



Government of **Western Australia**
Department of **Health**

Private Hostel Closure Management Process

Private Hostel Closure Management Process

Contents

Introduction	3
Aim	3
Guiding principles	3
Objectives and outcomes	3
Governing agencies	4
Structure for the management of the closure process	4
Notification of impending closure	5
Residents' consent arrangements	6
Identification of residents and accommodation options	6
Regulations and standards	7
Complaints	7
Public relations	8
Information management	8
Structure and protocol for data sharing	8
Roles and responsibilities	9
Appendix 1- Hostel Closure Notification and Informed Consent Form	17
Appendix 2 - Resident Transfer Checklist	19
Appendix 3 - Placement Outcome Form	20
Appendix 4 - Hostel closure notification flowchart	21
Appendix 5 - Document background	22
Appendix 6 - Document signatories	23

Private Hostel Closure Management Process

Introduction

The *Private Hostel Closure Management Process* (the Process) sets out how the closure of a licensed Private Psychiatric Hostel (PPH) will be managed and outlines the objectives, roles and responsibilities of stakeholders. Establishing and maintaining good communications between governing agencies is critical to a successful closure process and maintenance of resident rights.

The Process is primarily focused on managing a closure initiated by a PPH Licence Holder (LH), however the principles may be applied to support a compulsory closure (although the approach and timeframes may vary depending on the nature of any compulsory process).

Aim

This Process aims to ensure residents of a closing hostel are relocated to appropriate alternative accommodation which reflects their choice and minimises the impact of the move on residents and involves their family, friends, guardians/enduring guardians and administrators/attorneys appointed under the *Guardianship and Administration Act 1990* (referred to as *substitute decision-makers*) and support networks (referred to within this document as **personal support persons**).

Guiding principles

The Process, when implemented, will relate to all residents living at the closing PPH whether they are actively engaged with the local community mental health service or not and aims to deliver supports and services to all residents equitably.

Objectives and outcomes

Principle	Objective	Outcome
1 Inform	Ensure residents, their substitute decision-makers, personal support persons and other key stakeholders are kept informed about the closure of a PPH.	Residents, their substitute decision-makers, personal support persons and other stakeholders are provided with timely information and are supported to understand the process, their rights and options throughout the closure process.
2 Support choice	Assist residents to make choices about their accommodation needs and support them, where possible, to achieve this choice.	Residents' preferences are considered and prioritised in identifying alternative accommodation in conjunction with their substitute decision-makers where relevant to their authority.
3 Involve	Involve personal support persons in the relocation process.	Personal support persons are involved in key decisions and encouraged to fulfil their support role for residents during the closure and relocation process in conjunction with their substitute decision-makers where relevant to their authority.
4 Meet needs	Ensure residents' ongoing clinical (mental and physical health) and psychosocial / recovery support needs (personal care, independent living skills) are identified	The required level of clinical and support services are reviewed and maintained at an appropriate level throughout the closure process and established without

Private Hostel Closure Management Process

Principle	Objective	Outcome
	and appropriate services are provided to meet those needs throughout the closure process and at the new accommodation.	delay at the new accommodation (recognising that increased support may be required due to the impact of the closure).
5 Reduce impact	Relocate residents to appropriate, alternative accommodation with minimal stress to the resident.	Alternative accommodation is sought in a timely manner; residents are adequately involved in and prepared for relocation (including site visits); consent is given by their substitute-decision-makers where relevant to their authority, and the settling in period is well managed.
6 Monitor & report	Monitor and report on the success of the relocation via follow-up and review of each resident in their new accommodation.	Monitoring and follow up of residents is completed within the specified timeframes following relocation.

Governing agencies

The key agencies involved in the governance of private psychiatric hostels are the:

- Mental Health Commission (MHC)
- Licensing and Accreditation Regulatory Unit (LARU)
- Mental Health Unit (MHU)
- 'Relevant' Health Service Provider (HSP), (the HSP which services the area where the closing hostel is located).
- Mental Health Advocacy Service (MHAS)
- Office of the Chief Psychiatrist (OCP)

These agencies provide on-going oversight and support to the private hostel industry and during a closure process, these agencies fill defined roles within the **Hostel Closure Steering Committee** (Steering Committee) and the **Hostel Closure Working Group** (HCWG) which reports to the Steering Committee (noting that dependent on the size of the hostel and complexity of the situation, these two groups may be combined).

Structure for the management of the closure process

The oversight and activities during the closure process are undertaken within the Steering Committee and the HCWG (note these committees exist only during closure processes):

Hostels Closure Steering Committee

LARU will convene the initial Steering Committee meeting following notification of a hostel closure and as part of the advice of the closure to the key agencies. The HSP responsible for the catchment area where the closing PPH is located will assume responsibility for the Steering Committee following the first meeting and identify a project manager and lead mental health clinician/clinical team within their HSP.

