

## **Making Links ‘Working Together – Better’ Project (for high impact service users)**

Effective cross sector approaches are an elusive goal for most health and social service providers in an often fragmented funding and service delivery environment; but remain a central aim for the Commonwealth, in particular via its Primary Health Networks, and for the Victorian Government.

This submission addresses the need for coordinated cross sector approaches in a service-provider led proposal developed to meet a fundamental need for more effective service responses for high service-impact individuals. The solution is innovative, collaborative, data-driven and outcomes focused. The cost benefits are high, both for the individual and the system.

The submission comes from the work of the *Making Links* project, established to encourage high level cross sector collaboration across the AOD, Mental Health and Homelessness sectors in the North and West of Melbourne.<sup>1</sup> The project has been running for 18 months, incorporating extensive consultation with service users, clinical staff, management, planners and the Department of Health and Human Services. The following outputs have been demonstrated to date:

- **Establishment of a 25 member cross sector project Steering Group**
- **Cross sector data collection**
- **Ongoing cross sector consultations and practitioner surveys**
- **The development of a cross sector orientation kit**

Member agencies identified a group of high impact service users with multiple and complex needs, including explicitly co-occurring AOD and mental health issues, who are homeless. Consistently, these individuals are either not linked to appropriate services or have experienced sporadic engagement with services then disengaged due to the complexity of their issues and the difficulties associated with their chronic homelessness. Analysis showed that, when services work in isolation, positive outcomes for a small group of individuals are elusive and that their service impact is high and costly. The flow on effect for these people is catastrophic, evidenced by high mortality rates in similar jurisdictions.

A comprehensive evidence base has been developed and a pilot project trialled. The learnings from these have informed a series of cross-sector forums. The resulting model will supplement the existing service response and deliver measureable savings for the combined service systems. Capacity building for all three sectors is built into the model and is an important long-term component which will leverage existing capabilities into more effective cross-sector collaborations.

### **The ‘Working Together - Better’ model**

The service model incorporates the key elements that have been shown to work in Australia and overseas. It is built on the concept of Housing First, as a foundation for the delivery of further care, and incorporates a collective impact approach to service provision, acknowledging the importance of a coordinated service response to appropriately address client needs.

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<sup>1</sup> See Attachment 1: Making Links Statement of Intent

The five key elements of a Collective Impact approach will be built into this project:

- Common Agenda
- Shared Measurement
- Mutually Reinforcing Activities
- Continuous Communication
- Backbone Support

## **Model elements**

### **Target group**

The project will support 20 of the most frequent service users of AOD, health, mental health and homelessness sectors in Melbourne's north and west. (8 clients identified by Launch Housing, with a further 12 referred by the project partners). The target group will be selected for their service impact as well as the presence of co-morbidities and homelessness.

### **Primary Client Outcomes**

1. Long-term housing stability
2. Links to services and stabilisation of contributing issues
3. Improvement in subjective wellbeing
4. Decrease in crisis driven service impacts, in particular high cost inpatient, ED, homelessness and criminal justice.

### **Housing Guarantee**

The project will house each individual in long-term affordable housing, most likely community or public housing, and permanent supportive housing where it exists. The innovative use of private rental as transitional housing will ensure all clients are housed at the earliest possible opportunity. A Housing Placement Worker will be provided by Launch Housing to secure private rental housing for the program.

### **Support**

Support to identified clients will be provided by a 'virtual team' consisting of the Support team (3 part-time case workers) and existing practitioners from across the three sectors (who are already engaged with the program clients and those identified to support the negotiated case plan).

The team will provide direct support as well as care planning and coordination. Client case plans will involve health services, clinical and community mental health services, withdrawal management, post rehabilitation support and relapse prevention services.

The project will be led by a Coordinator whose role is to support the virtual teams, supervise the support staff, act as the project liaison, monitor outcomes and data quality, and report on outcomes.

### **Authorising and coordination**

A panel of senior staff (minimum of 8 members) from the participating sectors will provide the required authorising environment by selecting project participants, supporting and overseeing the resulting case plans and monitoring and reporting on outcomes. They will also advise the Making

Links Steering Group of strategic advocacy objectives and cross-sector learnings and work closely with the Program Coordinator to create required system change.

The model relies on the cross-sector partnership to provide an authorising environment to practitioners to prioritise these clients and adjust existing caseloads as required.

### **Data and Consent**

Consent to participate and share information will be sought and participation will be voluntary. The project will utilise the SRS Client Management System hosted by the Infoxchange. The Privacy Commission has been involved in discussions about management of consent across sectors. Data sharing across the project will be supported by an Information Usage Agreement.

### **Governance**

The project will be managed by Odyssey House/Uniting Care Regen North West Melbourne AOD Service Partnership and overseen by the cross sector project panel, this project has been developed by and includes representation from across sectors.

### **Budget**

Making Links is submitting for \$500,000 per annum. A more detailed budget is attached.