

Department of Health

health

Adult prevention and
recovery care (PARC)
services framework and
operational guidelines
2010

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and operational guidelines
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Contents

1. Preamble	1
2. Introduction	2
3. Guidelines' purpose	3
4. The policy context	4
5. Aims and key objectives	6
6. Key service principles	7
6.1 Collaboration	7
6.2 Least possible restrictive practices	7
6.3 Respect and responding to diversity	8
6.4 Consumer and carer participation	8
6.5 Privacy and confidentiality	9
7. The PARC service model	10
7.1 Client eligibility	10
7.2 Continuum of care	11
7.3 Relationships	14
8. Governance	15
8.1 Operational collaboration agreement	15
8.2 Sub-contract agreement	16
8.3 Clinical governance	17
9. Adult PARC service operations	18
9.1 Service planning and development consultation	18
9.2 Workforce	18
9.3 Daytime operations	18
9.4 Night-time operations	19
9.5 Medication administration	19
9.6 Incident management	19
9.7 Clinical mental health and PDRSS communication mechanisms	19
9.8 Service standards and quality	20
9.9 Complaints	20
9.10 Additional policies and procedures	20
9.11 Adult PARC services catchment areas	20
9.12 Facilities, location and living environment	21
9.13 Residential tenancies	22

10. Performance monitoring	23
10.1 Clinical care	23
10.2 PDRSS	24
11. Appendix 1 – Government facilities	25
Table of contents	25
1. Introduction	25
2. The policy context	25
3. PARC services tenure model	26
4. Lease aims and key features	26
5. Common queries	28

1. Preamble

The Victorian Government is committed to supporting those with a mental illness to access high-quality, timely care and live successfully in the community (*Because mental health matters – Victorian mental health reform strategy 2009–19*).

Adult prevention and recovery care (PARC) services are short-term, residential treatment services located in the community, which have a recovery focus. PARC services provide early intervention for consumers who are becoming unwell and for those in the early stages of recovery from an acute psychiatric episode, to strengthen and consolidate gains from the inpatient setting.

PARC offers a unique setting for consumers to start their recovery journey and resume their role in the community by providing coordinated, recovery-oriented treatment and support.

Through working in partnership clinical mental health services and a recovery service, currently a psychiatric disability rehabilitation and support service (PDRSS), PARC enables consumers with severe mental illness to receive both clinical intervention and treatment and active support for their recovery in a safe and supportive setting. The PARC setting encourages links to consumers' natural supports and their participation in community life.

PARC services may choose to develop their own vision statement as part of their partnership.

2. Introduction

Adult prevention and recovery care (PARC) services have been developed as an element of the acute end of the service continuum. They were piloted in metropolitan Melbourne and regional Victoria from 2003, as part of the government's commitment to expanding services for people with a mental illness and developing innovative models of care.

Consistent with the *Mental Health Act 1986*, adult PARC services aim to provide consumers with the best possible care and treatment, appropriate to their needs, in the least restrictive environment possible. Adult PARCS are located in a community setting and provide an option for people who are becoming unwell, or who are in the early stages of recovery from an acute illness and need a short period of additional support to strengthen their gains from spending time in an inpatient setting and to consolidate their community transition and treatment plans.

In the service continuum, adult PARCS sit between adult psychiatric inpatient units and the provision of intensive community treatment in a client's usual place of residence. Adult PARC services are not a substitute for an acute inpatient service.

The pathways to enter an adult PARC can be described as *step up* from the person's place of residence or a *step down* from an inpatient unit. In this context, 'prevention' refers to the capacity to intervene early in an episode of illness or relapse to reduce the risk of escalation, to have positive impact on the pattern of illness and to minimise the harmful impact on individuals, their families and carers.

The *National mental health policy 2008* defines recovery as: 'A personal process of changing one's attitudes, values, feelings, goals, skills and/or roles. It involves the development of new meaning and purpose and a satisfying, hopeful and contributing life as the person grows beyond the effects of psychiatric disability. The process of recovery must be supported by individually-identified essential services and resources.' The provision of intensive pre or post-acute support and interventions within PARC services lay a foundation for client-centred treatment and ongoing support that fosters recovery.

In delivering adult prevention and recovery care, area mental health and psychiatric disability rehabilitation services form a partnership, supported by a contract and operational collaborative agreement, to provide the necessary treatment, support and care to people participating in the service.

The *Adult prevention and recovery care service framework and operational guidelines* outline the aims, key principles and service features of PARCS.

3. Guidelines' purpose

The purpose of these guidelines is to provide operational advice to support the planning and delivery of PARC services.

These guidelines are intended to:

- provide a framework for consideration of issues associated with adult PARC operations
- be adaptable to accommodate different adult PARC catchments, service systems and resource availabilities
- promote an overall philosophy of active collaborative care planning
- ensure that service provision is matched as closely as possible to individual presentation and need within the resources of the adult PARC
- ensure that service provision, as much as possible, provides a foundation for rehabilitation and recovery.

Approved adult PARC services should develop their own procedures and practices in relation to address the issues raised in these guidelines.

Adult PARCS provide care for people aged 16–64 years. Youth PARCS provide care for people aged 16–25 years. The development of youth PARCS is supported by the youth prevention and recovery care framework and operational guidelines. Guardianship and carer involvement in decision-making issues are dealt with in the youth PARC framework and operational guidelines.

4. The policy context

The development and implementation of adult PARC services is guided by a number of strategic directions and policies.

The Mental Health Act 1986

The Act provides a legislative framework for the care, treatment and protection of people with mental illness in Victoria.

