



Final Project Report

The INWAYS Project

A partnership project between Mental Health and Homelessness Support Services in Melbourne's Inner North West

June, 2013

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Phase 1 (2011) Steering/Working Group Membership:

- ★ Council to Homeless Persons – Peer Education Support Program (Consumer)
- ★ Doutta Galla Community Health Service, Mental Health
- ★ Home Ground
- ★ Inner North West PCP
- ★ Inner West Area Mental Health Service, Homeless Outreach Program
- ★ Melbourne General Practice Network
- ★ Mental Illness Fellowship Victoria
- ★ Merri Community Health Service, Mental Health
- ★ North & West Homelessness Network
- ★ Victorian Department of Health, North West Metropolitan Region Office
- ★ Victorian Department of Human Services, North West Metropolitan Region Office
- ★ Young People's Health Service

Phase 2 and 3 (2012-13) INWAYS Steering Group:

- ★ Doutta Galla Community Health Service, Mental Health Program and Complex Needs Program
- ★ Eureka Community Development Services
- ★ Home Ground
- ★ Inner North West Melbourne Medicare Local
- ★ Inner North West Primary Care Partnership
- ★ Inner West Area Mental Health Service, Homeless Outreach Program
- ★ Mental Illness Fellowship Vic
- ★ North & West Homelessness Network
- ★ St Mary's House of Welcome
- ★ Victorian Department of Health, North West Metropolitan Region Office
- ★ Vincentcare
- ★ Young People's Health Service

Phase 2 and 3 (2012-13) INWAYS Working Group:

- ★ Anglicare Victoria
- ★ Council to Homeless Persons
- ★ Doutta Galla Community Health Service, Mental Health Program and Complex Needs Program
- ★ Inner North West Primary Care Partnership
- ★ Mental Illness Fellowship Victoria
- ★ Merri Community Health Centre
- ★ Salvation Army
- ★ VICSERV
- ★ Young People's Health Service

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Background

The Community Mental Health Planning and Service Coordination Initiative (CMHPSCI) was initiated and supported by the Victorian Department of Health. The CMHPSCI was conducted over a three year period, concluding in June 2013. The initiative aimed to support implementation of the Victorian Government's Mental Health Reform Strategy, through partnership projects in each PCP catchment. The project undertaken in the Inner North West Primary Care Partnership (INW PCP) catchment, in the local government areas of Melbourne, Moonee Valley, Moreland and Yarra, was titled the INWAYS Project. The INWAYS Project was coordinated by the INW PCP and represented a partnership between local Mental Health and Homelessness Support Services.

In November 2010, the INW PCP hosted a CMHPSCI Forum for local service stakeholders to consider the initial Expression of Interest (EOI) submitted for the Inner North West Region's CMHPSCI project. This EOI proposed the project aim to increase access to mental health and wellbeing services in the catchment, through the adoption and expansion of the existing CBD Homelessness Health Access Protocol to Melbourne's Inner North West. In the initial project group meetings that followed, it was identified that the CBD Protocol itself was in the process of implementation in the Central Business District (CBD) and yet to be evaluated. It was also identified that the issue of homelessness in Melbourne's Inner North West was potentially of a different nature to that of the CBD. For these reasons the decision was made to engage in an exploratory project phase to identify evidence based, locally relevant, strategies to improve mental health care for people experiencing homelessness.

The INWAYS Project was broken into 3 distinct phases, each with a specific focus as demonstrated in Figure 1. This report provides an overview of the process and findings of all three project phases.

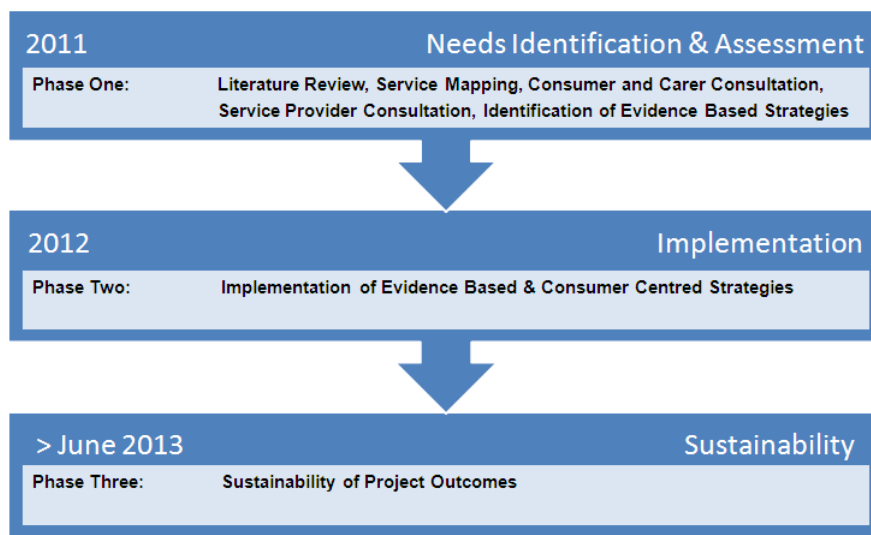


Figure 1. The three phases of the INWAYS Project

Executive Summary & Recommendations

The INWAYS Project represented an emerging partnership between a number of Mental Health and Homelessness Support Services in Melbourne's Inner North West. The first phase of the project focused on identifying both the need and opportunities for a partnership project to improve mental health care for people who experience homelessness in Melbourne's Inner North West. In 2011 the INWAYS Project Group conducted the following key project activities:

- Literature Review – Identifying local needs and evidence based partnership strategies to improve mental health care for people experiencing homelessness
- Service Mapping of local Mental Health, Housing and Homelessness Services
- A cross sectoral Service Stakeholder Forum
- Consumer consultation via Project Steering Group membership
- Service Stakeholder Consultation Meeting to endorse the direction of the Implementation Phase in 2012

This exploratory work undertaken by the partnership in 2011 contributed to a shared understanding of the issues around mental health and homelessness, from the perspective of these service sectors and from a consumer viewpoint. Based on this consultation and supported by the partnership strategies recommended in the literature, the INWAYS Project implementation phase sought to enhance inter-agency connections through:

- a) Development and delivery of a cross sectoral training package for shared professional development needs amongst mental health and homelessness support service staff
- b) Provision of support to the Inner West Area Mental Health Alliance (IWAMHA) to strengthen cross sectoral membership and improvement activity in the area of homelessness.

Based on the evaluation of the INWAYS Project's Implementation Phase, the following recommendations can be made:

1. VICSERV to further refine and improve the Art and Science of Collaboration Training Package for future delivery, based on training participant feedback gathered through this project.
2. Local stakeholder agencies to take a lead role in coordinating delivery of the CBD Homelessness and Health Access Protocol Training on a rotational basis. The Central City Community Health Service partner agencies have agreed to do so for the current period.
3. The Inner West Area Mental Health Alliance to review cross sectoral representation within their membership and encourage involvement of drug and alcohol and local government.

This was an ambitious project which sought to tackle complex problems. Through the dedication of the INWAYS partnership, many of whom have committed their time, energy and expertise over the past three years, the project has made a number of significant achievements. These include the development of a cross sectoral training package for mental health and homelessness support service staff, commencement of plans for targeted delivery of the CBD Protocol Training to local clinical mental health programs and, not least of all, strengthened inter-agency partnerships amongst representatives from local mental health and homelessness service programs. While it is difficult to elicit the true impact of this work on access to mental health services for people experiencing homelessness, the project has achieved modest but important outcomes that provide a significant contribution toward this larger goal.

Project Aims & Objectives

Phase 1: Needs Identification & Assessment

The first phase of the INWAYS Project focused on identifying both the need and opportunity for a partnership project to improve mental health care for people who experience homelessness in Melbourne's Inner North West. The following broad project goal was developed to guide this Initial Needs Identification phase of the INWAYS Project.

Goal: *To improve access to primary care and mental health services for people who experience, or are at risk of homelessness, who have high and/or low prevalence mental health conditions, who are living in crisis or supported residential services in the INW PCP catchment.*

Objectives:

The first phase of the INWAYS Project sought to address the following objectives:

1. **To improve understanding of local referral options and pathways, by primary care, mental health and support service staff who work with our target population**, through delivery of a local mental health, homelessness and housing service stakeholder Forum, so that 80% of participating service staff report increased knowledge of referral options and pathways to mental health care for people who experience homelessness, and 50% can identify opportunities for cross sectoral collaboration by October 2011.
2. **To determine barriers to, and enablers of, mental health care access from the consumer and carer perspective** through consultation with consumer/carer representative groups and access to recent local consumer survey data, to enable the development of locally relevant consumer centred recommendations for service and system level improvements, by December 2011.

Phase 2 and 3: Implementation and Sustainability

Goal: *To enhance inter-agency connections through a) a cross sectoral training for shared professional development needs amongst mental health and homelessness support service staff and b) supporting the Inner West Area Mental Health Alliance (IWAMHA) to strengthen cross sectoral membership and improvement activity.*

Objectives:

1. To maintain and strengthen the cross sectoral partnership established through the INWAYS Project under the Community Mental Health Planning and Service Coordination Initiative (CMHPSCI).
2. To support interagency connections between mental health, housing and homelessness support services, through the collaborative design and delivery of workforce training to meet shared professional development needs.
3. To support and strengthen mental health and homelessness support service partnerships, through the appointment of a project officer to drive the Inner North West Area Mental Health Alliance.
4. To build sustainability strategies into project planning and delivery, enabling project achievements and deliverables to continue to benefit stakeholders beyond project completion in June 2013.

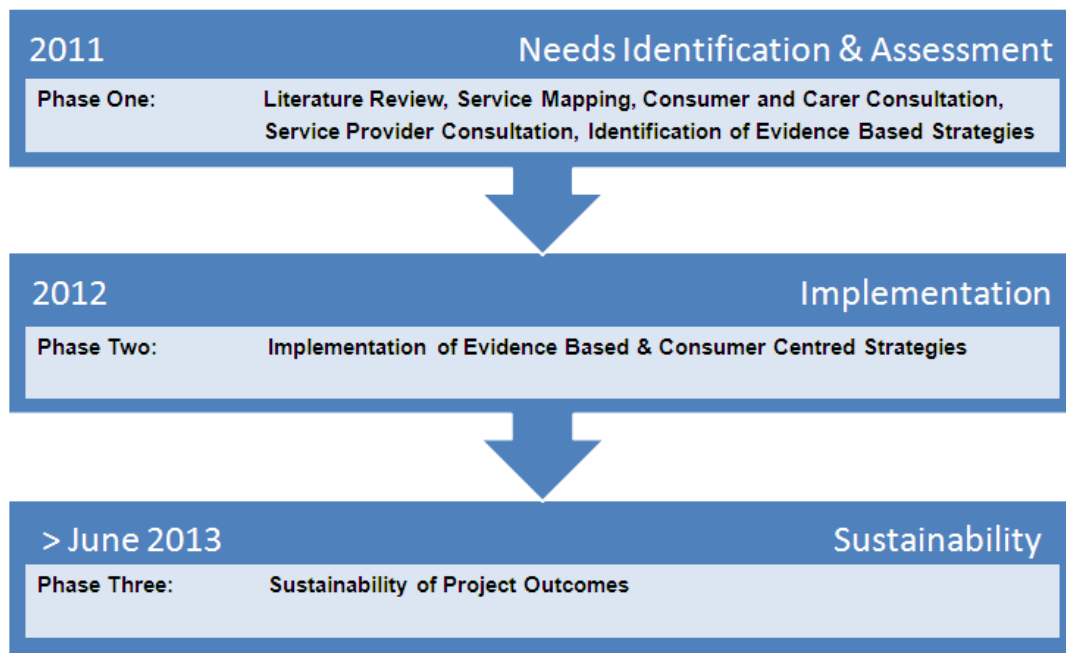
Policy Context

The INWAYS Project sought to contribute to the following four Reform Areas from *Because Mental Health Matters - Victorian Mental Health Reform Strategy 2009 - 2019*.

- 3.1** Provide access to 'right time, right place mental health care' through better mental health information and streamlined referral pathways
- 3.2** Promote primary health services as a key access point for mental health care and referral
- 7.1** Build a sustainable, flexible and dynamic specialist mental health workforce that operates as a highly respected part of the broader health and community services sector
- 7.3** Systematically improve the mental health competency of the other key workforces in the community

SECTION 1:

INWAYS Project Phase 1: Needs Identification & Assessment (2011)



SECTION 1: INWAYS Phase 1- Needs Identification & Assessment (2011)

Homelessness is more than a lack of housing. Being homeless compromises an individual's fundamental right to personal security, their ability to derive a sense of continuity in their life. People who experience homelessness are some of the most socially isolated and marginalised in our community. Currently in Australia, 54% of people who had ever been homeless have had a mental health disorder, three times the rate of people who had not been homeless. For people who utilise emergency shelters and hostels for accommodation, this rate increases to 60%¹. People who experience homelessness and mental health problems require a broad range of services, including housing, general health, mental health, income support and often substance abuse treatment². A fragmented service system, where services have different funding guidelines, eligibility requirements, geographical boundaries, treatment philosophies and administrative policies, can contribute to difficulties in accessing the required care. In addition, further barriers can include transport, complicated forms and long waiting lists. Recent research has identified that there is significant unmet health needs among homeless populations, with an estimated one third of people who are homeless and have a mental illness not receiving treatment³.

The following table provides an indication of the number of people in Melbourne's Inner North West area, who do not have stable housing. Population estimates are based on the 2006 Census data.

Statistical Subdivision	Local Government Areas (LGAs)	Group 1 Improved dwelling	Group 2 Friends	Group 3 Boarding House	Group 4 SAAP/THM	Total
Inner Melbourne	Melbourne Yarra Port Phillip Stonnington	160	660	2040	630	3490
Western Melbourne	Brimbank Hobsons Bay Maribyrnong Moonee Valley	50	599	288	837	1774
Moreland City	Moreland	29	177	125	205	536
Melbourne Stat Div		845	5100	3739	4884	14568

Source: Chamberlain & McKenzie (2009) *Victoria Counting the Homeless 2006 state report*.

¹ North West Area Mental Health Service. 2008. No Health Without Mental Health: Hume Moreland Community Mental Health Profile, p.12

² Woolcott, M. 2008. Access to primary care services for homeless mentally ill people. *Nursing Standard*. 22, 35, 40-44.

³ Chamberlain, C., Johnson, G. & Theobald, J. 2007, *Homelessness in Melbourne: Confronting the challenge*, Centre for Applied Social Research, RMIT University, p.6

Only one LGA in Inner North West, Moreland, was itself a complete Statistical Subdivision (SSD). Melbourne and Yarra LGAs comprised 45% of the population of Inner Melbourne SSD in 2006, and Moonee Valley comprised 25% of Western Melbourne.

Mental health data collection in Victoria includes measures of residence and homelessness. The case file of clinical service users refers to type of accommodation, certain categories of which link to homelessness, as shown in the table below.

Persons using state-funded mental health clinical services, 2009-10

Accommodation type	Melbourne	Moonee Valley	Moreland	Yarra	Total Inner NW
House or Flat	623	1129	1545	813	4110
Residential Care Service	16	71	82	37	206
Hostel or hostel type accommodation	60	33	55	48	196
Supported Residential Service	23	25	73	24	145
Boarding/ Rooming House	31	12	29	68	140
Not Specified	20	21	36	13	90
Homeless Persons Shelter	53	22	5	9	89
Community Residential Service	11	18	33	18	80
No Usual Residence	31	11	13	12	67
Other Accommodation, including caravan	33	38	59	26	156
Total, Inner NW	901	1380	1930	1068	5279

Source: Department of Health North West Metro Regional Office

The LGA of Melbourne had the greatest number of persons living in emergency shelter accommodation, and of people recorded as having no usual residence. Evidently the persons with recorded accommodation type recorded as Homeless Persons Shelter, No Usual Residence and Boarding/Rooming House were mostly men.

