The Assertive Community Intervention Initiative for children, adolescents and their families experiencing a mental health crisis

A Mental Health Commission Initiative

Partnership Memorandum of Understanding

Between

Children and Family Support Service, Mission Australia

and

Child and Adolescent Mental Health Service, Child and Adolescent Health Service, WA Health
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Introduction

There is a recognised gap in the availability of services and supports for children and their families who experience a mental health crisis. The need for improved services for families such as crisis responses were identified by the Commissioner for Children and Young People in the Report of the Inquiry into the mental health and wellbeing of children and young people in Western Australia (2011).

The Mental Health Commission (MHC) has identified three key directions in the Mental Health 2020: Making it personal and everybody's business:

1. **Person centred supports and services** will help give people with mental health problems and/or mental illness increased choice, flexibility and control of the services they receive. More emphasis will be placed on the important role of family, carers and friends in supporting people;

2. **Better connections** between public and private mental health services and the range of formal and informal supports, services, and community organisations will help ensure better support for people; and

3. **A balanced investment** across the mental health system will increasingly provide a full range of support and services from promotion, prevention and early intervention to treatment and recovery.

The Commonwealth Government has provided funding for the MHC to implement the Mental Health Assertive Community Intervention (ACI) initiative over five financial years (2011-2012 to 2015-2016) under the National Partnership Agreement supporting National Mental Health Reform (NPA). The MHC and the Child and Adolescent Health Service (CAHS) have agreed to an ongoing commitment and process for the provision of clinical services to support individuals through ACI.

The ACI monies provide Acute Service enhancements and the establishment of a new team within the Child and Adolescent Mental Health Service (CAMHS), Department of Health (See Appendix 1). Two existing services (See Appendix 2), namely the Acute Response Team (ART) and Acute Community Intervention Team (ACIT) Central were expanded (See Appendix 3 for the Service structure). While more recently there has been the establishment of a new ACIT specific to the North/East catchment areas of Hillarys CAMHS, Clarkson CAMHS and Swan CAMHS (See Appendix 4 for Community CAMHS Regions).

In addition to enhancements of the Acute programs, ACIT North/East and over the next three years (2013-2016), ACIT North/East will provide short term (6-8 weeks) acute mental health case management to children and adolescents, which can include the transition of care to the ACI non-government partner, Mission Australia for long term extended support over 12 months.

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1 For the purposes of this MoU, the team will be known as ACIT North/East
Background

The ACI is a MHC initiative where both the public Child and Adolescent Mental Health Service and Mission Australia are active partners that contribute by providing different, though complementary, elements of a holistic service delivery framework. To formalise this, the Memorandum of Understanding (MoU) highlights the objectives and management arrangements of the partnership between Mission Australia and CAMHS. It will also explain the communication, information sharing and consultation processes. It is not a legal document though it may outline the partnership’s governance structure and organisational authorisation duly signed by both Mission Australia and CAMHS.

Governance Structure and Reporting

To date, the establishment of regular meetings for project management of ACI has included the task of the MoU development. It is expected the meetings will continue until the MoU is finalised and progress to the establishment of a Steering Group with:

- membership to include a Consumer and Carer representative (if possible), as well as staff from Mission Australia and CAMHS senior staff;
- encouragement for the MHC to participate as an ‘Ex-Officio’ member
- an agreed Terms of Reference developed and implemented; and
- the development of a governance plan regarding management, monitoring and review functions for the remaining term of the project.

It is expected that senior staff will facilitate updating and reporting to each of their own organisations, by providing a copy to relevant staff of the Steering Committee minutes, a Partnership MoU mid-term report and final Partnership MoU report.

This reporting is separate to current monthly and quarterly reporting provided by Mission Australia and CAMHS (individually) to the MHC to meet Service Agreement responsibilities.

Guiding Policy and Principles of the MoU

The MHC ten year strategic policy Mental Health 2020: Making it personal and everybody’s business provides a whole-of-government and community approach including five key principles that guided the development of this MoU:

1. Respect and participation:

   - People with mental health problems and/or mental illness, their families and carers are treated with dignity and respect, and their participation across all aspects of life is acknowledged and encouraged as fundamental to building good mental health and to enriching community life.
2. Engagement:
   • People with mental health problems and/or mental illness, their families and carers
     are engaged as genuine partners in advising and leading mental health developments at individual, community and service system levels across Western Australia.

3. Diversity:
   • The unique needs and circumstances of people from diverse backgrounds are acknowledged, including people from Aboriginal or from culturally and linguistically diverse (CaLD) backgrounds, people with disability and people of diverse sexual and gender orientation, and responsive approaches developed to meet their needs.

4. Quality of life:
   • By developing personal resilience and optimism, maintaining meaningful relationships, having access to housing and employment, opportunities to contribute and engage within the community and access to high quality mental health services when needed, individuals can build a good and satisfying life despite experiencing mental health problems and/or mental illness.

5. Quality and best practice:
   • Mental health programs and services are state-wide, based on contemporary best practice, easily accessed and delivered in a timely and collaborative way.

**Purpose of the MoU**

Both Mission Australia and CAMHS have identified the purpose of this MoU:

1. to provide a coordinated care framework for children, adolescents and their families who present with complex mental health and support needs;
2. to meet the needs of the child/adolescent by delivering a collaborative partnership approach encompassing planning, support, information and treatment;
3. to establish, promote and maintain productive, cohesive and collaborative relationships to:
   a. build upon strengthening relationships between service staff through open, transparent and regular communication;
   b. characterise a practical framework for service collaboration and fostering a culture of cooperation;
   c. facilitate more timely and effective services to the child/adolescent (and the family) that recognises a partnership approach to enhancing outcomes;
   d. ensure cross-referrals and or pathways for people to be referred between both Parties, with standardised forms and processes in place and the provision of information exchange;
e. facilitate knowledge and skill sharing between CAFSS and ACIT including joint training initiatives;
f. promote and facilitate opportunities for service development;

4. to define and clarify the roles, responsibilities and operational systems between CAFSS and ACIT.

This MoU rests on the premise that improved health outcomes for consumers with mental health can be achieved through mutual cooperation between organisations, development of shared care practices and care coordination. Mission Australia and CAMHS recognise that a substantial number of children and adolescents accessing their service have co-occurring mental health and family support issues, of varying degree and severity.

Effective collaboration, open communication and liaison are therefore important in providing an effective joint service and in identifying the relevant services to meet consumer child/adolescent’s need.

The Parameters/Terms of the MoU

Both signatories agree this MoU does not create any legal relations between them and the matters set out in this MoU are agreed in principle. Therefore, the MoU will be:

- between the signatories and will commence immediately once signed and will remain in place until varied by written agreement between Mission Australia and CAMHS or terminated by one of the aforementioned;
- for a period of three (3) years from its commencement in September 2013 to 30 June 2016 for CAMHS and October for Mission Australia, unless terminated earlier giving 30 days written notice to all organisations involved;
- reviewed annually (every 12 months) for life of the project; and
- amended, if and when, a consultation process has sufficiently been negotiated and is agreed upon by the signatories in writing.

Both Mission Australia and CAMHS:

- commit to supporting staff to be aware of the MoU and work in ways that demonstrate/reflect the intention, ethos and principles of the MoU;
- note that staff remain the employees of their employing agencies at all times;
- will not be liable to the other in any respect to any loss or damage or injury suffered by their staff while on each other’s premises except where such loss, damage or injury is as a result of negligence; and
- will remain responsible for their own insurance.

The Steering Committee will facilitate the review of the MoU by liaising with Mission Australia and CAMHS staff. Regarding MoU negotiations, changes or concerns, the Director, Acute Services is the central contact point for CAMHS and the State Director, Mission Australia is the central contact point for Mission Australia.
Theoretical concepts informing the MoU development

The ACI is aimed at achieving system-level intersectoral linkages between mental health and non-clinical support sectors. This recognises the need that some children/adolescents with mental illness with complex needs require services from multiple agencies.

The MoU development, implementation and evaluation is entrenched in a desire to improve outcomes for children, adolescents and their families based on the adaptation and integration of the following theoretical and practice concepts for:

- Mission Australia concepts focus on a solution-focussed and person-centred approach
- CAMHS concept focusses on a recovery model

Mission Australia Core Philosophies

Mission Australia is a non-denominational community service organisation that has been transforming lives for more than 150 years.

Mission Australia recognises, understands and experiences the gap in the availability of services and supports for children and their families who experience a mental health crisis.

The methodology and approach of CAFSS is underpinned by core philosophies, including:

Person/Family Centred Approach: This approach reinforces that the family know their needs and children best, that with assistance they can solve their own problems using a strengths based approach. Personal goals and needs are identified, and used as a basis to choose and plan appropriate services and support.

Self-Directed Practices: This occurs along a continuum and is about people being at the centre of determining what they need and how services work for them. Its premise is self-determination and its objective is to shift users from passive consumers to active participants in service design, delivery and direction.

Self-directed practices have significant benefits for individuals and their families.

- Empowers people to tailor their family support plans to their needs, giving them greater control, personalising care and allowing families to address wider aspects of wellbeing
- Enhances ‘user satisfaction’ based on evaluation findings
- Achieves greater consumer choice/power and encourages services to be more responsive to consumer needs, fostering increased innovation
- Focuses on recovery/strengths rather than symptoms/deficits
• Provides greater financial transparency
• Results in substantial direct cost savings across the social care budget (in the United Kingdom savings of 10% and 45% have been achieved previously through self-directed practices)
• Results in indirect cost savings which are derived from reduced demand for crisis support, since personal budgets put people in control of their own lives and as a result they become more stable.

**Empowerment:** Mission Australia applies an empowerment approach to increase the capacity of individuals, families and communities to make informed choices and to transform those choices into desired actions and outcomes. Mission Australia uses therapeutic interventions and collaboration with other community services to assist individuals and families to develop their ability and capacity to successfully manage their lives.

**Solution Focussed Brief Intervention:** This is a short term and goal focused therapeutic approach, whereby the focus is on what families want to achieve rather than on the problem. The approach is present and future focused, looking at solutions and the already present client resources to build upon and become the basis for ongoing change.

**Strengths-Based Approach:** We focus on the inherent strengths and capabilities of each individual and the family as a whole. Mission Australia believes that the most effective way to build the strengths of an individual and families is to facilitate an awareness of the strengths they already possess. Through this, we build resilience and self-esteem.

**Collaborative Care Model:** This model will ensure that individual professionals and service providers are flexible and fluid. That they have the capacity to respond to the changes of Family Support Plans in a timely and efficient way, rather than the family needing to navigate between multiple professionals and services.

**Systems Theory:** Mission Australia does not see an individual in isolation, but in the context of broader systems of family, friends, community and services. We know this is of particular importance for Aboriginal and Torres Strait Islander Australians and Culturally and Linguistically Diverse (CALD) families.

**Cultural Competency Principles:** Mission Australia upholds a robust standard of cultural security by: identifying cultural needs; reviewing programs to ensure they meet needs of Aboriginal and CALD communities; monitoring and evaluating service activity and continuously implementing modified and improved service delivery practices.

(See Appendix 5 for an extended version of the above section and Appendix 6 for the Mission Australia Reconciliation Action Plan 2010))

The wellbeing of the family unit is of great importance in creating and maintaining a secure and safe environment towards protecting individuals, children and significant others from
harm. Drug and alcohol, child protection services and family support services need to be responsive to the needs of families to ensure their ongoing engagement.

