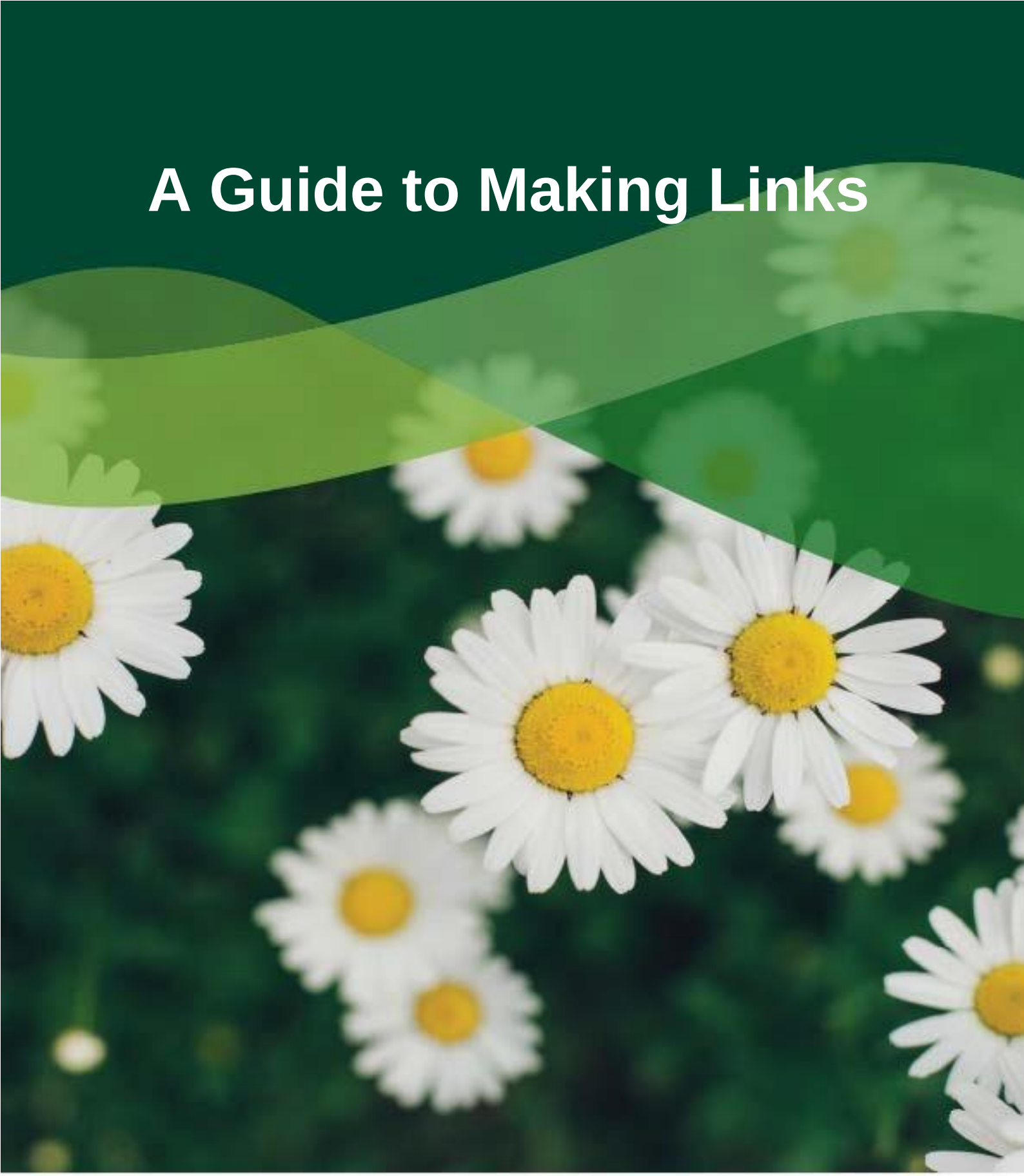
A Guide to Making Links



A coordinated project between AOD, Homelessness and Mental Health Community Support Services in Melbourne's North and West

Version 4: June 2019

NHN WHN cohealth ODYSSEY HOUSE VICTORIA phn NORTH WESTERN MELBOURNE An Australian Government Initiative UnitingCare ReGen

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Introduction

This document is intended to be a resource for workers in the AOD, mental health and homelessness sectors in Melbourne's north and west. It has been designed to help with:

- Cross sector referrals
- Providing accurate information to assist you when you're helping your clients to make decisions about services.

In all systems the need for responses exceeds supply, and service system capacity is under pressure. The format of this document identifies 'areas of difficulty' in our respective sectors and outlines 'tips and tricks' for practitioners when trying to overcome them. We have tried to be honest about wait times, durations of support and parameters for assistance, to help workers manage consumer expectations and needs.

Unless otherwise specifically stated all programs are:

- ✓ Voluntary
- ✓ Free
- ✓ Able to provide interpreters

Background

The Making Links Project is a partnership between the AOD, mental health and homelessness sectors in Melbourne's north and west. The project aims to improve coordination and linkages across these sectors for the benefit of shared clients.

In December 2015 the first Making Links forum was held, bringing sectors together to create a shared understanding of how clients access services, how each service system operates and provide an opportunity to explore how service coordination could be improved.

To assist with this an orientation kit was developed and has since been updated.

As part of this project we surveyed practitioners in each sector, conducted consultation forums and have set out to design responses in line with priorities raised. **Access to clear information about how each sector operates was identified as an area of specific need.** This Orientation Kit is a response to that request.

If you are aware of any inaccuracies in the document, or of any information that requires updating, please contact:

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How you can use this document

This manual is broken up by service system within each sector.

Each system is divided into four parts: Eligibility, Access, Service Pathway, Service Types.

ELIGIBILITY

How do you know this service system is right for your client?

ACCESS

How do you get your client in to this service system?

SERVICE PATHWAY

What will happen/What is the journey you and your client can expect?

SERVICE TYPES

What are some of the options that might be available for your client?

Within each section, we have addressed a couple of subcategories based on cross-sector consultations that have been carried out.

Things that can be difficult:

These are aspects of the service that have been identified as challenging when trying to ensure that client needs are responded to appropriately.

Tips and tricks:

These are actions you or your client can take to help streamline the process and ensure that their needs are met as best as possible.

INSERT TAB 1: Northern and Western AOD Services

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Section 1: North and West Melbourne Alcohol and Other Drugs (AOD) Service System

Since the reform of the AOD Sector in 2014, Odyssey House Victoria and Uniting ReGen have been working in partnership with a range of local community health and welfare organisations to deliver treatment services across North and West metropolitan Melbourne.

Each catchment has its own telephone number. The number for the North and West Metropolitan Region is 1800 700 514 (free call). Further information regarding treatment services in other catchments can be found by contacting Directline on 1800 888 236 (24 hour service).

Catchment areas

The North and West catchments are presently made up of the following LGAs:

- **Inner North** comprising Melbourne, Yarra, Moonee Valley and Moreland
- **North** comprising Darebin, Banyule, Whittlesea and Nillumbik
- **North West** comprising Maribyrnong, Brimbank, Melton and Hume
- **South West** comprising Wyndham and Hobsons Bay

Sometime during the second half of 2019 these catchment boundaries will be realigned as follows:

- **Western** comprising Wyndham, Hobsons Bay, Maribyrnong, Moonee Valley and Melbourne
- **Brimbank/Melton**
- **Hume/Moreland**
- **North East** comprising Whittlesea, Nillumbik, Darebin, Banyule and Yarra

Secondary consultation

If you require secondary consult support about the medical management of a client in need of AOD treatment, contact the Drug and Clinical Advisory Service (DACAS) on 1800 812 804. DACAS provide a 24 hour, 7 days a week specialist telephone consultancy service available to health professionals across Victoria. All calls are answered by experienced clinicians based at Turning Point Alcohol and Drug Centre and forwarded to addiction medicine specialists where required.

Otherwise, secondary consultation support is available via Directline on 1800 800 236 (24 hours, 7 days a week).

Alternatively you may wish to speak with a Clinical Consultant located in one of the catchment-based intake services in Melbourne's North and West. Call 1800 700 514 during business hours for assistance.