Literature Review

A Literature Review was undertaken by the Inner North West PCP Project Officer Georgia Savage in May 2011, to further explore the issue of homelessness and access to mental health care services in Melbourne's Inner North West. The literature review aimed to determine evidence based improvement strategies and identify opportunities for partnership projects to make a difference in this area. The INWAYS Literature Review can be accessed from the INW PCP website at the following link: <http://www.inwpcp.org.au/node/52>.

Four specific strategies informed by literature on best practice, which seek to improve access to mental health services by people experiencing homelessness, were identified:

- 1. Building linkages and partnerships between services**
 - Linkages at both an organisational and personal level between workers
 - Reduce sector isolation
 - Interagency coalitions and data management information systems
 - Cross sectoral training
 - Inter-agency agreements or Memorandums of Understanding
 - Pooled or joint funding opportunities
 - Uniform referrals, eligibility criteria and intake assessments
- 2. Improving knowledge of and the number of referral pathways**
 - Service and referral pathway mapping
 - Cross sectoral training to build awareness of referral pathways, criteria and guidelines
 - Standardised data collection
 - CBD Homelessness and Health Access Protocol
- 3. Utilising services that already exist properly and comprehensively**
 - Supporting people experiencing homelessness to find stable housing
 - Utilise PDRSS as a platform to provide community support with living skills
 - Utilise Areas Mental Health Services for mental health care for low prevalence disorders and GPs for high prevalence disorders
- 4. Tailoring the methods of service provision to meet the needs of people experiencing homelessness**
 - Consumer driven and focused service delivery
 - Engaging a range of service types including outreach, intensive support models, coordination, generic and crisis contact models

Consumer Consultation

The Council to Homeless Person's Peer Education and Support Program (PESP) supported a consumer representative Vicky, to participate in project planning as an active member of the INWAYS Project Steering Group. Through sharing her experiences as a consumer of both the mental health care and homelessness support service systems, Vicky contributed greatly to planning the INWAYS Stakeholder Forum. Vicky presented her story at the INWAYS Forum and provided a summary of her recommendations to improve care experiences for people accessing mental health and homelessness support services, titled "Vicky's Nine C's".

Vicky's Nine C's

Vicky Vacondios – Peer Education & Support Program (PESP)

For further information please contact Cassandra Bawden – Team Leader PESP Program

Council to Homeless Persons

cassandra@chp.org.au

Ph. (03) 9419 8699

Collaboration	FIND OUT who else is involved, find out what else your service does or who your partnership/links are. Gather all the information possible.
Connection	IMPORTANT - Need to understand WHO the person is, what their needs are SPECIFIC to who they are. You need to get to know your client – person to person. We belong to the same community.
Consideration	Treat people with consideration – all the time, regardless of what may have just happened like an abusive client before. Need to check you are ok to keep working with clients. Workers need to be responsible for their own mood/feelings, to reflect on how they are doing, not put it onto the client.
Compassion	No judgement – “Oh my goodness, what has happened to this person... how dreadful”. SEE THE HUMANITY. What if it were you or someone you know.... Help them if you can.
Confidence	Trust in yourself and be confident in what you do – clients can see/feel it. Know your work and be PREPARED so you know and sound like you know your stuff. Help because you know the system and it's your job and you can.
Consistency	Clients remember, clients wait (for phone calls etc.) Nothing worse than being let down all the time.
Control	Client needs to have/keep control – think about what you are asking, how you are asking it – who has the control. Talk about it. “Don't tell me what's going to be good for me”, don't say “You should....”. Listen and be helpful rather than take over.
Confidentiality	It's hard when you feel unsafe, when you feel like everybody knows your business. Think about who needs to know what. Balance this with how many times and to how many people you need to tell your story.
Community	Living and working in our community as a whole. Involving each other and serving those who are in need.

This early consumer consultation highlighted the need for coordinated care, the impact of homelessness on mental health and the need for mental health support in the community. Vicky described workers from mental health and homelessness support services as the “*key to unlock the system... the map to help navigate*”.

The consumer consultation approach taken during the first phase of INWAYS was developed to be achievable given the existing resources of the project and the partner agencies. In canvassing existing local projects in the area of health care and homelessness, a project of particular interest was identified as a potential source of broader consumer consultation data. In 2011 the Melbourne General Practice Network undertook a Department of Families, Housing, Community Services and Indigenous Affairs (FAHCSIA) funded research project “*Exploring the Health Care Needs of People Experiencing Unstable Housing within Melbourne’s CBD and Inner Suburbs*”. This project surveyed GPs, Pharmacists and people who experience homelessness in Melbourne’s CBD and inner suburbs, to understand the experience of accessing health care. Unfortunately the research funder FAHCSIA hold a 12 month embargo on the project findings, so data could not be accessed during the first phase of the INWAYS Project. Melbourne General Practice Network were however represented on the INWAYS Steering Group and able to share insights from this research once the results became available.

Service Mapping

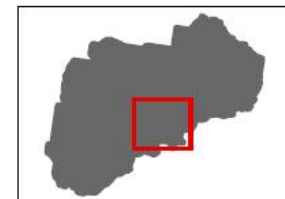
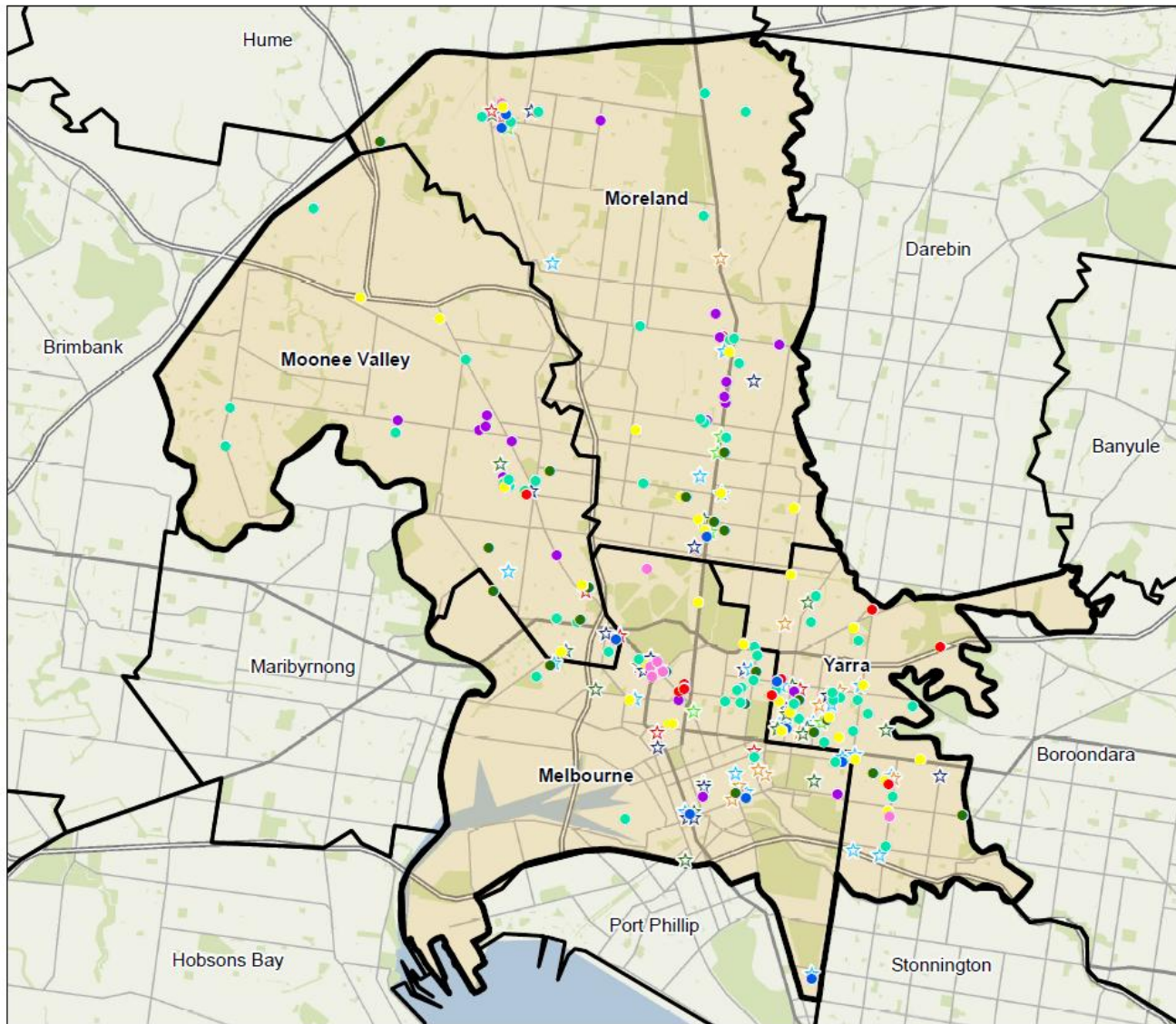
The Mental Health, Housing and Homelessness Support Services were mapped via index tables as well as geographically, for the Inner North West Primary Care Partnership (INW PCP) catchment. The process of service mapping aimed to identify potential referral and support pathways for people who require mental health care and housing support in Inner North West Melbourne. The maps were designed as a tool to improve awareness of these referral options amongst Mental Health, Housing and Homelessness Service staff. It was anticipated that the Service Maps will provide a useful resource for future cross sectoral projects and initiatives.

Upon development of these static PDF Service Maps, the Steering Group agreed to trial embedding one LGA map within the INW PCP website, as a tool for Service staff from the Mental Health, Housing and Homelessness Support Staff to utilise. It was anticipated that such a tool could be beneficial to improve awareness of service referral options across sectors, including for the orientation of new staff to the sector or region. The Moonee Valley LGA Map was initially embedded on the INW PCP website, with basic interactive functionality, whereby the user can hover over the geographic service site and receive basic service information such as contact details, cost and any eligibility criteria. Feedback was sought from a small group of service staff. Quotations were obtained for the web design services required to embed all service maps, and provide six-monthly maintenance including amendments to service information.

The cost for benefit was considered by the members of the potential funder and it was recommended that the suite of Service Maps remain static PDF documents that provide a current snapshot of available local services, and support the Initial Phase of the INWAYS Project activities such as the INWAYS Service Stakeholder Forum. The static PDF Service Maps and the Service Map Index have been shared with the service sector through the INW PCP Website and promoted at the Forum. Service staff will also be encouraged to utilise existing resources such as the Human Service Directory when searching for local referral options.

The service map representing the four Local Government Areas (LGAs) within the Inner North West PCP catchment is provided below. Individual LGA specific service maps are available at the INW PCP website at the following link <http://www.inwpcp.org.au/node/130>. The detailed Service Map Index containing details of specific services is available by contacting the INW PCP on Ph. 9389 2263.

Location of Mental Health and Homelessness Services - Inner North West Planning Area



- Legend**
- Mental Health Services**
- AMHS
 - CAMHS
 - Community Health Service
 - Generalist
 - Homelessness/Mental Health
 - PDRSS
 - Psychologists
- Homelessness Services**
- ☆ SAAP - Short Term
 - ☆ SAAP - Long Term
 - ☆ TS - Long Term
 - ☆ TS - Short Term
 - ☆ Capacity Building
 - ☆ THM
- INW Planning Area

About the data
 Planning Areas - based on local government area and provided by Northern and Western Metropolitan Region, DoH
 Local Government Areas - ABS (2010)
 Regional Boundaries - derived from LGA
 Basemap data from DSE (2011)

Map prepared by :
 Modelling, GIS and Planning Products
 Business Planning and Communications
 Strategy and Policy
 Department of Health
 August 2011
 GDA 1994 VICGRID94

Prepared by Project Coordinator Emily Hooke for the Inner North West PCP 25 June, 2013

INWAYS Stakeholder Forum

The INWAYS Stakeholder Forum was held on 25th October, 2011. The purpose of this event was to:

- Share information with primary health, mental health and housing/homelessness support service staff, including:
 - INWAYS Project Phase 1 findings
 - Service Mapping
 - Barriers and enablers to mental health care for people who experience homelessness
- Share a vision for the implementation phase of INWAYS Project in 2012
- Identify opportunities for further cross sectoral collaborative practice

The INWAYS Steering Group planned the INWAYS Forum, as a key activity under the workforce development objective:

“To improve understanding of local referral options and pathways, by primary care, mental health and support service staff who work with our target population, through delivery of a local mental health, homelessness and housing service stakeholder Forum, so that 80% of participating service staff report increased knowledge of referral options and pathways to mental health care for people who experience homelessness, and 50% can identify opportunities for cross sectoral collaboration by October 2011.”

The target audience consisted of staff from Housing/Homelessness Support Services and the Mental Health Sector including Managers, team leaders, coordinators, case managers, support workers and clinicians. Whilst there was representation from Community Mental Health, PDRSS and Clinical Mental Health services on the day of the Forum, the Housing/Homelessness Support Services were represented by larger numbers. A total of 79 people attended the Forum.

For a full account of the INWAYS Stakeholder Forum content, delivery and outcomes please refer to the INWAYS Forum Evaluation Report.

Outcomes of the Forum

Of those INWAYS Forum participants who completed the Evaluation Form, 37.9% reported an increase in their knowledge of referral options and pathways. The remaining 62% of respondents reported that their knowledge of referral options and pathways remained the same as a result of attending the Forum.

Themes emerging from the cross sectoral consultation at the Forum

To assist staff from the Mental Health and Homelessness Support Sectors to work collaboratively, this requires:

- More opportunities and resources to support active networking
- Increased understanding of what each service provides and professional roles
- Referral Pathways

Forum participants were asked to rank which of the evidence based strategies from the INWAYS Literature Review were most likely to impact mental health care for people experiencing homelessness. These were ranked in the following order:

1. Cross sectoral workforce development
2. Streamlined standardise referral pathways
3. Structures to support service coordination for shared clients
4. Inter-organisation agreements or coalitions

Practical suggestions for facilitating cross sectoral workforce development included:

- Practice forums & co-location of staff
- Shared professional development and training
- Professional secondments between sectors
- Champions for collaborative work, pointing organisations in the right direction
- Utilise forums to enhance partnerships

Recommendations

The findings of the first phase of INWAYS produced a range of evidence based, consumer centred strategies as outlined in this report. The INWAYS Project Steering Group shortlisted the following strategies based on opportunities provided by existing platforms and on feasibility for implementation given the available project resources.

