

Individuals at Risk of Homelessness Program

Mental Health Community Support Services Program Guidelines



Improvement



Transparency



Patient Safety



Clinician Leadership



Innovation



Queensland
Government

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

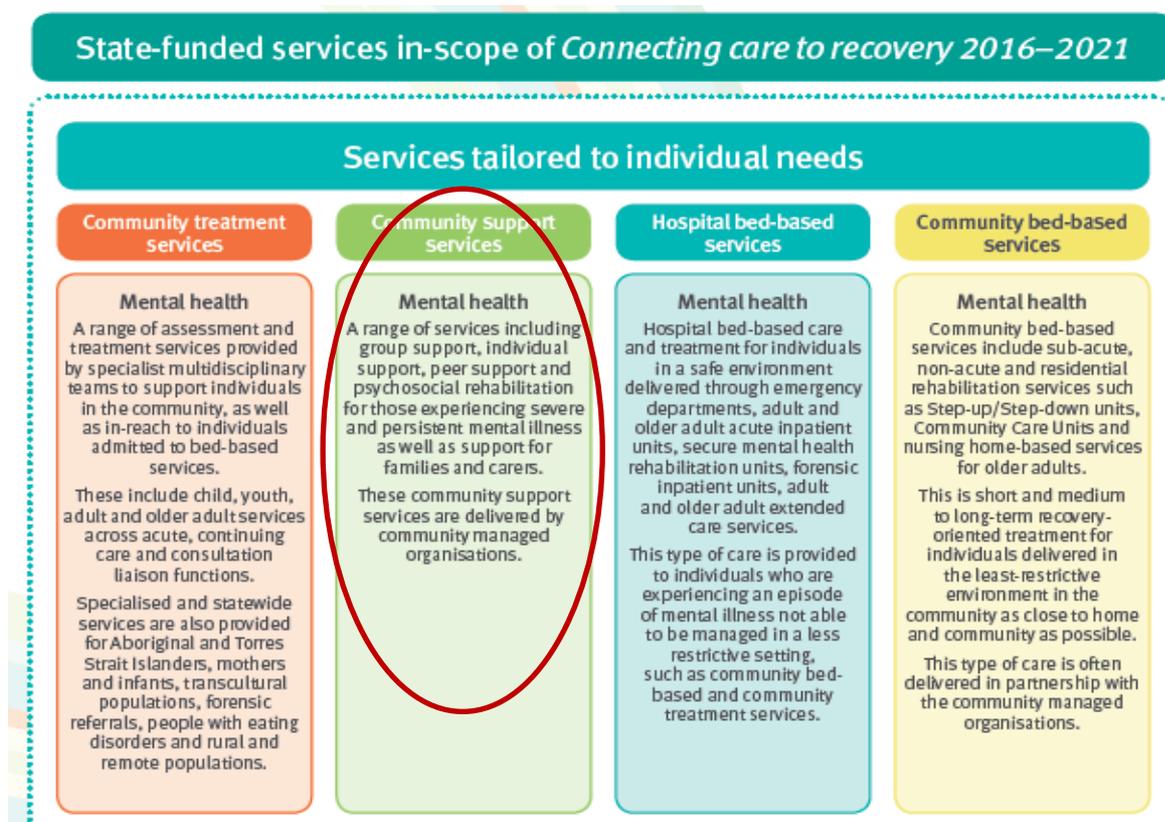
Introduction

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 MHCSS are provided. This purpose of this Program Description document is to describe the Individuals at Risk of Homelessness 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.



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 experiences 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.

Individuals at Risk of Homelessness Program

The Individual at Risk of Homelessness Program (IRHP) is for individuals

- experiencing a severe mental illness (persistent or episodic); and
- aged 18 years and over; and
- residing in a boarding house, crisis accommodation or hostel; who are
- accessing or recently (within the last three months) accessed clinical care through a HHS
- and referred by the HHS.

