

# Multiple and Complex Needs Initiative

Regional Gateway Data Report

June 2007

## Summary

To the end of June 2007 that is, in almost three years since the establishment of the Multiple and Complex Needs Initiative, regions had received 431 consultations. Only 134 consultations had moved into the broad referral stage, highlighting the significant amount of work undertaken by regions in relation to individuals in this population. Sixty-one referrals had been endorsed by regional directors for referral to the Multiple and Complex Needs Panel (the Panel).

For the most part, the current data reinforces the trends observable in earlier reporting periods. These are summarised below:

### **Demand for a Multiple and Complex Needs service response**

A comparison of regional gateway activity on a year by year basis indicates that demand for a service response (to date) peaked in 2005 with the highest numbers of consultations and matters moving into the referral phase occurring in that year.

An increase in collaborative problem solving at the regional level through the work of regional co-ordinators and local panels is likely to have contributed to a slowing of matters moving into the referral stage from 2006 onwards. Operational adjustments and flow through issues effecting components of the Initiative in more recent times may also have impacted on a slowing of matters moving into the total referral phase.

Among endorsed referrals, demand has been more consistent until the 2007 calendar year. While numbers of endorsed referrals appears low for the first half of the year, in the absence of a full year's data it is difficult to draw any solid conclusions from this or to confidently estimate 'average' annual demand for a service response.

Profiling undertaken ahead of the establishment of the Initiative suggested that demand for a multiple and complex needs service response from metropolitan regions was likely to be 4 times greater than the demand from rural regions.

In terms of metropolitan/rural demand, the proportions of matters at the consultation and total referral stages broadly adhere to the anticipated ratios. Among endorsed referrals however, rural referrals account for one third (33%) of all matters endorsed for referral to the statewide Panel. This increase is likely to reflect service system (including specialist service) availability issues in some rural settings.

A substantial 70% of 'total referrals' originating in rural regions go on to become endorsed by regional directors for referral to the statewide Panel. In Metropolitan regions, by comparison, 39% total referrals go on to become endorsed referrals.

### **Age and gender**

As with previous reporting periods, the gender ratio among consultations remains broadly at 2:1 males to females.

Among total referrals the ratio of males to females has dropped below 2:1 with 63% (N=84) of matters relating to males and 37% (N=50) relating to females. This trend was also observable in the June 2006 data.

The gender balance among endorsed referrals has moved over time from approximately 5:1 in November 2005 to 3:1 in March 2006 to 2.5: 1 in June 2006 to approximately almost 2:1 in the current reporting period with 69% (N=42) of endorsed referrals relating to males and 31% (N=19) relating to females.

Again, profiling undertaken during the developmental phase of the Initiative suggested that demand for a multiple and complex needs service response would be strongest among the younger age cohorts. A consistent representation of consultations and referrals relating to individuals aged in their 40s was not expected. The data to the end of June indicates that just over one quarter of consultations (26%), total referrals (29%) and endorsed referrals (28%) relate to individuals aged 40 and over. Among endorsed referrals relating to those aged 40 and over, the majority related to individuals identified as appearing to have either an intellectual impairment or ABI or both (in addition to appearing to have a mental disorder).

## **Eligibility criteria**

On average, 74% of matters coming to the attention of regional co-ordinators in each year of the Initiative's operation have appeared to meet the criteria. This demonstrates the effective targeting of the Initiative at the regional level.

When the data relating to the 'diagnostic' sub-criteria of criterion 'b' is examined cumulatively, the trends observed in previous reporting periods are maintained. That is, the data indicates that a clear majority of consultations and referrals (both total and endorsed) identify the appearance of a mental disorder. In all categories, the appearance of substance abuse issues continues to be the next most frequently occurring sub-criterion followed by the appearance of an intellectual impairment then acquired brain injury.

Interestingly, a year-by-year comparison indicates that the percentage of consultations and referrals identifying the appearance of a mental disorder has decreased each year since the establishment of the Initiative. In fact, the data for the first half of 2007 indicates that the appearance of substance abuse issues has been identified more frequently (79%) among total referrals than the appearance of a mental disorder (68%). For endorsed referrals, the percentage identifying the appearance of a mental disorder (83%) is equal to the number identifying the appearance of substance abuse issues (83%).

## **Source of consultations and referrals**

The funded sector continues to be the primary source of both consultations and referrals.

Almost one third (27%) of all consultations originate with mental health services (primarily adult mental health). Among endorsed referrals, this increases to 37% - more than any other program. Disability services continues to be the next most frequent source of consultation (11%) and referral (endorsed referrals 18%). Housing services are the source of 11% of consultations, 13% of total referrals and 8% of endorsed referrals.

Given the high rates of substance abuse issues identified among consultations (62%), it is worth noting that drug and alcohol services are the source of only 3% of consultations. The percentage of endorsed referrals originating in drug treatment services is 2%. A lack of engagement with drug treatment services by illicit drug users may account to some extent for the low consultation and referral rates from these types of services.

Prisons also continue to be a low source of consultation (3%) and referral (3% of both total referrals and endorsed referrals), despite the high proportion of consultations (17%) and referrals (21% endorsed referrals) relating to individuals in custody or prison.

## **Resolution of matters at the regional level**

Consistent with the cumulative data to June 2006, 41% of matters were identified as being resolved at the regional level. In the first half of 2007, the percentage of matters identified as being resolved at the regional level has decreased to 28%. This is accompanied by a significant increase in the percentage of matters identified as 'to be advised'. The apparently low rate of resolution of matters in the current year may reflect the fact that many local

resolutions are still being developed or trialled.

Overall, gender does not appear to have any significant bearing on whether or not a matter is resolved at the regional level.

### **Accommodation and Physical Health Status**

The accommodation status and physical health status of individuals coming into contact with the Initiative continues to be of concern.

Consistent with the 2006 data, almost one third of consultations (30%) relate to individuals experiencing some form of homelessness. Among total referrals and endorsed referrals this increases to 39%. Within the broad category of homelessness, referrals relating to females are more likely to identify the use of informal accommodation arrangements than those relating to males. Matters relating to males are more likely to identify the use of crisis and emergency accommodation than those relating to females.

In addition, 17% of consultations and 22% and 23% of total and endorsed referrals respectively relate to individuals in custody or prison.

In terms of physical health, the proportion of consultations and referrals identifying issues has remained fairly constant over reporting periods.

Again, despite the fact that health status is not known or not recorded in almost half of all consultations, 24% relate to individuals identified as having poor or unmanaged health.

Among total and endorsed referrals, while the number of matters where health status is not known decreases, the percentage identifying poor or unmanaged health issues increases in both categories. Thirty nine percent of total referrals and 40% of endorsed referrals relate to individuals with poor or unmanaged health issues. For endorsed referrals, this represents a 5% decrease in matters identifying poor or unmanaged health issues over the June 2006 figures.

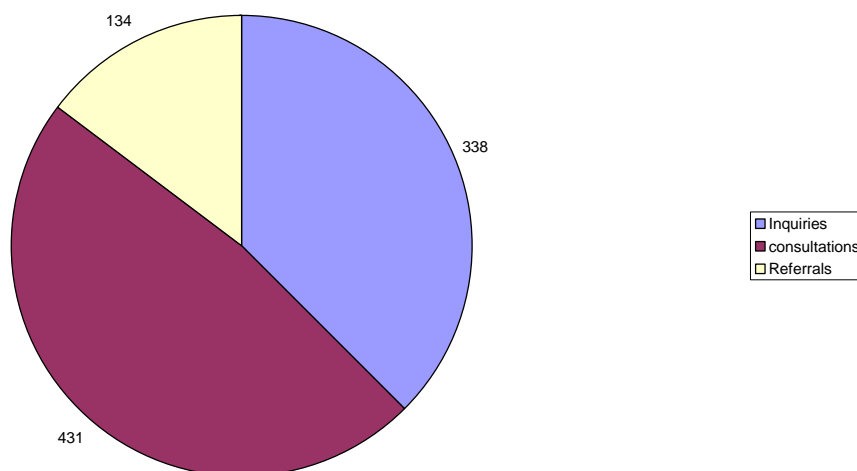
On a positive note, 24% of consultations, 28% of total referrals and 40% of endorsed referrals relate to healthy individuals or those with managed health issues. It is worth noting that consultations and referrals relating to males are more likely to identify good health or managed health issues than those relating to females.

## Overview

It is important to note that the Regional Gateway Database records incidences of inquiry, consultation and referral. As such, if an individual is subject to two separate inquiries, consultations or referrals, these will be recorded separately. While the substantial majority of inquiries and consultations referred to in this report relate to separate individuals, to date, approximately 15 individuals have been the subject of two consultations and one has been the subject of 3 consultations.

With one exception, the referrals referred to in this report relate to separate individuals.

Figure 1. Total Inquiries, Consultations and Referrals to End June 2007



The current cumulative data reinforces our understanding that the majority of work undertaken at the Gateway does not progress beyond the consultation stage.

Approximately one third (31%) of matters reaching the consultation stage move into the referral development stage.

Fourteen percent of consultations move into the endorsed referral stage, that is, where a referral has been endorsed by the regional director for referral to the Panel (see also Figure 2). It is worth noting that, on a region-by-region basis, the percentage of consultations resulting in endorsed referrals ranges from approximately 6% to 30%.

Figure 2. Overview- Inquiries, Consultations, Total Referrals and Referrals Endorsed by Regional Directors by Year to End June 2007

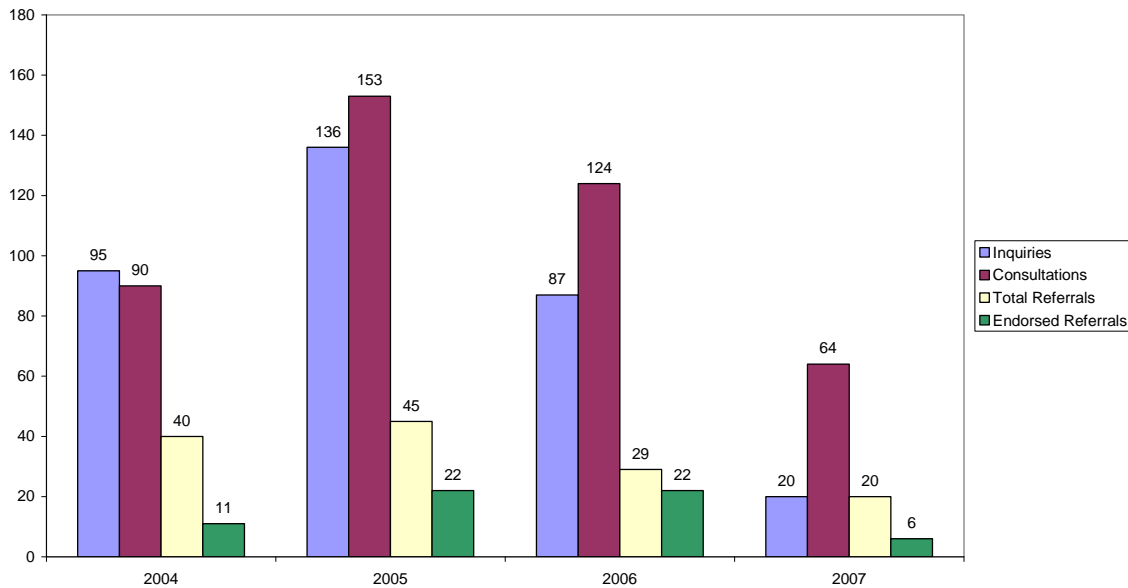


Figure 2 highlights Gateway activity by year. Please note that while regions were able to undertake inquiries/consultations from the second quarter of 2004, the Initiative was not fully operational until the Multiple and Complex Needs Panel was established in August of that year. As such, 2004 data does not relate to a full year period.

Inquiries encompass brief case discussions as well as requests for broad information about the Initiative. As might be expected, the Initiative's first year of operation was the only period in which the number of inquiries was greater than the number of consultations. As familiarity with the Initiative has developed, increasing numbers of matters proceed directly to the consultation phase.

In several regions, all matters are recorded as inquiries in the first instance. On a region-by-region basis, inquiries out number consultations in only one region.

KPMG data analysis suggests a seasonal variation in consultations with peaks occurring in August – September<sup>1</sup>. If this trend is reliable, it could be predicted that on a full year basis, matters entering in the consultation phase for 2007 will be consistent with or greater than 2006 figures.

In terms of matters moving into the referral stage, demand was greatest in the first eighteen months of the Initiative's operation with 63% of all referrals being initiated between 2004 and the end of the 2005 calendar year.

An increase in collaborative problem solving at the regional level through the work of regional co-ordinators and local panels is likely to have contributed to a slowing of matters moving into the referral stage from 2006 onwards. Operational adjustments and flow through issues effecting components of the Initiative in more recent times may also have impacted on a slowing of matters moving into the total referral phase.

Among endorsed referrals, demand has been more consistent until the 2007 calendar year. While numbers of endorsed referrals appears low for the first half of the year, in the absence of a full year's data it is difficult to draw any solid conclusions from this or to confidently estimate 'average' annual demand for a service response.

<sup>1</sup> Evaluation of the Multiple and Complex Needs Initiative Progress Report Number 3 April 2007 p.28.

