Making Links Forum December 3, 2015 - Notes

1. Introduction

During 2015 the AOD and Mental Catchment Based Planners and Homelessness Networkers have undertaken an AOD/Mental Health/Homelessness project to progress the shared priorities of improving coordination and linkages across the three Sectors.

The Project has had three components:

- A one day data collection snapshot completed by all AOD/Mental Health Community Workers and Homelessness Workers in Melbourne's North and West on Wednesday 21 October
- A survey of workers: completed during October.
- A cross sector Making Links Forum

The purpose of this Making Links Forum was to bring the sectors together in order to create a shared understanding of how clients are accessing services; how each service system operates; and, to provide an opportunity to explore how to improve service coordination.

The Forum commenced with a presentation from representatives of each sector on the services provided by the sector and the client service pathways. This was followed by a presentation on the data from the one day collection snapshot and the key findings from the worker survey responses.

In small groups participants then brainstormed possible actions to strengthen service responses for shared clients using the following themes that had emerged from the worker survey:

- Systems responses/improvements
- Worker knowledge/practice improvements – working better with people with AOD/Mental health/housing issues – core competencies
- Working together to address demand – diversion, brief intervention
- Opportunities to work together with shared clients- coordination
- Shared approaches to shared clients – collaboration [Frequent service users]

The tables in section 2 of these notes contain the outcomes of this brainstorm exercise. The groups were then asked to identify up to three of their ideas, develop these further and present them to the whole group. After all the ideas had been presented, each person was asked to vote on the top three actions they most supported. They could allocate five votes to their first choice, three votes to their second choice and one vote to their third. Section 3 contains the ideas presented in the order of the votes they attracted.

At the end of the Forum a number of participants indicated their interest in being part of a working group to take the outcomes from the session forward.

2. Strengthening Our Service Response for Shared Clients – Ideas Brainstorm

Note: Each group's response is in the one cell within each table. Not all groups provided ideas across each of the themes areas. The ordering of the groups' responses within each theme is random. The order in which the responses to the themes occur is based on the number of groups who provided responses to each theme.

It is interesting to note the level of interest in shared approaches to shared clients; stronger collaboration in relation to shared clients; and opportunities to strengthen worker knowledge and development. Some of the same ideas recur across these theme areas.

a) Shared approaches to shared clients – collaboration (frequent service users)

• Collaboration in relation to developing cross-sectional relationships through professional development and secondary consultation
• Recognising that there needs to be a change in culture. Be more prepared to share resources, knowledge and experience across all sectors
	• Share data across all sectors – authorised environment
	• Ground level collaboration and higher level collaboration
	• "Collective Impact"
	• Service Coordination Care Plans by one case manager
	  • Case conferencing
	  • Consistency of approach
		• Better shared data portal/information sharing/interconnected client management systems
		  • Where we can share our high priority clients
		  • Learn from where similar programs have been rolled out in other sectors
		  • Flag raised between services
			• Similar forms/tools across all sectors – not just for individual organisations
			  • Framework
			  • Record meetings
			  • Acknowledge co-case management
			• Group work across all sectors
			  • Shared terminology
			  • Shared understanding
			  • Shared forms
			• Similar tool – i.e. CRAF
				• Partners in Recovery
				• Flexibility
				• "Whatever it takes" attitudes
				• Shared framework to identify FSU
				  • What is an FSU?
				  • All services can access this information
				• Dual diagnosis sector – colocation
				• "Multiple eligibility"
				• Multidisciplinary teams
				• Feedback post referral
				• Intake – invite other support services to intake with new clients

• AOD and MHCSS – collaborating complex needs, short-term AOD interventions, plus long-term MHCSS	• Taskforce 1000 type responses
	  • Quarterly area based panels
	  • Across all sectors, members have the authority to dedicate actual resources and time
	  • Top 100 shared clients
		• Shared case plans – utilising PIR
		• Co-location of services
			• Development of shared care plans – with work towards client ownership/management
			• Reducing the possessiveness of "our" documentation
				• Case conferences
				• Case conferencing for high needs clients

b) Worker knowledge/practice improvements – working better with people with AOD/mental health/housing issues – core competencies