The Steering Committee will have senior representatives from the following agencies*:

- HSP (Chair)
- HSP Project Manager

Private Hostel Closure Management Process

- MHC
- MHAS
- Department of Health (LARU and MHU)
- Organisational representative for mental health consumers (for example, Consumers of Mental Health Western Australia)

*The role and functions of the OCP prevent membership of this group but the OCP will attend in a non-voting capacity as required and remain informed of progress and concerns as appropriate.

Hostel Closure Working Group (HCWG)

The relevant HSP will establish a HCWG that will include representatives from the following:

- Project Manager (Chair)
- Relevant HSP clinical mental health representatives (e.g. case manager(s), social worker)
- MHC
- MHAS
- LARU
- National Disability Insurance Agency (NDIA) and/or Department of Communities (Communities).

The HCWG implements the Process and is chaired by the relevant HSP representative. Initially, this group meets weekly to ensure effective communication between agencies.

Notification of impending closure

Governing legislation requires the LH to provide LARU at the Department of Health with a minimum of 90 days' notice prior to closure (increasing to 180 days for hostels with 10-49 residents and 270 days for hostels with 50 or more residents), however informal early notification can help all parties to achieve a better outcome.

Care must be taken when sharing any unconfirmed information which may be commercial in confidence and has the potential to lead to unnecessary concern amongst residents and personal support persons. Where an agency receives **informal** information of a potential closure, this should be communicated to members of the Psychiatric Hostels Agency Committee (PHAC) for consideration and ongoing monitoring.

If a LH notifies of their intention to close to any agency member of PHAC other than LARU, that agency must immediately notify LARU and the MHC and direct the LH to formally advise LARU of their intention to close.

Once notified by a LH of an intention to close, LARU will immediately inform the Director General of Health and all other agencies. LARU and the MHC will then co-ordinate the advice to the Minister for Health and Mental Health.

The responsible HSP (i.e. the HSP in whose catchment the closing PPH is located) will alert services that may be called upon during the closure process. This will include the Office of the Public Advocate and the Public Trustee, local emergency response services and after-hours contacts such as the Mental Health Emergency Response Line (MHERL), Assessment and Treatment Team or equivalent.

The LH is responsible for advising residents, substitute decision-makers and personal support persons of the pending closure and outlining the processes that will occur and the likely

Private Hostel Closure Management Process

timeframe. MHAS will endeavor to make Advocates available to attend any residents' meetings relating to the closure or to visit the hostel residents shortly afterwards. The LH will provide timely notice of such meetings.

Residents' consent arrangements

A formal "*Notification of Closure and Informed Consent Letter*" (Appendix 1) should be signed by each resident or their authorised representative as evidence that:

- they have been informed by the LH and understand that the hostel is to close
- their information can be shared with other agencies.

A completed copy of this letter is to be given to the resident, their substitute decision-maker/s, and their personal support persons by the LH.

While a signed consent form from the resident is preferable, those residents who prefer to provide verbal consent can have their verbal consent documented by the LH in the presence of a suitable independent witness such as an MHAS Advocate. Where a guardian/enduring guardian is appointed as plenary or with limited functions to make decisions about where the person is to live and/or with whom a person lives, and/or their treatment and/or services, consent must be provided by that substitute decision-maker.

Receiving informed consent from residents or where relevant, their substitute decision-maker, will allow information, including data contained within any assessments, to be passed to appropriate third parties, and thereby assist in selection of appropriate, alternative accommodation.

Residents (and/or their personal support persons) who have difficulty in understanding written documents or who do not have English as a first language must be provided with specific assistance by the LH to ensure they are fully aware of the situation and the supports available to them.

Identification of residents and accommodation options

The MHC will liaise with the LH and identify the current residents for which a personal care support payment is made and those on National Disability Insurance Scheme (NDIS) support packages. This information will be cross referenced by the local community mental health clinical teams with the names of clients, and the names of the actual residents living at the PPH.

The confirmed resident list will include:

- the residents' names
- community mental health service client status
- the appointments of substitute decision-makers- guardian/enduring guardian or administrator/attorney where appointed
- General Practitioners (GP)
- NDIS information
- Comments (for information regarding case management and information on where the client is to be relocated).

Each resident's accommodation needs will be assessed based on a functional needs

Private Hostel Closure Management Process

assessment tool¹, psychosocial needs assessment tool², resident's and personal support person's preferences and other information (physical health, disability, age related needs, relationship status etc.).

It may be necessary to consider relocation to temporary accommodation. Where this is required, regular (at least weekly) follow-up with the resident and personal support persons will be undertaken until such time as permanent accommodation is identified. The usual post move follow-up pattern will then be followed.

Where it is believed that the resident's needs are best met in an aged care service an urgent Aged Care Assessment Team (ACAT) assessment will be requested with the consent of their guardian/enduring guardian with the authority to make treatment decisions.

Where a resident is a client of Communities or the NDIA, that agency or the registered NDIS provider will be involved to ensure plans are being developed to meet that person's accommodation needs within the timeframe for closure.

