

Multiple and Complex Needs Initiative Regional Gateway

Data Report April 2005

Overview

Figure 1. Total Inquiries, Consultations and Referrals to End April 2005

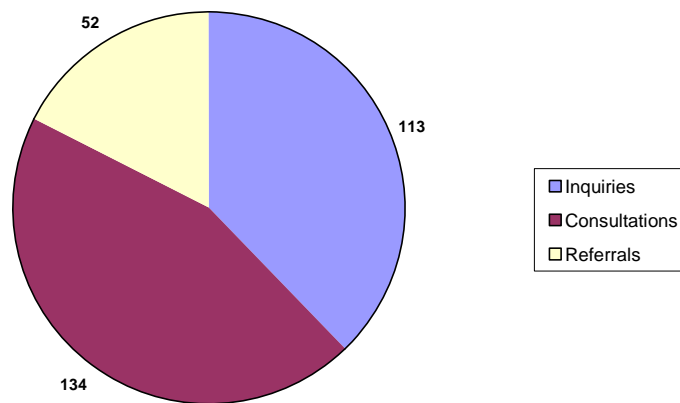


Figure 1 provides an overview of the total number of inquiries, consultations and referrals undertaken to the end of April. It should be noted that 'inquiries' includes both contacts about potential referrals and general inquiries about the Multiple and Complex Needs Initiative.

Fifty two 'referrals' were at various stages of development in the reporting period. This number includes instances where a referral form has been sent to a potential referrer for completion but has not yet been returned or has been received but not been considered by regional decision making mechanisms (local panels/advisory groups). It also includes those that have been endorsed by the Regional Director and forwarded to the Panel.

**Figure 2. Comparison - Total Inquiries, Consultations and Referrals
November 2004, March 2005 and April 2005**

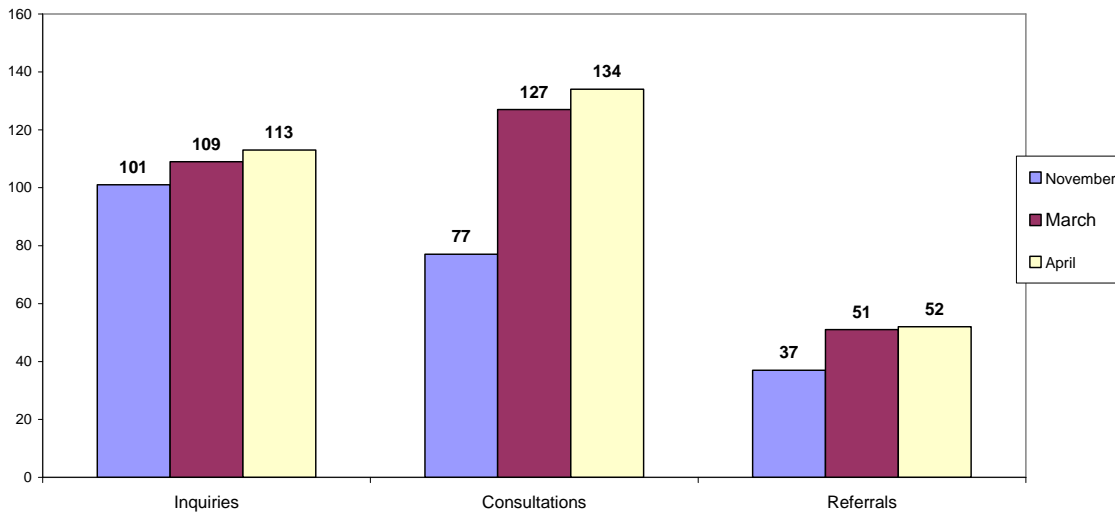


Figure 2 provides a comparison of the total activity in the inquiry, consultation and referral categories over 3 reporting periods.

There has not been a significant increase in the number of contacts for the purpose of inquiry since November. This may be attributed to the intensive work undertaken by regions, in particular, and the central Initiative team in providing information briefings to potential referrer groups. As the service system's understanding of the target population and operation of the Initiative develops, it could be expected that matters will bypass the inquiry stage and proceed directly to consultation.

The overall increase in consultations (which, it should be noted, usually involve a series of telephone conversations and/or meetings rather than a single contact) since November indicates that the bulk of the demand on the Regional Gateway occurs at this point. The smaller variation between total consultations for March and April is likely to be attributable to the 'short' reporting month (once Easter and the school holidays are taken into account).

