HIV/AIDS, NSW Supported Accommodation Plan 2007-2010

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Summary: The NSW HIV/AIDS Supported Accommodation Plan 2007-2010 provides a statewide strategic policy framework to guide the development and provision of appropriate services to people with HIV/AIDS who are unable to live independently in the community or require support in daily living. The Plan identifies strategies for coordinated and prioritised access to services.

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HIV/AIDS supported accommodation plan
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The purpose of this document is to provide a statewide strategic policy framework to guide the development of appropriate services to people with HIV/AIDS who are unable to live independently in the community or who require some level of support to perform the tasks of daily living. This document has been informed by the NSW HIV/AIDS Care and Treatment Services Needs Assessment (2004) and the Review of HIV/AIDS Supported Accommodation (2006) and should be implemented within the framework of the NSW HIV/AIDS Strategy 2006–2009 (PD2006–072). The NSW HIV/AIDS Strategy identifies priority populations, including people from priority culturally and linguistically diverse backgrounds and Aboriginal people. The NSW HIV/AIDS, Sexually Transmissible Infections and Hepatitis C Strategies: Implementation Plan for Aboriginal People 2006–2009 (GL2007–002) provides a tool to assist the effective implementation of the NSW HIV/AIDS Strategy in relation to Aboriginal people and should also be referred to in planning activities and initiatives arising from this document.

Introduction

The majority of people living with HIV/AIDS in NSW live independently within the community and are able to perform tasks of daily living without support. However, a number of people living with HIV/AIDS across NSW require some level of support to live independently. This support ranges from limited assistance with tasks of daily living to 24-hour care and/or supervision for the management of behavioural or medical conditions. This support may be provided within an individual’s existing accommodation or within a specific facility.

The NSW AIDS Program works in partnership with the Departments of Housing and Ageing, Disability and Home Care and the Office of Community Housing and allocates over $4 million annually for the provision of specialist supported living services to people living with HIV/AIDS to meet the needs identified above. Historically, HIV supported accommodation services were established in response to a range of needs, many of which have changed significantly since the advent of effective HIV therapy.

In the 1980s HIV supported accommodation services emerged to provide step-down or respite care to meet the needs of people experiencing acute illness episodes and requiring palliative care. Supported accommodation capacity was expanded in the 1990s to provide a higher level of care, partly in response to the increased number of people being diagnosed with AIDS Dementia Complex and other HIV-related psychiatric conditions. The acute nature of HIV-related illnesses and limited life expectancy of people living with HIV/AIDS meant that supported accommodation services were provided with the expectation that intensive support would be provided on a short-term basis.

From 1996, when new treatments for HIV/AIDS began to generate significant benefits to people living with HIV/AIDS in terms of increased well-being and life expectancy, clear shifts in service demands began to emerge. In 2004, in response to the evident changes in demand across the spectrum of treatment, care and support services, the NSW Department of Health commissioned a HIV/AIDS Care and Treatment Services Needs Assessment. In respect of supported accommodation, the Needs Assessment identified increased demand for longer-term supported accommodation that catered for an increased level of complexity and noted that other factors commonly compounded needs. For example, people living with HIV/AIDS diagnosed with AIDS Dementia Complex and AIDS-related psychiatric conditions commonly have multiple diagnoses eg, with psychiatric illness, intellectual disability, and alcohol and other drug related conditions. The increase in life expectancy following a diagnosis of ADC, from 11 to 48 months, had resulted in increased prevalence of the condition and a level of demand for long-term intensive support which had fully utilised, if not exceeded, the capacity of existing services. This level of service utilisation was seen as unsustainable in the long term, especially given that demand for such services appears likely to increase over time.
In this context, the 2004 Needs Assessment raised concerns about the effectiveness of the existing configuration of HIV/AIDS supported accommodation services to meet the current and long-term future needs of people living with HIV/AIDS, particularly in relation to meeting the increased demand of those with HIV/AIDS-related cognitive impairments and the availability of support options on a state-wide basis.

Based on directions recommended in the 2004 Needs Assessment a Review of the HIV/AIDS Support Accommodation was initiated and completed in 2006. The 2006 Review made a number of key findings, including:

- there were real and/or perceived barriers for people with HIV/AIDS in accessing mainstream services
- as a consequence, referral links between appropriate specialist and generalist services (ie drug and alcohol, mental health) with HIV/AIDS support services were not well-developed or seen as effective across the sector
- some services were struggling to meet a range of complex needs beyond their funding purpose and human resource capacity
- the NSW Health AIDS Program had a primary responsibility to prioritise the long-term HIV-related support needs of people living with HIV/AIDS at the higher support end of the supported accommodation spectrum.