Appropriate accommodation vacancies within the PPH sector and other contracted supported accommodation services that meet the relevant regulatory requirements will be identified. This information will be gathered from the MHC's Bed Vacancy System, a tool that monitors community bed vacancies and the types of services being offered at each service.

Regulations and standards

Throughout the closure process *the Private Hospitals and Health Services Act 1927, the Hospitals (Licensing and Conduct of Private Psychiatric Hostels) Regulations 1997, the Licensing Standards for the Arrangements for Management, Staffing and Equipment for Private Psychiatric Hostels* relating to the operation of a PPH remain applicable and the LH remains responsible for ensuring continued compliance.

LARU will continue to oversee LH compliance during the hostel closure period; however, the clinical team and HCWG will also ensure required care standards are met during the implementation of the Process and report issues of non-compliance to LARU.

During transition and post-placement, there is an onus on mental health services to comply with the statutory Chief Psychiatrist's Standards for Clinical Care, as specified by the *Mental Health Act 2014* and the National Standards for Mental Health Services as required by service agreements with the MHC.

Complaints

Complaints should be resolved with the PPH LH, their delegated authority or the clinical team (as appropriate) wherever possible.

Where this is not possible, there are multiple avenues open to residents or their personal support persons for the resolution of complaints. Complaints can be directed to the:

- HCWG (who will be responsible for resolving any complaints in consultation with supporting advice being provided by the relevant agencies)
- Private Hostels Agency Committee (PHAC) which comprises representatives of all governing agencies and which will enact the committee's Complaints Management

¹ It is recommended to use Schneider and Snelling's (1983) Specific Levels of Functioning assessment instrument with each resident. See: <https://pubmed.ncbi.nlm.nih.gov/10264257/>

² To be undertaken by an NGO appointed by the MHC.

Private Hostel Closure Management Process

process if a complaint is lodged with any of the member agencies.

- Health and Disability Services Complaints Office (HaDSCO)
- MHAS which is required under the *Mental Health Act 2014* to inquire into and seek to resolve complaints. Complaints may be made by the resident or a “sufficiently interested” party on their behalf, which could include a carer, guardian, administrator or a member of the clinical team.

Public relations

The closure of a hostel may create interest in the media either as a part of general interest or through concerns raised by residents, families, workers or the general community. All media enquiries regarding the closure and response strategies will be referred to the Steering Committee, who will coordinate any response with their partner agencies.

Information management

To ensure effective and consistent management of the information gathered during the closure process, all parties to a closure must comply with the Department of Health Information Management Policy Framework (the Framework): <https://ww2.health.wa.gov.au/About-us/Policy-frameworks/Information-Management>.

The key principles contained within the Framework are that information is to be:

- **Valued** (by informing better decision making)
- **Available** (by using methods to ensure relevant, timely and high-quality information is stored, preserved, and remains accessible and usable to meet patient care and business requirements)
- **Shared** (appropriately in accordance with statutory, regulatory and mandatory policy requirements for purposes that are directly related to, and necessary to manage, plan, evaluate or promote, protect and maintain the health of patients and residents)
- **Governed** (in accordance with statutory, regulatory and mandatory policy requirements)
- **Trustworthy** (by ensuring information is high quality, adopting common definitions, interpretations, data quality statements, formats and business rules and by incorporating best practice data integrity and information management processes)
- **Secure and protected** (by storing information in systems that are secure, protected and meet governance requirements and in a manner that is transparent and accountable to prevent the misuse or unauthorised collection, storage, access, use, disclosure or disposal of information).

Structure and protocol for data sharing

To ensure effective and appropriate governance and decision making throughout the closure process, information will need to be gathered by and shared between stakeholders. All stakeholders must commit to sharing information within the constraints of governing legislation and where possible, in accordance with the Australian Privacy Principles (APP) contained within the Privacy Act 1988 (Cwlth) <https://www.oaic.gov.au/privacy/the-privacy-act/>.

There are 13 APP and they govern standards, rights and obligations around:

- the collection, use and disclosure of personal information

Private Hostel Closure Management Process

- an organisation's or agency's governance and accountability
- integrity and correction of personal information
- the rights of individuals to access their personal information

A breach of an Australian Privacy Principle is an 'interference with the privacy of an individual' and can lead to regulatory action and penalties. APP 6 outlines when personal information may be used or disclosed, noting that this must be for the primary purpose for which it was collected unless an exception applies. Exceptions include:

- the individual or their substitute decision-maker with the relevant authority has consented to a secondary use or disclosure
- the individual would reasonably expect the APP entity to use or disclose their personal information for the secondary purpose, and that purpose is related to the primary purpose of collection, or, in the case of sensitive information, directly related to the primary purpose
- the secondary use or disclosure is required or authorised by or under an Australian law or a court/tribunal order
- a permitted general situation exists in relation to the secondary use or disclosure
- the APP entity is an organisation and a permitted health situation exists in relation to the secondary use or disclosure
- the APP entity reasonably believes that the secondary use or disclosure is reasonably necessary for one or more enforcement related activities conducted by, or on behalf of, an enforcement body, or
- the APP entity is an agency (other than an enforcement body) and discloses biometric information or biometric templates to an enforcement body, and the disclosure is conducted in accordance with guidelines made by the Information Commissioner for the purposes of APP 6.3

Roles and responsibilities

The following tables outline the activities each agency or group is responsible for. It is not an exhaustive list and it is expected that some of the roles will be shared between stakeholders. There will need to be sharing of information between agencies in order to fulfill responsibilities and secure a good outcome for residents.