**CAMHS - Recovery-oriented practice**

The [National Standards for Mental Health Services 2010](#) states in the “Principles of Recovery-Oriented Mental Health Practice” that:

> From the perspective of the individual with mental illness, recovery means gaining and retaining hope, understanding of one's abilities and disabilities, engagement in an active life, personal autonomy, social identity, meaning and purpose in life, and a positive sense of self. 

For clinicians, the recovery approach implies a fundamental shift of “doing for” to “doing with”. Through this, clinicians work in a manner that stimulates wellness and focuses on strengths rather than concentrating on symptoms and deficits.

The [National Framework for Recovery-Oriented Mental Health Services](#) states practice encapsulates mental health care to include and:

- embrace the possibility of recovery and wellbeing created by the inherent strength and capacity of all people who experience mental health issues;
- maximise self-determination and self-management of mental health and wellbeing and involves person-first, person-centred, strengths-based and evidence-informed treatment, rehabilitation and support;
- acknowledge the diversity of peoples’ values and is responsive to people’s gender, age and developmental stage, culture and families as well as people’s unique strengths, circumstances, needs, preferences and beliefs;
- address a range of factors, including social determinants, that impact on the wellbeing and social inclusion of people experiencing mental health issues and their families, including housing, education, employment, income geography, relationships, social connectedness, personal safety, trauma, stigma, discrimination and socioeconomic hardship;
- help families or support people to understand their family member’s experiences and recovery processes and how they can assist in their recovery while also helping them with their own needs.

Therefore, specific to a CAMHS context, the following is practised:

- Holistic framework that informs all contact with children and families
- Child and Family centred care that is collaborative, empowering and goal-centred
- Aims to build and enhance strength, resilience and socio-emotional wellbeing
- Aims to support children to facilitate return to normal developmental pathways
- Underpinned by premise that children do recover from mental health problems
- Engages with all areas in life including relationships, education, vocation and leisure
• Informs recovery plan that is regularly reviewed by child, family and multidisciplinary team

**Partnership through Professional Development**

In securing and strengthening the shared vision and spirit of this initiative, both Mission Australia and CAMHS will harness opportunities for joint professional development, education and supervision. To enhance partner relationships and encourage shared understanding of responsibilities, CAFSS and ACIT will seek out mutual training and professional development opportunities where possible (i.e. induction or information sessions).

**Liaison, Co-Working and Professional Supervision**

Both Mission Australia and CAMHS agree to be available to provide information on areas of expertise and for consultation on information to assist with work practices. Both CAFSS and ACIT will be organisationally located, though opportunities to strengthen liaison, information sharing and co-working will be explored over the coming future. This will inform the annual review if practice opportunities need to be adjusted.

Regular meetings will take place between CAFSS and ACIT staff to ensure the establishment of a working relationship between the parties and improve and support liaison, communication, consultation, feedback and shared case management.

**Joint Training Opportunities**

Over the lifetime of the collaborative partnership, both Mission Australia and CAMHS agree to explore and identify opportunities for joint training sessions or courses that can be attended by both to strengthen shared information, learning and development.

**Professional Supervision in the Partnership setting**

To encourage and facilitate shared understanding, problem-solving and a framework for managing clinical challenges, professional supervision will be utilised. The use of professional supervision is a useful forum to explore and consider ways to jointly resolve ethical decision-making, challenges and cases. This enables CAFSS and ACIT to:

• provide an opportunity for Case Managers and Clinicians to own this forum, its direction, content and engagement process;
• ongoing commitment to the training and development of CAFSS and ACIT staff;
• agreed approach to fulfilling the roles and responsibilities in practice;
• appropriate and safe environment to seek advice, discuss and develop common, consistent responses to the children, adolescents and their families in the ACI; and
• provide an opportunity and permission for Case Managers and Clinicians to self-care during a new initiative and a developing program
Both Mission Australia and CAMHS agree to professional supervision being provided on a monthly basis (leading on from a training opportunity session) from the Specialist Clinical Psychologist employed and located at ACIT Central, CAMHS. The intention of the joint professional supervision will be:

- a contributing factor to optimal outcomes for children, adolescents and their families;
- broadening perspectives on dealing with children, adolescents and their families;
- to facilitate joint problem-solving regarding complex cases and good practice;
- enhance working relationships and expand professional links;
- to improve service collaboration and provide a forum for monitoring quality assurance; and
- demonstrate elements of effective care coordination.

The sessions of joint professional supervision are not intended to replace line management supervision, external case manager supervision, or clinical supervision currently utilised by either CAFSS or ACIT.

Roles and Responsibilities
The Nature of the Collaboration

To achieve balanced service provision, the ACIT Central and ACIT North/East have allocated specialist clinicians for each child/adolescence participating in this initiative to assess and monitor mental health functioning, identify needs to enable stabilization, provide clinical services and intervention when needed.

Notably, Mission Australia and CAMHS have different functions to provide services and support to the child/adolescent and their family underpinned by different though parallel approaches and is one that recognises an individual’s need to engage with CAMHS and Mission Australia can fluctuate in both the short and long term.

Below outlines the general roles and responsibilities of each:

Child and Family Support Service, Mission Australia

The Children and Family Support Service (CAFSS) provided by Mission Australia supports children experiencing mental health issues and their families. The service will offer support up to 12 months within the community and assist with linking children and families into services and supports that best meet their needs.

The aim of CAFSS is to help build healthy and strong communities by enhancing children and families’ ability to meet life’s challenges and to foster resilience and hope for a better future. (See Appendix 7 for the CAFSS Mission Australia Organisation Profile)
Each Case Manager is aware of and implements Mission Australia’s policies and plans, including but not limited to the below:

- Working with Children and Young People Policy
- Case Management Approach
- Code of Conduct
- Confidentiality Agreement
- Client Complaints and Appeals Policy
- Reporting Risk of Harm – Non Mandatory Reporters Policy
- Safe Child Transport Policy
- Individual Client Risk Assessment Policy
- Individual Client Risk Plan

The Case Managers can be contacted on the below details during business hours:

Children and Family Support Service, Mission Australia
2/34 Hasler Road
Osborne Park        WA        6017

Operating Hours:
Monday – Friday 08.30am – 4:30pm
Tel: 9225 0400
Fax: 9445 7570

**ACIT Central and ACIT North/East, CAMHS**

All public MHS operate within the requirements of the [Western Australia Mental Health Act 1996](https://www.legislation.wa.gov.au/Legislation/2017/AWA00000151600026625) and comply with the [National Standards for Mental Health Services 2010](https://www.health.wa.gov.au/mental-health/national-mental-health-standards) in addition to a range of organisational policy and procedures, including the:

- WA Health Code of Conduct
- Risk Assessment and Management in CAMHS (Code: CAMHS.007)
- CAMHS Discharge and Transfer policy (Code: CAMHS.016)
- Management of Medical Records in CAMHS (Code: CAMHSPM.P.008).

As part of the CAMHS, ACIT Central and ACIT North/East are multidisciplinary teams consisting of a combination of mental health professionals:

- ACIT Central has a Consultant Psychiatrist, Mental Health Nurses, Social Workers, Clinical Psychologist, Senior Occupational Therapist, Hospital School Teacher and Multicultural Worker.
- ACIT North/East has a Consultant Psychiatrist, Mental Health Nurses and a Senior Social Worker.

The key focus of both ACIT Central and ACIT North/East is on:
1. **Safety** – working within ACIT can help by providing a rapid intervention to include risk assessment, crisis intervention and mental state monitoring.

2. **Stabilisation** – being able to provide support to individuals, and their families, in achieving a reduction of acute symptoms. We aim to provide information and increased understanding of the illness, to reduce worry and stress following an acute phase or mental health crisis.

3. **Transition of Care** – aiming to allow treatment at a less intense level of care to take place from a community based agency. ACIT works in conjunction with, and will hand over long-term care to, one or more of the following:
   - Community-based CAMHS
   - General Practitioners
   - Non-government agencies, including Mission Australia for ACIT North/East
   - Private clinicians
   - Education services

ACIT will provide a range of clinical interventions, supports and services to assess and treat, or maintain the mental health and safety of a child/adolescent and will specifically provide:

a. **Specialist Clinicians:**

   A designated Mental Health Professional from within ACIT will be identified as the allocated clinician for each child/adolescent and their family to work collaboratively with the individual and/or family. The ACIT approach is based on a co-worker model of service delivery to:

   - Treat all stakeholder equally and without discrimination irrespective of age, race, impairment, religion, sex, sexual orientation and all grounds for discrimination in the Equal Opportunity Act 1984
   - Promote children and adolescents receiving an assessment, treatment and support in the least restrictive setting consistent with their risk profile
   - Promote working in a collaborative, person centred and responsive manner for the benefit of young people and their families.
   - Promote and implement intersectoral links that enhances a coordinated care approach to providing services for children and adolescents
   - Treatment and recovery is best promoted by the establishment and maintenance of a therapeutic relationship with young people and their families based on confidentiality, trust, respect, empathy and ethical and professional boundaries

b. **Clinical Assessment:**

   Comprehensive psychiatric and biopsychosocial assessments will be undertaken with each child/adolescent and these results in:

   - Consultation with the child/adolescent, their family member/s and other support people nominated to clarify assessment data
- The formulation, development and maintenance of evidence based treatment that is appropriate to the child/adolescent’s needs and mental health issues
- Liaising with other service providers involved in the treatment and support of the child/adolescent (e.g. GP, Drug and Alcohol Services, etc)
- The complete Mental State Examinations, contemporaneous risk assessments and clinical interventions
- The development of a PSOLIS Management Plan with the child/adolescent that outlines the responses to be undertaken in crisis or emergencies situation
- The collection of data using the National Outcome and Casemix Collection (NOCC) tools

c. Provision of Treatment:

Treatments are provided based on the clinical needs of the child/adolescent as determined by the above assessment and outlined in their transition and care plans that are developed in collaboration with the child/adolescent and their family/carers concerned.

- The Specialist Clinician is responsible for ensuring the Individual has access to the range of mental health services that have been identified as part of their transition and care plans. These services could include treatment and crisis interventions: and
- Regular and ongoing monitoring and assessment of treatment interventions is undertaken to ensure the child/adolescent achieves their maximum potential and obtains more stability and stabilisation.

ACIT Central
Monday - Friday from 8:30am to 4:30pm
Tel: (08) 9429 5000
Fax: (08) 9481 1884
Saturday and Sunday for limited clinical appointment or home visit otherwise contact ART on 1800 048 636

ACIT North/East
Monday - Friday from 8:30am to 4:30pm
Tel: (08) 9429 5000
Fax: (08) 9481 1884

For urgent assistance after 4pm or over public holidays, please contact the Acute Response Team (ART):
  8am - 10pm, Tel: 1800 048 636
  After 10pm, Tel: (08) 9340 8222 (ask for PLN on pager 2065)

Community CAMHS

Children and adolescents who engage with ACIT Central or ACIT North/East can be referred to one or more agencies as part of the discharge process including a portion being referred to Community CAMHS. The service will work with children and adolescents (up to the age of 18) and their families to promote normal development and assist with family relationship.
Community CAMHS recognises that a quality service for children usually involves working in unison with the family/carers of the child.

Community CAMHS will offer intensive therapeutic interventions by a multidisciplinary team consisting of community mental health nurses, social workers, clinical psychologists and child psychiatry. Interventions are usually for the medium to longer term. That is, Community CAMHS offer responses of assessment, case coordination and multidisciplinary treatment services for children and adolescents up to 17 years of age with severe, complex and persistent emotional, psychological, behavioural, social and/or mental health problems, including those with the following diagnoses:

- Emotional disorders of childhood;
- Major Disruptive and Behavioural disorders;
- Severe anxiety disorders, including sequela of complex trauma;
- Affective Disorders;
- Severe relationship difficulties, including Attachment Disorganisation and Disorders;
- Emerging personality disorders; and
- Psychotic disorders.