## Consultations

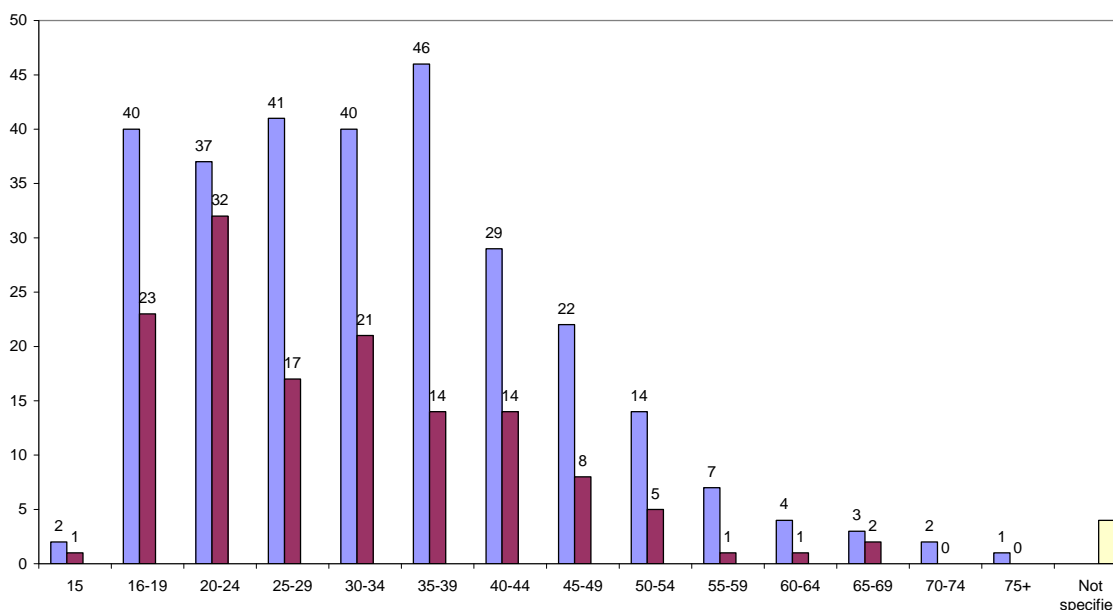
The consultation phase is distinguished from the inquiry phase by the level of input/consultation required of the regional co-ordinator. Some matters will be sufficiently clear cut to be treated as a consultation from the first point of contact with the regional co-ordinator. A consultation may occur as one-off contact or may require several contacts/meetings prior to resolution or progression to the referral stage.

While the significant majority of the 431 consultations recorded to the end of June relate to separate individuals, advice from regions indicates that approximately 15 individuals have been the subject of more than one consultation.

As with previous reporting periods, Figure 3, below, indicates that the gender ratio of consultations remains at 2:1 with 67% (N=288) relating to males and 32% relating to females (N=139). Four individuals age ranges/genders were not specified. Those relating to males are consistently distributed across the age categories to 35-39 where they peak.

Consultations relating to females are distributed less consistently across the younger age categories and peak at the 20-24 year old cohort (it must also be noted that, with this group, several consultations relate to the one individual).

Figure 3. Consultations by Age and Gender to End June 2007 N=431



Overall, 59% (N=254) of consultations relate to individuals aged under 35. Consultations occur most frequently in relation to 20-24 year olds.

Notwithstanding the obvious decline in overall numbers of consultations for those aged 40 and above, 26% relate to individuals aged 40 and above. In terms of gender, 22% of consultations relating to males and 22% of those relating to females relate to individuals aged 40 and above.

Figure 4. Percentage of Consultations Appearing to Meet Eligibility Criteria by Year to End June 2007

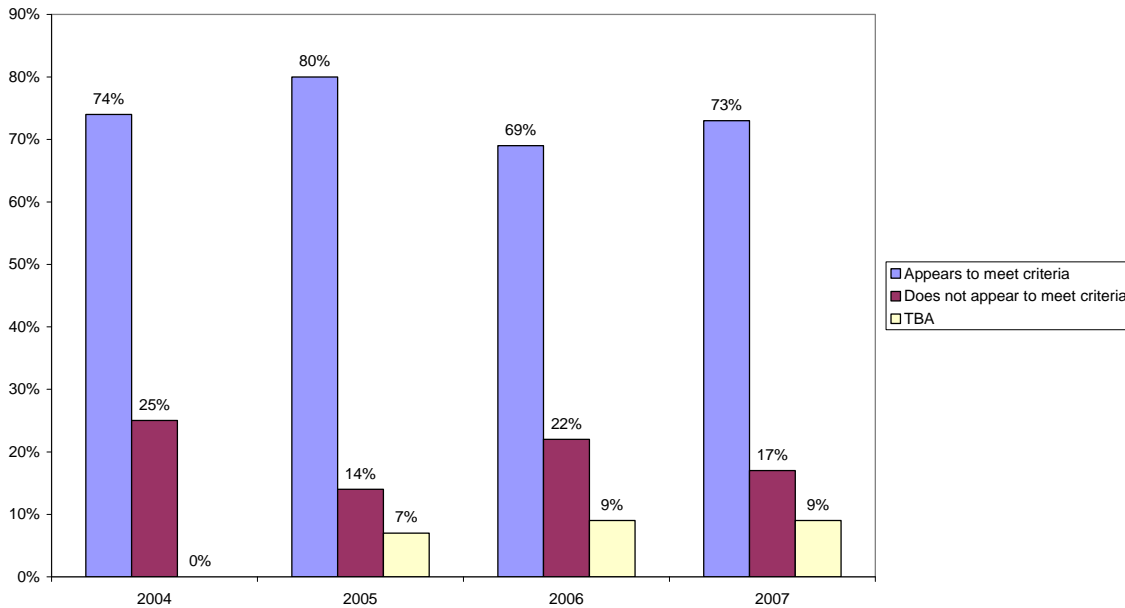
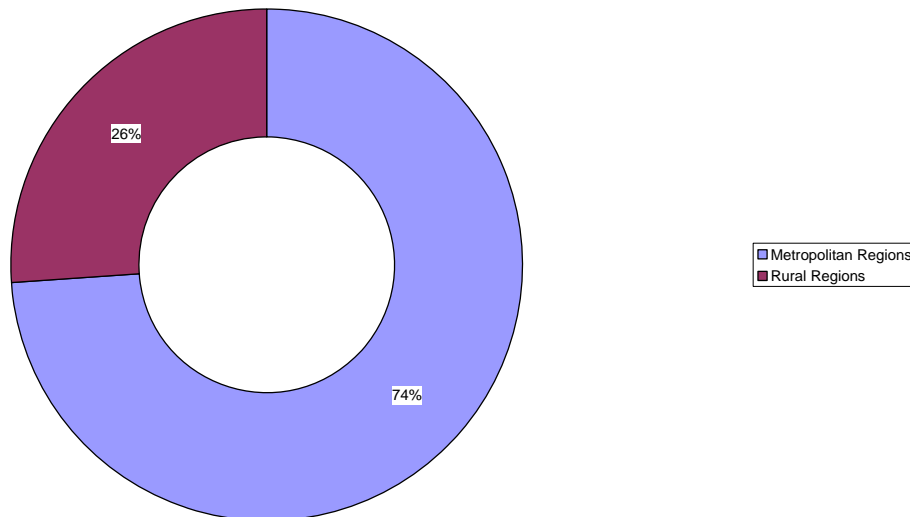


Figure 4 provides an overview of the percentage of consultations appearing to meet the Initiative’s eligibility criteria by year. On average, 74% of matters coming to the attention of regional co-ordinators in each year of the Initiative’s operation have appeared to meet the criteria.

This demonstrates the effective targeting of the Initiative at the regional level.

Figure 5. Consultations Received by Region Type to End June 2007 N=431



Profiling undertaken ahead of the establishment of the Initiative suggested that demand for a multiple and complex needs service response from metropolitan regions was likely to be 4 times greater than the demand from rural regions.

The cumulative data highlighted in Figure 5 demonstrates that the proportion consultations originating in rural regions (26% N= 112) is slightly higher than the 80/20 split originally anticipated.

Figure 6. Consultations by Eligibility Criteria Appearing to be Met to End June 2007 N=431

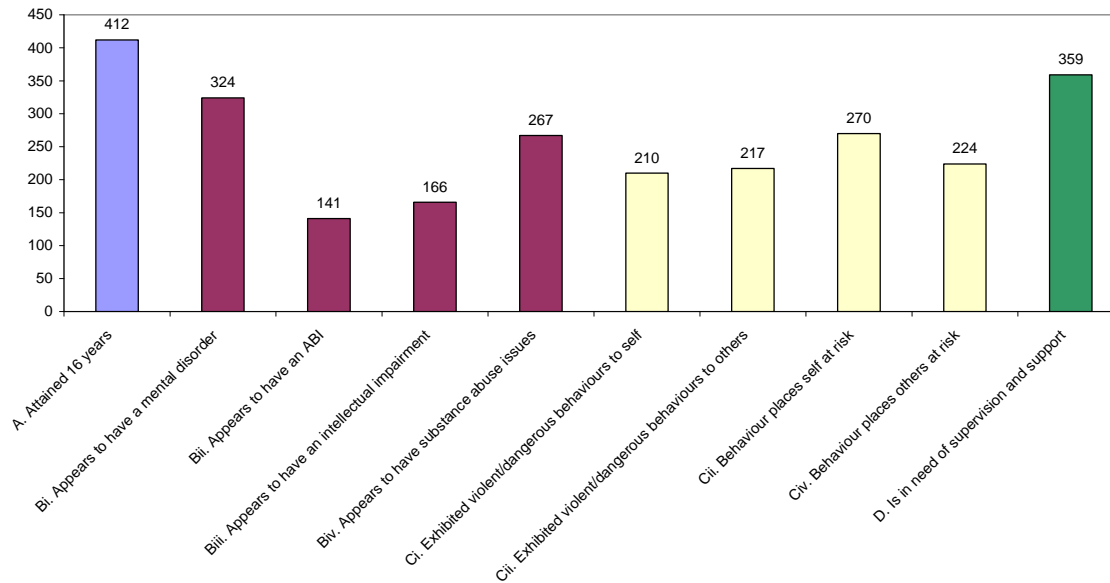


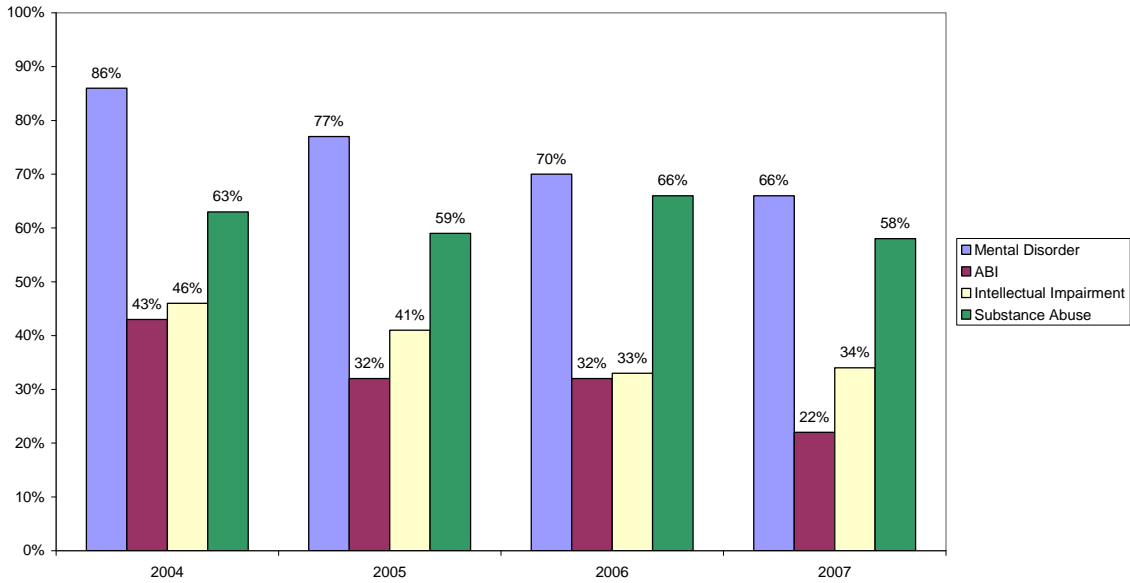
Figure 6 provides an overview of consultations by individual eligibility criteria appearing to be met. The trends observed in previous reporting periods regarding the 'diagnostic' sub-criteria of criterion 'b' are maintained.

Seventy-five percent of consultations identify the appearance of a mental disorder. This compares with 78% of consultations identifying this sub-criterion in the cumulative data to June 2006. In the current period, the appearance of substance abuse continues to be the next most frequently occurring sub-criterion (62%). Consistent with the trend, this is followed by intellectual impairment (38.5%) and ABI (33%) - both a slight decrease on the June 2006 percentages.

In terms of the behavioural sub-criteria of criterion 'C', behaviours resulting in harm to others (50%) are not identified significantly more frequently than behaviours resulting in harm to self (49%).

With regard to the assessment of risk, behaviours placing self at risk (63%) continue to be identified ahead of behaviours that may place others at risk (52%).

Figure 7. Consultations by Percentage of Eligibility Criteria 'B' Sub-Criteria Met by Year to End June 2007



While the appearance of a mental disorder continues to be the most frequently identified sub-criteria of criterion 'b', Figure 7 indicates that the percentage of consultations identifying this 'diagnostic' sub-criterion has decreased each year since the establishment of the Initiative.

Similarly, the percentage of consultations identifying the appearance of an ABI has also decreased over time. A decrease in the percentage of matters identifying the appearance of an intellectual impairment is also apparent. As the 2007 data does not reflect a full year, some caution needs to be exercised in the interpretation of these figures.

Despite some variation between the calendar year periods, the percentage of consultations identifying the appearance of substance abuse issues continues to be the next most frequently identified sub-criterion after the appearance of mental health issues.

