HOUSING AND ACCOMMODATION SUPPORT PARTNERSHIP

SERVICE MODEL

South Australian Mental Health Reform

Government of South Australia
SA Health

Contents

Version Control

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1. EXECUTIVE SUMMARY

The Housing and Accommodation Support Partnership (HASP) Program is a collaborative partnership which brings together Consumers, Carers, Non-Government Organisation Housing Providers, Non-Government Organisation Psychosocial Support Providers and Community Mental Health Services to provide integrated support for people living with mental illness and psychiatric disability in South Australia.

The HASP Program will provide services which are individualised, holistic, integrated and flexible, to enable people with mental illness to live in the community.

Community Mental Health Services will provide specialist clinical mental health care and separate non-government organisations (NGOs) will provide psychosocial support and tenancy management. All services will work with consumers and carers in an integrated and recovery-focussed way.

The HASP Program will provide 20 places of very high support clustered within the LGA of Burnside, which will be supported by a NGO provider up to 24 hours, seven days a week. There will be a further 53+ places providing high and medium support distributed throughout metropolitan Adelaide. These places may be located in small clusters (no more than 5) or individually and will have varying levels of daily support.

2. INTRODUCTION

People with mental illness or psychiatric disability often experience major challenges in accessing and maintaining ongoing individualised accommodation. It is difficult for a person to engage in a process of recovery without having a safe and secure place they can call home, from where they can rebuild their skills and re-engage with the community.

The Housing and Accommodation Support Partnership (HASP) program has been established to provide integrated support for individuals to live in the community, Partners of the HASP Program , non-government psychosocial support providers, non-government housing providers and community mental health services, work together with consumers to provide a comprehensive range of services.

The HASP Service Model provides overarching information about the HASP Program. The HASP Operational Guidelines provide more detailed information to enable the program to be rolled out in a consistent way across all areas.

The term "supported accommodation" has been defined in various ways as our understanding of effective care and support has evolved. The HASP Program will operate under the following definitions and understandings.

Supported Accommodation
Safe, secure and affordable housing supported with both specialist mental health services and psychosocial support services to enable individuals with a mental illness to recover and live independently in the community. Supported Accommodation refers to the continuum of programs providing housing in the community with specialist and psychosocial mental health support, from intensive (up to 24/7) support to flexible, less intensive support, provided under formal agreement between the parties.

High / Intensive support (up to 24/7) is for individuals whose difficulties with living in the community are primarily due to the severity, complexity and enduring nature of their mental illness, exacerbated by limited housing access and affordability. Consistent high levels of clinical and personal support on a daily basis are common. Intensive support is an alternative to facility care, or may be targeted to persons discharged from such care.

Medium / Flexible support is for individuals who have difficulties living in the community due to a combination of housing problems and mental illness. Support levels may fluctuate over time and vary with individual circumstances from low daily or weekly support to moderate daily in-reach to occasional higher levels of clinical and personal support.

Housing and Accommodation Support Partnership (HASP)
HASP is the supported accommodation program funded through the 2007-08 State Budget in response to the Social Inclusion Board report recommendations. The HASP Program will provide 20 places of very high support clustered in the LGA of Burnside, which will be supported by a NGO provider up to 24 hours, seven days a week. There will be a further 53+ places providing high and medium support

distributed throughout metropolitan Adelaide. Although HASP is a metropolitan program at this stage, future planning will consider HASP and other programs in the supported accommodation continuum across metropolitan and country South Australia. Country people may access the current HASP Program from time to time, dependent on assessment of needs.

Supported Accommodation Continuum

The HASP Program will be part of a range of supported accommodation and supported social housing programs across metropolitan Adelaide and country South Australia. These will include: the HASP Program, existing supported accommodation programs including the Supported Accommodation Demonstration Projects (SADPs), supported social housing, and Returning Home. All programs have a mix of partners providing a range of services, including: specialist mental health services, psychosocial support services, and housing and tenancy management.

The different programs within the continuum will be coordinated and delivered as a part of a South Australian Housing and Supported Accommodation Strategy, so that consumers have access to the housing and support that best meets their needs and goals. See Appendix B for a listing of programs across the continuum.

3. BACKGROUND

The HASP Program has been developed within the framework of the Australian National Mental Health Strategy and the South Australian Mental Health Reform.

3.1 NATIONAL

The reform of mental health services across Australia began in 1992 with the establishment of the National Mental Health Strategy by the Australian Government and State and Territory governments. From the collaboration under the Strategy have come three National Mental Health Plans, in 1992, 1998, and 2003, and National Standards for Mental Health Services in 1996. The Plans and Standards provide a framework for mental health services to, amongst other things, respect the rights and dignity of consumers of services, develop intersectorial partnerships for service reform and delivery, engage in prevention and early intervention, provide individuals with the right care at the right time, and provide supported accommodation in a manner which promotes choice, safety and maximum possible quality of life for the consumer.

3.2 SOUTH AUSTRALIAN

As South Australia undertook mental health reform in the 1990s and early 2000s it developed a number of supported accommodation programs and demonstration projects, as well as implementing major de-institutionalisation. The late 2000s saw the introduction of formal instruments for health and mental health reform, including the South Australian Strategic Plan (Objective T2.7 – Psychological Wellbeing), and the SA Health Strategic Plan 2008-10, which outlines Strategic Direction 3 as the Reform of Mental Health Care, including:

- 3.1 Provide integrated services to mental health clients in community, residential and hospital settings.
- 3.2 Improve access to appropriate care at an early stage.

