

Mental Health Homelessness Program



Intensive Home Based Outreach Psychiatric Disability Rehabilitation & Support Guidelines

**Mental Health Branch
October 2003**

**Mental Health Homelessness Program
Intensive Home Based Outreach Psychiatric Disability
Rehabilitation and Support Services**

Mental Health Branch – October 2003



These guidelines provide specific information for the psychiatric disability intensive outreach support services. They are to be read in conjunction with the Mental Health Homelessness Program guidelines. These guidelines replace the previous guidelines dated July 2002.

1. Background

Intensive outreach positions in psychiatric disability support services have been created to provide the necessary support for people with a mental illness and complex needs who are homeless or at risk of homelessness.

The program commenced in 2000/2001. Initially, the positions were targeted to areas where closures of Supported Residential Services (SRS) were expected. Along with the Community Connection Program, it provided an important response, assisting the assessment and relocation of SRS residents and thus preventing homelessness. The expansion has provided an important outreach response to locate and support people who are homeless and both marginalised and isolated from mental health, health and housing support.

Since 2002 in response to the Working Report of the Victorian Homelessness Strategy, most new positions have been linked to transitional housing options and have had a focus on providing a pathway for people experiencing primary and secondary homelessness into more stable and appropriate accommodation.

2. Key Service Requirements

Individual Support:

- Provide a high quality, flexible, intensive and assertive outreach support service in a manner that is suitable to culture, age and gender.
- Assist people who have a mental illness, complex needs and who are homeless to stabilise accommodation and improve their health and wellbeing.
- Work within a framework of psychosocial rehabilitation, where consumers identify the goals and direction of the support relationship.
- Develop Individual Program Plans, which reflect the consumer's goals and which assist to coordinate care and support.

Working with and supporting other services:

- Develop partnership arrangements with homelessness, housing, general health and other relevant services within the catchment area. Strong links are also expected to be established with clinical mental health services including Crisis Assessment Teams (CAT) and clinical homelessness outreach positions.
- Actively work with and support, tenancy managers to maximise housing outcomes for the client.
- Where appropriate, provide secondary consultation to proprietors of low cost accommodation settings and to Supported Accommodation and Assistance Programs to support and assist with behaviour management plans for residents.
- Assist other services in the catchment area to continually develop appropriate service structures and processes to improve their capacity to respond to the individual needs of the target group.

Standards and Quality

- Deliver the Program in accordance with the Standards for Psychiatric Disability Support Services (2000).
- Report service activity and expenditure of flexible funds to the Department of Human Services on a regular basis.



3. Eligible Target Group

People with a psychiatric disability arising from serious mental illness and complex needs who are also homeless. It can be expected that many people in the target group will also have drug and alcohol issues. The eligible target group are like to be perceived as having difficult or challenging behaviours. They themselves may have had previous negative experiences with services and be fearful of rejection or a loss of independence.

It is expected that people accessing support through this initiative will have a moderate level of disability, arising from a mental illness, which seriously impairs their ability to:

- Obtain or maintain accommodation of an adequate standard.
- Gain access to specialist mental health services.
- Gain access to mainstream and specialist health and social support services.
- Participate in community life due to challenging behaviour, isolation and exclusion from both formal and informal supportive networks such as friends and family.
- Maintain basic levels of self or home care.

In order to access the housing attached to this Program people will also be homeless and be eligible for public housing. Homelessness is to be defined as:

- Currently residing in a SAAP or THM service or shelterless.
- Having a history of transience. This includes people who have moved between Boarding Houses, Supported Residential Services and other types of accommodation on a frequent basis (i.e. has not experienced stability in any of the accommodation types).
- If currently an inpatient of a psychiatric unit and prior to the admission they were shelterless, in a SAAP or THM service, or were highly transient.

If IHBOS intend to focus of particular subgroups of the target, this should be negotiated with the Region and supported by documented rationale.

4. Referral

While the Program should not rely on referrals, referral to the service may be made from any organisation and people may self refer.

However, it is expected that for access to housing stock, referrals will primarily come from the local SAAP services and crisis shelter. For referrals not coming from the SAAP system, services need to consult with SAAP providers to determine eligibility.

Referrals and protocols should be developed with services and networks within the catchment area.

5. Service Elements and Description

5.1 Assertive Outreach

Assertive outreach means maintaining regular contact with the target group, rather than relying on contact being made with the service. It requires that the worker takes an individualised approach, is patient and persistent without being aggressive or overly intrusive.

It also includes going to, and locating, potential clients on their own ground. It may involve regularly visiting places where people with a mental illness and complex needs may reside, such as homelessness services, pension level SRSs, rooming houses and other public places where homeless people are known to be sleeping.



5.2 Intensive Support

An intensive service response means:

- A staff/client ratio of less than one to ten.
- A capacity to have contact with clients every working day (either through outreach or telephone).
- A limited extended hours service should be considered for specific clients and issues and this could be implemented by workers working flexible hours. CAT teams may provide support to program clients after hours in a crisis situation.
- Larger teams should consider providing a seven day a week service through flexible rostering.

