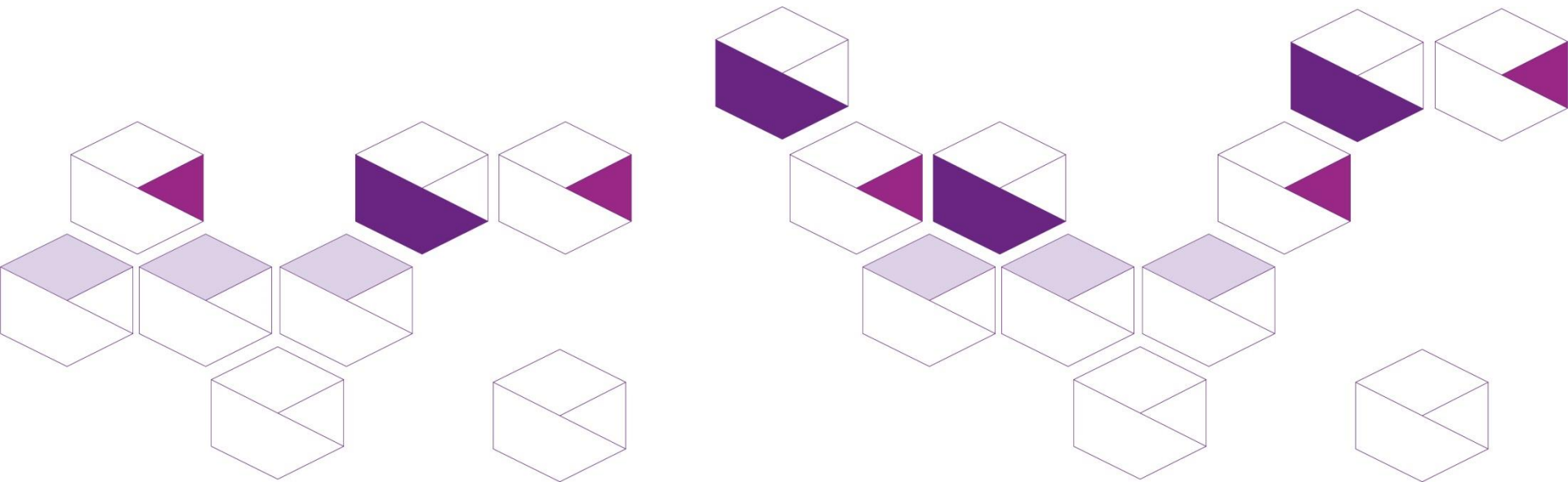




CoNeCT MHE

Complex Needs Coordination Team – Mental Health Expansion

Presented by Dr Alan Altham and Wez Serrano on behalf of CoNeCT MHE



Service Expansion Funding

(Emergency Access Response Program Funding)

CoNeCT received 4 years of block funding to reduce emergency presentations, and hospital admissions through the following service improvements:

Increase the **overall capacity** of CoNeCT

- Increase the **mental health scope** of CoNeCT to address the specific needs of patients with a primary mental health diagnosis including where support needs are outside the scope of community mental health services.
- **NDIS** – providing case coordination to optimise **NDIS** supports and prevent admissions due to insufficient supports.
- **Redesign** the CoNeCT program to build the skillset of clinicians around hospital avoidance skills & pathways.



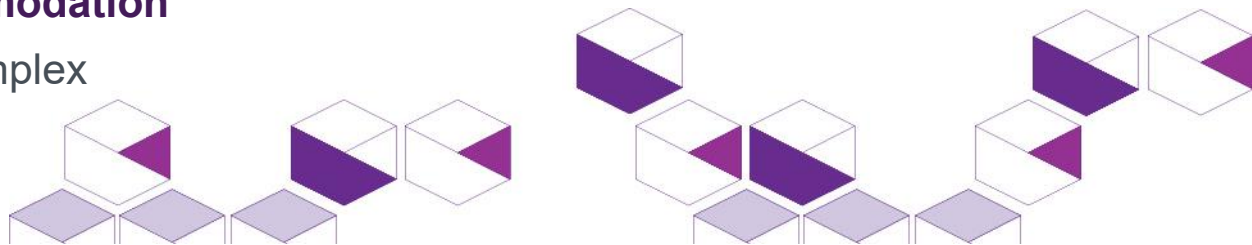
CoNeCT MHE Streams

NDIS – Referral model

- **Current NDIS** participant
 - **≥ 3 ED presentations** within 12 months
- OR
- >10 day** unplanned hospital admission
- AND
- An **insufficient level of supports** to manage safely in the community
- OR
- Loss, (or risk of) accommodation** and/or services due to complex behavioural issues