In February 2007 the Social Inclusion Board released its report S*tepping Up: A Social Inclusion Action Plan for Mental Health Reform 2007-2012.* The Government of South Australia endorsed the direction of all the report's recommendations and committed $107.9 million to a reform program that includes service development, capital works and collaborative partnerships to build an integrated community-based stepped system of care.

The *Stepping Up Report* made the following recommendations relevant to supported accommodation:

- Recommendation 6. The South Australian mental health system should adopt a recovery orientation that is focussed on helping people dealing with mental illness to live a satisfying, hopeful and contributing life.
- Recommendation 8. A stepped system of care must be implemented, ensuring there is sufficient volume at each level of care from the least to the most intensive – supported accommodation to community rehabilitation to intermediate care, acute care and secure care.
- Recommendation 19. South Australia should continue to build the capacity in the non-government sector to deliver psychosocial rehabilitation and support services.

4. PROGRAM OBJECTIVES

The objectives of the HASP Program are to support consumers to enjoy the full benefits of citizenship and community membership by:

- Providing safe, secure and affordable housing with security of tenure.
- Providing psychosocial rehabilitation and support services that are flexible and responsive to the person's needs, including up to 24-hour support if and when required.
- Providing clinical mental health care which is individualised and recovery focussed.
- Supporting people to improve their skills and capacity to live as independently as possible in the community.
- Improving peoples' quality of life, health and well-being.
- Avoiding or reducing hospital admissions and crisis service usage.
- Evaluating the program and to use the lessons from HASP to develop other options that link housing and support services for people with mental health problems and disorders

5. PROGRAM PHILOSOPHY

The HASP Program is a partnership program which delivers recovery-focussed care and support to assist people to live in the community.

5.1 VISION

To provide linked housing, psychosocial support and specialist mental health services to enable individuals with severe and enduring mental illness or psychiatric disability to live in the community and re-engage with the domestic, social, vocational and recreational aspects of their lives.

5.2 THE RECOVERY APPROACH

> Recovery is a deeply personal, unique process of changing one's attributes, values, feelings, goals, skills and/or roles. It is a way of living a satisfying, hopeful and contributing life. Recovery involves the development of new meaning and purpose in one's life as one grows beyond the catastrophic effect of psychiatric disability.
> – Australian Health Ministers, *National Mental Health Plan 2003-2008*.

Recovery is a process and an outcome which is unique to the individual. It does not imply cure but refers to the ways in which a person with mental illness can adjust to living a personally meaningful life in the presence or absence of symptoms.

Distinguishing features of a recovery approach include:

- A holistic way for support services to focus on providing an environment of hope and optimism for people with mental illness, and their carers and families, in addition to alleviating the symptoms of illness and disability.
- Supports the person to achieve full citizenship with all its rights and responsibilities.
- Acknowledges peoples' strengths and capacity to learn, grow and change.
- Acknowledges the person as the driver of their own recovery and that they may need assistance from support providers to develop self-knowledge, self-determination and autonomy.
- Builds hope, supports the person to take control over his/her life and works towards their goal lifestyle within and beyond the limits of their mental illness.
- Considers the person in the context of their family, significant others and the community.
- Acknowledges the uniqueness of each person's journey.
- Connects the person to a broad range of services and opportunities that meet the person's needs including promotion and early intervention services.
- Requires a comprehensive coordinated community based approach founded upon partnership.
- Ensures adequate, flexible and responsive services appropriate to a person's changing needs.
- Recognises that recovery from severe mental illness is achievable.
- Recognises that recovery is a complex and non linear process.
- Values and supports natural and informal systems of support.
- Is non stigmatising and non discriminatory.

5.3 REHABILITATION FRAMEWORK

The HASP Program will be delivered in a rehabilitation framework.

Rehabilitation is a philosophy and a specialist service which requires a particular skill set. Rehabilitation services aim to provide individually targeted interventions to assist people to regain, build or develop skills which enable consumers to engage in their recovery process.

Rehabilitation should commence at the earliest opportunity and be holistic and connected with the community. Rehabilitation services should use evidence based interventions and an assessment and treatment planning approach which identifies and builds on a person's strengths. Rehabilitation services promote recovery and aim to reduce the disability associated with mental illness.

Rehabilitation offered by specialist mental health services includes activities relating to assessment, planning treatment and intervention strategies and evaluating the process of rehabilitation with the consumer. Mental health services usually focus on management of the symptoms of mental illness and the impact they have on a person's life, together with their capacities and strengths; activities of daily living and how a person is able to participate in their life and look after themselves; vocational rehabilitation – where the realm of employment, whether paid or voluntary and training is worked upon; and family and social relationships.

Non Government Organisations participate in provision of rehabilitation services through providing psychosocial support to consumers. Psychosocial rehabilitation focuses on the consumer learning, extending or developing skills which will enable them to participate in the community and most often takes place within the settings of everyday life eg at the consumer's home or within their local community. NGOs often engage in community capacity building to facilitate social inclusion for consumers and create pathways for people into community living options and access to community resources.

Public Mental Health Services and NGOs work together to provide an integrated rehabilitation service to consumers who receive services through partnership programs, such as the HASP Program. It is important to note that the roles of mental health workers and non government workers overlap in the area of psychosocial rehabilitation and that clearly documented partnership strategies assist greatly in providing a seamless service to consumers.

