

Care coordination for people with severe mental illness and multiple needs initiative

Building the foundations for recovery and participation for people with severe and enduring mental illness and psychiatric disability is a key focus of reform. To support recovery and address the entrenched social exclusion and disadvantage often experienced by this population group, funding has been allocated in 2009-10 State Budget (\$2.0 million recurrent) to improve the coordination of care for people with a severe mental illness and multiple needs.

Many consumers with severe mental illness and psychiatric disability have complex and multiple needs, such as co-existing substance misuse problems, co-occurring physical health problems and/or intellectual disability and acquired brain injury. These consumers require a response from a range of service sectors such as health, housing, homelessness, drug and alcohol treatment, family support and justice services.

In addition, these consumers require dedicated and sustained assistance to access, and remain engaged with, the range of health and social support services they need. The *Care Coordination for People with a Severe Mental Illness and Multiple Needs* initiative has been developed to demonstrate and test an alternative approach to coordinating care for this client group.

Key features

The initiative involves the creation of new care coordination positions in selected areas. The care coordinator will have the following key functions:

- Lead the development and monitoring of the integrated Recovery Plan in collaboration with the consumer and carer(s). The standard elements of the Recovery Plan will include clinical, psychosocial rehabilitation, physical health care and social support services.
- Actively engage local service providers in the development and delivery of relevant elements of the individual's Recovery Plan. Facilitate case conferencing with relevant service providers as needed.
- Support/actively participate in cross program/service coordination to resolve systemic issues and identify more effective ways of meeting consumer needs.
- Advocate on behalf of the consumer if required.



Victorian Mental Health Reform Strategy 2009–19

Outcomes

This initiative will provide the practical support needed to help the consumers access and remain engaged with the range of mental health and general health and social support services they need. This will enable them to achieve:

- Symptom stability and longer term recovery
- Improved physical health
- Improved social participation and family connection
- Improved housing security and stable tenancy
- Pro-social and law abiding behaviour.

Better coordinated care across the extended service system for this consumer group can positively impact on a range of state funded services particularly mental health, public housing, homelessness, police, and corrections services. The intended system outcomes include:

- Increased capacity in community based mental health services by providing a dedicated care coordination function for consumers with multiple unmet needs
- Reduction in the costly impact of this consumer group through multiple services such as hospital, health, housing, homelessness and corrections services
- Strengthened collaboration and coordination across the mental health, primary health and social support services at the local level

Who manages this initiative?

Service Improvement Unit
Mental Health, Drugs and Regions Division
Department of Health

Timelines for implementation

The service providers have now been selected. These include:

- St Luke's Anglicare
- Eastern Access Community Health (EACH)
- Inner South Community Health Service
- MIND
- Eastern Region Mental Health Association (ERMA)
- Western Region Health Centre
- Doutta Galla Community Health Service
- NEAMI

February/March 2010: Service to eligible consumers commences.