MH – Pull model

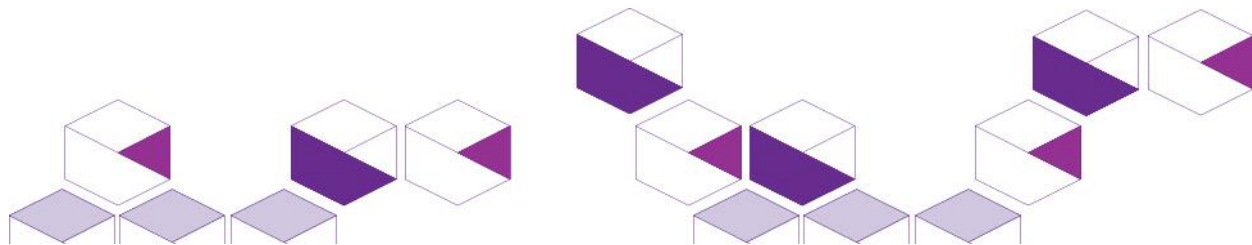
- Review the **top 300 presenters** to ED's over past 12 month period
- Target those with a **primary mental health, AoD**, social / behavioural diagnosis
- Gain **patient consent**
- Both Community Mental Health Team patients and those who are managed by their GP
- List is refreshed 3/12
- ED text alerts



Top Presenters to ED (2023)

Presentation 100 - 500	Presentations 50 - 99	Presentations 1 - 49	NFA = 9999 & 6999 postcodes	Last presentation over 3/12 ago
Latest Arrival Date Time	Current Presentations	MH presentations	Past Presentations	Catchment
10/03/2024	443	182	151	NFA
9/03/2024	139	65	68	NFA
4/03/2024	137	52	46	NFA
8/03/2024	100	13	10	NFA
23/01/2024	89	40	34	FSH
11/03/2024	85	8	9	NFA
9/03/2024	80	13	7	NFA
5/03/2024	79	41	37	RPH
16/01/2024	78	20	20	SCGH
11/03/2024	74	37	21	RPH
3/03/2024	74	27	26	NFA
11/03/2024	67	60	33	NFA
18/10/2023	64	47	67	NFA
10/03/2024	62	24	17	NFA
6/02/2024	60	47	43	NFA
17/02/2024	60	44	40	NFA
18/02/2024	60	39	30	NFA
10/03/2024	60	13	14	NFA
8/03/2024	59	31	17	NFA
9/03/2024	59	22	18	RPH
10/03/2024	59	13	13	NFA
9/03/2024	56	12	11	RPH
21/09/2023	55	29	29	NFA
14/01/2024	55	27	26	NFA
1/03/2024	53	31	26	NFA
9/03/2024	53	17	17	RPH
10/03/2024	51	33	20	NFA
4/02/2024	50	28	33	NFA

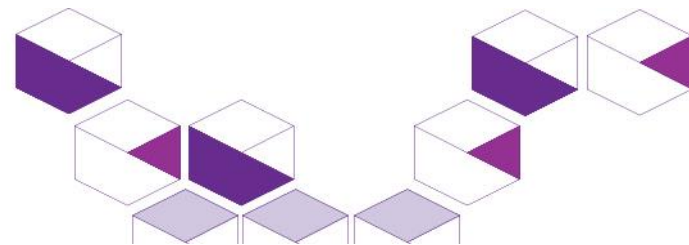
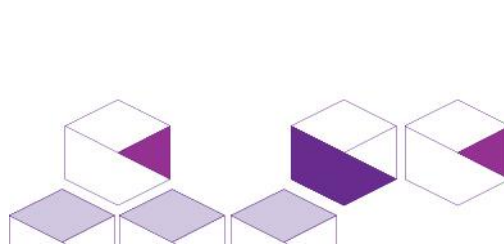
- Range of number of presentations = **31 – 390**
- Average number of presentations = **57**
- Median number of presentations = **43**
- Combined number of presentations = **5,094**
- **48 (53%)** individuals presented to **>1 ED**



CoNeCT MHE Staffing

The CoNeCT MHE Model of Care includes a highly skilled and experienced workforce consisting of:

- Consultant **Psychiatrist**
- P3 **Pharmacist**
- P3 **Complex Care Coordinators** (AH and Nursing)
- P2 **Complex Care Coordinators** (AH and Nursing)
- **Welfare Officers**
- **Peer Support**



What we do...