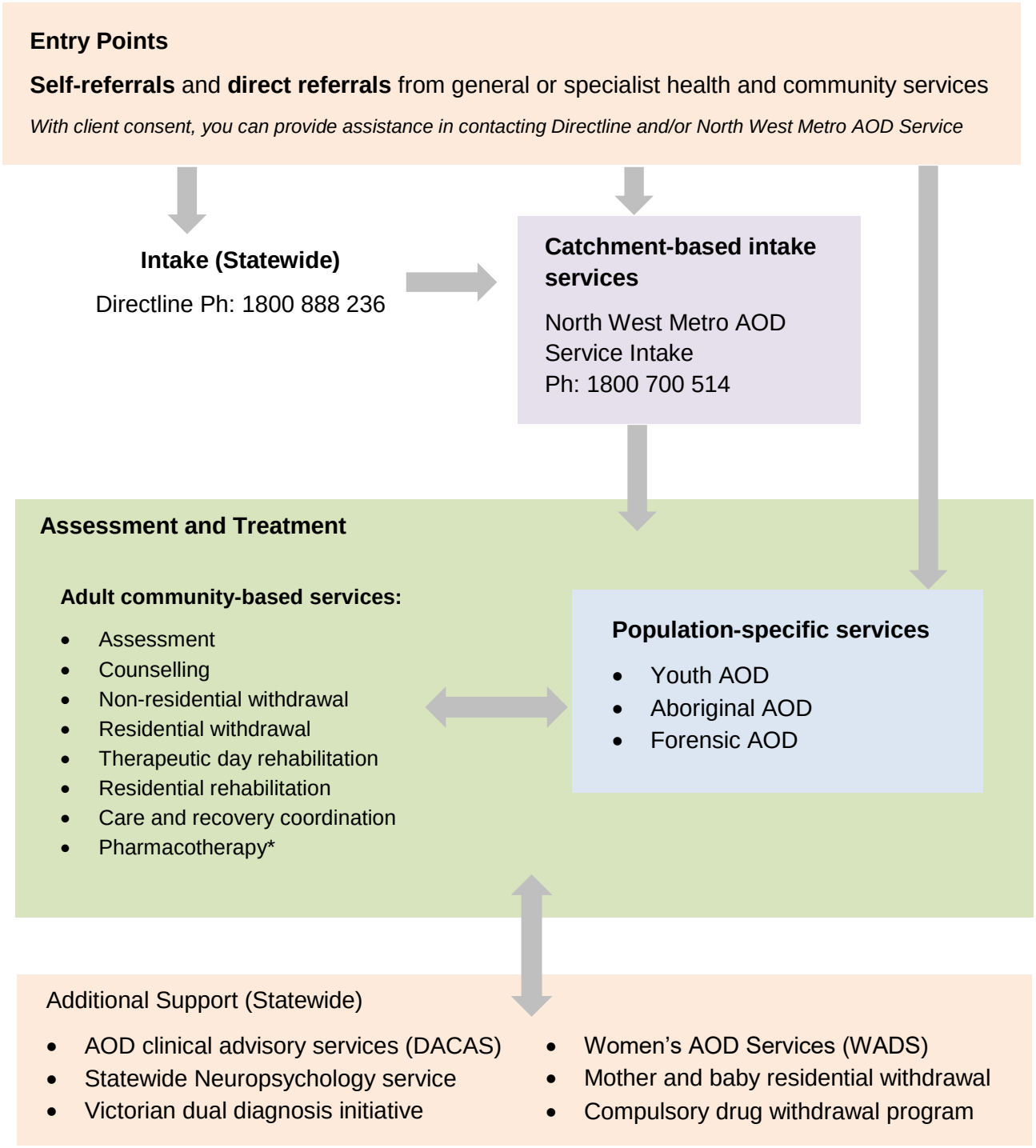
Specialist services

If your client is pregnant, the Women's Alcohol and Drug Service (WADS) is the only statewide drug and alcohol service providing clinical and professional support for pregnant women who present with complex substance use issues. Ph: (03) 8345 3931.

If your client is ordered by the Court to attend treatment they will be referred to services via ACSO COATS http://coats.acso.org.au/

Community Offender Advice and Treatment Services (COATS) is a statewide intake, assessment and referral service that administers both State and Commonwealth funded treatment pathways for clients in contact with the Justice System. ACSO is contracted to deliver specialist forensic AOD assessments, treatment planning and brokerage (including purchase of) AOD treatment for consumers referred from the criminal justice system, establishing a link between justice and drug treatment services.

1.1 What to expect from AOD services



*Clients accessing pharmacotherapies can be referred directly to community-based pharmacotherapy providers by contacting Directline, without having to contact catchment-based intake services.

With client consent, AOD services can share client information with other services who are involved in providing care.

1.2 AOD Youth Services

ELIGIBILITY

How do you know this service system is right for your client?

The client is aged up to 21 years and has a substance dependency issue or is a recreational/regular user who is at risk. YoDAA (Youth Drugs and Alcohol Advice) will advise you of your client's eligibility for service. Ph: 1800 458 685, www.yodaa.org.au

Services may also assist loved ones impacted by the dependency issue.

ACCESS

How do you get your client in to this service system?

Call YoDAA on 1800 458 685 or go to their website. You will then be referred to the appropriate local agency. Young people 16 and over are eligible to attend services designed for adults (See AOD Adult Services, Section 1.3).

The Youth AOD sector does not operate a central intake system. There can be multiple providers in a region.

Things that can be difficult:

If the client has difficulties using the phone, they can drop in to the local service where each provider operates its own intake and assessment process. It's important to note that assertive outreach support is a hallmark of the youth AOD sector.

Tips and tricks:

If your client is from an Aboriginal background they can be referred to a specific Aboriginal service or worker in the region. We will then engage with the client in collaboration with the Aboriginal service.

SERVICE PATHWAY

What will happen/What is the journey you and your client can expect?

The clinician will work with the client to develop a suitable individual treatment plan. This plan will include AOD and on-AOD treatments that are important for their recovery and/or harm reduction.

Things that can be difficult:

Wait times for residential services can be unpredictable. For clients requiring residential rehabilitation, their residential withdrawal will commence immediately prior to their rehabilitation admission. This means that they need support to keep them engaged and well during their wait.

Tips and tricks:

Youth services try to be as supportive as possible of their young people, shaping treatment to ensure engagement as much as their service's funding model permits. They are accustomed to engaging with workers from different sectors and will be keen on ensuring that they work in conjunction with you.

SERVICE TYPES

What are some of the options that might be available for your client?

Common service types include: counselling; outreach; case management; residential withdrawal and rehabilitation; needle exchange; medical clinics; co-location with mental health services; day programs; e-support; self-directed help.

Not all treatment types are offered by each service. Liaise with the relevant service in your catchment about the various treatment types available, and whether the preferred treatment may require transport to another catchment. Further information about service types can be found throughout this section.

1.3 AOD Adult Services

ELIGIBILITY

How do you know this service system is right for your client?

Adults engaged in problematic substance use. Services also support family members and significant others.

Things that can be difficult:

The client needs to be screened to assess eligibility for state-funded AOD services. If they do not meet the threshold for dependence and thus treatment, they will be referred to other appropriate services/treatment.

Tips and tricks:

If clients are anxious about calling intake you can support them by making the call with them. Explain to them that subsequent to screening they will be referred to an AOD service provider for their comprehensive assessment.

ACCESS

How do you get your client in to this service system?

To access all state funded services, call Central Intake on 1800 700 514.

Your client can do this themselves, or you can help to make the call on their behalf.

Tips and tricks:

If the client has difficulties using the phone, they can drop in to one of the North and West Metro AOD service sites or at any other AOD State-funded service site and do a face-to-face screen. Eligible clients will then be referred to an agency to undergo a comprehensive assessment. To facilitate the intake process, the clients are able to complete, alone or with you, the Victorian AOD self-completion form. https://www2.vic.gov.au/about/publications/FormsAndTemplates/victorian-aod-self-completion-form

If your client prefers to drop in to a site for screening, these are regional sites for the North and West Metro AOD Service:

- Level 1, 202 Nicholson Street, Footscray
- 2 Market Road and 40 Synnot Street, Werribee
- 26 Jessie Street Coburg (self-completed screeners at any time, assessments dependent on staff availability)
- 349 Bell Street, Preston
- North Richmond Community Health (Mondays and Tuesdays): 23 Lennox Street, Richmond

ACCESS

- 21 Alamein Road, West Heidelberg
- 660 Bridge Road, Richmond

If access is an issue it is possible to arrange for an offsite screen and assessment. Call Central Intake to enquire about the options.

Aboriginal and Torres Strait Islander clients

If your client is from an Aboriginal background they can either contact our service directly or via one of the local Aboriginal services. We will then engage with the client in collaboration with the that service.

Young people

If your client is aged between 16-25 years old they are also eligible for youth AOD services. These do not have a central intake and assessment service. The best starting point is to contact YoDAA (Youth Drugs and Alcohol Advice) on 1800 458 685. They will then advise on the best referral pathway (See Section 1.1).

Pregnant clients

The Women's Alcohol and Drug Service (WADS) is the only state-wide drug and alcohol service providing specialist clinical services and professional support to care for pregnant women with complex substance use and alcohol dependence. Ph: (03) 8345 3931. It is important to note that upon receipt of a referral WADS may redirect the client to an antenatal service operating in a local maternity hospital.

Forensic clients

If your client is ordered by the court to attend treatment they will be referred to services via the ACSO COATS program http://coats.acso.org.au

The North and West Metro AOD Service does not exclude people facing legal processes.

After Hours Phone Support: DirectLine, 1800 888 236, 24 hours, 7 days a week

SERVICE PATHWAY

What will happen/What is the journey you and your client can expect?

1. Initial screen to determine eligibility (10 minutes)
2. Comprehensive assessment to develop an Individual Treatment Plan (90 minutes)
3. Clinical review
4. Referral to appropriate AOD and non-AOD treatment services. Note that residential services (withdrawal and rehabilitation services) may not be local

Things that can be difficult:

Wait times for treatment, particularly residential rehabilitation, can be substantial (between 1-3 months). For clients requiring residential rehabilitation completing a withdrawal episode prior to admission is a requirement. This means they will need support to keep them engaged during the waiting period. Note that residential rehabilitation is not free of charge, with services typically receiving a proportion of the client's Centrelink payment.

Tips and tricks:

For those clients waiting for a residential rehabilitation admission you can coordinate with the regional AOD Intake and Assessment Service to ensure that the client can effectively engage with the residential service's pre-admission support groups.

SERVICE TYPES

What are some of the options that might be available for your client?

1. **Counselling:** provided on a one-to-one basis as well as in group settings. Can be provided as a brief intervention (over the short term) or as longer term therapy. Involving one or more counselling styles (e.g. Cognitive Behavioural Therapy, Motivational Interviewing and Narrative approaches). Available to voluntary and mandated clients, as well as family members and significant others.
2. **Care and Recovery Coordination:** for people with complex needs, care and recovery coordination is available to navigate treatment and provide support if clients are waiting to access treatment. It also supports a person transitioning out of intensive treatment to access other services which can assist with their wider health and wellbeing needs, such as housing, training, education and employment, or other support which can assist in preventing relapse.
3. **Overdose prevention program:** an intensive outreach program bridging support and continuity of care to clients at high risk of overdose.
4. **Therapeutic day rehabilitation:** intensive, non-residential programs which aims to address the psychological causes of AOD dependence. Programs are highly structured and include a range of components (including but not limited to psychosocial therapies, relapse prevention, wellbeing and nutrition and linkage support to access other services/supports). Programs typically run for approximately 5-6 weeks.
5. **Non-residential withdrawal:** medically assisted, nurse facilitated withdrawal or reduction in the client's home. Support provided on an outreach basis (via home visits) or whilst the client attends a drug treatment service as an outpatient. Suitable for clients living in stable home settings with access to support.
6. **Residential withdrawal:** 24-hour supervised residential care for clients while they withdraw from one or more substances, where clients are generally provided medication on a sliding scale. Delivered in purpose built residential facilities or hospital settings. Withdrawal units are staffed by nurses and other support staff. The average length of stay is 7-10 days.
7. **Residential rehabilitation:** structured residential program where clients live in residential communities for extended periods (generally between 1-12 months), with the focus on addressing the psychosocial causes of AOD dependence.
8. **Specialist dual diagnosis residential rehabilitation:** supports clients who may be experiencing a higher severity of mental health symptoms combined with AOD dependence. These services deliver targeted interventions to address the multiple complexities faced by clients with co-occurring AOD and mental health needs.
9. **Pharmacotherapy:** substitution pharmacotherapies used in the treatment of opiates, alcohol and nicotine. Examples include methadone, Subutex and Campral. Prescribed by accredited GPs and accessed through selected pharmacies.