Private Hostel Closure Management Process

#	Activity	✓
LARU		
1	Receive formal notice of intention to close	
2	Formally notify other agencies - MHC, MHU, OCP, MHAS, HSP of closure notification within one working day of notification of closure by the PPH LH. (Further, LARU will inform all parties if LARU has reasonable grounds to believe a PPH is likely to close despite formal notification not having been received).	
3	Convene the first meeting of the Steering Committee (management of the Steering Committee then to sit with the HSP)	
4	Negotiate the official date of closure with the LH in consultation with the Steering Committee	
5	Monitor compliance with relevant legal requirements and ensure these are met by both the PPH closure process and in facilities residents are to be transferred to	
6	Oversee compliance to the Licensing Standards for the Arrangements for Management, Staffing and Equipment for Private Psychiatric Hostels during transition period	
7	Advise the Director General and Minister for Health on issues related to the closure	
MHC		
1	Review the list of residents identified as receiving personal care support payments against list of current residents	
2	Provide a copy of the latest completed Personal Care Support Assessment Questionnaire - 32 for each resident currently living at the PPH to the clinical team	
3	Appoint an NGO to undertake in a timely manner, a psychosocial needs assessment of each resident using a relevant and approved tool. This information will be shared with the clinical team and the new accommodation provider when matching residents to accommodation options	
4	Ensure the new accommodation provider complies with the National Standards for Mental Health Services and other MHC requirements and receives the appropriate funding or personal care support payment for the transferring resident(s)	
5	Advise the Minister for Mental Health on relevant issues related to closure	
6	Provide the LH with a copy of the Process so he/she is informed of his/her responsibilities and responsibilities of other agencies	
7	Provide the Mental Health Commissioner with regular progress reports	
8	Provide funding as needed to either purchase alternative accommodation supports for residents or to develop business cases for additional funding as necessary, including assisting with funding for extra costs related to the closure incurred by the HSP and bodies like MHAS	
9	Advise the clinical team responsible for the relocation of residents of suitable permanent accommodation vacancies identified by the NGO sector / the MHC's Bed Vacancy System	
10	Collaborate with various accommodation providers regarding accommodation supports and funding arrangements	
HSP		
1	Manage the Steering Committee (following the first meeting, to be convened by LARU) which will oversee and monitor compliance with the implementation of the Process and address any issues identified.	
2	Convene the HCWG which will implement the Process and identify any issues raised.	

Private Hostel Closure Management Process

3	Advise the local mental health service and hostel clinical teams, the Office of the Public Advocate and the Public Trustee of hostel status	
4	Appoint the primary clinical service team to activate the closure process	
5	Advise local ACAT of possible requests for urgent assessments	
6	Coordinate a follow-up report within 90 days of closure and distribute to key stakeholders.	
7	Ensure awareness of the Process across the local community mental health teams	
MHAS		
1	Ensure residents have access to Advocates during and after (where appropriate) closure period and provides individual support and advocacy as required	
2	Ensure residents' wishes are heard and that residents' rights are observed throughout the closure process	
3	Seek to resolve complaints raised by residents/ 'interested parties' on their behalf	
OCP		
1	Review the standards of clinical care provided and determine the nature of oversight (<i>Mental Health Act 2014</i>)	
Mental Health Unit		
1	Raise awareness of the Process with Health Service Providers via directing HSPs to the LARU website.	
Office of the Public Trustee		
1	<p>Manage and protect the finances of residents for whom they have been appointed as the administrator including providing consent in relation to the costs associated with the resident moving to alternative accommodation and the ongoing financial arrangements.</p> <p><i>The State Administrative Tribunal (SAT) is the body responsible for appointing people or organisations as administrators for people who are unable to manage their own financial affairs (represented persons) and may appoint the Public Trustee. The extent of the Public Trustee's authority is at the discretion of the SAT and may be all encompassing (plenary administrator) or limited to one or more specific matters (limited administrator).</i></p>	
Office of the Public Advocate		
1	<p>Provide consent to decisions on behalf of the residents as relevant to the authorities of the guardianship order.</p> <p><i>The State Administrative Tribunal (SAT) is the body responsible for appointing guardians for adults to make personal, lifestyle and treatment decisions under the Guardianship and Administration Act 1990. The Public Advocate is appointed as guardian of last resort when there is no one else suitable, available or willing. The extent of the Public Advocate's authority is at the discretion of the SAT and may be all encompassing (plenary guardian) or limited to one or more specific matters such as making decisions regarding treatment, accommodation or services (limited guardian).</i></p>	
Association of Community Care Facilities		
1	Assist the LH and HCWG / clinical team to identify vacancies in other hostels	