Figure 8. Consultations by Resolution Status at the Regional Level to End June 2007 N=431

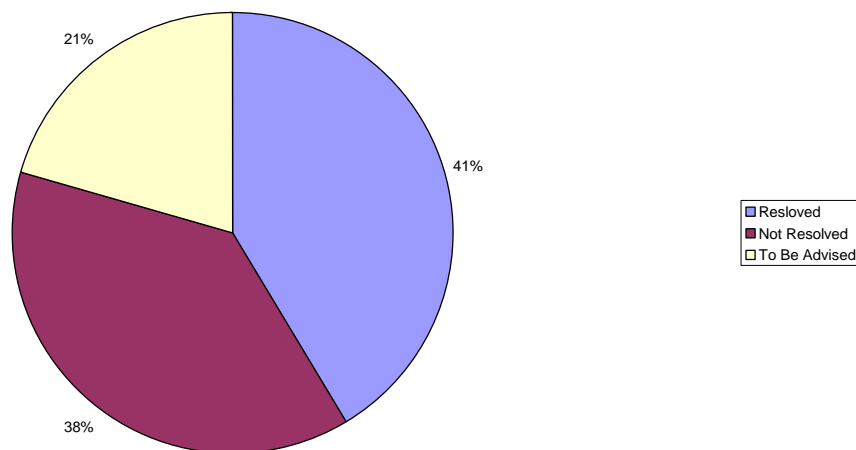


Figure 8 indicates that 41% (N=178) of matters were identified as being resolved at the regional level. This is consistent with the resolution status of matters in the cumulative data to June 2006. In the current reporting period it is worth noting that the percentage of consultations with resolution status identified as 'to be advised' (21%) has decreased in comparison with the 2006 data (36%), while the percentage of matters identified as not being resolved (38%) has increased in comparison to the June 2006 data (23%).

It is important to note that a matter may be recorded as 'resolved' for a number of reasons. For example, a matter will be recorded as resolved when involved service providers or new providers agree on a new or modified approach to supporting an individual. A matter will also be recorded as being resolved where the potential referrer is provided with advice about alternative support mechanisms to explore for a person they are working with. Where a matter that has been recorded as being resolved breaks down and returns to the Regional Gateway, it will be recorded as a new consultation.

In any given period, the resolution status of a percentage of consultations will be described as 'to be advised' where the consultation is still in progress and an outcome or agreed course of action has not yet been determined. The resolution status of some more tenuous matters may also be recorded as 'to be advised' where new or modified support arrangements are being trialled.

Figure 9. Percentage of Matters Identified as Being Resolved at the Regional Level by Year to End June 2007

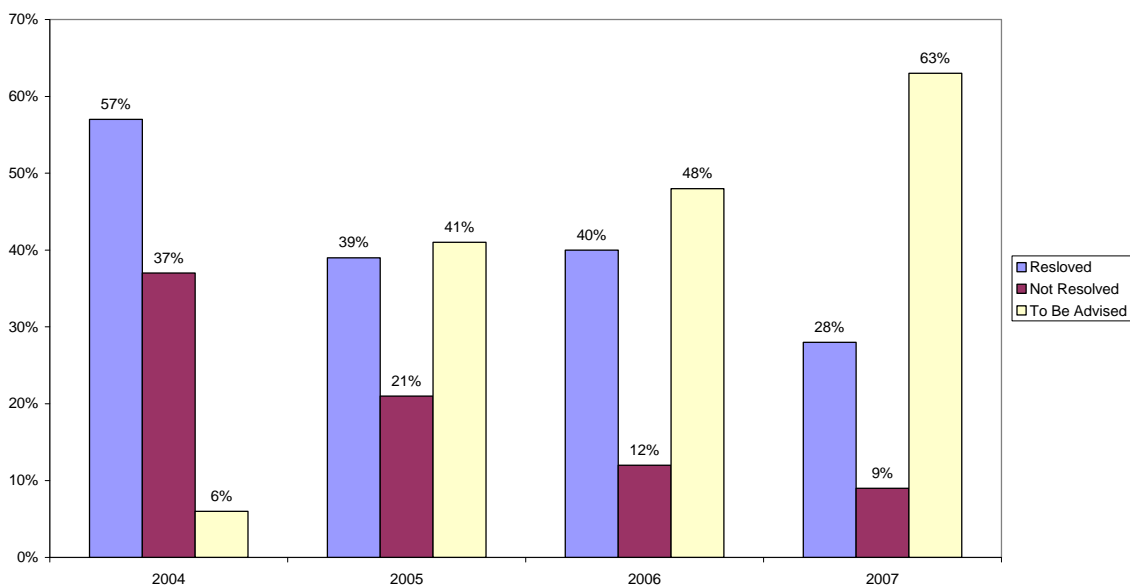


Figure 9 provides a year-by-year overview of the resolution status of consultations. The high percentage of matters identified as 'to be advised' in the current year may reflect the fact that plans are still being developed, trialled or monitored and their resolution status is not yet clear. Data recording issues may also contribute to the apparent increase in matters 'to be advised' over the four calendar years.

Figure 10. Consultations by Source and Resolution Status to End June 2007 N=431

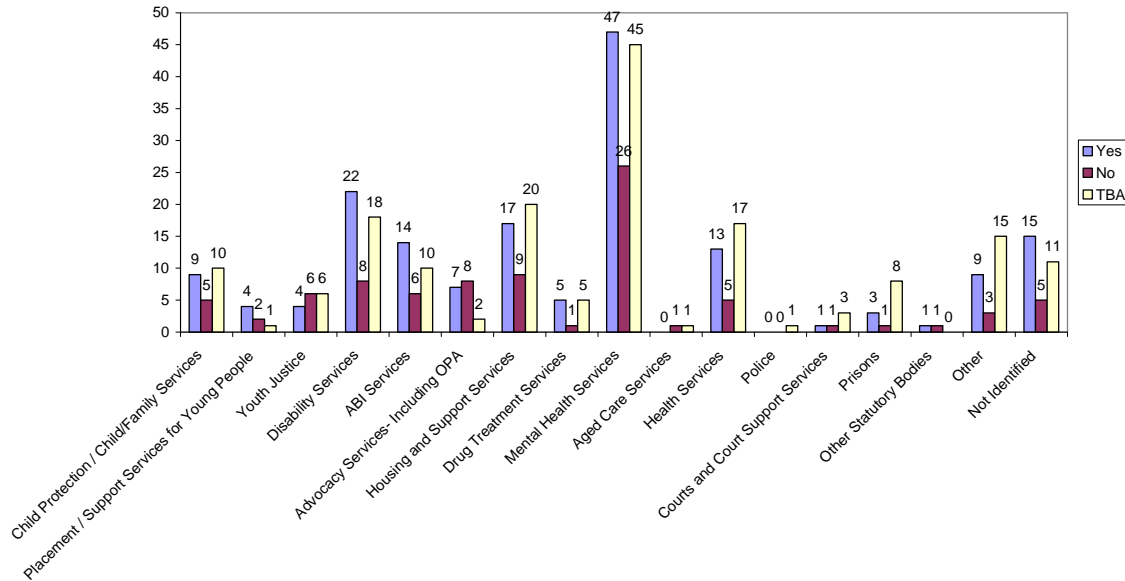


Figure 10. provides a breakdown of the source of consultations by their resolution status.

Almost one third (27%) of all consultations originate with mental health services. Disability services and housing services provide the next most frequent sources of consultations with 11% coming from each of these sectors. Given the high rates of substance abuse issues identified among consultations (62%), it is worth noting that drug and alcohol services are the source of only 3% of consultations. A lack of engagement with drug treatment services by illicit drug users may account to some extent for the low consultation and referral rates from these types of services.

For mental health service consultations, the percentage of matters resolved at the regional level (40%) is broadly consistent with the resolution data for all consultations.

The proportion of matters identified as being resolved at the regional level is higher than the overall consultation data among drug treatment services (45%), disability services (46%), ABI services (48%) and health services (48%). In contrast, the proportion of matters identified as being resolved at the regional level is lower than the overall consultation data for housing services (37%), child protection services (38%) and youth justice services (25%).

Figure 11. Consultations by Resolution Status by Gender to End June 2007 N=431

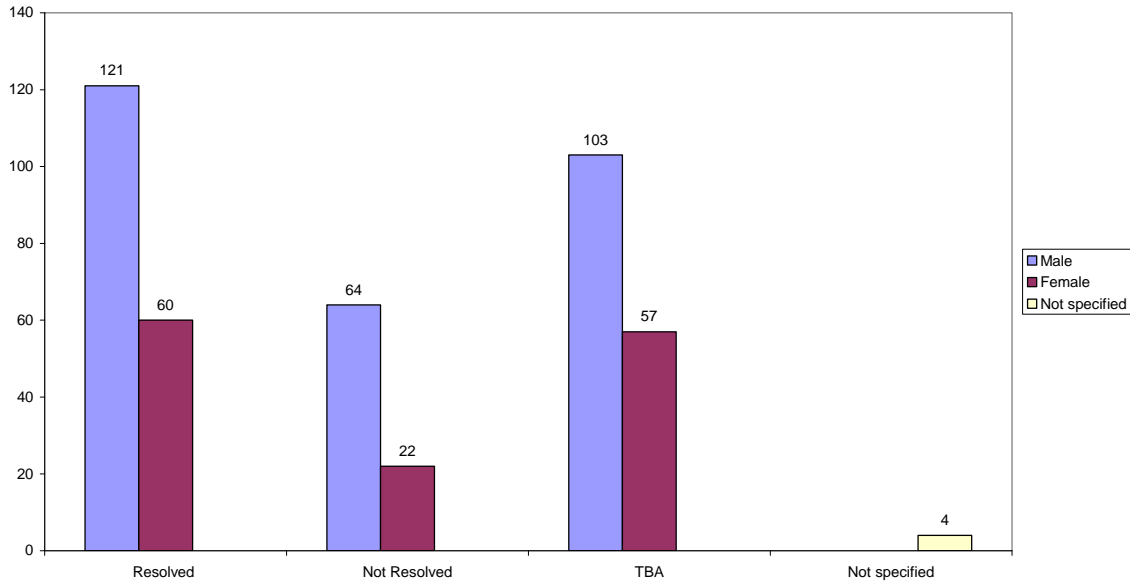
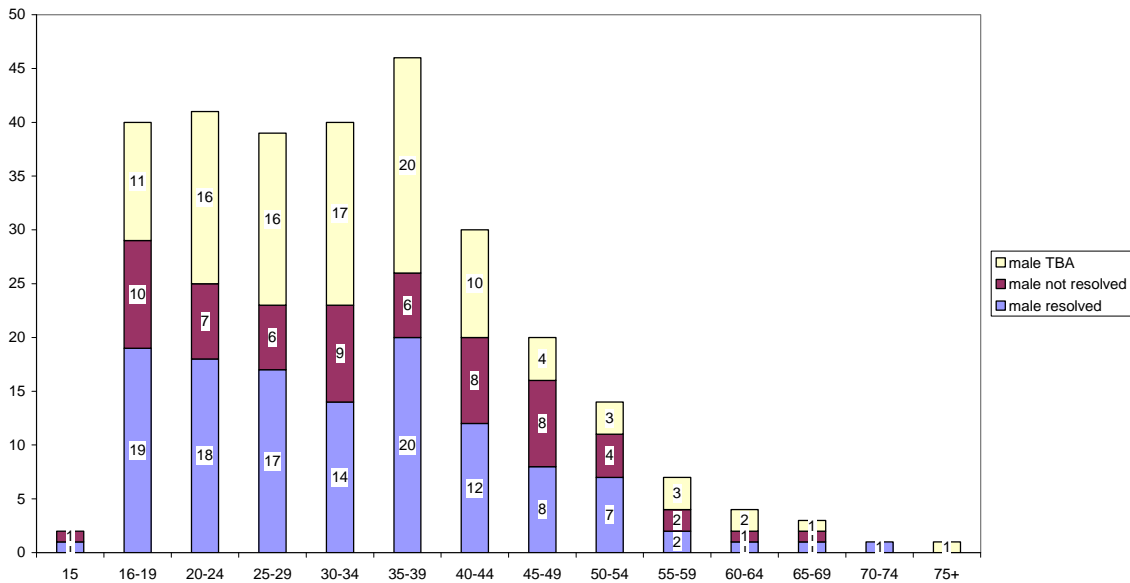


Figure 11 indicates that 42% (N=288) of consultations relating to males and 43% (N=139) of consultations relating to females are identified as having been resolved at the regional level. On this basis, it would appear that gender does not have a significant bearing on whether or not a matter is resolved at the regional level.

Figure 12. Consultations Relating to Males by Resolution Status and Age to End June 2007 N=288



Figures 12 and 13 provide a breakdown of consultations by resolution status, gender and age. The numbers of consultations relating to individuals in the age categories 50+ are too small to provide any reliable indication of trends or differences attributable to gender.

The proportion of resolved consultations relating to males at almost 42% is consistent with the cumulative data to 2007.

Among consultations relating to individuals in the younger age categories, it is worth noting that those relating to 16-19 year old young men, 48% percent are resolved at regional level. This is higher than the overall resolution rate and higher than the percentage of resolved consultations relating to 16-19 year old young women (39%).

The proportion of resolved consultations relating to females is 43% -marginally higher than the overall resolution rate. In terms of specific age cohorts, the proportion of matters identified as being resolved at the regional level is up to 23% greater for females than males across the 25-29, 30-34 and 45-49 cohorts.