The Act establishes procedures for initiating involuntary treatment, making involuntary treatment orders and independent review by the Mental Health Review Board.

Key features of the Act are its emphasis on rights and the requirement that treatment should be provided in the least possible restrictive environment and in the least possible intrusive manner.

The Act provides that interference with the rights, privacy, dignity and self respect of people with mental illness must be kept to the minimum necessary in the circumstances.

Because mental health matters – Victorian mental health reform strategy 2009–19

On 13 March 2009, the Minister for Mental Health, the Hon Lisa Neville MP, released *Because mental health matters*. Developed through extensive consultation with those who live with mental illness, their families, friends, carers and those who work to support them, the strategy represents a commitment by the government to ensure all Victorians have the opportunities they need to maintain good mental health, while also supporting those with a mental illness to access high-quality, timely care and live successfully in the community.

Because mental health matters is based on four core elements of prevention, early intervention, recovery and social inclusion.

The ongoing development of PARC services is part of the implementation of the mental health reform strategy.

A Fairer Victoria 2009: Standing together through tough times

A Fairer Victoria is a whole-of-government social policy action plan to address disadvantage and promote inclusion and participation. Improving the mental health of Victorians through the implementation of the mental health reform strategy is one of the plan's four priority areas, encompassed in priority area 3, improving health and wellbeing.

Victorian Charter Human Rights and Responsibilities Act 2007

The charter protects the rights of all Victorians and guides policy development, new legislation and service delivery. It requires all public authorities and their employees to act in accordance with the rights protected in the charter. The rights come under four categories: freedom, respect, equality and dignity.

National action plan on mental health 2006–11

In July 2006, the Council of Australian Governments (COAG) endorsed a *National action plan on mental health 2006–11*. Under the plan, the commonwealth is implementing 17 measures over five years to improve services for people with a mental illness, their families and carers, through:

- increasing clinical and health services available in the community and providing new team work arrangements for psychiatrists, general practitioners, psychologists and mental health nurses
- providing new non-clinical and respite services for people with mental illness and their families and carers
- providing an increase in the mental health workforce
- providing new programs for community awareness.

The guidelines and program circulars that guide the implementation of PARC services are outlined in the PARC operational guidelines.

5. Aims and key objectives

The aims of adult PARC services are:

- to improve mental health outcomes of people with a severe mental illness, who become acutely unwell
- to prevent avoidable admissions to acute units and avoidable re-admissions following an acute episode.

The objectives of adult PARC services are to:

- provide a service option for people with a severe mental illness, both in the inpatient setting and in the community, whose treatment and recovery is better suited to an intensive, short-term treatment and support in a residential setting
- provide a mix of clinical, psychosocial and other support that enables gains from the period in the inpatient setting to be strengthened, community transition and treatment plans to be consolidated and minimises the trauma and disruption for consumers and carers that may arise from a first episode or relapse of mental illness
- supplement crisis intervention and enhance access to inpatient services through the prevention of unnecessary inpatient admissions and the provision of an intensively-supported early discharge alternative.

6. Key service principles

The development and operation of PARC services is underpinned by the five key principles of:

1. collaboration
2. least possible restrictive practices
3. respect and responding to diversity
4. consumer and carer participation
5. privacy and confidentiality.

6.1 Collaboration

The person and their recovery is the central focus of the service. To this end, PARC clinical and PDRSS providers work collaboratively to provide the most appropriate treatment and support.

‘Collaboration is a mutually beneficial and well-defined relationship entered into by two or more organizations to achieve common goals.

The relationship includes a commitment to mutual relationships and goals; a jointly developed structure and shared responsibility; mutual authority and accountability for success; and sharing of resources and rewards.’

(Mattessich, Murray-Close & Monsey, 2001)

Consumer and carer participation in the collaborative planning, delivery and evaluation of adult PARC services, in addition to their individual treatment and support is underpinned by the principle of consumer and carer participation.

The responsibility to develop and maintain strong connections between the PARC service and the other parts of the mental health and community service systems rests with all stakeholders.

6.2 Least possible restrictive practices

Any restrictions of a person’s liberty are kept to a minimum and such restrictions are to be demonstrably justifiable. For example, a person gaining access to the service does so on a voluntary, planned basis and has been previously been informed about the service and its aims. Advice on restrictions is available at www.health.vic.gov.au/creatingsafety/index.htm.

6.3 Respect and responding to diversity

Providers working with persons in a PARC service must recognise, respect and respond to the diverse needs, values and circumstances of each person, such as their gender, family circumstances, culture, language, religion, sexual and gender identity, age and disability. Through inclusive professional practice, at PARC services every reasonable effort is made to accommodate people's cultural, religious, racial or linguistic backgrounds or other needs.

The *Department of Human Services cultural diversity guide – June 2004* provides information to assist PARCS to:

- identify a range of available strategies to improve cultural responsiveness and levers to effect cultural change
- provide guidance on additional resources and supports for programs and agencies in managing cultural diversity
- meet their obligations under whole-of-government reporting on responsiveness to cultural diversity.

www.dhs.vic.gov.au/multicultural/html/cultdivguide.htm

Responses to consumers from culturally and linguistically diverse communities must also be consistent with existing policies and the procedures of the area mental health services (AMHS), the PDRSS and with the government's policy framework.

The Department of Health, Mental Health Drugs and Regions Division is in the process of developing a guideline on gender sensitivity and safety for clinical mental health services, PDRSS and alcohol and other drug services.

