

# HACC & Homelessness in Yarra

**Coordinating Services for Better Outcomes**

## **Agency Information Booklet**

*Prepared for  
HACC & Homelessness in Yarra Forum,  
18 November 2009*

On behalf of Yarra City Council and HomeGround Services with Funding from the Department of Health, NWMR.

**By Resolve Community Consulting**

---

**Contents:**

Introduction .....	2
Assessment Liaison Early Referral Team, St Vincent’s Hospital, ALERT .....	3
Council to Homeless Persons .....	5
Crossroads Youth and Family Services, Salvation Army .....	7
HomeGround Outreach Services .....	8
HomeGround Outreach Support Services.....	11
HomeGround Social Housing Advocacy & Support Program - SHASP .....	13
I’m an Aboriginal Dad.....	17
Jesuit Social Services .....	19
North West Aged Care Assessment Service – ACAS .....	23
North Yarra Community Health Service – NYCH .....	25
Regina Coeli, McAuley Community Services for Women.....	28
Royal District Nursing Homeless Persons Program – RDNS HPP.....	30
Spectrum Migrant Resource Centre.....	33
St Vincent’s At Home and Sr Francesca Healy Cottage (the Cottage).....	36
St Vincent de Paul (SVDP) Housing Services - Access & Equity Project & Community Connections Program.....	38
Victorian Aboriginal Health Service –VAHS Community Programs: HACCC and Allied Health Services .....	40
Victorian Aboriginal Health Service and HomeGround Services – Smith Street Indigenous Outreach Support Program .....	43
Yarra City Council .....	46
Yarra Community Housing- YCH .....	49
Yarra Service – Personal Helpers and Mentors Program (PHaMs) .....	51
Youth Substance Abuse Service Wilum Drug and Alcohol Supported Accommodation Program .....	54
Notes:.....	56
Contacts: .....	60

**Note:**

This document was prepared based on the information contributed by participating agencies. Resolve Community Consulting takes no responsibility for the accuracy or currency of the information included.

---

## Introduction

This Agency Information Booklet has been produced for the HACC & Homelessness in Yarra Forum to be held on 18 November 2009.

### **Forum Objectives**

1. Share information on programs, eligibility, assessment and service provision pathways.
2. Build relationships between agencies, programs and workers in Yarra, through face-to-face networking and relationship building opportunities.
3. Better practice in accessing the range of services for HACC eligible homeless people
4. Use innovative creative methods of achieving the above aims that stimulate, engage and inform workers.
5. Link in with the newsletter project to promote the Forum aims and outcomes.

### **Forum Outcomes**

1. More effective referrals for clients.
2. Reinforcement of common commitment to homeless people and improving their service utilisation;
3. Increased shared knowledge about homelessness, HACC services, and clients and their needs.
4. Increased access to HACC services for homeless people in Yarra.
5. Increased access for HACC clients to homeless services in Yarra.
6. Establish mechanisms for ongoing service collaboration and gain staff commitment to this process.

Each agency was asked to complete a standardised template describing their service, its history and what it is they did, as well as some of the resources they have available to them.

Please note there is space at the back of the booklet for notes to record contact details of people you meet at the Forum.

Thank you to all the people who took the time to fill in the templates. The intention of the booklet is that it be used as a resource for agencies and workers in Yarra; to improve knowledge of other services and improve the effectiveness of interagency referrals. Thank you to everyone involved in the Forum and in the compilation of this document.

On behalf of all Forum participants, I would like to acknowledge the funding support of the Department of Health, North West Metropolitan Region. I would also like to thank Ro Roberts, and Yarra City Council, and Lorrinda Hamilton, and HomeGround Services for their time, funding and in-kind contribution. Thank you to the Forum Planning Group -, Julie Fry (RDNS HPP), Kerina Princi (North West Metro PCP), Greg Bourke (NYCH), Ro Roberts and Lorrinda Hamilton.

**Ruth Gordon**

**Resolve Community Consulting**

## Assessment Liaison Early Referral Team, St Vincent's Hospital, ALERT

<b>1. Service Name</b>	St Vincent's Hospital, Assessment Liaison Early Referral Team (ALERT)
<b>2. Brief History of Service</b>	ALERT commenced in 2000 and is an interdisciplinary team providing care co-ordination/ allied health intervention to the Emergency Department. ALERT also provides assertive outreach into the community, and follows up at risk patients post discharge. The team has been established to enhance discharge planning and continuity of care for patients who are at risk of lengthy inpatient stays and/or unplanned re-admissions due to the complex nature of their medical and social situation.
<b>3. Location/s:</b>	Emergency Care Co-ordinators at St Vincents Hospital. Community Care Co-ordinators located at North Richmond CHC, Inner Space and Booroondara CHC.
<b>4. Telephone:</b>	92882211 pager 204
<b>5. Emails:</b>	ALERT@svhm.org.au
<b>6. Website Address:</b>	<a href="http://www.svhm.org.au/infoabout/departments/ALERT01.htm">http://www.svhm.org.au/infoabout/departments/ALERT01.htm</a>
<b>7. Service Contacts:</b>	
<b>8. HACC Service</b>	ALERT makes referral to local councils to assist with provision of HACC services.
<b>9. Other Services in Organisation</b>	St. Vincent's Hospital (Melbourne) is a leading teaching, research and tertiary health service offering: adult acute medical and surgical services, sub-acute care, diagnostics, rehabilitation, allied health, mental health, palliative care, and residential care and community care.
<b>10. Funding Sources</b>	Funded through <u>Hospital Demand Management</u> strategy from 2000 to facilitate care coordination of complex patients presenting frequently to ED. Since 2002, ALERT has been extended through <u>HARP [Hospital Admission Risk Program]</u> to establish Community Care Co-ordination
<b>11. Area Served</b>	Our primary area of service is for residents living in the City's of Yarra, Booroondara, Darebin, and Melbourne.
<b>12. Hours open:</b>	ALERT operates from 08.30-21.00hrs, seven days a week.
<b>13. Costs involved</b>	None.
<b>14. Target Group</b>	ALERT's target group includes people presenting to or who are at risk of presenting to St Vincent's emergency department. Our target group may have been identified as having complex medical and social needs (such as aged care, homeless, substance use, mental health, assault & violence, disability, ATSI, etc).

<b>15. Eligibility</b>	People who may be at risk of frequent presenting to the ED with complex health and social care needs. Patients within St Vincent's emergency department that require discharge planning and AH input from ED.
<b>16. Model of Service Delivery</b>	We have care co-ordinators based within the emergency department and at local CHC's, who provide assessment, referrals, liaison & advocacy, care planning and short term outreach work. ALERT aims to not reciprocate services that already exist for clients in the community.
<b>17. Referral Process</b>	The majority of referrals are identified by our emergency department screeners or emergency department colleagues. Assessments are completed by an ALERT clinician, and then the ongoing role for ALERT is then discussed at a team meeting.
<b>18. How to make a referral?</b>	Please contact ALERT at St Vincent's Hospital Melbourne on 9288 2211, via pager 204 to discuss potential ALERT involvement.
<b>19. What happens once I've made a referral?</b>	ALERT will liaise with the referrer and let them know the outcome, usually via phone. If ALERT is accepting the referral, ALERT will undertake an Holistic Assessment, and develop with the client the goals of ALERT involvement.
<b>20. Number of Workers</b>	We have 13.3 EFT clinicians working as Emergency Department Care Co-ordinators and five community care co-ordinators
<b>21. Partnerships involved in</b>	ALERT has developed links with <b>NY CHC (InnerSpace)</b> , <b>NR CHC and Booroondara CHC</b> where our community care co-ordinators are located. We also work closely with our allocated <b>RDNS HPP</b> nurse. We are able to utilise diversion beds at <b>Ozanam House</b> , a local residential care hostel (LLC) and some identified <b>SRS's (supported residential services)</b> . We also have developed a responsive partnership with <b>IMPAC (Inner Melbourne Post Acute Care)</b> around access to material aid; accessing AH and care services.
<b>22. Networks (formal &amp; informal)</b>	HomeGround, St Kilda Crisis Centre, Salvation Army, DPH, TP, Moreland Hall, Victorian Aboriginal Health Services, The Way, Aged Care Assessment Teams, local MH services. ALERT looks to take a collaborative approach to our client's care with relevant community services.
<b>23. Disabled Access</b>	Yes.
<b>24. Transport</b>	No.
<b>25. Culture and Languages</b>	St Vincent's Hospital has some access to onsite interpreters during weekdays, and can utilise phone interpreters at other times. St Vincent's Hospital also employs Koori Health Liaison Officers to support our ATSI patients.

## Council to Homeless Persons

<b>1. Service Name</b>	Council to Homeless Persons 'Homelessness Advocacy Service incorporating the Peer Education Support Program'.
<b>2. Brief History of Service</b>	The Homelessness Advocacy Service (HAS) aims to secure and protect the rights of people experiencing homelessness through individual advocacy, effective complaint management, state wide training, community education, partnerships, and consumer participation through the Peer Education Support Program (PESP). The service has been operational for 16 years.
<b>3. Location/s</b>	2 Stanley Street Collingwood 3066
<b>4. Telephone</b>	03 9419 8529 Free Call 1800 066 256
<b>5. Emails</b>	annie@chp.org.au
<b>6. Website Address</b>	www.chp.org.au
<b>7. Service Contacts</b>	Annie Paliwal
<b>8. HACC Service</b>	N/A
<b>9. Other Services in Organisation</b>	Parity Magazine, Policy
<b>10. Funding Sources</b>	SAAP
<b>11. Area Served</b>	Victoria, HAS is a state wide service
<b>12. Hours open</b>	9 5 Monday to Friday
<b>13. Costs involved</b>	NIL
<b>14. Target Group</b>	Any person from 15 onwards who has a complaint with a government funded homelessness accommodation/support service.
<b>15. Eligibility</b>	As above
<b>16. Model of Service Delivery</b>	Drop in, 1800 number and provision to do outreach
<b>17. Referral Process</b>	-
<b>18. How to make a referral?</b>	Self referral or through homeless service
<b>19. What happens once I've made a referral?</b>	Most contacts are done through our 1800 number. A HAS Advocated will call back within 24 for the initial contact.
<b>20. Number of Workers</b>	3 workers comprising of 1xManager, 1 full time Advocate, 1 .05 Advocate & 1 .5 PESP Team Leader. 6 PESP volunteers.
<b>21. Partnerships involved in</b>	Our service partners with the Homeless Persons Legal Clinic, RDNS Homelessness Service, Dept of Justice, the Tenants Union of Vic, Ozanam Community Centre, the Yarra Housing and Homelessness Network and has the scope to partner any ethical enterprise involving homelessness.

---

<b>22. Networks (formal &amp; informal)</b>	As above
<b>23. Disabled Access</b>	We have disability access
<b>24. Transport</b>	We have the scope to provide an outreach service to those who cannot make it to our service. The organisation is 2 minutes walk from the number 86 tram. Most of our advocacy work is undertaken via our free 1800 066 256 number.
<b>25. Culture and Languages</b>	We have promotional materials printed in multiple languages and regularly use an interpreting service.

## Crossroads Youth and Family Services, Salvation Army

<b>1. Service Name</b>	Crossroads Youth & Family Services (Youth Housing and Support)
<b>2. Brief History of Service</b>	-
<b>3. Location/s</b>	12 Tranmere St, North Fitzroy 41 Mater St, Collingwood
<b>4. Telephone</b>	9489 1122
<b>5. Emails</b>	paul.hogan@aus.salvationarmy.org
<b>6. Website Address</b>	N/A
<b>7. Service Contacts</b>	Paul Hogan
<b>8. HACC Service</b>	N/A
<b>9. Other Services in Organisation</b>	Family Housing, Family Violence Services, Reconnect, General & Financial Counselling, Gamblers' Help.
<b>10. Funding Sources</b>	DHS (SAAP) to provide crisis and transitional housing and support to young people experiencing homelessness
<b>11. Area Served</b>	Statewide
<b>12. Hours open</b>	24/7
<b>13. Costs involved</b>	Accommodation is 25% of income
<b>14. Target Group</b>	Young people, 15-25 years, experiencing homelessness
<b>15. Eligibility</b>	Young people, 15-25 years, experiencing homelessness
<b>16. Model of Service Delivery</b>	Outreach and centre-based
<b>17. Referral Process</b>	Telephone
<b>18. How to make a referral?</b>	Telephone
<b>19. What happens once I've made a referral?</b>	First in receives any accommodation vacancy
<b>20. Number of Workers</b>	-
<b>21. Partnerships involved in</b>	-
<b>22. Networks (formal &amp; informal)</b>	-
<b>23. Disabled Access</b>	No
<b>24. Transport</b>	Close to 112 Tram
<b>25. Culture and Languages</b>	-