Private Hostel Closure Management Process

The Steering Committee will:

#	Action	✓
1	Consider project updates and collaborate to resolve issues raised by the HCWG via the Project Manager	
2	Provide overarching governance, leadership and compliance with the implementation and completion of the Process	
3	Ensure adequate resources and efficient decision making to facilitate the progress of the Process	
4	Provide a coordinating / collaborative function across key agencies involved	
5	Approve project risk and contingency plans	
6	Review the resource implications and allocations for the transition period	
7	Guide the information management protocols and resolve issues where legislative or other constraints limit information sharing to ensure the Process is implemented in accordance with legislative, safety and quality requirements, including compliance with the Australian Privacy Principles contained within the Privacy Act 1988 (Cwlth)	
8	Brief the Director General of Health, the Mental Health Commissioner and other relevant HSPs on the progress, issues and outcomes achieved	

The HCWG will:

#	Action	✓
1	Monitor progress of the NGO appointed by the MHC to undertake resident psychosocial needs assessments, ensuring completion in a timely, comprehensive manner	
2	Liaise with the clinical teams to monitor the progress of the relocation of residents	
3	Share information as appropriate with relevant stakeholders to facilitate successful relocations, noting information must be managed in accordance with the principles of the <i>Privacy Act 1988 (Cwlth)</i>	
4	Ensure all information gathered throughout the closure process is managed in accordance with the Department of Health Information Management Policy Framework	
5	With the relevant HSP, monitor/review the receiving clinical services' workloads and capacity to absorb additional clients (and report this to the Steering Committee on a timely basis)	
6	Establish a dispute resolution pathway, including escalation of unresolved disputes to the Steering Committee	
7	Identify safe interim accommodation for residents if permanent relocation is not possible before the PPH closes	
8	Identify options for emergency accommodation that is appropriate to residents' needs	
9	Consider, confirm and resolve matters relating to suitability/appropriateness/legality of identified accommodation options, e.g. licensing requirements	
10	Develop an emergency contingency plan, should there be a lack of suitable alternative accommodation options for residents within the required timeframes for relocation	
11	Provide updates to the Steering Committee on the status of relocation. The update is to include summary information on residents relocated, or still waiting for alternative accommodation and opportunities and barriers encountered/resolved	
12	Immediately advise all stakeholders as residents are permanently (or temporarily) relocated once confirmation is received from the clinical team	
13	Oversee the follow-up review undertaken by the clinical team of all residents within 2 weeks, 4 weeks and 6 months or as necessary following relocation to ensure that the accommodation is meeting the residents' needs	
14	Provide a final report to the key stakeholders that reviews the implementation of the Process, identifies problem issues, resolution of actions and issues, involvement of other agencies, conclusion and final recommendations	

Private Hostel Closure Management Process

The Closing Private Psychiatric Hostel Licence Holder's responsibilities include to:

Note: Upon notification of closure of a hostel, the MHC will provide the LH with a copy of the Private Hostel Closure Management Process.

#	Action	✓
1	Provide at least the minimum required notice of closure to LARU (90 days for hostels with less than 10 residents, 180 days for 10-49 and 270 days with 50 or more residents)	
2	Comply with the Licensing Standards for the Arrangements for Management, Staffing and Equipment - Private Psychiatric Hostels during the closure period	
3	Coordinate with the HCWG to formally notify (in writing) all residents, personal support persons of closure in a timely manner and arrange public meetings to initially notify and discuss closure strategy with residents and personal support persons (the clinical team is established first then the notification coordinated with the LH and the team)	
4	Inform all GPs and support agencies of closure in a timely manner (such as MHC / NDIS/Office of the Public Advocate/Public Trustee/other funding bodies/ OCP / MHAS)	
5	Ensure residents, their personal support persons / other stakeholders are provided with timely and clear information in appropriate formats and language, throughout the closure, specifically including closure timeframes, date and time of visits to potential new accommodation and date and time of relocation	
6	Ensure residents complete the informed consent documentation having first been given an explanation as to why the consent is needed and the type of information to be shared and time to consider the consent request and consult with personal support persons or an MHAS Advocate prior to signing – where a guardian with relevant powers is appointed, the guardian will complete this documentation	
7	Give MHAS timely notice (no less than 48 hours) of resident / personal support persons' meetings; contact MHAS as requested by residents within 24 hours (as required by the <i>Mental Health Act 2014</i>)	
8	Provide the clinical team and /or the MHC with a list of residents' names, their personal care plans, community mental health service client status, contact details of personal support persons, appointment of guardian/enduring guardian and/or administrator/attorney if there is one, General Practitioners (GP) and NDIS information.	
9	Provide the clinical team with a comprehensive handover (access to the residents' files including an updated care plan) to facilitate relocation of residents	
10	Coordinate and support residents to attend clinical and psychosocial needs assessments undertaken by the clinical team / appointed NGO	
11	Assist the clinical team/NGO to identify those residents who may be eligible for an NDIS package early	
12	Support residents to maintain access to existing services during relocation	
13	Ensure transparent and appropriate financial processes are in place including providing residents with a final statement of finances, a copy, signed by the resident or nominee, to be retained on file. Any balances owed to residents are to be settled in a timely manner	
14	Ensure resident information (day books, resident files, financial statements relating to resident monies, rental payments and any other information required in either written or electronic format) is retained in a secure place and is available if required and copies are made available to the resident and guardians and administrators if appointed	
15	Act in good faith, assisting the clinical team and HCWG in the relocation of residents to alternative accommodation	
16	Ensure arrangements have been made for the safe and timely transfer of residents' belongings	