SERVICE TYPES

Things that can be difficult:

- Limited staffing results in limited after hours service.
- **Day rehabilitation program requires** clients to be in stable accommodation and commit to not attend whilst substance affected. Clients also need to commit to attending the entire program.
- **Non-residential withdrawal requires** clients to be in stable accommodation and receive support from family and/or friends to assist with their withdrawal.
- **Residential rehabilitation can be a long wait** until admission. The wait time can vary depending on their age, gender and whether they need to be accommodated with their children.

Tips and tricks:

Coordinate with the AOD treatment provider to ensure that the client's total needs are being met.

Allow for possible pauses in your work with the client if they are engaged in residential services or an intensive day rehabilitation program.

If clients are unhappy with the North and West Metro AOD Service and wish to complain, their first point of contact should be with their service worker. After that they can contact the Catchment Manager.

Alternatively, they can go online to the agency's website and register a complaint.

Insert Tab 2: Northern and Western Homelessness Services

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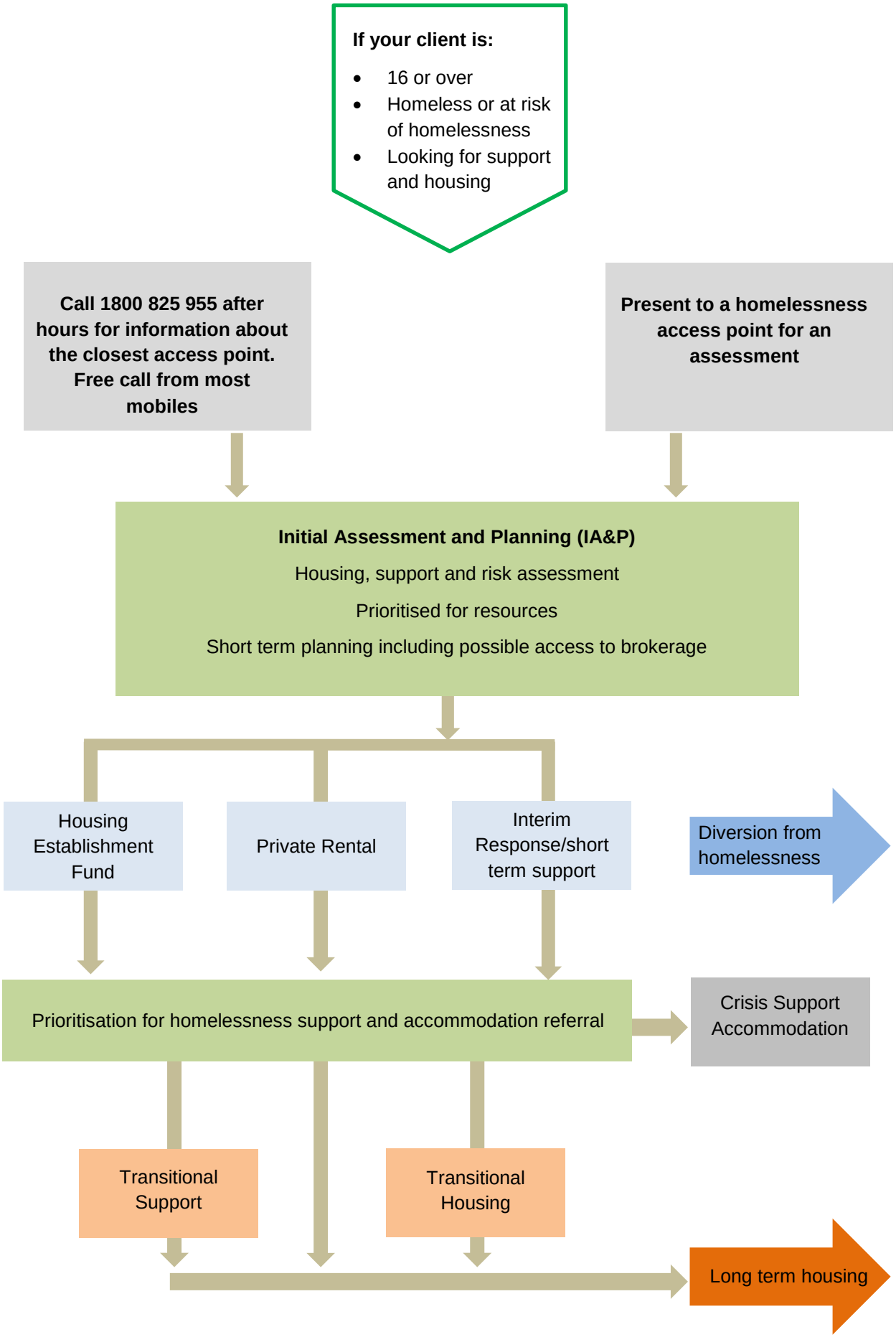
Section 2: North and West Melbourne Homelessness Service System

Homelessness Access Point catchments:

Note: See 2.1.1 and 2.1.2 for homelessness access point contact details.

For additional information about the homelessness service system in Melbourne's north and west see http://www.nwhn.net.au/Home.aspx


If your client is:
16 or over
Homeless or at risk of homelessness
Looking for support and housing
Call 1800 825 955 after hours for information about the closest access point. Free call from most mobiles
Present to a homelessness access point for an assessment
Initial Assessment and Planning (IA&P)
Housing, support and risk assessment
Prioritised for resources
Short term planning including possible access to brokerage
Housing Establishment Fund
Private Rental
Interim Response/short term support
Diversion from homelessness
Prioritisation for homelessness support and accommodation referral
Crisis Support Accommodation
Transitional Support
Transitional Housing
Long term housing

2.1 Homelessness Services

ELIGIBILITY

How do you know this service system is right for your client?

Someone over 16 years old who is homeless, or at risk of homelessness who is looking for some support to find housing and address any issues that might hinder housing stability.[1]

Please also note:

1. A range of specialist family violence services and Aboriginal services are funded within the homelessness sector. See 2.1.1 and 2.1.2 for information about access to these services.
2. By law homelessness services cannot support people under 16 years of age, unless they are accompanying an adult who is seeking homelessness assistance.

Things that can be difficult:

There are many more people seeking homelessness assistance than the system has the capacity to assist.

Melbourne is experiencing a housing crisis so there is very limited affordable housing available.

Tips and tricks:

Provide clients with realistic information about the housing crisis and limited range of options. You can get very good information about housing options from the Office of Housing website: housing.vic.gov.au

ACCESS

How do you get your client in to this service system?

- Referral to most homelessness resources occurs through a Homelessness Access Point
- Visit a Homelessness Access Point service for an initial assessment of need (see 2.1.1 for access point contact details and for information about family violence specific services).

  Or, if you can't find the local access point, ring 1800 825 955, 24 hours a day. During the day the caller will be given the contact details for the Homeless Access Point closest to you. After 5pm, St Kilda Crisis Centre answers the 1800 number and provides a statewide after hour response.
- For a full list of homelessness and family violence access points around the state, see: http://services.dhhs.vic.gov.au/getting-help
- See 2.2.1 for a list of specialist homelessness services which can be contacted directly, without going through an access point.

ACCESS

Things that can be difficult:

- Each access point works differently. Some offer a drop-in service where people wait to be seen by an intake worker on a first-come, first-served basis. Others require you to make an appointment in order to be assessed.
- Clients may not be seen on the day they present to the access point and may need to re-present the following day.
- An appointment at an access point does not guarantee access to emergency accommodation.

Tips and tricks:

- The address on the client's health care card does not determine where the client can get a service – it is their choice.
- It is generally better to present at the access point and the earlier in the day the better. You can attend with your client.
- If the situation is urgent, go to the local access point. If it is not immediately urgent, you can ring the local access point and ask if it is better to book an appointment or drop in. If presenting is difficult, you can request a telephone assessment, (note, though: there may be a delay of several days as the services have to prioritise those people who are waiting at the service).
- Young people (up to 25 years) can visit Frontyard Melbourne Youth Support Service (MYSS) at 19 King Street, Melbourne, for homelessness assistance and a broad range of other services (See 2.1.1).
- Only ring the 1800 number if you cannot find your local access point. If your client is ringing on a mobile phone we can only ensure a free call if they have Telstra, Vodafone or Optus accounts. Clients can ask for a call back to reduce the cost of the call.

SERVICE PATHWAY

What will happen/What is the journey you and your client can expect?

1. An initial assessment and planning (IAP) worker will assess and prioritise people for access to homelessness resources according to their level of housing need, support need and vulnerability.
2. The IA&P worker will provide information on housing options and assist an individual or household to do some short term planning.
3. Access points have some capacity to refer to crisis accommodation services and have limited funds to assist people to pay for temporary accommodation in private accommodation such as local hotels and rooming houses.
4. The access point keeps a list of all the individuals/households who need homelessness assistance and will match them to vacancies that arise.
5. As accommodation or support becomes available, clients are best-matched and referred to each vacancy.
6. If the access point has capacity, they will keep in touch with people on the prioritisation list (this telephone catch up is referred to as Interim Response 1).

SERVICE PATHWAY

Things that can be difficult:

There are so many people waiting for assistance that the time available for planning may be limited.

Tips and tricks:

1. **Information you can provide:**

- Some access points will accept an initial assessment/background information emailed in from a support worker to assist in planning and assessment. You can ring the access point to find out whether they are prepared to forward you an IAP assessment form to complete with your client.
- Forward a hospital discharge summary or a family violence safety plan to the access point if you client has one.
- If you have the capacity to continue to support a client, encourage them to let the access point service know. The IA&P worker will want to know whether you have capacity to support your client if they get access to transitional housing, or whether the client also needs access to a support worker.
- You or your client should provide updates to the access point service if their situation or contact details change.

2. **Accessing resources from other areas:** If your client wants to be on the prioritisation list for resources in a different area and has had an initial assessment at another access point, you can ask that the first access point email the Initial Assessment and Plan (IAP) document to the second access point so that your client doesn't have to present there for an appointment. Once the IAP has been transferred the client will be included on the new prioritisation list. Any further client updates should be sent to the new access point.

3. **Limited resources:** Advise clients that homelessness services have very limited resources and that even those assessed as being the highest priority still have to wait for resources to become available (sometimes for months).