## HomeGround Outreach Services

<b>1. Service Name</b>	HomeGround Services - Outreach
<b>2. Brief History of Service</b>	<p>Outreach began as George Street Outreach in 1991 before a name change to Bedford Street Outreach Services in 1993. Bedford Street Outreach offered street based outreach, as well as a shop front crisis service response model in which a high volume of clients were seen every day. The model and service both underwent a radical change in 2001 when the service grew and became Outreach Victoria and the Outreach service moved to Napier Street in Fitzroy. It became a structured outreach service with a regular client base offering short, medium and long-term support and virtually no drop in component.</p> <p>HomeGround Services was formed in December 2002 from the merger of Argyle Housing Service and Outreach Victoria. The merger joined two organisations with a similar ethos around high quality service provision; a rights based approach, and a strong commitment to social change.</p> <p>The service known as Outreach is located in Oxford Street which we moved to in 2005. The program still utilises an outreach-focused strengths based case management model and incorporates the Housing Mental Health Housing Pathways Program and Koori Recreation Program as part of its larger team of outreach services.</p>
<b>3. Location</b>	68 Oxford St Collingwood
<b>4. Telephone</b>	9288 9652
<b>5. Emails</b>	nannettew@homeground.org.au
<b>6. Website Address</b>	www.homeground.org.au
<b>7. Service Contacts</b>	Nannette Wilkinson, Service Co-ordinator
<b>8. HACC Service</b>	The Outreach team provides assistance with shopping and occasional cleaning. We refer clients to Yarra council HACC services for regular cleaning and meals on wheels.
<b>9. Other Services in Organisation</b>	<p>HIR – Housing Information and Referral: 9417-2500.            SHASP Team: 9417-2500            Justice Housing Support program: 9417-2500            Housing Mental Health Pathways program 9417-2500            Tenancy and property management: 9537-7999</p>
<b>10. Funding Sources</b>	<p>HomeGround Outreach is funded by a number of different Federal and State Government programs and pools these funds to meet the needs of its target client population. These funding sources are:</p> <ul style="list-style-type: none"> <li>a) Psychiatric Disability and Rehabilitation Support Service (PDRSS) – State</li> <li>b) Supported Accommodation Assistance Program (SAAP) – Federal</li> <li>c) Home and Community Care – Federal</li> <li>d) Assistance with Care and Housing for the Aged Program (ACHA) – Federal</li> </ul>

<b>10. Funding Sources (cont.)</b>	HomeGround Outreach also receives funding related to specific programs (such as recreation and targeted outreach to rooming houses) from a number of sources such as the City of Yarra, and Street Smart.
<b>11. Area Served</b>	City of Yarra
<b>12. Hours open</b>	Mon – Fri 9am-5pm
<b>13. Costs involved</b>	None
<b>14. Target Group</b>	HomeGround Outreach works with clients who fulfil the following criteria 1) Single Adults or Couples (Please note: Families must be linked to specialist family services) 2) Aged 25 and over, 3) Residing or staying in the City of Yarra, 4) Who are homeless or at risk of homelessness with one or more of the following risk factors: psychiatric disability acquired brain injury/alcohol related brain injury frail, aged not accessing or excluded from other services
<b>15. Eligibility</b>	Anyone who meets the above criteria may be assessed as a client of the service.
<b>16. Model of Service Delivery</b>	HomeGround Outreach workers travel to the client wherever they are in the community. We do not expect clients to come to us, but will meet them in their home, in parks, rooming houses, hospitals, etc. Outreach assists members of our target group in many areas of their lives, including but not limited to: Housing: assistance with getting into public or community housing and maintaining these tenancies. Legal: referral to legal services, support during the court process and liaison with custodial and prison services. Financial: assistance with budgeting and referral to specialist advice. Health: referrals and linkages to services such as hospitals, nursing and community health centres – including assistance to get there. Home and Community Care: assistance with cleaning and referrals to specialist Aged Care Services Material Aid: community linkages mean we can provide furniture, clothing and other material aid. Advocacy: assistance to communicate and negotiate with large agencies such as utility companies, government agencies and the sheriff's office. Navigation: helping clients find their way through a sometimes complex service system. Recreation: we provide a range of specialist recreation services for complex needs clients.
<b>17. Referral Process</b>	Referrals are accepted on the first 4 pages of the SCTT tool and should be faxed to the co-ordinator on 9419-1876. Copies of this tool can be sent to the referring service upon request or obtained at: <a href="http://www.health.vic.gov.au/pcps/coordination/sctt2006.htm">http://www.health.vic.gov.au/pcps/coordination/sctt2006.htm</a>

<b>18. How to make a referral</b>	Please contact coordinator Nannette Wilkinson to discuss your referral.
<b>19. What happens once I've made a referral</b>	The referral is discussed at the weekly Support Allocation meeting (SAM) and is then allocated to the appropriate service within Homeground Collingwood.
<b>20. Number of Workers</b>	There are no specialist HACC workers in the Outreach Team, though we do have HACC funding, the complexity of the client group we work with means we pool all of our funding to provide a tailored and flexible response based on the particular needs of the client. After engagement and assessment referrals and linkages to specialist services are made and supported by the outreach workers who provide case management. In total there are 8 workers and 1 Coordinator within the specific Outreach team. The broader team incorporating Outreach Support includes a HMHPP Worker, a Recreation Worker and a Coordinator (Gail Heidke). That makes 12 workers in the larger team.
<b>21. Partnerships involved in</b>	Billabong Barbecue: Weekly barbecues and annual event days bring a range of services to marginalised members of the local Koori community. This service is provided in partnership with the Royal District Nursing Service Homeless Persons Program, North Yarra Community Health Centre, Centrelink, and Fitzroy Legal Service. Coordinated Outreach: Fortnightly outreach to a number of Community Rooming Houses in the City of Yarra
<b>22. Networks (formal &amp; informal)</b>	SAM – Support Allocation Meeting: Outreach along with representatives from other HomeGround Collingwood Programs meet weekly to discuss referrals received via the Intake worker for support and allocate them accordingly to the most appropriate program. Yarra Rooming House Issues Group: Bi monthly meeting between local services to discuss issues relating to local rooming house residents and to evaluate the effectiveness of the current outreach programs. Yarra Alliances: An alliance of clinical mental health and PDRSS services for the City of Yarra Yarra Aboriginal Support Network: a network made up of community agencies, community members, local and state Government. Focus is the provision of services to the 'Parkies' and to supporting their voice to be heard.
<b>23. Disabled access</b>	The Oxford St office is equipped with a lift for wheelchair access.
<b>24. Transport</b>	Outreach workers have use of a pool car that is frequently used to transport clients.
<b>25. Culture and Languages</b>	Outreach has access to a range of interpreting services that are frequently used to assist with people from a CALD background.

## HomeGround Outreach Support Services

<b>1. Service Name</b>	HomeGround Services, Housing Mental Health Pathways (HMHPP), Outreach Support Services
<b>2. Brief History of Service</b>	The HMHPP program was initially funded through the Victorian Homelessness Strategy (VHS) which has aimed to provide a whole of government approach to addressing homelessness (Newman, 2003). One of the aims of the VHS Pilot was related to service system enhancement and the program sits rather tenuously between two very different service systems. Furthermore, it often acts as a support broker for consumers between the mental health system and the SAAP service system. Specifically, this resulted in a range of programs that functioned across government departments to provide housing and support to groups in the community that were identified as particularly vulnerable to homelessness. * One such group were people who were homeless or at risk of homelessness with a mental illness that were being discharged from hospital. Three pilots were funded in three different service landscapes, one in an inner urban setting, another in a suburban setting, and the third one in a regional setting. HomeGround and St Vincent's Inpatient Mental Health Service were successful in tendering for the inner urban model that was established in late 2002. In 2005 funding for the support component of the program was transferred to the Mental Health Branch.
<b>3. Location/s</b>	Oxford St, Collingwood and St Vincent's Hospital, Fitzroy
<b>4. Telephone</b>	92889650
<b>5. Emails</b>	keiths@homeground.org.au
<b>6. Website Address</b>	www.homeground.org.au
<b>7. Service Contacts</b>	Keith Simpson, Housing Mental Health Pathways Worker Gail Heidke, Outreach Support Coordinator
<b>8. HACC Service</b>	No
<b>9. Other Services in Organisation</b>	Outreach Services Initial Assessment and Planning (IAP) Housing service Social Housing Advocacy and Support Program (SHASP) Justice Housing Support program (JHSP)
<b>10. Funding Sources</b>	PDRSS, SAAP
<b>11. Area Served</b>	St Vincent's Hospital, City of Yarra
<b>12. Hours open</b>	9am to 5.00pm
<b>13. Costs involved</b>	None
<b>14. Target Group</b>	Patients at St Vincent's Acute Mental Health Inpatient Unit

<b>15. Eligibility</b>	Eligibility – A current patient of the St Vincent’s Mental Health Inpatient Unit and are: <ul style="list-style-type: none"> <li>• Homeless or at risk of being</li> <li>• Homeless post discharge, and</li> <li>• Have multiply and complex needs</li> </ul>
<b>16. Model of Service Delivery</b>	HomeGround’s HMHPP team assess patient as requiring housing and support post discharge. Referral to appropriate housing option.
<b>17. Referral Process</b>	Referrals are made through St Vincent’s Acute mental Health Inpatient Unit Social Workers to HomeGround’s HMHPP worker
<b>18. How to make a referral?</b>	-
<b>19. What happens once I’ve made a referral?</b>	-
<b>20. Number of Workers</b>	-
<b>21. Partnerships involved in</b>	-
<b>22. Networks (formal &amp; informal)</b>	-
<b>23. Disabled Access</b>	-
<b>24. Transport</b>	-
<b>25. Culture and Languages</b>	-

## HomeGround Social Housing Advocacy & Support Program - SHASP

<b>1. Service Name</b>	Homeground Services, Social Housing Advocacy And Support Program (SHASP)
<b>2. Brief History of Service</b>	<p>The SHASP program commenced in 2006 replacing the previous PHAP (Public Housing Advocacy Program). SHASP is aimed at providing a more targeted support response to people living in public housing with complex needs.</p> <p>There was an initial stage of transition for SHASP where it took some 6-12 months to really implement the new program. At this point in time, only the Office Of Housing (OOH) were able to refer into SHASP.</p> <p>However it soon became very apparent through the number of self-referrals and agency referrals requested that SHASP's referral pathways be broadened and from July 2007, the SHASP guidelines were updated to formally reflect this.</p> <p>As a result of expanding the referral pathways and a commitment to strengthening good working relationships with the OOH for referrals and advocacy, HomeGround SHASP is now a high volume support service and manages a waiting list.</p> <p>Building relationships with OOH has been a fundamental part of the development of the SHASP program and being able to achieve successful outcomes for clients and keep people housed.</p>
<b>3. Location</b>	68 Oxford St, Collingwood
<b>4. Telephone</b>	(03) 9417 2500
<b>5. Emails</b>	<p>melindaw@homeground.org.au  annabelleo@homeground.org.au  skyeg@homeground.org.au  biancac@homeground.org.au</p>
<b>6. Website Address</b>	www.homeground.org.au
<b>7. Service Contacts</b>	<p>Melinda Wagner – Coordinator  Annabelle O'Regan – Support worker  Skye Gibson – Support worker  Bianca Cirelli – Support worker</p>
<b>8. HACC Service</b>	N/A - consumer of and makes referrals to HACC services
<b>9. Other Services in Organisation</b>	<p>Housing Information &amp; Referral - access  Outreach Support - access  Justice Housing &amp; Support Program – pathway via Court services  Homeless Outreach Worker – access  SSIOSP – access  HomeGround Outreach – access and referral  HMHPP - access</p>
<b>10. Funding Sources</b>	<p>SHASP are funded by the Office of Housing.  80% of funding is for targeted support to at risk tenancies or new tenancies.  20% of funding is for advocacy or assistance to early housing applicants.</p>

<b>11. Area Served</b>	City of Yarra and parts of Darebin – particularly Northcote and Thornbury
<b>12. Hours open</b>	9:00am – 5:00pm Monday - Friday
<b>13. Costs involved</b>	Nil
<b>14. Target Group</b>	Public Housing tenants who are at risk of homelessness and/or requiring support to maintain or access appropriate housing. New Public Housing or Housing Association tenants with a history of homelessness or who have a high risk of tenancy failure and are not in receipt of support. Social Housing tenants at risk of eviction and requiring advocacy to maintain their tenancy (Long Term Community Housing (LTCH) including; Rooming House Program (RHP), Group Housing Program (GHP), Interim Long Term Financial Model (ILTFM), Rental Housing Co-operative Program (RHCP), Common Equity Rental Co-operatives (CERCS), Joint Venture Program, Social Housing Innovation Project (SHIP) and Housing Associations)
<b>15. Eligibility</b>	SHASP supports people who are currently housed in either public housing or community housing to sustain their tenancies. SHASP also provides assistance to previous or prospective tenants of OOH where appropriate. (Refer below for more detail) SHASP supports anyone deemed eligible for the program regardless of age, gender or family status. The criteria for SHASP eligibility is as follows; Establishing Successful Tenancies People who are beginning a new public or community housing tenancy including transfers (housed less than six months) People who have support needs that may result in a high risk of tenancy failure People who are not engage with a support agency Support is provided for up to six months (based on 1.5 hours support per week) Intervention At Risk Tenancies People who have a tenancy at risk of failure due to a current or impending breach of their tenancy agreement Intensive individual support is provided for up to 20 hours (approximate average of 8 weeks) Assistance to Early Housing Applicants People requiring extra assistance to gather documentation and establish eligibility for early housing applications who are not otherwise able to be assisted by the OOH due to the complex nature of the clients' needs or application. Advocacy SHASP provides advocacy to OOH and Community Housing current and previous tenants who are unable to advocate on their own behalf with matters that have been raised with the landlord and have not been resolved. This includes clients who have complex needs, are disadvantaged or have literacy issues.

