

Victorian Multiple and Complex Needs Initiative 2004-2009



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The beginning

- Two years of consultation and data collection – 2002-2004
- Became operational in late 2004
- Legislation – Human Services (Complex Needs) Act 2003 – has been extended till May 2009

Pre-MACNI scoping work

- Profiling work done on “target population” from 2002 to 2004
- Identified a group of 247 individuals with multiple and complex needs
- On average – these individuals cost approx \$248,000 pa
- Highest cost package in 02/03 was \$643,000

MACNI objectives

Time limited intervention that:

- Enables stability in: housing, health and well-being, safety, social connectedness
- Provides a platform for long-term engagement in the service system
- Pursues planned and consistent therapeutic goals for each client

Time limited

Emphasis on planning (not dollars)

Intention to engage/re-engage with service system

Note – not to cure, massively reduce need for service OR funds OR to ‘take over’..

In the context of brokerage: think planned spending, rather than chaotic spending.

Elements of MACNI

- Legislation
- MACN Panel/CERG
- Regional coordinators and regional panels – DHS state-wide “reach”
- Specifically funded CSO – state-wide role
- Brokerage –client attached dollars

Intensive case management function – delivered by Indigo Intensive Case Management Service

Statistics 1 June 04 to 31 March 2009

- 669 consultations at the regional level
- 164 considered for referral, leading to
- 78 referrals
- 75 determined eligible
- 51 care plans determined
- 38 care plans extended into second year
- 39 care plans terminated

A new initiative still...

Statistics continued - External Evaluation

- 76% reduction in presentations to hospital emergency departments
- 34% reduction in number of hospital admissions
- 57% reduction in hospital bed days

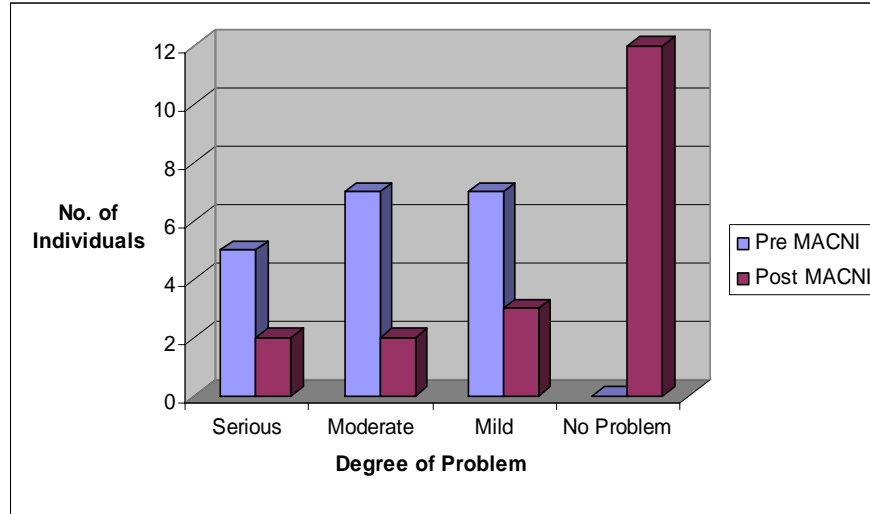
Post MACNI snapshot study

- Client status pre and post MACNI was assessed utilising the four MACNI platforms
- 19 out of a potential 22 clients who had terminated from MACNI were reviewed
- Four data sources were utilised
 - KPMG evaluation case studies
 - MACNI case files and reports
 - Interviews with key service providers
 - Client Outcome Survey

Background Data

- MHS the largest referrer - 31% of the referrals
- 31% - under 25years, 53% - 26-45years old & 16% - over 45 years
- 3:1 ratio males to females
- 25% - M.D. & I.I, 21% M.D. & A&D, 11%- all four
- 53% - 2 yr care plan; 9% 12mths or less
- CPC 74% Indigo; 21% CSO; 5% DHS

Accommodation Outcomes Pre and Post MACNI



Mild Accommodation Problems

- not being long term or
- meeting the support needs of the individual or
- not part of any transition plan

Moderate Accommodation Problems

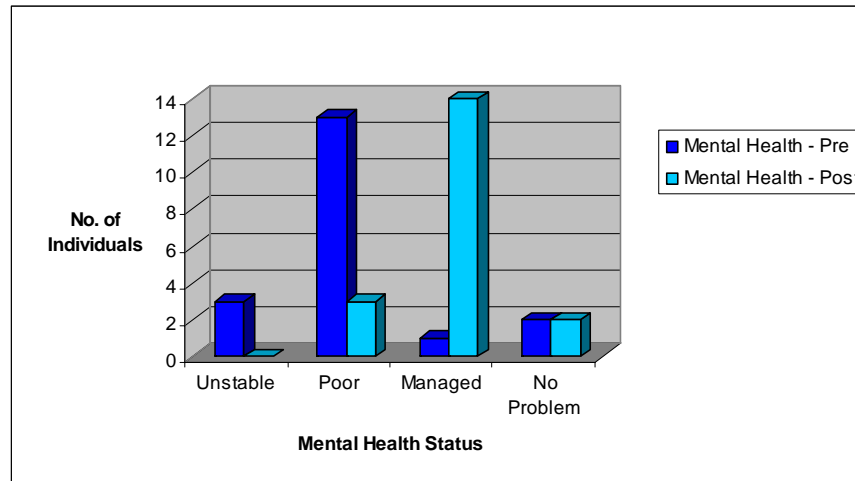
- custody or prison
- utilising emergency or crisis accommodation
- inappropriate hospital stay
- Child protection accommodation – no longer viable or
- involved in informal temporary arrangements such as living with friends