4. **Concerns about sharing information**: Information is only transferred with consent and people can identify any services that they don't want their information transferred to. The access point will make contact with the client before sending client information to a service with a vacancy. The Access Point services rarely have capacity to provide updates to allied services about the outcomes of an IAP interview but the client can ask for a copy of their IAP assessment.

SERVICE TYPES

What are some of the options that might be available for your client?

1. **Short term assistance (Brief Task Based Response):** this is a form of very short term support to either help divert clients away from the homelessness service system where appropriate or contain acute rises until more appropriate resources become available. Support is provided through 1-6 contacts and is focused on assisting the client with a specific task.

Things that can be difficult:

Brief Task Based Response (BTBR) was developed because there are so many people waiting for homelessness assistance.

It can be difficult for clients to understand why this response is so limited, rather than being holistic.

It is a 'stop gap' response for clients who are waiting for more holistic case management support. BTBR capacity is different in each catchment.

Tips and tricks:

Encourage clients to identify if there are some particular things that they would like assistance with in the short term.

2. **Crisis supported accommodation:** short term supported accommodation (average of six weeks) for people in immediate crisis who require intensive support. Examples include youth refuges, women's refuges and services such as Ozanam House and Flagstaff.

Things that can be difficult:

Clients do not get a chance to see the accommodation before they are referred. Beds in crisis supported accommodation services are very limited.

Services can't hold beds in crisis services.

Residents must engage in case management support.

Tips and tricks:

The access point workers can provide some information about the service and it is a good idea to have a telephone conversation with someone from the service before going there to get a sense of the service.

3. **Housing Establishment Funds (HEF):** financial assistance to support people to either access or maintain private rental, and also provide short term (usually overnight) accommodation for people in crisis who are homeless or at risk of homelessness.

SERVICE TYPES

Things that can be difficult:

HEF may not cover the entire cost so clients may be required to make a contribution.

Sometimes there is no HEF available. Services will try to access other sources of funding to assist.

Some services have limits on how much HEF they can provide to an individual in each year.

The standard of hotels and rooming houses that homelessness services can 'purchase' are often not safe or adequate. Services are limited in the number of nights accommodation they can purchase.

Tips and tricks:

Access point services often enter into co-payment arrangements with families so that they have capacity to purchase more accommodation (on a per night basis).

4. **Private rental brokerage (PRB) / Private Rental Access Program (PRAP):** funds to assist households to establish or re-establish in the private rental market. Funds are generally available through the access point and family violence entry point services. You can call VincentCare, SASHS and Launch Housing to ask to speak directly with a PRAP worker.
5. **Family Violence Flexible Funding:** flexible support packages are available to women who are planning to leave a family violence situation and who are supported by a case worker, or whose case plan involves managing having left a family violence situation.

   Packages of up to $10,000 are available for: removals, re-establishment, counselling, and assistance to enter study or the workforce, safety alterations to a house. Contact Women's Health West (West), Kildonan Uniting Care (Hume/Moreland) or Anglicare Victoria (North East) for more information.
6. **Transitional support:** case management support to assist people to find appropriate housing and address any issues that have contributed to their experience of homelessness. Services are generally provided on an outreach basis for an average of three months.

Things that can be difficult:

Limited capacity: workers are generally supporting 12 individuals or 7 families at any one time.

SERVICE TYPES

7. **Transitional housing: Medium-term accommodation** (4-18 months) in which residents enter into an occupancy agreement subject to the provisions of the Residential Tenancies Act (RTA).

Things that can be difficult:

Fewer than 1 in 50 of those seeking transitional housing will be able to access it. Anyone who is accommodated in transitional housing must have a support worker assisting them to explore their long term housing options. There is a lack of 1 and 2 bedroom properties so single people are less likely to access transitional housing.

Tips and tricks:

If you have capacity, you can support a client in transitional housing. If you do not have capacity to provide ongoing support, advise the access point service that your client is seeking support from a homelessness service.

The Transitional Housing Management (THM) service can provide you with a copy of the *Housing and Support Partnership Agreement* that outlines the roles and responsibilities of tenants, support workers and housing workers.

8. **Long term housing options:** Social housing (public and community housing) is managed by both the Department of Health and Human Services and community housing providers).

Tips and tricks:

- The Victorian Housing Register (VHR) provides one list for anyone waiting for access to public or community housing. As a support provider you can assist clients to apply for long term social housing through the VHR
- Clients need to apply for public housing through 'My Gov: https://my.gov.au/mygov/content/html/about.html
- Agencies can assist clients to submit applications for public and community housing if they have registered with DHHS to receive an EPRIN number through the DHHS ebusiness website: https://hns.dhs.vic.gov.au/
- For information about the Victorian Housing Register online application for organisations, see:

  http://www.dhs.vic.gov.au/funded-agency-channel/about-service-agreements/program-requirements,-guidelines-and-policies2/victorian-housing-register/victorian-housing-register-online-application-for- organisations
- For updates on the development of the register and information about how to apply to social housing, see: http://www.housing.vic.gov.au

2.1.1 Additional Information about North and West Melbourne's Homeless Access Points

	SERVICES	PHONE NUMBER	ADDRESS
Northern and Western Metropolitan Melbourne Homelessness Access Points			
North	Haven Home Safe	(03) 9479 0700	52-56 Mary Street, Preston
	Launch Housing	(03) 9288 9611 / 1800 048 325	68 Oxford Street, Collingwood
	VincentCare Victoria, Northern Community Hub	(03) 9304 0100	175 Glenroy Road, Glenroy
West	Unison	(03) 9689 2777	112-122 Victoria Street, Seddon
	Unison outpost: Werribee	(03) 9216 0300	*Level 1, 1-3 Watton St, Werribee*
	SASHS Western	(03) 9312 5424	6/147 Harvester Road, Sunshine
	SASHS outpost: Melton	(03) 9747 7200	*232 High Street, Melton*

Northern & Western Metropolitan Melbourne Family Violence Entry Points		
North	**Berry Street Family Violence Services** Provides a range of support services to women and their children who have experienced family violence in the northern metropolitan region of Melbourne. Berry Street will assist women and their children to remain safely within their community wherever possible and maintain a life free of violence, while also addressing their emotional and practical needs and issues arising from the violence.	Ph: (03) 9450 4700 Email: dvointake@berrystreet.org.au Website: www.berrystreet.org.au/family-violence/northern In the North East you can access the Orange Door www.orangedoor.vic.gov.au
West	**Women's Health West** Women's Health West assists women and children affected by family violence in the western metropolitan region of Melbourne. Outreach support workers provide free face-to-face or telephone support by giving you information and assistance that may help you decide for yourself what to do. Link to 'My Safety Plan' booklet: whwest.org.au/wp-content/uploads/2012/05/Safety_Plan2.pdf	Ph: (03) 9689 9588 Website: whwest.org.au

STATEWIDE HOMELESSNESS ACCESS POINTS		
Safe Steps Family Violence Response Centre 24-hour family violence response line for women and children experiencing family violence. You can contact Safe Steps if a woman is in immediate danger, otherwise it is best to contact Berry Street or Women's	Ph: (03) 9322 3555 or toll free 1800 015 188 (not free from mobile) Website: www.safesteps.org.au	Phone access only – 24 hours, providing online support and referral to family violence

Health West for a local response. Safe Steps is the referral point in to the women's refuges.		services
Frontyard Melbourne Youth Support Service Melbourne Youth Support Service (MYSS) is a statewide homelessness access point service for young people aged from 16 to 24 years, providing information, short term support and referral for young people who are homeless or at risk of homelessness. MYSS is based at Frontyard Youth Services in the CBD with a range of co-located youth services including health, law and education programs.	Ph: (03) 9614 3688 Website: http://www.melbournecitymission.org.au/services/homelessness-justice/young-people-25- years/	19 King Street, Melbourne Mon-Fri, 9am-8pm Weekends and Public Holidays 10am-6pm
Women's Housing Ltd Provides housing information, transitional and long term housing for women.	Ph: (03) 9412 6868 womenshousing.com.au	Suite 1, Level 1, 21 Cremorne Street, Cremorne
IA&P workers in prisons and Youth Justice IA&P Initial assessment and planning (IA&P) workers are funded to support people exiting prison and leaving Youth Justice Centres. **Link to Protocols supporting these arrangements:** http://www.nwhn.net.au/admin/file/content2/c7/Final%20Prison%20Exit%20Protocol%20June%2010_1424218150425_1540035913942.pdf **and** http://www.nwhn.net.au/admin/file/content2/c7/Youth%20Justice%20access%20to%20HSS%20protocol%20250814.pdf		You can access the Youth Justice Homelessness Assistance Service through the VincentCare Northern Hub on: Ph: (03) 9304 0100

2.1.2 Homelessness Services in Melbourne's North and West that can be accessed directly

Aboriginal services

- **Elizabeth Morgan House Aboriginal Women's Service:** support for Aboriginal women or other women involved with Aboriginal men experiencing family violence, Ph: (03) 9482 5744, www.emhaws.org.au
- **Marg Tucker Hostel for Girls:** accommodation service for young women; Fairfield, Ph: (03) 9482 1161, margarettucker.org.au
- **Bert Williams Aboriginal Youth Service:** crisis accommodation service for young men;
  Case management service for Indigenous men who use violence, Thornbury, Ph: (03) 9484 5310, www.vacsal.org.au/programs/bert-williams-center.aspx
- **WT Onus and George Wright Shelter for the Homeless – Aboriginal Hostels Ltd:** Northcote, Ph: (03) 9489 6701, www.ahl.gov.au (ring first to check that the service is taking referrals)
- **Indigenous Tenancies at Risk program**: based at Aborigines Advancement League; Thornbury, Ph: (03) 9480 7777