Community CAMHS has ten specialist community outpatient services based in districts in the Perth metropolitan area, with Hillarys, Clarkson and Swan Community CAMHS being specifically involved in this pilot.

**Shared Responsibilities in Communication and Information Sharing**

In the spirit of cooperation, the both Mission Australia and CAMHS will develop strategies to:

- improve service delivery through collaboration and positive collective thinking;
- develop mechanisms which promote a culture of continuous improvement to facilitate the further development and communication of identified good practice; and
- ensure formal arrangements are sustainable over time.

Mission Australia and CAMHS will maintain their organisational protocols, policy and procedures, however to enhance partner relationships and encourage shared understanding of responsibilities, CAFSS and ACIT will seek out joint training and professional development opportunities where possible (i.e. induction or information sessions).

**Principles**

The basis of exchanging information in relation to a child/adolescent (and/or their family) is to improve outcomes and assist in the smooth transition for the child/adolescent into
Mission Australia support. Consistent with recovery oriented mental health practice, the spirit of partnership and communication values the importance of sharing relevant information and the need to communicate clearly to enable effective engagementvi that is inclusive of ethical practice and respects privacy guidelines.

Shared Partnership responsibilities

To develop coordinated and collaborative service responses, Mission Australia and CAMHS agree the following responsibilities ensure the cultivation of partnership and care coordination occurs by:

- protecting a child/adolescent’s rights and treating them with equality and respect
- a shared understanding and concept of child and family-focussed practice that acknowledges the nuances in different theoretical and practice approaches with a focus on managing fragmentation, coordination and responses
- understanding a child/adolescent in the context of their whole selves, not only their illness
- maintaining an inclusive approach with the child/adolescent, their family/carer and where applicable legal guardian
- maintaining a duty of care for at-risk children (including unborn, newborn and infants) in the care of adult clients, or children presenting as clients in their own right.
- implementing a Care Coordination model and its principles
- ongoing improvement of processes of monitoring and reviewing, risk and safety, duty of care and statutory duties

Communication and exchange of information

Structured sharing of important, and often sensitive, information is frequently needed to achieve improved benefits and outcomes for a child/adolescent (and their family/carer) and better coordinates services. As such, Mission Australia and CAMHS:

- recognise that effective accurate internal communication is an integral component in ensuring that this MoU is filtered through to employees
- are committed to timely dissemination of information in relation to this MoU
- acknowledge the benefits of open and honest communication between CAFSS and ACIT. In order to develop effective relationships and guarantee uniformity, there is agreement to:
  - Regular informal and formal contact and communication to maintain the coordination of appropriate services and support to a child/adolescent;
  - Referral pathways to CAFSS will consist of a ‘Care Coordination’ meeting whereby the child/adolescent, their family/carer, the CAFSS Case Manager and the ACIT Specialist Clinician meet to discuss, plan and formalise the transition process;
o Provide information or clarification on mental health issues between CAFSS and ACIT as and when needed, including opportunities for education, training and professional development; and that
o Case Manager and Clinical Supervision will be maintained by each organisation individually as per existing practice.

• agree to adhere to legislation, policy, processes and ethical practice when sharing risk assessments and the mental health history of a child/adolescent to ensure safe and high quality service delivery, particularly during the transition of care phase.

Confidentiality and Privacy

The Office of the Chief Psychiatrist advises children and adolescents.......have a right to confidentiality of their personal information and can nominate who they wish information to be provided to. The promise of confidentiality is a commitment that the patient’s information will not be transmitted to a third party without the patient’s express permission unless there are circumstances of direct and imminent harm to the patient or others which require a breach of that commitment. vii

Therefore in principle, Mission Australia and CAMHS are to:

• uphold the right of the child/adolescent to have their privacy and confidentiality recognised and maintained to the extent that it does not impose serious risk to the child/adolescent or others viii
• ensure that family member/s and/or carer/s, where appropriate, are involved in the child/adolescent’s transition planning

CAFSS hereby acknowledge that where they are bound by the provisions of the Privacy Act 1988, they will handle any personal information under this agreement, they shall comply with their obligations under that Act including, without limitation, how they collect, use and disclose the personal information. Further, where any Party is not an Organisation (as defined in the Privacy Act 1988) that Party hereby agrees to comply with the provisions of the Privacy Act 1988 as if it was such an Organisation.

As all Parties acknowledge and are bound by the provision of the Privacy Act 1988, and agree that this MoU provides the opportunity to share information between the Parties where necessary and guided by Mission Australia and CAMHS policies.

With acknowledgement that ACIT Specialist Clinicians are expected to comply in their practice with the:

• Mental Health Act (1996) WA
• Confidentiality of Medical Records and Patient Information, CAHS Policy (Code CAHS.P.CLIN.6.23)
Practice

For the purpose of this MoU, ‘confidential information’ means all information which is not in the public domain and which is reasonably regarded by a Party as confidential.

While specific to ACIT Specialist Clinicians, their practice must comply with the WA Open Disclosure Policy Communication and disclosure requirements for health professionals working in Western Australia (2012) and the Office of the Chief Psychiatrist’s Chief Psychiatrist’s Clinical Guideline 'Communicating with Carers and Families (2012)'. In addition, ACIT has identified principles of clinical service delivery as a matter of important practice in relation to confidentiality and information sharing. This sees an ACIT Specialist Clinician will maintain with the child/adolescent, parent and CAFSS Case Manager the following:

- A circle of confidentiality—this is helpful to apply to who may have access to information about a consumer without that patient’s consent. Certain parties would be clearly within the circle such as clinical staff providing treatment, care or supervision. Assuming no other rationale for breaking confidentiality, such as an emergency or the Tarasoff obligation, it is important to remember who is generally outside the ‘circle’.
- Recognition of competing principles – when this occurs, Specialist Clinician will talk with the Consultant Psychiatrist that is cognisant with legal and practical requirements and
- Information sharing and confidentiality—the convention is that information will be shared with other medical service providers for shared care or transition of care.

Informed and signed consent will always be obtained from the child/adolescent, or their parent/carer/legal guardian prior to confidential information being shared (and is noted on the referral form to CAFSS, see Appendix 8). Circumstances in which a child/adolescent’s confidential information may be shared with CAFSS in accordance with the Western Australia Mental Health Act 1996 and Clinician’s Guide to the Mental Health Act 1996 (5th Ed 2011) includes:

- With the consent of a competent child/adolescent to the sharing of their information in the course of duty; or
- Where a child/adolescent is inappropriate or unable to provide consent, their parent/carer (legal guardian) consents to the sharing of that child/adolescent’s confidential information.

Other circumstances where consent from the child/adolescent (or family/carer) is not required and sharing of confidential information is binding include:

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2 The duty to protect third parties: Tarasoff warnings concern the psychiatrist’s duty to protect third parties which was first enunciated in 1976 by the California Supreme Court in Tarasoff v. Regents of the University of California.
• Where there is a statutory reporting obligation, for example, mandatory reporting of notifiable diseases to the Department of Health under the Health Act 1911 (WA) and the mandatory reporting of child sexual abuse under the Children and Community Services Act 2004 (WA).

• Where a valid subpoena or summons is served on a health worker compelling him or her to disclose clinical or other information to a court by, or on, a specified date. Failure to comply with a valid subpoena or summons may constitute contempt of court, which can lead to a fine or a prison sentence.

• Where a statutory provision permits the disclosure of confidential information. For example, section 129(1)(a) of the Children and Community Services Act 2004 which permits the reporting of child welfare concerns to the Department for Child Protection.

• Where there is an overriding public interest justifying disclosure to a proper authority. Such disclosure will only be justified in exceptional circumstances where there is a serious, imminent and identifiable risk of harm or danger to the health or life of any person (including the client) requiring immediate action.

Noting the above, Mission Australia and CAMHS agree to hold all confidential information in confidence for each other and will not directly or indirectly at any time during the MoU or after the termination or expiry of the MoU, use any confidential information, or disclose any confidential information to any third party except if the use or disclosure:

• Relates to information already within the public domain, other than by virtue of a breach of this Clause by the disclosing Party;
• Is required by law or any competent authority having jurisdiction over a Party; or Is made with the prior written consent of the other Party;
• Has been consented to and signed for release to either Mission Australia, CAMHS or any other organisation the child/adolescent and their family identifies as necessary.

Accountability

Employees are accountable to their employing agency. Both Mission Australia and CAMHS are responsible for the employment of qualified, skilled and knowledgeable staff that meet professional requirements for registration and/or membership, where required.

CAMHS accountability is in place with compliance to relevant Commonwealth and State mental health legislation and related Acts, in addition to Departmental policies, directives and plans.

It is important that the employing organisation ensure employees:

1. understand their particular role in the team
2. attend to the responsibilities associated with that role and
3. have clear delineation of roles and responsibilities

Responsibility, which relates to duty of care, standards of care and being called to account for one’s actions, rests personally with every employee. Legal responsibility applies to an individual practitioner working according to their skill set. Each employee working in a team remains accountable for their own professional conduct and the care they provide. Defining roles and responsibilities is in the best interest of the individual employee as well as the employing authority to ensure that accountability is clear.

Reducing Care Fragmentation through Care Coordination

Care Coordination meeting

To meet the care needs of children and adolescents, an effectively implemented Care Coordination model aims to reduce fragmentation during the transition of care by providing continuity of care and deliberate organisation and coordination of services. For the purposes of this MoU, Mission Australia and CAMHS agree to the Guiding Principles recommended by the Council of Australian Governments in the Information Paper - Care Coordination:

- person-centred and individually driven
- carer and family inclusive
- recovery orientated
- socially inclusive and
- suit an individual’s needs

In practice, the Care Coordination model requires all parties involved with, and including the child/adolescent, to jointly plan and coordinate needed care and supports being provided. It offers an opportunity for all involved to gather, outline their roles and responsibilities and how they can work together, review plans and processes. The Care Coordination meeting will be a key mechanism in the continuum of care for the child/adolescent and provide clear planning and discussion about the transition of care by ACIT and CAFSS. Expected outcomes of the Care Coordination meeting are the:

- meeting occurs within two weeks of the ACIT referral to CAFSS focusing on the transition of care phase
- Sharing of roles and responsibilities
- Identification and agreement on the goals and interventions that will be provided by both CAFSS and ACIT to the child/adolescent and/or family
- Opportunity for the child/adolescent and/or family/carer to clarify roles, responsibilities and appropriate staff to contact for and in different situations or needs
- CAFSS will only disclose information after receiving consent from clients to release specific information pertaining to their Family Support Plan
For the Care Coordination meeting, CAFSS will have lead responsibility for scheduling the meeting, with ACIT responsible for sharing of information and supporting a seamless transition of care provider to CAFSS. As stated in the Mission Australia Qualitative Criteria outlining Operational Procedures (See Appendix 11), Step 4 will be for the CAFSS Case Manager to be responsible for developing with the child/adolescent an agreed ‘Family Support Plan’ as follows:

**4. Tailored Case Management & Family Support Planning**

1. Case Manager will develop a tailored case management and Family Support Plan together with the family in line with MA National Case Management Approach
2. The Case Manager will work with the family to tailor their Family Support Plans to their needs, giving them greater control, personalising care and allowing people to address wider aspects of wellbeing
3. Assist the family to identify individual strengths and collective capacity to meet the needs of the child and support the family
4. A paper copy of the Family Support Plan should only be given to ACIT when the child/adolescent or family consent to this however the Case Manager will provide verbal communication of interventions occurring to ACIT when consent is declined.