Private Hostel Closure Management Process

17	In collaboration with the Clinical Team, ensure arrangements are made for the safe and timely transfer of residents' medications	
18	Provide contact details that would allow appropriate authorities access to the files into the future including both medical and financial records	
19	Provide continued care and support that meets the required standards for the remaining residents until their relocation and notify the clinical team immediately of any difficulties in providing this care and support	
20	Return the PPH licence and other legal documents to LARU once the facility has ceased to operate	

The Clinical Team will:

#	Action	✓
Prior to relocation		
1	Ensure the LH provides residents and their personal support persons with timely support and information	
2	Ensure each resident has a current physical and mental health assessment, functional needs assessment and comprehensive care plan which will be used to ensure the resident is matched to appropriate alternative accommodation and will be available on transfer/admission to the new facility to support the residents ongoing care	
3	Work in partnership with the NGO appointed to undertake psychosocial needs assessment of hostel residents to ensure residents' needs and preferences are taken into consideration when referring the resident to alternative accommodation options	
4	Liaise with the LH and key staff of the closing PPH and co-existing clinical services (forensic mental health, private psychiatrist, General Practitioners, drug and alcohol services, etc.)	
4	Engage with other relevant agencies (NDIA, Communities, Department of Health) for ACAT, the Office of the Public Advocate and Public Trustee as relevant to assist in the assessment and support of a resident's progress towards relocation	
5	Ensure that residents and their personal support persons have accurate information regarding services and facilities available that enables them or their substitute decision-maker/s to make an informed decision about their accommodation options	
6	Where a resident has a guardian who is responsible for accommodation decisions, consult with the guardian/enduring guardian as to where a resident will relocate. Where a resident has an administrator/attorney responsible for their finances, consult with administrator/attorney regarding the financial implications of the relocation	
7	Ensure residents (and their personal support person if desired) view accommodation options prior to making a final decision	
8	Ensure all new accommodation options used for the relocation of residents meet the appropriate legislative requirements and levels of supervision/support are commensurate with the resident's individual needs	
9	Assess the capacity of each resident to make an informed decision about their relocation, and where appropriate, make an application to the State Administrative Tribunal for guardianship and/or administration orders	
10	Alert residents to the availability of a Mental Health Advocate during the period of relocation	

Private Hostel Closure Management Process

11	Advise residents and their personal support persons of the consequences of decisions they may make in relation to alternative accommodation options that may not fully meet their needs	
12	Keep documentation and record details on the relocation progress for each resident	
13	Provide regular (weekly) progress reports to the HCWG and MHC contract manager on relocation process on a resident by resident basis, highlighting potential difficulties in placement or transfer of clinical care during the implementation of the closure plan	
14	Ensure early identification of residents who have specific clinical needs or are potentially 'difficult to place'	
15	Ensure early identification of NDIS status for each resident and make appropriate and timely referral for NDIS assessment as required	
16	Prepare brief documentation (including the care plan) for the new accommodation provider with: resident's profile, likes and dislikes, drug and alcohol issues, forensic history, risk assessment etc. to allow them to make fully informed decisions regarding the care required for the transferring resident. Consent for provision of this information to be sought from the guardian/enduring guardian as relevant to their authority	
17	Ensure residents have continuing clinical mental health care including the maintenance of medications and future clinical appointments	
18	Ensure that the LH has informed each resident of the place to which they are moving and been given maximum notice of the time and date of when the move is to take place	
19	Ensure the LH has advised all personal support persons of the place to which the person is moving and are given details that will enable them to make contact	
20	Report any concerns and/or issues to the HCWG regarding resident safety and welfare of any remaining residents up to the date of closure	
21	Communicate financial issues to the HCWG and identify if additional resources are required to manage financial arrangements at short notice	
22	Develop a contingency plan that addresses unplanned leave which may affect the timeliness of project actions by clinical team members	
During relocation		
23	Work with closing hostel and other accommodation providers to effect smooth transition for residents to new accommodation	
24	Provide clinical case summaries for residents requiring continued mental health care and manage effective clinical transfer of care	
25	Ensure residents are provided with written information with 24-hour contact details should they require mental health support	
26	Brief "after hours" mental health services of situation and provide relevant clinical information about residents as necessary	
27	Work with the LH to ensure that each resident has all their money and property returned to them and made ready for transfer, in consultation with their administrator/attorney where appointed. Evidence that this has occurred should be documented and available as required, including signed copies of the leaving statements reconciling resident finances (rent, petty cash etc.)	