- Optimise **psychosocial supports**
- **Strengthen linkages** between systems
- Safeguarding including SAT applications and **addressing NDIS barriers/limitations**
- Coordinate **management of chronic health conditions** by engaging primary care providers
- **Collaborate with key stakeholders** to optimise client management plans
- Participate in case conferencing with stakeholders across the health system

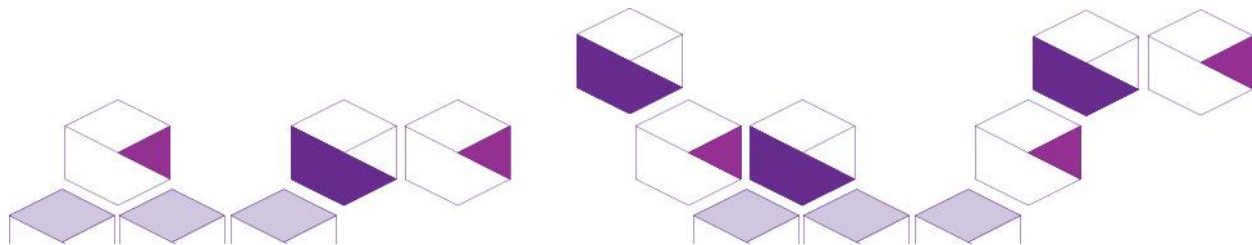


Innovations

- Engagement

Require a metro wide approach that does not exclude them from siloed services across HSPs.

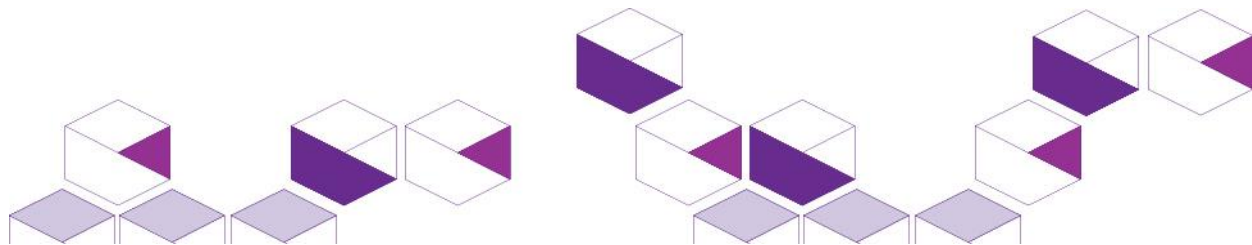
- Assertive Outreach
- Peer Support
- Welfare Officer
- Caseloads based on acuity and risk



Innovations

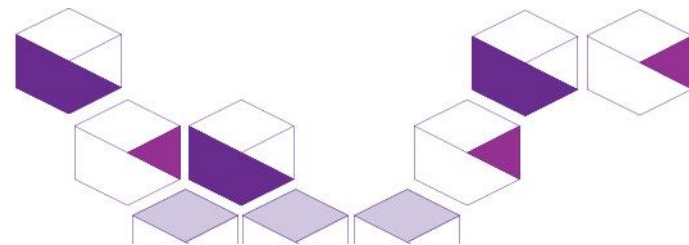
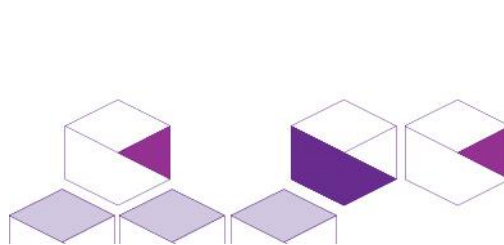
Partnerships

- Homeless Services
- Drug and Alcohol
- Mental Health Teams
- NDIS
- OPA
- Justice
- Emergency Services
- Emergency Departments