Referral pathways generally from other service systems

- **Brosnan Youth Services:** service for young people exiting or who have had contact with the Youth Justice System; Brunswick, Ph: (03) 9387 1233, www.jss.org.au/what-we-do/justice-and-crime-prevention
- **ACSO McCormack Post Release Service:** response for people exiting prison who experience complex mental health issues; Abbotsford, Ph: (03) 9413 7000, www.acso.org.au/what-we-do/community/ forensic-residential-services
- **Flat Out:** Case management and advocacy through outreach support to women who have left prison; Ph: (03) 9372 6155, www.flatout.org.au
- **The Salvation Army Adult Services – SANS:** provides intensive support to homeless men and women who have, for the most part, been excluded from the mainstream and homeless service system. This program gives priority to people who have histories of long term homelessness and limited, if any, other options for accommodation and support, Ph: (03) 8371 7800, www.salvationarmy.org. au/Find-Us/Victoria/Adult-Services/Programs-and-Services/Outreach-and-Support-Programs
- **The Salvation Army Adult Services – PLACES:** short term support and advocacy for people Living in unsupported and marginalised living options such as squats, sleeping rough, rooming houses and caravan parks in the inner west metropolitan region, Ph: (03) 8371 7800, www.salvationarmy. org.au/Find-Us/Victoria/Adult-Services/Programs-and-Services/Outreach-and-Support-Programs
- **Wombat Housing and Support Service Single's Program:** support program for people living in rooming houses in the inner west; North Melbourne, Ph: (03) 8327 2222, www.wombat.org.au

Other homelessness services with a unique role

- **Caroline Chisholm Society:** support to pregnant women and parents with children under primary school age, based in Essendon, Ph: (03) 9361 7000, www.caroline.org.au
- **McAuley Community Services for Women:** support and accommodation for women experiencing family violence and women who are homeless, Ph: 1300 408 751, www.mcauleycsw.org.au
- **Ozanam Community Centre**: drop in centre with a meals program, vincentcare.org.au/what-we-do/programs-and-services/general-support/ozanam-community-centre
- **Mathew Talbot Soup Van:** provides free food every day, based in Fitzroy, Ph: (03) 9895 5800, www.vinnies.org.au/findhelp/view/90
- **St Mary's House of Welcome:** drop in centre with a meals program, based Fitzroy, Ph: (03) 9417 6497, www.smhow.org.au
- **Wintringham:** services for elderly people who are homeless, based in Flemington, Ph: (03) 9034 4824, www.wintringham.org.au
- **Family Reconciliation Mediation Program (FRMP):** brokerage for young people who have a case plan that includes goals in relation to family reconciliation or mediation, or recovery from family conflict and breakdown, to access therapeutic assistance, family mediation, group work or have some respite. See: www.melbournecitymission.org.au/services/homelessness/young-people-25-years/family-reconciliation-mediation-program-(frmp)/frmp-brokerage
- **Bethlehem Community:** accommodation and support for single women over 35 unaccompanied by children who have experienced homelessness or at risk of homelessness. Ph: (03) 9462 3937 www.sacredheartmission.org/services/longer-term-support-accommodation/womens- accommodation
- **Bright Futures – Children's Specialist Support Service:** provides enhanced case management and/or group work responses to children (0-18) whose families are accessing homelessness and/ or family violence services in Melbourne's north and west. Contact the Bright Futures team on (03) 9359 5493 or on brightfutures@merri.org.au

GRIEVANCES/CONCERNS

The Homelessness Advocacy Service (HAS) is the key advice and information service for consumers seeking or receiving assistance from any Victorian community-managed homelessness assistance or social housing service. The goal of HAS is to achieve mutually beneficial resolutions for consumers and service providers. It achieves this goal by providing consumers and service providers with secondary consultation, appropriate and accurate information, problem-solving, complaints resolution, referral, advice.

- You can contact the HAS Advocate via:
  - Email: angela@chp.org.au
  - Free call 1800 066 256 or (03) 8415 6213
- If you need an interpreter, please advise the HAS advocate
- Alternatively, you can call VITS (Victorian Interpreting and Translation Service) on (03) 9280 1970. Tell them you wish to speak to HAS at the Council to Homeless Persons
- Please advise the HAS Advocate if you require a disability sticker for your car when attending the officer
- For more information, download the HAS information sheet: http://chp.org.au/wp-content/uploads/2012/08/chp_HAS.pdf.

2.2 Bolton Clark (RDNS) Homeless Persons' Program

ELIGIBILITY

How do you know this service system is right for your client?

- If your client has physical and mental health needs and requires a health assessment, health education or health information
- If your client is homeless or at risk of homelessness
- This is a free service and is an assertive outreach health response

Things that can be difficult:

Delays in accepting the referral as the allocated nurse is at full capacity to take on a new referral.

ACCESS

How do you get your client in to this service system?

Phone the Bolton Clark (RDNS) on 1300 33 44 55 and ask to be transferred to the Homeless Persons Program. If you are unsure whether your client is eligible, ring RDNS HPP to conduct a secondary consult. Appointment times are variable depending on health need being addressed.

Geographical cover where the outreach nurses are located:

- **NORTH EAST:** Melbourne CBD, City of Yarra, City of Darebin Broadmeadows District, Moreland and Hume, Inner Metro North District, Box Hill District, City of Whitehorse and Maroondah
- **WEST:** Flemington District, City of Brimbank, City of Wyndham, Keilor/St Albans District, Sunshine District
- **RDNS HPP nurses also co-located at:** Access Health St Kilda, Flagstaff Crisis, Ozanam Community Centre, McAuley House, SRS North West Metro area, Melbourne Streets to Home and Rough Street Initiative
- **YOUTH** Broadmeadows District, City of Darebin, City of Banyule, Inner Metro North.

Tips and tricks:

- You can make the referral on your client's behalf
- If you know the HPP nurse already, you can refer direct to the nurse
- Screen will be done by a Team Coordinator to determine if referral is appropriate
- Once spoken to a Team Coordinator, you may be asked to complete a referral form. If the client is self-referring, this may not be required, if the referrer knows the nurse directly, a referral form may also not be required.
- Client does not need a GP referral
- Client may request an initial joint assessment visit

SERVICE PATHWAY

What will happen/What is the journey you and your client can expect?

Initial Health Assessment: this is usually done at the first contact either by phone or in person. Assessment includes history of health (physical and mental), housing, AOD history, financial and social history.

Things that can be difficult:

- Health assessment may occur over a period of time not just at first appointment by phone or in person.
- Nurses are mandated to assess the risk for dependent children and make reports if required. Submission of a report does not mean the children will be removed from care.
- Verbal consent may be obtained initially and we reiterate how the information will be used. Disclosure of health information may be withheld as deemed necessary, unless client is at risk to themselves or others.

SERVICE TYPES

What are some of the options that might be available for your client?

1. Health assessment, education, information and advice.
2. Health care treatment and on-going assistance.
3. Advocacy and supported referrals to other services that may help, including legal, optometry, dental, etc.
4. Health promotion and illness prevention.

2.3 Homeless Youth Dual Diagnosis Initiative (HYDDI)

ELIGIBILITY

How do you know this service system is right for your client?

A service for workers of Specialist Homelessness Support (SHS) funded agencies within the Northern and Western DHHS regions, that provide services to young people who:

- Are aged between 16—25 years old
- Have an impacting mental health and/or substance use issue (no formal diagnosis required)
- Are supported by a youth homelessness agency, and
- Are not engaged with an Area Mental Health Service (e.g. Orygen).

Things that can be difficult:

- HYDDI is an entirely voluntary service and only works with young people while they are linked into a youth specialist homelessness service
- Young people engaged with a counsellor/therapist and an AOD worker may become confused as to why another worker is required

ACCESS

How do you get your client in to this service system?

Phone call to relevant HYDDI worker (See below)

HYDDI North Region Mob: 0409 029 102

Covers Local Government Areas: Banyule, Darebin, Hume, Moreland, Nillumbik, Whittlesea and Yarra

HYDDI Western Region Mob: 0407 019 586

Covers Local Government Areas: Brimbank, Hobsons Bay, Maribyrnong, Melbourne City, Melton, Mooney Valley and Wyndham

Things that can be difficult:

Appointments are usually booked a week in advance. Secondary consultations can be over the phone, via email or face to face meetings.

SERVICE PATHWAY

What will happen/What is the journey you and your client can expect?

The HYDDI clinician and homelessness worker will decide whether support is provided by a primary consultation with the worker and young person, or via secondary consultation.

Things that can be difficult:

In cases where the support needs are beyond the scope of the HYDDI role, the worker will be advised to refer the younger person to the mental health service for more intensive support.

SERVICE TYPES

What are some of the options that might be available for your client?

- **Primary consultation** offering a confidential specialist mental health and substance use assessment.

Things that can be difficult:

The worker must be present at each primary consultation with the client. (Promotes capacity building by example).

- **Secondary consultation** advising case managers on brief interventions and strategies, information on referral for specialist treatment, service co-ordination and clinical problem solving. Workers do not need to provide information that would identify the client.

Things that can be difficult:

Load level of HYDDI worker often needs advance booking. If the consult is in response to crisis, support can be provided by phone.

Tips and tricks:

Have information easily accessible to narrate during consultation. With permission of the young person, and adhering to service policy, the information can be emailed.

- Individual and group support/supervision/reflective practice for case managers on working with clients with a dual diagnosis
- Youth homelessness sector training and education (can be one to one or group training)
- Short-term co-case management (12weeks)

Indigenous Resource Guide

A variety of services including mental health / AOD support for indigenous communities is available at: vu.edu.au/indigenous-partnerships

Insert Tab 3: Northern and Western Mental Health Services

Back of tab 3

Section 3: North and West Melbourne Mental Health System

Clinical Mental Health Services (Section 3.2)

Public Clinical Mental Health Services:

- Adults in Maribyrnong, Hobson's Bay, Wyndham: Mercy Mental Health Ph: 1300 657 259
- Adults in Whittlesea, Darebin, Hume, Moreland, Melton, Brimbank, Moonee Valley, Melbourne: North Western Mental Health Ph:1300 874 243
- Young People (aged 15-25): Orygen Youth Health Ph:1800 888 320

Private Clinical Mental Health Services

- General practitioners (GPs) and private psychiatrists provide the bulk of clinical mental health services to people experiencing mental illness. GP referral to private psychiatrist is needed for Medicare rebate. GPs will know psychiatrists in the area. Also the college of psychiatry has a search engine to help clients choose a psychiatrist themselves. www.ranzcp.org/Mental-health-advice/find-a-psychiatrist.aspx
- Counselling and Psychological Services – Better Access and ATAPS
- Youth Specific – Headspace

GRIEVANCES/CONCERNS

Mental Health Complaints Commissioner

The Mental Health Complaints Commissioner's office opened on 1 July 2014. It was created by the Mental Health Act 2014 (the Act) to be a specialist independent mental health complaints body that is accessible, supportive and responsive.