<p><b>16. Model of Service Delivery</b></p>	<p>SHASP’s overall approach to service provision is based on a key worker model incorporating both outreach support and office based work. SHASP offers a flexible service to respond to the needs of clients along with fixed appointments where suitable.</p> <p>SHASP case management is orientated toward coordination, linkages and referral as opposed to direct service provision. This is distinguished by the four SHASP functions;</p> <p>Establishing Successful Tenancies – utilises a case management approach to identify and assess appropriate services to address support needs and to link clients into their community to enhance their capacity to sustain their tenancy.</p> <p>Intervention At Risk Tenancies - is ideally based on an early intervention model of case management support to prevent homelessness where tenancies are identified at risk.</p> <p>Early Housing Applicants – implements short term intervention to support client’s to determine their eligibility and capacity to meet OOH criteria.</p> <p>Advocacy – assists and facilitates the meeting of client’s tenancy rights and responsibilities with OOH.</p>
<p><b>17. Referral Process</b></p>	<p>The main sources of incoming referrals to SHASP include;</p> <ul style="list-style-type: none"> <li>Client self referrals</li> <li>OOH referrals</li> <li>Referrals from other HomeGround programs</li> <li>Other community agencies</li> </ul> <p>Referrals can be made via phone, fax, email or in person to a HomeGround worker (SHASP, Intake or HIR) who will complete a SHASP Intake and Assessment form.</p> <p>Completed referral forms are presented to the SHASP Coordinator who then collates, prioritises and places them on the waiting list to be allocated accordingly. Urgent referrals (ie someone at imminent risk of eviction or a pending VCAT hearing) are prioritised and allocated immediately.</p> <p>For all non-urgent referrals, these are allocated to a SHASP worker upon case load vacancies becoming available.</p>
<p><b>18. How to make a referral?</b></p>	<p>External Agency Referrals</p> <p>Agency referrals can be made via phone, fax, email or in person from an external agency to a HomeGround worker (SHASP, Intake or HIR).</p>
<p><b>19. What happens once I’ve made a referral?</b></p>	<p>All external agency referrals are collated by the Intake Worker at HomeGround and presented to a weekly SAM (Support Allocation Meeting) on a HomeGround Intake Form. If assessed as meeting eligibility, the referral will be placed on the SHASP waiting list.</p> <p>If assessed as not eligible, feedback, information and advice will be given to the referrer on why and where the referral may more appropriately be referred.</p> <p>Those placed on the waiting list will be advised they will be contacted upon a SHASP worker being allocated.</p>
<p><b>20. Number of Workers</b></p>	<p>There are no HACC workers in the service. The team is made up of 4 workers and a Coordinator.</p>
<p><b>21. Partnerships involved in</b></p>	<p>N/A</p>

<p><b>22. Networks (formal &amp; informal)</b></p>	<p>Office of Housing: SHASP have a formal network relationship with the OOH. We have a specific OOH referral form for SHASP and rely on OOH to identify tenancies at risk or new tenancies moving into OOH and make referrals to SHASP accordingly.</p> <p>SAM – Support Allocation Meeting: SHASP along with representatives from other HomeGround Collingwood Programs meet weekly to discuss referrals received via the Intake worker for support and allocate them accordingly to the most appropriate program.</p> <p>Neighbourhood Justice Centre: SHASP have a good informal working relationship with the NJC, in particular the Legal Aid lawyers and Financial Counsellors.</p> <p>Community Health Centres: SHASP frequently work to refer clients to various parts of the COY Community Health Centres and take referrals from them as well.</p> <p>Clarendon Clinic: SHASP share several clients with Clarendon Clinic and work together to negotiate housing outcomes for mutual clients.</p>
<p><b>23. Disabled access</b></p>	<p>HomeGround has disability access at our office via an electronic lift.</p>
<p><b>24. Transport</b></p>	<p>HomeGround Collingwood is accessible by tram and bus located nearby. SHASP is an outreach support program which provides vehicle access for clients to get to appointments, VCAT or drop clients home etc.</p>
<p><b>25. Culture and Languages</b></p>	<p>SHASP utilise the “On-Call” Interpreting &amp; Translation Services for all clients requiring an interpreter. This can be via phone or in person at an appointment, VCAT or home visit.</p> <p>HomeGround have Client Information Kits that are available in various languages and further SHASP have introduction letters available in various translations as well.</p>

## I'm an Aboriginal Dad

<b>1. Service Name</b>	I'm An Aboriginal Dad Support Program/Child and Parent Services.
<b>2. Brief History of Service</b>	<p>Engagement is made with the partners of Koori women who use the transitional clinic.</p> <p>The Mercy Women's Hospital has allocated a space for the IAAD participants to attend the program to resource information and skills that will assist them during the transition into fatherhood. Established groups meet on a regular basis to share knowledge and any difficulties the men might be experiencing. The group has a mixture of men that have either just become Fathers or expecting Father's. By being involved in the IAAD program these men find the necessary skills and assistance that other programs don't currently offer.</p> <p>CPS, and the I'm An Aboriginal Dad support program walk beside young Koori Dad's, offering cultural appropriate assistance in dealing with difficulties that may arise during the pre natal and postnatal periods. CPS along with I'm An Aboriginal Dad support program, and various stakeholders offer an extended support from a base of cultural appropriate knowledge that meets the aboriginal communities' needs.</p>
<b>3. Location/s</b>	Banyule Men's Shed. Edwin St Heidelberg (Every Thursday) 70 Altona St Heidelberg 3081
<b>4. Telephone</b>	03 94500 900 or 0409385345
<b>5. Emails</b>	datkinson@cps.org.au
<b>6. Website Address</b>	www.cps.org.au
<b>7. Service Contacts</b>	Darren Atkinson
<b>8. HACC Service</b>	<p>We provide home and yard maintenance to Elders within our community.</p> <p>Also offer catering for Koori organisations and community events</p>
<b>9. Other Services in Organisation</b>	All support services that Child and Parent Services provides. Counselling, Anger Management,
<b>10. Funding Sources</b>	
<b>11. Area Served</b>	What is the local Government area (or areas) that you service? Northern Subs
<b>12. Hours open</b>	9 to 5 Mon to Fri
<b>13. Costs involved</b>	Small cost for home and Yard maintenance
<b>14. Target Group</b>	Men within the local Koori community

<b>15. Eligibility</b>	Koori Community Members
<b>16. Model of Service Delivery</b>	Outreach based service
<b>17. Referral Process</b>	-
<b>18. How to make a referral?</b>	-
<b>19. What happens once I've made a referral?</b>	-
<b>20. Number of Workers</b>	-
<b>21. Partnerships involved in</b>	-
<b>22. Networks (formal &amp; informal)</b>	-
<b>23. Disabled Access</b>	-
<b>24. Transport</b>	-
<b>25. Culture and Languages</b>	-

## Jesuit Social Services

<b>1. Service Name</b>	Jesuit Social Services - Connexions
<b>2. Brief History of Service</b>	The Connexions program was developed in 1996 as a response to the multiple and complex needs of marginalised young people who experience problems relating to dual diagnoses of mental health and substance use problems.
<b>3. Location/s</b>	1 Langridge Street Collingwood Victoria 3066  The service is co-located with Gateway and Communities Together programs
<b>4. Telephone</b>	(03) 9415 8700 Fax: (03) 9415 7733
<b>5. Emails</b>	<a href="mailto:sally.parnell@jss.org.au">sally.parnell@jss.org.au</a> <a href="mailto:robert.stoll@jss.org.au">robert.stoll@jss.org.au</a> <a href="mailto:sonia.hernandez@jss.org.au">sonia.hernandez@jss.org.au</a> <a href="mailto:jo.sultana@jss.org.au">jo.sultana@jss.org.au</a> <a href="mailto:lisa.bieniak@jss.org.au">lisa.bieniak@jss.org.au</a> <a href="mailto:michelle.lund@jss.org.au">michelle.lund@jss.org.au</a>
<b>6. Website Address</b>	<a href="http://www.jss.org.au">www.jss.org.au</a>
<b>7. Service Contacts</b>	Sally Parnell Robert Stoll Sonia Hernandez Jo Sultana Lisa Bieniak Michelle Lund
<b>8. HACC Service</b>	-
<b>9. Other Services in Organisation</b>	<u>Connexions</u> Connexions provides office based counselling and assertive outreach case management services. This involves the provision of therapeutic interventions, information, advocacy and referral. Connexions staff adopt a holistic treatment approach and address issues relating to mental health and substance use including homelessness. Connexions have nomination rights for three transitional properties located in the City of Yarra and City of Darebin. <u>Gateway</u> Founded in 2000, Gateway provides pathways to education, training and employment for disadvantaged young people with complex problems between the ages of 15 - 28. Gateway is a long-term program where young people can learn skills, be given the opportunity to use those skills in a way recognised and valued by the community, and explore an area of employment and training they are interested in. To achieve this takes time. We begin by providing a safe place where young people can try out different activities, have a taste of success and develop a sense of achievement. Staff are optimistic, recognising strengths and challenging program participants to explore and recognise their

ambitions and talents, often for the first time in their lives. For some young people, who will always need to manage physical and mental health issues, mainstream education and employment cannot respond to their needs. To get these young people involved in the community, Gateway has been developing flexible, new learning and employment arrangements, and has recently been recognised as a Registered Training Organisation. Jesuit Social Services is also a Registered Training Organisation

#### Brosnan Youth Services

Brosnan Youth Services is a holistic support service for young people exiting adult prisons and/or Youth Justice centres, who are assessed as high risk/need, with limited social and family networks, limited accommodation and post release support options and experiencing multiple and complex health problems. Brosnan staff deliver quality programs in a manner that reflects the social justice principles of participation, equity, access and respect. Services include: intensive outreach support, case management, supported accommodation, drug and alcohol counselling, recreation programs, employment/training programs, 24/7 after hours emergency assistance and duty work and referral service.

#### Community Justice

The Community Justice Group Conferencing program is a Restorative Justice program which takes referrals through the Children's Court system. The program convenes group conferences between the victim, offender and their respective support networks. The Community Justice program is now embedded in the Child Youth and Families Act as a recognised intervention.

#### Communities Together

The Jesuit Social Services Communities Together team of community development workers is assisting in building stronger and safer communities in the high-rise public housing estates situated in the City of Yarra. These communities are culturally diverse, but are united in battling low income and the other disadvantages related to this. Our Communities Together programs have expanded to meet the need for recreation, social, cultural and education activities, and are active in fostering leadership so that residents can have a say in the issues affecting their everyday lives. New initiatives constantly evolve through working closely with the residents to get to know their needs, then planning partnership projects with community members and other agencies, and seeking funding from diverse sources.

#### Vietnamese Welfare Resource Centre

The Vietnamese Welfare Resource Centre is based in the high-rise housing estate at Flemington and has been responding to the needs of the Vietnamese community in North and West Melbourne for over 18 years. Services offered by the VWRC include the provision of information and referral, counselling and crisis accommodation, community groups for young people, families and the aged, and the fostering of community and cultural activities such as forums, classes, information sessions, training programs and festivals. The VWRC has recently opened an outreach service in St Albans, and continues to work with both local residents and service workers - including council staff, health workers, police, teachers and Centrelink personnel - to promote cross cultural awareness and understanding.

	<p><u>Strong Bonds</u> The <u>Strong Bonds website</u> is produced by Jesuit Social Services and contains practical information to help parents and workers build supportive family relationships for young people. If you are supporting a young person with complex needs, mental health or drug problems, the parent and worker resources on this site may be of assistance to you. The site also contains real life stories from parents of their struggle and their insights into how to survive difficult times.</p> <p><u>Support After Suicide</u> Support After Suicide is a program which aims to increase the availability of timely and appropriate support to families, especially those with young children, who are bereaved through suicide. We do this by both providing support to individuals, families and children who are bereaved through suicide or affected by a suicide, and by resourcing education, health and welfare professionals who have the capacity to support those affected by suicide.</p> <p><u>African Program</u> Jesuit Social Services' African program provides peer support and mentoring to the children and young people in public housing in Flemington and nearby suburbs. Staff offer a weekly program of education and recreation activities, including a secondary and primary drop-in homework service, a variety of sporting programs and competitions, and organise many community celebrations and festivals. The program works in partnership with African community organisations to strengthen newly arrived refugee communities.</p>
<b>10. Funding Sources</b>	<p>Commonwealth Department of Health and Ageing National Illicit Drug Strategy (NIDS)</p> <p>Victorian Department of Human Services, Psychiatric Disability Rehabilitation and Support Services (PDRSS).</p>
<b>11. Area Served</b>	The service is located in the City of Yarra. Services are available to people who live throughout the Melbourne metropolitan area.
<b>12. Hours open</b>	9.00 am to 5.00 pm Monday to Friday.
<b>13. Costs involved</b>	Cost free.
<b>14. Target Group</b>	People 16 to 28 years old who experience co-existing mental health and substance use problems.
<b>15. Eligibility</b>	<ul style="list-style-type: none"> <li>• 16 – 28 years old</li> <li>• Live in the Melbourne Metropolitan area</li> <li>• Experience co-existing mental health and substance use problems (no formal diagnosis required)</li> </ul>
<b>16. Model of Service Delivery</b>	<ul style="list-style-type: none"> <li>• Office based counselling</li> <li>• Outreach</li> </ul>
<b>17. Referral Process</b>	Referrals are accepted from anyone – self, family, other service providers etc.
<b>18. How to make a referral?</b>	Please contact any staff member at Connexions at any time on (03) 9415 8700 to make a referral.

