

ADULT INTENSIVE COMPLEX CARE PACKAGES PROGRAM GUIDELINES

Mental Health Demand Management Initiative

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Mental Health Branch, Health Services Programs and Performance Division

Victorian Department of Health and Human Services

1. PURPOSE

This Guideline relates to Adult Intensive Complex Care Packages - for people with severe mental illness and complex care needs, including challenging behaviours.

2. BACKGROUND

The Victorian Government has committed to fund a range of initiatives and activities to assist in managing demand in acute inpatient settings. A range of projects (new approaches and targeted expansion) are being implemented to:

- Deliver better outcomes for complex and long stay patients
- Enhance discharge from inpatient settings
- Improve acute treatment responses for people with mental illness.

These guidelines for Adult Intensive Complex Care Packages supersede the service model Secure Extended Care Unit (SECU) Diversion and Substitution Packages (originally distributed in 2009-10). SECU Diversion and Substitution packages provided community based intensive clinical support as an alternative to stay in a SECU.

These Adult Intensive Complex Care Packages Guidelines now apply to packages previously allocated as SECU Diversion and Substitution packages.

Adult Intensive Complex Care Packages will provide a range of highly intensive, clinically focused treatment and support packages to high needs and complex consumers. Consumers who will benefit may require support to reduce the need for admission to SECU or mental health inpatient unit and expedite discharge and return to community living.

3. OBJECTIVES

The objectives of Adult Intensive Complex Care Packages are to:

- Provide a safe, cost effective and less restrictive alternative to admission to a mental health inpatient setting (subsequently reducing demand pressure on these service elements)
- Reduce the cost impact associated with consumers as they seek assistance across a range of services, such as hospital, housing, homelessness, drug and alcohol and corrections and emergency services (police and ambulance)
- Maximise symptom stability, functional ability and optimise health and service outcomes of the target population, which will assist in the recovery journey.

4. TARGET GROUP

The people this initiative will support include those who commonly:

- Have unremitting and very severe symptoms of mental illness and high level psychiatric disability/functional impairment, co-existing substance misuse issues and co-occurring intellectual disability or acquired brain injury (ABI).
- Have a forensic history.
- Have a history of repeated hospital admissions or lengthy psychiatric inpatient stays.
- Exhibit challenging, aggressive and/or antisocial behaviours and may have patterns of offending behaviour.
- Have a history of re-occurring homelessness and interactions with the corrections and other community support and human service systems.

5. SERVICE MODEL

The service model will provide:

- Intensive integrated clinical treatment and psychosocial rehabilitation support packages.
- One to one support for consumers who require a higher ratio of staff to consumer.
- After hours and weekend support as required.
- Psychosocial support to be provided as part of an integrated model from the health service or purchased from a suitably experienced support provider (working in partnership with diverse providers such as Mental Health Community Support Services or other Non-Government organisations).
- An assertive outreach approach in the consumer's home/place of residence.
- Provide a coordinating function to support consumers to access and remain engaged with the range of health, community and social support services needed. This care coordination function will be responsible for reducing duplication and unnecessary complexity of service supports.
- Proactive support to access appropriate, stable and affordable housing/accommodation.
- A plan that engages consumers and their carers and documents the roles and responsibilities of services and supports. The plan is to be reviewed at regular intervals.

- A step-down approach for consumers to transition to normal, standard services.
- The delivery of support through brokerage funding, which can enable consumers to address an extraordinary or pressing need and/or the prevention of a critical situation. For information regarding the application of brokerage, see Attachment A – Guidelines for Brokerage Funding: Adult Intensive Complex Care Packages.

Greater involvement by consumers and their families/support networks in decisions about their assessment, treatment and recovery and are supported to make or participate in those decisions and their views and preferences are respected in line with the principles of the Mental Health Act (2014).

6. DELIVERABLES

Service performance monitoring will be managed through usual reporting processes for service providers through the mental health data system (CMI/ODS). The reporting will also incorporate consumer contact activity under the former SECU Diversion and Substitution initiative.

Service providers need to report community service hours, commencing with new funding provided from 1 July 2015.

7. OUTCOMES

Service providers will work with consumers and families to achieve the following outcomes:

Consumer Outcomes

- Improved symptom stability, functional ability and physical health
- Improved compliance with medication and treatment
- Improved pro-social behaviour and law abiding behaviour
- Improved housing security and reduction in homelessness
- Improved social and economic participation
- Reduced vulnerability (e.g. risk of exposure to crime)
- Lower rates of suicide and self-harm
- Reduction in drug and alcohol misuse.

Improved Long Term Outcomes

- Stable housing
- Improved physical health
- Increased economic and social participation
- Increased safety
- Reduction in risks behaviours.

Services System Outcomes

- Reduction in acute inpatient length of stay in excess of 35 and 90 days by target group consumers
- Reduction in consumers requiring unplanned re-admission to mental health inpatient unit
- Reduction in psychiatric issues involving emergency call out responses (police and ambulance) and/or Emergency Department admissions
- Reduction in interactions with correctional services including offending behaviour.

8. IMPLEMENTATION

In some cases, a clinical plan for individuals may need to be developed with the Office of Chief Psychiatrist.

The funding is also intended to enable appropriate community-based supports for consumers who require exceptionally high levels of support.

ATTACHMENT A

GUIDELINES FOR BROKERAGE FUNDING: ADULT INTENSIVE COMPLEX CARE PACKAGES

1. Context

The purpose of this guideline is to describe the parameters under which Adult Intensive Complex Care Packages may be used to fund brokerage activities for consumers under the broader Adult Intensive Complex Care Packages Program Guidelines.