5.4 SUPPORTED ACCOMMODATION PRINCIPLES

Rog 2004, Wong 2006, Bostock *et al* 2000, summarise supported housing principles as the following:

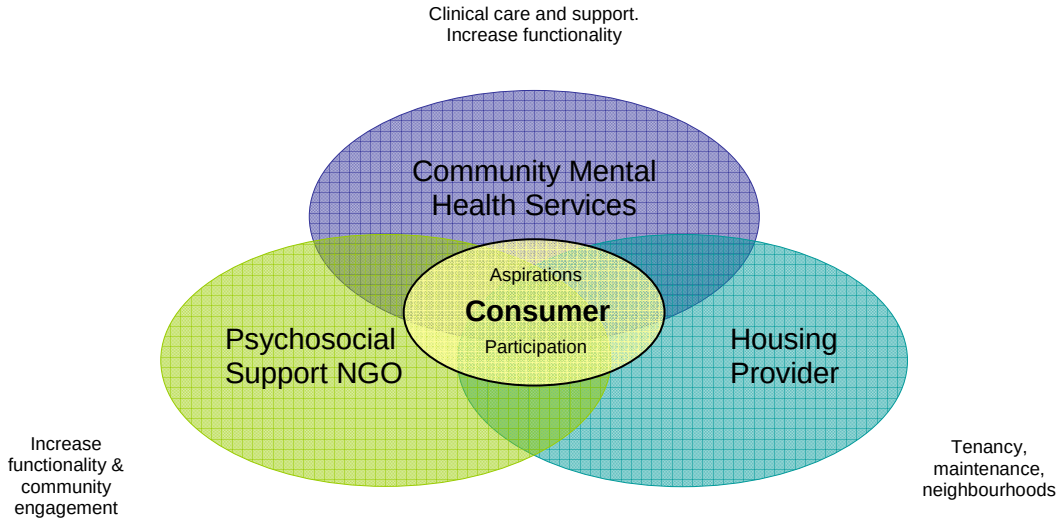
- Housing is normal community housing integrated into the community.
- Housing is affordable.
- Support services are individualised, flexible and community based.
- Support is intensive, and available up to 24 hours per day, 7 days a week.
- Support services are person-centred and holistic.
- Individual has choice of housing and control over their homes.
- Informal and formal supports should work together to meet a person's needs.
- Enabling and assisting support should be available to connect people to their communities.
- Housing and support services are separately managed.

In addition to the above principles, the partners make a commitment to recognise the specific rights and needs of Aboriginal and Torres Strait Islander people and

Culturally and Linguistically Diverse people, and to ensure that services are designed and delivered in a culturally appropriate way. The planning and implementation of the HASP Program will be made in partnership with appropriate ATSI and CALD stakeholders.

5.5 THE PARTNERS

There are four partners in the HASP Program: the Consumer, the Housing Provider, the Psychosocial Support NGO and the Community Mental Health Service.



5.6 PARTNERSHIP PRINCIPLES

The HASP Program is a partnership program. It is based on a commitment by all agencies involved to work in partnership to improve consumer outcomes through coordinated service delivery.

- A collaborative planning process resulting in a recovery oriented support plan.
- A joint assessment of need leading to a recovery oriented planning process.
- A planned, coordinated and seamless approach to service delivery.
- Acknowledge risk within a dignity of risk framework.
- Collect data to inform evaluation, research and service development.
- Effective and efficient use of evidence based practice in the provision of recovery focused, consumer centred services.
- Ensure a self reporting tool is offered as an option for consumers.
- Share information in the context of duty of care.
- Share knowledge as appropriate with the consent of the individual.
- Use of appropriate tools such as self reporting documents, standardised outcome measures, qualitative tools and assessment of need measures to effectively identify good practice and help consumer outcomes at both individual and broader levels.

- Value the right of the consumer to negotiate their own plan.
- Will have formal partnership arrangements in place, including a Memorandum of Understanding between all partners defining roles, responsibilities and collaboration.

6. TARGET POPULATION

The HASP Program is intended to accommodate and support adults with mental illness between 18 and 65. At this stage HASP is only available in metropolitan Adelaide.

6.1 ELIGIBILITY

The Criteria for the HASP Program are for individuals who:

- Are diagnosed with a mental illness and experience significant functional disability as a result of their mental illness.
- Have non-existent, lost or limited independent living skills and require significant support to develop skills in the management of housing, finances, relationships, activities of daily living, social integration and / or parenting.
- Are eligible for housing with the housing provider.
- Have an identified mental health contact person (commonly a Keyworker from a Community Mental Health Service) or are in the process of being allocated one.
- Are homeless or at risk of homelessness, which includes being housed in inadequate, unsustainable or inappropriate housing (for example: being housed in a facility, living with elderly carers who are unable to continue caring for their family member and a range of other potentially unacceptable situations.)
- .Have the capacity to benefit from the provision of accommodation and support services.
- Give informed consent to participate in the program.

People being considered for referral to the program may also share some or all of the following characteristics and these should be taken in account when prioritising referrals:

- History of harm to self and/or others including due to personal neglect.
- Refusal or difficulty in engaging with services creating risk to self and/or others.
- Have a substantial history of extended hospital admissions
- Have failed at independent community living previously
- Risk factors including complex health (medical and allied health), lifestyle and/or behavioural needs.
- Unstable mental state and unremitting symptoms.
- Lack of natural support from family/friends and/or connectedness with the community.
- Significant grief and loss issues impacting on long term mental health.
- Subject to legal orders including Mental Health Act, Guardianship and Administration Act and Criminal Law Consolidation Act: Mental Impairment Provisions.