<b>19. What happens once I've made a referral?</b>	New referrals are discussed at team meetings every Tuesday morning. A Connexions worker is allocated to each new referral and will contact the referrer on Tuesday afternoon to make a time for an initial assessment interview. Connexions does not have a current wait list. In the case of a wait list, the client is placed on the wait list and the referrer will be contacted when the service becomes available. The referrer will also be informed of alternative service providers to access during the wait list period.
<b>20. Number of Workers</b>	5
<b>21. Partnerships involved in</b>	<p>Clients of Connexions can access consultation with the psychiatric registrar from CHOPS for psychiatric assessment and recommendations regarding pharmacotherapy. These consultations are held at Connexions. CHOPS also facilitate referral of Connexions clients to other area mental health services. Clients can access the YSAS Primary Health Clinic until they are 25 years old, despite the upper age limit for this service at 21 years old.</p> <p>Connexions have nomination rights to three transitional housing properties managed by HomeGround and North East Housing services.</p> <p>Connexions has a relationship with NEXUS including co-facilitation of group programs with Connexions clients and access to secondary consultation and professional development opportunities.</p>
<b>22. Networks (formal &amp; informal)</b>	<ul style="list-style-type: none"> <li>• Yarra Drug Health Forum</li> <li>• Intensive Case Management Service panel member</li> </ul>
<b>23. Disabled Access</b>	<p>Ramp into studio to access Gateway programs</p> <p>Disabled toilet and shower downstairs</p> <p>Counselling rooms located upstairs, no disabled access</p>
<b>24. Transport</b>	<p>Transport is provided for clients as required and dependent on presenting needs.</p> <p>Clients are provided with MET tickets</p>
<b>25. Culture and Languages</b>	Staff are Australian and speak English. One staff member is from El Salvador and speaks Spanish.

## North West Aged Care Assessment Service – ACAS

<b>1. Service Name</b>	North West Aged Care Assessment Service, Royal Melbourne Hospital – Royal Park Campus
<b>2. Brief History of Service</b>	<p>The North West ACAS provides assessment, information and advice to clients and their carers to help them make informed decisions regarding individual care needs.</p> <p>The service supports people in their own homes and communities by linking them to health services, which promote, as far as possible, rehabilitation and restoration of function. The ACAS can also refer people to community services which will maximize their independence and safety. The ACAS has Commonwealth Government delegation responsibility to assess eligibility for nursing homes, hostels, Extended Aged Care at Home and Community Aged Care Packages if required.</p>
<b>3. Location/s</b>	Poplar Road, Parkville 3052
<b>4. Telephone</b>	8387 2129
<b>5. Emails</b>	mecrs.acat1@mh.org.au
<b>6. Website Address</b>	<a href="http://www.mh.org.au/Royal_Melbourne_Hospital/www/353/1001127/displayarticle/1001327.html">http://www.mh.org.au/Royal_Melbourne_Hospital/www/353/1001127/displayarticle/1001327.html</a>
<b>7. Service Contacts</b>	Penny Houghton, Manager Jill Taylor & Pius Ngan, Team Leaders
<b>8. HACC Service</b>	Not provided via this service
<b>9. Other Services in Organisation</b>	<p>RMH Royal Park Campus also provides specialist services to inpatients, outpatients community outreach programs and residential care.</p> <p><u>Services</u></p> <ul style="list-style-type: none"> <li>• Inpatient assessment and treatment of complex medical conditions in older people</li> <li>• Inpatient rehabilitation services</li> <li>• Residential care</li> <li>• Short and longer term care programs in the home</li> <li>• Specialist clinics such as: <ul style="list-style-type: none"> <li>Pain Management Services</li> <li>Contenance Clinic</li> <li>Falls and Balance Clinic</li> <li>Wound Management Clinic</li> <li>Cognitive Dementia and Memory Service</li> <li>Neurology Rehabilitation Clinic</li> <li>Amputee Clinic</li> <li>Geriatric Evaluation Clinic</li> </ul> </li> <li>• Community Therapy Service</li> <li>• Day Activities</li> <li>• North Western BreastScreen</li> <li>• Home Dialysis Service</li> </ul> <p>Most services require a referral.</p>
<b>10. Funding Sources</b>	Combination of Federal and State funding.
<b>11. Area Served</b>	Hume, Melbourne, Moonee Valley and Moreland

<b>12. Hours open</b>	Monday – Friday, 9 am – 5 pm
<b>13. Costs involved</b>	Free service
<b>14. Target Group</b>	The client group is predominantly older people above the age of 65 but there are exceptions and special needs group, including younger homeless clients. However, acceptance of referrals for younger clients would require discussion with the Intake Unit worker and approval by the Manager or Team Leader of the service.
<b>15. Eligibility</b>	Please refer to the above.
<b>16. Model of Service Delivery</b>	Community-based service
<b>17. Referral Process</b>	ACAS clinicians roster to work in the Intake Unit to assist with answering referral calls and processing of referrals.
<b>18. How to make a referral?</b>	A SCoTT referral form is generally required to be completed as a referral. The Intake Unit can be contacted for any queries regarding the referral process on Ph: 8387 2193. Referrals can be faxed to the service (Fax: 9388 1752) or sent electronically via <a href="http://connectingcare.com">http://connectingcare.com</a>
<b>19. What happens once I've made a referral?</b>	Referrals, once accepted, will have the priority determined. They will be allocated to team members on the following business day. On the same day a Referral Acknowledgement will be sent by mail to the client or the client's NOK and the referring agency by fax. The team will schedule the assessment required at an appropriate time according to the priority. There is currently some waiting time involved with this service mostly for the lower priority referrals.
<b>20. Number of Workers</b>	There are currently about 20 clinicians who regularly conduct ACAS assessments for clients and 2 clinicians are allocated as key liaison persons involved with the particular client group with homelessness background.
<b>21. Partnerships involved in</b>	PCP in the area of Hume, Melbourne, Moonee Valley & Moreland
<b>22. Networks (formal &amp; informal)</b>	There is regular networking activities with the local residential aged care facilities and CACP/EACH service providers. Other networks exist with various local governments and community and health service providers.
<b>23. Disabled Access</b>	Disabled parking is available on the campus and various areas are generally wheelchair accessible.
<b>24. Transport</b>	Our team visits clients in the community. The campus is close to the Royal Park Train Station and the No. 55 tram line.
<b>25. Culture and Languages</b>	The service deals with clients from diverse cultural and linguistic background. Some team members are bilingual and the service provides professional interpreter service as required.

## North Yarra Community Health Service – NYCH

<b>1. Service Name</b>	North Yarra Community Health - (Allied Health Outreach Team (the team targeting people who are homeless))
<b>2. Brief History of Service</b>	<p>North Yarra Community Health is a health service with centres located in Fitzroy, Collingwood and North Carlton with a Drug Safety</p> <p>Service operating from Johnston St Collingwood. We provide a range of services, groups and activities that address the causes and effects of ill-health in our community. Please see our website for a description of services, groups and other activities we offer: <a href="http://www.nych.org.au">www.nych.org.au</a></p> <p>The Allied Health Outreach Team was formed in 2000 to provide targeted allied health services to people who are homeless. The team consists of a physiotherapist, dietician, podiatrist, occupational therapist, Aboriginal engagement worker and an AHPACC (Aboriginal Health promotion and Chronic Care) worker.</p>
<b>3. Location/s</b>	The Allied Health Outreach Team is based at the Fitzroy site: 75 Brunswick Street, FITZROY
<b>4. Telephone</b>	9411-3555
<b>5. Emails</b>	<p>Physio: <a href="mailto:Greg.Bourke@nych.org.au">Greg.Bourke@nych.org.au</a></p> <p>Dietician: <a href="mailto:katrina.doljanin@nych.org.au">katrina.doljanin@nych.org.au</a></p> <p>Podiatrist: <a href="mailto:kristan.mehew@nych.org.au">kristan.mehew@nych.org.au</a></p> <p>Occupational Therapist: <a href="mailto:vivian.petre@nych.org.au">vivian.petre@nych.org.au</a></p> <p>Aboriginal Engagement Worker: <a href="mailto:bo.barney@nych.org.au">bo.barney@nych.org.au</a></p> <p>AHPACC worker: <a href="mailto:jane.britten@nych.org.au">jane.britten@nych.org.au</a></p>
<b>6. Website Address</b>	<a href="http://www.nych.org.au">www.nych.org.au</a>
<b>7. Service Contacts</b>	<p>For client access to services – please contact reception on 9411-3555. If you need to have further discussion with a specific worker, reception can put your call through.</p> <p>For discussion of what the AHOT offers- please contact the team leader Katrina Doljanin on 9411-3526.</p>
<b>8. HACC Service</b>	The physiotherapist, dietician, occupational therapist and podiatrist are funded via HACC FSR funding, targeting people who are homeless or at risk of becoming homeless. The Aboriginal engagement worker and AHPACC worker are not HACC funded. NYCH also has other allied health professionals that are HACC funded that do not target the homeless population.
<b>9. Other Services in Organisation</b>	<p>Medical, nursing, casework/counselling, drug safety services including satellite needle exchange.</p> <p>There are also co-located services at our Fitzroy site including: dental run by North Richmond Community Health Service and RDNS HPP.</p>
<b>10. Funding Sources</b>	AHOT is funded by a range of sources including HACC FSR (flexible service response), Community Health Program, emerging issues grants (City of Yarra) and AHPACC (state funded).
<b>11. Area Served</b>	AHOT members receiving HACC funding must target the City of Yarra. There is some flexibility if clients live out of area and they

	present to our centre/s. However, if the client requires outreach or 'home visiting', they need to live/be seen in the City of Yarra.
<b>12. Hours open</b>	North Yarra Community Health is open 9am-6pm Monday-Friday and 9am-12pm Saturdays. AHOT members may not offer a service on these days and times. Regular clinics include: Drop in Clinic – appointment free drop in services 9am-12pm Mondays Homeless Appointments – Podiatry (Monday afternoons), Nutrition (Thursdays 11-12pm and 2.30-3.30pm), Occupational Therapy – Monday-Wednesday, Physiotherapy (Monday, Tuesday and Thursday)
<b>13. Costs involved</b>	Clients who are homeless or at risk of homelessness are not charged a fee for AHOT services.
<b>14. Target Group</b>	AHOT will see clients who are homeless or at risk of becoming homeless which includes people who are primary, secondary and tertiary homeless or who are otherwise housed but require support to maintain their housing/at risk of homelessness.
<b>15. Eligibility</b>	Clients who fit the target group eligibility as mentioned above. Clients who are ineligible include people who are being managed by TAC or Workcover.
<b>16. Model of Service Delivery</b>	AHOT offers a range of service options including in-centre sessions via drop in clinic or homeless appointments, planned outreach sessions to nominated venues, home visiting (in Yarra only) and outreach upon request (in Yarra only).
<b>17. Referral Process</b>	Referrals are primarily managed by the reception team who will initially offer the client who is homeless i) drop in clinic or if this does not suit, ii) an appointment with the service provider they are seeking. The referral will only be directed to the service provider if the client requires home visiting, outreach or other service access.
<b>18. How to make a referral?</b>	i) Self referral – clients can contact reception or present to reception and they will be directed to the most appropriate appointment type. ii) Worker assisted referral – via reception by telephone (9411-3555) or written referral. AHOT encourages workers to use SCTT service coordination referral tools to avoid asking clients to complete registration forms/additional assessment already conducted. Written referrals will be directed to the service provider if they are for outreach or home visiting.
<b>19. What happens once I've made a referral?</b>	There is no waiting list for AHOT services and clients should be seen within 2 weeks. Response to requests for in-centre appointments can be addressed immediately by reception. Requests for outreach/home visiting may take 2-3 working days to respond to, as some AHOT staff are part time. The AHOT worker may contact the client or the referring worker to organise home visits or outreach visits.
<b>20. Number of Workers</b>	There are 6 workers in AHOT: 1 physiotherapist, 1 dietician, 1 podiatrist, 1 occupational therapist, 1 Aboriginal engagement worker and 1 AHPACC worker.