The successful problem solving of potential referrals at the consultation stage is reflected in the reduced numbers moving through to the referral stage. It should be noted that a number of those 52 matters currently identified as 'referrals' will be resolved at the regional level and not progress beyond local advisory body consideration. Anecdotally, regions advise that co-operative problem solving at this level has been very effective in identifying alternative support options for individuals.

Consultations

Figure 3. Total Consultations by Age and Gender to End April 2005 N=134

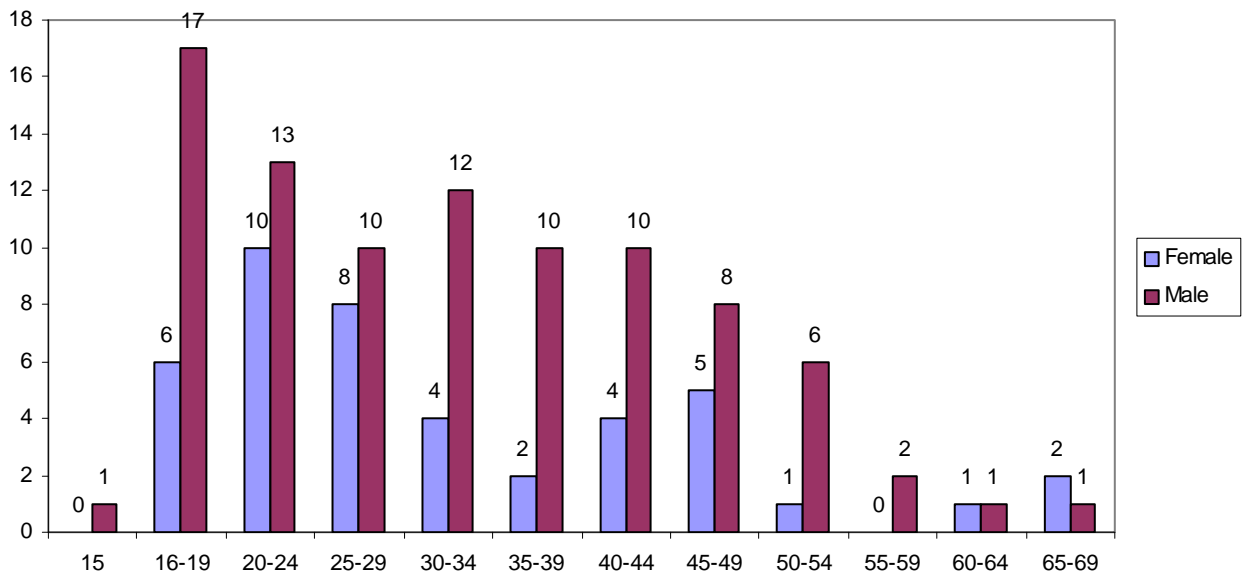


Figure 3 shows the distribution of consultations by age and gender. As anticipated, consultations relating to males (N=91 - 68%) were twice that relating to females (N=43 - 32%).

Consultations were consistent across the male age categories up to 40-44 year groupings. Within this range, the largest single age category was 16-19 year olds (N=17). While the higher representation of younger males is broadly consistent with Phase I profiling data, it is worth noting that in the Phase 1 data, the majority of males were aged under 35 years.

The distribution of females was less consistent across the age categories. 18 females or 41% of the females in the consultation phase were represented in the 20-24 and 25-29 age categories.

It is interesting to note that in 55+ age categories (N=7), males and females are more evenly represented.

Figure 4. Total Consultations by Resolution at the Regional Level to End April 2005
N=134

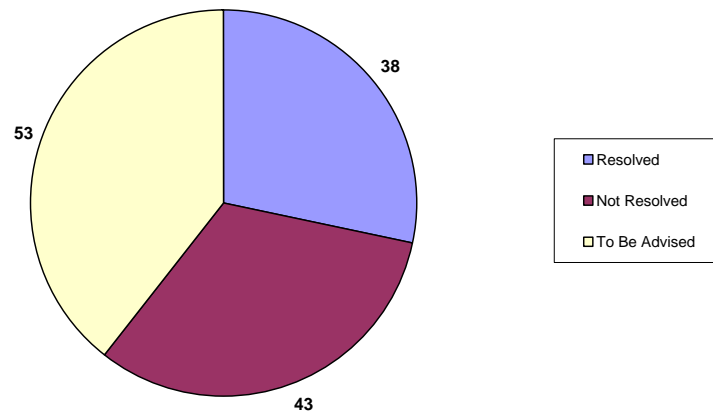


Figure 4 indicates that 28% of all consultations were resolved at regional level with a further 39.5% yet to be finalised.