- Frequent use of ACIS and other emergency services and/or attendance at Emergency Departments.
- Are cycling through the criminal justice system, often for low tariff offences that may be associated with their mental or functional impairment.

6.2 ADDITIONAL ELIGIBILITY

On occasion younger people, older people or adults with early onset dementia may be considered for the program.

People under 18 years of age may be considered for HASP services when they:

- **Fulfil the criteria for the program**
- Are in transition to adult mental health services or are highly likely to require adult mental health services in the future.
- Have developmental needs likely to require ongoing psychosocial rehabilitation and support/disability support.

People over 65 or with early onset dementia may be considered for HASP services when they:

- **Fulfil the criteria for the program**.
- Do not yet require intensive support for their age-related vulnerabilities, or have in place strategies to manage their age-related vulnerabilities.

7. PROGRAM PARTNERS AND SUPPORTS

The four partners collaborating in each HASP Program placement are responsible for working together to support the consumer's journey of recovery and improve engagement with the community.

7.1 THE CONSUMER

HASP is a voluntary program. People who participate in the HASP Program are expected to be an equal partner in the collaboration. Each participant will support their own journey of recovery by, to the degree they are able, participating in:

- The self-management of their mental illness.
- Partnership with their housing provider, psychosocial support provider and community mental health service.
- Engagement with the domestic, social, vocational and recreational aspects of their lives.
- Development of aspirations, goals and milestones.
- Regular review of HASP and other supports to better meet their recovery needs.

7.2 HOUSING

Housing Support will assist with the tenancy, maintenance and neighbourhood aspects of living in the community. These services are provided by non-government organisation housing providers. Each consumer will be assisted to engage in housing support through a Housing Manager.

The non-government organisation housing provider is responsible for:

- Provision of safe, secure and affordable housing.
- Establishment of tenancies in accordance with Residential Tenancies Act or other relevant legislation eg Property Inspection Reports, Lease Agreements etc.
- Establishment of other tenancy support systems eg Direct Debit rent payment, tenant debt management.
- Tenancy management: collection of rent, timely response to minor (day-to-day) maintenance reports, maintenance of external areas, fire safety monitoring and management, and timely response to issues of concern raised by individual consumers.
- In collaboration with other service providers undertake housing needs assessment with individual consumers to determine housing needs and options.
- Participation in collaborative 'case management' processes with psychosocial support and community mental health services where issues affecting security of tenure are identified.

7.3 PSYCHOSOCIAL SUPPORT

Psychosocial support is provided to increase functionality and enhance engagement with domestic, social, vocational and recreational aspects of living in the community. These services are provided by non-government organisation psychosocial support providers. Each consumer will be assisted to engage in psychosocial support through a Support Coordinator and a number of support workers.

The non-government organisation psychosocial support provider is responsible for:

- Developing policies and procedures required for the effective delivery of psychosocial support services.
- Provision of individually planned psychosocial recovery and support services on a daily basis, up to 24 hours a day as required by consumer need, with a focus on building independent living skills and community engagement.
- Provision of formal and informal advice to the Department of Health – Mental Health Unit on the performance of the program.
- Participating on the Allocation Committee.
- Ensuring all program operations occur in a manner that offers safety and security to the consumer.
- Undertaking three monthly reviews of consumer progress in partnership with community mental health services and the consumer.
- Working with consumers, in partnership with community mental health services, to develop, action and review care plans including wellness recovery action plans and exit plans.
- Provision of ongoing psychosocial assessment, case management and review services in partnership with community mental health services.
- Provision of a timely and appropriate response to issues of concern raised by individual consumers.
- Work in partnership with carers and families, community mental health services, housing providers, other organisations responsible for supporting the consumers and with the funding agency, SA Health.

For a detailed listing of psychosocial support services see Appendix C.

7.4 SPECIALIST MENTAL HEALTH SUPPORT

Specialist mental health care is to provide clinical assessment, therapeutic interventions aimed at symptom management and minimising or reducing impairment associated with mental illness. This will include use of medication, psychological therapies and development of self management skills. Such interventions are strengths based and aim to increase function. These services are provided by community mental health services. Each consumer will be assisted to engage in specialist mental health support through a Key Worker.

The Community Mental Health Service is responsible for:

- Providing planned clinical mental health support.
- Documenting care plan, wellness recovery action and crisis plan and response.
- Providing access to range of clinical assessment, case management and review services.
- Facilitating access to other mental health services as required, eg: living skills assessments, psychological therapies, group rehabilitation services.
- Providing mental health specific expert advice to psychosocial rehabilitation and support providers, housing management providers and other key stakeholders.
- Providing a timely and appropriate response to issues of concern raised by individual consumers, carers and families.
- Undertaking clinical assessments for referral and regular review using HoNOS and LSP.
- Supporting the individual to participate in self assessment for review using K10.
- Working in partnership with other agencies responsible for supporting the consumers and with the funding agency.
- Carrying out and reporting against legislative requirements, including: Mental Health Act, Guardianship and Administration Act, and Criminal Law Consolidation Act.