**Provision of Care**

The Case Manager will coordinate regular reviews and additional reviews or case discussions as required involving client and referrer as partners in care.

Both CAFSS and ACIT will collaborate with each other and the child/adolescent in relation to:

- Provision of care plan
- Provision of case manager
- Care plan to include discharge plan

**Meetings with Community CAMHS as part of the Partnership**
Where a referral to Mission Australia occurs concurrently with a Community CAMHS referral, the ACIT Specialist Clinician will ensure that both CAFSS and Community CAMHS are aware of this. Further to this, there is agreement by CAFSS and ACIT to include the Community CAMHS worker in the Care Collaboration meeting as part of the transition of care planning.

**Child/Adolescent Referral Pathway and Process**

The ACIT Central and ACIT North/East accept referrals into their service from a range of referrals sources via the ART-ACIT Intake meeting held each weekday at 08:45am. As part of the decision-making to accept a referral to ACIT Central or ACIT North/East the following referral criteria is considered:

- persons to 18 years of age
- acute risk- active suicidal ideation , plan an intent
- no other service involved
- case to case review of clients linked to other services- and ability to manage/contain risk
- risk assessment
- decompensation of existing mental illness
- repeated/several presentations at an Emergency Department
- level of risk is unable to be contained
- diagnostic criteria
- level of risk and/or vulnerability to the themselves (consumer) and/or the level of risk to others
- lack of protective factors
- emerging Major mental illness

Both are multi-disciplinary teams are skilled to carry out mental state examinations, risk assessments and diagnostic formulations, before preparing a goal orientated plan of intervention. Each Specialist Clinician at a minimum completes the following tasks during a child/adolescent’s care and treatment:

- Clinical Risk Assessment at time of referral and when indicated by the WA Health Clinical Risk Assessment and Management (CRAM) in Western Australian Mental Health Services (2008) and the Risk Assessment and Management in CAMHS (Code: CAMHS.007) on an ongoing basis over the 6-8 week intervention timeframe
- Phone Contact within 24 hours of referral (business hours)
- Face to Face within first 5 days
- Activation on the Mental Health Clinical Information System (PSOLIS) in WA Health (within 2 face to face assessments or 2 weeks)
- Activation of National Outcomes and Casemix Collection (NOCC ) Reporting
- Develops a Management Plan on PSOLIS (following PSOLIS activation)
- Clinical Reviews presentation in 2 weeks
- ‘Experience of Service’ Questionnaire within 2 weeks of intake
- 6 week margin – Discharge Plan discussed at Clinical Reviews
• Collaboration and transition of care planning with Mission Australia
• Transition of Care meeting between child/adolescent (and family/carer), Mission Australia and ACIT Central/NE Specialist Clinician
• 8 week margin – Rationale or Problem code to identify reason for extension
• Discharge Summary Completed
• Discharge Summary signed by Consultant Psychiatrist
• Discharge NOCC
• ‘Experience of Service’ Questionnaire at point of discharge

As such, the main aim is to provide an avenue for rapid assessment and stabilisation by utilising assertive community based supports until the child/adolescent’s care can transition to and accepted by a community based agency or service. This can include a referral to Mission Australia as part of the ACI.

**Referral Criteria to CAFSS**

Referrals can only be made to CAFSS by ACIT Central and ACIT North/East; and making a referral to CAFSS, the Specialist Clinician will ascertain the referral criteria to the CAFSS program, which is:

- A child or adolescent up to the age of 18 years and their families, who are experiencing a mental health crisis
- The child/adolescent is the primary client and a family member requiring support could be considered but would be assessed on a case-by-case basis;
- The child/adolescent and/or their family reside within the Perth Metropolitan Area
- Referrals received will be prioritised by date of referral with needs and complexity taken in to account. This may result in complex cases being prioritised in order of needs rather than date of referral.

The CAFSS team will work with up to 200 families per year this number may increase if capacity allows.

**Referral Process to CAFSS**

During the six to eight week ACIT involvement, the ACIT Specialist Clinician is expected to determine if a referral to Mission Australia will suitably meet the needs of the child/adolescent. If a referral is to occur, it is expected ACIT will follow the steps outlined below to complete the referral process to CAFSS on behalf of the child/adolescent:

<table>
<thead>
<tr>
<th>Prior to discharging the child/adolescent from ACIT within 6-8 weeks</th>
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<tbody>
<tr>
<td><strong>Step 1</strong></td>
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<td><strong>Step 2</strong></td>
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<td><strong>Step 3</strong></td>
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<td></td>
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</tbody>
</table>
2. Safety Plan/PSOLIS Management Plan
3. Other, if any, key information regarding risk or safety

Step 4 Email the documents to the established secure email address below: CAFSS@missionaustralia.com.au

Step 5 An automated email reply confirming the email has been received by CAFSS will be sent to the Specialist Clinician, the CAFSS Program Manager and CAFSS Area Manager

Step 6 The CAFSS Case Manager will contact the clinician to schedule in the ‘Care Coordination’ meeting within two weeks of the referral with the following attendees:
   1. child/adolescent
   2. parent/carer/legal guardian
   3. CAFSS Case Manager
   4. ACIT Specialist Clinician and
   5. Community CAMHS Case Manager where a referral has been made

Step 7 Attend the ‘Care Coordination’ meeting and collaboratively share information and all participants will have the opportunity to clarify any of the following:
   1. Sharing of roles and responsibilities
   2. Identification and agreement on the goals and interventions that will be provided by both CAFSS and ACIT to the child/adolescent and/or family
   3. Opportunity for the child/adolescent and/or family to clarify roles, responsibilities and appropriate staff to contact for and in different situations or needs
   4. CAFSS will only disclose information after receiving consent from clients to release specific information pertaining to their Family Support Plan
   5. Discussion and agreement about the ongoing involvement of the Specialist Clinician for the remaining ACIT clinical service timeframe (engagement timeframe is short term for 6-8 weeks in total unless otherwise negotiated and agreed to by ACIT)
   6. where there is a safety and/or risk concern for the child/adolescent is held by the ACIT Specialist Clinician, there is agreement to discuss and identify what course of action will be taken to minimise these concerns
   7. ACIT will provide the CAFSS Case Manager information about other agencies the child/adolescent may have also been referred to as part of the discharge process

Roles and Responsibilities of CAFSS

The role of CAFSS is to provide psychosocial support to the child/adolescent and/or family as identified and agreed in their Family Support Plan. The CAFSS Case Managers are tertiary qualified workers (and have adequate experience in a relevant field) supporting individuals and families who have a mental illness and assist them to overcome social isolation and increase their connections to their community.
The role of the Case Manager is to:

- Provide Client Support through the following key tasks:
  
  o Respond to referrals of clients to the service from external support services and conduct over-the-phone and formal face-to-face assessments of suitability for support using the tools provided.
  o Undertake initial assessments for clients, including all necessary paperwork and application forms.
  o Work with clients to create family support plans detailing referral to supplementary services as needed.
  o Provide intensive ongoing case management sessions (formal and informal) with clients and review progression against family support plans and provide informal counseling as required.
  o Conduct group activities for clients where necessary and appropriate such as living skills, budgeting etc

- Provide Relationship Management through the following key tasks:
  
  o Develop strong internal relationships with clients and other staff to contribute to the effective functioning of the service and improved outcomes.
  o Develop strong relationships with key external stakeholders including other service providers, community service workers, government agencies etc. to assist in the receipt of information and referral of clients.

- Complete Administration key tasks as follows:
  
  o Create and update individualized case management files for all clients in line with Mission Australia protocols.
  o Ensure that all required internal and external client paperwork is completed and copies kept on file.
  o Maintain a thorough knowledge of program guidelines
  o Undertake a range of case management duties to support the development of clients including referrals and support letter, interaction with other service providers, appointment setting and advocacy internally and externally
  o Complete a range of internal and external reports relating to clients including case management statistics, feedback summaries and yearly outcomes reports.
  o Complete a range of other administrative duties for the efficient running of the service including statistics, monthly reports, referral letters, goals plans etc.

Upon receiving the referral from ACIT, the Case Manager will:

- make contact with the child/adolescent and family within 1 – 2 working days from when the Program Manager approves the referral
- liaise with the child/adolescent, their family and the ACIT Specialist Clinician for a ‘Care Coordination’ meeting
• complete a contact log in which they will record attempted contact and contact made with the family and also any external contact made relating to the family
• meet with the family within 7 working days after approval by Program Manager
• Refer to Appendix 11 for the Mission Australia Qualitative Criteria outlining Operational Procedures

The Program Manager will assess and approve or decline referral within 1 - 2 working days on receipt of referral. If the referral is approved, the Program Manager will allocate to a Case Manager. If the referral is declined, the Program Manager will contact the Specialist Clinician who made the referral to discuss the circumstances and/or reasons for not accepting the referral. When CAFSS is at ‘full capacity’, the establishment and management of a ‘waiting list’ will be maintained by the Program Manager. Regular updates on the capacity and the wait list status will occur through the Steering Committee forum.

Manager names and contact details:

Elise Copland – Program Manager Mission Australia
Phone: 08 9225 0400 Mob: 0427 023 928

Katie Price – Area Manager
Phone: 08 9225 0400 Mob: 0438 916 325

Referral Information Management

Children and Families Support Service (CAFSS)

On offer of service, the Case Manager will obtain a signed release of information form allowing communication between CAFSS Case Managers and the CAMHS Clinical Team to share information. Where individuals do not want to provide release of information, they will be made aware that this limitation on communication between services may:

• reduce the effectiveness of the care provided
• compound risks and/or safety concerns held for the child/adolescent

CAFSS Case Managers will use Mission Australia Community Services Information Management System (MACSIMS) to record interactions and all work completed or on behalf of each client group.

Information is to be stored in accordance with Privacy Act 1988 and is to be located in a secure area, and only accessed by authorised staff.

ACIT Central and ACIT North/East
Documentation and record keeping of referral information is an integral part of all work conducted in CAMHS. All ACIT Specialist Clinicians are expected to adhere to the Client/Patient Documentation, CAHS Policy Code: CAHS.P.CLIN.1.12 which provides information on the correct process for all entries in the client/health/medical record and outlines the development of consistent practice in relation to documentation.

Stimulating Safe Practice through contingency planning

In acknowledgement of the challenging and complex area of supporting, caring and treating children and adolescents with a mental illness, there is a need to recognise the possible mental health and wellbeing fluctuations that can occur for a child/adolescent. This could mean there is a need to re-engage with Acute CAMHS for clinical support, care and treatment in both the short and long term. Risk management is a core function of all mental health clinicians and at times negative outcomes can be avoided or reduced in frequency by sensible contingency planning.

Given the key role provided by CAFSS as the ongoing and long term support provider to the child/adolescent and their family, CAFSS will be central to identifying any fluctuations. In recognition of the different clinical and non-clinical skill sets across CAFSS and ACIT, agreement and understanding of situations where CAFSS will seek advice or refer the child/adolescent to Acute Services in relation to risk assessment, risk management and/or the clinical safety of the child/adolescent is required. The CAFSS Case Manager will notify the ACIT Central or ACIT North/East Clinician if there are any fluctuations in risk and/or safety for the child/adolescence even if it does not result in an ART referral.