Develop Collaborative Practice Arrangements and Support Inter-Agency Connections through:

- ***Supporting cross sectoral training (Mental Health & Housing/Homelessness Support Services) for shared professional development needs***
- ***Consumer involvement in training delivery***
- ***Support linkages between existing networks in the Mental Health and Housing/Homelessness Support service sectors***
- ***Build awareness of care pathways and existing standardised service coordination processes***

These shortlisted strategies were taken to the project's broader Stakeholder Group at a facilitated consultation meeting in November 2011. This consultation meeting included representatives from the following agencies:

- City of Melbourne
- Yarra City Council
- Moreland City Council
- The Salvation Army
- KNH Consulting
- Home Ground
- Lazarus Centre – Anglicare
- Impetus (GP Division)
- ACSO
- Mental Illness Fellowship Vic
- North Yarra Community Health Service
- Department of Health – North West Metro
- Inner North West Primary Care Partnership
- Doutta Galla Community Health Service
- Merri Community Health Service
- Melbourne General Practice Network
- Young people's Health Service
- Council to Homeless Persons
- North & West Homelessness Network

This consultation process identified a number of existing platforms/opportunities and gathered representative's perceptions on what can feasibly be achieved. Responses are summarised in the following table:

Shortlisted Strategies	Existing Platforms & Opportunities	What can feasibly be achieved by INWAYS in 2012?
<p>Supporting cross sectoral training (mental health, housing and homelessness support sectors) for shared professional development needs. & Consumer involvement in training delivery</p>	<ul style="list-style-type: none"> • CBD Homelessness & Health Access Protocol <ul style="list-style-type: none"> - Guide to Accessing Services - Guidelines for Making Referrals • North West Area Mental Health Alliances • Inner West Area Mental Health Alliance • PDRS Services as a platform for cross sectoral work • Victorian Service Coordination & Practice Standards • Human Services Directory • Doorways Private Rental Demonstration Project • MGPN Homelessness Research (FAHCSIA) • Homelessness Innovation Projects • North West Homelessness Local Area Service Networks (LASN) – Client Engagement Project • North West Homelessness Network Regional Forums • VICSERV – Community Mental Health Peak Body 	<ul style="list-style-type: none"> • Develop a module that brings mental health and homelessness together (for shared training needs) • A tiered approach to training (with recognition of prior learning RPLs offered to experienced practitioners) <ul style="list-style-type: none"> - baseline - advanced - specialist - train the trainer • Focus on breaking down the sector silos (sessions must be cross sectoral) • Partner with VICSERV to develop and deliver training to MH and Homelessness Sectors, for shared training needs eg. Managing vicarious trauma.
<p>Support Linkages between existing networks in mental health, housing and homelessness support service sectors</p>	<ul style="list-style-type: none"> • Mental Health Triage • CBD Homelessness & Health Access Protocol <ul style="list-style-type: none"> - Guide to Accessing Services - Guidelines for Making Referrals • North West Area Mental Health Alliances • Inner West Area Mental Health Alliance • PDRS Services as a platform for cross sectoral work • Human Services Directory • Homelessness Innovation Projects • Yarra Housing and Homelessness Network – Housing and Local Government Network • North west Homelessness Network/LASN • Moreland Health and Homelessness Network 	<ul style="list-style-type: none"> • Senior level buy in by Clinical Mental Health /PDRSS /Homelessness Services • Alliances require a driver • Network Forums to focus on mental health and homelessness • Joint meetings of Mental Health Alliances • Homelessness Innovation Projects • Campaigns and advocacy • Project worker to lead this work • Consider communication avenues to DH given changes to Mental Health Alliances • Doutta Galla CHS & Salvation Army could meet to scope opportunities to strengthen the Inner West Area Mental Health Alliance • Merri CHS could initiate discussion with North West Area Mental Health Alliance to scope opportunities as above
<p>Build awareness of care pathways and existing standardised service coordination processes</p>	<ul style="list-style-type: none"> • CBD Homelessness & Health Access Protocol <ul style="list-style-type: none"> - Guide to Accessing Services - Guidelines for Making Referrals • North West Area Mental Health Alliances • Inner West Area Mental Health Alliance • PDRS Services as a platform for cross sectoral work • Victorian Service Coordination & Practice Standards • SCTT Referral Tools and Protocols • Human Services Directory • MGPN Homelessness Research (FAHCSIA) • Homelessness Innovation Projects • Adult Mental Health Initiative–Care Coordination Post • SRS Referral Protocol (MH) • SAVVI – Supporting Accommodation for Vulnerable Victorians Initiative • Commonwealth ATAPS (Risk of Homelessness Stream) • Homelessness and Drug Dependency/HDD – Ozanam House/St Vincent’s/Flagstaff/Hannover 	<ul style="list-style-type: none"> • Knowledge of existing services/programs and how to utilise this knowledge • Acknowledge word of mouth issues and anecdotal information sharing • Document existing good practice of care pathways/referral & accommodation support • Showcase Forums – visibility of work • Utilise Council to Homeless Person’s PESP program to capture information from consumers on what is available and how to access it • ‘Wikipedia’ option / blog discussion groups • Utilisation of multimedia eg. video in waiting rooms

Based on this recent stakeholder consultation and the existing platform opportunities, the focus of the implementation phase of INWAYS in 2012 will be on supporting cross sectoral training for shared professional development needs amongst local Mental Health, Housing and Homelessness Support Service staff in Melbourne's Inner North West. The project will seek also to support and strengthen the local Mental Health Alliances as means to sustain outcomes/partnerships beyond the life of INWAYS.

Lessons Learned

Reflecting on the first phase of the INWAYS Project, there have been a number of lessons learned that will inform planning the project's Implementation Phase in 2012 as well as future INW PCP partnership projects. These lessons include:

Forming effective partnerships between cross sectoral representatives takes time.

The INWAYS Project partnership continues to evolve and strengthen, however in order for agencies to work together in effective partnership this requires time. The Partnership Review Survey results indicated that agency representatives need time to explore the role and function of other partner agencies and how and where each fits into our healthcare system. In planning future projects, dedicated time should be factored in to support new partnership groups in the forming phase.

The exploratory phase was vital.

The decision to deviate from the original EOI proposal for the INWAYS Project, as discussed in the Background section of this report, significantly lengthened the planning phase of the project. The exploratory phase was however, vital to establishing evidence based locally relevant, strategies to improve mental health care for people experiencing homelessness.

Engaging the necessary stakeholders is an ongoing process.

The INWAYS Project represents a partnership between Mental Health, Housing and Homelessness Support Services. While the partnership includes representatives from these sectors, some service areas within the Housing and Mental Health sectors remain under represented. There is a need to seek the engagement and expertise of clinical mental health services, and gain support of senior managers.

Clear differentiation between the Steering and Working Group functions.

The project's governance structure included a Steering Group that broke into sub working groups to complete discreet project activities such as coordinating the Forum. This affected the clarity of Steering Group roles. For the project implementation phase, a separate Steering Group and Working Group are required, each with clear roles and responsibilities.

Project strategies must be achievable with the available resources

The initial goal and strategies of the INWAYS Project were difficult to achieve given the project was largely unfunded. Funding has been secured for the Implementation Phase and project activities will be planned within a budget of available resources.

Summary & Next Steps

The INWAYS Project represents an emerging partnership between a number of Mental Health, Housing and Homelessness Support Services in Melbourne's Inner North West. The exploratory work undertaken by the partnership in 2011 has contributed to a shared understanding of the issues around mental health and homelessness, from the perspective of these service sectors and from a consumer viewpoint. Based on this consultation and supported by the partnership strategies recommended in literature on best practice, the INWAYS Project Group recommend the following focus of the project's implementation phase:

The Implementation Phase of INWAYS will support cross sectoral training for shared professional development needs amongst local Mental Health, Housing and Homelessness Support Service staff in Melbourne's Inner North West. The project will seek also to support and strengthen the local Mental Health Alliances as means to sustain outcomes/partnerships beyond the life of INWAYS.

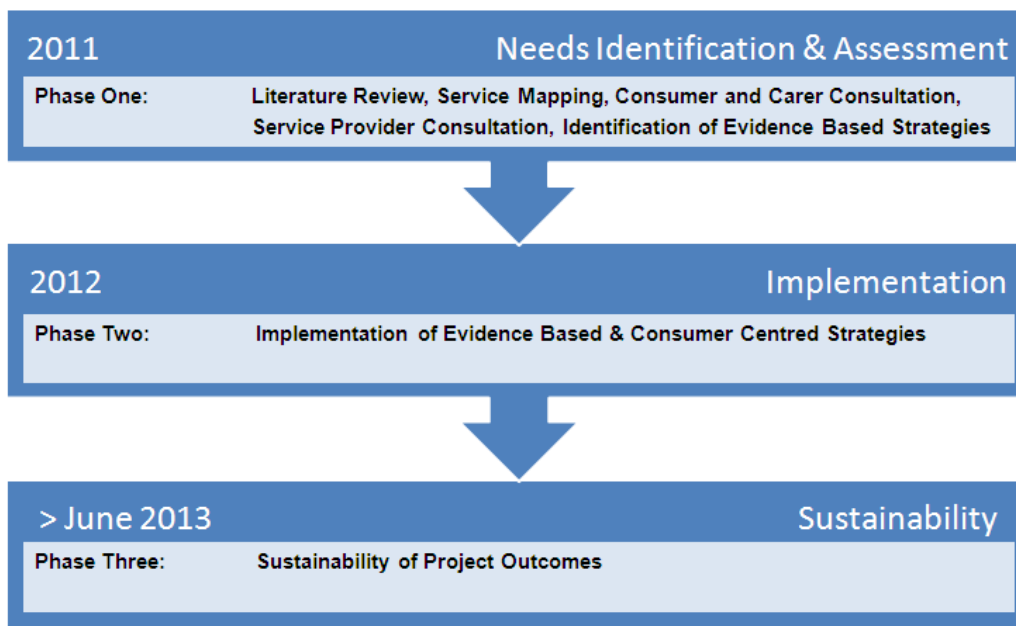
The INW PCP will explore a number of opportunities for implementation of these strategies in 2012, based on the existing platforms identified through the consultation process. This will include meeting with a number of Registered Training Organisations (RTOs) to explore partnership opportunities for development and delivery of cross sectoral training. A project design phase will occur in January 2012. It is anticipated that a clear scope for implementation, project deliverables and timelines will be endorsed at the first Steering Group Meeting in February 2012.

The project's governance structure will be reviewed and modified for clearer differentiation between the Steering and Working Groups. A stakeholder analysis will be undertaken and further stakeholder representation will be sought for under-represented service areas via meetings with Senior Managers to invite greater organisational participation in the project.

The Victorian Department of Health – North West Metro Region have confirmed the INWAYS Project will be allocated \$30,000 funding to support the Implementation Phase in 2012. The project plan will reflect the available resources for this phase of the project.

SECTION 2:

INWAYS Project Phase 2 & 3: Implementation (2012-2013) & Sustainability (2013)



SECTION 2: INWAYS Project Phase 2 – Implementation (2012-2013)

The overarching goal of the INWAYS project has been to contribute to improved primary care and mental health service access for people who experience, or are at risk of homelessness, with mental health care needs, in Melbourne's Inner North West.

The exploratory work undertaken by the INWAYS Project Partnership through Phase 1 in 2011 contributed to a shared understanding of the issues around mental health and homelessness, from the perspective of these service sectors and from a consumer viewpoint. Based on this consultation and supported by the partnership strategies recommended in the literature, the INWAYS Project Partnership agreed to adopt the following focus for the implementation phase:

- Support cross sectoral training for shared professional development needs amongst local Mental Health, Housing and Homelessness Support Service staff in Melbourne's Inner North West.
- Support and strengthen the local Mental Health Alliance as means to contribute to sustained outcomes/partnerships beyond the life of INWAYS.

An overview of the INWAYS Project Phase 2 is provided in the Logic Model in appendix 1.

In light of the findings of the previous project phase, the goals and objectives for the implementation phase of the INWAYS Project are as follows:

Goal:

To enhance inter-agency connections through a) a cross sectoral training for shared professional development needs amongst mental health and homelessness support service staff and b) supporting the Inner West Area Mental Health Alliance (IWAMHA) to strengthen cross sectoral membership and improvement activity.

Objectives:

1. To maintain and strengthen the cross sectoral partnership established through the INWAYS Project under the Community Mental Health Planning and Service Coordination Initiative (CMHPSCI).
2. To support interagency connections between mental health, housing and homelessness support services, through the collaborative design and delivery of workforce training to meet shared professional development needs.
3. To support and strengthen mental health and homelessness support service partnerships, through the appointment of a project officer to drive the Inner North West Area Mental Health Alliance.
4. To build sustainability strategies into project planning and delivery, enabling project achievements and deliverables to continue to benefit stakeholders beyond project completion in June 2013.

Method

The following table provides a summary of the strategies undertaken to address each objective during the Implementation Phase of the project.

Objectives	Strategies
<p>1. To maintain and strengthen the cross sectoral partnership established through the INWAYS Project under the Community Mental Health Planning and Service Coordination Initiative (CMHPSCI).</p>	<ul style="list-style-type: none"> • Project coordination by the INW PCP in collaboration with project partners • Undertake a further phase 2 stakeholder analysis and invite participation by under-represented agency types and sectors • Revise governance structure • Monthly Working Group Meetings • Bi-monthly Steering Group Meetings • Regular Project Stakeholder Group Updates
<p>2. To support interagency connections between mental health, housing and homelessness support services, through the collaborative design and delivery of workforce training to meet shared professional development needs</p>	<ul style="list-style-type: none"> • Identification of shared core competencies for mental health and homelessness sector staff • Survey of local service providers to identify priority cross sector training needs • Map currently available training in these shared core competency areas and identify gaps • Partner with a Registered Training Organisation (RTO) to develop cross sectoral training package • Deliver cross sectoral training package
<p>3. To support and strengthen mental health and homelessness support service partnerships, through appointment of a project officer to drive the Inner North West Area Mental Health Alliance/IWAMHA</p>	<ul style="list-style-type: none"> • Engagement of IWAMHA Project Officer to: <ol style="list-style-type: none"> a) Facilitate an approach to CBD Protocol Training that includes delivery to clinical mental health service clinicians and provides a sustainable model for future training delivery by local agencies b) Work with the IWAMHA to expand cross sector membership to include drug and alcohol and local government agencies
<p>4. To build sustainability strategies into project planning and delivery, enabling project achievements and deliverables to be of continued benefit to stakeholders beyond project completion in June 2013.</p>	<ul style="list-style-type: none"> • Explore opportunities for ongoing training package delivery through an existing training schedule by suitable training agency/program • Scope partnership opportunities beyond the life of the project • Project coordination by the INW PCP in collaboration with project partners

Please refer to the Project Implementation Phase (Phase 2) Evaluation Framework below for the evaluation process followed.

Evaluation Plan: Phase 2 of the INWAYS Project

Goal: To enhance inter-agency connections through a) a cross sectoral training for shared professional development needs amongst mental health and homelessness support service staff and b) supporting the Inner West Area Mental Health Alliance (IWAMHA) to strengthen cross sectoral membership and improvement activity.