Figure 13. Consultations Relating to Females by Resolution Status and Age to End June 2007 N=139

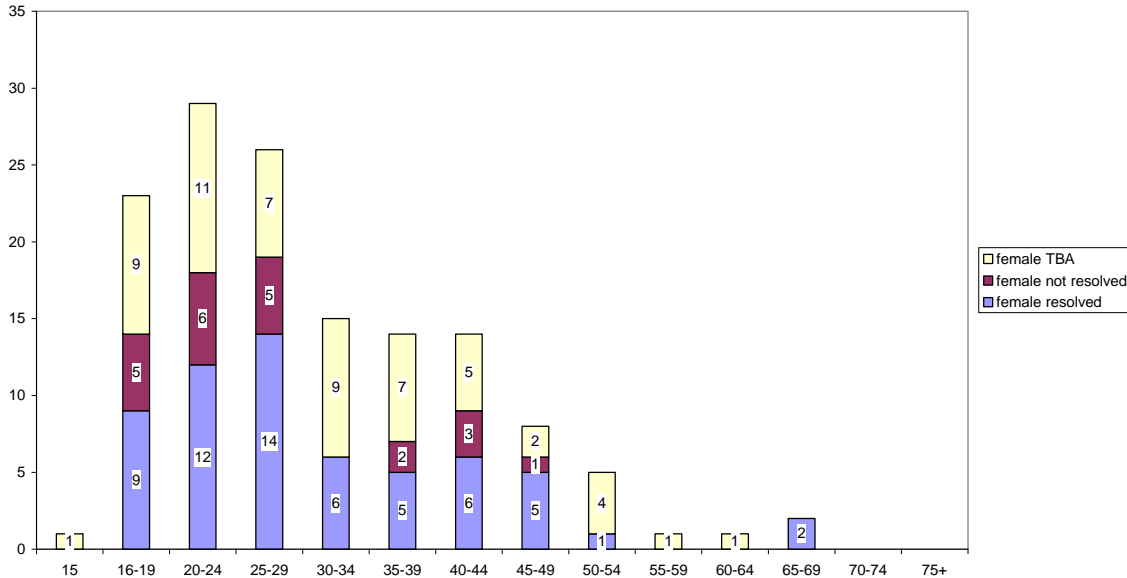
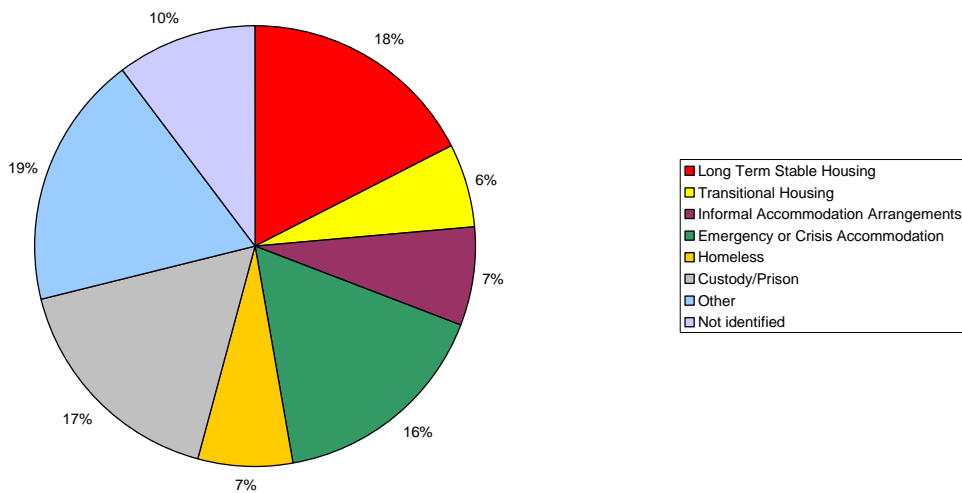


Figure 14. Consultations by Accommodation Status to End June 2007 N=431



Broadly consistent with the cumulative data to June 2006, Figure 14 indicates that 18% (N=76) of matters at the consultation stage relate to individuals living in long-term stable accommodation. A further 6% (N=26) identify transitional housing arrangements.

Thirty percent (N= 131) of consultations relate to individuals who experience some form of homelessness –this is only a very slight decrease on the June 2006 figures (32%). The homelessness categories comprise 7% (N=31) informal accommodation arrangements, 16%

(N=70) emergency accommodation and 7% (N=30) primary homelessness, that is, living rough.

A further 17% (N=73) of consultations relate to individuals in custody or prison. This maintains the trend observable in previous reporting periods.

Figure 15. Consultations by Accommodation Status and Gender to End June 2007 N=431

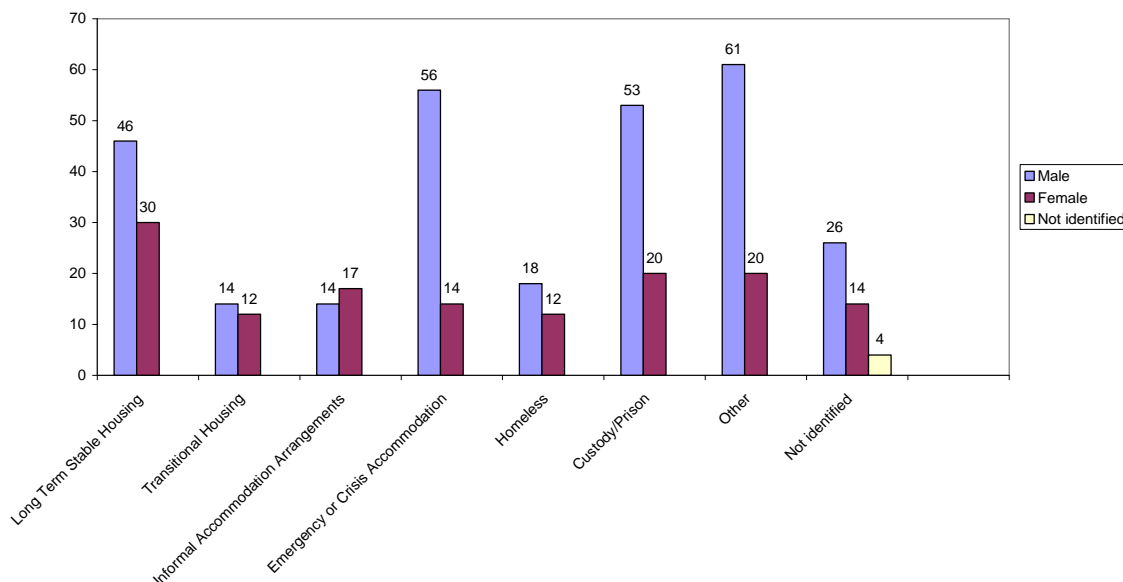


Figure 15 provides a breakdown of accommodation arrangements by gender.

Among consultations relating to females, the single most frequently identified accommodation type is long term stable housing (22%). In contrast, and as might be expected, a smaller proportion of consultations relating to males (16%) identify the use of long-term stable housing.

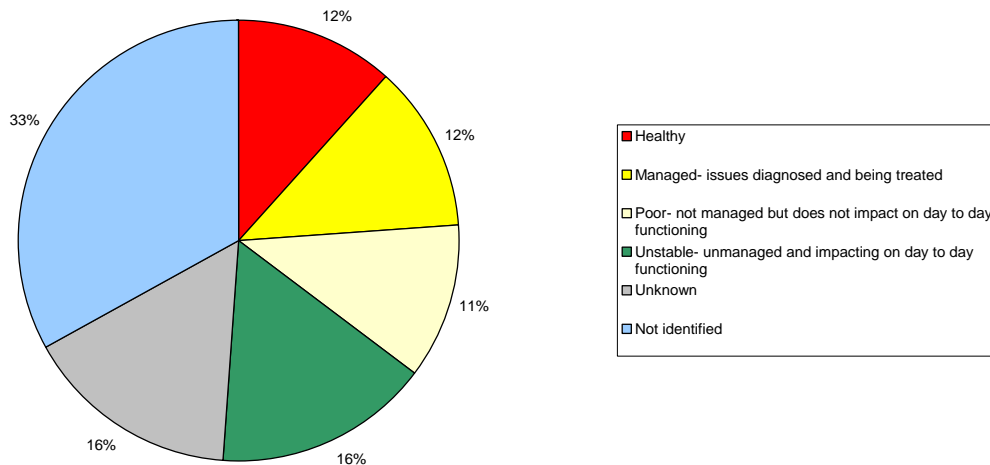
The cumulative data to June 2007 indicates that consultations identifying females who utilise 'informal arrangements' (eg. sleeping on a friend's couch) occur slightly more frequently than consultations relating to males who utilise these types of arrangements.

Looking at the primary and secondary homelessness categories (informal arrangements, emergency/crisis accommodation and homelessness), one third (31%) of all consultations relating to women identify these types of arrangements. When including consultations relating to females in custody in prison, this brings the percentage of matters identifying less than optimal accommodation arrangements to 45%. This trend is consistent with the cumulative data to June 2006.

Among consultations relating to males, the single most frequently identified accommodation arrangement relates to 'other' arrangements (21%). This is followed by emergency accommodation (19%) and custody/prison (18% -slightly lower than the 20% identified in the cumulative data to June 2006).

Consistent with consultations relating to females, 31% of consultations relating to males identify primary and secondary homelessness categories. When considered in combination with consultations relating to males in custody and prison, almost half (49%) of all consultations relating to males identify less than optimal accommodation arrangements.

Figure 16. Consultations by Physical Health Status to End June 2007 N=431



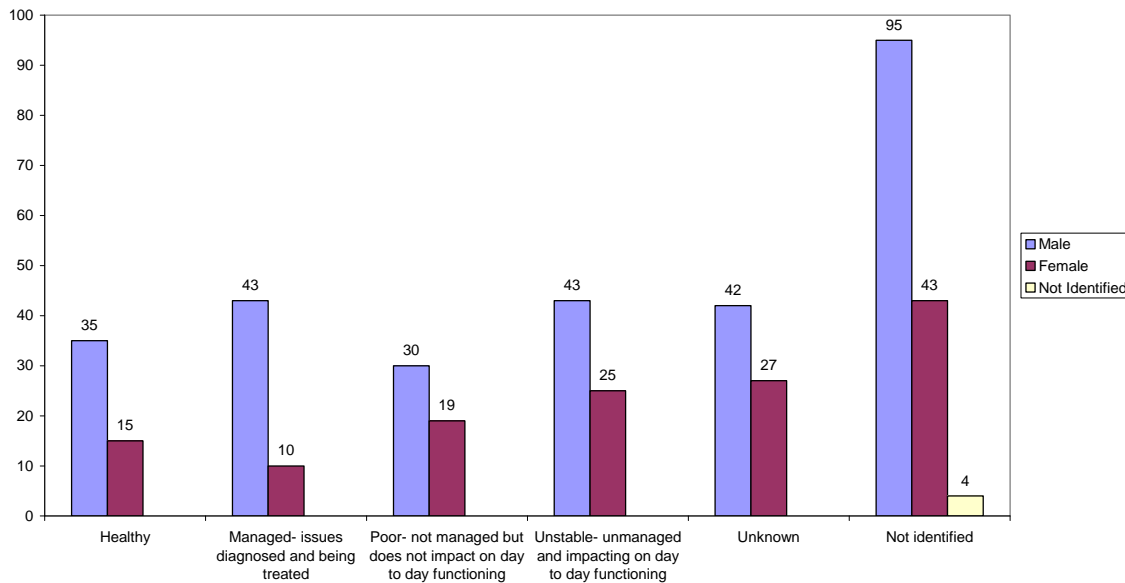
Consistent with the June 2006 data, Figures 16 and 17 indicate that physical health status is not known or not specified in approximately half (49% N=211) of all consultations.

Notwithstanding this, poor or unstable health continues to be identified as an issue of concern in almost one quarter (24% N=117) of all consultations. A similar proportion of consultations relate to individuals identified as healthy or as having 'managed' health conditions.

In terms of gender, 27% of consultations relating to males identify good health or with 'managed' conditions while only 15% of consultations relate to females in good or managed health.

Similarly, while 25% of consultations relate to males with poor or unmanaged health, for consultations relating to females, this proportion increases to 31%.

Figure 17. Consultations by Physical Health Status and Gender to End June 2007 N=431



## Referrals

From a data collection perspective, the referral phase commences at the point at which a regional co-ordinator provides the potential referrer with a referral form for completion.

The 'total' referral data examined below includes those matters where a referral is in the process of being completed as well as those matters that have been through regional consideration processes and have been endorsed for referral or have been referred to the Multiple and Complex Needs Panel.

'Endorsed' referral data relates to those matters that have been endorsed by the regional director for referral to the Panel and those matters that have progressed to the Panel.

Figure 18. Total Referrals and Referrals Endorsed by Regional Directors by Year to End June 2007

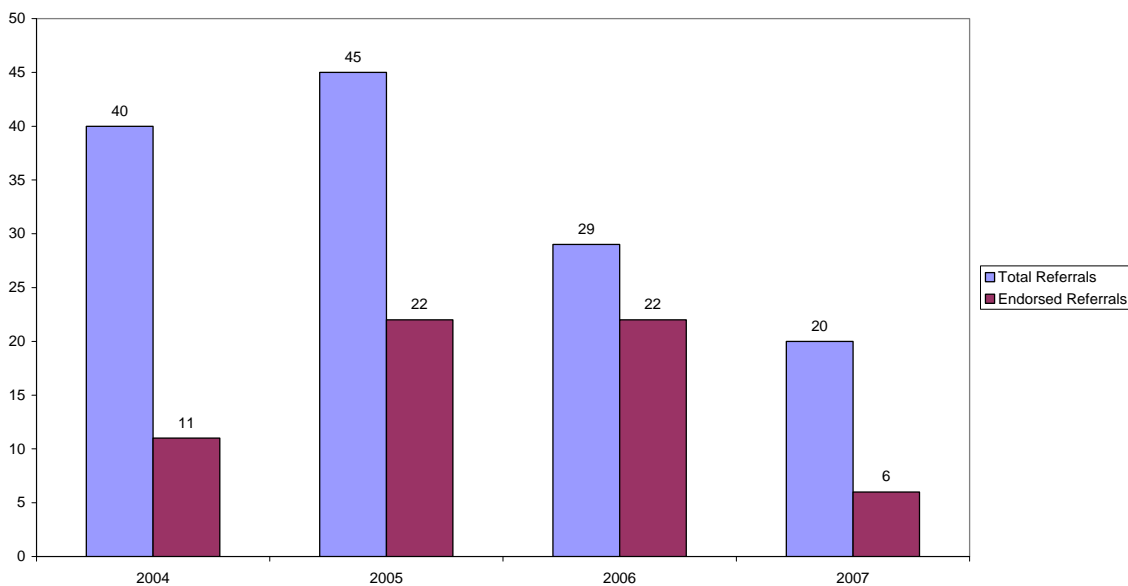


Figure 18 provides an overview of total referrals and the sub-set of referrals endorsed by regional directors for referral to the Multiple and Complex Needs Panel by year.