With the focus on prioritising the safety of the child/adolescent, their family/carer and significant others, there is consensus that the CAFSS Case Manager will consider and assess:

- the present thoughts and feelings
- seriousness of present behaviour and planning and past risk and/or attempts of harm
- openness to other solutions and coping strategies
- thoughts, feelings and beliefs that support deliberate self-harm or suicide
- events that may increase the risk for a child/adolescent

That is, the CAFSS Case Manager will seek the advice or refer the child/adolescent to ART when there are concerns:

- of known warning signs
- tipping points (triggers)
- imminent risk to any person
Urgent issues need to be directed to ART on the below contact details:

Tel: 1800 048 636 between 8am - 10pm
Tel: (08) 9340 8222 after 10pm and ask for PLN on pager 2065
Fax: (08) 6229 3104

Critical Incident Management and Safety

For the purposes of this MoU, the following definition applies to a critical incident:

A clinical (critical) incident is an event or circumstance resulting from health care which could have, or did lead to unintended and/or unnecessary harm to a patient/consumer.

As a critical incident can occur in either CAFSS or ACIT, prevention, preparedness and planning are necessary components in responding and managing an incident. As Mission Australia and CAMHS have their own departmental standards and policy, both agree to advise the other agency immediately when a clinical incident has occurred.

The following acknowledges specific standards and policy relevant to this MoU and provides direction in identifying, avoiding and reducing harm across all environments in which care of a child/adolescent with mental health disorder is provided:

- National Safety and Quality Health Service Standards (2011)
- National Standards for Mental Health Services 2010, Standard 8: Governance, Leadership and Management
- Implementation guidelines for Non-government Community Services
- Clinical Incident Management Policy, Department of Health (WA) 2011

Further to the above, the following is the minimum agreed practice by ACIT for this MoU:

- Use of a PSOLIS Management Plan for each child/adolescent;
- Development of a communication strategy with timelines and including after-hours information, decision-making and access to services;
- Structured response and coordinated approach to stress debriefing; and
- Reporting mechanisms that comply with legislation and departmental policy

However, whereby a critical incident and/or complaint relates to a SAC1 clinical incident in a CAMHS setting under the Mental Health Act (1996) WA, reporting to the Chief Psychiatrist

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is a matter of first priority after the event occurring. All CAMHS staff will refer to the Clinical Incident Management Policy (Department of Health 2011) for further information.

Mission Australia will use its own organisational policies and processes to achieve these minimum practices. Policies and processes support shared communication and collaborative working relationships.

Complaints and Grievances

Consumer-focussed approach

In recognition that the ACI is promoting a collaborative working relationship and all involved work hard to avoid conflict and offence, this section will maintain a consumer-focused approach to complaints.

Understandably, when working in supporting a child/adolescent and the families in partnership, there are times when complaints can be made about the support, care and treatment received. It is the expectation of a collaborative approach that complaints and grievances will be handled sensitively and in recognition of the complexities of situations. People who complain about a service want to be treated with dignity and assured their complaint is taken seriously.

For the purposes of this MoU, a complaint is defined as:

- an expression of dissatisfaction with a service offered or provided, or
- a concern that provides feedback regarding some aspect of the health service that identifies issues requiring a response.

A complaint may be about policies, procedures, employee conduct, provision of information, quality of communication or treatment, quality of a service, or access to and promptness of a service. Complaints do not include requests for services or information, explanations of policies and procedures, or industrial matters between the health service and unions.

Complaints may be made in person, by telephone, or by written correspondence, however all grievances must be received in writing to enable an appropriate response by the relevant person and/or organisation. It is expected that the complaint management process will include the following four stages:

1. Receive the complaint
2. Assess the complaint
3. Investigate the complaint
4. Resolve the complaint

When assessing the complaint, consideration will be given to the consequences via the following categories:
<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Serious</td>
<td>Issues regarding serious adverse events, sentinel events, long-term damage, grossly substandard care, professional misconduct or death that require investigation. Highly probable legal action and Ministerial notification</td>
</tr>
<tr>
<td>Major</td>
<td>Significant issues of standards, quality of care, or denial of rights. Complaints with clear quality assurance or risk management implications or issues causing lasting detriment that require investigation. Threat of legal action and Ministerial notification.</td>
</tr>
<tr>
<td>Moderate</td>
<td>Issues that may require investigation. Potential to impact on service provision/delivery. Legitimate consumer concern, especially about communication or practice management, but not causing lasting detriment. Potential for legal action.</td>
</tr>
<tr>
<td>Minor</td>
<td>No impact on or risk to the provision of health care or the organisation. Complaint could be easily resolved at the frontline</td>
</tr>
<tr>
<td>Minimum</td>
<td>Trivial, vexatious, misconceived</td>
</tr>
</tbody>
</table>

Both Mission Australia and CAMHS agree that where a complaint is either minimum or minor, that action and resolution will be accountable to the local Case Manager/Specialist Clinician and their immediate Line Manager. That is, if staff at the point-of-service have authorisation to resolve complaints at first contact, escalation can be avoided and complaints can be resolved directly and quickly to the satisfaction of those involved. Mission Australia provides a flowchart in Appendix 8 of its complaints process.

However, complaints that are moderate, major or serious and related to CAMHS will refer to the Customer Complaints, CAHS Policy Code CAHS.P.CORP and WA Health Complaints Management Policy (2013) about notifying senior officer/s of the complaint or grievance.

For ACIT staff notifications will at a minimum be made to the:
- Coordinator of Emergency Services and the Director, Acute Services CAMHS for a response.
- Consumer Liaison Officer if the complaint is not resolved at the local level.

**Organisational-focussed approach**

**Child and Families Support Service Mission Australia (CAFSS)**

Operational Issues – to be managed by the Program Manager If unresolved to be escalated to Area Manager, Mission Australia.

Service Level Disputes - to be referred to Area Manager. If unresolved to be escalated to the Regional Leader, Mission Australia.

Clients Complaints/Compliments – when clients commence on the program the Case Manager will advise of the complaints procedure. Clients will be encouraged to raise issues in the first instance with their Case Manager. If unresolved to be escalated to the Program Manager and Mission Australia’s service complaints policy will be actioned.
ACIT, CAMHS

Operational Issues – to be managed by the Coordinator of Emergency Services. If issues are unresolved, they will be escalated to the Director, Acute Services.

Service Level Disputes – to be referred to the Director, Acute Services. If issues are unresolved, they will be escalated to the Executive Director, CAMHS.

For client complaints, please refer to the above section for details and process. For compliments, clients will be encouraged to provide these directly to the ACIT Clinician, or otherwise to the Coordinator of Emergency Services or the Director, Acute Services.

Dispute Resolution Process

For the purpose of this MoU, dispute resolution is best described as:

- all processes and approaches that enable parties/organisations to prevent or manage their own disputes without outside assistance; or
- all processes that are used to resolve disputes in which an impartial person assists those in a dispute to resolve the issues between them

Effective communication and negotiation processes can help alleviate interpersonal and interagency disputes between individuals, staff and/or organisations. Use of the dispute resolution process set out in this section should only occur following the best endeavours of both parties to agree a resolution to an issue at the local level. Escalation through the dispute resolution process should be implemented only as a means of last resort. The dispute resolution process is not intended for the resolution of ongoing issues or performance-related issues. At each stage of the dispute resolution process, the parties agree to cooperate and assist in respect of any requests for additional information or documents.

For the purposes of this MoU, the agreed practice will include:

- Open communication that transparently discloses lines of accountability, including follow-up actions and outcomes;
- Use of reasonable efforts to resolve by negotiation any problem that arises between them at the local service delivery level;
- Resolution of a dispute at any level is final. The resolution of the dispute is binding on the parties, but does not set a precedent to be adopted in similar disputes.
- Clear demarcation of when a dispute will be escalated through the hierarchical Line Management process:

1. Notice of Dispute to Mission Australia and/or CAMHS
2. Dispute discussed and negotiated at the local level between Case Managers and/or Clinicians and management from Mission Australia and/or CAMHS

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If a dispute reaches an unresolvable outcome to the satisfaction of either or both Mission Australia and CAMHS after being escalated to the executive management, there is agreement to escalate the dispute and seek a resolution with MHC participation.

**Continuation of Services**

No dispute will entitle Mission Australia or CAMHS to suspend the provision and delivery of services unless consented to in writing by the MHC.

**Signs of Successful MoU Implementation**

Agreed and evidence in the Service Agreements with the Mental Health Commission, both Mission Australia and CAMHS have the following reportable key performance indicators:

The Children’s and Family Support Service is required to demonstrate achievement of the following activity (outputs):

- A minimum of 200 packages of support services are provided per annum for families referred by the clinical service provider, with a minimum of 600 packages of support services provided over 3 years.

The criteria that will be used to measure the performance of the service provider are as follows:

- the number of children with mental illness and their families with a support services plan
- the number of children with mental illness and their families provided with a package of support services.
Further to this in monitoring and reviewing the ACI, the following are considered the signs of successful implementation of the MoU:

- The number of children with mental illness and their families provided with assessment, brief intervention and family support;
- The proportion of children/adolescents referred by ACIT to Mission Australia for ongoing longer term psychosocial support;
- Established and working relationships between Mission Australia and CAMHS for the ACI;
- Improved coordination between Mission Australia (a non-government organisation) and CAMHS in the community to enhance child/adolescent choice and facilitate ‘wrap-around’ service provision to provide tailored assistance;
- Expand the level and range of support for a child/adolescent and their family/carer through improved linkages to facilitate earlier identification of, and improved referral to clinical treatment for a child/adolescent, when appropriate;
- Improve communication and information flow between CAFSS and ACIT through the development of new systems and processes that promote continuity of care and the development of cooperative service models; and
- To work in partnership to develop protocols to guide and support transitions between service sectors.

**Evaluation and Client Outcomes**

To meet the requirements for measuring performance and identifying outcomes as a baseline, the Key Performance Indicators for Australian Public Mental Health Services state the following:

- **Effective**: Care, intervention or action achieves desired outcome/s
- **Appropriate**: The care, intervention or action provided is relevant to the consumer’s and/or carer’s needs and based on established standards
- **Efficient**: Achieving desired results with the most cost effective use of resources
- **Accessible**: Ability of people to obtain health care at the right place and right time irrespective of income, geography and cultural background
- **Continuous**: Ability to provide uninterrupted, coordinated care or service across programs, practitioners, organisations and levels over time
- **Responsive**: Service provides respect for persons and is consumer and carer orientated. It includes respect for dignity, confidentiality, participation in choices, promptness, quality of amenities, access to social support networks and choice of provider
- **Safe**: Potential risks of an intervention or environment are identified and avoided or minimised
- **Sustainable**: The organisation’s capacity to provide infrastructure such as workforce, facilities and equipment, and be innovative and respond to emerging needs.
Currently the following mechanisms are used to gauge client outcomes:

By CAFSS:
- Pre and Post Evaluation forms to be completed with children/young people as appropriate.
- Pre and Post Evaluation forms will also be completed with family and support networks. Information will then be recorded and collated in MACSIMS.
- Monthly Reports to the Mental Health Commission

By ACIT:
- Experience of Service Questionnaire
- National Outcomes Casemix Classification
- Monthly Reports to the Mental Health Commission

Directly, the Steering Committee will develop an evaluative framework that is reflective of the above for implementation as part of the mid-term and final review.

**MoU Review**

This MoU will be initially reviewed by Mission Australia and CAMHS a within three to six months of implementation and annually thereafter.
Authorisation

The signing of this MoU is not a formal undertaking. It implies that the signatories will strive to reach the objectives stated in the MoU to the best of their ability.