Adult Intensive Complex Care Packages are for people with a severe mental illness and complex care needs, including challenging behaviours. The packages aim to reduce unplanned admissions or length of stay for complex consumers where a planned mental health inpatient admission is considered the best and most appropriate option.

Brokerage is incorporated into funding provided for Adult Intensive Complex Care Packages.

2. Rationale

The department recognises that some consumers may occasionally need support to address a pressing need or to prevent a critical situation that falls outside the scope of a provider's usual service delivery or which cannot be readily met by an alternative health or community service, funding source and/or the consumer themselves. Under these exceptional circumstances, brokerage funding may be used on behalf of a consumer to ensure maximum responsiveness and flexibility to need.

3. Scope

The aim of brokerage funding is to enable providers to support consumers to address an extraordinary or pressing need and/or for the prevention of a critical situation. Brokerage support is a 'last resort' option; all alternative sources of support are to be fully identified and exhausted before a brokerage response is provided.

4. Principles

The following principles will guide decisions related to the use of funding for brokerage purposes. In general, it is anticipated that the interplay of multiple principles will need to be considered in every situation.

- Capacity building: the judgement to provide brokerage support must take full account of the consumer's ability to self-manage the situation (including capacity to pay for any good or service) and not deliberately or inadvertently diminish the

self-determination and self-responsibility of the individual to manage their own life circumstances.

- Person-centred approach: support is focused on achieving the best possible outcomes for the consumer. The consumer should be actively involved in the decision to provide brokerage support and the manner in which it is provided.
- Pressing need: brokerage can be used to address a pressing issue which is directly hampering an individual's recovery process or their immediate safety and wellbeing.
- Emerging situation: brokerage can be used to prevent a foreseeable emergency or high risk situation from developing further.
- Last resort: all alternative avenues of assistance must be exhausted and/or be unavailable (including capacity for the consumer to pay for the service or goods) before considering brokerage as a solution to meet the pressing need.
- Time-limited: brokerage is a brief and time-limited intervention only and should not be used to provide an ongoing service.
- Value: consideration must be given to whether the expenditure is the best use of resources to meet the identified need. Care should also be taken to ensure that goods or services purchased are of a fair market rate.

5. Key features of brokerage arrangements

Health services:

- Must have a documented policy for the use of brokerage funding which takes into account the requirements described in this guideline.
- Must also establish safeguards and processes to ensure that brokerage funds are used appropriately and consistently across their service. This includes processes related to any delegated authority given to individual staff to use funding for this purpose.
- Can provide brokerage funding of up to \$5,000 per consumer per annum.
- Are to work with a consumer to put in place a longer term solution to prevent/reduce potential for repeated use of brokerage to address a particular need e.g. rent arrears.
- Are responsible for understanding the availability and quality of support services in their community that may be suitable to meet the needs of their consumers and for developing referral pathways to these services. This is to ensure the provision of brokerage support is an option of last resort.

- The use of brokerage funds needs to be consistent with individual health and recovery goals.
- The use of brokerage funds should not duplicate the use of brokerage funds from other sources.

6. What can brokerage funding be used for?

Brokerage is only to be used for the purchase and provision of goods and services for an individual consumer to address an extraordinary or pressing need and/or for the prevention of a critical, emerging situation and for which no alternative response is available.

Health services will be required to exercise judgement when applying this criteria to the circumstances of individual consumers.

While brokerage funding is not to be used to pay for goods or services for which an alternative funding source or program exists, the exception to this is where such support is not readily available and the needs has been assessed as urgent/highly critical. For example:

- Food and clothing may be purchased in the case of emergency where there is no readily available material aid service in the area that can assist and the consumer is unable to pay for themselves.
- Alternative, short-term accommodation away from the family home for a consumer may be purchased in order to provide urgent respite for a carer, to reduce potential significant deterioration of the relationship

7. What will brokerage funding not cover?

Brokerage funding is not to be given directly to a consumer or their carers as cash. Brokerage funding is not to be used to purchase activities, goods or services that:

- Duplicate or supplement supports that should be provided as part of a consumer's care package.
- Are available from alternative sources (for example crisis accommodation, housing establishment fund, public dental, bulk billing GP, Home and Community Care, respite, disability employment services, subsidised education and vocational training).
- Should reasonably be expected to be purchased by the consumer themselves (for example rent and bonds, household expenses, food parcels, clothing, furniture, travel costs, recreation activities).

- Provide carer support, unless other support services (such as Carer Support Fund) are unable to provide the required support and the issue is pressing or urgent.
- Require an ongoing funding source (for example subsidisation of public or private rent, gym membership).

In addition, Adult Intensive Complex Care Package brokerage funding cannot be used to:

- Provide treatment and care for people that are not a participant of an Adult Intensive Complex Care package.
- Provide a financial loan to a consumer or their carers/family members.
- Reimburse a consumer or carer for goods or services purchased for the benefit of either or both parties.
- Facilitate or engage in unlawful activity (e.g. purchase illicit drugs for a consumer).

8. Use of Adult Intensive Complex Care funding

Health services may use Adult Intensive Complex Care Package funding to facilitate brokerage arrangements for consumers. Health services must work with a consumer to put in place a longer term solution to prevent/reduce potential for repeated use of brokerage funding to address a re-occurring need.

Health services need to be conscious that allocation of complex care funding as brokerage will reduce the total available funding for delivery of service hours, but will not reduce the service hours target.

9. Accountability and reporting requirements

Health services should consider the strategic value of using their package allocation for brokerage purposes to ensure such expenditure is the best use of resources to meet the identified consumer need and achieve overall consumer outcomes. The provision of brokerage support to a client should also consider the prior effectiveness of funds previously allocated for a similar or related purpose.