Private Hostel Closure Management Process

28	Work with the LH or delegated authority to ensure appropriate containers for the transfer of resident's property are provided	
29	Ensure the resident's medication accompanies the resident when they move, and that any medical or other appointments are noted and communicated to the new provider.	
30	Ensure there is an exchange of information between the relevant mental health clinics, closing PPH, resident's GP, personal support persons, new accommodation provider and any other appropriate third parties at time of relocation	
31	Facilitate joint clinical management for the transition period with the relevant clinical team (noting all residents will need to be assigned to a clinical team); relevant clinical team to assess ongoing case management needs	
32	Ensure existing clinical and support services are maintained until residents have been permanently relocated and engaged with the receiving mental health service	
Once relocated		
33	Ensure residents living in interim accommodation continue to receive the required support services; ensure regular (at least weekly) follow-up with residents in interim accommodation, and their personal support person, until such time as permanent accommodation is identified.	
34	Ensure Residential Agreements between the resident and their new PPH are established by the facility residents are being transferred to	
35	Ensure clinical reviews and psychosocial needs assessments by the appointed NGO of residents are undertaken and directed towards minimising the stressors associated with relocation and maximising the capacity and wellness of residents during and post relocation	
36	Provide comprehensive care plans to identified treating clinicians as a matter of urgency within a maximum one week of the resident's move	
37	Carry out a follow-up review once all residents are relocated to alternative accommodation, within 2 weeks, 4 weeks and 6 months or as necessary after relocation and complete the Placement Outcome Forms (Appendix 2) for each relocated resident and return these to the HCWG	
38	Follow up with residents who have been temporarily relocated if the timeframe for permanent relocation exceeds 90 days from date of leaving original PPH	

Private Hostel Closure Management Process

Appendix 1- Hostel Closure Notification and Informed Consent Form

Resident name: _____

Guardian/Administrator/Next of Kin: _____

This form is to notify (tick all that apply):

- | | | | |
|--------------------------|---------------|--------------------------|-------------|
| <input type="checkbox"/> | Resident | <input type="checkbox"/> | Guardian |
| <input type="checkbox"/> | Administrator | <input type="checkbox"/> | Next of Kin |

that _____ hostel will be closing on or about ____/____/____.

We understand that moving can be a difficult time, however, the hostel management and the local mental health team will try to make the transition to your new home as good as possible and will take your wishes into consideration wherever possible.

Important information:

- _____ will help you find and move to other accommodation. You can contact them on _____.
- All your belongings will come with you to your new home and you will be given a final statement showing any money (rent / petty cash / expenses) owed by you or to you, any money owed to you will be paid to you in a timely manner.
- you will get a chance to see your new home before you move and your choices about your new home will be taken into account.
- You will continue to receive your usual services until you move.
- The clinical and support services you need at your new home will be set up for you.
- You will get a chance to say goodbye to people at your current hostel.
- Choosing the right place to move to is very important and you should ask questions and take time to think about the decision and ask for help to make the best decision for you.
- If you say 'No' to a hostel that you are offered and later change your mind, it may not be possible to go there.
- If you want to, you or your personal support person(s) can speak with an Advocate from the Mental Health Advocacy Service (MHAS) on 6234 6300 or 1800 999 057.

Private Hostel Closure Management Process

Acknowledgement of notification

I acknowledge that I have been told that my current hostel will be closing on or about ____/____/____.

Signed _____ . Date ____/____/____

(Resident or resident's authorised representative)

The resident prefers to give verbal acknowledgement:

I confirm the resident provided verbal acknowledgement of closure notification on: ____/____/____.

Witness Signature: _____ Date: ____/____/____

Witness Role/ Organisation: _____

Consent

To help find suitable new accommodation for you some of your personal information (such as name, date of birth, physical and mental health assessments, care plan) may need to be shared with others. Please sign below to give permission for your details to be shared.

Agency	Purpose
Mental Health Commission	To help manage funding mental health services
Health Service Provider (including local mental health teams)	To coordinate physical and mental health care services
New accommodation providers	To help make sure your new accommodation suits your needs
Office of the Chief Psychiatrist	To ensure the treatment and care provided by mental health services meet the Chief Psychiatrist's Standards
Medical services (doctor, dentist, podiatrist etc.)	To ensure you continue to get the services you need
Mental Health Advocacy Service (MHAS)	To assist you (the resident) to make sure your wishes are heard, support you in your decision making and seek to resolve any complaints you have

Your details will not be distributed to any other parties without your consent.

Sign: _____

(Resident or authorised representative)

Sign: _____

(Case manager/service representative)

Date: ____/____/____

Date: ____/____/____

The resident prefers to give verbal consent:

I confirm the resident provided verbal consent to share details on: ____/____/____.