The 2006 Review recommended the following strategies to meet current and future HIV-related needs while ensuring appropriate and effective referral of individuals with support or care needs for a range of concomitant non-HIV related conditions which impact on their ability to secure and sustain appropriate housing:

- improve coordination of access through a centralised assessment, intake and monitoring system
- develop clear eligibility criteria and defined priorities for access
- clarify roles and responsibilities of funded services
- improve links with, and partnerships between, HIV and non-HIV services at local and policy levels
- develop agreed standards for case-management, particularly case-management of people living with HIV/AIDS with complex care needs
- strengthen the capacity of the HIV sector to deliver or co-ordinate access to effective case management services.

This Strategy is based on the findings of the NSW HIV Supported Accommodation Review. It identifies priority objectives, strategies and actions to achieve directions identified.

It recognises the complementary elements in health services and policy directions of other agencies including the NSW Department of Housing, Office of Community Housing, Department of Community Services and Department of Ageing Disability and Home Care.

**Goal**

To ensure the provision of appropriate services whether residential or community based to meet the HIV-related support needs of people living with HIV/AIDS across NSW who are unable to live independently in the community.

In working towards this goal it is recognised that where a complex range of factors impact on an individual's ability to live independently, HIV-related support needs can not be dealt with in isolation. Health outcomes may be strengthened by early intervention, good case management and the coordination of, referral to and the support of linkages with both health and non-health services.

**Objectives**

1. Implement mechanisms for coordinated access to HIV supported accommodation services
2. Ensure resources are targeted on the basis of priority needs
3. Ensure models of care appropriate to client need
4. Address identified priority service capacity issues
5. Ensure services are provided in a transparent and accountable manner
6. Enhance capacity to manage complex needs
7. Strengthen links with welfare and other health services.
Statement of service principles

This Strategy recognises that many potential clients of HIV supported living services will have varying needs at different times following their diagnosis. The NSW response to these needs is based on the following principles:

- access is statewide regardless of the person’s place of residence
- the eligibility, allocation and monitoring of supported accommodation is coordinated
- allocation of access to services is based on priority of need
- flexible models of care are available
- the complex care needs of referred people living with HIV/AIDS are recognised and addressed in care planning
- care planning is in place for each service client and regularly reviewed. Care planning centres on the specific needs of individuals and maintains a rehabilitation focus. An exit strategy from HIV supported accommodation services is incorporated into care planning (where appropriate)
- decisions in care planning are based on the most appropriate service/s considering the individual’s needs and with recognition that the most appropriate service may be a mainstream health or a non-health service
- pathways are in place that strengthen links and partnerships between HIV specific services and mainstream health and non-health services that will facilitate the most appropriate service access for the individual person living with HIV/AIDS on the basis of his/her need
- the quality of service delivery is supported by appropriate attention to service level standards and competencies and to workforce skill development including skills in working with people from culturally and linguistically diverse backgrounds.

Eligibility criteria

To be eligible for HIV/AIDS supported accommodation, support must be required to perform tasks of daily living and HIV/AIDS must be the significant factor for the person with HIV/AIDS’ inability to live independently.

As a minimum, for a person living with HIV/AIDS to be eligible for supported accommodation they must:

- be a resident within NSW and
- be infected with HIV and
- have a cognitive or physical impairment which precludes them from living independently or
- have complex needs directly related to their HIV infection which prevents independent living.

Priority needs

The priority needs for HIV/AIDS supported accommodation were agreed on by service providers during finalisation of the 2006 Review. Access to supported accommodation will be allocated according to these identified priorities during the life of this Strategy:

**Priority 1** People living with HIV/AIDS unable to live independently due to medical conditions directly arising from their HIV/AIDS diagnosis. This would include people with:
- ADC (AIDS Dementia Complex)
- PML (Progressive Multifocal Leukoencephalopathy)
- cognitive impairment that is an HIV-related physical illness and/or disability.

**Priority 2** People living with HIV/AIDS with complex needs directly related to HIV and which result in an inability to live independently.

**Priority 3** Respite care for people living with HIV/AIDS and/or their carers, particularly to enable the development of sustainable support arrangements.