6.4 Consumer and carer participation

When a person with a mental illness is involved in assessment, treatment or support with an adult PARC service, the consumer is considered an equal partner in the relationship with the mental health service staff. Consumers can participate effectively in making decisions about their own health care and this is considered essential to recovery.

This fundamental principle and practice should be strengthened within services so as to truly reflect a treatment and support partnership. Accordingly, a consumer's views, experiences and needs are central to the treatment, support and recovery process.

A collaborative therapeutic partnership between mental health staff, the consumer and their families and carers also assists with a consumer's management of, and responses to, illness.

Collaboration relies on families and carers and mental health staff acknowledging and respecting the skills and resources that each brings to the working relationship.

Consumers must be given the opportunity to be involved in the planning and delivery of their treatment and care in the PARC service. Their views, feelings and wishes for their treatment and care must be considered and followed wherever feasible. The views of any guardian, family member or primary carer who is involved in the ongoing care or support of the person should also be sought as early as possible, unless the person objects.

The AMHS and PDRSS are expected to provide consumers and carers with written and verbal information about their rights and responsibilities that can be clearly understood by everyone involved in care. The information needs of consumers and carers must be regularly assessed and addressed in a timely manner.

Consumers should be involved in the planning, delivery and evaluation of PARC services through representation on formal committees and management structures, and informal processes for addressing specific issues or tasks.

Advice on active consumer participation is available at *Strengthening consumer participation in Victoria's public mental health services* at <www.health.vic.gov.au/mentalhealth/publications/cons-part.pdf>.

6.5 Privacy and confidentiality

Confidentiality between a client and service staff is fundamental to the relationship and is enshrined in relevant legislation and professional codes of conduct. Adult PARC services should manage confidentiality in accordance with the *Mental Health Act 1986*.

All information must be treated in accordance with the legislation relating to privacy and confidentiality. Information should only be disclosed if it is reasonably necessary or required for the consumer's treatment and care or safety. The consumer's permission should be obtained during admission to the PARC to enable clinical and PDRSS staff to share relevant information in order to deliver a coordinated service.

Advice on the principles, content and process of communication and information sharing is available from the Chief psychiatrist guideline *Information sharing between area mental health services and PDRSS* <www.health.vic.gov.au/mentalhealth/cpg/information_sharing.pdf> and the Mental Health Drugs and Regions Division program management circular on *Confidentiality under the Mental Health Act 1986*, <www.health.vic.gov.au/mentalhealth/pmc/confidentiality.htm>, which details the legislative framework for sharing consumer information.

These service principles are described in the adult prevention and recovery care services (PARC) framework.

7. The PARC service model

An adult PARC service will differ from, yet complement and be integrated with, other currently available service elements across the adult clinical AMHS and PDRSS systems. The PARC service model is designed to provide services for people who are becoming unwell and people who are in the early stages of recovery from an acute illness and need a short period of additional support and consolidation. Admission to a PARC service is voluntary.

Adult PARC services provide:

- active clinical community intervention and treatment, including crisis support planning where necessary, individually-tailored recovery care planning and implementation, which may involve pre and post-PARC treatment teams
- appropriate types and levels of clinical treatment and support to improve the person's symptom control and relapse prevention support with short-term residential care, daily living and practical assistance
- appropriate range of types and levels of psychosocial and other support to encourage the person's use of their functional abilities and to maintain, build on or resume their routines and roles
- consumers are actively involved with the PARC service in their own treatment and work towards engaging and maintaining consumers' links with natural supports (for example, family and friends) and their participation in community life (for example, study or work).

7.1 Client eligibility

Adult PARC services are aimed at:

- consumers who are 16–64 years of age and are eligible for adult area mental health services
- consumers who no longer require acute inpatient level clinical intervention and treatment but would benefit from short-term, intensive treatment and support in a residential setting post-discharge from an acute inpatient admission
- consumers who are living in the community and require short-term residential support with intensive clinical treatment and intervention to prevent the risk of further deterioration or relapse, which in the absence of this option may lead to admission to an acute mental health in-patient unit.

One of the intentions of adult PARC services is to lessen the possible difficulties and stresses experienced by carers in supporting people who are acutely unwell and are receiving community treatment. At the same time, it offers an important alternative for early intervention for those consumers in the early phase of relapse, and for those in need of further stabilisation and recovery before returning to their normal place of living following an acute admission.

Adult PARC services are suitable for consumers who need a level of monitoring and clinical care that does not require admission to an inpatient unit, but will benefit from more intensive clinical treatment and psychosocial support than can be provided through the usual continuing care, mobile support team (MST), crisis assessment and treatment team (CAT) or CAT equivalent services alone.

Adult PARC services will not be gazetted to admit involuntary consumers, although consumers on a community treatment order (CTO) may be voluntarily admitted to an adult PARC service for more intensive community treatment and support.

Consumers discharged from acute inpatient settings must have recovered to the point where that service can demonstrate their risk status does not require the clinical care typically provided by an inpatient unit. If an individual is clinically assessed as requiring inpatient care they should be admitted to an inpatient unit.

Where funded to provide day places, adult PARC service elements will be provided to 'non-residential' consumers. Adult PARC services may be utilised to assist a limited number of consumers who would benefit from clinical treatment and psychosocial support accessed through group and individual activities on a day-program basis, but who can continue to reside in their usual or an alternative living environment.

Adult PARC services are available to consumers of AMHS, subject to an assessment by the clinical and PDRS service. However, adult PARC services will not be a suitable option for all consumers.