Objectives	Strategies	Questions	Data Source	Method of Collection
1. To maintain and strengthen the cross sectoral partnership established through the INWAYS Project under the Community Mental Health Planning and Service Coordination Initiative (CMHPSCI).	<ul style="list-style-type: none"> • Project coordination by the INW PCP in collaboration with project partners • Undertake a further phase 2 stakeholder analysis and invite participation by under-represented agency types and sectors • Revise governance structure • Monthly Working Group Meetings • Bi-monthly Steering Group Meetings • Regular Project Stakeholder Group Updates 	<p>Is there adequate representation within the partnership from mental health and homelessness support service sectors?</p> <p>Has there been an effective level of engagement amongst partners?</p> <p>Were the partnership structures and processes effective to support project goals?</p> <p>Did the partnership enhance project outcomes and achievements?</p>	INWAYS Project partners	<ul style="list-style-type: none"> • Balance of cross sectoral representation • Meeting attendance rates • Partnership Review Tool (online survey)
2. To support interagency connections between mental health, housing and homelessness support services, through the collaborative design and delivery of workforce training to meet shared professional development needs	<ul style="list-style-type: none"> • Identification of shared core competencies for mental health and homelessness sector staff • Survey local service providers to identify priority cross sector training needs • Map currently available training in these shared core competency areas and identify gaps • Partner with a Registered Training Organisation (RTO) to develop and deliver cross sectoral training 	<p>Was the 'Art & Science of Collaboration' Training Package effective in supporting inter-agency collaboration?</p> <p>How can the training package be improved for future delivery?</p>	<p>Training Participants</p> <p>Project Partners</p> <p>VICSERV (RTO)</p>	<ul style="list-style-type: none"> • Post Training Evaluation Form • Follow up phone training evaluation interview
3. To support and strengthen mental health and homelessness support service partnerships, through appointment of a project officer to drive the Inner North West Area Mental Health Alliance	<ul style="list-style-type: none"> • Engagement of IWAMHA Project Officer to: <ol style="list-style-type: none"> a) Facilitate an approach to CBD Protocol Training that includes delivery to clinical mental health service clinicians and provides a sustainable model for future training delivery by local agencies b) Work with the IWAMHA to expand cross sector membership to include Drug and Alcohol and local government agencies 	<p>Has there been an increase in cross sectoral representation on the INWMHA?</p> <p>Is there a sustainable model of practice for ongoing CBD Protocol Training delivery (including delivery to clinical mental health services)?</p>	<p>Inner West Area Mental Health Alliance Members</p> <p>Terms of Reference</p> <p>IWAMHS Training Schedule</p>	<ul style="list-style-type: none"> • Consultation, monitoring and review
4. To build sustainability strategies into project planning and delivery, enabling project achievements and deliverables to be of continued benefit to stakeholders beyond project completion in June 2013	<ul style="list-style-type: none"> • Explore opportunities for ongoing training package delivery through an existing training schedule by suitable training agency/program • Scope partnership opportunities beyond the life of the project • Project coordination by the INW PCP in collaboration with project partners 	<p>Are there arrangements in place to support sustainability of project outcomes?</p> <p>How did the project track to planned timelines?</p>	<p>INWAYS Project partners</p> <p>Project Gantt Chart</p>	<ul style="list-style-type: none"> • Consultation and planning • Project monitoring and Progress Reports for the INWAYS Steering Group

Findings

Objective 1:

To maintain and strengthen the cross sectoral partnership established through the INWAYS Project under the Community Mental Health Planning and Service Coordination Initiative (CMHPSCI).

Balance of cross sectoral representation

The INWAYS Project Steering and Project Group membership changed over the course of project. Please refer to the Acknowledgements section of this report on page 2 of this report for an overview of all participating agencies.

There was a relatively even balance between agency representatives from these sectors, who participated at the Steering Group level as is demonstrated in figure 1 below.

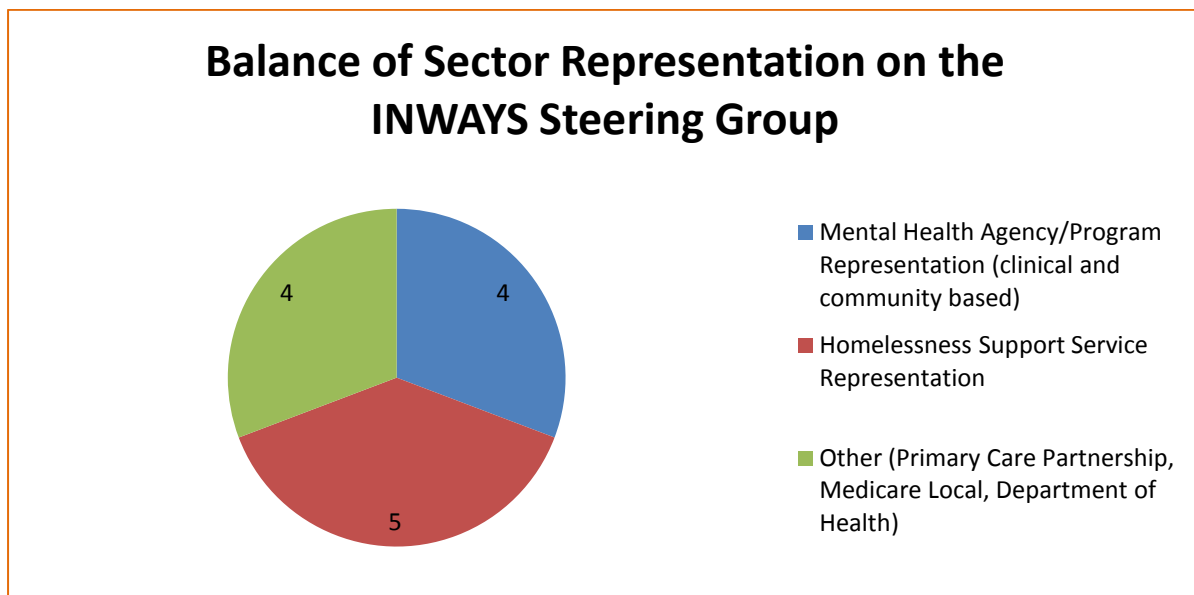


Figure 1 Balance of sector representation on the INWAYS Project Steering Group

The INWAYS Working Group representation is depicted in figure 2 below. The Working Group included fewer representatives from supporting agencies such as the Primary Care Partnership, the Department of Health and Inner North West Melbourne Medicare Local, with the INW PCP Project Coordinator the sole representative from this group. There was slightly higher representation of mental health agencies (including clinical and community based) than homelessness support services amongst the Working Group.

Balance of Sector Representation on the INWAYS Working Group

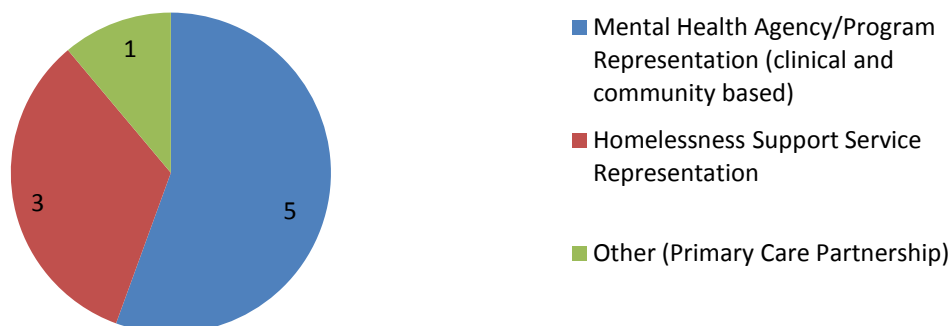


Figure 2 Balance of sector representation on the INWAYS Project Working Group

Meeting attendance rates

Phase 2 and 3 of the INWAYS project ran between February 2012 and June 2013. During this period the following meeting attendance rates were recorded (see table below).

Meeting	Frequency	Attendance Rates
INWAYS Steering Group Meetings	Second monthly (1 Hour)	65%
INWAYS Working Group Meetings	Monthly (2 hours)	68%

There was a high rate of apologies recorded prior to both Steering and Working Group meetings when partners were unable to attend.

Partnership Review Tool (online survey)

In March 2011, in the early stages of the INWAYS Project, the Department of Health required all CMHPSCI Projects to undertake a Partnership Review Assessment as part of the formative evaluation, to assess partnership development and guide improvement strategies. Please see appendix 2 for the Partnership Review Tool Template. The Partnership Review Tool was again undertaken with the partnership in May 2013 prior to project closure. This was done to identify successful elements of the partnership processes and lessons learned for future partnership work in this area from the perspective of project partners.

The Partnership Review Tool, administered via a survey monkey, attracted a 45% response rate, with 10 of the 22 agency representatives from the Steering and Working Groups participating in the survey. Of the survey participants, there was near equal representation of the Steering and Working Group. The majority of survey respondents were from the mental health sector (70%, n=7) which includes clinical and community based mental health services. The majority of participants, (50%, n=5) reported being involved with the INWAYS Project since the project began in early 2011. Participants were asked to rate each of the statements outlined in the table below, based on a five point scale (0 = strongly disagree, 1 = disagree, 2 = not sure, 3 = agree, 4 = strongly agree).

Summary of Partnership Review Survey Results, May 2013

Questions	Average Response	Key Comments
Partnership engagement/affiliation and purpose		
1. There is a clear goal for the partnership	Agree (88.9%)	<i>"...was refined throughout the project"</i>
2. Partnership members have the ability to influence change which will contribute to mental health reform	Agree (66.7%)	
3. There is enough variety and representation among partnership members to have a comprehensive understanding of the issues being addressed	Agree (55.6%)	<i>"...appeared to be considered opinion, advice and understanding of the issues"</i>
4. There is sufficient commitment, resources and skills represented in the partnership to achieve the project goals	Agree (55.6%)	
5. The partnership has developed plans that are likely to achieve specific project objectives	Agree (66.7%)	<i>"This was well done...highly effective communication...in planning how to move forward and overcome challenges"</i>
Partnership processes		
6. The administrative, communication and decision making structure of the partnership is effective	Agree (55.6%)	<i>"Very well organised"</i>
7. Roles, responsibilities and expectations are clearly defined and understood by all partners.	Agree (66.7%)	<i>"Roles and responsibilities of party members need to be more defined" "Terms of Reference"</i>
8. Members' skills and resources are efficiently engaged to achieve project implementation	Agree (33.3%)/ Strongly Agree (33.3%)	
9. Members are able to identify creative ways to solve problems and overcome obstacles	Agree (55.6%)	
10. Members have the task of communicating and promoting the partnership's work in their own agencies	Agree (55.6%)	
Partnership performance and achievements		
11. The partnership is able to achieve results which could not be accomplished by individual agencies alone	Agree (55.6%)	<i>"Collaboration was very effective in getting...different agency perspectives" "Yes. CBD Protocol Training and VICSERV Training required inter-agency collaboration"</i>
12. The partnership has enhanced our ability to address a mental health reform area and goal	Agree (55.6%)	<i>"...too early to know (and perhaps too complex to measure) impact on access"</i>
13. The benefits to our agency and the community of participation in the partnership are greater than the costs in terms of time and other resources	Agree (44.4%)	
14. Valuable working relationships have been established which will contribute to the sustainability of projects and reform	Agree (55.6%)	

Survey respondents listed the following as the greatest achievements of the INWAYS Project:

- *Facilitating increased collaboration between agencies*
- *Development of the Collaboration Skills Training*
- *Linkages across organisations; training implemented (albeit low numbers); data and information provision*
- *Getting relative buy in from clinical mental health services and expanding Inner West Alliance to include broader range of members. Also increased awareness of CBD Homeless Protocols*
- *Being able to plan build and deliver the "art and science of collaboration" training to workers in the mental health, drug and alcohol and homelessness sectors.*
- *Improved relationship with partners at meetings scheduled*
- *The capacity to have more robust inter-agency relationships*
- *Providing a forum for inter-agency communication and strengthening networks between participating agencies.*

Other reflections and comments shared by survey respondents included:

- *The Collaboration Skills Training will not just enable MH & Homeless Staff to better work together, it will become the training platform to facilitate improved interagency staff communication in times of sector reform and the increased partnership demands*
- *Enormously complex and ambitious project. Full commendation to INWPCP for its patience and perseverance in managing the project to achieve modest but important outcomes*
- *Great to meet other people from other agencies. Would be great to see if INWAYS partnership can stay in contact in the future.*
- *Partnership had a vast agenda that was challenging to implement in a way that fostered capacity building*
- *I think the drivers towards market placed competitive relationships in the sector through public policy creates a disconnect between authentic enduring respectful relationships*

Objective 2:

To support interagency connections between mental health, housing and homelessness support services, through the collaborative design and delivery of workforce training to meet shared professional development needs

Post Training Evaluation Forms

Training participants were asked to complete a training evaluation form after day one of the training (28th February 2013) and again after day two (21st March 2013). These training evaluation forms collected feedback on the structure and quality of training, knowledge gained and training materials and methods. The full Training Evaluation Reports, prepared by VICSERV are available in appendix 3. The first training program was initially fully subscribed, attracting the full 24 participant registrations. Upon seeking registration confirmation prior to the training, 8 participants withdrew. Training day 1, on 28th February 2013, was attended by 16 participants. A drop off of attendance was observed with training day 2, on 21st March 2013, attended by only 6 participants.

Overall structure and quality of training

The majority of participants reported they enjoyed the training and believed the trainer had good knowledge and skill in presenting the topic and also that the training followed a logical flow. *“Really enjoyable and interactive”; “Enjoyed conflict mood (content)”*. Participants appeared to value the practical and discussion components of the training, with comments including *“Activities were good and led to meaningful discussion...Great to not have pages of notes / handouts to take back to the office and file”*; *“I enjoyed the practical exercises to demonstrate the ideas presented”*.

There were mixed responses from participants as to whether the training content was pitched at the right level. One participant reported the training was *“...just too basic, day two more useful with information on the Mental Health Reforms and the conflict model tool”*, while another described the training as *“...practical and pitched at a good level”*.

A number of participants reported feeling neutral as to whether the goals of the training had been clear. Comments included, *“Some activities were related to basic skills in collaboration rather than developing partnerships / collaborating practically, however other activities did this”*. Feedback from multiple respondents indicated a need for more specific service based information to be included in the training content. *“I thought the training would be more about the different organisations in this area”*; *“(I) was hoping for more information sharing regarding issues of collaboration between PDRS and clinical”*; *“I enjoyed day 2 a lot more, I think it would be useful for people to come to have a list of the services in this area, so people are aware of what' out there and then you can start to work on how they could work together”*.

Knowledge gained from the training

Overall, a modest increase in content knowledge and confidence in applying collaborative practice was recorded by participants attending the training. Comments included, *“Already had knowledge but good to review”* ; *“I was probably not sure of my ability prior to the training”*; *“Knowledge / content related more to how, not why, working collaboratively is purposeful”*; *“Yes, will put information to good use with both colleagues (including management) and clients”*.

Training materials and methods

The majority of training participants reported that the written and electronic materials were easy to use and understand and that there were sufficient opportunities for practical exercises and discussion to assist learning. Comments included *“Good variety of presentation”* and *“Homework gave opportunity to meet with others from different organisations”*.

Follow up phone training evaluation interview

Following the delivery of the Art & Science Training Program, a small sample of participants were offered to participate in a qualitative evaluation, via a brief telephone semi structured interview. Three participants accepted this offer. Interviews were conducted between 4 - 6 weeks post training. 1 participant was from the homelessness support service sector and 2 participants were from the community mental health sector. A summary of responses is included under each question below.

Question 1: Did the training assist you to identify new ways of collaborating with clients, carers, colleagues etc.? If so, please provide an example.

Respondents reported that much of the training content was not new to them, however there was benefit in the opportunity to review and reflect on what influences collaborative practice. One respondent reported that it was particularly useful to explore the practicalities of collaborating with other agencies. Another respondent reported the most useful components of the training were the opportunity to establish links with other agency representatives in attendance and to discuss current sector reforms including the National Disability Insurance Scheme.

Question 2: Have you been able to implement any new ideas or skills from the training in your work?

Again, respondents reported that much of the training content was not new to them. One respondent stated that the midway inter-agency project undertaken was useful as it explored the sector reforms underway. This enabled members of the project group to identify opportunities to position their role and program to respond to the changes to come.

Question 3: Do you believe that attending the training has changed or improved your approach to working with people who experience homelessness who have mental health care needs? Please provide an example.