One third (32% N=43) of all consultations were not resolved at regional level and moved or are moving to the referral stage.

Figure 5. Total Consultations by Source and Outcome to End April 2005
N=134

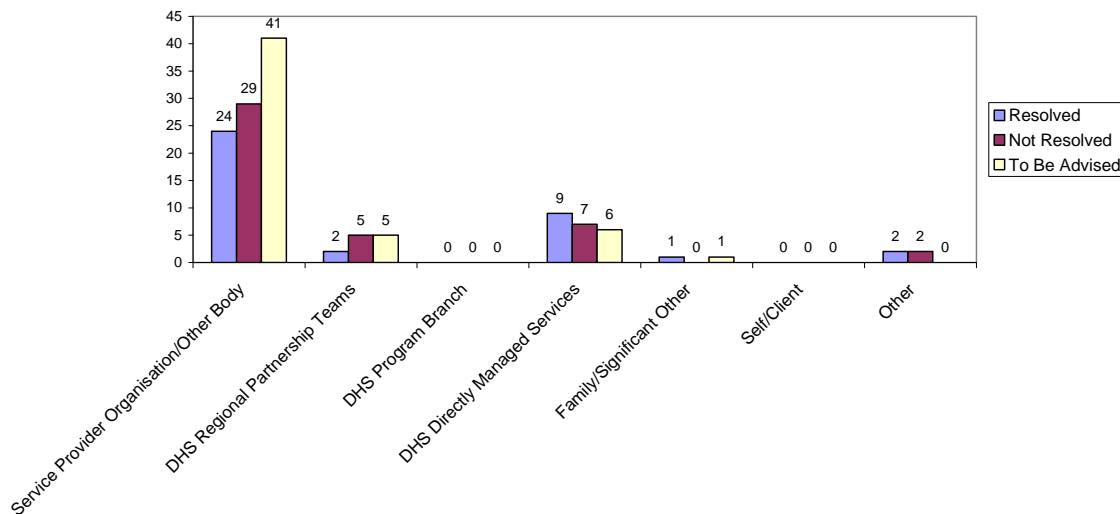


Figure 5 indicates that the funded sector and other bodies were the dominant source of consultations (N=94 - 70%). DHS directly managed services accounted for only (N=22 - 16%) of all consultations.

Just over one quarter of those consultations originating in the funding sector (25.5% or N=24) were resolved at the regional level with a further 43% still to be finalised. This compares to 32% (N=11) of consultations originating in DHS (directly managed services and regional partnership teams) that were resolved at the regional level with a further 32% to be finalised.

Figure 6. Consultations Appearing to Meet Eligibility Criteria to End April 2005
N=134