Current ED presentations August 2024 – July 2025

ED Presentations - Pre v Active and Post DC				Rate of ED Presentations per 100 Days - Pre v Post			WAU \$ efficiency - Pre v Active and Post DC	
Pre-referral measures	1446 Pre-Referral Count	156 Patient count	Change calculated as % difference from activity in the pre-referral period	23790 Total Days Pre-referral	6.08 Rate per 100 Pre-referral Days		\$1,206,206 Pre-referral WAU \$	Change calculated as % difference from activity in the pre-referral period
Active referral measures	262 Active Referral Count	52 Patient count	-81.9% % Change			Change calculated as pre-referral rate minus post discharge rate	\$232,359 Active Referral WAU \$	-80.7% Change WAU \$
Post Discharge measures	722 Post Discharge count	87 Patient count	-50.1% % Change	30744 Post Discharge Days	2.35 Rate per 100 DC Days	-3.7 Rate change	\$608,056 Post Discharge WAU \$	-49.6% Change WAU \$



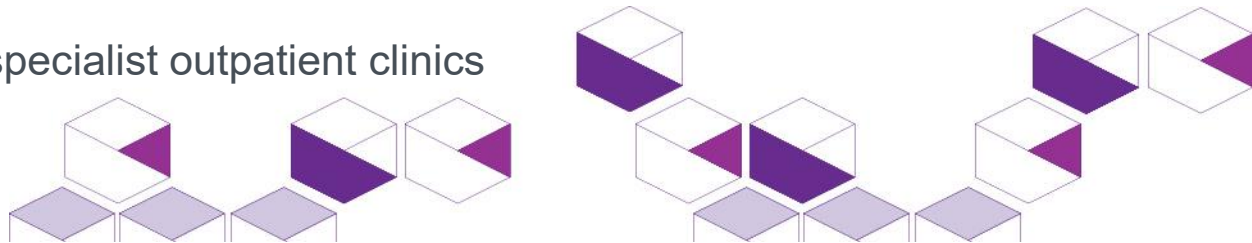
John's Story – An example of the CoNeCT MHE Patient

John's situation on referral to us

Prior to CoNeCT MHE engagement:

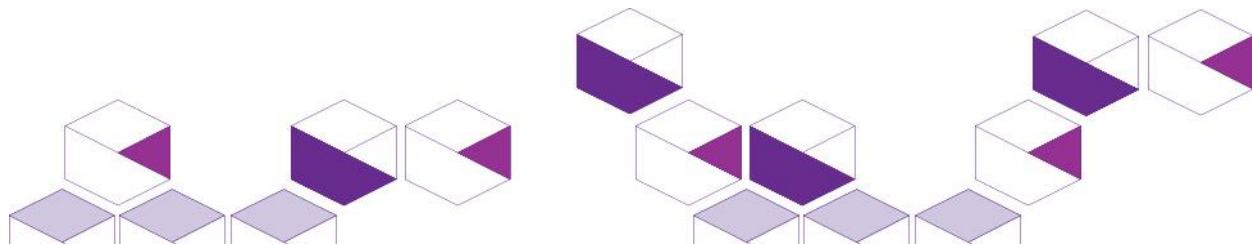
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- **81 presentations to ED in 2023**
- Many presentations in context of social circumstances or minor health concerns more appropriate to be managed by GP
- > 55yrs Aboriginal-identifying male
- Homeless, long-term following eviction from community housing, rough sleeping
- No phone
- No formal supports
- Nil social supports (sister interstate, elderly father rural WA)
- Poor GP engagement
- Discharged from several specialist outpatient clinics due to DNAs



John's fit – the CoNeCT MHE Patient

- John was accepted into CoNeCT MHE from the Top 250 presentations list.
- 81 presentations to emergency departments (ED)
- 4 presentations only since he moved into transitional accommodation.
- REDCap Activity Log – 128.
- Many presentations to ED were in context of health concerns that could be managed by GP & daily medication collection at local pharmacy or for some food and OJ with a bit of TLC.
- **Accepted into CoNeCT MHE in September 2023**

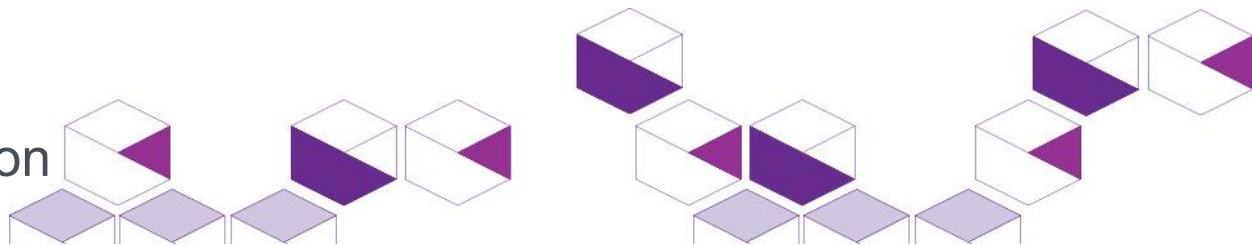


Example CoNeCT MHE Patient

John's Story

Prior to CoNeCT MHE engagement:

- Untreated chronic hepatitis C
- Poorly managed hepatic cirrhosis – Discharged from specialist due to DNA
- Poorly controlled hypertension
- Chronic lower leg ulcers
- Recurrent infections including hx bacteraemia -> sepsis from poor management
- Bipolar Disorder, well managed without CMHS on medication
- Alcohol dependence
- Chronic pain
- Declining mobility
- Extremely poor dentition

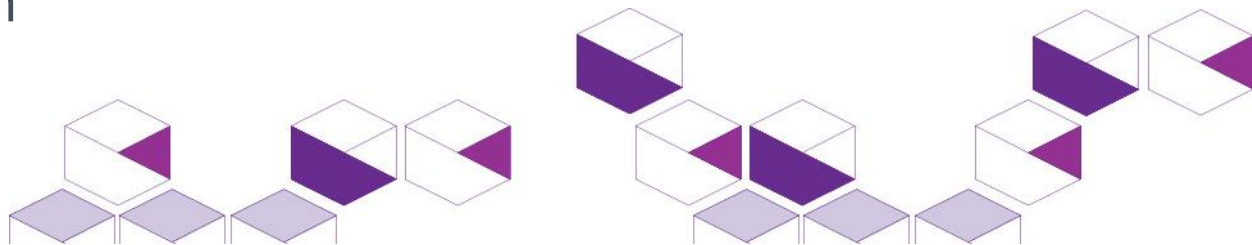


Example CoNeCT MHE Patient

John – What CoNeCT did

During CoNeCT MHE engagement:

- Accepted into CoNeCT MHE in September 2023
- To locate for appointments:
 - Rockingham foreshore
 - Local park – “walk half-way up the bush path and yell out”
 - Salvation Army Rockingham Drop-in Centre (T/W/F 9:00-1:00pm)
 - Leave a message/reminder with community pharmacy – Daily webster collection



How to find me ?



Try Cooloongup Skate Park - Just go 100 meters up this path and yell out, if I'm there I will answer.

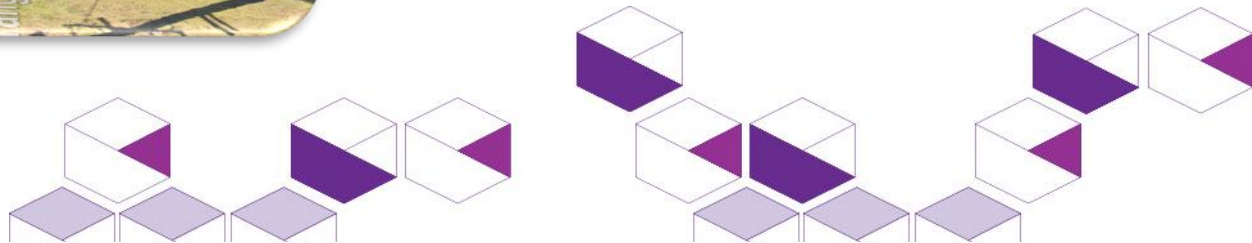


Salvos Drop-in

Try the foreshore in Rockingham, at the tree near the toilet block

Try the Salvos drop-in on open days (Tues/Wed/Fri 9am-1pm).

Try Pharmacy 777 for my daily medication pick- up, or leave a message for me there.



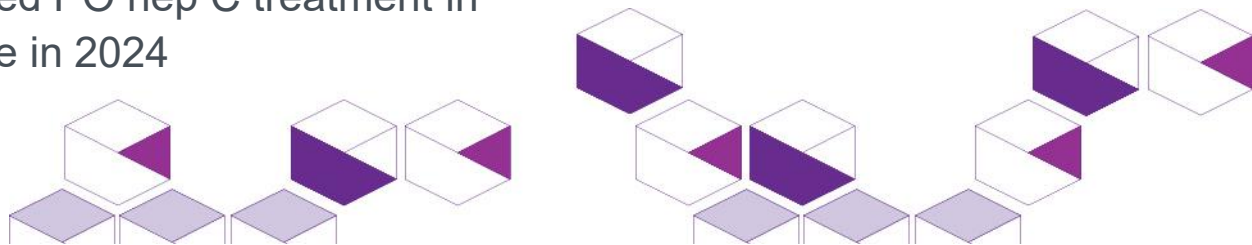
Example CoNeCT MHE Patient

John's care at CoNect - continued...