The overall number of matters being referred to the statewide Panel in a full year is less than was originally anticipated (50). While a comparatively high number of matters moved into the total referral phase in the latter part of 2004, only 11 were referred to the Panel.

Over the period of the Initiative's operation, it would appear that the numbers moving into the referral phase peaked in 2005.

While the 2007 figures reflect a six month period, the number of matters moving into the total referral phase for the full year is likely to exceed the number moving into the referral phase in 2006. Conversely, the number of referrals being endorsed by regional directors is unlikely to be as great as in preceding years.

Factors contributing to a reduction in matters moving to regional director endorsement may include operational flow through issues, referred to earlier in this report, service system development issues as well as an increasing capacity to resolve matters at the regional level through improved cross program collaboration and problem solving promoted by local panels.

Figure 19. Total Referrals by Age and Gender to End June 2007 N=134

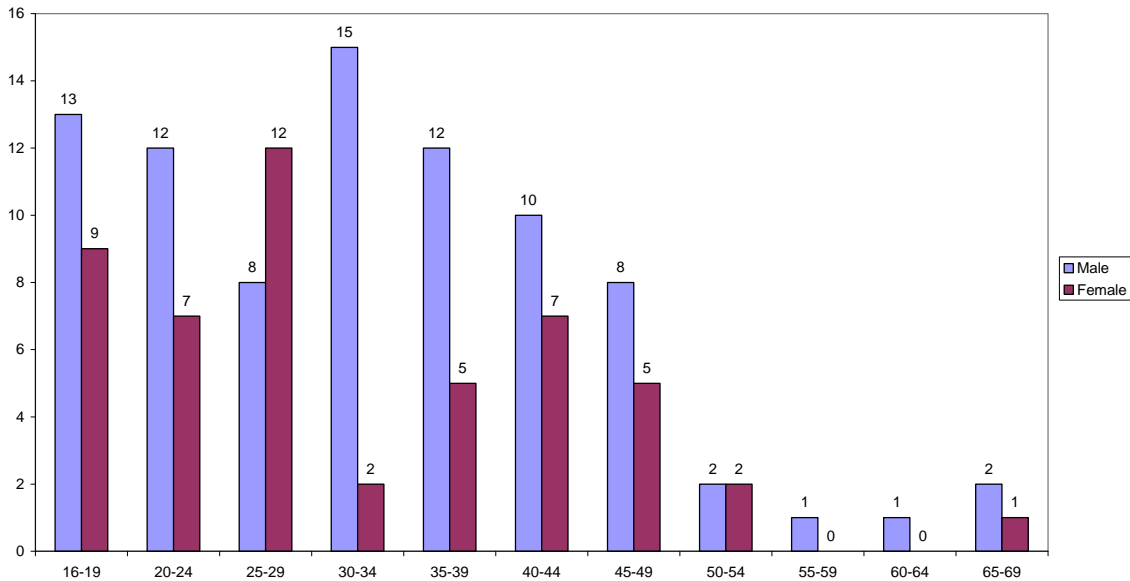


Figure 19 indicates that among the 'total' referral population, 63% (N=84) relate to males while 37% (N=50) relate to females. This is broadly consistent with the cumulative data to the end of June 2006.

Within the individual age categories to 45-49, the gender ratio observable in overall population is generally applicable except for the 25-29 and 30-34 cohorts. Among referrals relating to individuals aged 25-29, the gender balance is reversed and 60% of referrals relate to females. Among referrals relating to 30-34 year olds, 88% relate to males.

It is worth noting that 29% of total referrals relate to individuals aged 40 and over.

Figure 20. Referrals Endorsed by Regional Directors by Age and Gender to End June 2007 N=61

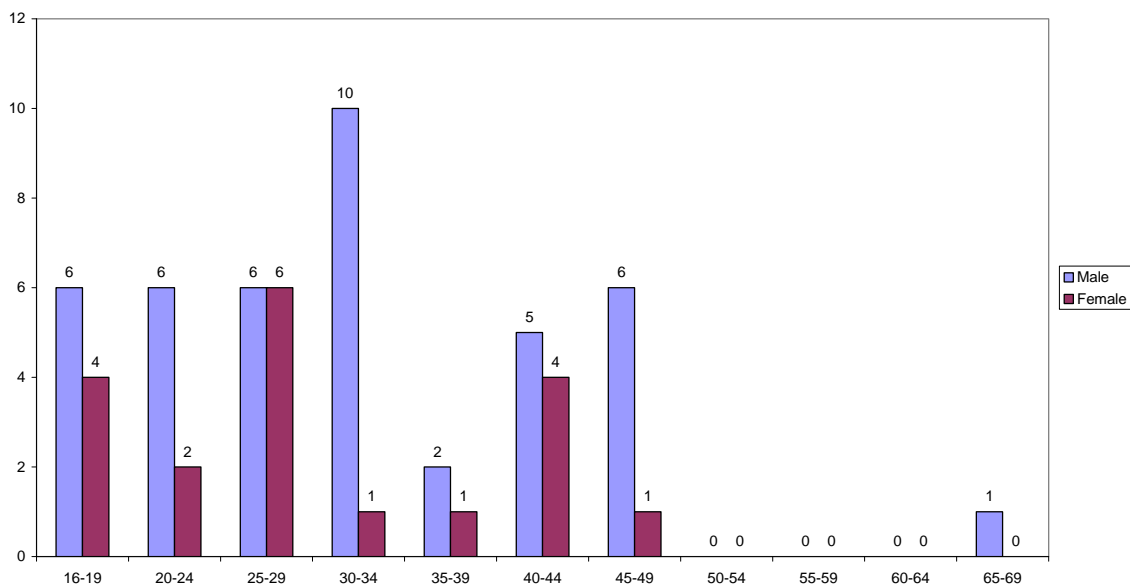


Figure 20 demonstrates, consistent with earlier reporting periods, the greater representation of males in matters endorsed by regional directors for referral to the Panel.

To the end of June 2007, 69% (N=42) of endorsed referrals related to males while 31% (N=19) related to females. The gender balance among referrals has moved over time from

approximately 5:1 in November 2005 to 3:1 in March 2006 to approximately 2:1 in the current reporting period.

Profiling undertaken during the developmental phase of the Initiative suggested that demand for a multiple and complex needs service response would be strongest among the younger age cohorts. A consistent representation of referrals relating to individuals aged in their 40s was not expected. Twenty-eight percent of endorsed referrals relate to individuals aged 40 and over.

An examination of individual database records indicates that all of the individuals in the 40-49 cohort (N=16) were identified as appearing to have a mental disorder. In addition, 50% (N=8) were also identified as appearing to have an ABI. Twenty five percent were identified as appearing to have an intellectual impairment. Thirty one percent were identified as appearing to have both an ABI and intellectual impairment. Only 12% (N=2) were not identified as having either an ABI or intellectual impairment. It is also worth noting that 81% of this group were identified as having caused harm to others or were exhibiting behaviours likely to place themselves and others at risk of harm.

The small number of endorsed referrals relating to 35-39 year olds is harder to explain, particularly as a corresponding drop is not evident among 'total' referrals.

Figure 21. Total Referrals by Region Type to End June 2007 N=134

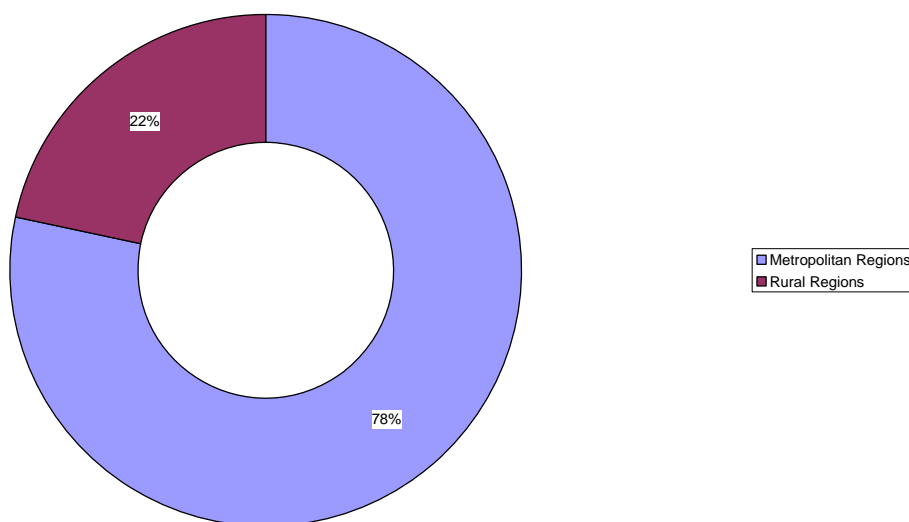
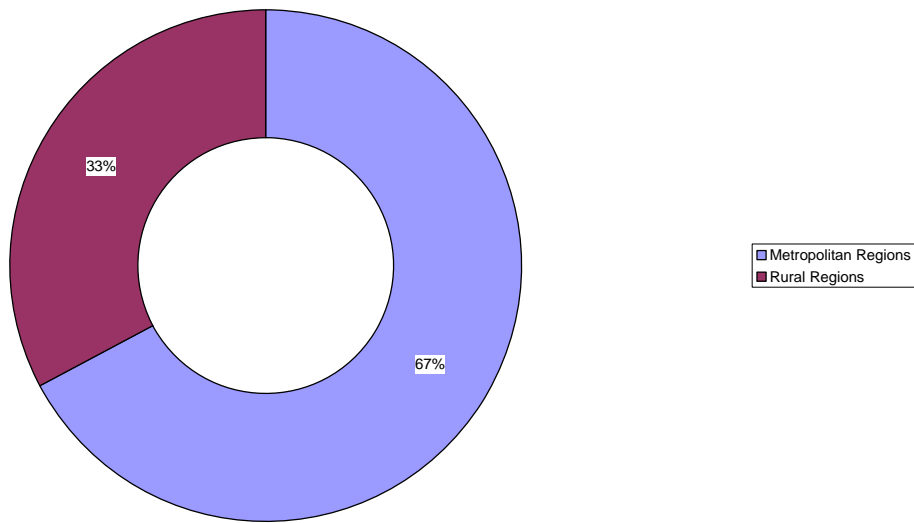


Figure 21 highlights that the proportions of matters moving into the overall referral phase are consistent with the anticipated metropolitan/rural ratios.

Rural matters account for 22% (N=29) of referrals. Among rural regions, 26% of consultations move into the referral phase. In contrast, 33% of metropolitan consultations move into this phase.

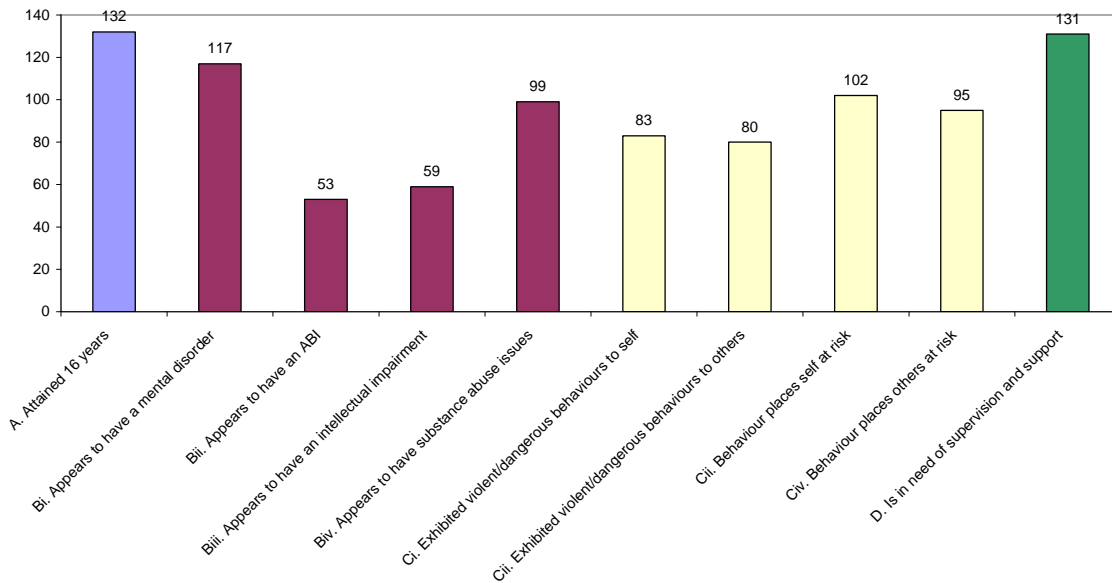
Figure 22. Endorsed Referrals by Region Type to End June 2007 N=61



Interestingly, Figure 22 indicates that for matters endorsed by regional directors for referral to the statewide Panel, the proportion originating in rural regions increases to one third (33% N=20). This increase may reflect limited availability of some services in the rural sector.

A substantial 70% of matters moving into the referral phase in rural regions go on to become endorsed by regional directors for referral to the statewide Panel. In Metropolitan regions, by comparison, 39% of matters moving into the referral phase go on to become endorsed for referral to the statewide Panel.