7.5 OTHER SUPPORTS

HASP Program partners will involve other individuals and agencies in the recovery process, including: carers, families, GPs, sport and recreational groups, education and training organisations, and other community groups, where possible and appropriate.

8. PROGRAM GOVERNANCE

The HASP Program has two tiers of governance – at statewide and regional levels.

8.1 STATEWIDE SUPPORTED ACCOMMODATION PROGRAM MANAGEMENT COMMITTEE (PMC)

The PMC has responsibility for the State-wide development and implementation of Supported Accommodation, which includes the HASP program. It establishes the policy and operational guidelines for the Program and reports through the Director

Mental Health Operations to the Executive Director, Operations, SA Health and to the Mental Health Executive.

8.2 REGIONAL PARTNERSHIPS

Operational arrangements will be established in each region to manage the allocation and review of support and housing under the program.

9. PROGRAM PROFILE

The HASP Program is designed for consumers who have interrelated housing vulnerability and high mental health support needs, and who require daily support to be able to live in the community.

9.1 20 UNIT CLUSTER HASP

This component of the HASP Program will comprise 20 independent, self-contained units designed to look like any residential development located in the LGA of Burnside. Each unit will have its own street address with rear access to a communal open area. The development will include a unit for the use of the NGO support service staff. Acknowledging the high support needs for some consumers, some units will be very close to the NGO base – possibly joined as is quite usual in home unit developments. All units will be able to access the support services base through a communication system.

Consumers living in these units will initially have access to active support 24 hours a day, 7 days a week.

In the first instance, this service will target consumers currently in extended rehabilitation on the Glenside Campus with very high support needs. Consumers will be able to remain in HASP as long as they wish and as long as they have very high support needs. Individuals may transition from the 20 Unit Cluster of HASP as they become older or if they gain sufficient skills and confidence to live more independently in the community. In the future, the HASP Program located in the 20 Unit Cluster will target people with chronic, enduring mental illness and psychiatric disability, who require very high support, from across the state.

20 Unit Cluster : HASP Service & Support

Number of places	20.
Configuration	Co-located units.
Consumer need	Consistent high levels of daily support, with persistent and chronic levels of psychiatric and/or functional disability.
Daytime psychosocial support	Active support is available 12 hours daily.
Daytime CMHS support	Available as required on a daily basis.
Night-time support	NGO, active, 12 hours (initially)
Key Partners	Consumer, Carer, Housing Manager, Support Coordinator, Key Worker.

9.2 METROPOLITAN HASP

The metropolitan component of the HASP Program will comprise a minimum of 53 self-contained dwellings across suburban Adelaide. The dwellings will be distributed

across the Community Mental Health Service catchments, dependent on housing availability and consumer need.

Housing will mostly be independent dwellings and duplexes, with some flats, townhouses and co-located clusters of units (no more than 5 per cluster) depending on the specific requirements of consumers in each catchment.

Consumers in the metropolitan HASP Program will receive daily support, actively allocated and managed to adapt to consumer's changing needs in a cost-effective way. Consumers will receive an individual allocation of hours of psychosocial support in addition to clinical in-reach. Each CMHS will maintain a balance of high and medium HASP service allocations in its catchment.

Access to higher levels of daily support, including 24 hours a day, may be provided where specifically approved.

Metropolitan HASP Service & Support

Number of places	53 plus
Configuration	Mostly individual dwellings and duplexes, with some collocated groups of 5 as determined by consumer need.
Consumer need	• High: High levels of daily support. • Medium: Consistent medium levels of daily support, with periods of requiring higher levels of support.
Daytime psychosocial support	• Daily as required, between 1 - 5 hours.
Daytime CMHS support	• Daily to fortnightly as required.
Night-time support	• NGO, on call. (Active or passive NGO overnight support available for periods determined by consumer need)
Key Partners	Consumer, Carer, Housing Manager, Support Coordinator, Key Worker

9.3 HASP Program Accommodation

- Each person will have access to fully self-contained accommodation with access to natural light and natural outdoor views. The accommodation includes a bedroom, bathroom, lounge, kitchen, laundry and private outdoor area to support people to live as independently as possible.
- Accommodation units and community will be designed to enhance communication and social connectedness.
- Housing type and design should be aesthetically integrated so that it is indistinguishable from other housing in the area.
- Universal design principles should be used to ensure greatest flexibility and accessibility.
- Sustainability elements of the dwellings will meet the SA Government's State Strategic Plan targets of water usage reduction and improved energy efficiency.
- Housing should be located close to transport, shopping centres and general health centres.
- Parking will be accessible for staff, consumers and visitors.
- Mental health consumers will be involved in the development of a list of desired features for the layout and design of housing for the HASP Program.

Aspects specifically applicable to the 20 Unit Cluster located in the LGA of Burnside:

- Staff premises and sheltered external communal areas will be located separately to consumers' private dwellings.
- Staff premises will include flexible work areas/office space, flexible meeting space, sleeping area (for overnight passive response when appropriate), shower/toilets, staff kitchenette and storeroom.

10. PROGRAM PATHWAYS

The pathways into and out of the HASP Program are designed to enable those with the highest need to receive the care and support they require.

10.1 REGIONS

The regions or catchments for the HASP Program will match those of Community Mental Health Services and IPRSS. At the moment regions are Western, Northern and Eastern (CNAHS), and Southern (SAHS). In the future, as the CMHS reform progresses, there will be 6 regions, namely: Northern, North Eastern, Western and Eastern (CNAHS), and Inner Southern and Southern (SAHS).