Unsuitability for an adult PARC service is likely to be the result of a number of factors, in particular clinical or safety risk. Safety risk can include concerns regarding the safety of consumers or the community; significant concerns regarding the consumer's behaviour; their capacity to engage with service providers and comply with treatment; and, the mix of consumers in the adult PARC service at that time. Assessment of individual consumers entering adult PARC services should include a comprehensive risk assessment indicating that it is an appropriate and safe treatment option. If a consumer is unable to access the adult PARC on one occasion, this should not preclude their consideration in the future.

7.2 Continuum of care

According to identified eligibility criteria, entry into adult PARC services will be managed by a clearly identified component of the AMHS. Adult PARC services relate to acute inpatient units and offer a level of service between the acute inpatient setting and the more intensive community mental health services, which are delivered to consumers at their usual place of residence. The continuum of service from an adult PARC typically involves both clinical and PDRS services.

In consultation with consumers and carers, services should develop joint processes between the PDRS and clinical mental health that facilitate the entry, management and discharge of adult PARC consumers.

Families should be involved at all stages of intake, treatment, care and discharge where possible.

7.2.1 Entry to adult PARC Service

The authorised psychiatrist of the respective AMHS has overall clinical responsibility for entry to and exit from adult PARC services.

Services should perform comprehensive assessments of consumers entering the service directly from the community, in liaison with family, other carers and mental health service staff (for example, medical personnel, case managers, private providers).

Appropriate transition processes, including a handover of assessment and treatment details of consumers referred to the adult PARC service via the adult acute inpatient unit or other AMHS staff, should be developed.

Information and consultation regarding the service to be provided should be conveyed to the consumer, carer and referral source, as appropriate, to ensure expectations and understanding are mutual.

7.2.2 Care planning and implementation

Care planning is an important strategy providing consumers and those involved in the delivery of care with a tool that identifies consumers' needs and matches those needs with strategies to assist with their recovery.

A formal plan to guide treatment and support with clear goals, timelines and identification of staff and consumer responsibilities should be formulated in consultation with the consumer and carer as appropriate. The plan should be based on a comprehensive assessment of need that also considers the likely duration of involvement and the issues to be addressed, including active strategies for discharge. Discharge planning should commence on entry to the adult PARC service.

The care planning and implementation process utilised in the adult PARC service should be consistent with the overall processes utilised by the AMHS and the PDRSS. Particular attention should also be paid to ensuring the processes utilised are complementary, while at the same time meeting the requirements of both organisations.

Adult PARC services should:

- provide the intensive clinical intervention and treatment required to improve the consumer's symptom control through the clinical treatment component of the program (for example, CAT or MST service)
- provide risk assessment, supervision and monitoring of consumer safety and wellbeing
- provide timely, intensive bio-psycho-social intervention and support that:
 - maximises the resilience and protective factors that could avert or resolve a crisis, prevent illness relapse and promote recovery
 - minimises the vulnerability and risk factors that can contribute to crisis escalation, illness relapse or prevent a return to a suitable living environment.
- provide individual treatment, support and practical assistance with activities of daily life, fostering independent living and social skills and enabling a return to the consumer's usual residence
- enhance and/or promote links with natural supports, primary care providers, PDRSS, community sector agencies (for example, drug and alcohol services, community health, housing/accommodation services) that can be sustained on discharge
- establish liaison with the consumer's ongoing treatment providers
- provide appropriate group-based activities and therapies.

Adult PARC services provide good opportunities for the development or strengthening of collaborative relationships with families and carers.

7.2.3 Length of stay

It is anticipated that the average length of stay in an adult PARC service will be between seven to 14 days, with a maximum length of stay of 28 days. Where a consumer's condition deteriorates, or where it becomes clear over time that the consumer requires more intensive monitoring or treatment support, they should be transferred to an inpatient facility. All adult PARC services will develop protocols to ensure prompt and seamless access to inpatient care when required.

7.2.4 Transfer of care/discharge planning

Transfer of care is a critical period in the care continuum and requires implementation of discharge processes and plans to be developed on entry to the service to ensure continuing care after discharge. Transfer of care will be to community-based services or to inpatient care.

Adult PARC services will ensure consumers are referred to appropriate community-based services to support their recovery. Quality consumer referrals may require PARCS to support these services in their understanding of recovery and relapse.

Adult PARC services will ensure that appropriate information is provided to the receiving services or providers in order to maintain a continuity of care that meets the needs of the individual consumer. The most common services providing ongoing care will include:

- continuing care teams
- crisis assessment and treatment teams
- general practitioners
- home-based outreach services
- mobile support teams
- day programs
- supported residential services.

Each PARC service should have clearly documented discharge protocols. Consultations with the consumer, their family or carer and service providers, including actions taken, should be clearly documented in their clinical record. Documentation should demonstrate the key principles that:

- discharge planning commenced on admission to the service
- a comprehensive clinical review and consultation with the consumer and carers was undertaken prior to discharge
- the treating team has reviewed the discharge decision
- necessary referrals, including to general practice, have been made. Advice on discharge planning and general practice is available in the program management circular, *Discharge planning and the development of protocols between adult area mental health services and general practitioners (May 2005)* <www.health.vic.gov.au/mentalhealth/pmc/discharge-planning.htm>
- required follow up has been undertaken within a reasonable time frame
- discharge has been formalised in writing with a discharge summary and follow up actions have been clearly indicated to relevant providers.

Adult PARC services will ensure transfer to inpatient care will be supported by clear and documented responsibilities and protocols.

7.3 Relationships

7.3.1 Clinical mental health services links

As with any service component, adult PARC services should be a clearly integrated component of the existing specialist mental health service network.