During CoNeCT MHE engagement:

Chronic disease management:

- Medication review
- Education on chronic conditions and improved self-management
- Re-engagement with outpatient clinics (FSH Gastroenterology/Hepatology)
- Referrals to appropriate specialists (RGH General Surgery, Falls Clinic, Physical Rehab)
- Wound management (GP, nursing)
- Improved monitoring / pathology (BP, bloods)
- Mobility aids obtained
- CMAS referral and continence aids obtained
- Commenced and completed PO hep C treatment in community, confirmed cure in 2024



Example CoNeCT MHE Patient

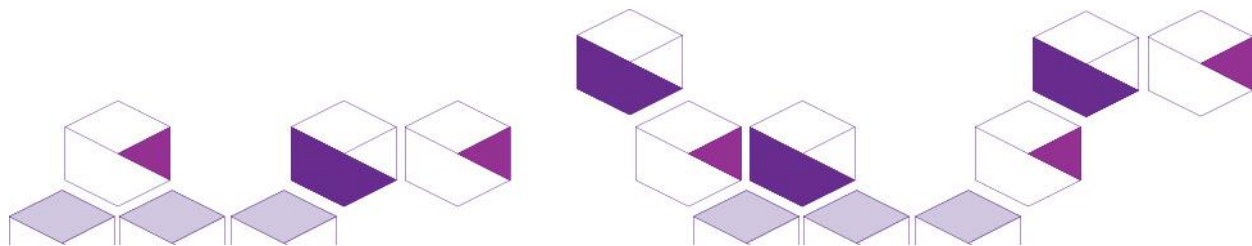
John's care at CoNect - continued...

Welfare Support:

- Replaced ID: Birth certificate, photo ID, bank card, smartrider (...repeatedly)
- Centrelink support
- Financial / budgeting assistance
- +++ practical support to improve self-management in community

Alcohol and other Drugs Support:

- Supported engagement with Salvation Army AoD team
- Alcohol minimisation support
- Referral to residential rehabilitation – Harry Hunter short-term admission, however medical destabilisation led to hospital admission

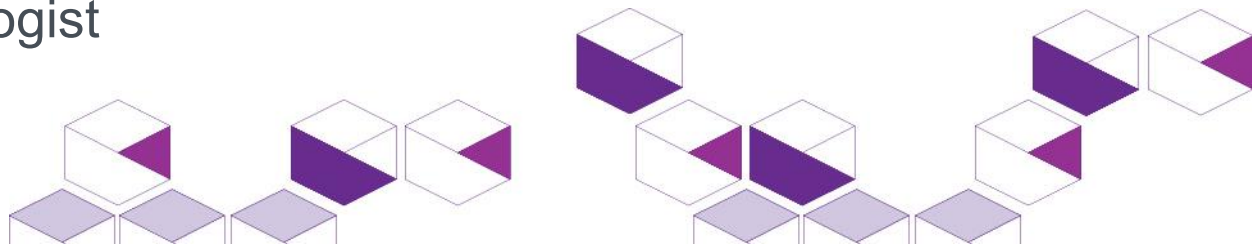


Example CoNeCT MHE Patient

Getting John stable housing

- Department of Housing applications
- DM100 applications
- Advocated for lead homelessness case worker assignment with RSCG
- Raised for low-barrier transitional accommodation
- Linked with new GP in new accommodation (HHC), new pharmacy (webster packs) and linked with psychologist via GP MH Care Plan

Successful applicant for St Barts L1 transitional men's housing – First stable roof over SL's head in many, many years