• Training across all three
  • Focused on all three
  • Complexity - Practice improvement to support consistency and best practice approach to be the same across all sectors based on understanding (deep) of all three sectors
• Develop shared understanding across all three sectors and relationship building within catchment. Shared responsibility. This is a good starting point
	• Language/frame of mind/message clinicians give to clients/negative thinking
	• Using intake number as general information, not purely for referral/assessments
	• Central database [pooling all services together]
	• Feedback passed back to workers and other services involved
	• System improvement – intake systems for AOD, MH and H – communicating and integrate screening
		• Shared orientation sessions for clients with complex needs – regular/scheduled. Different sectors describe their services
		• Encourage each sector to perform the initial screen for other sectors as part of the referral process [e.g. MIND does the AOD initial screen when referring clients to AOD]
		• Combine all centralised intake into one (initial task to ask the client what service they want) and then utilise the sector tool or develop an appropriate cross-sector tool
			• Secondment/transferring between sectors in intake and assessment
			• Clear 'appeals process' to
			  • Intake and assessment (i.e. eligibility)
			  • Allocated number of sessions
			• Planners to explore data from access points in regards to those who don't continue to referred service where do they go? What is the number that declined at multiple points

• Understanding the best options or lack of options
• Care coordination, intake/assessment, referrals, terminology – all mean something different depending on where you're working
• Networking opportunities
• Understanding eligibilities
• Opportunity to debunk myths
	• How can we easily access information services
	  • By workers
	  • By clients
	  • For different services – AOD, MH, H
	  • Regional perspectives
	  • Whole of sector [i.e. across regions]
	• Shared orientation [AOD, MH, H] for each sectors new workers
		• Opportunities for workers to gain understanding of service systems
		  • Forums
		  • Orientation to services
		  • Secondary consultation
		  • Shadow opportunities
		  • Reciprocal rotations in each sector
			• Cross sector service placements and visits
			• Lead agency provides 'hub' desks for visiting agencies/workers
			  • Can see clients
			  • Research/evidence
			• Trauma informed practice across all sectors
			• Training and sharing knowledge about this complex client group

c) Opportunities to work together with shared clients – coordination

• Shared orientation sessions for clients with complex needs – regular/scheduled. Different sectors describe their services
• Encourage each sector to perform the initial screen for other sectors as part of the referral process [e.g. MIND does the AOD initial screen when referring clients to AOD]
• Combine all centralised intake into one (initial task to ask the client what service they want) and then utilise the sector tool or develop an appropriate cross-sector tool
	• Co-location/shared use of facilities
	  • E.g. what happens with Salvos and Vincent Care
	  • Builds relationships with other sectors
		• Cross-sector training
		• Spend time with each other
		• Regular training session – skill share opportunities
		• Access to each other's publications – subscribe to each other's news
		• Cross sector region specific networks
			• Services Connect?
			• Make use of cross sector experience/secondary consults to become normal approach
			• Willingness to share – change to culture of protecting domain
			• Bring all sectors together

• PIR/care coordinator role in each catchment	• Share assessments – one template • Skill development, service knowledge • Intake important • Gap in services depending on region	• Promote and utilise existing coordination initiatives – for example Services Connect, PIR, MACNI	• AOD and mental health service providers located at housing services • Services Connect type model • Colocation

d) System responses/improvements

• Providing service sector bulletins/updates to other sectors which are targeted at/tailored to workers in other sectors • Catchment based planners – developing/issuing sector updates to other sectors	• Shared consent with prompts for including all services	• Willingness to pick up clients who might be more appropriate for your service [rather than extending because already receiving a different service] • Family service specific responses – funded for that purpose	• Acknowledge other comorbidities – i.e. chronic pain • One consent form • One assessment tool	• Online publication/guide to each other's sectors • Multiple access to information on each sector – to reach all members of a community • Allow existing workers to start/complete intake and assessment on behalf of consumers	• Develop a tool that can be accessed by all stakeholders that enables up to date information about the "service system" in its entirety • One central intake that covers all human services – state based

e) Working together to address demand – diversion, brief intervention

• True sharing/integration of workspaces [beyond simple colocation]	• Understanding/knowledge of the pressures of each sector	• Interim response like IR2 in the homelessness service system to provide short term case management

f) Other – skill development/resilience building for clients

- Utopia
  - A program that focuses on skill development and resilience building for clients
  - Addressing some of the actual causes of our clients' issues
  - Each of our sectors clients share many of the same determinants

3. Strengthening Our Service Response for Shared Clients – Proposed Priorities

3.1. Introductory comments

In a brief discussion on the proposed priorities comment was made on:

- The importance of asking clients what they thought. Their views should be sought about what they think will make a difference before the priorities are determined. A number of agencies have consumer consultation structures and mechanisms that could be used.
- The importance of taking account of the existing service infrastructure. There are specific services, for instance, that have a focus on clients with complex needs such as MACNI, Services Connect and PIR [although PIR is not available in Wyndham and Hobson's Bay]. It is important to consider what is currently in existence before creating new service responses.