The links between the PARC service and the area MST, crisis assessment and treatment team (CAT), or CAT equivalent service is particularly important.

To maximise continuity of care it is expected that CAT, MSTs or CAT equivalent, case managers will maintain involvement with consumers for the duration of the consumer's stay in an adult PARC service.

7.3.2 PDRS services links

The links between the adult PARC and the PDRS services are particularly important.

To maximise continuity of care, it is expected that adult PARC services will, if possible, involve the PDRS service that has an existing or potential ongoing relationship with the consumer in assessment and discharge planning.

7.3.3 Primary and community-based services links

Adult PARC services should be integrated into the broader service system. Consultation and partnership with services in the primary care sector is encouraged. 'In-reach' or outward connection with other primary care and community sector services, such as general practice or community health, housing, employment and education into adult PARC services, should be developed.

8. Governance

Adult PARC services are managed by the health service through its area mental health service (AMHS). A distinctive feature of adult PARC services is that the AMHS forms a collaborative operational relationship with a psychiatric disability and rehabilitation support service (PDRSS) to deliver the required services to PARC clients. Funding for the PARC services is provided by the Department of Health (the department) to the AMHS. AMHS uses part of the funds to pay the PDRSS for the services it provides to that particular adult PARC. Adult PARC services are funded at an available bed rate. AMHS and the PDRSS negotiate the use of those funds in accordance with the requirements of the local PARC model.

Partnership relationships between the AMHS and PDRSS can be considered as having two aspects, each of which should be supported by a separate agreement. The first aspect involves 'operational collaboration', and should be supported by an operational collaboration agreement. The second aspect involves the provision of specific services by the PDRSS and the timely payment for those services by the AMHS. This aspect should be supported by a sub-contract agreement with clear business rules.

Below are some recommendations as to the 'high level' issues that these agreements should address. Note, these recommendations are not intended to be comprehensive, nor do they constitute legal advice. Legal or other professional advice should be sought prior to acting or relying on the recommendations contained in these guidelines.

Additionally, legal and professional advice about the proposed structure of the arrangements should be sought prior to developing or entering into an arrangement.

8.1 Operational collaboration agreement

For the purposes of the PARC framework and guidelines, operational governance can be defined as the system by which clinicians and PDRSS staff share responsibility and are held accountable for the quality of care provided, continuously improving, minimising risks and fostering an environment of excellence. The consumer is the focus of the service response.

In addition to other locally-appropriate elements, operational collaboration agreements should address:

- adult PARC purpose, context and rationale
- principles of collaboration, for example, commitment to collaborative and transparent work and recognition of the value of each party to the operational relationship
- definition of the local PARC model, including;
 - relationship between local PARC model and adult PARC operational guidelines
 - operational goals and objectives
 - service delivery model/ key service features
 - clarity of the role of both organisations (with some detail including staffing roles, commitments and clinical accountabilities, ongoing staff orientation, training and development, shared decision-making process) and their accountabilities within their own services and within the PARC program and structure.
- local operational organisational structure and governance model
- operational decision-making guidelines and process
 - operational dispute resolution.

- communication mechanisms
 - PARC governance meetings.
- referral assessment and admission arrangements
- policies, procedures and protocols. Identification of key policies, procedures and protocols required to meet the requirements of the statewide PARC operational guidelines and local requirements. Articulation of development and review processes
- administration of medication procedures
- budget/resource management and allocation
- risk management and insurance
- quality standards
- media
- performance monitoring: agreements regarding monitoring and reporting of Mental Health, Drugs and Regions Division requirements and locally-determined performance measures designed to support quality improvement
- assets
- maintenance and ownership of records. Should include consideration of Freedom of Information implications for information recorded
- audits and review
- reporting requirements
- compliance with the department's funding agreement.

The membership of operational partnership arrangements will be inclusive of all stakeholders and include consumers and carer representatives in the planning, development, delivery and evaluation of PARC services, as required.

8.2 Sub-contract agreement

The sub-contract agreement describing the specific services that the PDRSS are to provide, and the payment terms for those services, should be clear and detailed. It should clearly define what each party must deliver under the agreement and the obligations of each party. It should address:

- articulation of lead agency and contractor
- articulation of lead agency and contractor responsibilities
- articulation of output delivery obligations
- sub-contract dispute resolution
- legal obligations
- reporting obligations of each party. The agreement should also set out the purpose for which this information will be used, including who will be provided with the information
- financial arrangements
 - budget allocation
 - maintenance and running costs
 - audit responsibilities
 - process for negotiation of changes to budget allocation
 - payment terms, processes and default processes.

- quality assurance requirements
- qualifications and experience of PDRSS staff/training of staff
- risk management, insurance and indemnity
- confidentiality and privacy. The agreement should define which information is confidential, recognise that confidentiality survives the termination of the contract, and may include a clause on obligation to ensure employees and agents are aware of the requirement to do so. It should reference to compliance with the Department of Health's information privacy principles and any relevant legislative provisions
- maintenance of records
- intellectual property
- assets
- specification of the term for which the arrangement is operative/review of agreement at agreed intervals
- compliance with the Department of Health funding agreement
- tenure agreement dealing with occupation and use of premises provided for this purpose by the government
- termination/variation of agreement process.

The sub-contract must effectively allow the AMHS to fulfil its obligations to the Department of Health for all services that it sub contracts to PDRSS under its agreement with the department.