Figure 23. Total Referrals by Eligibility Criteria Appearing to be Met to End June 2007 N=134

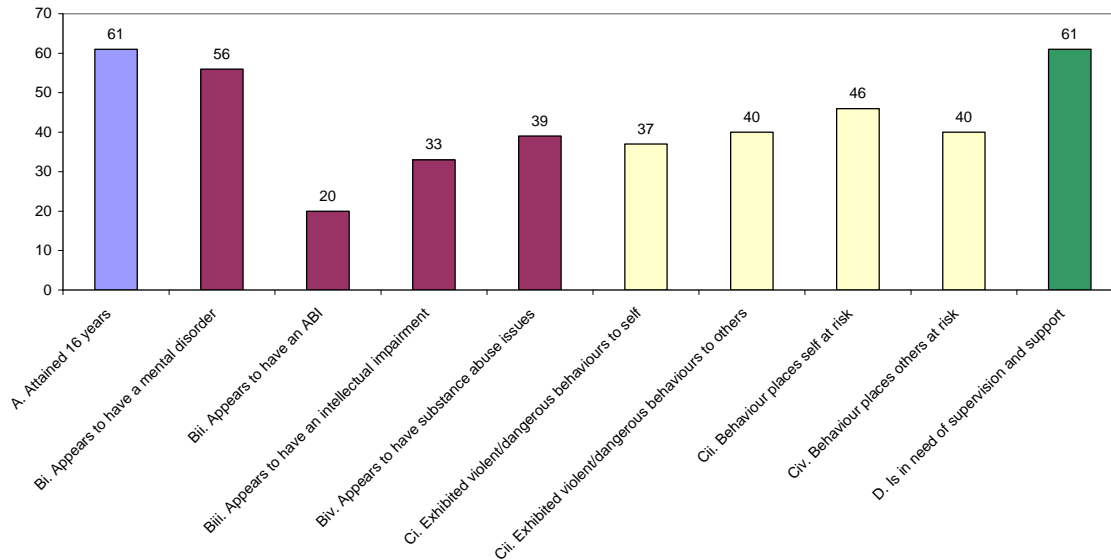


From a cumulative data perspective, Figure 23 highlights that, of the 'diagnostic' sub-criteria of eligibility criterion 'b', the appearance of a mental disorder continues to be identified more frequently among total referrals than the remaining diagnostic sub-criteria (87%- this compares to 91% for the June 2006 data).

The next most frequently identified sub-criterion is substance abuse, (74% - 5% higher than for the 2006). This is followed by intellectual impairment (44%) and ABI (40%).

In terms of the 'behavioural' criterion, the 'risk' sub-criteria (risk to self –76%, risk to others 71%) were identified more frequently than the 'exhibited harm' sub-criteria (harm to self 62%, harm to others 60%). Overall, those sub-criteria relating to harm or risk to self were ranked slightly more frequently than harm or risk to others.

Figure 24. Referrals Endorsed by Regional Directors by Eligibility Criteria Appearing to be Met to End June 2007  
N=61



Among matters endorsed for referral to the Panel, the proportion of referrals identifying the appearance of a mental disorder increases to 92%, consistent with the cumulative data for 2006. The percentage of matters identifying the appearance of substance abuse issues decreases among the endorsed referrals to 64% while intellectual impairment increases in comparison to the total referrals and is identified in 54% of matters. Matters identifying the appearance of an ABI also decrease among endorsed referrals (33%).

In terms of the behavioural sub-criteria, while risk to self continues to be identified more frequently than the other behavioural sub-criteria, among endorsed referrals, harm to others and risk of harm to others (66% respectively) is identified slightly more frequently than harm to self (61%).

Figure 25. Total Referrals by Percentage Appearing to Meet Eligibility Criterion B Sub-Criteria by Year to End June 2007 N=134

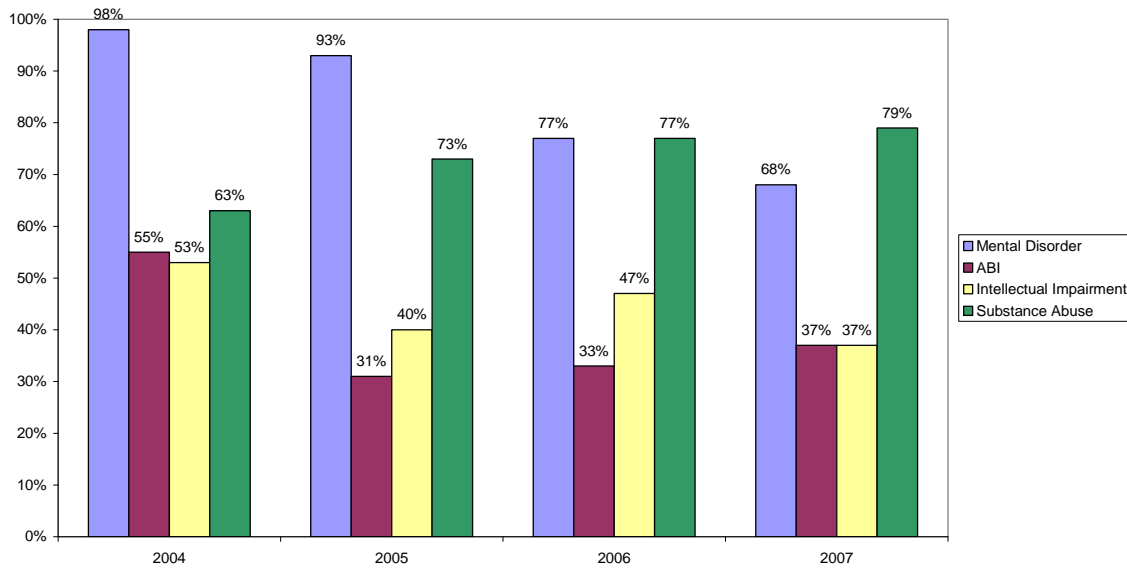


Figure 25 provides a comparison of the percentage of eligibility criterion 'b' sub-criteria identified among total referrals in each of the four calendar years of the Initiative's operation.

Again, as the 2007 figures do not reflect a full year, some caution needs to be taken in the interpretation of this data.

The cumulative data depicted in Figure 23 clearly indicates that the appearance of a mental disorder continues to be identified more frequently than other diagnostic sub-criteria among total referrals. On a year-by-year basis however, Figure 25 suggests that the percentage of referrals identifying this sub-criteria is decreasing. In fact, the data for 2007 indicates that the appearance of substance abuse issues has been identified more frequently (79%) in referrals than the appearance of a mental disorder (68%).

Also worth noting is the slight increase (since 2005) in the percentage of referrals identifying the appearance of an ABI. In terms of the appearance of an intellectual impairment, it is unclear whether the apparent decrease in the referrals identifying this sub-criterion can be attributed to the incomplete data for 2007 or whether it is suggestive of an emerging trend.

**Figure 26. Referrals Endorsed by Regional Directors by Percentage Appearing to Meet Criterion 'B' Sub-Criteria by Year to End June 2007**

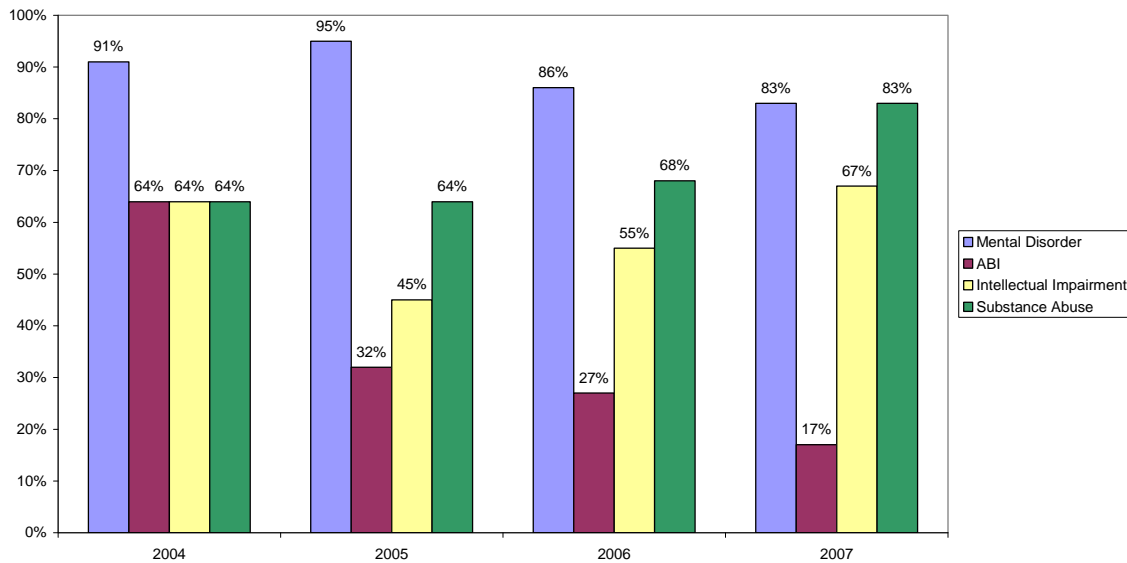


Figure 26 demonstrates the variation in eligibility criterion 'b' sub-criteria identified for matters endorsed for referral to the statewide Panel.

It is worth noting that the 2007 data only refers to 6 referrals endorsed by regional directors in the first half of the year.

The identification of the appearance of a mental disorder continues to be very prevalent among endorsed referrals in each calendar year. Notwithstanding this, Figure 26 indicates that there has been a small decrease since 2005 in the number of endorsed referrals that identify the appearance of a mental disorder. This is broadly consistent with the total referral data.

Also consistent with the suggested trend among total referrals is the increase in matters identifying the appearance of substance abuse issues. In the current year, endorsed referrals identify this sub-criterion as frequently as the appearance of a mental disorder.

Since the Initiative became fully operational, the percentage of endorsed referrals identifying the appearance of an ABI has also decreased. This trend is not apparent among total referrals. Also in contrast to the total referral data, the identification of the appearance of an intellectual impairment has increased in frequency since 2005.

Figure 27. Referrals Endorsed by Regional Directors by Number of Eligibility Criterion 'B' Sub-Criteria Met N=61

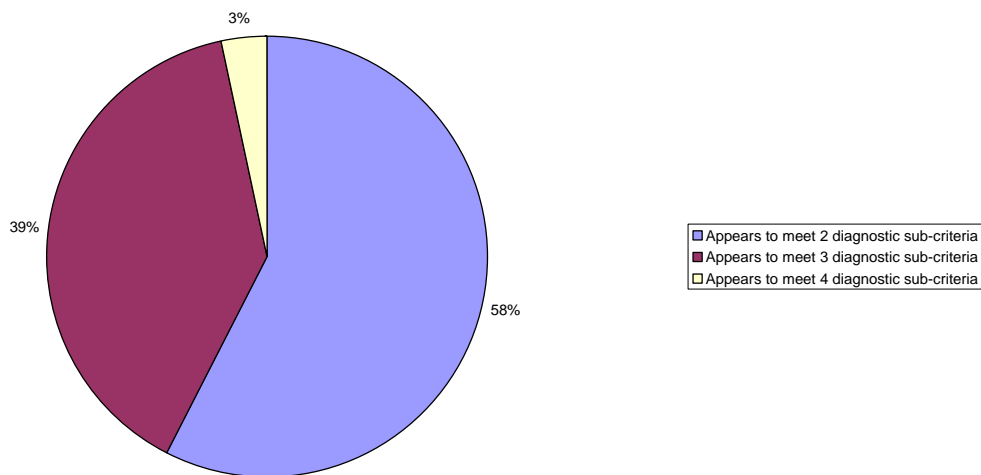


Figure 27 indicates that 58% (N= 35) of endorsed referrals relate to individuals who are identified as appearing to meet two of the criterion 'b' diagnostic sub-criteria. This is a very slight increase (3%) on the June 2006 data. A sizeable minority (39% N= 24) of matters are identified as appearing to meet three of the sub-criteria. The combinations of sub-criteria identified are addressed in Figure 28 below.

Figure 28. Referrals Endorsed by Regional Directors by Two 'B' Sub-Criteria Met N=35

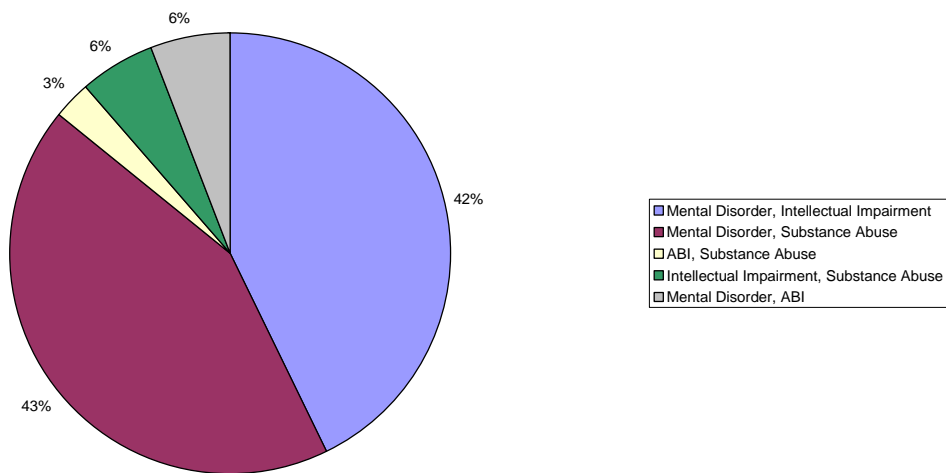


Figure 28 highlights that among matters where the appearance of 2 sub-criteria are identified, the most frequently occurring combinations are, not surprisingly, the appearance of a mental disorder and intellectual impairment (42% N=15), and the appearance of a mental disorder and substance abuse issues (43% N=15). In contrast, in the cumulative data to the end of June 2006, the combination of the appearance of a mental disorder and substance abuse issues were indicated in 52% of matters.