<b>21. Partnerships involved in</b>	AHOT members work closely with a number of services to coordinate their service delivery and deliver joint programs. The partnership organisations include: City of Yarra, Victorian Aboriginal Health Service, MAYSAR, RDNS HPP, Neighbourhood Justice Centre, HomeGround, Centrelink, Yarra Community Housing, Turning Point, Fitzroy Legal Service and North Richmond Community Health.
<b>22. Networks (formal &amp; informal)</b>	Yarra Aboriginal Support Network meetings, Yarra Aged and Disability Forum, Yarra Homeless Network Meetings.
<b>23. Disabled Access</b>	Our Fitzroy NYCH centre has wheelchair access and also has a toilet and shower that has wheelchair access and rails.
<b>24. Transport</b>	The NYCH Fitzroy site is located on Brunswick street, not far from Gertrude Street and is accessible by the trams running down Brunswick Street and Gertrude Street. Clients who are Aboriginal or Torres Strait Islander can be assisted with transport by our Aboriginal engagement worker on Monday, Tuesday, Thursday or Friday.
<b>25. Culture and Languages</b>	Our Aboriginal engagement worker provides outreach services to clients on Smith Street and also assists Aboriginal clients to access health services at NYCH and VAHS. Our AHPACC worker is involved in a range of health promotion services targeting people who are Aboriginal or Torres Strait Islander. All AHOT members provide a targeted service to Aboriginal and Torres Strait Islander people via the Billabong BBQ. The other AHOT workers do not provide services in other languages but will use interpreters.

## Regina Coeli, McAuley Community Services for Women

<b>1. Service Name</b>	McAuley Community Services for Woman- Regina Coeli Program
<b>2. Brief History of Service</b>	<p>Who Are We? History</p> <p>In the 1930's The Legion of Mary, a group associated with the Catholic Church, recognized a need to provide accommodation for women who were homeless. At that time women completing prison terms had few places to go. Regina Coeli was set up to allow women to join the Community of an afternoon and leave the following morning. Many would often return the following afternoon. In 1986, the volunteers providing care to women at Regina Coeli found they were unable to continue. A request was made to religious groups to provide the service.</p> <p>The Sisters of Mercy took up the challenge. They began managing the facility in 1986 and went on to purchase the property during the 1990's. Their aim was to live in community with women who experienced homelessness, a ministry strongly connected to the founding aim of the congregation.</p> <p>The Regina Coeli program is now part of McAuley Community Services for Women.</p> <p>The program has retained its role of offering accommodation and support to women and offers a unique residential setting and inclusive community. It aims to foster a spirit of harmony, acceptance and security and to empower women to reach their potential.</p> <p>Regina Coeli strives to extend each woman's independent living skills so they can secure and maintain permanent housing. Women who have established independent, permanent housing are invited to remain connected to the community and often return to the house for meals, activities and company. Currently the service provides accommodation for up to twenty four women and support for an additional twenty women in the outreach program.</p>
<b>3. Location/s</b>	149 Flemington Road , North Melbourne 3051
<b>4. Telephone</b>	9269 6868
<b>5. Emails</b>	reginacoeli@mcauleycsw.org.au
<b>6. Website Address</b>	www.mcauleycsw.org.au
<b>7. Service Contacts</b>	Robyn Davies, Coordinator
<b>8. HACC Service</b>	HACC services include Case Management, Planned Activity Groups, Home care and Personal Care.
<b>9. Other Services in Organisation</b>	Mercy Care Family Violence Crisis Accommodation and Support
<b>10. Funding Sources</b>	DHS provide funding through PDRSS, HACC and SAAP funding
<b>11. Area Served</b>	Referrals are accepted state wide with a priority to the Inner West
<b>12. Hours open</b>	Regina Coeli is a 24hour 7 day service
<b>13. Costs involved</b>	Client costs are calculated dependant on income

<b>14. Target Group</b>	Homeless or at risk of homelessness woman over 25 and under 55 unaccompanied by children who may have a mental health issue
<b>15. Eligibility</b>	We do not accept woman with children in their care.
<b>16. Model of Service Delivery</b>	Regina Coeli is a residential program with a case management and recreation program.
<b>17. Referral Process</b>	A SCOTT referral form and extra questions particular to Regina need to be completed when there is a vacancy and faxed to the general office.
<b>18. How to make a referral?</b>	A phone call needs to be made to the general office to discuss eligibility and vacancies. If appropriate, a referral form will be sent to the referrer. We do not have a waiting list. Once the referral form is received the team will look at all referrals and contact agencies within 2 weeks
<b>19. What happens once I've made a referral?</b>	If a referral is accepted the woman and her worker will be invited in to meet with staff and to have lunch with the community. If the woman is appropriate an offer of accommodation will be made.
<b>20. Number of Workers</b>	3 Case Workers, 2 Recreation workers, 1 House Manager 2 Residential workers per shift afterhours and weekends.
<b>21. Partnerships involved in</b>	We have formal MOU's with the RDNS HPP Program and are part of the Inner West Alliance
<b>22. Networks (formal &amp; informal)</b>	We are part of the Western LASN and the Inner West Area Mental Health Alliance
<b>23. Disabled Access</b>	We have ramped access at the rear of the Main House
<b>24. Transport</b>	We do some transport on a case by case basis however the Flemington Road tram runs outside the front of the building.
<b>25. Culture and Languages</b>	Nothing specific. We have access to DHS Interpreting services.

## Royal District Nursing Homeless Persons Program – RDNS HPP

<b>1. Service Name</b>	Royal District Nursing Service Homeless Persons Program
<b>2. Brief History of Service</b>	The Homeless Persons Program (HPP) was established in 1978 to provide a nursing service to people experiencing homelessness. HPP became a part of the Royal District Nursing Service (RDNS) in 1988 and since then has experienced its most significant growth. RDNS HPP employs 34 community health nurses who provide direct care to individuals and families who are homeless or at risk. RDNS HPP co locates direct care staff with 22 agencies, spanning a broad range of service, who work with or are located near populations of people experiencing homelessness
<b>3. Location/s</b>	HPP Head Office 113 Rosslyn St. West Melbourne Yarra RDNS HPP Community Health Nurses Co-located at NYCHC 75 Brunswick St, Fitzroy
<b>4. Telephone</b>	HPP 83270700 NYCHC 94113500
<b>5. Emails</b>	mdixon@rdns.com.au jbligh@rdns.com.au lcropley@rdns.com.au jfry@rdns.com.au
<b>6. Website Address</b>	www.rdns.com.au
<b>7. Service Contacts</b>	Marnie Dixon – Yarra Women’s Health Service Jane Bligh – Fitzroy Outreach Linda Cropley – St Vincent’s Referrals Julie Fry – North East team Coordinator
<b>8. HACC Service</b>	Since 1988, RDNS HPP funding has increased from \$136,000 to over \$3 million – the majority of funding is received via the Federal/State Home and Community Care funding arrangement (HACC), with a quarter of funding coming from contracted services via the homeless sector. RDNS HPP assertively seeks to take healthcare to people experiencing homelessness. Rather than waiting for people to contact the program, staff outreach into environments where homeless live and gather (nursing clinics, crisis accommodation, rooming houses or even parks). RDNS HPP nurses provide primarily nursing care as well as advocacy, assessment and case management to people experiencing homelessness.
<b>9. Other Services in Organisation</b>	RDNS general also provides in home care to clients in Yarra and when appropriate the RDNS general nurses will share care with HPP if daily visits are required for clinical care.
<b>10. Funding Sources</b>	HACC funding and HARP funding one day per week at St. Vincent’s Referrals position to deliver health care to people experiencing or who are at risk of homelessness in the community.

<b>11. Area Served</b>	Main municipalities in which RDNS HPP operates include: Boroondara, Darebin, Hobsons Bay, Maribyrnong, Maroondah, Melbourne City, Moonee Valley, Port Phillip, Stonnington, Whitehorse and Yarra.
<b>12. Hours open</b>	8.30am-5pm
<b>13. Costs involved</b>	No cost
<b>14. Target Group</b>	Individuals and families who are homeless or at risk of homelessness. Yarra Women's Health Service targets women and women with families. Fitzroy Outreach targets rooming houses and the marginally housed in Yarra St. Vincent's Referrals targets those who present frequently at accident and emergency and St Vincent's Hospital's services.
<b>15. Eligibility</b>	Homeless or at risk of homelessness Health issues that require assessment, referral and support People who reside in or frequent services in the City of Yarra
<b>16. Model of Service Delivery</b>	Primary health care response at point of contact Assertive outreach Flexible and practical response Health promotion framework Health assessment, referral and linking in to mainstream and welfare services Ongoing support and advocacy Secondary consultation
<b>17. Referral Process</b>	Phone nurse directly to make a referral at NYCHC or phone HPP 83270700
<b>18. How to make a referral?</b>	Direct contact with nurse or team co-ordinator at HPP
<b>19. What happens once I've made a referral?</b>	HPP nurse will be able to tell you how long it will be till they are able to see the client for assessment
<b>20. Number of Workers</b>	The 3 nurses are HACC funded with one day per week of St. Vincent's referrals position is HARP funding There is also one personal support worker funded via Yarra City Council HACC funding 6 hours per week to assist the nurses with social support and appointments for the clients
<b>21. Partnerships involved in</b>	RDNS HPP has an agreement with NYCHC to be co-located at Fitzroy site. HPP nurses also run weekly clinics at St Mary's house of welcome in Fitzroy HPP has a nurse visit the Billabong BBQ in partnership with NYCHC, Homeground and other local services HPP also work in partnership with St Vincent's hospital ALERT team

<b>22. Networks (formal &amp; informal)</b>	HPP has formal relationships with NYCHC, St. Vincent's Hospital and Yarra City Council. Informal networks include Yarra Housing and Homelessness Network, Yarra Drug and Health Forum, St. Mary's House of Welcome, The Way, The Cottage, Wintringham, Yarra Housing, The Missionaries of Charity, Yarra Rooming House Group, The Coolabah Centre, Homeground, Billabong BBQ networks HPP participates at meetings and works collaboratively with these and many other welfare agencies in and around Yarra
<b>23. Disabled Access</b>	Access available via co-location at NYCHC
<b>24. Transport</b>	HPP nurses will assist client with transport to appointments when support is required
<b>25. Culture and Languages</b>	HPP nurses work in a culturally sensitive manner with the client group and will link clients to appropriate services for support

## Spectrum Migrant Resource Centre

<b>1. Service Name</b>	Spectrum Migrant Resource Centre, Aged and Disability Service
<b>2. Brief History of Service</b>	<p>Spectrum Migrant Resource Centre (SMRC) was established in 1984. Currently SMRC offers statewide services such as Spectrum Immigration services, Spectrum Education and Training Centre, Cultural and Multilingual Aged Home Care &amp; Personal Support for carer families as well launching several unique and innovative parenting and intergenerational youth programs supporting new refugee and migrant families and children choosing to settle in Victoria.</p> <p>The Aged and Disability Services of SMRC specializes in providing cultural and linguistically sensitive services to elderly migrants who are sometimes resistance to formal services, but are more accepting of culturally appropriate services.</p> <p>The programs currently conducted are: Multicultural Home Support Services, Clifton Respite Centre, Ethno Specific Planned Activity Groups, NRCP Respite, Disability Respite, Disability and refugee communities scoping project, Social Support Groups, Experience Counts program, Aged Housing Support and Advocacy, Coordination of the Northern Federation of Ethnic Senior Citizens Clubs, the Spectrum Migrant Resource Centre Choir, Empowering Elderly from new and emerging communities access program and the Supported Access program to services for elderly migrants looking for assistance to navigate the service system.</p>
<b>3. Location/s</b>	251 High St, Preston 3072
<b>4. Telephone</b>	94960200
<b>5. Emails</b>	<a href="mailto:Nirmalaa@spectrumvic.org.au">Nirmalaa@spectrumvic.org.au</a> ; <a href="mailto:nikkim@spectrumvic.org.au">nikkim@spectrumvic.org.au</a> ; <a href="mailto:naderehe@spectrumvic.org.au">naderehe@spectrumvic.org.au</a>
<b>6. Website Address</b>	<a href="http://www.spectrumvic.org.au">www.spectrumvic.org.au</a>
<b>7. Service Contacts</b>	Nirmala Abraham; Manager Aged & Disability Service Nikki Marshall Coordinator; Aged and Disability Special Projects Nadereh Edwards; Aged Housing and Federation program
<b>8. HACC Service</b>	<p>Within our Aged and Disability team we have a number of services that are HACC funded such as:</p> <ul style="list-style-type: none"> <li>Ethno Specific Planned Activity Groups</li> <li>Social Support Groups</li> <li>Northern Federation of Ethnic Senior Citizens Clubs</li> <li>Spectrum Migrant Resource Centre Choir</li> <li>Supported Access Program</li> <li>NRCP Respite</li> </ul>
<b>9. Other Services in Organisation</b>	As its listed above
<b>10. Funding Sources</b>	Aged and Disability team is funded from various sources such as HACC, DHS, Dept Health and Ageing and Dept of Innovation Industry and regional development
<b>11. Area Served</b>	Northern and Western Region of Melbourne
<b>12. Hours open</b>	Mon – Fri 9am – 5 pm

<b>13. Costs involved</b>	Most of our services are free of charge except the services below that incur a small charge to the: Ethno Specific Planned Activity Groups Social Support Groups NRCP Respite Northern Federation of Ethnic Senior Citizens Clubs
<b>14. Target Group</b>	Elderly people from Culturally and linguistically Diverse background. in terms of disability clients there is no age limit
<b>15. Eligibility</b>	Elderly people are eligible to receive our services. In terms of Disability clients there is no age limit.
<b>16. Model of Service Delivery</b>	Many of our services are centre-based but there are few services that provide outreach service also.
<b>17. Referral Process</b>	Self referral Agency referral Worker referral SCTT
<b>18. How to make a referral?</b>	Contact our service on main line 94960200
<b>19. What happens once I've made a referral?</b>	In general; a worker will contact the client or agency within a week (depending on the program). An assessment is made followed up by an appointment depending on client's need. Some of our program have waiting list; such as Ethno Specific Planned Activity Groups Social support Group NRCP Respite
<b>20. Number of Workers</b>	We have 11 workers (not F/T) within our HACC services and /1 worker in homelessness parts of our service.
<b>21. Partnerships involved in</b>	We have many formal and informal partnerships which some are: Make a move project with Northern primary care partnership Brokerage partnerships between Multicultural Home Support Service and 35 aged and disability service providers. Many informal partnership between aged and disability programs internally.
<b>22. Networks (formal &amp; informal)</b>	We have many formal and informal Networks which some are: Darebin, Moreland, Hume and Whittlesea Aged and Disability Network North West Primary Care Respite network for service providers North West CALD partnership Ethnic Community Council of Victoria Planning Network Our Homes Our Health Network ACHA Network
<b>23. Disabled Access</b>	Our office is fully modified for disability access

---

<b>24. Transport</b>	Some of our services do provide transport service such as: Ethno Specific Planned Activity Groups Social support Group Otherwise there is Bell St train stops within walking distance to our office as well as buses no 552-553 stops just outside our office.
<b>25. Culture and Languages</b>	Our entire program is tailored for CALD communities and we provide group programs as well as individual support. Our work force represents 45 language groups.