Regions will be the main administrative unit for the allocation and management of HASP housing and support packages. The MHU will manage the overall HASP Program and supported accommodation programs and will manage all tender and contracting processes. The model and program development for Supported Accommodation and the HASP Program will go through the SSAPMC.

10.2 REFERRAL

It is anticipated that most of the consumers referred to the HASP Program will be in contact with mental health services and the information required by the referral process will be relatively readily available. It is also anticipated that most consumers referred to the HASP Program will already have a keyworker from a Community Mental Health Service, or will be in the process of being allocated one. Referrals of consumers who do not yet have a Keyworker will be considered for the allocation process but cannot be accepted into the HASP Program until they have a Keyworker and Community Mental Health Service in place.

A referral is made to the Regional Allocation Committee (RAC), and must contain: the HASP Consent Form and HASP Referral Form. Other information should be included where available, including: current Care Plan, Risk Assessment, OT Assessment, Needs Assessment and current NOCC scores. It is the responsibility of the referrer to ensure that this information is made available to the RAC as part of the referral process

10.3 ALLOCATION

As the reform of South Australia's Community Mental Health Services progresses, integrated referral and allocation processes in each CMHS region are developing. Referrals for HASP will make use of these integrated processes wherever possible, so that an individual's needs can be assessed against the range of rehabilitation supports available, including CRCs, IPRSS, CSI, Returning Home and HASP.

The Regional Allocation Committee will assess each referral against the eligibility criteria and rank them in terms of need. This process will be transparent and require all members of the RAC to agree on prioritisation of need.

A mechanism will be developed so that the Housing Provider and NGO support provider can participate in the HASP allocation process, without participating in other matters before the RAC with which they are not involved. (This mechanism will be the one most useful for regional partners, whether a sub-committee of the RAC or the Housing Provider and NGO Support provider attending the RAC only while it considers HASP referrals etc.)

The RAC will keep a record of all referrals and associated allocation processes. The RAC will designate a member of the RAC to inform consumers and referrers of the outcome of each referral. It is anticipated that outcomes will fall under the following categories: accepted into the HASP Program, accepted as suitable for the HASP Program and placed on a waiting list due to no available packages, not accepted onto the HASP Program due to not fulfilling the criteria or not accepted onto the HASP program due to their needs being able to be better met through another program. The RAC will maintain a waiting list of people suitable for HASP Program placement and re-assess them against new referrals in terms of need when HASP Program vacancies occur. The RAC will reconsider referrals which have been not accepted previously when new information becomes available or situations change.

10.4 REVIEW

All consumers engaged in the HASP Program will be assessed and their care plan will be reviewed by the CMHS keyworker and the NGO support worker in partnership with the consumer and carer (where appropriate), a minimum of every 3 months, to ensure the consumer is being supported appropriately and that all partners are satisfied with arrangements.

10.5 EXIT

An individual may exit from the HASP Program if:

- They don’t want to participate any more.
- Their support needs become too high for the Program to provide.
- Their support needs become too low to meet the Program eligibility criteria and their needs can be better met by another program (if required) such as IPRSS.
- The consumer has breached tenancy conditions and is being evicted.

In all cases, the CMHS Key Worker and the NGO support worker will work together to actively support the consumer through the exit process, and provide formal transition to other programs and agencies.

10.6 TRANSITIONAL VS LONG-TERM

It is anticipated that consumers who enter the HASP Program will have long term security of tenure except in the following examples:

- they breach their tenancy conditions and are evicted
- they choose to move to another area

- they are being housed in the 20 Unit Cluster located in the LGA of Burnside which is designated as Transitional.

The level of support provided to the consumers living in 20 Unit Cluster is very high. It is anticipated that consumers' needs will change over time and therefore this housing is seen as transitional. There is no time limit on how long the transition may take. Should a consumer's needs change and they require less support than is provided in this part of the HASP Program, they will be assisted to move out into the wider community and receive the more flexible support they need to maintain their mental health, quality of life and tenure.

A number of possible scenarios are noted below, it is also accepted that other scenarios will arise which are not detailed and any solutions being sought should remain true to the Program's Objectives and Philosophy.

An individual may recover sufficiently to no longer require HASP levels of psychosocial support but to move them from their HASP-linked housing would be potentially harmful. The keyworker, support worker and Allocation Committee may advocate for the following actions:

- Continue the consumer's tenure in the dwelling under normal social housing arrangements.
- Transfer the dwelling to the usual social housing program of the housing provider and source a replacement property for the HASP Program from Housing SA or the housing provider if available
- Arrange for appropriate support from another program, possibly IPRSS or CSI

A consumer may relinquish HASP-linked accommodation (through eviction or preference) but still need daily psychosocial support at HASP levels.

- HASP psychosocial support may be provided in non-HASP housing for a limited period.
- It is expected however that the region (if necessary with the support of PMC) will act to restore the linked housing and high level support package as soon as practicable.
- This may be achieved by sourcing the consumer's future support from IPRSS or another program, or by additional service funding allocation to HASP.

A consumer may wish to move to another area within South Australia:

- Where possible the consumer should be assisted to move to the desired area, and housing and support from this area should be negotiated by the consumer's keyworker with assistance from the RAC. Support should be available before the move is undertaken.