Figure 29. Referrals Endorsed by Regional Directors by Three 'B' Sub-Criteria Met N=24

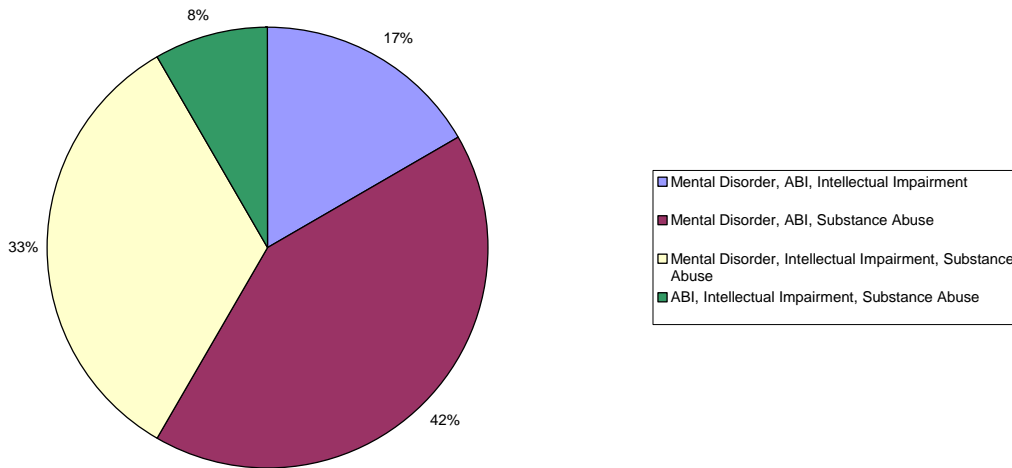


Figure 29 demonstrates that among endorsed referrals where the appearance of 3 conditions is identified, the appearance of a mental disorder, ABI and substance abuse issues occurs most frequently (42% N=10). This is followed by matters identifying the appearance of a mental disorder, intellectual impairment and substance abuse issues (33% N=8). Only 8% (N=2) matters, the appearance of a mental disorder is not identified.

Figure 30. Total Referrals by Referral Source to End June 2007 N=134

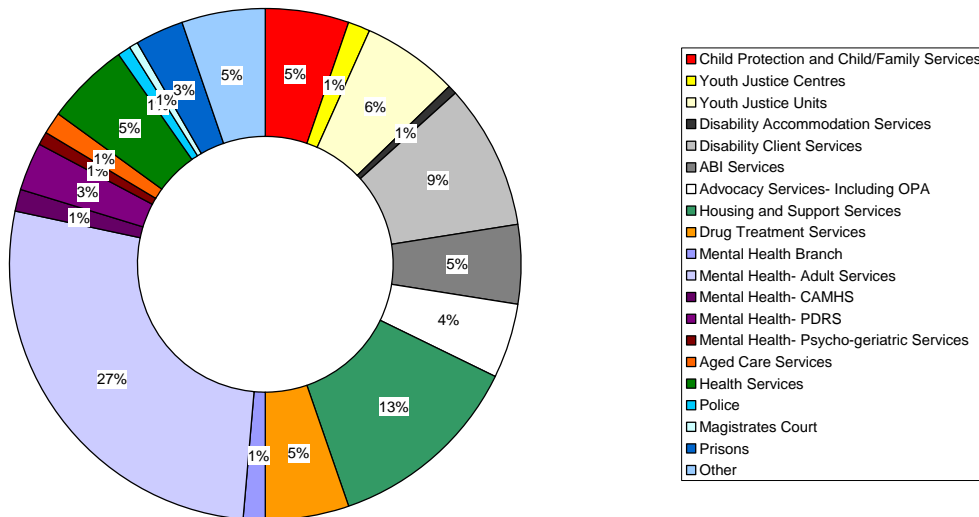
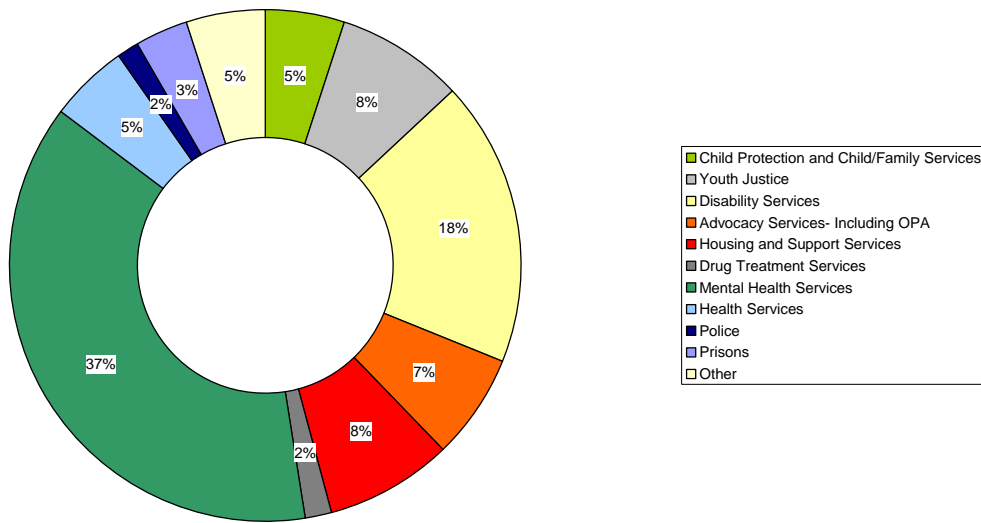


Figure 30 indicates that mental health services are the source of over one third (32%) of all matters reaching the referral phase. Among mental health services, the dominant referral source is adult mental health services (27% N=36).

Disability services (including both funded and directly managed services as well as ABI services (5%)) continue to be the next most frequent source of referrals (15% N=20).

While the data suggests that substance abuse issues are being identified with increasing frequency, drug treatment services are responsible for only 5% (N=7) matters in the total referral category.

Figure 31. Referrals Endorsed by Regional Directors by Referral Source to End June 2007 N=61



The trends observable in the total referral data (as well as that from previous reporting periods) are maintained in the endorsed referral data.

Figure 31 highlights a slight increase in endorsed referrals originating with mental health (again, primarily adult mental health services) (37% N=23) and disability services (18% N=11). A slight increase over the 2006 data in referrals originating in advocacy services is also evident (7% N=4).

Interestingly, the percentage of endorsed referrals originating in drug treatment services (2% N=1) and housing and support services (8% N=5) decreases among endorsed referrals in comparison to the total referral data (5% and 13% respectively). It is worth noting though that the rate of referral among housing services and drug treatment services is consistent with the June 2006 data for endorsed referrals.

Figure 32. Total Referrals by Accommodation Status to End June 2007 N=134

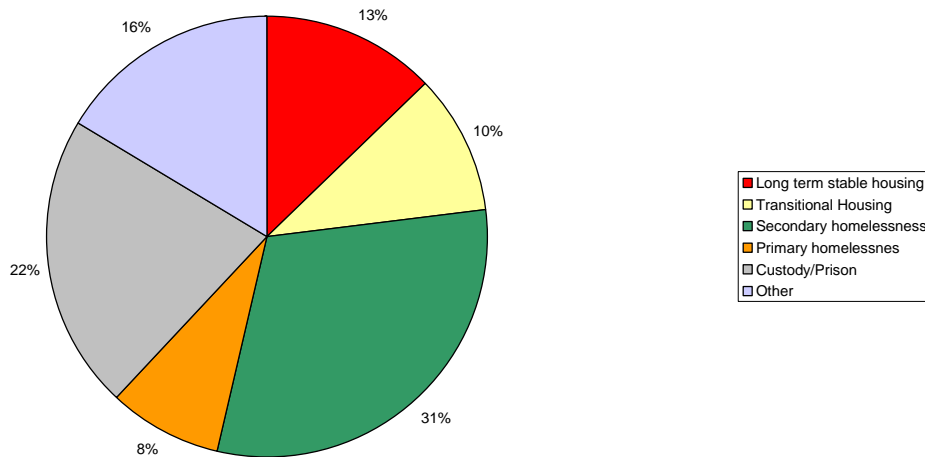


Figure 32 highlights that while 13% (N=17) of total referrals relate to individuals who are accommodated in long term stable housing, 39% (N=52) relate to individuals experiencing either primary or secondary homelessness (including crisis/emergency housing and informal accommodation arrangements).

The percentage of referrals identifying custody or prison has increased slightly from 20% at the end of June 2006 to 22% (N=29) in the current reporting period.

Figure 33. Total Referrals by Accommodation Status and Gender to End June 2007 N=134

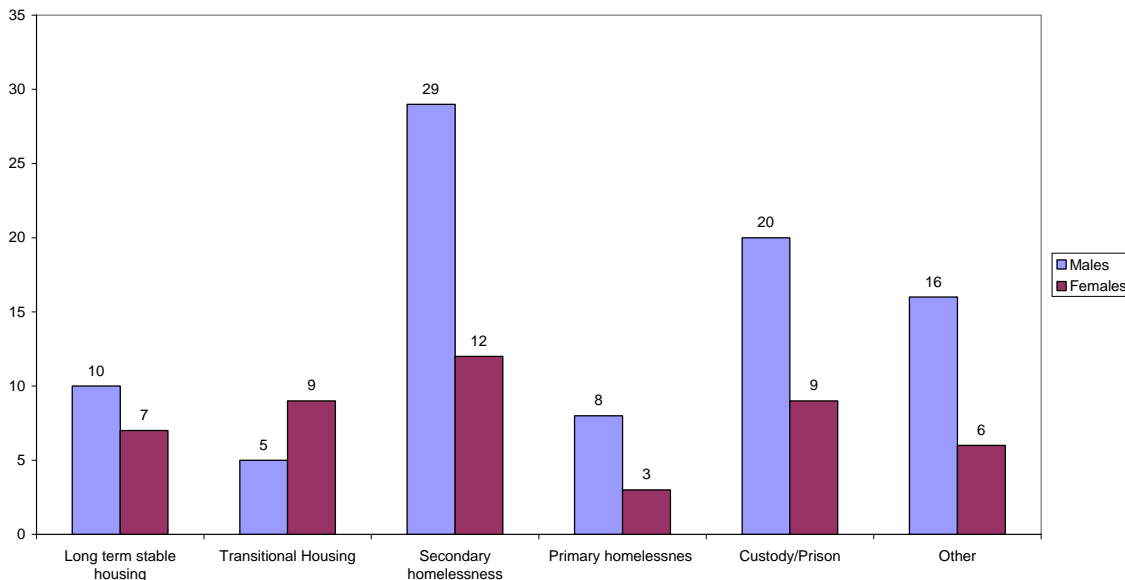


Figure 33 provides a breakdown of identified accommodation arrangements by gender for total referrals.

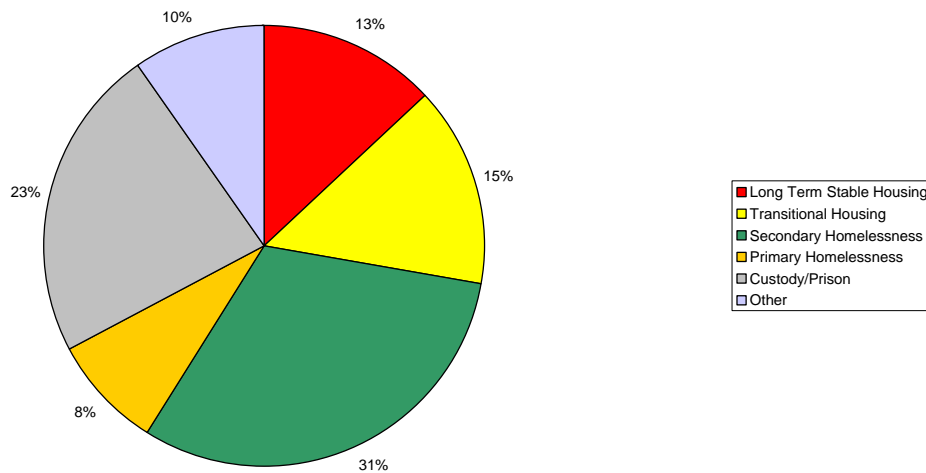
Among those relating to males, the most frequently identified accommodation 'category' is secondary homelessness (33% N= 29). This represents a 4% increase on the data to June 2006. The next most frequently identified accommodation category for males is custody/prison (23% N=20) which is consistent with the June 2006 data.

Among referrals relating to females, the identification of accommodation arrangements continues to be more evenly distributed across the categories. However, consistent with referrals relating to males, referrals relating to females identify secondary homelessness more frequently than other accommodation types (26% N=12). This is broadly consistent with the June 2006 data. Twenty percent of total referrals relating to females identified custody/prison while a further 20% indicated that transitional housing was being accessed.

Fifteen percent of referrals relating to females and 11% of those relating to males identified the use of long-term stable housing.

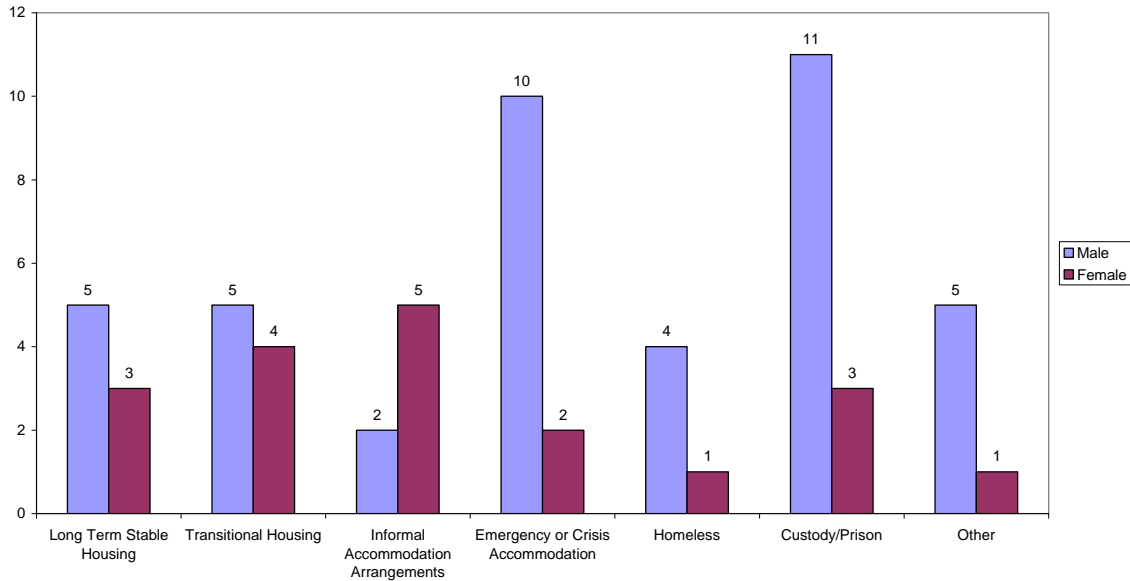
Figure 34 highlights that a very significant 62% (N=38) of endorsed referrals relate to individuals in prison or experiencing homelessness.

