

Individual Recovery Support – Transition from Correctional Facilities Program

Mental Health Community Support Services Program Guidelines

Mental health community support services enable individuals to meet their individual recovery goals, live independently, maintain the best possible social and emotional wellbeing, and live satisfying lives in the community

Introduction

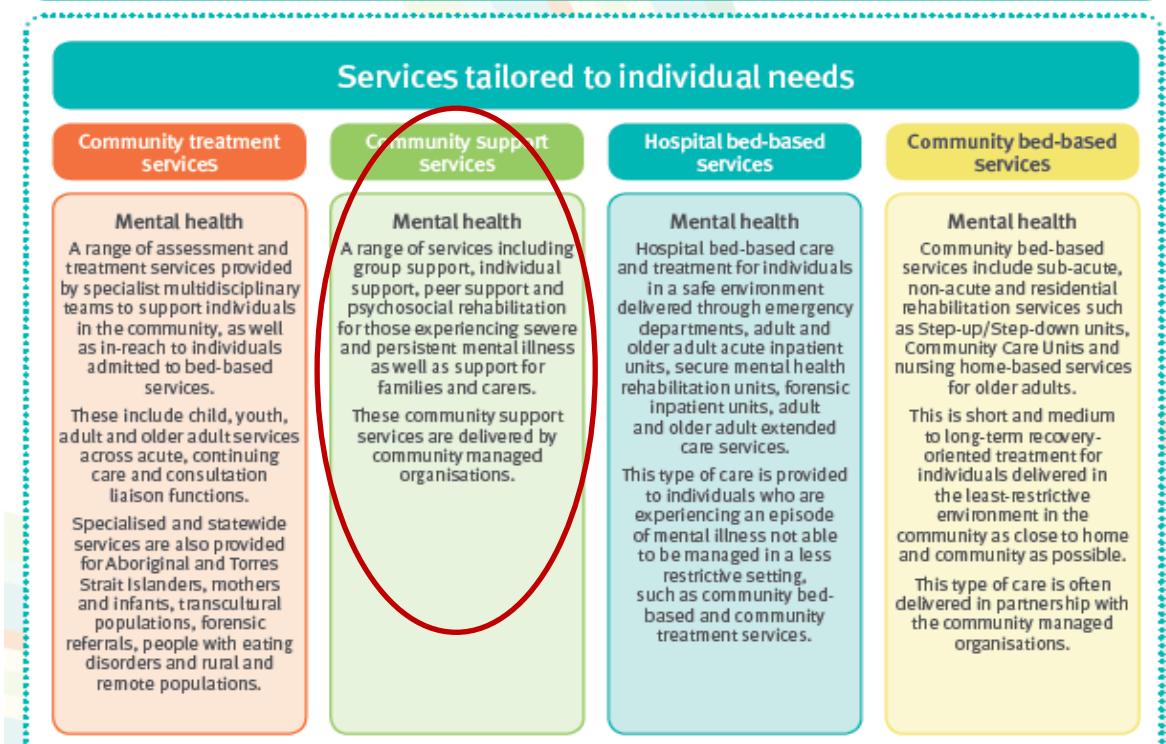
Under *Connecting Care to Recovery 2016-2021: a plan for Queensland's State-funded mental health and alcohol and other drug services* (Connecting Care to Recovery), Queensland Health has prioritised strategies and investment to more effectively meet the needs of individuals experiencing severe mental illness (either episodic or persistent) across the continuum of care.

This includes investment in Mental Health Community Support Services (MH CSS) which are non-clinical, holistic recovery-focused psychosocial wraparound support services delivered one to one, peer to peer or group based, according to the individual's recovery needs. Four types of MH CSS are provided. This purpose of this Program Description document is to describe the Individual Recovery Support – Transition from Correctional Facilities Program which is one of the four types of MH CSS.

Mental Health Community Support Services

MH CSS are delivered through non-government organisations (NGOs) and are an integral service system component along a continuum of care for individuals which also includes Community Treatment, Community Bed-Based and Hospital Bed-Based services.

State-funded services in-scope of *Connecting care to recovery 2016–2021*



Connecting Care to Recovery emphasises the importance of integrated care and support models which involve partnerships between Health and Hospital Service (HHS) and NGOs specialising in mental health psychosocial supports.

MH CSS complement a holistic approach to care and a recovery-oriented service system. MHCSS provide services to individuals who are receiving or recently received clinical care from HHS, with the

aim of supporting them in their recovery, as defined by the individual.

The partnership between NGOs and the HHS also supports processes for when/if an individual experience a deterioration in their mental state. When this happens, the mental health support worker can support the individual to reengage with their clinical care provider. This, in turn, may result in a decrease in avoidable presentations to emergency departments.