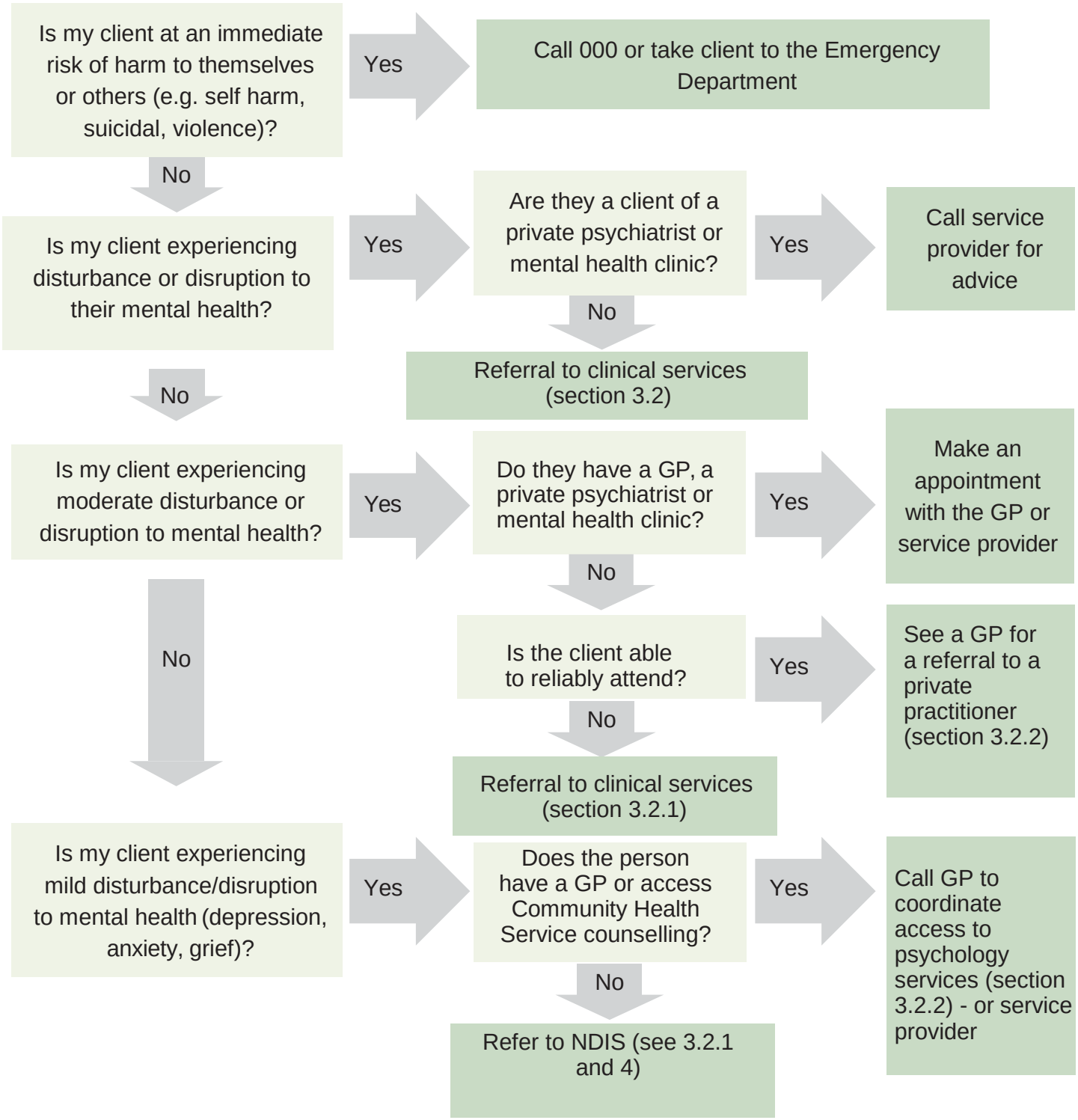
What the Commissioner does:

- Help people speak up about their concerns by supporting them to make a complaint directly to their public mental health service or to the Commissioner.
- Assist Victorian public mental health services develop accessible and responsive resolution approaches to deal with concerns and complaints.
- Receive and analyse reports from public mental health services about the complaints they receive and the outcomes of those complaints, making recommendations.
- Undertake investigations into any matter relating to Victoria's public mental health services, as requested by the Minister for Mental Health.

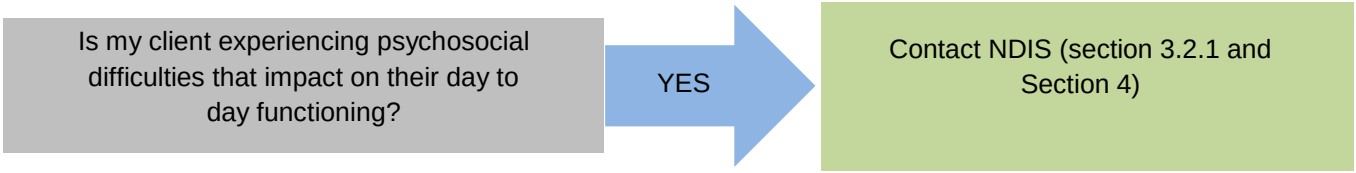
You can make an enquiry or complaint by:

- Ph: 1800 246 054 (free call from landlines) or (03) 9032 3328
- Email: help@mhcc.vic.gov.au

3.1 Adult Mental Health Decision Making Tree



In addition to any of the above



3.2 Transition of Mental Health Community Support Services to NDIS

All Mental Health Community Support Services have ceased operation as psychosocial supports have transitioned into the NDIS. Both the State and Federal Governments have funded some short term transition services for people experiencing difficulty managing the transition into the NDIS.

3.2.1 NDIS Transition Fact Sheet

A Fact Sheet for Partners in Recovery, Support for Day to Day Living and Personal Helpers and Mentors providers is available.

http://www.health.gov.au/internet/main/publishing.nsf/Content/2A58F6131FE16440CA2583C40014ABF6/$File/Factsheet-NDIS-transition-providers.pdf

3.3 Clinical Mental Health Services

3.3.1 North and West Clinical Mental Health Services

ELIGIBILITY

How do you know this service system is right for your client?

People (aged 15-64 years) with serious mental illness or mental disorder who have associated significant levels of disturbance and psychosocial disability due to their illness or disorder.

Clinical mental health services become involved when the severity of the disturbance and impairment in functioning cannot be managed by other service providers (e.g. GP, private psychiatrist, private hospital, private psychologists/counsellors, Mental Health Community Support Services, etc.).

Things that can be difficult:

Clients not consenting to referral/treatment. The nature of many illnesses is such that the person has no awareness of having an illness and as such does not agree to mental health service referral or treatment.

Tips and tricks:

Psychosocial interventions are a key aspect of mental health treatment and can be provided by a range of service providers.

Clients do not need to accept diagnostic labels. It's often more palatable for clients to discuss mental health issues in terms of symptoms (e.g. stress, feeling overpowering emotions, sleep difficulties, fear and its related anxiety). Medication is targeted at symptoms not illnesses so when couched this way is sometimes more acceptable.

ACCESS

How do you get your client in to this service system?

All mental health services have geographic catchments that are approximately aligned with municipal boundaries. Each catchment has a Psychiatric Triage services that receives referrals and either redirects to other services or commences referral to internal programs.

Mercy Triage (Mercy Mental Health Service (Maribyrnong, Hobson's Bay, Wyndham)
Ph: 1300 657 259

North Western Mental Health Triage
Northern MHS (Whittlesea, Darebin)
North Wester MHS (Hume, Moreland)
MidWest MHS (Melton, Brimbank)
Inner West MHS (Moonee Valley, Melbourne) Ph: 1300 874 243

Orygen Youth Health
(Young people aged 15-25 living in south-west, north-west or inner Melbourne Ph: 1800 888 320

Things that can be difficult:

Unless they require immediate treatment, clients will need to access the service that covers their usual residence.

Things that can be difficult:

People under the age of 25 will be directed to access Orygen if they are living in Orygen's catchment area and meet Orygen's criteria.

Things that can be difficult:

Mental health services do not provide an emergency response. If the situation is too high risk, then triage will redirect the referrer to call 000/emergency services.

Tips and tricks:

Referral pathway via a GP referral is most straight forward. If non-urgent first get client to a GP who can endorse the idea of referral and write a letter to support it. If you refer to triage, they will likely ask you the following:

- Does the person, their family or guardian know about the referral? If not, why not? If they know about it, how do they feel about it?
- Nature of the problem
- Changes in emotions, thinking, or behaviours
- Physical symptoms
- Risks to self or others
- Family history of mental illness
- Drug use
- Offending behaviour
- Available supports
- Previous mental health treatment
- WHY are you referring now?

Tips and tricks:

Police have the power to detain a person and take them to an emergency department for a psychiatric assessment.

Tips and tricks:

Refer to Orygen if you are working with a client who is younger than 25 and they have not previously accessed mental health services. They will redirect you to seek out adult services if your client does not meet their criteria.

SERVICE PATHWAY

What will happen/what is the journey you and your client can expect?

Triage will determine the severity of the presenting issue and how quickly a response is required. Triage will initially assess whether or not the person can be supported by other services (such as a GP) and may request additional information. The assessor would need to discuss a proposed course of action with their team/colleagues. They will then forward the referral to the appropriate program within the mental health service.

Things that can be difficult:

People will only be seen on the same day if they are assessed as being a high risk of harming themselves or others.

If the risks are considered to be too high, then the referrer will be directed to call emergency services.

Tips and tricks:

Focus on the person's behaviours and statements of concern. Relay how their current presentation varies from their norm (baseline). Relay other more hidden variables that could influence assessment of need and risk (e.g. nil supports at home).

SERVICE TYPES

What are some of the options that might be available for your client?

1. **Acute services:** assessment and intensive psychiatric treatment for people whose symptoms place them and others at high risk
   - Inpatient unit
   - Community (CATT / YAT)
   - Hospital Emergency Departments (ECATT)

Things that can be difficult:

Unless they require immediate treatment, clients will need to access the service that covers their usual residence.

Tips and tricks:

Make contact with the team and ask them who the best contact person will be.

Prior to discharge from acute services, organise a family/carer meeting with the hospital staff so that everyone involved is aware of any follow up arrangements and medications.

2. **Sub-acute services:** residential recovery programs with 24hr staffing (adults only).