8.3 Clinical governance

The authorised psychiatrist of the respective AMHS has overall clinical responsibility for the treatment and care provided to consumers of adult PARC services. AMHS has responsibility for risk assessment and communication of that risk to the PDRSS. This includes entry and exit from adult PARC services, although those decisions should be made in consultation with the PDRSS and include consideration of factors such as the client mix. Services will operate in a manner consistent with the principles of the *Mental Health Act 1986*, and relevant guidelines, protocols and circulars published by the Mental Health Drugs and Regions Division and the chief psychiatrist (Department of Health).

9. Adult PARC service operations

9.1 Service planning and development consultation

Services are required to demonstrate that active consultation on local service planning, quality improvement and development activities occurs with a range of key stakeholders, including consumer and carer representatives, primary care agencies and relevant industrial bodies.

Services are encouraged to actively involve consumers and carers and their representatives in governance and services development. These stakeholders should be consulted in the planning and development of PARC services and their ongoing monitoring and review.

Advice on active consumer participation is available at *Strengthening consumer participation in Victoria's public mental health services* at <www.health.vic.gov.au/mentalhealth/publications/cons-part.pdf>

9.2 Workforce

9.2.1 Staffing model

The adult PARC staffing structure should be developed to attain best practice and be responsive to local requirements for optimal treatment and care. The staffing model for adult PARC services may be a combination of clinical and PDRSS staff to deliver different service components and interventions at different times. For example, a PDRSS could be contracted to provide general supervision and care of consumers, psychosocial support and social, skills-based and therapeutic group activities.

The adult PARC collaborative operational model requires that AMHS and PDRSS staffing has the capacity to build and have continuity of relationships. These relationships can be supported by communication processes, shared workforce development and common orientation to the PARC model.

Whilst detailed clinical risk management procedures should form a part of any collaborative agreement, a baseline of clinical service should include the capacity to in-reach into the adult PARC service, increase clinical staff input to meet consumer needs and access inpatient admission.

9.2.2 Workforce development

Staff education and training policies should be consistent with those of the AMHS and PDRSS. In addition they should recognise and support the collaborative practice that is the basis of the PARC model.

AMHS should provide for the initial training of PARC staff in the establishment budget.

Staff education and training should be consistent with the *National practice standards for the mental health workforce* and form part of the overall AMHS and training cluster arrangements.

9.3 Daytime operations

It is envisaged the adult PARC service will provide an environment that is welcoming, calm, safe and include access to both shared and private areas. During the day, relevant AMHS staff will provide consumers with clinical contact. Consumers will also have the opportunity to participate in structured therapeutic programs designed to help achieve improved outcomes.

9.4 Night-time operations

The service will promote the development of healthy sleeping patterns and address lifestyle issues that may contribute to consumers' sleep disturbance. Access to 24-hour support from PDRSS staff and clinical in-reach should be available, and detailed in local procedures.

9.5 Medication administration

Administration of medication will be the responsibility of the individual consumer or clinical staff attending the service, in accordance with legal requirements. PDRSS staff will not have direct responsibility for dispensing medications. Local policies and procedures consistent with the *Drugs, Poisons and Controlled Substances Act 1981*, will be developed for the safe storage (for example, responsibility, key holding), administering and recording of prescribed medications.

9.6 Incident management

Adult PARC services will develop an agreement regarding policies and processes to respond to critical incidents. Agreements should include mutual contribution to risk management and incident review.

AMHS and the PDRSS should develop clear policies and processes for incident review and reporting. These policies and processes should adhere to the service standards and guidelines applicable to the AMHS and the PDRSS, which will inevitably require dual reporting in some cases.

The response to a critical incident, such as a reportable death, should be a joint response and should include a formal review of treatment and care provided and specification of reporting systems. It should be consistent with the chief psychiatrist's guideline at www.health.vic.gov.au/mentalhealth/cpg/reportable_deaths2010.pdf

9.7 Clinical mental health and PDRSS communication mechanisms

The adult PARC service model is underpinned by operationally useful partnerships between the clinical mental health and PDRS services. This requires the development of mechanisms for clear communication to address issues that may hinder agreement on collaborative action.

Adult PARC services should ensure communication mechanisms ensure adequate documentation and communication between clinical staff and between clinical and PDRSS staff at an operational and executive level. Advice on the principles, content and process of communication and information sharing is available from the *Chief psychiatrist guideline: information sharing between area mental health services and PDRSS*, see www.health.vic.gov.au/mentalhealth/cpg/information_sharing.pdf, and the Department of Health's Program management circular, *Confidentiality under the Mental Health Act 1986*, see www.health.vic.gov.au/mentalhealth/pmc/confidentiality.htm, set out in detail the legislative framework for sharing information consumers provide.

9.8 Service standards and quality

As a condition of funding, organisations are required to adhere to the service standards and guidelines applicable to funded activity including program management circulars and the *Chief psychiatrist clinical practice guidelines* that have been issued by the Mental Health Drugs and Regions Division. These documents inform mental health practitioners and services about operational and clinical issues in relation to the Act. Program management circulars detail departmental policy on key aspects of service provision. These are posted on the following web-site: www.health.vic.gov.au/mentalhealth/pmc

The *Chief psychiatrist clinical practice guidelines* provide specialist advice on various aspects of clinical service. The current guidelines are posted on the following website: www.health.vic.gov.au/mentalhealth/cpg.

In addition, the *Revised national mental health standards (released in July 2010) national standards for mental health services* should be applied to PARC services.

Adult PARC services will undertake quality improvement reviews applicable to the AMHS and the PDRSS. This may take the form of separate reviews of the two elements of the service or a single review taken under the aegis of the AMHS. Accreditation under the revised national mental health or commonwealth health standards is required.