Mission Australia Representative
Name: Melissa Perry
Position: State Manager
Signature:
Date:

Child Adolescent Mental Health Service (CAMHS) Representative
Name: Sylvia Meier
Position: Executive Director, CAMHS
Signature:
Date:
## Definitions and terms used

For the purposes of this MoU, the following definitions and interpretations apply:

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care Coordination</td>
<td>The term ‘care coordination’ is frequently used simultaneously and interchangeably with terms such as continuum-of-care, case management, continuity-of-care, care continuum, integration of services, and seamless care within the dimensions of care delivery.</td>
</tr>
<tr>
<td>Carer</td>
<td>As defined in the Carers Recognition Act, a carer is a person who (without being paid) provides ongoing care or assistance to another person who has a disability, a chronic illness or a mental illness, or who is frail.</td>
</tr>
<tr>
<td>Case Manager (Mission Australia)</td>
<td>A Case Manager is a practitioner employed by Mission Australia to provide a range of psychosocial supports to the child/adolescent and their family where appropriate.</td>
</tr>
<tr>
<td>Child/Adolescent</td>
<td>The term identifies the person who is receiving services and support from ACIT and/or Mission Australia. Other common terms used: client; consumer; patient.</td>
</tr>
<tr>
<td>Community</td>
<td>In the context of a treatment setting - where mental health services are provided to people in a location other than at a mental health facility, usually in the client’s home.</td>
</tr>
<tr>
<td>Consent</td>
<td>Consent is defined as “to give permission”. Given that the concept of patient autonomy is a fundamental component of ethics and the law respect for the patient giving permission to the clinician to perform a clinical deed is of paramount importance.</td>
</tr>
<tr>
<td>Crisis Awareness Plan</td>
<td>This is a term being piloted by MHC across both public MHS and CSO. For the current term used by public MHS, see PSOLIS Management Plan. CSO use a number of terms that are interchangeable, though the basis remains a crisis plan.</td>
</tr>
<tr>
<td>Model</td>
<td>An idea that can be explained by using symbolic and physical visualisation, or facilitates thinking about abstract concepts and the relationship between them.</td>
</tr>
<tr>
<td>Mental illness or disorder</td>
<td>Is a diagnosable illness that significantly interferes with an individual’s cognitive, emotional and/or social functioning. There are different types of mental disorders, e.g. depression, anxiety, psychosis, substance use disorder and these different disorders may all occur with different degrees of severity.</td>
</tr>
<tr>
<td>Mental health problems</td>
<td>Occur often as a result of life stressors. Mental health problems also have a negative impact on a person’s cognitive, emotional and social abilities but may not meet the criteria for an illness. The distinction between mental health problems and mental disorders is not well defined and is made on the basis of severity and duration of symptoms.</td>
</tr>
<tr>
<td>Term</td>
<td>Description</td>
</tr>
<tr>
<td>------</td>
<td>-------------</td>
</tr>
<tr>
<td><strong>PSOLIS Crisis Plan</strong></td>
<td>A crisis plan is available and can be accessed by the Specialist Clinicians in ACIT. It contains any items that staff should be alerted to if the child/adolescent should contact a service. This includes indicators for relapse and any other information that may require immediate action.</td>
</tr>
<tr>
<td><strong>PSOLIS Management Plan</strong></td>
<td>These plans contain all items that relate to the child/adolescent’s care for a particular admission and can be accessed by all public mental health staff that use PSOLIS.</td>
</tr>
</tbody>
</table>
| **Psychosocial Support (CAFSS)** | A technical term that focuses beyond material issues and looks at the caring role a Case Manager will have regarding a child/adolescent’s:  
  - Psycho – feelings, thoughts and emotions  
  - Social – the environment in which the child lives, including their family, friends, community, school  
  - Support – the way that children are helped to cope with vulnerabilities, problems and traumas and to build resilience  
  It aims to assist a person to cope with stressors in a range of settings, such as school or home. The role is non-therapeutic and does not clinically assess or treat a child’s mental health and wellbeing (ability to think, reason and rationalise). |
| **Risk Assessment** | A systematic process of evaluating the potential risks that may be involved in a projected activity or undertaking. There are a number of different types of risk assessment including clinical risk assessment, occupational health and safety risk assessment, hazard risk assessment. |
| **Risk of Harm** | The likelihood of a child/adolescent suffering physical, psychological or emotional harm. |
| **Specialist Clinician (ACIT, CAMHS)** | A Specialist Clinician is a mental health practitioner employed by a public child and adolescent mental health service. Their responsibility is to the child/adolescent, including providing a full mental health assessment and preparing a Treatment and Care Plan. |
Appendix 1 – CAMHS Organisational Structure

N.B. Professional Coordination is not depicted on this organisation chart.
Appendix 2 – ART, ACIT and ACIT North/East in the Acute CAMHS Structure

Acute Services in CAMHS

Maureen Lewis
Director

Dr Jacques Esterhuizen
Head of Department

David Bruce
Coordinator of Emergency Services

Consultant Psychiatrist for ART & ACIT Central

Consultant Psychiatrist (Part-time) for ACIT North/East

Acute Response Team (ART):

Senior Registered Nurse x 11.6 FTE
Clinical Nurse (Level 2) x 2.5 FTE
Senior Social Worker x 3 FTE
Administration Officer x 1 FTE

Acute Community Intervention Team (ACIT) Central:

Clinical Nurse Consultant x 1 FTE
Special Clinical Psychologist x 1 FTE
Senior Registered Nurse x 2.5 FTE
Senior Registered Nurse (Bed flow) x 1 FTE
Clinical Nurse (Level 2) x 2 FTE
Senior Social Worker x 1 FTE
Senior Occupational Therapist x 1 FTE
Multicultural Specialist x 1 FTE
Graduate Nurse x 1 FTE
Administration Officer x 2 FTE

Acute Community Intervention Team (ACIT) North/East:

Senior Registered Nurse x 1 FTE
Clinical Nurse x 1 FTE
Senior Social Worker x 1 FTE
Social Work Coordinator x 1 FTE
Senior Project Officer x 1 FTE
### Appendix 3 – ART, ACIT and ACIT North/East Service Information and Criteria

<table>
<thead>
<tr>
<th>Details</th>
<th>Acute Response Team (ART)</th>
<th>Acute Community Intervention Team (ACIT Central)</th>
<th>Acute Community Intervention Team (ACIT North/East)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service Type:</td>
<td>Acute Assessment &amp; Service</td>
<td>Case Management Service</td>
<td>Case Management Service</td>
</tr>
<tr>
<td>Commencement:</td>
<td>5 November 2012</td>
<td>April 2008</td>
<td>21 October 2013 to 30 June 2016</td>
</tr>
<tr>
<td>Operational hours:</td>
<td>24 hours across 7 days a week</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Team Size:</td>
<td>Multidisciplinary team of 17 Full-time Equivalent (STE), including Consultant Psychiatrist and Administration Assistant</td>
<td>Multidisciplinary team of 14 FTE, including Coordinator, Specialist Clinical Psychologist, Occupational Therapist and Admin</td>
<td>Multidisciplinary team of 4.5 FTE, including Consultant Psychiatrist</td>
</tr>
<tr>
<td>Phone number:</td>
<td>08 6229 3104</td>
<td>9429 5000 - Admin</td>
<td>9429 5000 - Admin</td>
</tr>
<tr>
<td>Facsimile:</td>
<td>08 6229 3104</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Location:</td>
<td>Building No. 14 (Psychiatry) Princess Margaret Hospital SUBIACO</td>
<td>993 Wellington Street, WEST PERTH</td>
<td>993 Wellington Street, WEST PERTH (till 2014)</td>
</tr>
<tr>
<td>Referral Criteria and Sources:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Referral form:</td>
<td>Yes, formal Psychiatric assessment to be faxed with completed referral form to ART</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Referral point:</td>
<td>By contacting ART by telephone</td>
<td>All referrals will be assessed at the ART-ACIT 08:45 Intake meeting</td>
<td>All referrals will be assessed at the ART-ACIT 08:45 Intake meeting</td>
</tr>
<tr>
<td>Catchment area:</td>
<td>Metropolitan catchment area</td>
<td>All Metropolitan</td>
<td>Hillarys, Swan and Clarkson CAMHS</td>
</tr>
<tr>
<td>Role:</td>
<td>Mental Health Triage, Bed Flow Coordination to PMH Ward 4H and the Bentley Adolescent Unit (BAU), PMH ED assessments for young people under 16 years, general hospital in-reach and acute \n</td>
<td>Primary care services based assessments for persons aged under 18. To provide a telephone information metro-wide, support, bed management and a consultation role for general hospital EDs and the general public.</td>
<td>To provide short term case management for assessment, stabilisation and transitioning care for up to eight weeks wrap around support during the acute mental health crisis for persons aged under 18. Further to working with ART as referrals are accepted.</td>
</tr>
<tr>
<td>Home Visiting</td>
<td>Yes (Community Assessment only)</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>ED In-reach</td>
<td>Yes to metropolitan ED settings for person’s under the age of 18 years</td>
<td>No (Case Manager if available with ART)</td>
<td>Limited to existing ACIT North/East clients who present at Joondalup or Swan ED</td>
</tr>
<tr>
<td>Appointment at:</td>
<td>Not applicable</td>
<td>Limited clinical appointments at PMH</td>
<td>Limited clinical appointments at Community CAMHS clinics</td>
</tr>
<tr>
<td>Case Allocation:</td>
<td>Not applicable</td>
<td>Accepted referrals at the ART-ACIT 08:45 Intake meeting</td>
<td>Assessed at the ART-ACIT 08:45 Intake meeting, except for ‘active’ clients where the North/East Clinician must be contacted</td>
</tr>
<tr>
<td>Case Prioritisation:</td>
<td>Dependent on urgency, risk and capacity</td>
<td>Dependent on urgency, risk and capacity</td>
<td>Dependent on clinical capacity and urgency/risk</td>
</tr>
</tbody>
</table>

**Case Prioritisation:**
- Dependent on urgency, risk and capacity

**Case Allocation:**
- Not applicable

**Phone number:**
- 08 6229 3104
- 9429 5000 (Admin)

**Facsimile:**
- 08 6229 3104

**Location:**
- Building No. 14 (Psychiatry) Princess Margaret Hospital SUBIACO
- 993 Wellington Street, WEST PERTH

**Referral Criteria:**
- Persons to 18 years of age who are experiencing acute mental health and emotional distress, and their families, main carer or support agency who may require general support and advice
- Persons to 18 years of age who are experiencing acute mental health and emotional distress, and their families, main carer or support agency who may require general support and advice

**Referral Source can be:**
- A referral to ART can come from any source including a self-referral, family, support person, care provider through to Emergency Department within other Hospitals, Adult mental health services, MHERL, RuralLink, Crisis Care, Lifeline and Kids Helpline.

**Referral Criteria:**
- Persons to 18 years of age
- Acute risk- active suicidal ideation, plan and intent
- No other mental health service involved
- Case to case review of clients linked to other services- and ability to manage/contain risk
- Risk assessment
- Decompensation of existing mental illness
- Repeated/several presentations at an Emergency Department
- Level of risk is unable to be contained by existing service
- Diagnostic criteria
- Level of risk and/or vulnerability to the themselves (consumer) and/or the level of risk to others
- Lack of protective factors
- Emerging Major mental illness

**Referral is the same as ACIT Central,**
- Except for the below:
  - No other mental health service involved, with the exception of Community CAMHS in Hillarys, Swan and Clarkson

**Referral Source can be:**
- Referral received and processed through the existing ART-ACIT pathway and then allocated to North/East
- Referral can come through Hillarys, Swan or Clarkson Community CAMHS for:
  - A ‘not yet PSOLIS activated’ (on waitlist) client seen in the clinic at the referring Community CAMHS location; or
  - An ‘active’ client for a crisis/high-risk response using a ‘co-working/partnership approach with weekly review for a maximum of 2 weeks.