A consumer is unable to maintain their place in the community and requires more support than is available and goes into hospital, a CRC or an ICC:

- Where possible their place should remain open and connection with the consumer maintained by the NGO support worker and CMHS keyworker.
- Where the admission is likely to be an extended or permanent measure, the HASP Program place should be restored and have someone from the waiting list allocated to it.

11. SAFETY AND QUALITY

11.1 STANDARDS

All psychosocial rehabilitation and support services will be developed and implemented in accordance with the principles outlined in this document, and:

- National Standards for Mental Health Services
- National Disability Services Standards
- SA Psychosocial Rehabilitation Support Services Standards
- SA Carers Charter and
- Any other legally required standards.

All properties in the program will comply with appropriate legislation regarding amenity and safety as well as any additional requirements agreed to between the funder and provider.

11.2 RISK MANAGEMENT

Risk will be minimised through the development of an agreed risk management framework, operational policies (including OHS&W policy), protocols and guidelines. Non-government service providers will be able to demonstrate that they are appropriately accredited quality organisations.

Comprehensive assessment including risk assessment, management planning and regular reviews including the development and review of crisis plans and collaborative relationships with consumers, family members, mental health service system and other key stakeholders will assist in minimising risk.

11.3 MEMORANDA OF UNDERSTANDING

Memoranda of Understanding will be completed and signed by the partners of each component of the HASP Program, ie the Region, the housing provider and the NGO provider will all sign a MOU which details roles, responsibilities, operational procedures etc. A template for the MOU will be provided by the MHU as part of the Operational Guidelines and will be a requirement of the Facilitation Agreement or Service Agreement that SA Health makes with the Housing Provider, or Psychosocial Support Provider, respectively.

11.4 MONITORING AND EVALUATION

Monitoring and evaluation is an essential part of the HASP Program, to provide assurance of the effectiveness of the program. Formal monitoring and evaluation of the Program will be undertaken by the Mental Health Unit.

Each of the partner agencies – housing provider, psychosocial support provider and CMHS – will include their HASP activity in their usual monitoring and evaluation mechanisms, and will report any significant findings to local support teams, regional partnership groups and/or Regional Allocation Committees as appropriate for action or consideration by all partners.

The psychosocial support provider will be required to provide specific information at regular intervals to the MHU.

In addition, the HASP Program itself will be monitored and evaluated by the quarterly collation of the following data from the RAC by the CMHS.

Data Type	Data Item
HASP Activity	Consumers currently in program
HASP Activity	Consumers entering program
HASP Activity	Consumers exiting program
HASP Activity	Referrals received for program
HASP Activity	Consumers on waiting list

11.5 DISPUTE RESOLUTION

There are times in all working relationships when partners disagree. Below are strategies for resolving disputes with clients, neighbours and between service providers.

Consumer Disputes

Sometimes a consumer will disagree with their treatment or support. The NGO support provider or CMHS, or both, will use their usual strategies for resolving this type of dispute, including talking through the issue with the consumer, involving a NGO support provider or CMHS team leader or senior clinician, trialling a modification to treatment or support, formally reviewing treatment or support, and reviewing participation in the HASP Program.

Neighbourhood Disputes

On occasion disputes will arise between a consumer of the HASP Program and their neighbours. In these instances the Housing Provider will use their usual mechanisms for resolving neighbourhood disputes, including talking to both parties, negotiating agreed behaviour or actions between the parties, mediating a meeting between parties and more formal processes, including local council or police involvement or a review of tenancy and conditions.

Partner Disputes

In circumstances where a difference of opinion or dispute arises between local HASP Program providers, it is expected that the parties adopt a staged approach to resolving the dispute amicably and professionally.

Step	Action
1	The individuals directly involved in the care and support of a client, usually the Support Coordinator and the Key Worker, will meet to work through the issues and negotiate a solution as a part of the ongoing working partnership. Additional input may be sought from each party's supervisor/team leader and/or the Allocation Committee, who may assist with meetings, negotiations and solutions. A record of negotiations and actions/outcomes will be kept by the Local Partnership / Coordination Committee (where it exists).
2	If a dispute is not resolved in Step 1, the Local Partnership / Coordination Committee will refer the issue to the Regional Allocation Committee, where the broader and more senior group of people from all partner organisations will formally consider the matter, including listening to the individuals involved in the dispute and requesting input from management staff from each organisation. A record of deliberations and actions/outcomes will be kept by the Regional Allocation Committee.
3	If a dispute is not resolved in Step 2, the Regional Allocation Committee will refer the issue in writing to Manager, Rehabilitation and Recovery Services, Mental Health

	Unit, Operations, SA Health. Correspondence should detail: • The issue(s) in dispute between the parties. • A timeline documenting attempts to resolve the dispute to date. • Any agreements or outcomes that have been made to resolve the dispute. The Manager, Rehabilitation and Recovery Services will then take it to the Supported Accommodation PMC . The PMC will deliberate and in doing so they will give special consideration to: • Each provider's contractual obligations. • The principles and commitments underpinning the HASP Program, and • The processes and guidelines contained in the HASP Program Guidelines. Once a decision has been made, the parties will be informed in writing of the outcome. The parties have the right to pursue the matter further through any legal avenue available to them.

Appendix A – References

A number of sources were used in the development of this Service Model.

Australian Health Ministers. (2003) *National Mental Health Plan 2003-2008.* Australian Government.

NSW Department of Health. (2003) *Framework for Rehabilitation for Mental Health.* Government of New South Wales.