The key areas for action identified in this Strategy are based on the findings of the 2006 Review of HIV/AIDS Supported Accommodation. The final Report of the 2006 Review should be referred to for additional detail.
## Action plan

<table>
<thead>
<tr>
<th>Objective (What do we want to achieve?)</th>
<th>Strategies (What action do we want to take?)</th>
<th>Lead agency</th>
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</table>
| 1. Implement mechanisms for coordinated access to HIV supported accommodation services | ■ Appoint a HIV/AIDS supported accommodation centralised assessment and intake coordinator to be located within ADAHPS  
■ Establish and promote a clear pathway to a central referral point for supported accommodation services including on the website of each supported accommodation service  
■ Establish a Panel to review applications made to the central referral point  
■ Develop agreements with each statewide HIV/AIDS supported accommodation service that funding is conditional on service access being via the central referral point  
■ Review the role and responsibilities of the centralised assessment and intake coordinator position after a period of one year | SESIAHS/ADAHPS/ADAHPS/All funded services/DOH/DOH |
| 2. Ensure resources are targeted on the basis of priority needs | ■ Widely promote the definition of HIV/AIDS supported accommodation and priorities for these services including on the ADAHPS website  
■ Use a standard service application tool to assess all applications  
■ The centralised assessment and intake coordinator to assess access to services on the basis of the HIV supported accommodation priorities and make recommendations to the Panel.  
■ The Panel to review the intake recommendations on the basis of consistency with the identified priorities for HIV supported accommodation  
■ The centralised assessment and intake coordinator to make recommendations regarding appropriate service options to the referring health care worker should a referral not be accepted into HIV/AIDS supported accommodation services.  
■ Processes to be established for dispute resolution.  
■ The Panel to regularly review status of clients of the HIV/AIDS supported accommodation services (including the appropriateness of case plans and exit strategies where appropriate)  
■ Promote the pathway for accessing the ACON Housing Officer and strategies for best utilising this service including timely access | ADAHPS/ADAHPS/All funded services/Panel and Assessment/Intake Coordinator/Panel and Assessment/Intake Coordinator/ADAHPS/SESIAHS/Panel/ACON/PLWHA |
3. Ensure models of care appropriate to client need

- Consideration be given by supported accommodation services to specific needs including non-metropolitan access to facilities, gender, age and cultural factors
- Provide for flexible arrangements including the brokering of services or packaging of local services where appropriate
- Regularly review the capacity and models of service delivery in the context of changing client needs.
- Each service to review the workforce development needs of staff in consultation with the NSW Hepatitis C and HIV Workforce Development Program. Each service to have a workforce development plan that identifies pathways for meeting continuous training needs of each staff member

| All funded services | DOH/AHSs | DOH | DOH |

4. Address identified priority service capacity issues

The following are considered a priority for action:

- The Bridge – Increase service capacity to 15 residents and identify options, if feasible, for separating PML and ADC residents, and for improved physical access
- Foley House – Reconsider the service delivery model on basis of recognised best practice and the housing options available
- BG House – Review the current role of BG House with the view to realigning its available capacity on the basis of recognised statewide priorities and strengthening the capacity of the statewide configuration of HIV/AIDS supported accommodation services

| SSWAHS/The Bridge | SESIAHS/DOH | SESIAHS/BGF/DOH |

5. Ensure services are provided in a transparent and accountable manner

- access to brokerage funding
  - Develop transparent criteria for access to brokerage monies and make accessible on the ADAHPS website
  - Develop common performance criteria for inclusion in the Funding & Performance Agreement (F&PA) or Memorandum of Understanding (MOU) held with each service
  - Include additional criteria specific to individual services in the F&PA or MOU held with each service
  - The Supported Accommodation Coordination position at ADAHPS to develop and coordinate a Supported Accommodation Services’ Minimum Data Set (SAS MDS)
  - Incorporate regular reporting against the SAS MDS as part of the F&PA or MOU held with each service
  - Annually submit to the NSW Department of Health via SESIAHS a report on HIV/AIDS supported accommodation services including activity reported against the MDS and the distribution and expenditure of brokered care funding to AIDS/Infectious Diseases Branch
  - All NSW Health NGO program grant recipients to undertake independent and transparent quality improvement and service review processes through participation in legitimate quality improvement systems that incorporate relevant program-related standards designed to corroborate service capacity and comply with the funding and performance agreement with the funding agency

| ADAHPS | DOH/HARP Managers | DOH/AHSs | DOH/All funded services | DOH | ADAHPS | AHSs/NGOs |
6. Enhance capacity to manage complex needs

