

Multiple and Complex Needs Initiative Regional Gateway Processes- Summary

Consultations

1. Confirm that individual's **region of origin** for the purpose of the consultation is your region (see Region of Origin guideline)
 - where you determine that the individual's region of origin is a region other than yours, make contact with the Regional Coordinator in the relevant region to advise them that service provider/potential referrer will make contact.
 - where there is any disagreement about the individual's region of origin ensure that this is resolved promptly. The relevant Regional Directors may need to assist in resolving matters where individual's region of origin is uncertain.
 - you should then advise service provider of relevant Regional Coordinator's name and contact details.

2. Determine the most **appropriate mechanism for consultation**. Can consultation occur adequately over the telephone or would it be better achieved through a meeting with the service provider and other providers as appropriate?

As an indication:

- where the matter is clear cut a telephone conversation may suffice.
- where involved and recently involved service providers have not met yet met to consider options for the individual, it would be appropriate to encourage the service provider to meet with other involved or recently involved providers as a preliminary step. Where possible, service providers should be encouraged to:
 - establish nature and scope of issues relating to the individual
 - identify a lead case manager and responsibilities for co-ordination, communication and monitoring
 - identify and implement any identified alternative response options
 - assess adequacy of these
 - discuss the appropriateness of a referral to the Initiative where alternative options have been exhausted/not available or have not achieved any appropriate or sustainable outcomes for the individual.
- Where involved or recently involved providers are reluctant to meet or are having difficulty in agreeing on alternative support options, it may be appropriate that you participate in/facilitate an initial consultation discussion with the relevant providers.

3. Ensure that the privacy requirements of relevant legislation are adhered to. At the **consultation** stage this may be assisted by **using non-identifying information** (ie. no names) when discussing the individual's circumstances/needs.

4. Check that the service provider wishing to consult has obtained their senior manager's endorsement.

5. Specific endorsement processes have been established for:
 - Magistrates, County and Supreme courts
 - Corrections Victoria
 - Child Protection, Juvenile Justice and Child and Adolescent Mental Health Services (CAMHS)

You may need to check that the service provider is aware of the existence of these processes.

6. You must provide the service provider with advice regarding the outcome of the consultation both verbally and in writing (in most cases, an e-mail should suffice).

Referral

7. Where you form the view that:

- the individual appears to meet the eligibility criteria
 - all relevant support options have been utilized, wherever possible and have not met the individual's needs **or** reasonable attempts to engage providers/programs, where available, to provide a co-ordinated service response to the individual have not been successful.
- a **Multiple and Complex Needs Referral Form** may be provided to the referrer for completion.

***NB:** Where the service providers have limited experience in completing referrals, they may require your guidance in completing the referral form. In the case of self-referrals or those made by family members, it may be appropriate that you complete the form on their behalf.

8. Confirm with the **referrer** that they understand their **responsibility** to talk to the individual about the fact that they are going to complete a referral form to be considered by the **local panel** and the **DHS Regional Director** and, if endorsed, the Multiple and Complex Needs Panel.

9. Confirm with **referrer** that it will be important that they and other involved service providers **continue to provide support** to the individual throughout the process.

10. In general, referrals must be signed by a **senior manager** of the service provider organization/ program initiating the referral.

11. Specific **sign off requirements** have been established for:

- Magistrates, County and Supreme court referrals
- Corrections Victoria referrals
- Child Protection, Juvenile Justice and Child and Adolescent Mental Health (CAMHS) referrals

Local Panel Consideration of the Referral

12. Where information contained in the referral form is limited or incomplete, the local Panel chair may request more comprehensive information.

13. The region may wish to consider inviting the referrer to attend the local panel to assist in clarifying any referral specific queries the local panel may have.

14. In seeking additional information, it is important to remember that at the local Panel stage:

- further information can only be requested within existing legislative parameters. The **Information Privacy Act** and the **Health Records Act** establish clear principles, which govern the exchange of personal and health information.
- you should also note that other legislation including the **Mental Health Act** contain specific information exchange requirements/protections.
- **Referrers will need to take responsibility for determining that information included in a referral form adheres to information exchange requirements prescribed in relevant legislation.**
- where a service provider declines to provide information on the basis that its disclosure was not part of the purpose of its collection, and where the service provider cannot obtain the individual's agreement to disclose the information, the region will need to make a decision about whether the referral presents a compelling case without the complete information.

- information exchange provisions established under the Act **only apply** to Multiple and Complex Needs Panel, multi-disciplinary assessment and Care Plan development and implementation processes.

15. Within **30 days** of the receipt of a completed referral, regions will:

- consider the referral on its own merits and in the context of priority status and Panel workflow allocations.
- advise the referrer both verbally and in writing of the Regional Director's assessment.
- **notify the individual** and their parent or guardian (as appropriate) in writing and in person **if** the referral is to proceed to the Panel in accordance with **Section 16** of the Act (see below).
- forward referral documentation to the Executive Officer of the Panel **if** the individual and their parent or guardian (as appropriate) has not refused to participate in the service response.

Notification

16. You will need to determine in consultation with the referrer who should accompany you to meet with the individual to advise them that a referral will be made to the Panel, if they do not refuse to participate. Remember that the referrer will already have spoken to the individual about their support requirements and a proposal that their name be put forward to the Panel.
17. When you and a nominated person meet with the individual you will also need to provide them with a copy of the notification letter and explain its contents to them consistent with **Section 16** of the **Human Services (Complex Needs) Act 2003**.
18. ****NB** Please note that in some circumstances, it may be appropriate that you do not participate in the notification to the individual process. In these circumstances it will be important that you make sure that the service provider(s) undertaking this role fully understand and are able to explain the requirements of Section 16 of the Act to the individual and deliver the Regional Director's notification letter to them.

Refusal

19. You are authorized by the Secretary to accept refusals from individuals, their parents/guardian or guardians not wanting to be referred to the Panel (S. 26 (2)).
- ensure that all refusals are clearly documented.
20. Where an individual's willingness to participate fluctuates, S. 26 (5) of the Act requires that the person to whom the purported refusal is made must determine, whether, **in their professional judgment**, this constitutes a refusal for the purposes of the Act.
- In these circumstances you will need to be guided by the advice of another person who has an ongoing relationship with the individual. Again, this information must be clearly documented.

Individuals Awaiting Referral and Those Ineligible for a Service Response

21. For those individuals awaiting referral, and in the absence of an existing case manager/co-ordinator who would undertake the following tasks, it is appropriate that you facilitate a meeting of relevant service providers to:
- identify lead case management responsibility and clarify roles of involved providers
 - agree on procedures for monitoring and review
 - formalize a case plan including crisis response provisions, if a plan if one does not exist.
22. For those individuals determined by the Multiple and Complex Needs Panel to be ineligible for a Multiple and Complex Needs service response, the referrer or a worker identified by the Region, will facilitate a meeting of relevant providers to review and promote effective co-ordination of appropriate supports to the individual.

Remember that it is not the role of the Regional Coordinator to assume case management responsibility for any stage of a service response to the individual.