NSW Department of Health. (2006) *Housing and Accommodation Support Initiative (HASI) for people with mental illness.* Government of New South Wales.

O'Brien A, Inglis S, Herbert T & Reynolds A. (2002) *Linkages between housing and support – what is important from the perspective of people living with a mental illness.* Australian Housing and Urban Research Institute (AHURI), Swinburne/Monash Research Centre.

SA Health. (2008) *24 Hour Supported Accommodation – Summary Service Model.* Government of South Australia.

SA Health. (2008) *Statewide Operational Protocol – Individual Psychosocial Rehabilitation Support Services (IPRSS).* Government of South Australia.

Victorian Department of Human Services. (2007) *An analysis of the Victorian rehabilitation and recovery care service system for people with severe mental illness and associated disability.* Government of Victoria.

Victorian Department of Human Services. (2003) *Psychiatric Disability Rehabilitation and Support Services (PDRSS) – Guidelines for Service Delivery.* Government of Victoria.

Appendix B – Supported Accommodation Continuum

HASP Program

Program	Places	Housing	PSR Support	PSRS Hours *	CMHS Hours
Glenside HASP	20	E CMHS	PSR NGO	Available for up to12 hrs daily	Available for 12 hours daily
Metro HASP – Intensive	53 +	Housing NGO	PSR NGO	Available for 4-8 hrs daily	As required
Metro HASP – Flexible		Housing NGO	PSR NGO	Available for 2-4 hrs daily	As required

* PSRS is available up to 24 hours, as required, in addition to more usual PSRS hours.

Existing Supported Accommodation Programs

Program	Places	Housing	PSR Support	PSRS Hours *	CMHS Hours
Avalon	10	Portway	UCWPA	2 hours weekly	As required
Catherine House	12	CH	CH	Available for 12 hrs daily	As required
Metro Community Living – South	14	Housing SA	UCWPA	4 hours weekly	As required
Metro Community Living – West	8	Housing SA	NEAMI	4 hours weekly	As required
Palm Lodge	20	E CMHS	-	-	Available for 12 hrs daily
Supported Housing in the North	16	ROOFS	UCWPA	6 hours weekly	As required
Village Hostel	7	N CMHS	-	-	Available for 12 hrs daily

Social Housing (proposed)

Stimulus Package Housing	250	Housing SA	IPRSS or CSI	Weekly	As required

Government-funded Supported Residential Facilities

Russell House	11	Russell	-	-	As required
Victor Harbor	18	Victor	-	-	As required

Appendix C – Psychosocial Support Services

Supporting and Promoting Self-Management, Health and Wellbeing

Mental Health	• Working with the consumer and the MHS team to implement strategies to increase self management of mental health and emotional wellbeing (e.g. assistance to attend specialist appointments, prompting and monitoring of management strategies, support in assuming increasing responsibility for own mental health. • Work in partnership with specialist MHS and the consumer around strategies relating to medication
Physical Health and Personal Care	• Working with the consumer to implement strategies to increase self management of self care including hygiene, physical health and well being (e.g. assistance or encouragement to attend medical appointments, prompting re medication, liaison with pharmacist) • Developing healthy approaches to nutrition and exercise
Drugs, Alcohol, Tobacco	• Working with the consumer to implement strategies to address drug/ tobacco and alcohol issues (e.g. assistance to attend specialist appointments, prompting re management strategies, encouragement and support for persons efforts.

Developing Living Skills and capacity to take responsibility

Household Management	Working with the consumer to implement strategies to participate, initiate or take responsibility for household management (e.g. cooking, shopping, cleaning, gardening) according to the persons capacity and developing over time
Transport	Working with the consumer to develop skills and confidence to increase mobility (e.g. obtaining drivers licence, catching bus or taxi)
Financial Management	Working with the consumer to implement strategies to improve financial management (e.g. budgeting, banking, bill paying, internet banking)

Community Engagement

Accommodation	Working with the consumer to develop responsibility for own tenancy. Direct dealing with landlord, rent payments, care and maintenance of home. Support and assistance if the person chooses to relocate.
Education/Training	Working with the consumer to access educational and training opportunities (e.g. assistance to attend classes, assistance in course selection, liaison with educational providers)
Employment	Working with the consumer to access employment opportunities(e.g. assistance to get a job, keep a job, change jobs, negotiate leave entitlements)
Income Security	Working with the consumer to ensure income security (e.g. assistance to negotiate wages and conditions, liaison with Centrelink re entitlements)
Recreation and Leisure	Working with the consumer to access recreation and leisure opportunities (e.g. assistance to access chosen activities, introducing the person to a wider range of activities)
Cultural	Working with the consumer to access cultural activities (e.g. assistance to attend cultural days and activities, specialist health providers)

Family and Social Relationships

Parenting	Working with the consumer to implement parenting strategies (e.g. prompting re appropriate parenting, assistance with access arrangements, liaison with schools)
Family Relationships	Working with the consumer to develop and sustain family relationships (e.g. working with carers to ensure appropriate respite)
Social Relationships	Working with the consumer to develop and sustain friendships and links with community (e.g. assistance to access interests and hobbies, sporting events)

Legal

Criminal, Civil and Family Court Matters	Supporting the consumer to attend to statutory requirements and legal matters (e.g. payment of fines, attendance at court appointments, visits to lawyer, adherence to legal orders) Consideration of support to variations to licence conditions