Figure 34. Referrals Endorsed by Regional Directors by Accommodation Status to June 2007 N=61



The percentages endorsed referrals relating to individuals experiencing either primary (8% N=5) or secondary homelessness (31% N=19) and those residing in prison (23% N=14) are consistent with those observed for total referrals.

Figure 35. Referrals Endorsed by Regional Directors by Accommodation Status and Gender to June 2007 N=61



Again, among endorsed referrals, secondary homelessness is identified more frequently than other accommodation types for both males (29%) and females (39%).

Within this category, the majority of referrals relating to males (24%) identified emergency or crisis accommodation compared to 11% of females. In contrast, the majority of referrals relating to females identified 'informal' accommodation arrangements (26%) eg. staying with friends. Only 5% of referrals relating to males identified this option.

With the inclusion of referrals relating to individuals experiencing primary homelessness, a substantial 38% relate to males and 42% relate to females identify some form of homelessness.

Referrals relating to individuals in custody or prison provide for the next most frequently occurring accommodation type identified among endorsed referrals with 25% of referrals relating to males and 16% of referrals relating to females identifying this category.

Figure 36. Total Referrals by Accommodation Status and Age to End June 2007 N=134

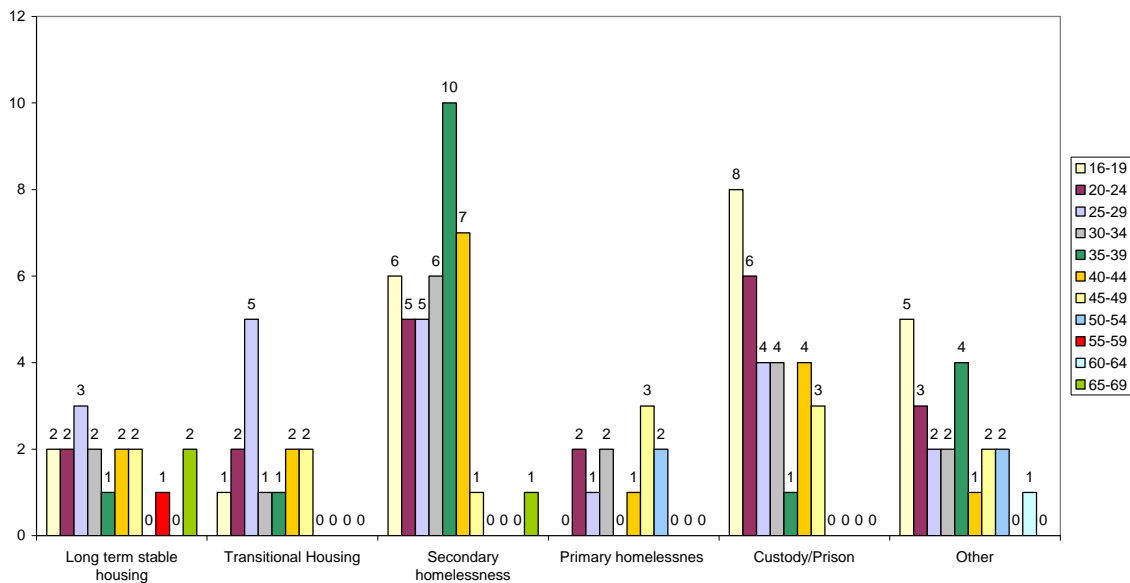


Figure 36 indicates that secondary homelessness is identified most frequently for referrals relating to 35-39 year olds (59%), followed by 40-44 year olds (41%), 30-34 year olds (38%) and 16-19 year olds (27%).

Four percent of referrals relate to individuals aged under 40 who experience primary homelessness. A further 15% of referrals identifying primary homelessness relate to individuals aged 40 and over.

In terms of custody or prison, a substantial number of referrals relating to young people identify this option including 36% of those relating to 16-19 year olds and 30% of those relating to 20-24 year olds.

Figure 37. Total Referrals by Health Status to End June 2007 N=134

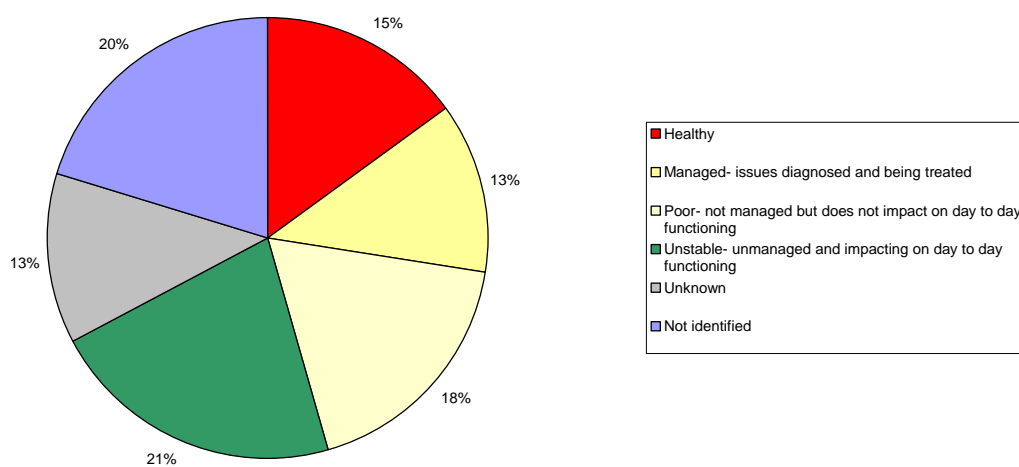
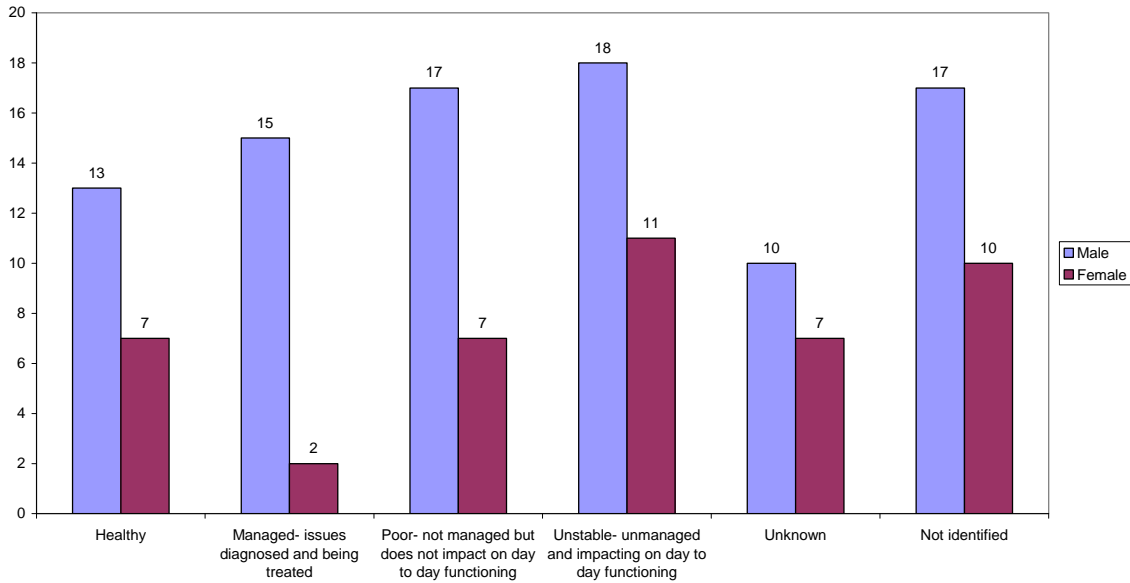


Figure 37 demonstrates that while the data indicates that 28% (N=37) of referrals relate to individuals who are healthy or whose health issues are appropriately managed, 39% (N=53) relate to individuals whose health is described as poor or unmanaged. This is consistent with the cumulative data to June 2006. The health status of one third of individuals in the referral phase was unknown or not identified (N=44).

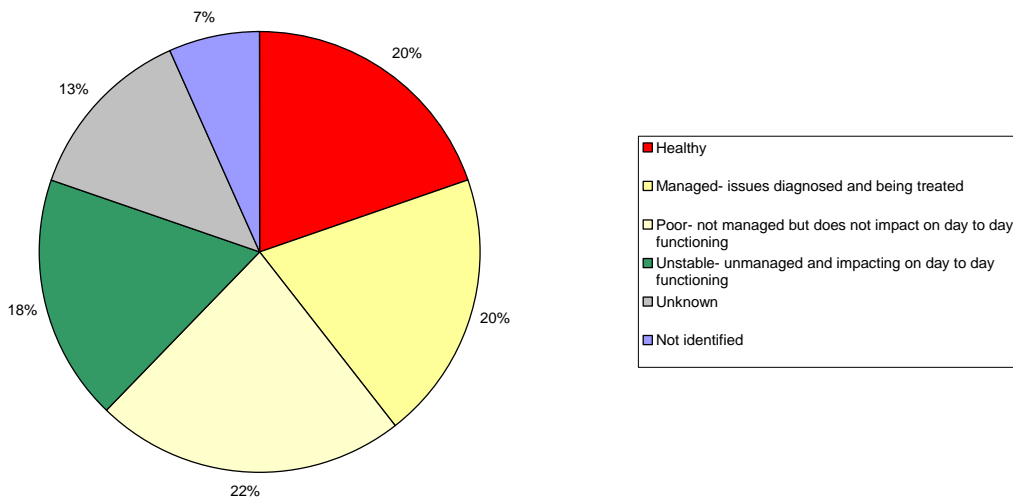
Figure 38. Total Referrals by Physical Health Status and Gender to End June 2007 N=134



In terms of gender, Figure 38 indicates that among total referrals gender issues are consistent across most health categories, for example 40% of referrals relating to males identify poor or unmanaged health issues while 39% of those relating to females identify this.

One exception is referrals identifying managed health issues. Seventeen percent of total referrals relate to males with managed health issues while only 4% of total referrals relate to females with managed health issues.

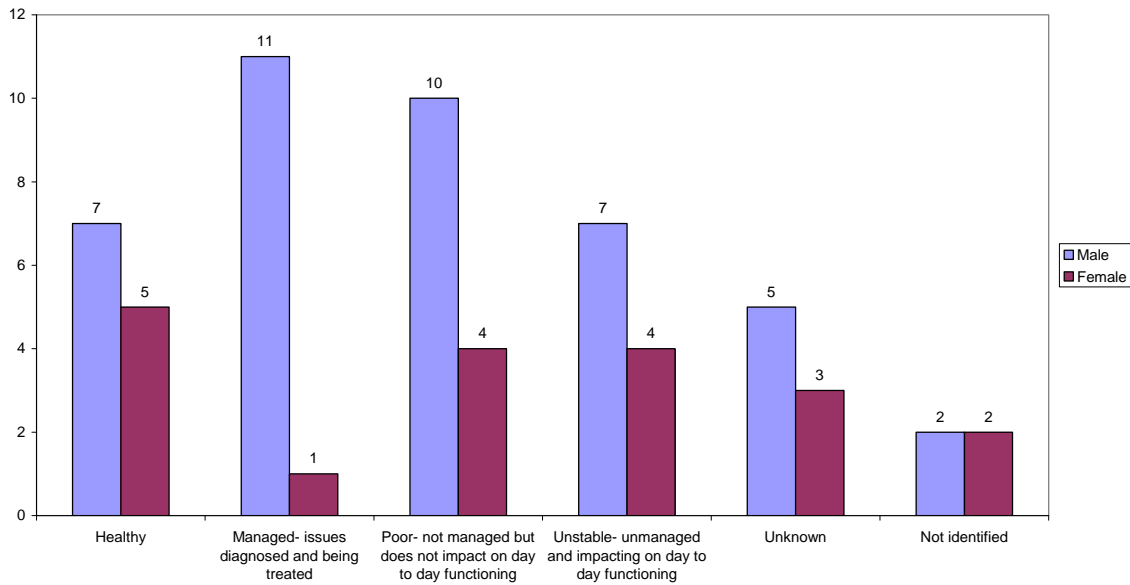
Figure 39. Referrals Endorsed by Regional Directors by Health Status to End June 2007 N=61



Interestingly, among referrals endorsed by regional directors, the percentage relating to healthy individuals or those with managed health issues increases to 40% (N=24).

Unfortunately, referrals relating to individuals with poor or unstable health also increase to 40% (N=25). This figure represents a 5% decrease on the percentage identified as having poor or unstable health in the June 2006 data.

Figure 40. Referrals Endorsed by Regional Directors by Health Status and Gender to End June 2007 N=61



Among matters endorsed for referral to the statewide Panel by regional directors, Figure 40 demonstrates that 43% of referrals relating to males identify good health or managed health issues, only 32% of those relating to females identified as healthy or having managed health issues.

When looking specifically at managed health issues, the gender variation is even greater with 25% of referrals relating to males identifying managed health issues while only 5% of referrals relating to females identifying this category.