## St Vincent's At Home and Sr Francesca Healy Cottage (the Cottage)

<b>1. Service Name</b>	St Vincent's at Home & Sr. Francesca Healy Cottage
<b>2. Brief History of Service</b>	St Vincent's at Home provides community nursing to clients of St Vincent's Health. Sr. Francesca Healy Cottage provides Hospital in the Home services to people experiencing homelessness.
<b>3. Location/s</b>	St Vincent's at Home is at St Vincent's Hospital Victoria Pde, Fitzroy, in the Healy building. 'The Cottage' is in the street beside St Vincent's Hospital, at 80 Fitzroy St.
<b>4. Telephone</b>	St Vincent's at Home 92883817Sr. Francesca Healy Cottage 92882413
<b>5. Emails</b>	N/A
<b>6. Website Address</b>	N/A
<b>7. Service Contacts</b>	Cathy Moore, St. Vincent's at Home Cottage Liaison Nurse 9288 3817 Byron Trevascus, Cottage Manager 92882413
<b>8. HACC Service</b>	St. Vincent's at Home is part HACC funded and part funded by Hospital in the Home (WEIS) The Cottage is part funded by HARP (Hospital Admission Risk Program) & part funded by Hospital in the Home (WEIS)
<b>9. Other Services in Organisation</b>	We have links with other St Vincent's services, both inpatient and outpatient services.
<b>10. Funding Sources</b>	See 8.
<b>11. Area Served</b>	What is the local Government area (or areas) that you service?
<b>12. Hours open</b>	St Vincent's at Home – office 8am to 4.30pm Mon- Friday - service 7 days a week 7.30am-9.30pm.
<b>13. Costs involved</b>	HACC visit fees are charged for community nursing and the patient is responsible for purchasing their medications and wound care dressings. No fees for Hospital in the Home or The Cottage and all consumables provided.
<b>14. Target Group</b>	St Vincent's at Home- Any client of St Vincent's Hospital requiring nursing care. The Cottage- Any client experiencing homelessness with acute health issues. Diversion from Emergency or an inpatient stay.
<b>15. Eligibility</b>	St Vincent's at Home is for clients of St Vincent's Hospital. Patients at the Cottage need to be medically stable, cannot drink alcohol or take illicit drugs, need to be ambulant and able to communicate effectively.
<b>16. Model of Service Delivery</b>	St Vincent's at Home is a community nursing service. The Cottage provides short term health care for clients experiencing homelessness. Diversion from Emergency or an inpatient stay.

<b>17. Referral Process</b>	St. Vincent's at Home- Phone 9288 3817 and ask for the Community liaison to be paged. Cottage 0 Phone 9288 3817 and ask for Cottage Liaison Nurse to be paged.
<b>18. How to make a referral?</b>	As above. See 17.
<b>19. What happens once I've made a referral?</b>	St Vincent's at Home will advise when next visit available. Usually can visit within 24-48 hours of referral. Cottage- waiting list in place.
<b>20. Number of Workers</b>	St Vincent's at Home (SVAH) – 35 permanent staff and 20 casual staff The Cottage – approx 10 staff
<b>21. Partnerships involved in</b>	Many informal partnerships eg) with councils, RDNS HPP, ARBIAS, community health centres, etc.
<b>22. Networks (formal &amp; informal)</b>	Part of St Vincent's Health, run by Sisters of Charity Cottage has links with Shekinah
<b>23. Disabled Access</b>	N/A
<b>24. Transport</b>	SVAH & The Cottage do not provide transport but are easily accessed by train or tram.
<b>25. Culture and Languages</b>	Some staff bilingual – currently Spanish, Greek & Vietnamese spoken

## St Vincent de Paul (SVDP) Housing Services - Access & Equity Project & Community Connections Program

<b>1. Service Name</b>	St Vincent de Paul Housing Services (Access & Equity Project & Community Connections Program)
<b>2. Brief History of Service</b>	Access point for homelessness services in Moreland & Hume also have SAAP & HACC funded outreach teams on site as well as a RDNS HPP nurse
<b>3. Location/s</b>	80 Wheatsheaf Road, Glenroy
<b>4. Telephone</b>	9304 0100
<b>5. Emails</b>	<a href="mailto:zoe.probyn@svdp-vic.org.au">zoe.probyn@svdp-vic.org.au</a> (Access & Equity Project Worker)
<b>6. Website Address</b>	www.svdp.org.au
<b>7. Service Contacts</b>	Zoe Probyn (Access & Equity Project) Shirl Brown (CCP Team Leader)
<b>8. HACC Service</b>	<ul style="list-style-type: none"> <li>• Community Connections Program – covers Moreland &amp; Hume</li> <li>• Access &amp; Equity Project – HACC funded research project</li> </ul>
<b>9. Other Services in Organisation</b>	<ul style="list-style-type: none"> <li>• Ozanam House</li> <li>• Ozanam Community Centre</li> <li>• Quin House</li> <li>• Olive's Place</li> <li>• Various outreach teams</li> <li>• CACP packages</li> </ul>
<b>10. Funding Sources</b>	HACC, SAAP & THM
<b>11. Area Served</b>	Moreland & Hume
<b>12. Hours open</b>	9.00am – 5.00 pm
<b>13. Costs involved</b>	None
<b>14. Target Group</b>	People experiencing or at risk of homelessness
<b>15. Eligibility</b>	HACC eligibility applies to CCP clients
<b>16. Model of Service Delivery</b>	All of the above. Depends on program area
<b>17. Referral Process</b>	For CCP referrals contact Shirl Brown ph: 9304 0130
<b>18. How to make a referral?</b>	See above
<b>19. What happens once I've made a referral?</b>	CCP referrals are responded to as soon as possible
<b>20. Number of Workers</b>	At SVDP Housing services: 5

<b>21. Partnerships involved in</b>	<ul style="list-style-type: none"> <li>• Moreland Health Time Day</li> <li>• Moreland &amp; Hume Health &amp; Homelessness network</li> <li>• Hume Health Alliance</li> <li>• Moreland &amp; Hume Aged &amp; Disability Services Network</li> <li>• Enmaraleek Aboriginal Association outpost</li> <li>• Northern LASN</li> <li>• Loddra Network</li> </ul>
<b>22. Networks (formal &amp; informal)</b>	-
<b>23. Disabled Access</b>	Excellent disability access & facilities
<b>24. Transport</b>	CCP is an outreach service so transport is provided for clients if required. The office itself is very close to Glenroy train station
<b>25. Culture and Languages</b>	Access & Equity project is involved in the Loddra Network (Indigenous and non indigenous strategic homelessness network) Comprehensive interpreting services are available for all teams on a needs basis

Victorian Aboriginal Health Service –VAHS Community Programs: HACC  
and Allied Health Services

<b>1. Service Name</b>	Victorian Aboriginal Health Service Community Programs: HACC and Allied Health Services
<b>2. Brief History of Service</b>	<p>The history of Aboriginal health care needs within Victorian began as an early struggle for the rights and recognition for the Aboriginal people to determine their own affairs, prior to the establishment of VAHS in 1973. VAHS is a registered Co-operative. A Board of seven Aboriginal Directors, elected by the Aboriginal community at an Annual General Meeting each year, controls it. VAHS holistic approach to health care, with the emphasis being on preventative medicine, enables it to provide much more than clinical services to the Aboriginal community. VAHS, in operation for over 30 years, has withstood a history of oppression, but is steadfast in remaining under the control of the Victorian Aboriginal community, and to its legacy is still A Home Away From Home.</p> <p><u>Aims of VAHS</u></p> <ul style="list-style-type: none"> <li>▪ To provide a culturally appropriate primary health care service to Aboriginal and Torres Strait Islander people, delivered in a holistic way;</li> <li>▪ To raise the general level of Aboriginal and Torres Strait Islander people's health.</li> </ul> <p>VAHS practices and promotes a holistic approach to health in line with the National Aboriginal Community Controlled Health Organisation (NACCHO) which describes its holistic health definition as:</p> <p><i>"Health does not simply mean the physical well being of an individual but refers to the social, emotional and cultural well-being of the whole of the community. For Aboriginal people this is seen in terms of the whole-of-life view incorporating the cyclical concept of life-death-life, and the relationship to the land. Health care services should strive to reach the state where every individual is able to achieve their full potential as a human being, and thus bring about the total well being of their community."</i> NAIHO 1979</p>
<b>3. Location</b>	186 Nicholson Street, Fitzroy
<b>4. Telephone</b>	9419 3000 press 4 0423 595 002
<b>5. Emails</b>	<a href="mailto:dmcguinness@vahs.org.au">dmcguinness@vahs.org.au</a> <a href="mailto:pmcnally@vahs.org.au">pmcnally@vahs.org.au</a> <a href="mailto:rbriggs@vahs.org.au">rbriggs@vahs.org.au</a>
<b>6. Website</b>	<a href="http://www.vahs.org.au">www.vahs.org.au</a>
<b>7. Service Contacts</b>	Denise McGuinness – Acting Manager Community Programs Phyllis McNally – Senior Aboriginal Health Worker Ron Briggs – Men’s Health and Family Violence Worker

<b>8. HACC Service</b>	<p>As part of Community Programs we provide allied health care:</p> <ul style="list-style-type: none"> <li>• Physiotherapy</li> <li>• Nutritionist</li> <li>• Nurse</li> <li>• Podiatrist</li> <li>• Occupational Therapist</li> </ul> <p>We conduct assessment and intake and provide referrals to other services and programs.</p> <p>We also provide transport to some of the associated programs – see below – and for hospital and medical, dental appointments.</p> <p>Also part of Community Programs is:</p> <ul style="list-style-type: none"> <li>○ Hydrotherapy: at Reservoir pool</li> <li>○ Active elders: Strengths Training at MAYSAR</li> <li>○ Make a Move: Fall's prevention at MAYSAR</li> <li>○ Diabetes Club at MAYSAR</li> </ul> <p>Men's Health and Family Violence worker is the first point of contact for men's issues. The worker provides referrals and linkages to other services.</p>
<b>9. Other Services in Organisation</b>	<p><u>VAHS Services</u></p> <p>VAHS provides service to many Aboriginal people. Across the board statistics estimate some 15,000 dental patients and 18,000 medical clients. The frontline intake and assessment team respond to some 300 telephone contacts per day. VAHS is a leader in the development of culturally appropriate health care delivery to the Aboriginal community. It provides health and medical services to an extremely disadvantaged and subjugated people, with limited resources. Its resources, in comparison to many mainstream health service providers are extremely limited, yet it is able to provide more than a medical service to its community and people.</p> <p><u>VAHS Programs</u></p> <p>Services are delivered through six program areas:</p> <ul style="list-style-type: none"> <li>○ Clinical (medical) Programs,</li> <li>○ Family Counselling Programs,</li> <li>○ Women's and Children's Programs,</li> <li>○ Community Programs,</li> <li>○ Oral Health Program,</li> <li>○ Financial Wellbeing Program.</li> </ul> <p>All of the VAHS programs and services are delivered in a holistic manner and encompass physical, emotional and spiritual wellbeing.</p>
<b>10. Funding Sources</b>	DHS – HACC Funding
<b>11. Area Served</b>	HACC service is North-West Metropolitan Region. VAHS is a Statewide service.
<b>12. Hours open</b>	<p>Mon – Thurs 9 – 5</p> <p>Fri – 9 – 4</p> <p>Sat: Medical 10 – 12 (after hours locum service available)</p>
<b>13. Costs involved</b>	None
<b>14. Target Group</b>	<p>Indigenous people and their non-Indigenous partners.</p> <p>Older frail people living in their home or at residential services and</p>

	<p>young one's with disabilities. Frequently provide support to Indigenous people who are in mainstream services such as hospitals.</p>
<b>15. Eligibility</b>	No exclusion criteria as long as meet target group. However, the service is limited by its capacity.
<b>16. Model of Service Delivery</b>	Predominantly home-based outreach, some service delivery at other services and transportation is provided. Some centre-based services provided, mostly the allied health services.
<b>17. Referral Process</b>	Just ring up and ask for Community Program
<b>18. How to make a referral?</b>	Normally the referral is completed over the phone via the intake worker, or the doctor will complete it and refer the client on to us.
<b>19. What happens once I've made a referral?</b>	Currently this process is under review, however usually referrals are discussed at weekly meetings and allocated to appropriate workers and services. Can also be responsive to immediate demand.
<b>20. Number of Workers</b>	3 Workers, 5 Allied Health Professionals, 1 driver and the Manager
<b>21. Partnerships involved in</b>	<p>Melbourne Aboriginal Youth Sport and Recreation: MAYSAR The Triple A:</p> <ul style="list-style-type: none"> <li>○ ACES</li> <li>○ AAL</li> <li>○ AHS</li> </ul>
<b>22. Networks (formal &amp; informal)</b>	HACC Network at the Aboriginal Advancement League
<b>23. Disabled access</b>	Yes, no stairs, automatic doors
<b>24. Transport</b>	Yes, pick up and drop off for activities and hospitals
<b>25. Culture and Languages</b>	Focus is on Victorian Aboriginal People and their Partners.