There needs to be some further thinking on the proposed priorities. For example, there are different proposed actions to strengthen stronger coordination of services to shared clients. The first priority – Mc Hub - suggests a physical co-location response while other ideas look to systems and processes to support improved coordination. The second most popular action proposes a different approach with the targeting of a group of shared clients and developing a specific response to the cohort.

In considering what actions to pursue, comment was made at the Forum that some things could be done now that would lead to improvement. Discerning and taking action on these will help in building on the obvious momentum of the Forum. There is support for ongoing cross sector engagement along with actions that will take time to plan and pursue. The task for the working group is to review the proposed priorities and to develop a plan of action. The group will meet in December 10 to commence this process.

3.2. Proposed Priorities

Each table at the Forum was asked to propose up to three priorities from their brainstorm list. These were then presented to the room and each person had an opportunity to vote on their top three. The proposed priorities are ordered according to how many votes they attracted.

1. **Mc Hub [102 votes]**
   - A desk space, hosting rostered practitioners from complementary services on a regular rotation. The benefits are knowledge sharing; individual clients get a wrap-around service in a timely manner; and, client centred approach. So time saving, dollar saving, efficient and satisfying.
   - Co-location with a service response that has the following characteristics:
     - Shared planning tool that meets all clients cross sector needs
     - External key worker – PIR; HOMHS
     - Central assessment point with highly skilled and highly trainers assessors with the allocation of a key worker
     - Cross sector trauma informed practice.
2. **Shared Responses [92 votes]**
   - Develop a common FSU register
   - Create area based panels to develop plans for FSU. They would meet quarterly to triage, share information and direct action
   - Target top 100 clients [like Taskforce 1000]
   - Members of the panels would have the authority, scope and resources to dedicate

- The intent is to reduce demand; address chronic needs group; and, make way for more early intervention and prevention work.

3. Shared Practice Model [71 votes]

- Develop common ground amongst the three sectors
    - Shared language
    - Holistic approach [person centred]
    - Practice guidelines
- Relationship building within catchments [networks]
- Shared responsibilities
    - defining roles
    - care planning – case conference
- Shared training to support consistency [better understanding] and best practice

4. Collaborative intake assessment and service delivery [55 votes]

- 'One stop shop' approach
- Apply principles of care coordination including clinical case meetings
- Improve resources, skill development and knowledge
- Have centralised intake across AoD, community mental health and housing and homelessness support services. In coming together they would reduce duplications of information so the client doesn't have to tell their story numerous times. [note: as long as there is client consent]

5. Communication/Information Sharing – Practical things we could do now [47 votes]

- Feedback post referral - regular updates and shared plan
- Need to identify who takes the lead in case coordination
- The first step would be to share plan

6. Reciprocal rotations for staff into other service sectors [46 votes]

- Would be a six month rotation
- Would require some resourcing. Previous DHS had provided some support.
- Particularly relevant for those working in the intake/access part of the service response

7. Brief interventions while people are on waiting lists [46 votes]

- Ensure support for all clients on waiting lists – regular contact and online waiting module that provides self-management strategies and centralised data base which captures all the services [where they are and what they offer].

8. Clients requiring multiple supports [29 votes]

- Co-case coordination, including client, meetings to enable cross sector planning
- 'Common' tool development and framework to capture meeting information and planning
- One plan with clarity regarding roles and responsibilities
- Consent regarding information is covered
- Record of meeting
- Identifies the key worker to organise/facilitate meeting and take record of meetings and distributes

9. Opportunities for workers to gain understanding of different service sectors [29 votes]

- Forums for workers
- Orientation agreements
- Secondary consultations
- Shadow opportunities
- Co-location
- Attending clinical reviews

10. Shared Consent [ROI] for information Sharing Across Service Sectors [29 votes]

11. Positive approach by workers [8 votes]

- Improve worker approach to referring clients to intake services. look at language being positive; frame of reference positive and helpful; positive motivational; and inspiring others

12. Centralised Triage [0 votes]

- Activate referral for sector specific comprehensive assessments along the model of 000 for fire, ambulance and police
- Use the learnings form Services Connect and provide a centralised case allocation function [e.g. ChildFirst] for complex clients and provide regular/scheduled orientation for new workers in each sector
- As a step out or extension to centralised triage secure flexi-funding to allow for one worker doing active case coordination [distinct form case management] and funding for client to be able to access different services

13. Shared/contemporary services information directory [0 votes]

- Defining boundaries/catchments
- Providing information on waiting lists – how to enrol/register and current wait times