Queensland Health has contractual arrangement with NGOs for delivery of non-clinical, holistic recovery-focused psychosocial support services through the following programs:

- Individual Recovery Support Program
- Group Based Peer Recovery Support Program
- Individual Recovery Support -Transition from Correctional Facilities Program
- Individual at Risk of Homelessness Program

These programs are built on the evidence that these types of supports:

- reduce hospitalisations and lengths of stay in hospital
- improve physical and mental health
- stabilise housing tenancies
- enhance life skills
- assist in sustained or stable involvement in employment and education,
- increase community participation and fosters independence and relationships.

Individual Recovery Support -Transition from Correctional Facilities Program

Individual Recovery Support -Transition from Correctional Facilities Program (IRS -TCFP)

is for individuals

- experiencing a severe mental illness; and
- aged 18 years and over; and
- about to be released to the community from a Queensland adult correctional facility; and referred by Prison Mental Health Service (PMHS)

The IRS-TCFP is designed to offer a range of non-clinical psychosocial wraparound supports to an individual at least two (2) weeks prior to release from the correctional facility (where the date is known) and for up to 12 months post release.

The IRS-TCFP is structured across two phases of supports as follows according to the individual's transition plan:

Phase 1: Higher Intensity Recovery Support phase up to three (3) months

During the initial higher intensity and frequency support period, individuals are supported to address their highest priority recovery needs and stabilise their daily living supports.

Phase 2: Lesser Intensity Recovery Support phase up to nine (9) months

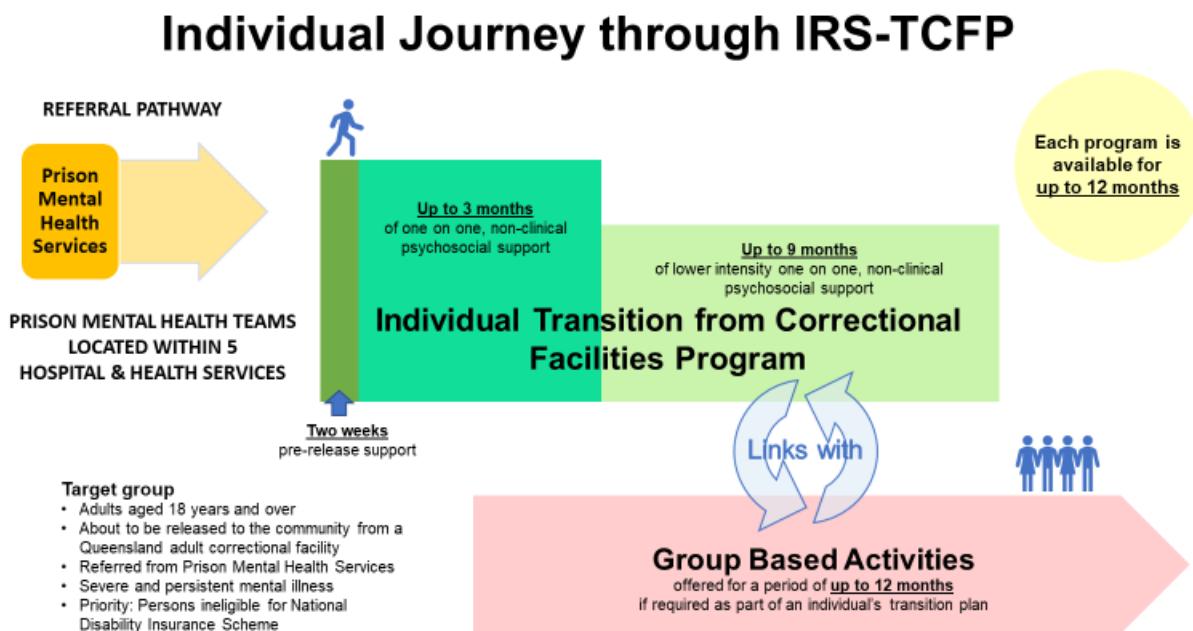
The second phase of the IRS-TCFP prioritises the achievement of medium to longer term recovery goals, psychosocial skills building, and the development of natural and community support networks at a lesser intensity and frequency.

Supports through the IRS-TCFP are informed by the Transition Plan developed by PMHS in collaboration with the NGO and the individual prior to the individual's release from the correctional facility. Once the individual is in the community any changes the NGO and individual make to the Transition Plan should occur with guidance from the relevant clinical team. PMHS will stay involved with an individual for up to two (2) weeks post release and clinical responsibility will mostly be handed over to the community mental health teams.

Individuals may be referred from this program into group based activities if it aligns with their transition plan.