## Victorian Aboriginal Health Service and HomeGround Services – Smith Street Indigenous Outreach Support Program

<b>1. Service Name</b>	Victorian Aboriginal Health Service and HomeGround Services - Smith Street Indigenous Outreach Support Program
<b>2. Brief History of Service</b>	<p>The City of Yarra is a 'gathering' place for Indigenous people in Melbourne, especially for newcomers to the area and transient people. Over the years, the meeting place itself has shifted from Brunswick and Gertrude Streets in Fitzroy, to Harmsworth and Smith Streets in Collingwood and many places in between. In November 2006, funding became available for a worker to focus solely on Smith Street as a pilot project and HomeGround undertook the project.</p> <p>In May 2008 the Department of Human Services and the Department of Justice agreed to expand the program and fund it for a further two years. As a result a partnership was formed between the Victorian Aboriginal Health Service and HomeGround, with each providing a worker and forming a team of two workers to provide an outreach based service to the community of people who meet on Smith Street and in close proximity to it.</p> <p><u>The Partnership</u></p> <p>The Smith Street Indigenous Outreach Support Partnership is formed between the Victorian Aboriginal Health Service (VAHS) and HomeGround Services. It seeks to meet the holistic health, housing and support needs of this local community of predominantly but not exclusively Indigenous people who gather in public places in Collingwood. These people frequently refer to themselves as 'the Parkies'.</p> <p>The partnership aims to support individuals who are affected by a number of issues which may include drug and alcohol addiction, homelessness, grief and loss, and also family violence and family breakdown.</p> <p>This group of people is vulnerable and has a long history of homelessness and disadvantage as well as often being perceived negatively by some groups within the community.</p> <p>The goals of the partnership will be achieved through outreaching to the community to link people to health, alcohol and drug, housing, support and other existing services. Furthermore, the partnership requires working with a service provider network which will provide strategic and high-level support in identifying gaps and meeting the needs of the target group.</p>
<b>3. Location</b>	Victorian Aboriginal Health Service, Family Counseling Service 279 High Street, Northcote HomeGround, 68 Oxford Street, Collingwood
<b>4. Telephone</b>	VAHS                9403 3300 HomeGround    9419 8355
<b>5. Emails</b>	anita.mobourne@vahs.org.au gary.fitzgerald@vahs.org.au <a href="mailto:gailh@homeground.org.au">gailh@homeground.org.au</a> <a href="mailto:janinec@homeground.org.au">janinec@homeground.org.au</a>
<b>6. Website</b>	<a href="http://www.vahs.org.au">www.vahs.org.au</a> <a href="http://www.homeground.org.au">www.homeground.org.au</a>

<b>7. Service Contacts</b>	VAHS - and - 0413 0 45532 HomeGround - Gail Heidke – 0400 844 383 HomeGround – Janine Coombs - 0448 816 458
<b>8. HACC Service</b>	We refer to HACC Services
<b>9. Other Services in Organisation</b>	See VAHS Community Program See HomeGround Outreach
<b>10. Funding Sources</b>	Department of Human Services Department of Justice
<b>11. Area Served</b>	City of Yarra
<b>12. Hours open</b>	9am to 5pm
<b>13. Costs involved</b>	Nil
<b>14. Target Group</b>	The Smith Street Target Community refers to the people who have a connection to the Fitzroy/Collingwood area as a meeting place. Due to various factors this groups' presence is not limited to Smith Street. Therefore the project is flexible in its boundaries/scope for where the clients meet in the City of Yarra.
<b>15. Eligibility</b>	Indigenous persons and others who gather on Smith Street and require support and appropriate referral to a wide range of services.
<b>16. Model of Service Delivery</b>	Assertive Outreach
<b>17. Referral Process</b>	Contact is made with person during assertive outreach. If an agency or worker has a concern or referral it can be made by contacting either the HomeGround Smith Street Outreach Worker or the VAHS Smith Street Outreach Worker.
<b>18. How to make a referral?</b>	By phone
<b>19. What happens once I've made a referral?</b>	The Smith Street Outreach Workers will attempt to contact the person during Outreach Sessions to Smith Street
<b>20. Number of Workers</b>	Two, with a Coordinator at HomeGround and a Manager at VAHS providing support.
<b>21. Partnerships involved in</b>	The program is a partnership, however, additional partners include: <ul style="list-style-type: none"> <li>○ North Yarra Community Health – Aboriginal Engagement Worker provides joint outreach sessions to Smith Street.</li> <li>○ Neighbourhood Justice Centre – Aboriginal Liaison Worker provides joint outreach sessions</li> <li>○ Ngwala Willumbong – Bootsie Thorpe</li> <li>○ Maya Healing Centre</li> </ul> The Billabong BBQ partnership of service providers provides invaluable support and includes: <ul style="list-style-type: none"> <li>○ RDNS HPP</li> <li>○ NYCH AHOT</li> <li>○ Centrelink Indigenous Liaison workers</li> <li>○ Fitzroy Legal Service</li> <li>○ Turning Point</li> </ul>

<b>22. Networks (formal &amp; informal)</b>	<p><u>SAM – Support Allocation Meeting</u>: SSIOSP along with representatives from other HomeGround Collingwood Programs meet weekly to discuss referrals received via the Intake worker for support and allocate them accordingly to the most appropriate program.</p> <p><u>The Smith Street Service Provider Network</u>: This is a partnership between VAHS, HomeGround, the Department of Human Services (DHS) NWMR, the Department of Justice and the City of Yarra.</p> <p><u>Yarra Aboriginal Support Network</u>: a network made up of community agencies, community members, local and state Government. Focus is the provision of services to the 'Parkies' and to supporting their voice to be heard.</p> <p><u>The Smith Street workers Network</u> is an informal network made up of workers who play a role in delivering services to the community who meets in Smith Street and its environs.</p>
<b>23. Disabled access</b>	HomeGround HIR reception has access via a lift.
<b>24. Transport</b>	Outreach workers have use of HomeGround and VAHS agencies pool cars and do provide transport when needed.
<b>25. Culture and Languages</b>	The program is focused upon a group of people who are primarily, but not totally, of Aboriginal and Torres Strait Islander background. It seeks to do so in an inclusive, respectful and culturally appropriate manner.

## Yarra City Council

<b>1. Service Name</b>	Yarra City Council
<b>2. Brief History of Service</b>	Council (as Yarra City Council, and as the previous councils prior to amalgamation in 1994) has been providing HACC services to residents since 1960's. Council has always prioritised the needs of the most disadvantaged residents including homeless people. Over the years it has funded and provided many innovative services to this group.
<b>3. Location/s</b>	Yarra City Council's Aged and Disability Services Branch is located in Collingwood Town Hall
<b>4. Telephone</b>	9205 5555
<b>5. Emails</b>	ro.roberts@yarracity.vic.gov.au
<b>6. Website Address</b>	www.yarracity.vic.gov.au
<b>7. Service Contacts</b>	Aged and Disability Services Branch
<b>8. HACC Service</b>	<p>The Aged and Disability Services Branch manages all the HACC services and other services such as community transport and community development.</p> <p>We provide home-based services and centre-based services: Assessment services, home care, personal care and respite care, PAG high and core, Linkages case management, TRAAC, short term case management, home maintenance, delivered meals, transport, Willowview day centre.</p> <p>We also provide funding via partnerships with Neighbourhood Houses for Planned Activity groups, with The Way for home care, and with other local agencies to enable the HACC dollar to stretch further and reach homeless people.</p>
<b>9. Other Services in Organisation</b>	The Council provides a great range of services to the Yarra community in regard to the built environment, the social, physical, cultural, economic and financial sectors, as well as community/elected leadership, and governance.
<b>10. Funding Sources</b>	Approximately 35% of expenditure comes from Council rates, approx 55% from Government grants, approx 10% from fees.
<b>11. Area Served</b>	We service the Yarra municipality.
<b>12. Hours open</b>	Office hours: 8.30am to 5pm Service hours: 6am to 11pm, including weekends and public holidays
<b>13. Costs involved</b>	<p>There is a fee schedule for client fees, based on assessed income, ranging from:</p> <p>\$2.00 per hour for respite care, \$3.10 per hour for personal care and \$3.20 per hour for home care. \$5.10 per delivered meal and \$6.60 per day for Willowview Day Centre. These are the low level costs for an individual. Council can reduce these fees or waive them if necessary.</p>

<b>14. Target Group</b>	<p>Frail older people and people of any age with a moderate, severe or profound level of disability, and their carers, that live in Yarra in the community (not in residential care).</p> <p>This includes people who suffer from age-related illness but are of younger age.</p> <p>The target group can include special needs groups, eg indigenous residents, people with CALD background and people with memory loss.</p>
<b>15. Eligibility</b>	<p>Eligibility is defined by the target group, but eligibility does not confer entitlement. Services are provided according to assessed and prioritised need.</p>
<b>16. Model of Service Delivery</b>	<p>Services are provided mainly in people's homes, or in Senior Citizens Centres or Willowview Day Centre.</p>
<b>17. Referral Process</b>	<p>Referrals can be made by anyone, resident, family member, neighbour, doctor, health professional, local service providers or other Council services.</p> <p>Referrals are received in the Aged and Disability Services Branch by any means telephone, fax, personal visit, email, letter, e referral. Councillors may refer a resident for assistance.</p>
<b>18. How to make a referral?</b>	<p>Telephone 92055555 and ask for Aged and Disability Services, or contact Council's general email, fax to 84176666, Attention Aged and Disability Services. Or visit Collingwood or any other town hall. Use SCTT forms and S2S e referral if possible.</p>
<b>19. What happens once I've made a referral?</b>	<p>The referral goes to the Assessment Intake officer who screens for eligibility, and prioritises the referral for urgency of assessment. Referrer will hear from the Intake officer within one working day. There is no waiting list; however non-urgent referrals may wait for up to 5 weeks for an in-home assessment.</p> <p>All HACC services must receive a home-based assessment. In some urgent situations, home maintenance repairs can be done, and delivered meals sent prior to an assessment being done.</p>
<b>20. Number of Workers</b>	<p>Office based staff: approximately 15  Home carers: approximately 13 in-house carers  approximately 50 contract carers  Willowview Day Centre: 7 P/T workers  Delivered meals service: 8 workers  Community Transport: 6 P/T bus drivers  Disability planning staff: 2</p>

<p><b>21. Partnerships involved in</b></p>	<p>Council's Aged and disability Services Branch is involved in many partnerships relevant to homelessness. These include:</p> <p>Contractual:</p> <ul style="list-style-type: none"> <li>• Regional food kitchen</li> <li>• Grey Army</li> <li>• Southern Cross Care</li> <li>• St Vincent's HARP-TRAAC program</li> </ul> <p>Protocol</p> <ul style="list-style-type: none"> <li>• RDNS</li> <li>• IMPAC</li> <li>• Café Meals</li> </ul> <p>Joint project</p> <ul style="list-style-type: none"> <li>• HACC allied Health OT services in IECHS, NYCH and NRCHC</li> <li>• Yarra community housing</li> <li>• DHS Disability</li> <li>• Dept of Health HACC projects</li> <li>•</li> </ul> <p>Case by Case</p> <ul style="list-style-type: none"> <li>• Homeground</li> <li>• RDNS HPP</li> <li>• ACAS</li> <li>• All other service providers</li> </ul>
<p><b>22. Networks (formal &amp; informal)</b></p>	<p>Networks are extensive – this is a sample</p> <p>Local</p> <ul style="list-style-type: none"> <li>• Aged and Disability forum</li> <li>• Yarra Mental Health Alliance</li> <li>• Neighbourhood house Network</li> <li>• Yarra Housing and Homelessness Network</li> </ul> <p>Sub-regional</p> <ul style="list-style-type: none"> <li>• NCM PCP</li> <li>• Disability networks</li> <li>• Northern Aged and Disability Local Government Manager and Coordinators Group</li> </ul> <p>Statewide</p> <ul style="list-style-type: none"> <li>• MAV Advisory Group</li> <li>• Local government Professionals Special interest Group</li> </ul>
<p><b>23. Disabled Access</b></p>	<p>Full access to all services except for Collingwood Town Hall, upstairs meeting rooms.</p>
<p><b>24. Transport</b></p>	<p>Yes, we run a community transport service for our Willowview Day Centre clients, also transport to centre-based meals and to senior social clubs. We also funds community use of budget hire buses. We are very accessible by public transport, trains and trams, buses.</p>
<p><b>25. Culture and Languages</b></p>	<p>We cover many community languages within our staff including, Mandarin and Cantonese, Vietnamese, Greek, Italian, German, Serbian, Urdu, Polish and Arabic.</p>