One respondent reported that as homelessness straddles many different sectors (mental health, drug and alcohol, homelessness support services, legal services, etc.) the training was useful to provide the 'bigger picture'. The same respondent stated that this was supported by both the training content but also through discussion with the other agency representatives in the room. Another respondent reported their approach to working with people who experience homelessness who have mental health care needs had not been changed or improved as a result of the training.

Question 4: Do you have any other comments about the training you would like to share with the INWAYS Project Group?

A respondent reported that the length and flexible style of training delivery worked well. All respondents agreed that the trainer demonstrated good skills and knowledge in the topic area. Several respondents shared that the content felt too basic for the level of education the sector would have, and much of the content had been covered in other types of training.

A respondent reported that the inter-agency take home project was practically problematic due to difficulty in allocating mutual time to meet and complete this work between training days. Another respondent stated that the take home project was a really good way of putting some of the theory into practice.

Several respondents agreed that the attendance drop off between the first and second training day unfortunately impacted on continuity of discussion and meant that there were a limited number of agencies whom to share ideas and present inter-agency projects to. Limited representation from particular sectors was also noted as a limitation to discussion of collaborative opportunities. One

participant reported that based on the flyer, it was anticipated that the training would provide an overview of the scope of the sector and a picture of how to navigate it.

Do you have any suggestions for improving the training package?

Respondents made the following suggestions:

- Refine the training flyer so it is clearer in relation to what the training will cover and at to what level the content is pitched
- Where possible, take steps to ensure there is a balance of mental health and homelessness support service agencies in attendance to support cross sectoral aims of the training
- Consider making the training shorter as the first day felt too drawn out
- Consider undertaking the project activity during class time as it was challenging to find a mutual time to meet between participants between training days
- Consider making the group size larger so that when there is the inevitable drop off between training days, there are still a significant number who attend
- Management support for staff to attend is beneficial
- By providing an overview of the sector and how to navigate this, the training participants could use this as a basis to identify strengths and opportunities for collaboration.
- Rather than focusing on skills for collaboration, the content needs to be more application focused including criteria to support referral and easier navigation.

Objective 3:

To support and strengthen mental health and homelessness support service partnerships, through coordination of a project officer to drive the Inner North West Area Mental Health Alliance.

Consultation, monitoring and review

Project funding was utilised to appoint the Inner West Area Mental Health Alliance (IWAMHA) Project Officer to:

- a) Facilitate an approach to CBD Protocol Training that includes delivery to clinical mental health service clinicians and provides a sustainable model of practice for future training delivery by local agencies
- b) Work with the IWAMHA to expand cross sector membership to include drug and alcohol and local government agencies

Considerable delays were experienced in recruiting to this position, due to difficulty attracting a suitable applicant from within the Inner West Area Mental Health Services. These delays limited the scope and timelines of project activities under this objective. This will be discussed further under objective 4. An external consultant was employed as the IWAMHA Project Officer for a total of 13 working days, over a 5 month period between September 2012 and February 2013.

Please refer to the Project Activity Report Part A (appendix 4) and B (appendix 5), prepared by the IWAMHA Project Officer, for further details on the implementation of these strategies. Key achievements at the completion of the IWAMHA Project Officer in February 2013 and those identified as at the time of writing are summarised in the table below.

Strategy	Key Activities & Achievements	Outcomes (as at June 2013)
a) Facilitate an approach to CBD Protocol Training that includes delivery to clinical mental health service clinicians and provides a sustainable model of practice for future training delivery by local agencies <i>Key Stakeholders:</i> <i>Central City Community Health Services (CCCHS) managed by Dousta Galla Community Health Services; Inner West Area Mental Health Services (IWAMHS) Homeless Outreach and Training Programs; Royal District Nursing Service (RDNS) Homeless Persons Program</i>	Consultation with key stakeholders	Tailored components of the CBD Protocol Training in conjunction with an appropriate complex needs case study will be jointly presented (by IWAMHS Homeless Outreach and RDNS Homeless Persons Programs) to CAT, E-CAT and Intake in July 2013 Opportunity identified to provide the residual INWAYS Project Funds toward the coordination of the CBD Protocol Training delivery.
	Facilitated discussions between key stakeholders to collaboratively develop a sustainable plan for training delivery	
	Endorsement by IWAMHS Area Manager for increased training attendance by staff from targeted clinical mental health programs (CAT, Emergency CAT and Intake)	
	Agreed approach to resource training administration and delivery. CCCHS will coordinate the delivery of the CBD Protocol Training with an understanding that this responsibility will rotate between key agencies in future	
	Agreement by IWAMHS to routinely include a section on the CBD Protocol in their Orientation Program	
c) Work with the Inner West Area Mental Health Alliance (IWAMHA) to expand cross sector membership to include drug and alcohol and local government agencies	Bench marking completed with two metropolitan Mental Health Alliances regarding scope of membership, what assists participation and current Terms of Reference	
	Renegotiated broader Terms of Reference with the IWAMHA	Updated Terms of Reference available at http://www.inwpcp.org.au/node/127
	Recruitment letters drafted for IWAMHS Area Manager to send inviting local government and drug and alcohol agency representatives to join the IWAMHA	Recruitment invitation letters have been sent to City of Melbourne and Moonee Valley City Council, DASWest and Turning Point. Next IWAMHA Meeting scheduled for June 2013

Objective 4:

To build sustainability strategies into project planning and delivery, enabling project achievements and deliverables to be of continued benefit to stakeholders beyond project completion in June 2013.

Consultation and planning

The following strategies were developed during project planning with the INWAYS Steering Group:

- Identify and engage a Registered Training Organisation (RTO) to develop and deliver the cross sectoral training package in collaboration with the project partnership
- Seek key stakeholder input into training development and identify opportunities for training to be embedded within existing training calendars
- Review of contextual factors and sector reforms to ensure relevance of training focus
- Facilitate a sustainable approach to future local delivery of the CBD Protocol Training
- Facilitate the expansion of the Inner West Area Mental Health Alliance membership to include drug and alcohol and local government representation, to foster future opportunities for collaboration.

The following outcomes were achieved:

- VICSERV, the peak body representing community managed mental health services in Victoria, agreed to join the INWAYS Project Partnership to develop and deliver the cross sectoral training package. VICSERV received project funding for training development and delivery. It was agreed that subject to evaluation findings, VICSERV will continue to refine and provide this training beyond the completion of the project in June 2013.
- Wodonga TAFE, currently responsible for coordination of the Specialist Homelessness Support Service Sector Training Calendar, contributed funds toward the training development. In turn the training package will continue to be offered through this state wide training calendar, enabling subsidised registration for staff from the homelessness support service sector in future.
- The Central City Community Health Service, managed by Doutta Galla Community Health Services, has taken responsibility for coordinating the delivery of the CBD Protocol Training in conjunction with its partner agencies. This is with the agreement that this responsibility will be shared by local services over time. Tailored components of the CBD Protocol Training will be jointly presented by Inner West Area Mental Health Service (IWAMHS) Homeless Outreach and Royal District Nursing Service (RDNS) Homeless Persons Programs to a number of local clinical mental health programs in July 2013.
- Also of note, a number of INWAYS Project partner agencies are also partners in the new Homeless Outreach Mental Health and Housing Program at Central City Community Health Services. These partner agencies currently include Doutta Galla Community Health Services, Inner West Area Mental Health Service, Homeground and McCauley Community Support for Women.

Project monitoring and Progress Reports for the INWAYS Steering Group

Timelines for Phase 2 of the project are outlined in a Gantt chart, provided in appendix 6, which informed project planning and implementation. These timelines were regularly presented to the Steering Group through the bi-monthly Project Progress Reports and to the Working Group through monthly meetings. There were several significant delays encountered during the project, as follows:

1. Considerable delays were experienced in recruiting to this position, due to difficulty attracting a suitable applicant from within the Inner West Area Mental Health Services. These delays limited the scope and timelines of project activities under this objective. An external consultant was employed as the IWAMHA Project Officer for a total of 13 working days, over a 5 month period between September 2012 and February 2013.
2. A decision was made by the Steering Group to extend Project Phase 2 timelines in order to support a comprehensive process of planning training themes and content. For this reason the cross sectoral training was not delivered as planned in October 2012, instead this occurred in February and March 2013.
3. As a result the Implementation Phase (Phase 2) ran concurrently with the Sustainability Phase (Phase 3).

In each instance, changes to original timelines were discussed and agreed upon with the INWAYS Project Group. Progress Reports outlined the impact of new timelines. Despite these delays, the project was completed in June 2013 as per the original project timeline boundary.

Discussion

The first project objective sought to guide the ongoing development of partnerships fostered through the first year of the INWAYS Project. For the implementation phase, the governance structure was adapted to form a dedicated Working Group separate from the Steering Group and project partners participated in one or the other. Membership of these respective groups remained consistent throughout the implementation phase and there was near equal representation from each sector. The most recent Partnership Review Survey results in May 2013 indicated that, compared to the earlier Survey in March 2011, this improved governance structure was more effective in supporting project goals. This survey indicated there to have been adequate engagement by most partners, refined partnership goals were clear and that there was sufficient sector representation. Survey respondents indicated that strengthening collaboration and inter-agency partnerships is among the greatest achievements of the INWAYS Project.

The second objective aimed to support further inter-agency connections between the mental health and homelessness support service sectors through the development of a cross sectoral training package. The collaborative process of planning the training focus appeared to strengthen the partnership between members of the project group, with meetings providing an opportunity for robust discussion that, according to Partnership review Survey respondents, contributed to “*robust inter-agency relationships*”. While the participant evaluation of The Art & Science of Collaboration Training indicated the training supported linkages between participants, significant changes to the training content is required if the training is to contribute to such linkages more broadly amongst these sectors. This evaluation has provided a number of recommendations for improving the training package for future delivery by VICSERV. These recommendations include adopting a more application based focus, with inclusion of an overview of how to navigate both sectors, enabling training participants to use this as a basis to identify strengths and opportunities for collaboration.

The third objective sought to strengthen the mental health and homelessness support service partnerships through facilitating cross sectoral activity within the Inner West Area Mental Health Alliance (IWAMHA). As described in this report, a lengthy delay in appointing the project officer limited the activities that could be undertaken in the timeframe available. The project officer was however still able to facilitate some positive changes. Through facilitated discussion between key stakeholders, drug and alcohol and local government agencies were identified as important partners missing from the IWAMHA, and were invited to participate. The Terms of Reference were updated to reflect this expanded membership. Furthermore, based on discussion with key partners, a plan for the CBD Protocol Training to be modified and delivered to local clinical mental health services has been established and the Central City Community Health Services have adopted responsibility for the coordination of this training.

The final objective guided the strategies put in place to ensure the project's achievements and key deliverables would continue to benefit the mental health and homelessness service sectors beyond project closure in June 2013. The project has achieved this objective in the sense that the Art and Science of Collaboration Training will continue to be refined and delivered by VICSERV through both the VICSERV Training Calendar and Wodonga TAFE's Specialist Homelessness Service Training Calendar. This will essentially expand the reach of this training beyond Inner North West Melbourne, to other agencies across Victoria. As already described, there is now a plan for further delivery of the CBD Protocol Training to local clinical mental health programs, which is anticipated to further support ongoing inter-agency connections through knowledge of referral processes for people experiencing homelessness.

Recommendations

1. VICSERV to further refine and improve the Art and Science of Collaboration Training Package for future delivery, based on training participant feedback gathered through this project.
2. Local stakeholder agencies to take a lead role in coordinating delivery of the CBD Homelessness and Health Access Protocol Training on a rotational basis. The Central City Community Health Service partner agencies have agreed to do so for the current period.
3. The Inner West Area Mental Health Alliance to review cross sectoral representation within their membership and encourage involvement of drug and alcohol and local government.

Lessons Learned

In planning for the implementation phase, the project group sought to incorporate the lessons learned through the first phase of the project. Forming effective partnerships between cross sectoral representatives does indeed take time, and it was essential to continue to foster these inter-agency relationships throughout the implementation phase. There is a need to invest significant time in project planning, identifying synergies between project partners and opportunities where a partnership project can make a difference.

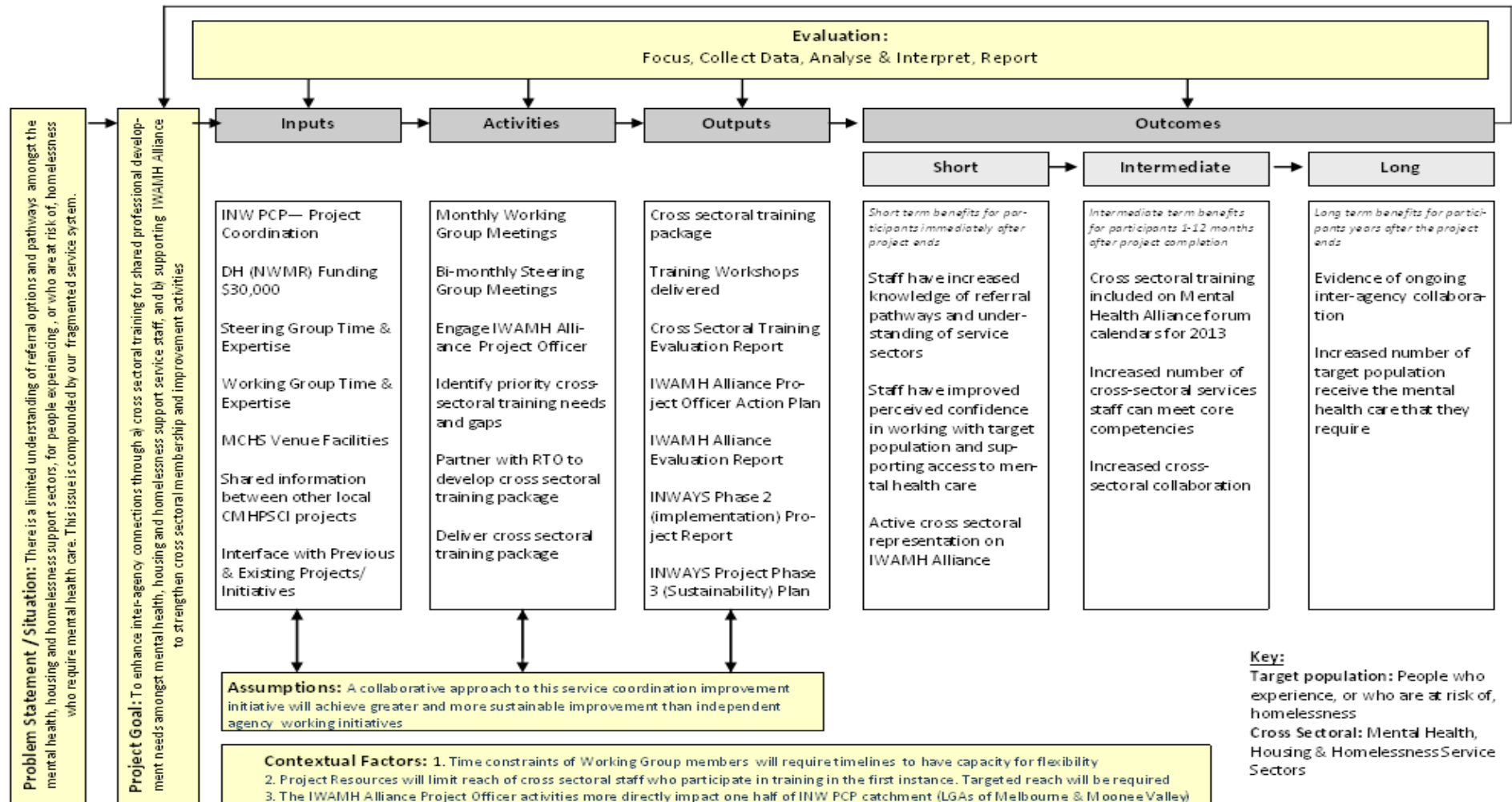
It is acknowledged by the project group that the INWAYS Project had an ambitious agenda that has been a challenge to implement in a way that fosters capacity building. Future partnership work in this area may benefit from adopting a more focused scope from the onset and working with a smaller group of dedicated partners to achieve targeted measureable improvements.