Access to the IRS-TCFP is prioritised for individuals ineligible for the NDIS. It is anticipated the NGO delivering the IRS-TCFP will discuss with the individual (and clinical provider if involved) during the 12 month period whether an NDIS access request should be made

The following diagram shows an individual's journey through the IRS-TCFP



The IRS-TCFP is provided out of the following HHS where the listed correctional facilities are located:

West Moreton HHS

- Southern Queensland Correctional Centre
- Wolston Correctional Centre
- Brisbane Women's Correctional Centre
- Brisbane Correctional Centre
- Arthur Gorrie Correctional Centre
- Borallon Correctional Centre
- Woodford Correctional Centre

Wide Bay HHS

- Maryborough Correctional Centre

Central Queensland HHS

- Capricornia Correctional Centre

Townsville HHS

- Townsville Men's Correctional Centre
- Townsville Women's Correctional Centre

Cairns HHS

- Lotus Glen Correctional Centre

Activities undertaken support the smooth transition of care for the individual on release from custody and include but are not limited to:

- facilitating access to:
 - ongoing mental health treatment and general health services including assessment and services such as specialist rehabilitation
 - alcohol and other drug services
 - accommodation
 - domestic violence support services and other social and community services
 - education, vocational training and employment where appropriate
 - liaison with probation and parole if relevant.

- supporting the individual to:
 - improve daily living independence such as self-care, personal hygiene, cleaning, shopping, financial management, cooking, catching transport
 - establish and maintain housing arrangements and deal with tenancy matters
 - build and maintain family and community connections
 - connect with relevant community based services and resources according to their Transition Plan.

The service provider of the IRS-TCFP will need to develop effective and collaborative working relationships with other government and non-government organisations to ensure continuity of mental health care and other psychosocial supports from the correctional facility to the community.

This includes working with Mental Health, Alcohol and Other Drug Services provided through HHSs, Queensland Corrective Services (QCS), primary health care service providers (e.g. GPs and private psychologists), recreational facilities and other community services, vocational and education support services where appropriate, community housing providers and other community support services.

Key mental health, alcohol and other drug service relationships include:

- Prison Mental Health Services
- HHS Forensic Liaison Officers
- Authorised Mental Health Service inpatient units
- Acute Care Teams within HHS MHS
- Homeless Health Outreach Teams
- Court Liaison Service
- Alcohol and Other Drugs Services
- Mental Health Alcohol and Other Drugs Branch
- Offender/Prison Health Services.

Additionally, priorities include the IRS -TCFP being delivered:

- under a recovery oriented framework, emphasising flexibility and integration with clinical services as required
- in a manner inclusive of the perspectives of the individual and their significant others and these perspectives are also taken into account in the development, implementation, monitoring, evaluation and review of the service.

In delivering MH CSS services and to ensure integrated care for individuals experiencing a severe mental illness, it is expected that the NGOs will employ a “no wrong door” approach. This means, where an individual presents and is either not eligible for the MHCSS or may not be eligible for the NDIS that the NGO works with the individual to facilitate an appropriate and timely referral to enable supports.

Staffing and Qualifications

The MH CSS programs should be staffed by an appropriate skill mix of psychosocial support staff, with either a university or vocational qualification (e.g. Certificate IV in Mental Health or similar qualification) and appropriately qualified peer workers.

The following qualifications for staff are required:

- Senior staff - a relevant tertiary qualification
- Support staff - Certificate IV qualifications in mental health or peer support
- Peer Worker – have lived experience of mental illness and Certificate IV qualifications in peer support and/or mental health is highly desirable.

In addition, staff should:

- have knowledge and experience in the psychosocial approach and recovery-oriented practice, including a focus on strengths in mental health
- be appropriately trained, developed and supported to safely perform the duties required of them
- be trained in and able to recognise risk factors and implement strategies to manage these

- be trained in and able to recognise and respond to the deterioration in a person's mental state
- be trained in delivering culturally appropriate services
- be adequately supported and provided with regular supervision and relevant to support competency in managing the identified client group.

Reporting

Performance Measures

It is mandatory that all funded MH CSS Program providers collect and report on the performance measurement data described on the Queensland Health's Implementation of the Mental Health Non-Government Organisation Establishments National Best Endeavors Data Set (MH NGO E NBEDS) which detail service types outlined in the contractual agreements. Further details about the MH NGO E NBEDS and the data specific to funded service types online at this address:

<http://meteor.aihw.gov.au/content/index.phtml/itemId/494729>

Safety and Quality

All MH CSS must be delivered in compliance with the following Quality Standards

Accreditation Standards:

- National Standards for Mental Health Services (NSMHS), or
- Human Services Quality Standards (HSQS) - inclusive of mental health service delivery

Contact Officer

If you have any questions regarding this document or if you have a suggestion for improvements, please contact:

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