## Yarra Community Housing- YCH

<b>1. Service Name</b>	Yarra Community Housing
<b>2. Brief History of Service</b>	YCH provides a range of housing types including rooming houses, studio apartments and 1 & 2 bedroom units. Our properties are located across the Northern and Western suburbs of Melbourne, and Geelong.
<b>3. Location/s</b>	297 Napier St, Fitzroy and 184a Barkly St Footscray
<b>4. Telephone</b>	9288 9200
<b>5. Emails</b>	<a href="mailto:yhc@ych.org.au">yhc@ych.org.au</a>
<b>6. Website Address</b>	<a href="http://www.yhc.org.au">www.yhc.org.au</a>
<b>7. Service Contacts</b>	-
<b>8. HACC Service</b>	YCH isn't a HACC service – a large number of our tenants use HACC services for home help, personal care and meals.
<b>9. Other Services in Organisation</b>	YCH is an accommodation service only
<b>10. Funding Sources</b>	YCH is a community organisation funded by rent from our tenants
<b>11. Area Served</b>	Cities of Yarra, Darebin, Moreland, Maribyrnong
<b>12. Hours open</b>	Monday to Friday 9am-4.30pm
<b>13. Costs involved</b>	Rents ranging from \$124 to \$195 a week
<b>14. Target Group</b>	YCH has a long history of housing many of the most marginalised people in our community. During earlier years, our focus was on accommodating predominantly single persons on statutory or very low incomes. More recently, our tenant group has extended to include couples and families with children.
<b>15. Eligibility</b>	To be eligible for YCH accommodation your income must be within the limits set for public housing in Victoria (details on enquiry). Once housed you can stay long term, provided that you pay your rent and meet your other responsibilities as a tenant.
<b>16. Model of Service Delivery</b>	We are an office based agency.
<b>17. Referral Process</b>	Prospective tenants can either self refer, or be referred through an agency. They then attend an interview and if suitable are placed on a waiting list to be offered suitable accommodation when it is available. The waiting list is capped and are closed from time to time when our limit is reached
<b>18. How to make a referral?</b>	An agency can make a referral by phoning 9419 0009 and booking their client in for an interview

<b>19. What happens once I've made a referral?</b>	All interviews are booked in less than two weeks ahead. When the client has attended the interview they are placed on the waitlist if they are eligible. Then either the client or the agency is contacted when a vacancy is available for inspection. Clients are asked to call each week to update their name on the waitlist.
<b>20. Number of Workers</b>	YCH employs approximately 60 staff and has offices in Fitzroy and Footscray.
<b>21. Partnerships involved in</b>	YCH works closely with agencies which provide support to our clients. These agencies include Homeground, RDNS, Turning Point, Clarendon Clinic, plus HACC services. YCH also has partnerships with Melbourne City Mission, ARBIAS, Barwon SASHS, Western SASHS, Western Region Health for particular projects.
<b>22. Networks (formal &amp; informal)</b>	YCH is part of a number of networks such as Community Housing Federation of Victoria, Yarra Drug & Health Forum, Yarra Housing and Homelessness Network.
<b>23. Disabled Access</b>	We have a portable ramp for clients in wheelchairs.
<b>24. Transport</b>	We don't provide transport. All of our houses are located near public transport.
<b>25. Culture and Languages</b>	We use the translating service for tenants speaking other languages.

## Yarra Service – Personal Helpers and Mentors Program (PHaMs)

<b>1. Service Name</b>	Inner East Mental Health Services Association (IEMHSA) is the organisation that we work for. Our service is the “Yarra Service” which currently runs the Personal Helpers and Mentors program (PHaMs).
<b>2. Brief History of Service</b>	Yarra Service (PHaMs) is a new service of IEMHSA. IEMHSA received funding from FaHCSIA (Department of Families, Housing, Community Services and Indigenous Affairs) to run the Personal Helpers and Mentors (PHaMs) program Round 3 mid 2009.
<b>3. Location/s</b>	IEMHSA – 11 Malmsbury Street, Kew 3101 (Head Office); Yarra Service 6-8 Otter Street, Collingwood 3066
<b>4. Telephone</b> Yarra Service 03 9417 0605	
<b>5. Emails</b>	<a href="mailto:staff@iemhsa-yarra.com.au">staff@iemhsa-yarra.com.au</a> or contact the Manager <a href="mailto:cleo.p@iemhsa-yarra.com.au">cleo.p@iemhsa-yarra.com.au</a>
<b>6. Website Address</b> None	
<b>7. Service Contacts</b>	Cleo Papageorgiou (Manager) or any Yarra Service staff member on the above number.
<b>8. HACC Service</b>	Our service does not provide HACC services, only Outreach support.
<b>9. Other Services in Organisation</b>	IEMHSA has services in Doncaster, Glen Waverley, Box Hill and Kew that we have access to, however these are all out of our catchment area.
<b>10. Funding Sources</b>	Currently the Yarra Service is funded by FaHCSIA to run the Personal Helpers and Mentors program, which is a recovery focused outreach support. We do not receive any other sources of funding.
<b>11. Area Served</b>	City of Yarra – postcodes 3066 (Collingwood), 3067 (Abbotsford), 3068 (Fitzroy North and Clifton Hill) and 3121 (Richmond and Burnley).
<b>12. Hours open</b>	8.30am-5.00pm
<b>13. Costs involved</b>	To the client there are no costs to join the program.
<b>14. Target Group</b>	Our target group is any person over 16 yrs diagnosed or undiagnosed with a mental illness wanting outreach support.

<b>15. Eligibility</b>	<p>Anyone over 16 yrs of age living in the postcodes 3066, 3067, 3086 and 3121 with a diagnosed or undiagnosed mental illness. The program is voluntary and we can work with dual diagnosis clients where mental health concerns are primary and clients have a <u>willingness</u> to address for example drug concerns at some point in the future (therefore not excluding such clients). Exclusions <u>may</u> include:</p> <ul style="list-style-type: none"> <li>- those who have functional assessments that are too low when assessed</li> <li>- people under the age of 16</li> <li>- those that cannot make an informed decision</li> <li>- those that do not provide informed consent</li> <li>- those that live out of the postcode (however provisions apply for homeless people and in some cases we may accept someone out of area)</li> <li>- people that are not willing to address their dual diagnosis (drug and alcohol issues)</li> <li>- those with a dual diagnosis (i.e. Developmental or intellectual disorders such as Autism Spectrum Disorder and or Acquired Brain Injury who score low during eligibility screening when assessing functional impact on mental illness alone)</li> <li>- those who are unlikely to benefit beyond their current level of support</li> <li>- those residing in residential drug/alcohol treatment services or residential mental health services</li> <li>- people under the management of state or territory corrective services where the state or territory systems have responsibility for the persons mental health</li> </ul>
<b>16. Model of Service Delivery</b>	<p>Yarra Service (PHaMs) is an Outreach recovery model based service.</p>
<b>17. Referral Process</b>	<p>There are two types of referral forms, an agency referral and a self referral. An agency referral form can be filled out by any agency that has contact with a potential eligible client. This is then faxed/mailed or emailed through to the Yarra Service and a staff member will follow up. The same process is with self referral only the person themselves fills out the form and sends it to us.</p>
<b>18. How to make a referral?</b>	<p>As mentioned above by filling out an agency referral form or a self referral form. Whilst anyone can refer (i.e. schools, family members, doctors, case managers, friends etc) PHaMs is voluntary and up to the person being referred to agree to be part of the program or not.</p>
<b>19. What happens once I've made a referral?</b>	<p>The staff member following up the referral will make contact with potential client and book in an appointment to discuss eligibility and the program. Interpreters can be arranged for these meetings. Currently (November 2009) we do not have a waiting list, it is expected that staff will make contact to set up appointments within 48 hours.</p>
<b>20. Number of Workers</b>	<p>6 EFT – 1 x Manager, 4 x full time Outreach Workers, and 2 x part time Peer Support Workers who have a lived experience of a mental illness.</p>

<b>21. Partnerships involved in</b>	We currently have an informal partnership with Clarendon Clinic. Many referrals have been received through the clinic to date and staff at both ends collaboratively work together to achieve the best outcomes for the clients. We are open to creating partnerships for those organisations that are interested.
<b>22. Networks (formal &amp; informal)</b>	Yarra Youth Forum PHaMs Network Meetings Mental Health Alliance Meeting Dual Diagnosis Forum Alliance Meeting at Clarendon Clinic
<b>23. Disabled Access</b>	NA
<b>24. Transport</b>	We are not a centre base however provide outreach support. The service has 3 cars allocated for appointments.
<b>25. Culture and Languages</b>	There is a large Vietnamese, Greek and Italian population in the City of Yarra. We currently do not have language specific services but do access interpreters for these clients who do not speak English.

## Youth Substance Abuse Service Wilum Drug and Alcohol Supported Accommodation Program

<b>1. Service Name</b>	Wilum Drug and Alcohol Supported Accommodation Program - Youth Substance Abuse Service (YSAS)
<b>2. Brief History of Service</b>	Wilum Supported Accommodation Program supports young people aged 16 to 20 who, having completed alcohol and/or other drug withdrawal, wish to remain drug free and are in need of accommodation. Wilum helps young people develop independent living skills, including goal setting and access to therapeutic groups. Staff encourage reintegration with the wider community through education and employment. Young people can stay in accommodation for up to 12 months. Wilum has eight properties across the inner north-west of Melbourne. Two of the properties have Lead Tenants.
<b>3. Location/s</b>	Office - 329 Napier St, Fitzroy. Houses – Inner North West Region, Melbourne
<b>4. Telephone</b>	Office - (03) 9419 6288
<b>5. Emails</b>	cgrapentin@ysas.org.au
<b>6. Website Address</b>	www.ysas.org.au
<b>7. Service Contacts</b>	-
<b>8. HACC Service</b>	-
<b>9. Other Services in Organisation</b>	YSAS (The Youth Substance Abuse Service) is a statewide community service providing a continuum of services for young people aged between 12 and 21 who are experiencing problems related to alcohol and other drugs. YSAS provides a range of youth specific outreach, treatment, withdrawal, rehabilitation and support programs in 13 locations across Melbourne and regional Victoria.
<b>10. Funding Sources</b>	YSAS receives State and Federal Government Funding. Wilum receives state government funding.
<b>11. Area Served</b>	Wilum covers local Government areas - City Yarra, City of Moreland, City of Melbourne, City of Maribyrnong, City of Moonee Valley
<b>12. Hours open</b>	Office staff work generally 9-5pm but do also occasionally work outside of business hours.
<b>13. Costs involved</b>	Rent charged while living in a Wilum property is a percentage of a young person's income plus bills.
<b>14. Target Group</b>	Young people aged 16-20 years who have backgrounds in problematic substance use but are willing to commit to being drug free whilst being a part of the program.
<b>15. Eligibility</b>	As above (14)
<b>16. Model of Service Delivery</b>	Wilum is an outreach based service as well as the running of groups at YSAS Day Program or Wilum site.

<b>17. Referral Process</b>	<p>Contact Wilum (03) 9419 6288 and speak to a worker or request a referral form. Referrals to Wilum can be made:</p> <ul style="list-style-type: none"> <li>• by individual young people or family members</li> <li>• through YSAS <a href="#">Community Programs</a></li> <li>• through community alcohol and other drug services, GPs, primary and mental health services, youth justice and homelessness services</li> </ul>
<b>18. How to make a referral?</b>	Contact the Wilum office on (03) 9419 6288 and ask for a referral form which will be faxed / emailed to worker.
<b>19. What happens once I've made a referral?</b>	Once the referral is received, a worker will contact the referrer and arrange a time to meet with the young person and referrer. Wilum generally has a waiting list but acceptance into the program is based on individual needs of the young person.
<b>20. Number of Workers</b>	One drug and alcohol housing and support worker and one manager.
<b>21. Partnerships involved in</b>	-
<b>22. Networks (formal &amp; informal)</b>	Wilum has strong networks with a range of services in the inner north and west suburbs of Melbourne. These include youth AOD services, housing services, mental health services, community health services and maternity health services.
<b>23. Disabled Access</b>	
<b>24. Transport</b>	Wilum office is located in Fitzroy, close to public transport including trams, trains and buses. Staff have access to two vehicles that can also provide transport options to clients.
<b>25. Culture and Languages</b>	Interpreters can be provided if needed, access to koori services is also available.







---

**Notes:**



