Learning from the Victorian Accommodation Program

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# Beds at a Glance

<table>
<thead>
<tr>
<th></th>
<th>Hospital Based</th>
<th>Community Based</th>
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<tbody>
<tr>
<td><strong>Acute</strong></td>
<td>Hospital Beds [910]</td>
<td></td>
</tr>
<tr>
<td><strong>Subacute</strong></td>
<td>Secure Extended Care Unit (SECU) [103]</td>
<td>Prevention &amp; Recovery Care (PARC) [38]</td>
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<tr>
<td><strong>Rehabilitation &amp; Recovery</strong></td>
<td></td>
<td>Community Care Unit (CCU) [333]</td>
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<tr>
<td></td>
<td></td>
<td>PDRS Residential Rehab [Youth 164] [Adult 96]</td>
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<td></td>
<td></td>
<td>PDRS Supported Accom [135]</td>
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<tr>
<td></td>
<td></td>
<td>Pension-Level Supported [2000]</td>
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</tbody>
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Ambulatory Rehabilitation Services

- Mobile Support & Treatment Teams [3,872 consumers, 299 FTE]

- PDRS Home-based outreach services
  - Standard HBOS [2,797]
  - Intensive HBOS [402]
The System

Rehab & Support Services

- Acute Inpatient Service
- PARC
- SECU
- CCU
- PDRS Residential Rehab
- PDRS Supported Accom
- Pension-Level Supported Accom
- HASP/Public Housing
- Home-Based Outreach
- Mobile Support & Treatment
- Private Residence
- Stable, Long-term
- ‘Transitional’
Defining the Issues - PARCs

- Tension between ‘subacute’ and ‘rehab’ roles
- ‘Residential’ versus ‘day’ places
- Concerns about ‘step-down’ function amongst some AMHS
- Currently evaluation underway [report March 2008]
Defining the Issues – Rehab Services

- Lack of consistency in core practices
- Poor cross sector collaboration
  - Between AMHS clinical services
  - Between AMHS and PDRS
  - Between PDRS services
- Lack of clarity about consumer pathways through rehab system
- System ‘blockages’
- Lack of long-term accommodation and support
- Lack of intensive support services
Proposed Solutions

- Realigning all practices to conform to policy objectives
- Improving collaboration at all levels, with special attention to AMHS - PDRS [e.g. common assessment tools, common unique patient identifier, rationalize number of PDRS providers]
- Create flow through SECUs & CCUs with ‘intensive support packages’
- Increased public & private rental housing with expanded PDRS standard and intensive HBOS
- Preference for single occupancy dwellings
Principles and Operational Domains of Supported Housing

**CORE PRINCIPLES**
- Home in the community as a basic right
- Normal roles as regular tenants and community members
- Consumer empowerment
- Functional separation between support services and housing

**Domains Related to Housing Tenancy**
- Consumer Choice
- Typical & Normalized Housing
- Resource Accessibility

**Domains Related to Mental Health Support**
- Consumer Control
- Individualized & Flexible Support

[Wong, Filoromo & Tennille]
## Models of Housing/Accommodation

<table>
<thead>
<tr>
<th>Primary Purpose</th>
<th>Supported Housing</th>
<th>Transitional Accommodation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>‘Home’ [Tenancy rights]</td>
<td>Treatment/Rehab [No tenancy rights]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Physical Configuration</th>
<th>Individual/Regular</th>
<th>Cluster</th>
<th>Individual/Regular</th>
<th>Cluster</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>Living Arrangements</th>
<th>Live Alone</th>
<th>Group Living</th>
<th>Group Living</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>Support Arrangements</th>
<th>On-site</th>
<th>Off-site</th>
<th>On-site</th>
<th>Off-site</th>
</tr>
</thead>
</table>
## Housing Over 1 Month

*From ‘Low Prevalence Study’ [Jablesky et al]*

### People with Psychotic Illnesses

<table>
<thead>
<tr>
<th>Accommodation Type</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Rented Home [Public, Private]</td>
<td>31.4%</td>
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<tr>
<td>Family Home</td>
<td>14.9%</td>
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<tr>
<td>Own Home</td>
<td>14.5%</td>
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<tr>
<td>Other Accommodation</td>
<td>44.7%</td>
</tr>
<tr>
<td>Institution [Hospital, Nursing Home]</td>
<td>19.6%</td>
</tr>
<tr>
<td>Hostel</td>
<td>13.6%</td>
</tr>
<tr>
<td>Group Home</td>
<td>2.9%</td>
</tr>
<tr>
<td>Rooming House, Hotel/Rented Room, Crisis Shelter, NFA</td>
<td>8.8%</td>
</tr>
<tr>
<td>Supported Housing</td>
<td>2.6%</td>
</tr>
</tbody>
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[Note: Individual may have used more than 1 type of accommodation]
WAs Accommodation Program

- Private Psychiatric Hostels
- Independent Living Program [ILP, 650 housing units]
- Community Supported Residential Units [CSRU, 200 places]
- Community Options [30]
- Hawthorn House [16]
- Replacements for Hawthorn House [Joondalup, Rockingham]
  - Homeless adult and younger adult accommodation [34, 31 places]
  - Aboriginal accommodation service
  - Proposed further CSRU development [250 places]
Lessons for WA ... Unique opportunity to ‘get it right’!

- Clarity about components of accommodation system and what each component is designed to achieve
  - What should Hawthorn House be doing and what should we be planning for its replacements?
  - Should the CRSUs be ‘transitional’ accommodation or ‘permanent’ [supported housing model]?
  - If the latter, what principles should they operate under?
Lessons for WA … Continued

- Designing system so that services work together
  
  - Who runs what and how can we ensure that the services work together?
  
  - What is the future of the public mental health sector in the area of rehabilitation & support services?
Lessons for WA … Continued

- Need to focus on ‘down-stream’ accommodation and support
  
  - Does the transitional accommodation model work and, if so, for whom?
  
  - What is the problem with simply pursuing the supported housing model?
  
  - Do people simply transition – the Victorian experience.
Lessons for WA … Continued

- Evaluate the programs AND the system