Conclusion

The INWAYS Project represented an emerging partnership between a number of Mental Health, Housing and Homelessness Support Services in Melbourne's Inner North West. This was an ambitious project which sought to tackle complex problems. Through the dedication of the INWAYS partnership, many of whom have committed their time, energy and expertise over the past three years, the project has made a number of significant achievements. These include the development of a cross sectoral training package for mental health and homelessness support service staff, development of plans for targeted delivery of the CBD Protocol Training to local clinical mental health programs and, not least of all, strengthened inter-agency partnerships amongst representatives from local mental health and homelessness service programs. While it is difficult to elicit the impact of this work access to mental health services for people experiencing homelessness, it has achieved modest but important outcomes that provide a significant contribution toward this larger goal.

Appendix 1: INWAYS Project Logic Model - Implementation Phase (2012-13)

INWAYS Project— Phase 2 (Implementation) 2012



Appendix 2: Partnership Review Tool Template (Page 1 of 2)



Community Mental Health Planning and Service Coordination Initiative

Document: Partnership review tool

Updated: 16 December 2010

The purpose of this tool is to assist project partners in assessing the performance and functioning of the partnership. The tool is designed to assist MHSD Managers and project partners in discussing the performance of the partnership, to see how well its collaborative process is working within the context of continual quality improvement.¹

There are two options for using the tool. It may be completed as part of a group discussion, for example, at a project governance meeting. In this case, group members would jointly discuss each item and form a consensus about the rating. Alternatively the tool may be completed anonymously by individuals. In this case the results would be collated by the MHSD Manager and then used as the basis for group discussion. Similar tools are used in both of these ways. Whichever option is implemented, the results should be discussed and used to highlight items where the partnership is performing well and those which indicate room for improvement. Strategies and actions for improvement can then be designed and implemented.

The evaluators will request that the tool is completed and a copy provided to inform the evaluation. The date for this has not been confirmed but it is likely to be in March/April 2011.

Project name:

Partnership or working group:

Instructions: Please rate your level of agreement with each of the statements below, with 0 indicating a strong disagreement and 4 indicating a strong agreement.

	0 Strongly disagree	1 Disagree	2 Not sure	3 Agree	4 Strongly Agree
Partnership engagement/affiliation and purpose					
1. There is a clear goal for the partnership.					
2. Partnership members have the ability to influence change which will contribute to mental health reform.					
3. There is enough variety and representation among partnership members to have a comprehensive understanding of the issues being addressed.					
4. There is sufficient commitment, resources and skills represented in the partnership to achieve the project goals.					
5. The partnership has developed plans that are likely to achieve specific project objectives.					

¹ Adapted from items within the VicHealth Partnership Analysis Tool; the New York Partnership Self Assessment Tool; and the VCOSS Partnership Practice Guide.

Appendix 2: Partnership Review Tool Template (Page 2 of 2)

Partnership processes					
6. The administrative, communication and decision making structure of the partnership is effective.					
7. Roles, responsibilities and expectations are clearly defined and understood by all partners.					
8. Members' skills and resources are efficiently engaged to achieve project implementation.					
9. Members are able to identify creative ways to solve problems and overcome obstacles.					
10. Members have the task of communicating and promoting the partnership's work in their own organisations.					
Partnership performance and achievements					
11. The partnership is able to achieve results which could not be accomplished by individual agencies alone.					
12. The partnership has enhanced our ability to address a mental health reform area and goal.					
13. The benefits to our agency and the community of participation in the partnership are greater than the costs in terms of time and other resources.					
14. Valuable working relationships have been established which will contribute to the sustainability of projects and reform.					
Overall score =					

Overall assessment/comments:	
Areas for improvement:	
Action:	



Psychiatric Disability Services
of Victoria (VICSERV)

Training Evaluation Report - Revised

The Art and Science of Collaboration

Date: 28th February 2013

Trainer: Sue Harrison

The following report is divided into three sections:

Overall structure and quality of training – the purpose of this section is to gauge participation satisfaction, with questions regarding the clarity of goals, logical structure, presenter skills and knowledge, and enjoyment experiences.

Knowledge gained from the training – this section asks participants to rate their knowledge of the content both prior to, and following, the training. This section also measures the application of the content to the workplace, by the training participant, and through explaining the content to others

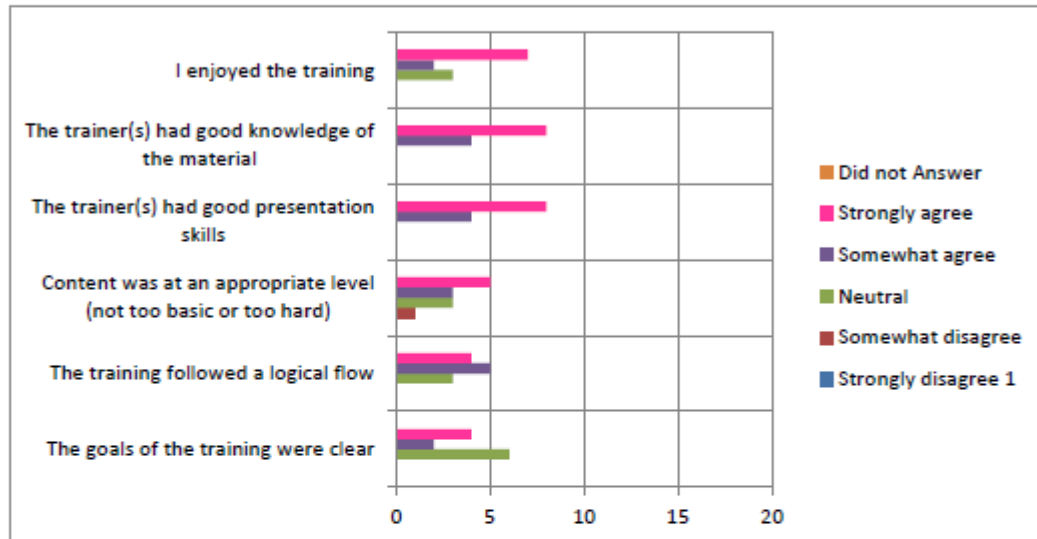
Training materials and methods – the effectiveness and ease of use of training materials and techniques are evaluated in this section.

All three sections contain both quantitative and qualitative data. Training participants were asked to respond to a range of statements using a 5 point Likert scale, from 'strongly disagree' to 'strongly agree'. These results have been tabulated and represented in graphs. Participants were also asked to write comments related to each of the above sections, and in regards to the training as a whole. These comments have been summarised in each section of the report.

If you require any further information about this report please contact the training team at VICSERV on (03) 9519 7000 or email training@vicserv.org.au



Overall structure and quality of training

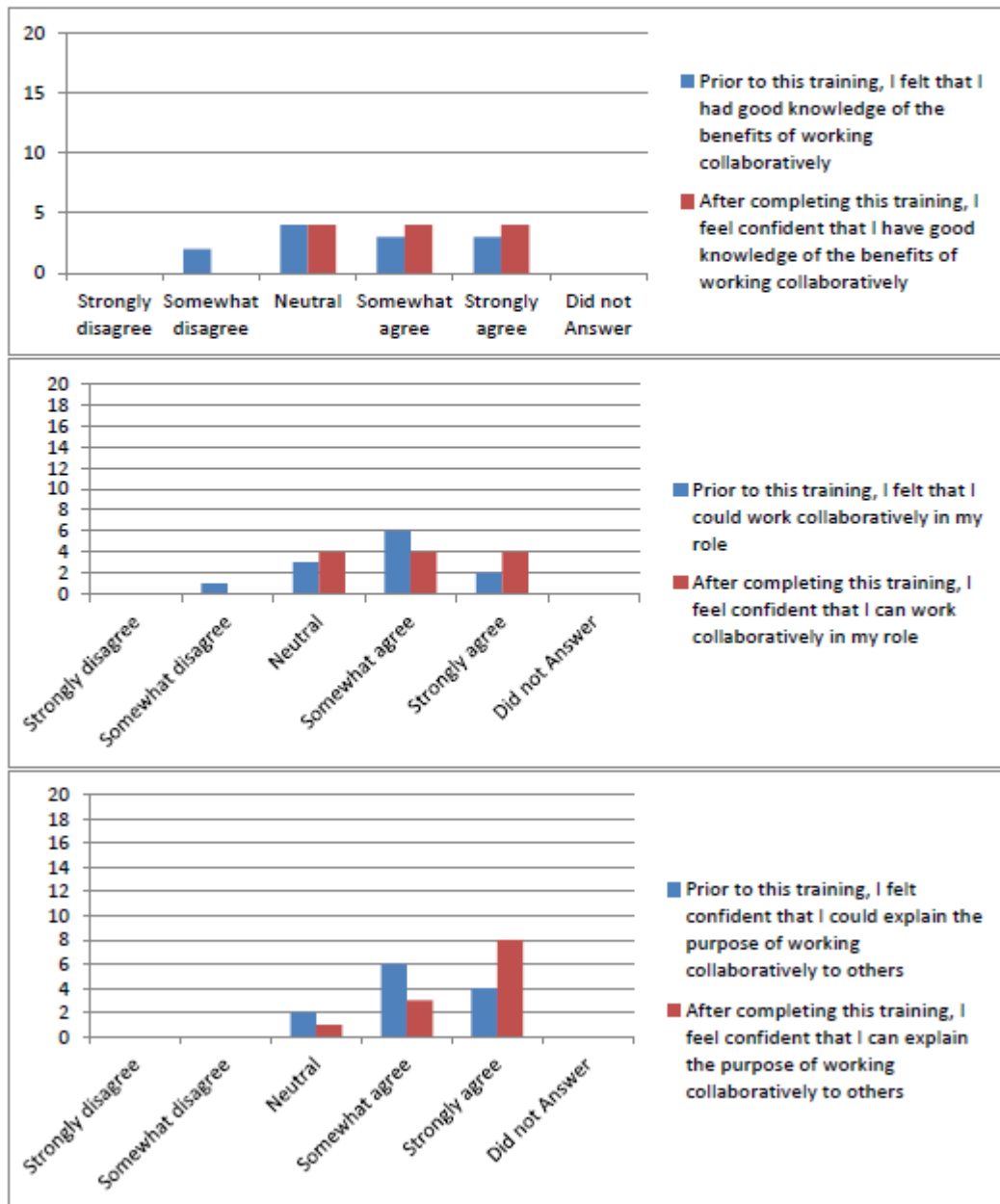


Any comments regarding the overall structure and quality of training?

- I thought the training would be more about the different organisations in this area.
- Yes, very relevant to area I am working in and new to the job so helpful
- Ran at a very good pace, went quickly due to structure
- Some activities were related to basic skills in collaboration rather than developing partnerships / collaborating practically, however other activities did this.
- Really enjoyed focus on reflective practice.
- Really enjoyable and interactive. Practical and pitched at a good level.



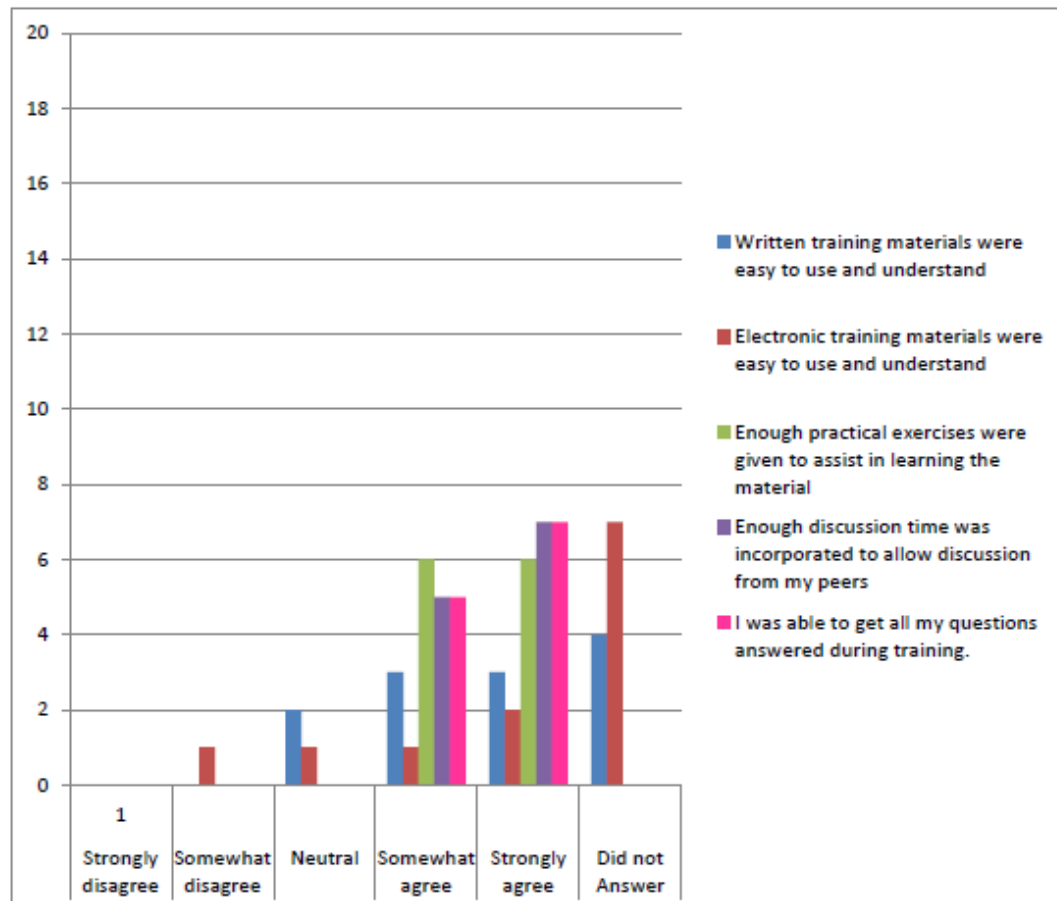
Knowledge gained from the training



Any comments regarding knowledge gained from the training?
- Already had knowledge but good to review



Training materials and methods



Any comments regarding training materials and methods?

- good variety of presentation
- Enjoyed it.



Training Evaluation Report

The Art & Science of Collaboration

Date: 21st March 2013

Trainer: Sue Harrison

The following report is divided into three sections:

Overall structure and quality of training – the purpose of this section is to gauge participation satisfaction, with questions regarding the clarity of goals, logical structure, presenter skills and knowledge, and enjoyment experiences.