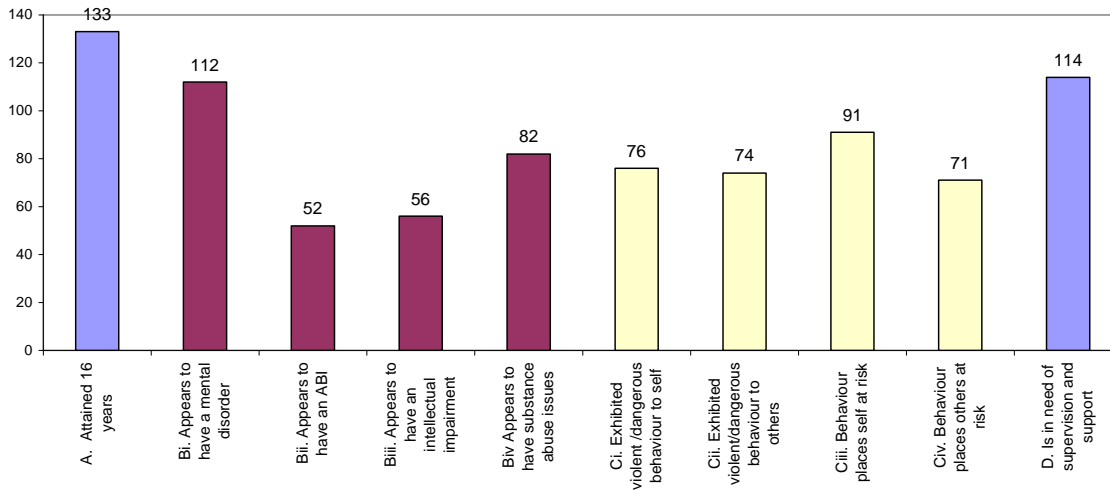


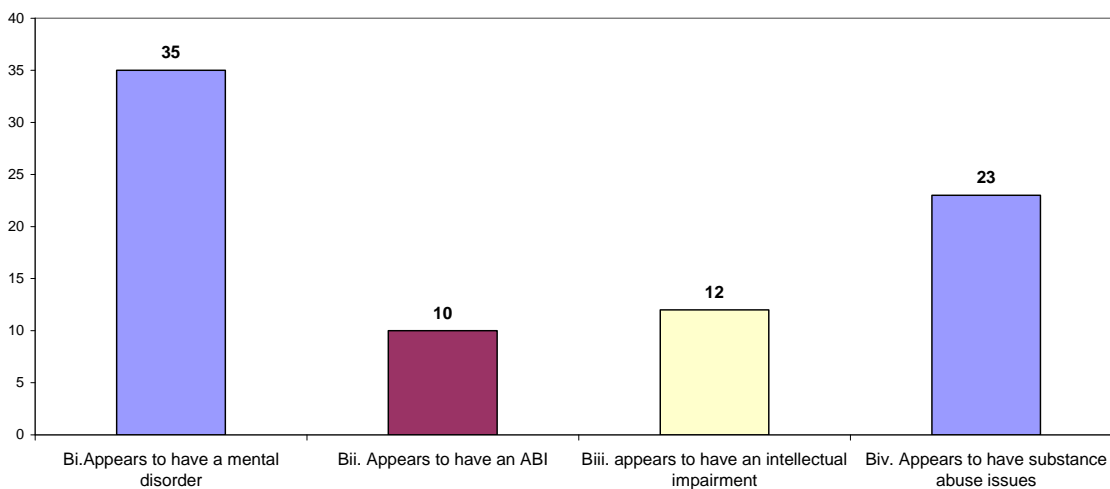
Figure 6 provides an overview of consultations by eligibility criteria appearing to be met. To meet eligibility criterion 'B', an individual must appear to meet any two of the 'B' sub-criteria.

The sub-criteria of criterion 'B' are worth noting. Significantly, 84% (N=112) of those in the consultation phase were identified as appearing to have a mental disorder. Those appearing to have substance abuse issues were the next biggest group (61%), followed by intellectual impairment (41%) and ABI (38%).

While the elements of Criterion 'C' are more evenly distributed, it is worth noting that the behaviour category 'places *self* at risk' (68%) was identified more often than behaviour categories indicating risk to others.

Overall, these statistics suggest that consultation processes in regions are effective in targeting those who appear to meet the eligibility criteria.

Figure 7. Consultations by Mental Health Source and 'B' Sub-Criteria Met to End April 2005
N=36



In the context of the high incidence of consultations where a mental disorder is indicated, Figures 7 and 8 provide a more detailed examination of the sources of these consultations.

Interestingly, mental health services were the source of 32% (N=35) of consultations (N=112) identifying the 'B' sub-criterion relating to the appearance of a mental disorder.

As might be expected, of the consultations with a mental health service source, 97% (N=35) indicated an apparent mental disorder. A sizeable 63% (N=23) of mental health service consultations indicated apparent substance abuse issues. Approximately one third of the group were identified as appearing to have an intellectual impairment (33%). A slightly smaller proportion appeared to have an ABI (27%).