**Referral can come through Hillarys, Swan or Clarkson Community CAMHS for:**
- From ART, PLN and Bed Flow Triage Officer
- Received post discharge from PMH Ward 4H and Bentley Adolescent Unit (BAU)
- Pre-admission work-up and or diversion from Ward 4H and BAU and requests for assistance from other PMH psychological medicine programmes
- Choice and Partnership Approach (CAPA) Rockingham (CAMHS high risk clients)
Appendix 4 – Community CAMHS Catchment Regions
Appendix 5 – Mission Australia’s Theoretical Concepts – extended

What is the proposed methodology and approach?

Mission Australia is a non-denominational community service organisation that has been transforming lives for more than 150 years.

Mission Australia recognises, understands and experiences the gap in the availability of services and supports for children and their families who experience a mental health crisis.

The methodology and approach for the Children and Family Support Service is underpinned by core philosophies, including:

**Person/Family Centred Approach:** This approach reinforces that the family know their needs and children best, that with assistance they can solve their own problems using a strengths based approach. Personal goals and needs are identified, and used as a basis to choose and plan appropriate services and support.

**Self–Directed Practices:** This occurs along a continuum and is about people being at the centre of determining what they need and how services work for them. Its premise is self-determination and its objective is to shift users from passive consumers to active participants in service design, delivery and direction.

Self-directed practices have significant benefits for individuals and their families.

- Empowers people to tailor their family support plans to their needs, giving them greater control, personalising care and allowing families to address wider aspects of wellbeing
- Enhances ‘user satisfaction’ based on evaluation findings
- Achieves greater consumer choice/power and encourages services to be more responsive to consumer needs, fostering increased innovation
- Focuses on recovery/strengths rather than symptoms/deficits
- Provides greater financial transparency
- Results in substantial direct cost savings across the social care budget (in the United Kingdom savings of 10% and 45% have been achieved previously through self-directed practices)
- Results in indirect cost savings which are derived from reduced demand for crisis support, since personal budgets put people in control of their own lives and as a result they become more stable.

**Empowerment:** Mission Australia applies an empowerment approach to increase the capacity of individuals, families and communities to make informed choices and to transform those choices into desired actions and outcomes. Mission Australia uses therapeutic interventions and collaboration with other community services to assist
individuals and families to develop their ability and capacity to successfully manage their lives.

**Solution Focussed Brief Intervention:** This is a short term and goal focused therapeutic approach, whereby the focus is on what families want to achieve rather than on the problem. The approach is present and future focused, looking at solutions and the already present client resources to build upon and become the basis for ongoing change.

**Strengths-Based Approach:** We focus on the inherent strengths and capabilities of each individual and the family as a whole. Mission Australia believes that the most effective way to build the strengths of an individual and families is to facilitate an awareness of the strengths they already possess. Through this, we build resilience and self-esteem.

**Collaborative Care Model:** This model will ensure that individual professionals and service providers are flexible and fluid. That they have the capacity to respond to the changes of Family Support Plans in a timely and efficient way, rather than the family needing to navigate between multiple professionals and services.

**Systems Theory:** Mission Australia does not see an individual in isolation, but in the context of broader systems of family, friends, community and services. We know this is of particular importance for Aboriginal and Torres Strait Islander Australians and Culturally and Linguistically Diverse (CALD) families.

**Cultural Competency Principles:** Mission Australia upholds a robust standard of cultural security by: identifying cultural needs; reviewing programs to ensure they meet needs of Aboriginal and CALD communities; monitoring and evaluating service activity and continuously implementing modified and improved service delivery practices.

Mission Australia has well established cultural competency principles which ensure the ongoing cultural security for Aboriginal and CALD communities accessing our services across the nation. The principles underpinning our commitments include:

- **Culturally respectful foundation** – Recognises the diversity of Aboriginal cultures and respecting the culture of the local Aboriginal community.
- **Cultural responsiveness** – Ensures staff have the necessary abilities and skills to work effectively across cultures and to provide a service that meet the needs of Aboriginal people.
- **Cultural proficiency** – Where cultural diversity is highly valued, active research takes place and self-determination is promoted and supported.
- **Cultural safety** – Ensures that the environment is welcoming for Aboriginal people and that there is an awareness of the power dynamics of cross-cultural interaction. Cultural competence needs to be built over time, and requires a whole-of-agency approach with strong and committed leadership across all levels.
Mission Australia works to an evidence-based, continuous improvement framework which provides the organisation with a platform to design and implement innovative and sustainable models of practice that are contextualised to suit clients from both Aboriginal and Torres Strait Islanders and Culturally and Linguistically Diverse backgrounds.

Mission Australia provides regular **Cultural Competence Training** that is accessible to all staff and provides such tools as **Cultural Mapping** that staff can utilise when working with Aboriginal Australian and CALD clients. Mission Australia has also identified and developed appropriate protocols that are in place to support Mission Australia working with Aboriginal Australian and CALD communities. The cultural appropriateness of Mission Australia’s services are continuously reviewed including such considerations as service environments, publications, approaches to service delivery, protocols (e.g. meetings starting with an acknowledgement of country) and relationship building with the local community (formal and informal).

When working with families from different cultures and backgrounds Mission Australia understands the importance of engaging the family and kinship network to obtain optimal outcomes for all parties involved. Our staff will take into account the family’s history, relationships and connections, what location they are from to provide innovative, flexible, and holistic support to Aboriginal and CALD families.

The cultural mapping tool process is used across many of our services and staff in this service will have access to this training. Staff use cultural mapping within their work to assist them to understand where a person comes from, and their important relationships between families and their communities. The Cultural Map identifies the families’ relationships and how these relationships interact with each other. It also provides a picture of the family’s community connections and the social factors that impact on their life. It highlights issues including mental health, loss and grief and access to culturally appropriate services. We have found that cultural mapping is crucial in assisting staff to identify key relationships and the social and emotional needs of the clients. It is our experience that this process encourages the building and maintenance of healthy relationships, assists with the development of tailored family support plans and respects the families’ strengths and understanding that families know their children best.

**The Mission Australia Reconciliation Action Plan** - In 2009 Mission Australia became the first welfare organisation in Australia to launch a Reconciliation Action Plan (RAP) – a strategy to reduce the gap in living standards between Aboriginal and Torres Strait Islander Australians and non-Aboriginal Australians through **four key elements**:

1. Employment, recruitment and career development policy;
2. Education of our staff in relation to Indigenous culture, practice and respect;
3. Ongoing commitment to partnership with local and national Indigenous networks; and
4. Participation in community education and celebratory events.

Mission Australia also has a **Community Services Information Management System (MACSIMS)**. This is a consumer record management system customised to meet the
requirements of each program based on an established workflow product. MACSIMS is used to effectively:

**Store and manage consumer information**

- Store secure and confidential client information, providing a consolidated view of an individual/family journey
- Track individual and family-related tasks through efficient entry of client interactions, where staff identify types and methods of services delivered to clients
- Track referral pathways
- Document access to internal and external services and activities
- Document, track and review Case Plans (Family Support Plans)

**Generate data for advocacy**

- By collecting data and accessing reports at client, service and organisational level
- As a tool for understanding client demographics and identified needs
- Evidence to contribute more effectively on identified, changing needs of our clients

**Produce reports to reduce duplication and manual effort**

- Through generating quantitative evidence for funding and line reports
- By retrieving reports on relevant data for planning purposes (case work, service, and organisational)

Mission Australia has the capacity to offer MACSIMS as an effective tool to document and capture, retrieve and analyse individual and family activity data, and measure service effectiveness. MACSIMS is a one-of-a-kind tool that adds significant value to our delivery of services.

Our **core expertise** includes:

- **Place-based community development**: Work in partnership to help find long-term, sustainable solutions to community issues
- **Case management for individuals**: Work with people to coordinate services that help them along appropriate pathways and to get their lives back on track
- **Evidence-based practice**: Learn from and share what works well to deliver best outcomes for individuals, families and communities
- **Early intervention**: Provide support early on to prevent things from getting worse
• **Prevention:** We work to stop problems before they start so people can reach their potential

Mission Australia incorporates a child-centred and family focused approach into the design and delivery of our wide ranging children and family *early intervention and prevention* services. With this basis and experience Mission Australia supports clients with an emphasis on:

- Developing tailored Support Plans in conjunction with child, young person and family ensuring all parties have a voice in its development
- Recognising the different needs of each member of the family
- Recruiting staff who are familiar with working with children/young people and adults
- Building child and family satisfaction questions into each review of Support Plans
- Utilising individual transition/exit plans
- Ensuring staff have experience working with both children and parents
- Fitting services around the clients
- Offering programs and support at a range of times and days suiting all family types
- Accessing brokerage funds to ensure families’ immediate and pressing needs are met
Appendix 6 – Mission Australia Reconciliation Action Plan 2010

Reconciliation Action Plan 2010

This Reconciliation Action Plan is an agreed strategy of how Mission Australia intends to contribute to the huge task of reducing the disturbing gap between Aboriginal and Torres Strait Islander and non-Aboriginal Australians.

A full version of this Action Plan can be requested from Mission Australia.
Appendix 7 - Mission Australia Information Brochure for Youth

Being a child or young person with a mental health issue can be really hard.

We are here to help make it easier for you.

Mission Australia’s Child and Family Support Service provides a range of support for children and young people (up to 18 years of age) and their families, caregivers and support networks who are dealing with a mental health issue.

As part of our service we assist with helping connect you and your family/caregivers to services and support which best meet your needs. Refer to our service is very easy. Please call the Child and Family Support team on 08 9225 0400 and ask about how you can access support.

Telephone numbers if you are in crisis and need urgent help:
- Mental Health Emergency Response Line: 1300 555 766
- Acute Response Team: Provides specialist mental health information, assessment and support for young people up to the age of 18, and their families. 8am – 10pm 08 9349 0222 ask for Psychiatric Liaison Nurse (PLN) on page 2065
- Kids Help Line: 1800 551 800
- Parenting Help Line: 6279 1200
- Family Help Line: 9293 1100
- Sexual Assault Resource Centre: 9340 1828

Youth Line Samaritan: (confidential, non-religious, 24 hours) 9388 2500
- Crisis Care: (Crisis Counselling, emergency accommodation and food) 9223 1111
- Alcohol and Drug Info Service: 9442 3003
- Gay and Lesbian Counselling Service: 9207 2201

Websites that can also help:
- Bullying: bullying.com.au
- Men’s Domestic Violence: beyondblue.org.au
- Domestic Violence: beyondblue.org.au
- Drugs and Alcohol: health.gov.au
- Mental Health Issues: headspace.org.au
- Sexual Health: staysafe.com.au
- Relationships: relationships.com.au

Mission Australia Western Australia
Suite 2, 344 Waverley Road
Osborne Park, WA 6017
Ph: 08 9225 0400
Appendix 8 – Mission Australia Information Brochure for Parents

Supporting a family member with a mental health issue is one of the toughest jobs around.
We are here to help make it easier.

Raising children and young people can be hard. It is even tougher if you, your child or a young person in your family is struggling with their mental health and wellbeing.

Mission Australia’s Child and Family Support Service provides a range of support for children and young people (up to 18 years of age) and their families, caregivers and support networks who are dealing with a mental health issue.