- Prevention and Recovery Care (PARC) - PARC have 1-4 week stays with emphasis on preventing admissions or enabling earlier discharges
- Secure Extended Care Units (SECU) - SECU and CCU (below) have longer term stays for rehabilitation
- Community Care Units (CCU)

SERVICE TYPES

3. Community Recovery Programs

- **Multidisciplinary integrated teams**: emphasis on individualised recovery plans that address clinical treatment of mental health disorder and psychosocial aspects of recovery.
- **Orygen** offer a range of specialised community clinics that target specific symptoms in young people:
  - **EPPIC** (Early Psychosis Prevention & Intervention Centre)
  - **Youth Mood Clinic** (Depression, bipolar II disorder (non-psychotic bipolar disorder) and severe anxiety disorders such as anxiety and obsessive compulsive disorder)
  - **PACE** (Personal Assessment and Crisis Evaluation) – for clients at risk of developing psychosis
  - **HYPE** (Helping Young People Early) – for young people with longstanding instability with their emotions, interpersonal relationships, sense of self and behaviour
  - **Intensive case management focussed on those with psychosis**
  - **Intensive Mobile Youth Outreach Service** focuses on those with multiple and complex needs

Things that can be difficult:

Some of these programs are time-limited.

Tips and tricks:

Encourage clients to have conversations with their treating team about how long they will remain part of the community programs and what their exit plan will be.

4. GP Support Programs

Aimed at supporting community General Practitioners provide clinical mental health care to people with mental health disorders.

5. Carer Programs aimed at education and support for carers of the service's clients.

3.2.2 Private Clinical Mental Health

Using private mental health providers for counselling under Better Access (Medicare subsidised program)

ELIGIBILITY

How do you know this service system is right for your client?

Better Access (BA): clients with diagnosed mental illness (excluding dementia, intellectual disability, tobacco use disorder) who have capacity to pay for psychological sessions. Some providers bulk bill.

Things that can be difficult:

Better Access is a short-term treatment intervention with 10 sessions funded through Medicare.

ACCESS

How do you get your client in to this service system?

Schedule appointment with GP and jointly develop a Mental Health Treatment Plan (MHTP).

Things that can be difficult:

Waiting time can fluctuate according to demand e.g. as little as 4 weeks and up to 8-10 weeks.

SERVICE PATHWAY

What will happen/What is the journey you and your client can expect?

Better Access: referral will be made directly by GP to private provider/community health clinician for maximum of 10 sessions per calendar year. First block of 6 sessions, followed by GP review and if required remaining 4 sessions may be delivered.

Things that can be difficult:

Better Access is not meant to duplicate psychological services delivered by other funded mental health services or programs.

Tips and tricks:

First block of 6 sessions, followed by GP review and if required remaining 6 sessions may be delivered. Only with written explanation by GP as to exceptional circumstances may sessions 13-18 be delivered.

SERVICE TYPES

What are some of the options that might be available for your client?

Better Access may be delivered by Clinical Psychologists, Psychologists, Mental Health Social Workers or Occupational Therapists. Sessions can be delivered to individuals or groups, covering Cognitive Behavioural Therapy, Relaxation, Psycho-Education, Interpersonal therapy, Skills training (e.g. anger management) or Narrative therapy.

Things that can be difficult:

Use of interpreters is available; however timely access can be an issue. Interpreters are an essential, yet expensive adjunct to the treatment process, but no discreet funds are available.

3.3.2 Youth Mental Health Services

ELIGIBILITY

How do you know this service system is right for your client?

Headspace is a voluntary service for young people (aged 12-25 years) with mild to moderate mental health concerns, providing early intervention mental health services as well as physical health, work and study supports and alcohol and other drug services. This service model is best suited to those who are willing to engage with individual psychological therapy.

Things that can be difficult:

Headspace is generally operating from 9am-5pm Monday to Friday with some Saturday morning appointments. Outreach, crisis services and case management are not offered.

ACCESS

How do you get your client in to this service system?

Ring 1800 650 890 between 9am-5pm Monday to Friday to speak to an intake clinician. A formal referral is not required, but it might be necessary to arrange a mental health care plan from the GP.

Things that can be difficult:

Unable to do specialist cognitive assessments or autism ASD diagnosis.

Tips and tricks:

The young person may need practical support to enable them to seek help – think about transport, company, or planning times that work into busy family schedules.

SERVICE PATHWAY

What will happen/What is the journey you and your client can expect?

1. **Phone** or face to face meet and greet session to engage with young person and welcome them in

Things that can be difficult:

Wait times may vary depending on individual need and available practitioners. Matching appointment times with school / work/ family commitments.

Tips and tricks:

Assist the young person by arranging groups and other supports whilst waiting for individual care.

2. **Appointment** is arranged for holistic HEADDS assessment to determine the client's needs, priorities and options
3. **Allocation** for individual psychological counselling

Things that can be difficult:

Meeting demand at times may result in a 4-6 week wait.

Tips and tricks:

Access team will work to support the young person with check-in sessions, brief interventions and problem solving to stay engaged in the centres.

SERVICE TYPES

What are some of the options that might be available for your client?

There are a range of psychological interventions depending on problem and need:

- Physical health checks
- Psychiatric assessments
- Education, information and support from AOD counsellors, vocational providers
- Various groups are available for social recovery and skill development

3.3 North Western Primary Health Network (NWPHN)

ELIGIBILITY

How do you know this service system is right for your client?

North Western Melbourne PHN has developed a system of care that promotes a person-centred, stepped care approach, matching supports and services with individual needs.

The CAREinMIND system of care enables access to a suite of evidence-based services for mental health, suicide prevention, and alcohol and other drug treatment and care.

CAREinMIND services are targeted at specific populations and delivered by experienced providers and organisations across the region.

Eligibility criteria

- People of all ages who reside within the NWMPHN catchment.
- Adults with a diagnosed mental illness, or experiencing mental distress
- Children and adolescents at risk of mental ill health or with a provisional diagnosis
- Low income earners (e.g healthcare card holders)
- Underserviced population groups who may face barriers to accessing services including: homeless people, Aboriginal and Torres Strait Islander people, refugees and asylum seekers, people transitioning out of justice/corrections system and people identifying as LGBTIQ

For more information visit NWMPHN website https://nwmphn.org.au/health-systems-capacity-building/careinmind/

ACCESS

How do you get your client in to this service system?

For details on access and referral, including the ability to search for services by area; age; priority group, refer to the system of care webpage at https://nwmphn.org.au/health-systems-capacity-building/system-of-care/

For more information, phone 1300 096 269

Tips and tricks:

Special consideration can be given to clients who do not have a health care card and are experiencing financial difficulty. Make sure this is articulated on referral from or within supporting documentation.

SERVICE PATHWAY

What will happen/what is the journey you and your client can expect?

Self referrals to CAREinMIND's Wellbeing Support Service will have access to trained counsellors who will listen, support and encourage clients to develop strategies to manage their mental health.

Referrals to the TPS and ISS programs will be actioned within 3-4 weeks. Clients will be allocated a clinician who will contact them directly to arrange an initial consultation.

Clients referred to CAREinMIND's suicide support will be contacted within 24 hours of a completed referral being received. Contracted mental health clinicians are expected to provide the first session of care within 72 hours of CAREinMIND, having completed processing the referral. Support is delivered over 8 weeks.

Things that can be difficult:

Wait times for the TPS and ISS programs vary depending on individual need and available practitioners. Clients can expect to wait between 3-4 weeks for their referral to be actioned.

Clients can only request a preferred clinician if they are part of the Primary Health Network (PHN).

Tips and tricks:

Clients who contact the Wellbeing Support Service can be offered up to three free counselling sessions with a PHN Clinician. No mental health care plan is required.

SERVICE TYPES

What are some of the options that might be available for your client?

CAREinMIND provides a suite of mental health services for people in northern, central and western Melbourne.

Targeted Psychological Services (TPS): provides free short-term focused psychological interventions for children, young people and adults with mental illness. Includes up to 12 sessions of counselling support with a CAREinMIND contracted mental health clinician. Clinicians hold qualifications in Clinical Psychology, Psychology, Mental Health Social Work, Mental Health Nursing and Aboriginal Health (mental health trained).

Suicide Prevention Service: a rapid and intensive response to individuals at heightened risk of suicide or self-harm (note: this is not a crisis service). Contact occurs within 24 hours of referral and the first session of care is generally provided within 72 hours of intake to the service. Ongoing support will be offered for up to 8 weeks. Note: this is not a crisis service.

Intensive Support Service (ISS): for people with complex mental illness and ongoing primary support needs. ISS is delivered by credentialed mental health nurses working in collaboration with the clients' general practitioner and/or psychiatrist. Targeted at those people best supported in primary care needing more intensive support and who are not eligible for the National Disability Insurance Scheme (NDIS).

Dual Diagnosis Services: provide support, treatment and referral assistance to people experiencing coexisting alcohol and/or drug and mental health issues. Services are available for a range of community groups and at various locations across the NWMPHN region.

Youth Intensive Support: Young people aged 12-25 years with or at risk of severe mental illness can access services and support through CAREinMIND. These services do not require a referral from a GP.

Wellbeing Support Service; is a free 24/7 phone and online counselling service for people in the north, central and western suburbs of Melbourne who are feeling the pressures and stresses of everyday life. Phone 1300 096 269 or visit careinmind.com.au

Aboriginal Wellbeing Support Service; supported interventions for Aboriginal people, located across the North West Melbourne region. Available to all ages.

Insert Tab 4: NDIS

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Section 4: North and West Melbourne National Disability Insurance Scheme

North Western Melbourne Local Area Coordinator (LAC):
Brotherhood of St Lawrence 1300 BSL NDIS (1300 275 634)

Catchments include:

Northern Melbourne: Hume, Moreland

Western Melbourne: Brimbank, Melton, Hobsons Bay, Maribyrnong, Melbourne, Moonee Valley and Wyndham

North East Melbourne: Banyule, Nillumbik, Darebin, Yarra and Whittlesea

4.1 National Disability Insurance Scheme (NDIS)

ELIGIBILITY

How do you know this service system is right for your client?

To access the NDIS, the client must:

- Have a permanent disability that substantially impacts upon their functional ability to take part in everyday activities
- Be aged less than 65 years when they first access the scheme
- Be an Australian citizen, live in Australia and hold a permanent visa or a Protected Special Category Visa

The client may meet the disability requirements if they:

- Have an impairment or condition that is likely to be permanent (i.e. it is likely to be lifelong) and this impairment substantially reduces their ability to participate effectively in activities, or perform tasks or actions. This may include:
  - Assistance from other people, or
  - Assistive technology or equipment (other than common items such as glasses), or
  - They are unable to participate effectively even with assistance or aides and equipment and their impairment affects their capacity for social and economic participation and they are likely to require support under the NDIS for their lifetime.