**Figure 8. Consultations by Sources Other than Mental Health Services and 'B' Criteria Met to End April 2005
N=98**

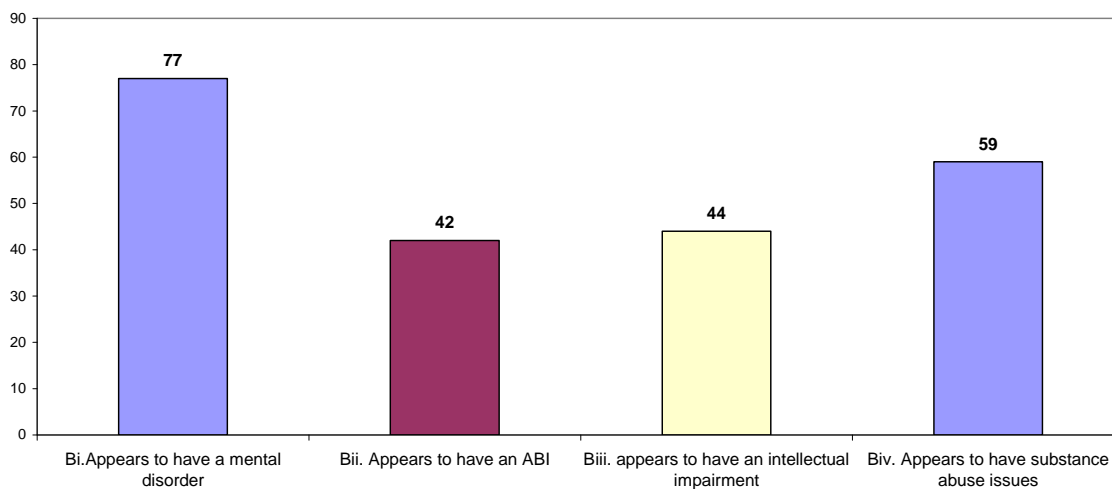
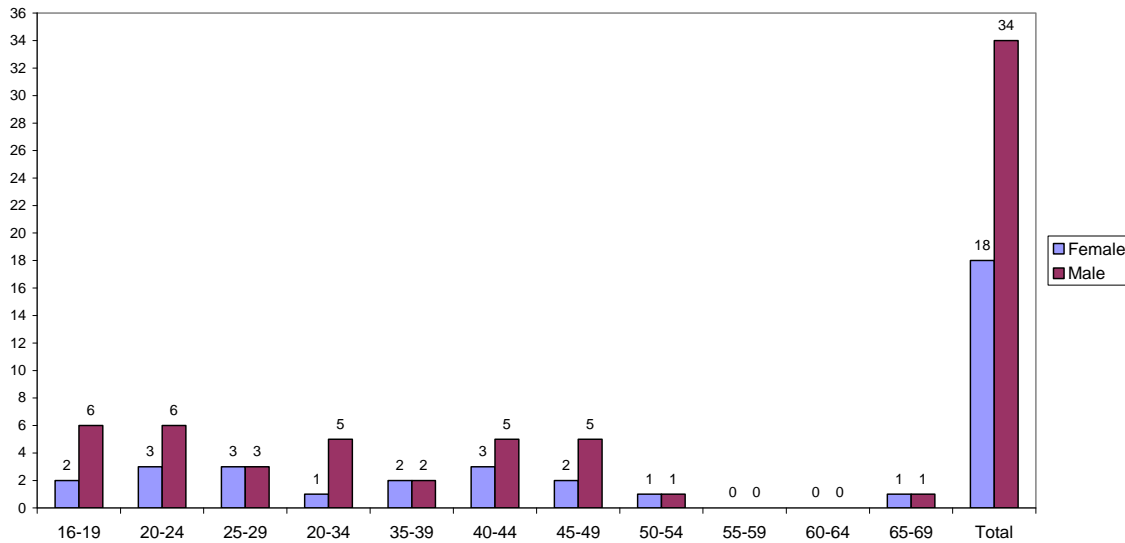


Figure 8 indicates that of those consultations with a source other than a mental health service, a significant 78% (N=77) were identified as appearing to have a mental disorder.

Similar to the group where mental health services were the source of consultation, a further 60% (N=59) were identified as appearing to have substance abuse issues. As with the group with a mental health service source, the number of those identified in the consultation phase as appearing to have an intellectual impairment or ABI were smaller. However, the relative proportion of those identified as appearing to have an intellectual impairment or ABI (45% and 43% respectively) was greater than those where mental health services were the source of consultation.