Knowledge gained from the training – this section asks participants to rate their knowledge of the content both prior to, and following, the training. This section also measures the application of the content to the workplace, by the training participant, and through explaining the content to others

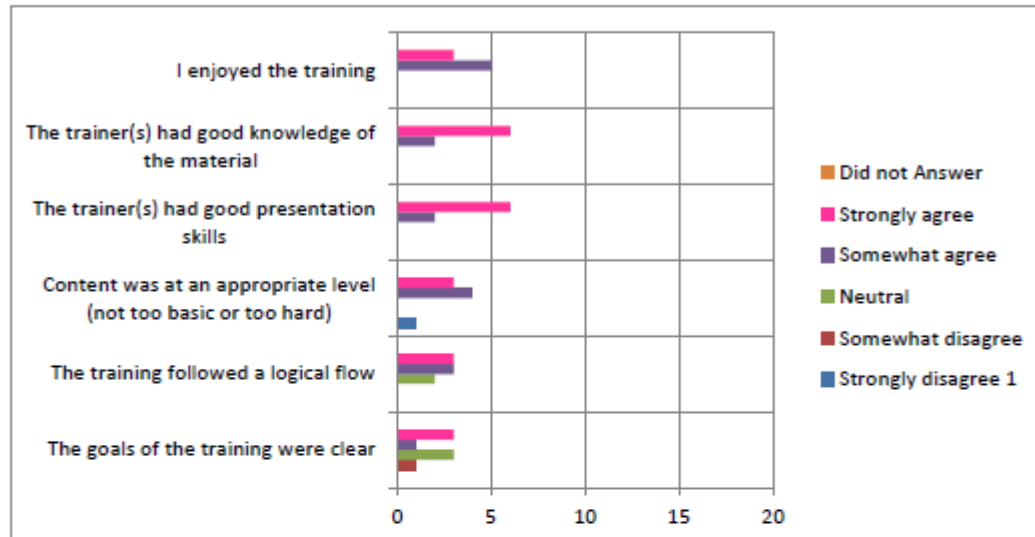
Training materials and methods – the effectiveness and ease of use of training materials and techniques are evaluated in this section.

All three sections contain both quantitative and qualitative data. Training participants were asked to respond to a range of statements using a 5 point Likert scale, from 'strongly disagree' to 'strongly agree'. These results have been tabulated and represented in graphs. Participants were also asked to write comments related to each of the above sections, and in regards to the training as a whole. These comments have been summarised in each section of the report.

If you require any further information about this report please contact the training team at VICSERV on (03) 9519 7000 or email training@vicserv.org.au



Overall structure and quality of training



Any comments regarding the overall structure and quality of training?

Title of Training is off putting - not meaningful - could put people off - too fluffy. Activities were good and led to meaningful discussion.. Great to not have pages of notes / handouts to take back to the office and file.

Was hoping for more information sharing re issues of collaboration between PDRS and clinical.

Just too basic, day two more useful with information on the MH Reform and the conflict model tool.

Enjoyed conflict mood

It was run at a good pace and flowed well.

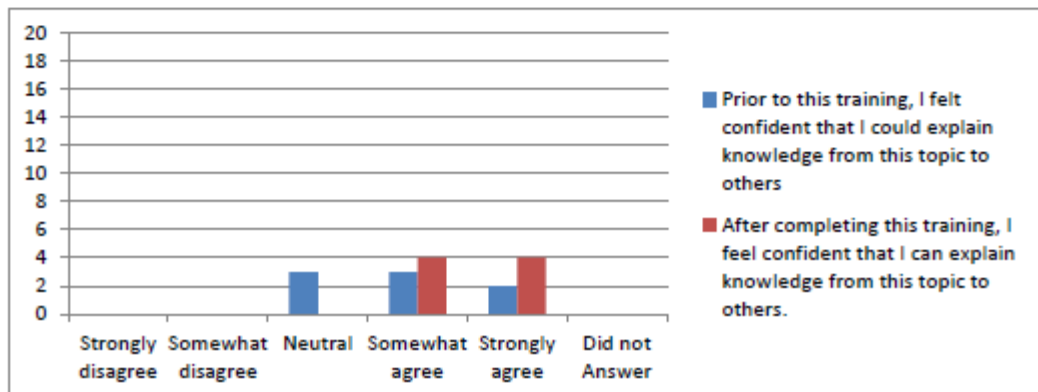
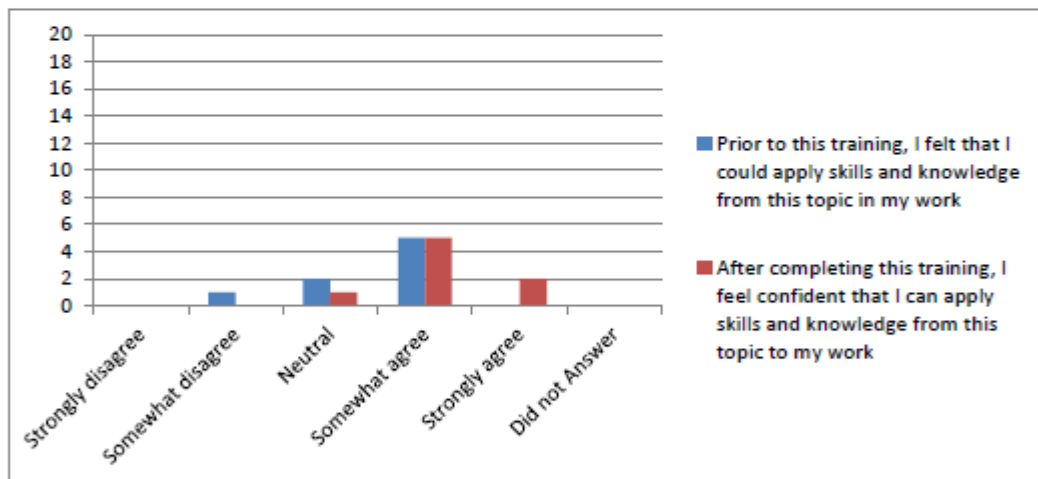
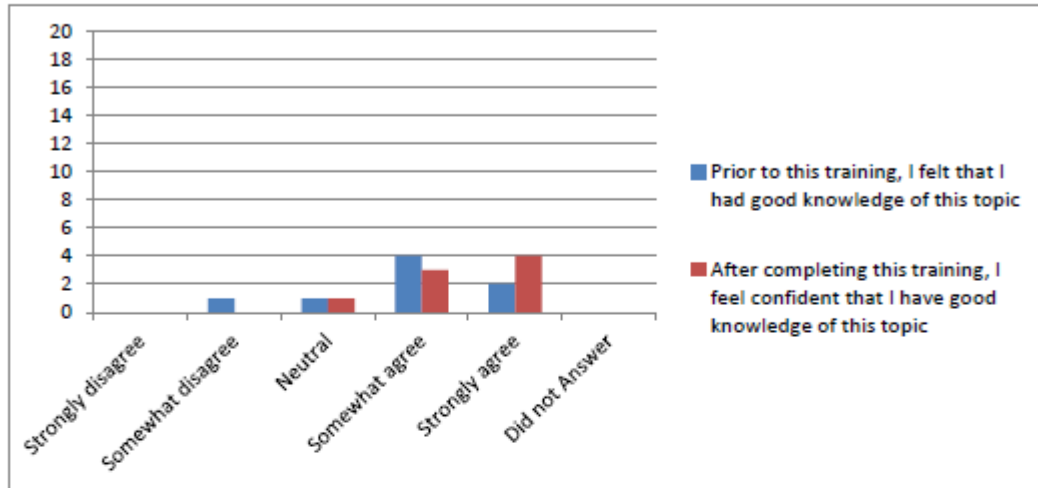
I enjoyed day 2 a lot more, I think it would be useful for people to come to have a list of the services in this area, so people are aware of what' out there and then you can start to work on how they could work together.

I enjoyed the practical exercises to demonstrate the ideas presented



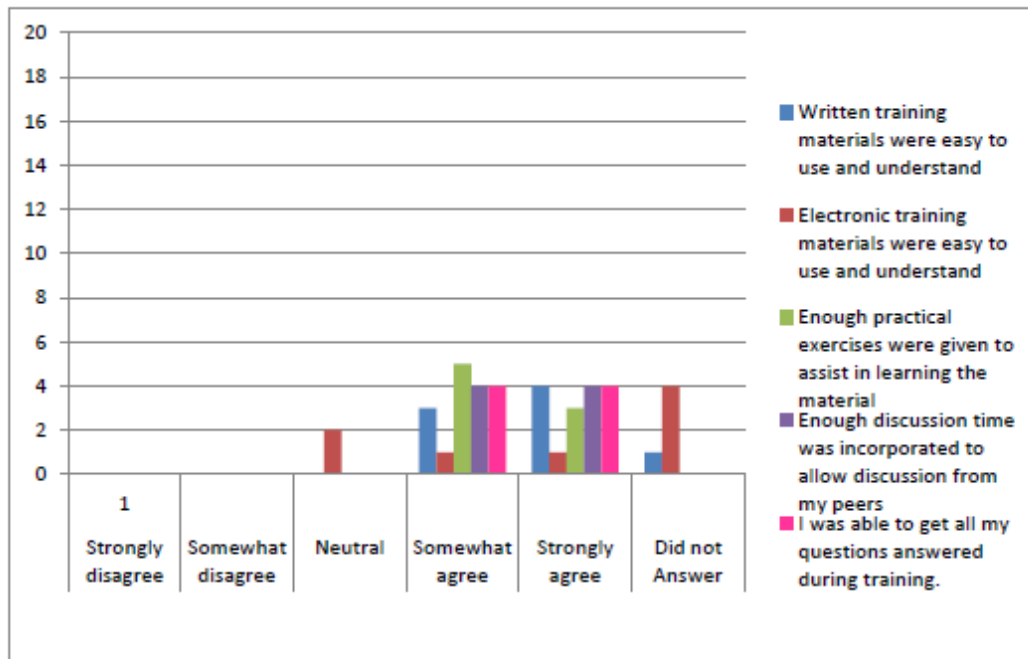
**Psychiatric Disability Services
of Victoria (VICSERV)**

Knowledge gained from the training





Training materials and methods



Any comments regarding training materials and methods?

Homework gave opportunity to meet with others from different organisations.
Clever card game to get point across.

Appendix 4: IWAMHA Project Officer Activity Report – Part A - Sustainable Training

Prepared by:	Michael O’Hanlon eurekacommunity@gmail.com
Reported to:	Inner North West Primary Care Partnership & INWAYS Project Partners
Submitted on:	26 th February 2013

Introduction

The Inner North West Primary Care Partnership had previously provided training for agencies in the CBD Health and Homelessness Access Protocol. A sustainable model of practice needs to be established for ongoing training.

In 2012 a number of agencies took responsibility for providing on- going training to support the implementation of the protocol and formed the CBD Homelessness and Health Access Reference Group.

Previous training organized by the PCP in 2011 had been well attended by representatives of the homeless support sector but not by mental health clinicians.

Consultation was undertaken to determine why this was the case and to develop approaches that would engage clinicians in the protocol training. A meeting was held with the Inner West Area Mental Health Service (IWAMHS) Manager to seek a management mandate to increase clinical staff uptake of the training.

Consultation with the sector and the available research into the needs of homeless people indicated that homeless clients increasingly needed care that was well coordinated across a number of sectors.

For example a study of CBD homeless clients carried out by Melbourne Street to Home (MS2H) published in 2011 showed that homelessness was closely correlated with mental health issues, physical health issues, drug and alcohol abuse, and experience with the Police and other aspects of the criminal justice system.

<i>Risk Indicator</i>	<i>2010</i>	<i>2011</i>
Survey sample size (not including refusals)	170	138
Number classed as vulnerable	105	88
% of total classed as vulnerable	51%	64%
3 visits to ER or hospital last year	40%	29%
3 visits to ER in the last 3 months	21%	26%
Serious medical condition	61%	72%
Mental health issue	52%	69%
Substance abuse issue	74%	74%
Cold/Wet weather injury	16%	19%
Dual diagnosis	44%	56%
Tri-morbid (substance abuse, serious medical problem and mental illness)	61%	66%
Victims of attack	51%	54%
Jail/ Watchhouse	72%	77%
Prison	51%	57%

Source: Melbourne Street to Home (MS2H) research report 2011.

This has significant implications for the focus of CBD Health and Homelessness Access Protocol implementation suggesting that both IWAMH staff and a wider variety of health and homeless support agencies should be targeted for Protocol Training.

Key Project Partners

The consultant worked with the following key partners:

Central City Community Health Services

http://www.doutta.org.au/Page/page.aspx?page_id=2250

Inner West Area Mental Health Services (especially the **Homeless Outreach Services** and **Training** sections)

<http://www.health.vic.gov.au/mentalhealth/services/adult/inwest-a.htm>

RDNS Homeless Persons Program

<http://www.rdns.com.au/services-we-provide/individuals/services-we-provide/homeless-persons-program>

Project Aim

To develop an approach to CBD Health and Homelessness Access Protocol Training that would be sustainable on conclusion of the INWAYS project.

Objectives

1. Support the Central City Community Health Service Senior Leadership Group members to provide modules of training that will build a common understanding of the needs of homeless people and promote pathways between sectors to collaborate for the benefit of homeless clients
2. Seek IWAMHS Area Manager endorsement for increased attendance of clinical staff at the training
3. Seek funding for mental health diagnosis component to add to protocol training
4. Promote the CBD Health and Homelessness Access Protocol training and recruit attendees
5. Negotiate with dual and triple diagnosis support agencies to contribute to and attend CBD Health and Homelessness Access Protocol training
6. Encourage specialist agencies to endorse the CBD Health and Homelessness Access Protocol

Strategies and Results

Objective 1: Support to CBD Health and Homelessness Access Protocol training group; and

Objective 2: Seek NWAMHS Area Manager endorsement for increased attendance of clinical staff at Protocol training

The consultant worked with representatives of RDNS Homeless Person's Program Central City Community Health Service (CCCHS) and IWAMHS to develop a comprehensive approach to protocol training by resourcing three meetings of the INWAYS Protocol Training Planning Group.

Consultation with IWAMH revealed that their clinicians were concerned about inappropriate referrals being made to them due to what they perceived as an inadequate understanding of the mental health status of the clients by the homeless sector and a consequent lack of knowledge of the appropriate referral pathways for various conditions.

Clinicians also faced major logistical barriers to attending training due to demands on time from shift work, concurrent organisational change occurring at IWAMHS and competing mandatory and optional training opportunities.

It became clear that different strategies were required for the IWAMHS clinical sector and other sectors.

A meeting was held with IWAMHS Area Manager Gail Bradley on November 22nd 2012 – minutes attached Appendix 1. Gail felt protocol training was important to help IWAMHS staff gain the skills to work more with the homeless target group. She advised training should focus on those directly at the interface with homeless clients, the public and the homeless support sector. Key teams to target are the Crisis Assessment Team (CAT), the CAT team based in emergency at Royal Melbourne Hospital Emergency (known as E-CAT) and Triage who were the main intake point for the catchment.

Originally protocol training was planned to engage both clinicians and homeless sector representatives in the one joint training session, with the hope that undergoing training together would build more relationships between IWAMHS clinicians and homeless support sector staff.

After much discussion it was agreed the best approach to training for clinicians was to combine senior management mandate to attend training and then take an opportunistic and pragmatic approach to providing protocol training for clinicians in the way that was most convenient for them. RDNS Homelessness and HOPS are to develop a condensed module of the Protocol training that will be offered to Triage, E-CAT and CAT at their regular staff meeting times and professional development opportunities. Training is to be offered on site where the clinical teams are based.

The Training will use a combination of case study and information about best practice with homeless clients building on both protocol training kit and the case studies developed by Hops and RDNS Homeless Support services.

Given the research evidence, Homeless support agencies and specialist support agencies including Drug and Alcohol agencies that support Criminal Justice system clients with a mental illness and dual disability (psychiatric and intellectual disabilities) support agencies formed a second target group for training.