Things that can be difficult:

- Accessing the NDIS is voluntary, the client must request access or be with their permission.
- The NDIA is contacting some clients on the phone seeking to commence preparation of their Interim Plan.
- Advise clients that if they are contacted by the NDIA to commence development of a Plan over the phone, the client can request a face to face meeting and request to have a support worker present.

Tips and tricks:

- An impairment that varies in intensity (e.g. because the impairment is of a chronic episodic nature) may still be permanent. Your client may require support under the NDIS for their lifetime, despite the variation.
- There are some conditions for which all the disability requirements are deemed to have been deemed to have been met (List A), and others for which the NDIA will be satisfied that the person has a disability attributable to one or more impairments and it is likely to be permanent (List B). For more information, visit

  https://www.ndis.gov.au/operational-guideline/access/list-b.html

ACCESS

How do you get your client in to this service system?

- Direct or assist your client to use the access checker on the NDIS website www.ndis.gov.au/ndis-access-checklist.html
- Ring the NDIA (Ph: 1800 800 110) and ask for an access request form
- Walk into a Local Area Coordinator shop front and ask for assistance (see below for information on Local Area Coordinators)

With the client's permission, workers are able to ask for the access request form on the client's behalf. Workers will need to provide the person's date of birth, address, and information about the client's disability (what it is and how it impacts on their functioning) and be able to confirm verbal consent. If the person is likely to be eligible, an access request form will be sent to the client.

Local Area Coordinators (LACs) will work with participants to:

- Provide assistance for clients to connect to and build informal and natural supports.
- Provide assistance with the planning process and effective implementation.
- Work with non-participants as part of Information, Linkages and Capacity Building (www.ndis.gov.au/communities/ilc-home)
- Work with community, providers and mainstream to build inclusion and awareness of the needs of people with disability.

The current LAC Partners in Melbourne's north and west are:

- Brotherhood of St Laurence in North East Melbourne, Hume/Moreland, Brimbank/Melton and Bayside Peninsula.
- Latrobe Community Health Service in Inner and Outer East Melbourne.

Tips and tricks:

- Clients who are engaged in previously funded programs or mental health support services that are being phased out due to the introduction of the NDIS may be eligible for additional support to transition to the NDIS. This includes programs Mental Health Community Support Services (MHCSS). Speak to providers directly to find out if this service is available.
- Clients can also participate in LAC Pre-Planning and information workshops to help them better understand how to prepare for their planning meeting. The Pre-Planning workshops are designed to assist participants prepare for their planning meeting with a Local Area Coordinator.

Things that can be difficult:

- Access forms can only be obtained through direct contact with the NDIA or Local Area Coordinator.
- Establishing permanency and impact on functional ability can be difficult for some clients. Written documentation from a health professional is required.
- Obtaining supporting evidence can be a significant barrier and can be difficult and time consuming, particularly if the client does not have an existing relationship with a health professional.
- Evidence of disability must be from a treating doctor or specialist. This can include existing assessments and reports – such as medical assessments from Centrelink or the current service provider.
- Evidence of the functional impact of condition must be provided by a specialist or an allied health professional (physiotherapist, occupational therapist, speech pathologist, psychologist, social worker or nurse). Additional information can also be provided to support the functional assessment including pre-existing assessment reports (such as the HoNOS or Life Skills Profile), Centrelink assessments, assessments prepared by existing providers such as PIR or PHAMS. Having an idea of the frequency and duration of the support required is also important.
- Supporting evidence needs to be documented in a way which enables the NDIA to assess it against the access criteria.

Tips and tricks:

- Workers can complete an NDIS consent form which will be enable them to speak with the NDIS on their client's behalf. Ensure that the address on their Centrelink card for any transient clients is up to date or it will not be possible to register.
- If the client does not have an address, ask for the form to be sent care of you and your workplace.
- Aim to get the application completed accurately the first time. Requests from the NDIA for additional information can be time consuming and can significantly delay the process.
- Be prepared to provide some guidance and support to health professionals – particularly GPs. Services have reported benefits from making and attending appointments with their clients and explaining to the health professional what is required.

SERVICE PATHWAY

What will happen/What is the journey you and your client can expect?

Once an access request has been accepted, clients are invited to meet with a planner (usually through the Local Area Coordinator) to identify needs, current supports and goals. Planning meetings usually last for one hour and take place at the Local Area Coordinator's office but it can be held in the client's home, over the phone or at another venue, if required. A follow up meeting can also be arranged if more time is needed to discuss the clients support needs.

Clients can bring existing support plans and are encouraged to use the NDIS planning tool before attending the meeting. It is vital that the client is prepared for this meeting and can (or is supported to) articulate what their needs are and how these can best be met. Workers may attend the meeting if this is requested by the client.

The planning discussion identifies needs, goals and current supports and is focused around 15 different categories and that will be considered as either:

- **Core supports** (generally long term)
- **Capacity building** (generally short to medium term)
- **Capital supports** such as assistive technology.

Following the meeting a plan is prepared and when approved by the NDIA forwarded to the client. Funding is allocated to the plan and the client is then in a position to choose who they would like to provide their services and how they would like to manage their plan.

If the person has support coordination in their plan, they will be put in contact with a support coordinator who will assist your client choose a provider and when and where they will receive services. The support coordinator may also help them think about what the support might look like, for example what types of social activities or living skills assistance is most useful. If this is not in the plan, then the client needs to make contact with support providers directly. The Local Area Coordinator will explain the plan to your client and assist them to choose and make contact with providers.

Things that can be difficult:

- The NDIA has contacted people by telephone to complete a plan, while this is an option, phone planning can be difficult for some people (e.g. lack of trust, not being prepared etc.).
- Only support needs to address the functional limitations caused by the person's disability will be funded. In addition, supports and services which should be provided by another part of the service system will not be funded, regardless of availability.
- Correspondence will usually be by mail and be directly with the client.

Tips and tricks:

- Before the planning meeting assist your client to think about what type and amount of support is required. Use the access tool to assist them:

  www.ndis.gov.au/ndis-access-checklist.html
- Regularly ask your client what is happening with their application and support them to respond to the NDIA in a timely manner.
- Encourage the client to request service coordination support in their plan (at least 3 – 4 hours per week).
- A client can nominate someone (e.g. a support worker) as a contact for planning meetings and other outcomes. This will facilitate support worker involvement.
- Participating in the planning meeting can provide emotional support for the client and assist them to remember/recall and/or describe their needs accurately. Be careful to demonstrate that you are assisting your client and not talking for them.
- The NDIS provides an opportunity to think about support needs differently. Try to encourage your client to think broadly and beyond their current experiences of the service system. For people with a psychosocial disability, they also need to think about planning for episodic lapses in their mental health.

SERVICE TYPES

What are some of the options that might be available for your client?

Clients have significant discretion to define and purchase the supports that will best assist them to meet their goals and address their functional limitations. The NDIS broadly organises the supports into the following categories:

- Assistance with daily life
- Transport
- Consumables
- Assistance with social and community participation
- Assistive technology
- Home modifications
- Coordination of supports
- Improved living arrangements

The NDIS is still evolving and the aim is to improve outcomes for all people with a disability, not just those who are eligible for individual packages. The full NDIS service offering will eventually include:
Information, Linkages and Referrals

- Capacity building for mainstream services
- Community awareness and capacity building
- Individual capacity building
- Local Area Coordination

Things that can be difficult:

- The market of providers is still developing and there are less providers with skills and interest in working with people with complex needs due to social disadvantage. However, the funding should remain in the plan until such a time that this can be rectified.
- It may also be difficult for clients to access some supports while experiencing homelessness or living in unstable accommodation.

Tips and tricks:

- The market of providers is still developing and there are less providers with skills and interest in working with people with complex needs due to social disadvantage. However, the funding should remain in the plan until such a time that this can be rectified.
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FUNDING ALERT

The National Disability Insurance Scheme (NDIS) can provide support to people with psychosocial disability, but there are people with severe, episodic mental illness who may not be eligible for the NDIS.

North Western Melbourne Primary Health Network (NWMPHN) has commissioned new psychosocial support services in 2019 to assist people with severe mental illness.

The new psychosocial support services, to be funded by the Australian Government utilising the National Psychosocial Support (NPS) Measure and Continuity of Support (CoS) funding in 2019, are intended to address the needs of people who are not eligible for the NDIS and who may 'fall through the gaps'.

What do we mean by 'psychosocial support'?

Psychosocial support can assist people with severe mental illness to participate in their community, manage daily tasks, undertake work or study, find housing, get involved in activities, and make connections with family and friends. Psychosocial supports are specific to the person and their needs.

New funding for psychosocial supports

New psychosocial support services will available for people with severe mental illness who:

- Have reduced psychosocial functional capacity
- Are ineligible for the NDIS
- Are not clients of Partners in Recovery, Day-to-Day Living, and Personal Helpers and Mentors (PIR, D2DL and PHaMs) programs

CoS (Continuity of Support) services for people with severe mental illness who:

- Have been clients of PIR, D2DL and PHaMs programs
- Are ineligible for the NDIS

Further **NPS Transition (NPST)** funding has also been recently announced and will be released to PHNs to support the ongoing needs of consumers of PIR, PHaMS and D2DL services. These funds from 1 July 2019 will be offered in addition to the CoS and NPS funds above and are focused on further supporting the transition of current Commonwealth funded consumers who's NDIS eligibility decision are delayed or who are waiting for the activation of their plans. Current providers of these services will enter into discussions with the NWMPHN to determine how the NPS Transition service will be offered to current consumers.

Additionally, the State of Victoria has recently announced new psychosocial support funding to assist people with severe mental illness who are either not eligible for the NDIS or yet to transition to the scheme.

National Psychosocial Support (NPS) Measure funding

Three Victorian Primary Health Networks (PHNs) are working collaboratively to develop and commission new psychosocial support services across their regions:

Purpose of the NPS measure funding

The NPS measure will provide psychosocial support services to assist people with severe mental illness resulting in reduced psychosocial functional capacity who are not eligible for assistance through the NDIS. There are no age restrictions on this initiative.