Referrals

Figure 9. Total Referrals by Age and Gender to End April 2005 N=52

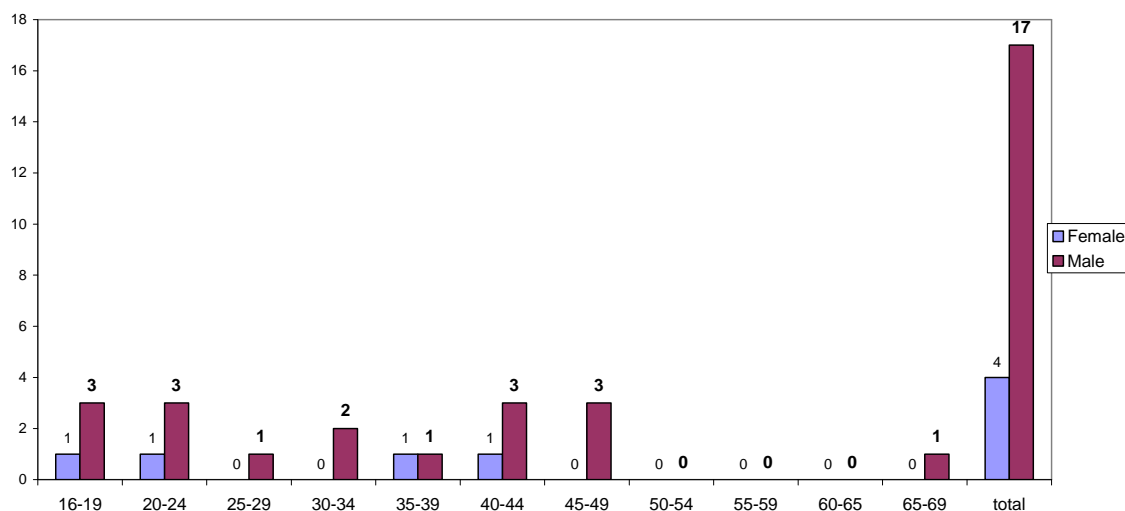


Consistent with the consultation data, Figure 9 indicates that approximately twice as many males (N= 34 - 65%) as females (N=18 - 34%) moved to the referral phase of the Initiative. Again, it should be noted that the referrals group includes those where the referral is still being completed by the referrer or is being considered at the regional level, and those that have been endorsed by Regional Directors to go to the Multiple and Complex Needs Panel.

The majority of referrals in each gender group related to individuals aged under 49. The distribution of referrals within age categories for both genders was reasonably consistent with no significant peaks.

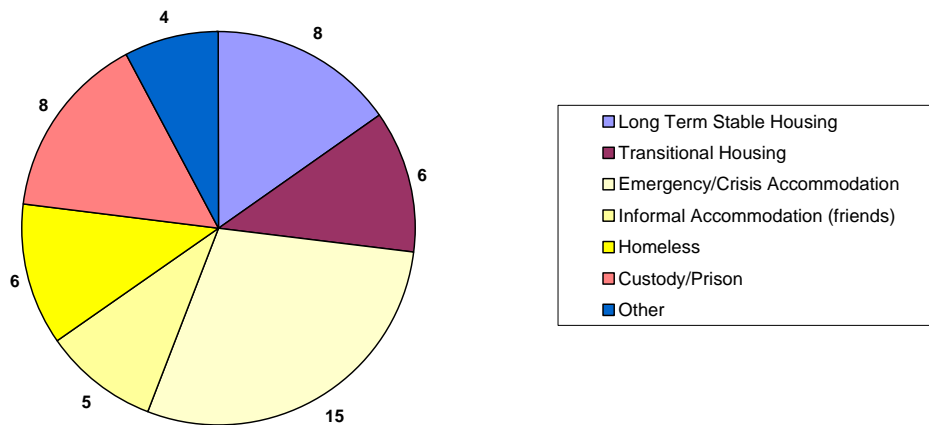
As may be expected, demand for referrals for those aged 50-69 is limited. The gender based variation observable in referrals for those under 50 does not apply to those in the 50-69 age categories.

Figure 10. Referrals Endorsed by Regional Directors by Age and Gender to End April 2005 N=21



As Figure 10 indicates, 17 or 81% of the 21 individuals endorsed by regional directors for referral to the Multiple and Complex Needs Panel are male. Females represent only 19% of this population. Interestingly, while females made up approximately one third of the consultation and broader referral population (including those for whom referrals are still being developed or considered), they represent slightly less than a quarter of those endorsed for referral to the Panel.