The IRHP is designed to offer a range of nonclinical psychosocial wraparound supports that focuses on breaking the cycle of homelessness and supporting individuals to transition to secure and stable tenancy and housing.

The IRHP is structured across two phases of supports, tailored to the care and intensity of support needed by the individual and according to the individual's recovery plan for a period of up to twelve (12) months as follows:

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 IRHP 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.

Access and Referrals

Individuals may be referred from this program into group based activities if required as part of the individual's recovery plan.

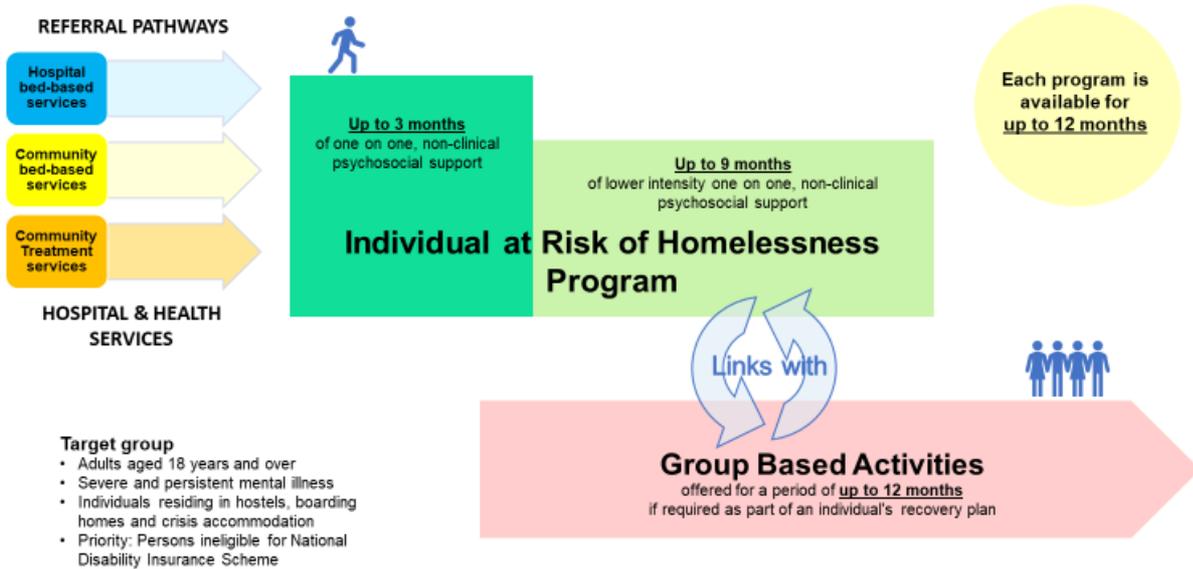
Access to the IRHP is prioritised to individuals ineligible for the NDIS. It is anticipated that the NGO delivering the IRHP will hold a discussion with the individual (and clinical provider if involved) during the 12 month period whether an NDIS access request should be made.

Individuals who are 'rough sleepers' are out of scope for this program.

The IRHP was formerly known as the Resident Recovery Program.

The following diagram shows an individual's journey through the IRHP

Individual Journey through at Risk of Homelessness Program



The IRHP is provided in the following HHS catchment areas:

- Metro North (Royal Brisbane and Women's Hospital catchment)
- Metro South HHS (Brisbane Metro area)
- West Moreton HHS
- Townsville HHS
- Darling Downs HHS.

The NGO provider of IRHP is to develop effective and collaborative working relationships with a range of key stakeholders involved in the clinical and non-clinical support for individuals.

These include Mental Health Alcohol and Other Drug Services provided through HHS, primary health care service providers (e.g. GPs and private psychologists), recreational facilities and other community services, vocational and education support services, community housing providers and other community support services.

Additionally, the program requires services to be 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 services.
- with a focus on supporting the individual to establish and maintain safe and secure housing, including strategies and skill development to improve competence in community living and managing tenancy and a healthy home environment.

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 a 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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