- AIDS Program funding to be provided to each AHS on the basis of the AIDS-RDF at a level appropriate to local population needs
- Include the management of the complex needs of people living with HIV/AIDS in planning processes including through case management and the tailoring of services given that local AHS planning for expenditure of their AIDS Program allocation must be targeted at priority needs
- Initiate a one-off project on effective referral, case coordination and behavioural management of PLWHA to evaluate strategies that provide improved outcomes in terms of achieving medical and behavioural stability

DOH

AHSs

Nominated AHS

7. Strengthen links and collaboration with welfare and other health services

- Addressing non-HIV service support needs
  - Initiate a one-off project to identify barriers to referral to non-HIV services including Home and Community Care Services (HACC), Mental Health and Drug and Alcohol. This will result in:
    - Action on the specific barriers to be addressed at the local and policy level and/or
    - Pathways being identified and efforts being made including through cross-agency agreements to appropriately refer/work with the mainstream agencies

Group – HIV Service Providers

HARP Managers & DOH

HARP Managers/ Local HIV Services

ACON

ADAHPS including The Bridge

■ Targeting housing needs

- Develop an information sheet for use by people living with HIV/AIDS and service providers on options for housing and how to access housing services including the role of the ACON Housing Officer, the NSW Department of Housing Special Subsidy Allowance and other arrangements.

■ Providing for chronic care needs

- Explore options for accessing mainstream services for chronic care needs that strengthen the range of options available to people living with HIV/AIDS, particularly nursing homes where appropriate and including where people living with HIV/AIDS meet the admission criteria of mainstream options such as the Housing and Support Initiative for people with mental illness

■ administration of services

- Explore options with individual services on the support required to effectively administer their service including the option of smaller services being partnered with larger services for assistance with salaries, reporting, training etc

DOH

Acronyms

- ACON AIDS Council of NSW
- ADAHPS AIDS Dementia and HIV Psychiatry Services
- AHS Area Health Service
- BGF Bobby Goldsmith Foundation
- DOH NSW Department of Health
- F&PA Funding & Performance Agreement
- HARP HIV/AIDS and Related Programs
- MOU Memorandum of Understanding
- NGO Non-Government Organisation
- PLWHA People Living with HIV/AIDS NSW Inc.
- RDF Resource Distribution Formula
- SESIAHS South East and Illawarra Area Health Service
- SSWAHS Sydney South West Area Health Service
- WDP Workplace Development Program
1. The appointment of a designated HIV/AIDS Supported Accommodation Centralised Assessment and Intake Coordination Officer located within ADAHPS. The role of this Officer will be to:

- receive applications for supported accommodation and ensure they satisfy the eligibility criteria
- prepare applications for presentation to the HIV Supported Accommodation Panel
- monitor vacancies within supported accommodation services and maintain a waiting list
- develop and maintain a statewide supported accommodation data base
- in conjunction with the primary case manager ensure that a care plan is developed and, where appropriate, an exit strategy
- ensure ongoing assessment and monitoring of the care plan and exit strategy
- liaise with external case-workers and other relevant service providers and stakeholders to coordinate appropriate services as required
- assist in the assessment of residents for exit from the HIV supported accommodation program, where appropriate
- identify barriers to access and any discriminatory practices as reported by applicants
- liaise with case-workers and other service providers to address the needs of those referred who do not meet the eligibility criteria.

The Officer will have the capacity to conduct and evaluate assessments of clients referred to the Panel but will not be directly involved in case management and planning.

2. The establishment of the HIV Supported Accommodation Panel with the following membership:

- a chair appointed by DOH
- the HIV/AIDS Supported Accommodation Centralised Assessment and Intake Coordination Officer
- a representative from a supported accommodation service other than ADAHPS
- representatives with mental health and AOD expertise
- a representative from PLWHA NSW, preferably with case management experience
- a representative from BGF

3. The Panel will establish a regular meeting schedule to assess all eligible applications for HIV supported accommodation. It will also need the capacity to deal with urgent applications.

4. The Panel will confirm that the applicant is eligible for supported accommodation, clarify the level and type of support needed, indicate the most appropriate service to accept the referral, and provide direction on the care plan and timeframe for its monitoring. A process for notifying the applicant and their case manager is identified.

5. The HIV/AIDS Supported Accommodation Centralised Assessment and Intake Coordination Officer will liaise with the designated HIV supported accommodation service regarding the referral

Each recommended supported accommodation service confirms suitability of the recommended applicant and liaises with the client’s case manager to initiate entry to the service. Individual supported accommodation services conduct the additional necessary processes to satisfy their entry requirements. A supported accommodation service provider has the capacity to conduct negotiations with the Panel over the suitability of the referral.