, and we welcome the opportunity to discuss this proposal further.

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