9.9 Complaints

Adult PARC services should develop agreements that include complaints policies consistent with both the clinical AMHS service and the PDRSS.

9.10 Additional policies and procedures

Adult PARC services should develop agreement on the use of relevant AMHS and PDRSS policies and procedures regarding operational issues such as:

- medico legal issues
- sexual safety
- working with children checks
- property
- infection control
- protection of client valuables.

9.11 Adult PARC services catchment areas

The catchment area for each PARC service will be the same as the catchment area of the AMHS providing the service. In the case of a partnership involving two or more AMHS, the catchment area of the PARC services will be the combined catchment areas of each partner AMHS.

9.12 Facilities, location and living environment

A number of options exist for the residential component of PARC services. Options for consideration include:

- co-locating adult PARC residential services with existing community residential support units (such as PDRS services, community care units)
- providing residence through a single facility in a community setting or hospital location
- providing residence through a cluster of closely-linked facilities in a general community setting (for example, separate units or houses in the same street).

The location selected should be easily accessible to the local crisis assessment team (CAT), Mobile support team (MST) and continuing care or equivalent services. PARC services should be in reasonable proximity to an acute inpatient unit.

The residence must be accessible, safe and conducive to providing support and treatment. Adult PARC services will also need to provide a suitable environment for different age groups and a mixed gender consumer group, with due consideration given to issues of privacy, personal space, safety and carer and consumer preferences.

Adult PARC facilities should provide an environment that:

- is therapeutic and fosters feelings of safety, caring, warmth and welcoming
- is welcoming of families
- contains familiar objects
- supports independence, the establishment of consumers' own routines and emphasises healthy behaviours
- is part of the wider community.

9.12.1 Catering

Food preparation and consumption is a key component of social interaction and group communication. The preparation and provision of food is a critical feature in creating and maintaining a domestic atmosphere within the PARC and it is also a major life role.

In keeping with the domestic feel of the residence and the requirement that PARC prepares consumers for life within the community, the following are of key importance in the provision of food and meals:

- flexibility/availability of food, hot and cold drinks and access to food preparation facilities outside of meal times
- choice of different foods
- ability to prepare food in a culturally-relevant way
- adherence to the *Australia and New Zealand food standards code, Standard 3.3.1 Food safety programs for food services to vulnerable persons*.

A comprehensive *Guide to Standard 3.3.1* is available on the internet. Local councils are responsible for public health compliance with the standards and will assess them periodically. Like other community mental health facilities such as community care units, the health service will be responsible for ensuring PARC meets the standards. AMHS or the PDRSS may have appropriate local frameworks in place that could be adapted for the PARC service.

All adult PARC staff need to be trained in food handling and regularly accredited, and services must have appropriate monitoring systems in place. There is an expectation that clients who participate in food preparation also acquire the requisite skills and practices to prepare food appropriately through supervision and education by the adult PARC staff, as required.

9.13 Residential tenancies

Adult PARC services are exempt from the *Residential Tenancies Act 1997* as they are managed by an AMHS, which is a component of a public health service. AMHS providing adult PARC services should advise their insurance provider to include coverage for the PARC program.

10. Performance monitoring

Adult PARC services will operate according to the *National Standards for Mental Health Services (1996)* and the *Standards for Psychiatric Disability Rehabilitation and Support Services (2000)*. The service is accountable under the *Health Services Act 1988*, the *Mental Health Act*, the *Health Records Act 2001* and other relevant legislation.

Services will develop and maintain data management and record systems consistent with service delivery and the overall project.

In addition to the activities below, PARC services are encouraged to develop locally-relevant performance measures to identify and measure consumer and carer outcomes and to support quality improvement.

10.1 Clinical care

Services are expected to use the Client management interface/operational data store (CMI/ODS) for data collection which includes outcome measurement and client related activity. Program management circulars detailing the business rules for key data requirements can be found at www.health.vic.gov.au/mentalhealth/pmc/index.htm.

Admission data is expected to be updated **each** day. This is essential for the use of occupancy data to check bed availability in support of clinical decision making and to enable the utilisation of PARC as a 'step-up' to prevent crises.

The residential component of adult PARC will be monitored by CMI and established by the AMHS as a special residential service. Activity will be monitored by:

- bed occupancy (PARCS should maintain 85 per cent occupancy)
- length of stay
- separations
- admissions
- outcome (HONOS) compliance
- mean HONOS at PARC episode start
- leave hours as a percentage of occupied bed hours (OBH)
- average duration of treatment to date
- percentage of acute admissions
- percentage of episodes within reach of ambulatory contact.

10.2 PDRSS

A separate sub-centre will be established for each adult PARC service to record bed day activity. For those PARC services with a limited number of day places, a second sub-centre needs to be established with a community day-program code to record contacts. For further advice, contact the manager of the Information Development and Analysis Unit, Mental Health Drugs and Regions Division.

PDRSS involved in adult PARC services will be required to report as per the guidelines for the quarterly data collection (QDC). Structural arrangements have been put in place to enable data collection. The QDC Central repository and tool have been updated to include adult PARC services. An amendment to the data guide has also been finalised, which covers changes to service user item definitions. The QDC helpdesk can assist with data enquiries.

In 2009–10, the Mental Health Drugs and Regions Division will trial the use of CMI/ODS for PDRSS data collection.

It is possible that, with the further development of the adult PARC model, other performance measures will be developed by the Mental Health Drugs and Regions Division.