Witness Signature: _____ Date: ____/____/____

Witness Role/Organisation: _____

Appendix 2 - Resident Transfer Checklist

Resident Name: _____

Expected Transfer Date: ____/____/____

Case Manager: _____

Actual Transfer Date ____/____/____

Key Requirement	Complete? (tick or N/A)	Comments (if required)	Case Manager (initial on completion)
Consent obtained (note in comments who signed)			
Assessment complete (add note if ACAT/NDIS referral)			
Care to be provided at new facility is appropriate for the resident			
Residents GP notified			
Resident linked with new GP			
Resident's NoK/Guardian/NDIS support worker notified			
Change of address in TOPAS / PSOLIS and deactivation from MACMHS (if required)			
Medications arranged		*Number of weeks medication resident has on transfer: _____	
Ongoing financial management arrangements			
Transfer of care documentation		<input type="checkbox"/> Care Transfer Summary (Case Manager) <input type="checkbox"/> Medical Assessment (Dr Name) <input type="checkbox"/> PSOLIS Mx Plan (Case Manager) <input type="checkbox"/> BRA (Case Manager)	
Required referrals (please indicate key referrals)			

Approval for Transfer: _____
(Authorising health professional, e.g. Consultant Psychiatrist)

Date: ____/____/____

Relocation Destination: _____

Appendix 3 - Placement Outcome Form

Resident Name		Case Manager Name	
Closing hostel		New Accommodation	
Date of Review		GP Name & Practice	

	Indicate yes/no	Please provide details and action required (if any)	Please provide any specific comments from the resident or clinician here
1. Was the resident satisfied with the transition process and how this was managed by us?			
2. Is the resident satisfied with the new accommodation?			
3. Are there any issues that need to be addressed as a result of the transition?			
4. Is the resident being supported to connect with the local community?			
5. HoNOS Score	Pre Post		
6. Kessler Score	Pre Post		
7. Ongoing Plan for Resident (transfer to new accommodation, continue to case manage at Midland, refer-on)			

On completion please provide to the Hostel Closure Working Group Chair and Project Lead for forwarding to the Steering Committee.

Appendix 4 - Hostel closure notification flowchart



Appendix 5 - Document background

The *Hostel Closure Process* was originally developed in 2000 by a working group consisting of agencies that had direct involvement with the private psychiatric hostel sector.

The Process was previously supported and implemented by the then Mental Health Division of the Department of Health (DoH). The Process was revised in 2004 and 2006 and again in 2015 following the closure of a number of licensed private psychiatric hostels³ and changes resulting from the creation of the Mental Health Commission (MHC) in 2010.

The Process was implemented in December 2017, following the closure of a hostel. An evaluation of the processes outlined in the Strategy was undertaken in early 2019 and further revisions were subsequently made.

Under the *Private Hospitals and Health Services Act 1927* and the provisions of the *Hospital (Licensing and Conduct of Private Hostels) Regulations 1997*, Private Psychiatric Hostels (PPH) are required to be licensed and maintain compliance with standards. The DoH's Licensing and Accreditation Regulatory Unit is responsible for the licensing and monitoring of PPHs. Under the Regulations, it is the responsibility of the LH to give the DoH Chief Executive Officer at least 90 days written notice before closing the PPH (increasing to 180 days for hostels with 10-49 residents and 270 days for hostels with 50 or more residents). Failure to comply is subject to a \$500 penalty (Regulation 16).

In response to the Western Australian Auditor General's Report on the '*Licensing and Regulation of Psychiatric Hostels, June 2014*', the Psychiatric Hostels Agency Committee (PHAC) was established in 2014. PHAC is responsible for the monitoring of hostel performance to improve outcomes for residents. PHAC membership comprises representatives from LARU, the Mental Health Unit (DoH) (MHU), MHC, the Office of the Chief Psychiatrist (OCP), the Mental Health Advocacy Service (MHAS) and Health Service Providers (HSPs) which are represented by the East Metropolitan Health Service. PHAC contributed to the revision of the Strategy in 2019. The Process is co-owned by all agencies involved with the hostel sector –DoH (LARU and MHU), MHC, OCP, MHAS and HSPs.

The Process will be reviewed every 3 years and particularly following any hostel closures that may occur in future and feedback will be sought from all relevant stakeholders.

³ Includes all facilities licensed as a private psychiatric hostel as per the *Private Hospitals and Health Services Act 1927*.

Appendix 6 - Document signatories

Stakeholder	Representative	Role	Date signed
Mental Health Commission	Amanda Hughes	Head of Support Services	19/4/21
Mental Health Advocacy Service	Sarah Pollock	Chief Mental Health Advocate	18/3/21
Licensing and Accreditation Regulatory Unit	Lynda Campbell	Manager	12/3/21
Mental Health Unit	John Banfield	Manager	15/2/21
Health Service Provider	Wade Emmeluth	Service Co-Director	15/2/21
Office of the Chief Psychiatrist	Dr Nathan Gibson	Chief Psychiatrist	15/3/21

Three yearly review required. Next review due: March 2024

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