Figure 11. Total Referrals by Accommodation Status to End April 2005 N=52



Consistent with expectations, Figure 11 indicates that 50% of those individuals being considered for referral (including those endorsed by regional directors for referral to the Panel) experience either primary homelessness (11.5%) or secondary homelessness (38%) including residing in crisis accommodation or short term accommodation with friends.

15.4% of this group are accommodated in custodial/prison settings. Anecdotal evidence from the Regional Gateways and other components of the Initiative also highlights the challenges in identifying and accessing appropriate, supported long term accommodation for the target population.

**Figure 12. Referrals Endorsed by Regional Directors by Eligibility Criteria to End April 2005
N=21**

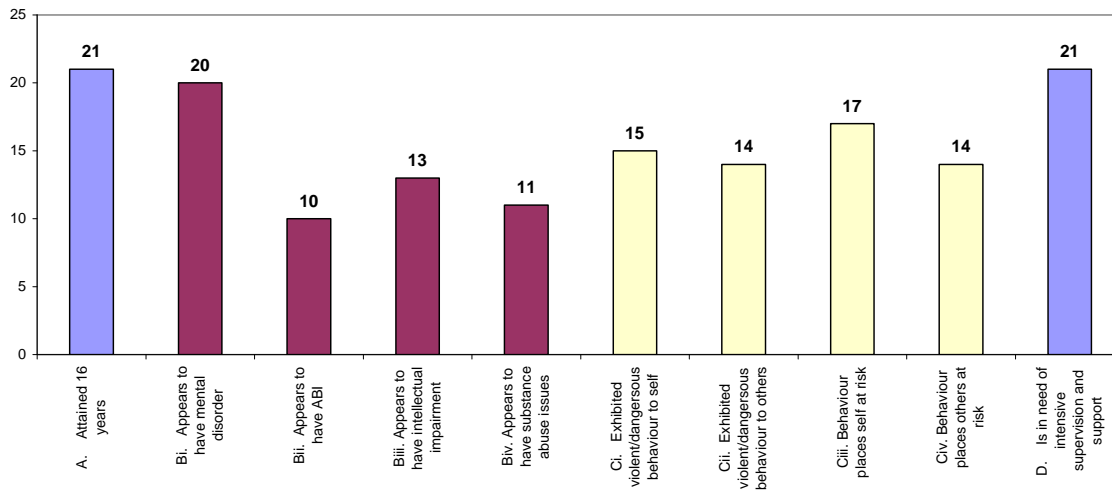


Figure 12 provides an overview of referrals endorsed by Regional Directors for referral to the Panel by eligibility criteria appearing to be met.

Of particular note are the sub-criteria of criterion 'B'. In contrast to the 84% identified as appearing to have a mental disorder at the consultation phase, by the referral endorsement phase, a very substantial 95% of the group is identified as appearing to have a mental disorder.

Interestingly, while substance abuse was the next most frequent sub-criterion appearing to be met at the consultation phase, by referral endorsement, this is overtaken by intellectual impairment (62%). Those appearing to have substance abuse issues represent (52%) of the population and ABI (48%).

More consistent with the consultation phase data, there is a relatively even distribution across the sub-criteria of criterion 'C'. Again, the behaviour category 'places *self* at risk' (81%) was identified ahead of the behaviour categories indicating risk to others.

**Figure 13. Referrals Endorsed by Regional Directors
- Number of 'B' Sub-Criteria Met N=21**

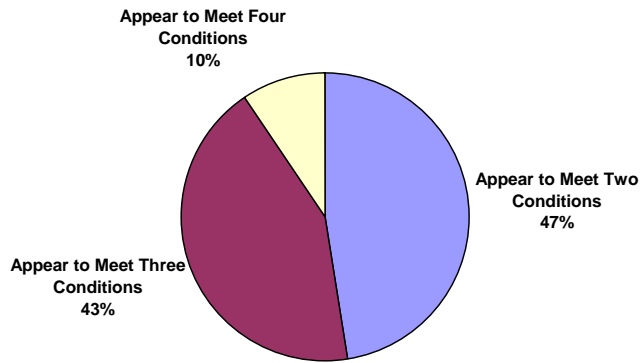


Figure 13 indicates that the majority of those individuals endorsed by Regional Directors for referral to the Panel appear to meet more than 2 sub-criteria of eligibility criterion B. 53% of the population appear to meet 3 (N=9) or 4 (N=2) of the sub-criteria.