11. Appendix 1 – Government facilities

Table of contents

1. Introduction
2. The policy context
3. PARC services tenure model
4. Lease aims and key features
5. Common queries

1. Introduction

The conventional mechanism by which an ‘owner’ of property and ‘occupant’ of property document their respective roles and responsibilities is by way of a lease agreement.

A lease not only grants possession of the property, but identifies and provides a mechanism by which property risks are appropriately managed.

2. The policy context

The Secretary to the Department of Health is the incorporated body under the *Public Health & Wellbeing Act 2008* with power to hold and transact real property.

The *Crown Land (Reserves) Act 1978* (the CLRA) sets Crown land aside for use for public purposes and places the land under the control of trustees or a committee of management to manage on behalf of the Crown.

Real property held by the Secretary to the Department of Health is held either as freehold land for which the Secretary is the registered proprietor under the *Transfer of Land Act 1958*, or as Crown land for which the Secretary is the committee of management under the CLRA.

It is Department of Health policy that where an agency is funded to deliver services from departmental property, that it be granted formal possession to occupy and use the property under a lease.

There are two forms of lease depending on whether the land is Crown or freehold:

Crown property

The current precedent document mandated by the Department of Sustainability and Environment).

Department freehold

The current precedent document of the Department of Health.

3. PARC services tenure model

The tenure model arises from the relationship of the parties involved in the delivery of a PARC service:

Department of Health	provides a facility and funding
Clinical service (fund holder)	provides clinical service and subcontracts accommodation/support service
PDRSS	provides accommodation and support

The tenure model that supports this relationship is:

Head lease	Department and clinical service
Sublease	Clinical service and PDRSS

The funding agreement and lease from the department provide the clinical service with the control it needs to support both aspects of its relationship with the PDRSS: service outcomes and management of the property.

Under its sub-contract agreement with the PDRSS, the clinical service is able to control service outcomes and in case of a breach, terminate the agreement and re-tender.

Under its sub-lease agreement with the PDRSS, the clinical service is able to recover possession of the property and then grant it to a new PDRSS provider, as termination of the service agreement would be a termination event under the sublease.

4. Lease aims and key features

The aims of the lease are to clearly document the roles and responsibilities of the participating parties in a PARC service operating from a government property.

Roles

Department	Landlord (property owner)
Clinical service tenant	(Sub-contract manager)
PDRSS	Sub-tenant (property manager)

Responsibilities

Landlord

- structural integrity of the premises (building, building and property services)
- capital cost items (for example, replacement/upgrade of mechanical plant)
- building code and departmental standards compliance (for example, building services and life safety systems)
- building amenity (such as, wear and tear)
- damage arising from an insurable event (for example, storm, fire or flood).

Tenant/sub-tenant

- Maintenance:
 - building, plant and services (excluding works of a structural and capital nature and wear and tear)
 - property services (water, sewerage, gas, drainage and electrical)
 - statutory (life safety systems and so on)
 - grounds
 - cleaning
 - heavy cleaning (exterior windows, gutters and downpipes)
 - client-caused damage.
- Operating expenses
 - utility costs and charges
 - garbage collection.

The key features of the lease are:

Insurance

Each party to the lease and sub-lease enjoy insurance cover under the *Victorian Management Insurance Authority (VMIA)*:

Industrial special risk	Department
Public liability	Department Clinical service PDRSS

Maintenance

Tenant responsibilities are limited to those expenses for which it receives funding from the department. The tenant is required to repair, but not to replace or upgrade.

Funding agreement

Termination of the funding agreement with the department is a termination event under the lease.

Sub-lease

It is up to the clinical service to develop its own sub-lease to meet the particular circumstances of each tenure.

5. Common queries

Tenants frequently raise the following issues:

Roof leaks

This is a tenant responsibility (to repair existing). However, persistent leaks, especially in older buildings, may indicate a failure of the roof fabric. This should be investigated, the cause determined and reported to the department.

Works to address a roof failure are the landlord's responsibility under the category of either a structural or capital work. Under the lease, this is initiated by serving a notice on the landlord advising of the defect.

The department's response would be to provide the tenant with a capital grant to manage the works directly (subject to funds being available for the purpose).

Mechanical plant breakdown

The issues here are the same as for roof leaks: the tenant is to repair where possible and the landlord to replace when necessary.

Client-caused damage

This is a tenant responsibility (in other words, responsibility for damage arising from occupation/use of the premises).

Client case management plans need to address challenging behaviours in order to protect the safety of the client and to reduce the likelihood and extent of damage to the premises. However, it is acknowledged that there can be exceptional circumstances where the department may contribute toward the cost of reinstatement.

This is initiated as part of the normal incident reporting procedures whereby the department is advised of the incident and the estimated cost of reinstatement.

Insurable event

The reinstatement of premises damaged by fire, flood or storm is a landlord responsibility.

However, the response is initiated by the tenant as part of the normal incident reporting procedures established by the VMIA: submission of incident report directly to the VMIA claims manager with copy to the department. The VMIA assesses the damage and manages reinstatement on behalf of the department.

Although each clinical service will have a copy of the VMIA insurance manual, information on claims procedures can be found on the VMIA Web Site at <www.vmia.vic.gov.au> (Public healthcare program/Making a claim).

Wear and tear

The refurbishment of premises showing signs of 'wear and tear' is a landlord responsibility. This is initiated by the tenant as part of annual submissions to the department for minor works funding.

The department's response would be to provide the tenant with a capital grant to manage the works directly (subject to funds being available for the purpose).