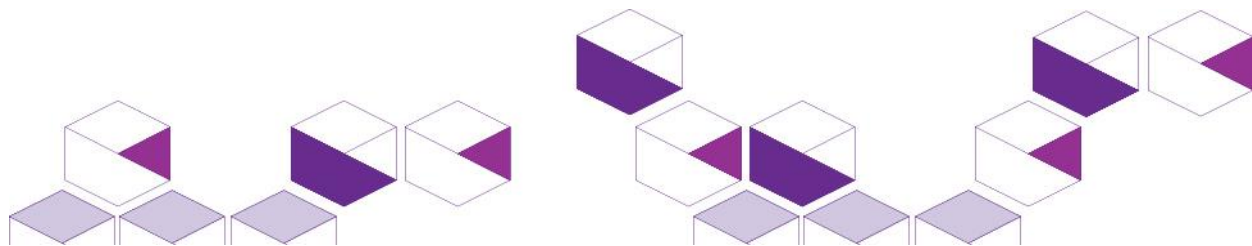


Example CoNeCT MHE Patient

John's care at CoNect – Medical and Aged Care needs

- Medical decline (mobility, continence, cognition) → My Aged Care referral, urgent ACAT assessment facilitated
- Completed the Regional Assessment Service (RAS)
- Approval for Commonwealth Home Support Program (CHSP); and to engage and implement supports – personal care, domestic, physiotherapy, nursing, community access supports etc
- Approval for L4 and Residential Aged Care Facilities (RACF)
- Applications for +++ Residential Aged Care Facilities

➡ **Accepted into Archbishop Goody Residential Care** 👍



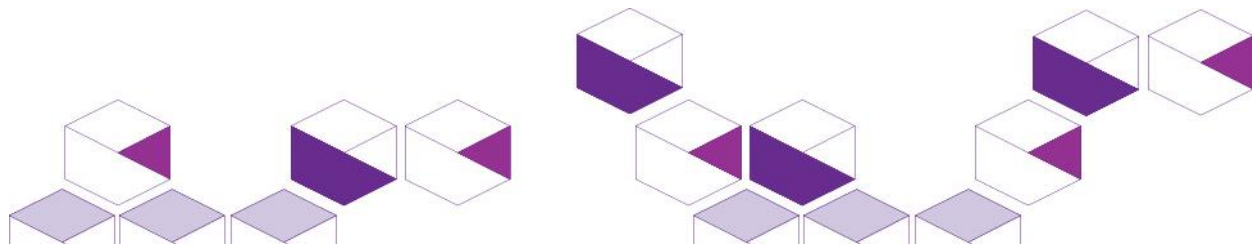
Example CoNeCT MHE Patient

John's Discharge from CoNect

On discharge from CoNeCT MHE:

- Long term stable housing at RACF with appropriate supports
- On-site GP, nursing and caring staff to assist with management and monitoring of chronic conditions
- Hepatic cirrhosis management back under FSH specialist
- On waitlist for hernia repair surgery with General Surgery
- Mobility aids, continence aids
- Alcohol use ↓↓↓ to minimal use (1-2/month)
- **ED presentations since moving into Residential Aged Care = 4**

! Reactivation with CoNeCT MHE in 2025: For State Administrative Tribunal (SAT) Hearing - ensuring John's preferences and family involved.

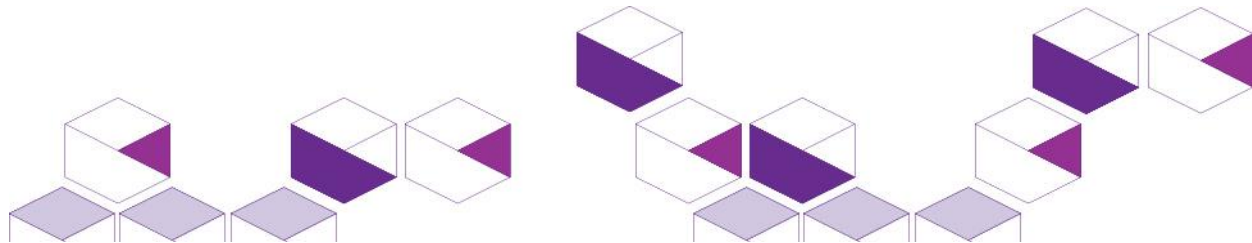


He says he has had the best night sleep in ages as he finally feels safe !

**Hear from
him on how
CoNeCS
MHE helped
him**



*Going into permanent care means that he will get to see his son again soon, whom he
hasn't seen for many years.*



Wesley Serrano – CoNeCT MHE Service Lead:

- Wesley.Serrano@health.wa.gov.au
- 0424 136 508

Rob Pollard – CoNeCT MHE South Team Lead:

- Robert.Pollard@health.wa.gov.au
- 0499 859 163