As part of our service we will assist with connecting you to services and support which best meet your needs. Referral to our service is very easy. Please call the Child and Family Support team on 08 9225 0400 and ask how you can access support.

Telephone numbers if you are in crisis and need urgent help:
Mental Health Emergency Response Line 1300 555 788
Acute Response Team
Provides specialist mental health information, assessment and support for young people up to the age of 18, and their families.

Gam - 10pm 1800 048 636
After 10pm 08 9340 8222
ask for Psychiatric Liaison Nurse (PLN) on page 2065

Kids Help Line 1800 551 800
Parenting Help Line 6279 1200
Family Help Line 9223 1100
Sexual Assault Resource Centre 9340 1108
Youthline Samaritan (confidential, non-religious, 24 hour) 9340 2506
Crisis Care
(Emergency Counselling, accommodation and food) 9223 3111

Alcohol and Drug info service 9442 5000

Gay and Lesbian Counselling Service 9420 7201

Websites that can also help:
Bullying: bullying.com.au
Depression: beyondblue.org.au
Domestic Violence: bustinthebubble.com
Drugs and Alcohol: daa.health.gov.au

Mental Health Issues
reachout.com.au
headspace.org.au
sane.org.au

Relationships
relationships.com.au

Sexual Health
lhst.nysafe.com

Mental Health Information
Mission Australia
Suite 2, 94 Nadir Road
Osborne Park WA 6017
08 9225 0400
Appendix 9 - Children and Family Support Service, Mission Australia Organisation Profile
## Appendix 10 – Referral Form to Mission Australia from CAMHS

**Child and Family Support Service**

### REFERRAL FORM

**Referring Agency**

<table>
<thead>
<tr>
<th>Referring Agency</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Today’s date</td>
<td>Date referral received</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Has client safety plan been attached?</td>
<td></td>
</tr>
<tr>
<td>□ yes □ no</td>
<td>Contact details of worker that made referral</td>
</tr>
<tr>
<td></td>
<td>Name:</td>
</tr>
<tr>
<td></td>
<td>Job title:</td>
</tr>
<tr>
<td></td>
<td>Phone:</td>
</tr>
<tr>
<td></td>
<td>Email:</td>
</tr>
</tbody>
</table>

**Young Person**

<table>
<thead>
<tr>
<th>Young Person</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Alias/es</td>
</tr>
<tr>
<td>Date of birth</td>
<td>Age</td>
</tr>
<tr>
<td>Identified gender</td>
<td>Mobile number</td>
</tr>
<tr>
<td>Address</td>
<td></td>
</tr>
</tbody>
</table>

**Primary Carer/Family Information**

<table>
<thead>
<tr>
<th>Primary Carer/Family Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
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**Cultural Identity**

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<td>Other Australian</td>
</tr>
<tr>
<td>Unknown</td>
<td>Not specified</td>
</tr>
<tr>
<td>Interpreter required?</td>
<td>□ yes □ no</td>
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### Presenting Issues

**Details:**

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<th>Substance misuse?</th>
<th>Details:</th>
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<td></td>
</tr>
<tr>
<td>☐ no</td>
<td></td>
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</table>

### Identified Risks / Flags

<table>
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<th>Consent for referral</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent/guardian/carer</td>
</tr>
</tbody>
</table>

**Name...........................................**  **Signature...........................................**  **Date..................**

**Phone contact number:** .................................................................

### Referring agency

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Name.......................<strong>Signature...........................................</strong>  <strong>Date..................</strong></td>
</tr>
</tbody>
</table>
Appendix 11 - Mission Australia Qualitative Criteria outlining Operational Procedures

Operational process behind each Qualitative Criteria:

1. Referral
   - Referrals into the Children and Family Support Service will come from the Clinical Provider.
   - Families with a child or young person who has serious emotional and mental health needs will be referred into the service

Referral

1. Referral received via secure email address. An automated email acknowledging receipt of referral is generated to the referring agency.

2. The Program Manager will assess and allocate the referral to the relevant Case Manager.

3. Case Manager will make contact with the family within 1 – 2 working days and schedule in an initial appointment.

4. Case Manager will complete a contact log in which they will record attempted contact and contact made with the family and also any external contact made relating to the family.

2. Initial Meeting
   - Families are provided with information about our services, their rights and responsibilities and provided with contact details for after hours support.

Initial Meeting

1. The Case Manager will meet with the family within 5 – 7 working days

2. Case Manager to provide family with information around service provision. Case manager will discuss confidentiality (form to be signed), complaints procedures and
client rights and responsibilities. The family will be provided with an information pack around these topics.

*Between stage 2 and 3 the Case Manager to contact nominated family member to enquire whether the family would like to proceed to assessment. If the client does not want to proceed the Case Manager will contact the referring agency and provide an update. If the family would like to proceed the Case Manager will schedule in a date and time for assessment and create a case file for client.*

### 3. Assessment

- The CAFSS Case Manager together with the child, young person and family and other significant people in the child or young person’s life, assess the needs, goals and aspirations of the individual and the family (where appropriate).

### Assessment

1. Using the CAFSS assessment tool a formal assessment will be completed.

2. Case Manager will request that the family complete the pre evaluation form.

3. Case Manager and Family will complete the agency specific Release of Information form.

4. On return to the office the Case Manager to complete the MA Risk Assessment form.

5. Case Manager to submit the Risk Assessment form to the Program Manager for approval. Once approved Risk Assessment form to be kept in relevant section of client case file.

### 4. Tailored Case Management & Family Support Planning

- Personal goals and needs are identified, and used as a basis to choose and plan appropriate services and support, and to inform the Family Support Plan.
Tailored CM and Family Support Planning

5. Case Manager will develop a tailored case management and Family Support Plan together with the family in line with MA National Case Management Approach.

6. The Case Manager will work with the family to tailor their Family Support Plans to their needs, giving them greater control, personalising care and allowing people to address wider aspects of wellbeing.

7. Assist the family to identify individual strengths and collective capacity to meet the needs of the child and support the family.

Family Support Plan

1. Identify support services and post support strategies.

2. Agree on how brokerage funds will be utilised and timelines for support.

3. The Case Manager will provide initial coordination and facilitation to assist the family to implement their plan; will advocate for and work with the family to ensure they have access to support and activities identified in their plan and mentor and encourage families to self-direct.

4. Family Support plans will be reviewed regularly at agreed intervals to update and make changes and be more responsive family needs.

*All brokerage expenditure requests to be submitted in writing to the Program Manager for approval and 24 – 48 hours’ notice required. Once approved the requested brokerage amount will be loaded on to a Client Value Cards (CVC) and provided to the Case Manager.
Brokerage expenditure is to be recorded on the brokerage spread sheet and entered on MACSIMS under the expenditure tab. CVC cards to be returned to the Program Manager with the completed CVC expenditure spread sheet to be unloaded on Finance 1 by 27th day of each month* Please refer to the CVC CS Procedures via the intranet for further information.

6. Post Family Support Services

- Post family support strategies will be documented in the Family Support Plan and discussed at each review.
- Families are able to choose and control the outcomes they seek to achieve, the types of supports the use, who provides them, how they are designed and provided and how resources can be utilised etc.

Post Family Support Services

1. Prior to exit the Case Manager will conduct an exit strategy plan with the family this will include post support strategies and linkage to agencies which can provide ongoing support as appropriate.

2. The family and child or young person will be asked to complete a Post Evaluation form on exiting the service.

7. Aftercare

- Mission Australia will maintain contact with families after the program exit to assist families to continue on in a positive trajectory.
- Follow-up with families will occur at (3 month and 9 month intervals) post program exit.

Aftercare

1. Case Managers will contact the families via phone or letter (if unable to make phone contact) at 1 month, 3 month and 9 months post program exit.
Mission Australia is committed to Service Excellence and in line with this staff will be provided with:

- Online induction to Mission Australia
- Face to face induction to Service
- Monthly Probation reviews for 6 months
- Regular Clinical Supervision in line with MA Clinical Supervision Policy
- Fortnightly Team Meetings
- Internal Case Management Conferencing
- Regular case conference meetings with the Clinical Team to discuss matters arising
- Internal Planning and Development Conferences
- Professional Development events with Clinical Team
- Annual Performance Review
- Performance Improvement Plan (if applicable)
- Access to Employee Assistance Program and State Chaplain

All Case Managers are required to undertake mandatory training requirements which include:

- Working with Culturally Diverse Clients
- ASIST/Gatekeepers
- Working with Aggressive or Challenging behaviours
- Mental Health First Aid for Youth
- Senior First Aid

Other training will include but not limited to:

- Case Management and Case Recording
- AOD training
- Relevant Mental Health training
- Other relevant training
Case Managers will be provided the opportunity to attend networking events to enhance knowledge of service providers in the area and to promote the service.

**Referral**

1. Referral Form
2. Program Brochure
3. Safety Plan

**Initial Meeting**

1. Confidentiality Agreement Form
2. Release of Information form – to/from CAFSS and CAMHS
3. Client Complaints Procedure
4. Client Rights and Responsibilities
5. Case Manager will complete a contact log in which they will record attempted contact/contact made with the family and also any external contact made relating to the family.

Referrals into the Children and Family Support Service will come from the Clinical Provider.

Families with a child or young person who has serious emotional and mental health needs will be referred into the service.

Families are provided with information about our services, their rights and responsibilities and provided with contact details for after hours support.
Assessment

1. Pre Evaluation Form – child/young person
2. Pre Evaluation Form – Family/Support Network
3. Assessment Tool
4. Agency specific Release of Information form
5. Mission Australia Risk Assessment Tool

Tailored CM and Family Support Planning

1. Family Support Plan
2. Young Person Support Plan (as appropriate)
5. Family Support Plans

- The CAFSS Case Manager will work with the family to tailor their Family Support Plans to their needs, giving them greater control, personalising care and allowing people to address wider aspects of wellbeing.
- Assist the family to identify individual strengths and collective capacity to meet the needs of the child and support the family.
- Identify support services and post support strategies.
- Agree on how brokerage funds will be utilised and timelines for support.
- The CAFSS Case Manager will provide initial coordination and facilitation to assist the family implement their plan; will advocate for and work with the family to ensure they have access to support and activities identified in their plan and mentor and encourage families to self direct.
- Family Support plans will be reviewed regularly at agreed intervals to update and make changes and be more responsive family needs.

6. Post Family Support Services

- Post family support strategies will be documented in the Family Support Plan and discussed at each review.
- Families are able to choose and control the outcomes they seek to achieve, the types of supports the use, who provides them, how they are designed and provided and how resources can be utilised etc.

Family Support Plan

1. Ongoing reviews of Family Support Plan(s)

2. Appropriate referrals as deemed necessary

Post Family Support Services

1. Exit Plan to be completed with family

2. Post Evaluation Form – child/young person

3. Post Evaluation Form – Family/Support Network
7. Aftercare

• Mission Australia will maintain contact with families after the program exit to assist families to continue on in a positive trajectory.
• Follow-up with families will occur at (3 month and 9 month intervals) post program exit.
Appendix 12 – Mission Australia Client Complaints Procedure

CLIENT COMPLAINTS PROCEDURE

1. Discuss complaint with your Case Manager or another service staff member.

2. If issue remains unresolved discuss complaint with Program Manager by phoning: 0427 023 928

3. If you are not happy with the progress of your complaint, call the Area Manager by phoning: 0438 916 325

4. If issue remains unresolved, a service outside of Mission Australia can be contacted to assist. e.g. Ombudsman
References


10. Refer to Section 206 – Confidentiality under the *Mental Health Act (1996) WA*


20. Mindframe ibid