The breakdown of these combinations of sub-criteria are examined below.

**Figure 14. Referrals Endorsed by Regional Directors
- Two Sub-Criteria Met N=10**

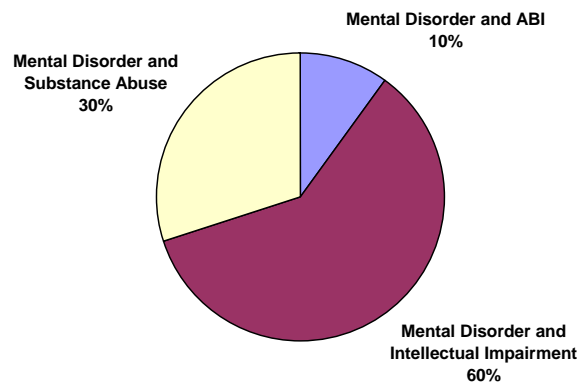
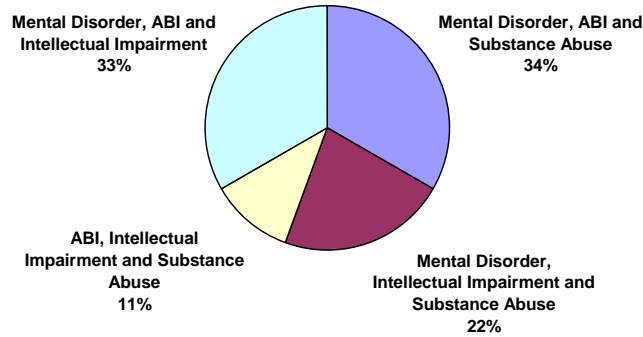


Figure 14 identifies the combinations of two sub-criteria 'B' appearing to be met by those referrals endorsed by regional directors for referral to the Panel.

While overall numbers in this category are small, the current data demonstrates a dominance of the appearance of mental disorder and intellectual impairment (N=6) among those referrals meeting two sub-criteria endorsed by Regional Directors.

**Figure 15. Referrals Endorsed by Regional Directors
- Three Sub-Criteria Met N=9**



Again, while the overall numbers reflected in Figure 15 are small, this figure does indicate that among those referrals meeting 3 sub-criteria, the combinations of mental disorder and ABI with either an intellectual impairment (N=3) or substance abuse (N= 3) are dominant. This is followed by mental disorder, intellectual impairment and substance abuse (N=2).

**Figure 16. Total Referrals Endorsed by Regional Directors by Source of Referral to
End April 2005
N=21**

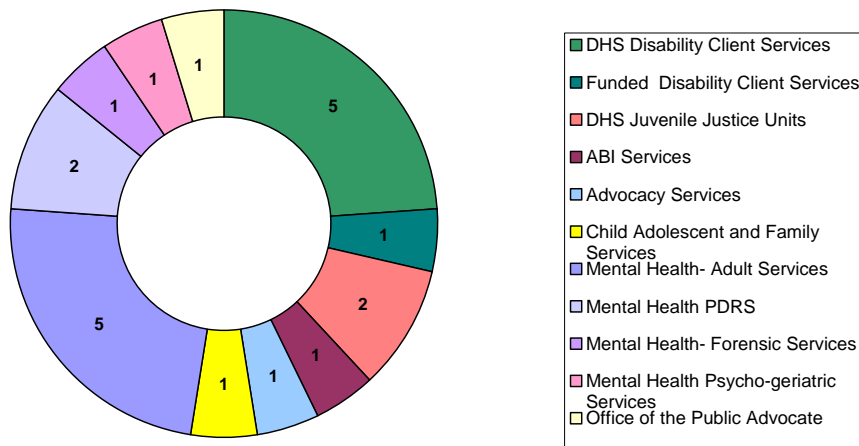


Figure 16 demonstrates that of those referrals endorsed by regional directors, the dominant referring group has been the mental health system (including adult services, PDRS, forensic and psycho-geriatric services) (42%).

Referrals originating in the Disability Sector (directly managed services and funded services) account for a further 28.5% of referrals (please note that figure this does not include ABI services).

Juvenile Justice Units have been a source of 9.5% of referrals.