The nature of the support will depend on client needs. However, it is expected that it will be:

- responsive and flexible to the likely changing needs of the client. It should be able to provide assistance to overcome critical episodes or pressing needs.
- goal focussed – while it is recognised that on occasion it may not be possible, or more usually will take a significant period of time, to develop an Individual Program Plan it is expected that both the worker and the client will be clear about the purpose of the support.
- needs focussed, including providing at times 'hotel' type services (meals, cleaning) when required.
- culturally, age and gender sensitive, taking account of issues of privacy.
- encouraging of individuals' participation in decisions regarding their use of services and enhancing their own capacity to manage their health and welfare needs.
- responsive to needs identified by the tenancy manager of any accommodation being used by the client.

5.3 Housing

Housing allocated under the Transitional Housing Management Program has been linked to this support initiative. This program provides tenancy support and will spot purchase or build properties, which are appropriate (close to services, public transport etc) for the target group. Support providers in consultation with the Transitional Housing Managers can negotiate the style of housing. Consideration should be given as to what type of stock will best meet the needs of clients and may include independent living units and cluster housing.

Housing is provided for sole occupancy. When more than one bedroom is available services may consider dual occupancy however the client's ability to share must be taken into account.

Under the Victorian Homelessness Strategy, THM stock allocated under for this Program will be considered for transfer to long-term community housing when the tenancy has been maintained for a year and there is evidence that it will continue. While this may result in loss of transitional housing stock to the program, if the person requires ongoing support by the team this is an appropriate outcome for the client and the program.

However, other options should also be explored, including:

- 'supported housing' or 'recurring homelessness' segment of the waiting list for public housing.
- private rental market.

The THM can assist in preparing applications for priority housing and may also be able to assist in identifying sympathetic real estate agents and one-off financial assistance for bonds and rental arrears.

**Mental Health Homelessness Program
Intensive Home Based Outreach Psychiatric Disability
Rehabilitation and Support Services**

Mental Health Branch – October 2003



5.4 Flexible Funding

Flexible funding is provided to some services. This provides discretionary funds to be used to purchase goods and services to support the consumer's needs and to assist them in securing and maintaining accommodation. The total pool of flexible funds available to a service should be accessed by all PDRSS IHBOS positions within the service.

Funding may be used to:

- Link a client into a mainstream or non mental health specialist service
- Provide assistance to overcome a critical episode or pressing need
- Pilot innovative and collaborative responses to unmet client need where service responses are insufficient
- Facilitate the engagement of a particular client or client group to a service

Funding cannot be used:

- To pay for fees for other State funded programs – eg HACC, public dental health services, PDRSS respite (if waiting times will compromise the clients wellbeing, funding can be used to purchase private services)
- For ongoing services or assistance
- To pay rent or bond unless all available sources such as Housing Establishment Fund (HEF) and Office of Housing Bond Loans for private accommodation are exhausted
- To provide food or food parcels or furniture, unless in the case of an emergency and there is no readily available material aid service in the area that can assist
- For any other purpose for which other alternative funding sources exist.

Services are required to collect data on expenditure of flexible funds under the categories outlined in Section 7, Monitoring and Data Collection. The information should be forwarded to Regions.

5.5 Community Development and Education

- It is expected that the Program will include a community development component. Services will:
- Promote the development of networks, relationships and formal protocols where appropriate with relevant service providers.
- Work with other service providers to assist them to continually develop appropriate service structures and processes to improve their capacity to respond to the individual needs of the target group.

6. Staffing Skills

Staff in the intensive outreach program team will need to:

- Demonstrate an ability to work in assertive outreach, psychosocial rehabilitation and community development frameworks.
- Demonstrate an understanding of the issues for clients living in a range of accommodation settings such as SRSs, caravan parks and rooming houses.
- Be able to work collaboratively within a small, multidisciplinary team.
- Have experience in providing comprehensive assessment, treatment and support for people with complex mental health needs.
- Understand and work within the Mental Health Act.
- Have well developed liaison, negotiation and networking skills, including the ability to develop collaborative work arrangements with a range of health, mental health and community support services.
- Understand and be able to assist in making applications for public housing.
- Demonstrate excellent problem solving skills and the ability to work autonomously and accountably.

**Mental Health Homelessness Program
Intensive Home Based Outreach Psychiatric Disability
Rehabilitation and Support Services**

Mental Health Branch – October 2003



7. Monitoring and Data Collection

7.1 Data Collection

Data for the Mental Health Homelessness Program will be collected by the PDRSS Quarterly Data Collection (QDC).

When collecting for the QDC it should also be noted:

- Hours of service (U067) is recorded under sub activity 32 Intensive Home Based Outreach
- Occupancy of linked transitional housing is indicated under (U026) Residential Setting and (U030) HBOS Nomination Rights.

Services are to collect data on use of flexible funds and forward to the relevant Region on a six monthly basis. Reports should include expenditure, number of grants made, total number of individuals assisted and the following categories:

- health care
- dental care
- household requirements
- accommodation
- other

7.2 Key Performance Measures

Measure	Annual Targets
Number of clients	To be negotiated. Number of clients will be at least five and no more than 10 per EFT at any one time.
% of Individual Program Plans completed within 2 months.	To be negotiated. Minimum is 50%.
% of people moving from less secure accommodation to more secure accommodation.	To be negotiated. Expect that minimum of 50% will move from insecure accommodation (homeless persons shelter, no accommodation, boarding/rooming houses, caravan) to more secure accommodation (supported public housing, public housing, private house/flat).
% of flexible funding spent	100%