Objectives for this target group are to:

1. Give agencies an understanding of the protocol and how to collaborate for better outcomes; and
2. Give sector workers enough understanding of mental illness so they can make accurate referrals.

It was initially thought that in response to the concerns raised by IWAMHS clinical staff, the training group would need to organize training in understanding the mental health sector. It was discovered that IWAMHS already provides a system to assist the sector to understand mental illness and appropriate referrals and INWAYS should not replicate this but supplement it.

The sector is assisted by IWAMHS in two ways:

1. There is a comprehensive sector orientation program coordinated by IWAMHS There are short courses on Understanding Mental Illness provided as a part of IWAMHS regular training offer for the sector.

HOPS also pointed out that Substance Use and Mental Illness Treatment Team SUMITT (<http://www.nwmh.mh.org.au/dual-diagnosis-sumitt/w1/i1001240/>) aims to provide clinical services to individuals who have a 'dual diagnosis', to improve their health outcomes, upgrade the skills of clinicians in both mental health and drug and alcohol services, and to enhance the effectiveness of the service system in the provision of care and treatment to people who have co-existing disorders.

The Melbourne Street to Home (MS2H) research report (2011) indicated that 74% of Homeless clients have a substance abuse issue. Given the high number of homeless clients with substance abuse issues it is important to align training efforts with work with SUMITT where possible. SUMITT is a key provider of education and training to mental health, drug and alcohol and PDRSS staff and has an Introduction to Mental Health System specifically targeting PDRSS and homelessness service providers in its current calendar (see Appendix 2).

These sessions could be used to highlight homeless issues and promote the CBD Health and Homelessness Access Protocol training.

Barriers to Training

RDNS Homeless Persons Program and CCCHS are able to provide staff to carry out the training but they were unable to do the promotion and registration.

The Training Committee came up with three ways to resource this gap:

- rotating responsibilities where agencies volunteered to do it for a year with a recommendation it be done by a generic and specialist agency each year in partnership;
- members of the alliance pool funding and offer it to a member agency to organize; and
- seek funding from state and local government to do it as per eastern region and then allocate to a member agency.

Central City Community Health Services has agreed to promote the training and take bookings for a period of 12 months.

Objective 3 Promote CBD Health and Homelessness Access Protocol training

Objective 5 Negotiate with dual and triple diagnosis support agencies to contribute to and attend CBD Health and Homelessness Access Protocol training and

Objective 6 Encourage specialist agencies to endorse CBD Health and Homelessness Access Protocol

Due to the resources required to reach agreement on how training will be provided it was not possible to run a specific aspect of the project that would promote the range of training initiatives. The Inner West Mental Health Alliance has agreed to have training opportunities as a standing item on its agenda providing an opportunity for promotion of protocol training and sharing of training opportunities across the sector.

It was originally hoped that service coordination including training could be encouraged by inviting a wider range of agencies to join the form a part of the Alliance however due to resource constraints on the Alliance a decision at this stage has been made only to extend the core Alliance membership to key Alcohol and Drug agencies and local government.

The Alliance has agreed to invite the broader sector to forums to be held every 6 months (see Inner West Area Mental Health Alliance Report Feb 2013 for further details on sector coordination efforts).IWAMHS will keep an updated list of agencies for this purpose.

Objective 4 Seek funding for mental health diagnosis component to add to protocol training

This objective has been revised – both IWAMHS and Summit provide regular orientation and training for the sector. Homeless support agencies are to be encouraged to attend this training. CBD Homelessness and Health Access Reference Group will offer material about the CBD Health and Homelessness Access Protocol to IWAMHS training and Summit staff for inclusion in relevant orientation and training programs.

Summary & Recommendations

The Central City Community Health Service Senior Leadership Group to:

- approach SUMITT to include links to the CBD Health and Homelessness Access protocol in the training modules;
- provide information on the CBD Health and Homelessness Access Protocol to IWAMHS for routine inclusion in their sector orientation programs
- consider working with SUMITT on training re substance abuse and homelessness access; and
- consider approaching SUMITT to be a part of training planning group.

Inner West Area Mental Health Services to:

- promote “understanding mental illness and appropriate referral” module on training calendar to the homeless and specialized support sectors and include links to the protocol in the training module;
- to routinely include a section on the CBD Health and Homelessness Access protocol in their orientation program;
- assist the Alliance to hold 6 monthly forums that would include representatives of the wider homeless support criminal justice and dual disability agencies; and
- maintain current contact details of these agencies

Inner North West Primary Care Partnerships:

- to provide a link to the training program offered by SUMITT on the CBD Health and Homelessness Access Protocol section of their website
- to provide a link to the training and orientation programs offered by IWAMHS on the CBD Health and Homelessness Access Protocol section of their website

Attachments

Appendix 1 Notes of meeting with IWAMHS Area Manager Gail Bradley

Appendix 2 SUMITT Training Calendar 2013

References

Melbourne Streets to Home Bulletin 4 November 2011 published by Common Ground 2011

Appendix 5: IWAMHA Project Officer Activity Report – Part B - Strengthening the Alliance

Prepared by:	Michael O’Hanlon eurekacommunity@gmail.com
Reported to:	Inner North West Primary Care Partnership & INWAYS Project Partners
Submitted on:	26 th February 2013

Introduction/Background

Mental Health Alliances were originally funded by the State Department of Health to build links across the sector and improve service coordination for clients. This funding has now ceased and alliances have made their own ongoing arrangements.

The Inner North West is covered by the Inner West Mental Health Alliance covering the local government areas of Melbourne and Moonee Valley. The Alliance is supported and convened by Inner West Area Mental Health Services with assistance from Inner North West Primary Care Partnerships and Alliance members where possible.

Consultation with the sector and the available research into the needs of homeless people indicated that homeless clients increasingly needed care that was well coordinated across a number of sectors.

For example a comparison carried out by Melbourne Street to Home (MS2H) in 2011 showed that homeless people frequently had issues that required a coordinated physical health acute health mental health and homeless support sector response and those clients also frequently interacted with the criminal justice system.

<i>Risk Indicator</i>	<i>2010</i>	<i>2011</i>
Survey sample size (not including refusals)	170	138
Number classed as vulnerable	105	88
% of total classed as vulnerable	51%	64%
3 visits to ER or hospital last year	40%	29%
3 visits to ER in the last 3 months	21%	26%
Serious medical condition	61%	72%
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Cold/Wet weather injury	16%	19%
Dual diagnosis	44%	56%
Tri-morbid (substance abuse, serious medical problem and mental illness)	61%	66%

Victims of attack	51%	54%
Jail/ Watchhouse	72%	77%
Prison	51%	57%

Source: *Melbourne Street to Home (MS2H) research report (2011)*.

It also became apparent that contrary to expectations there was an increase in funding to parts of the sector. New funding potentially exacerbates existing service fragmentation and highlights the need for well funded service coordination and sector development.

Aim

Improve coordinated care for homeless clients by strengthening cross sector representation on the Inner West Mental Health Alliance and enhancing the capacity to attract new members especially specialist mental health support agencies.

Objectives

1. Benchmark with two other Alliances regarding:
 - a. Scope of membership
 - b. What assists participation?
 - c. Current Terms of reference for their alliance.
2. Renegotiate broader terms of reference with IWAMHS.
3. Ask current Alliance members to assist in recruiting new members.

Findings and Discussion

Current terms of reference of Inner West Mental Health Alliance and membership details are available at <http://www.inwpcp.org.au/node/127> and in Appendix 1

Four mental health alliances within North Western Metro Region were approached for benchmarking using contacts provided by Regional Office Department of Health. A response was received from South West Area Mental Health Service –see Appendix 2.

An hour long interview was held with Mark Thornett Project Officer Eastern Mental Health Service Coordination Alliance on 18/12/2012- see Appendix 3 for notes of meeting

Alliance Scope and Membership

South West Alliance

This Alliance includes local PDRSS and AOD services, Carer Link Connections, a consumer representative and Werribee Mercy Mental Health Services.

Eastern Mental Health Service Coordination Alliance

Includes dual diagnosis (substance abuse and mental illness) providers and now includes aboriginal health providers.

The Eastern Mental Health Alliance Plans to expand to include dual disability providers – intellectual and psychiatric.

Membership – about 20 agencies where an average of 12-14 members attend each meeting. Meetings occur monthly.

The option of including the police in the Alliance was discussed however it was felt there was no need to include police as there is separate highly effective liaison process with them through state-wide and local Emergency service liaison that includes police (senior sergeant level for local meetings), Directors of Emergency Departments and Ambulance services.

The Eastern Alliance is currently developing an MOU between agencies that will mandate to their staff participation in service coordination. Local government is represented on the Alliance.

Discussion

Membership by Drug and Alcohol agencies occurs for both Alliances benchmarked but is not currently a feature of Inner West. Given the high correlations from the research and highlighted in sector consultations AOD members should be recruited to the Inner West Mental Health Alliance.

Local government in the western region of Melbourne has historically played a key role in service provision and coordination and the City of Melbourne was a key funder in the development of the CBD Health and Homelessness Access Protocol. It would be useful to invite Melbourne and Moonee Valley City Councils to join the Alliance.

What assists member participation?

South West Mental Health Alliance

Shared ownership of the Alliance with a PDRSS taking responsibility for chairing the Alliance.

Eastern Mental Health Service Coordination Alliance

- Fulltime Department of Health funded position (shared with older persons mental health alliance support role);
- Alliance Delivers on promises;
- PDRSSs take leadership role e.g. current chair; and
- Project worker is from management and training background as well as clinical.

The Alliance facilitates training on cross sector orientation and collaborative care planning. This includes how to use the individual recovery plan tools and complex issues are explored, to embed in each agency as recovery oriented approach to care.

Eastern Dual Diagnosis Service is a key training provider as it is a part of their mandate that includes sector training –otherwise training is provided by member agencies and coordinated by project worker.

Discussion

The Inner West Mental Health Alliance should apply for funding from the Regional Department of Health and other sources to assist in coordinating the sector which is growing in size and complexity. Representatives of the PDRSS take a stronger role in organizing the Alliances in the other two alliances benchmarked

Terms of reference

Terms of reference are listed in Appendices 1 2 and 3

Discussion

The benchmarking process uncovered a range of options to extend the membership of the Alliance

- Substance abuse agencies
- Dual diagnosis services
- Co-existing disability services
- ATSI providers
- Consumer and carer representatives

- Local government

Looking at the research data there is also an option of including the following

- Providers of services to clients of the criminal justice system with mental health issues
- Police

Summary & Recommendations

1. Change terms of reference (proposed changes highlighted in bold)

It was proposed that the terms of reference be changed as follows:

*The intent of the Inner West (IW) Area Mental Health Alliance is to foster and promote the development of robust working alliances between clinical public mental health services non government PDRS services and **other agencies including Drug & Alcohol, Councils, Homelessness & Employment, support agencies for clients and ex clients of the criminal justice system and other agencies that support clients with complex needs** within the inner west catchment area in order to develop a cohesive recovery and rehabilitation service system for adult consumers.*

Recommendation

1. After discussion at the December and February Alliance meetings it was decided due to resource constraints to focus on:

*The intent of the Inner West (IW) Area Mental Health Alliance is to foster and promote the development of robust working alliances between clinical public mental health services non government PDRS services and **Key Drug & Alcohol agencies and local Councils** within the inner west catchment area in order to develop a cohesive recovery and rehabilitation service system for adult consumers.*

2. Develop a structure to include specialist agencies within the Alliance

In December the option was discussed of alternating regular Alliance meetings with case study meetings involving specialist agencies commencing with Drug and alcohol and Local government.

Recommendation

In February it was decided that liaison with a broader age of specialist services would occur through forums to be held every 6 months. These forums would scope issues and set up working groups who would report back to next forum. The focus of the Forums might be broader than case coordination – those attending would decide.

3. Ask current Alliance members to assist in recruiting new members

Because the scope of increase of the alliance was much smaller than originally intended it was decided that the Manager of the Area Mental Health Agency should write to the agencies involved

Recommendations

The Manager of IWAMHS to invite into core Alliance membership:

- Turning Point and DASwest as key AOD agencies
- City of Melbourne and City of Moonee Valley to be invited to join core Alliance

Draft letters are attached in appendix 4.

IWAMHS is to keep an updated list of specialist agencies and to use this list to invite specialist agencies to 6 monthly Alliance forums.

4. Other recommendations

- IWAMHS to seek funding from all levels of government to prepare a sector development strategy with all stakeholders and levels of government and to support Alliance activities.
- Encourage agencies receiving new funding or starting new programs to brief Alliance and identify opportunities for collaboration.
- Build understanding through sharing training resources of Alliance members with particular focus on training provided by IWAMHS and SUMITT.

References

Melbourne Streets to Home Bulletin 4 November 2011 published by Common Ground 2011

Appendices

Appendix 1 Terms of reference and membership of Inner West Mental Health Alliance

Appendix 2 Information supplied by from South West Area Mental Health Service

Appendix 3 Information supplied by Eastern Mental Health Service Coordination Alliance

Appendix 4 Draft letters of invite expanded membership Inner West Mental Health Alliance

Appendix 6: INWAYS Project Implementation Phase Gantt Chart

Steering Group

INWAYS Steering Group Activity	Responsibility of:	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC
INWAYS Steering Group Meetings				27th		29th		31st		25th		27th	
Project Planning & Documentation Project Brief, Project Plan, Gantt, etc.	Emily Hooke in consultation with project partners												
Cross Sectoral Training:													
Training Design				Design	⇄	⇄							
Review/advise re: core competencies	Steering Group												
Review priority cross sectoral training needs	Steering Group												
Review/advise re: training content	Steering Group												
Training Development							Develop	⇄					
Review/advise re: training package development	Steering Group												
Review/advise re: training delivery plan	Steering Group												
Training Delivery									Deliver	⇄	⇄	⇄	
Promote training within organisational networks	Steering Group												
Review Training Evaluation Report Draft	Steering Group												
Strengthen Mental Health Alliance:													
Share information & Strengths of other MH Alliances	Steering Group												
Monitor progress of IWAMH Alliance Project Officer's Action Plan via progress updates at Steering Meetings	Steering Group												
INWAYS Project Phase 2 Report Writing	Emily Hooke with input from project partners												

DRAFT - Working Group Timelines (5/3/12)

INWAYS Working Group Activity	Responsibility of:	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC
Project Planning & Documentation Project Brief, Project Plan, Gantt, etc.	Emily Hooke in consultation with project partners												
Cross Sectoral Training:													
Training Design				Design	⇒	⇒							
Partner with agencies with skills/knowledge/resources	Emily Hooke												
Identify core competencies	Working Group												
Collate available Training Need Analyses	Emily Hooke												
Identify priority cross sector training needs	Working Gp/Steering Gp												
Locate existing training opportunities /gaps	Working Group												
Select training focus/target group/	Working Group												
Design Training Plan	John Katsourakis/Work Gp												
Training Development													
Development Tasks (TBC)...													
Eg. Develop training content													
Training Delivery													
Deliver # Workshops (TBC)....													
Evaluate against core competencies & indicators	Working Group												
Strengthen Mental Health Alliance:													
Recruit Project Officer	IWAMH Alliance PO												
Gather information for Action Plan (TBC)...													
Develop Action Plan (TBC)...													
Undertake planned activities (TBC)...													
Evaluate outcomes (TBC)...													
INWAYS Project Phase 2 Report Writing	Emily Hooke with input from project partners												