Severe Accommodation Problems

- primarily homeless or
- highly transient with no fixed address

100% of the individuals pre- MACNI had either a mild, moderate or serious accommodation pre-MACNI, **only 37% had an accommodation problem post MACNI with the majority of these experiencing mild to moderate issues.** A total of **63% of the individuals had NO accommodation issues post** their time with MACNI.

Mental Health Outcomes Pre and Post MACNI



Managed – diagnosed & receiving appropriate treatment.

Poor - mental health issues partially addressed but impact on day to day functioning.

Unstable – not diagnosed and/or are untreated impacting on day to day functioning

1/19 **managed** pre MACNI male 50+

BY END – continued to be managed

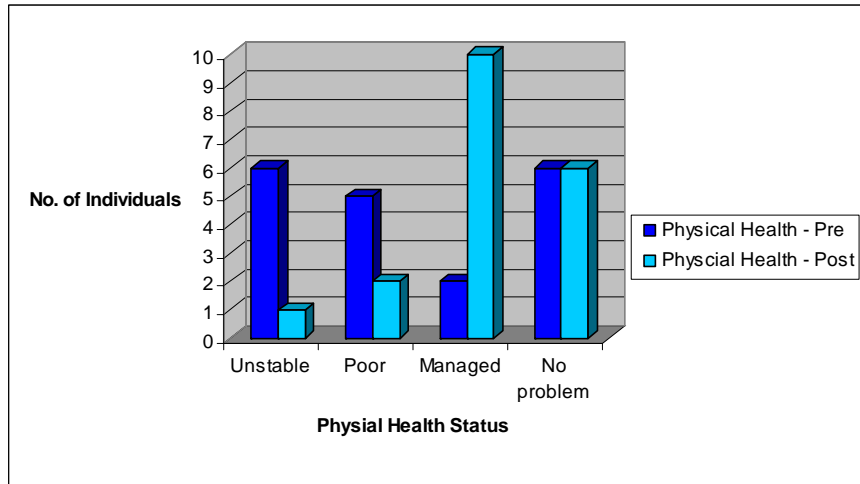
13/19 **poor** pre MACNI. 10 males and 3 females. Greatest no. aged between 30-39 years

BY END – 10/13 mental health issues assessed and were receiving appropriate treatment for these issues. 3/13 remained unchanged. These were all young men under the age of 25 years who had returned to prison during or not long post MACNI termination.

3/19 **unstable** pre MACNI. 2 males and 1 female. 2 aged between 20-29 yrs and 1 40+ yrs.

BYEND all 3 had improved from unstable to managed,

Physical Health Outcomes Pre and Post MACNI



Of the 19 MACNI clients that were reviewed as part of this current research, 13 (68%) were experiencing physical health issues

Managed Physical Health

Physical health issues that had been diagnosed and were being appropriately treated.

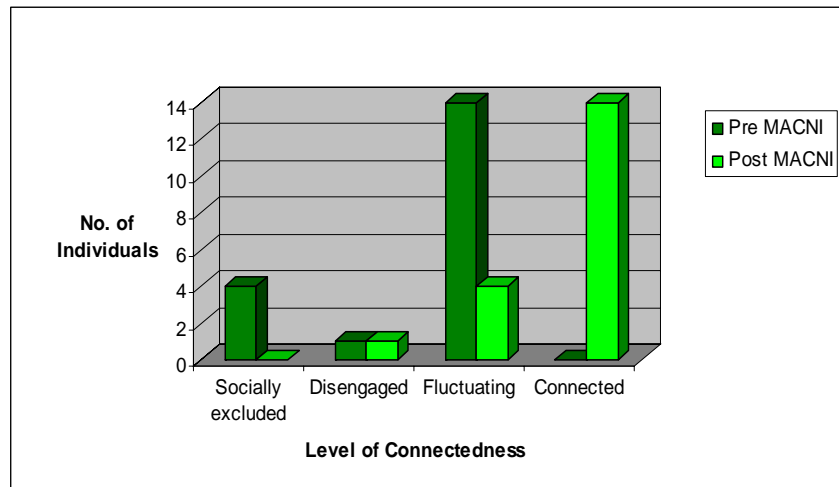
Poor Physical Health

Physical health issues that may have been partially addressed but continue to impact on day to day functioning.

Unstable Physical Health Issues

Physical health issues that have not been assessed, and/or are untreated impacting on day to day functioning.

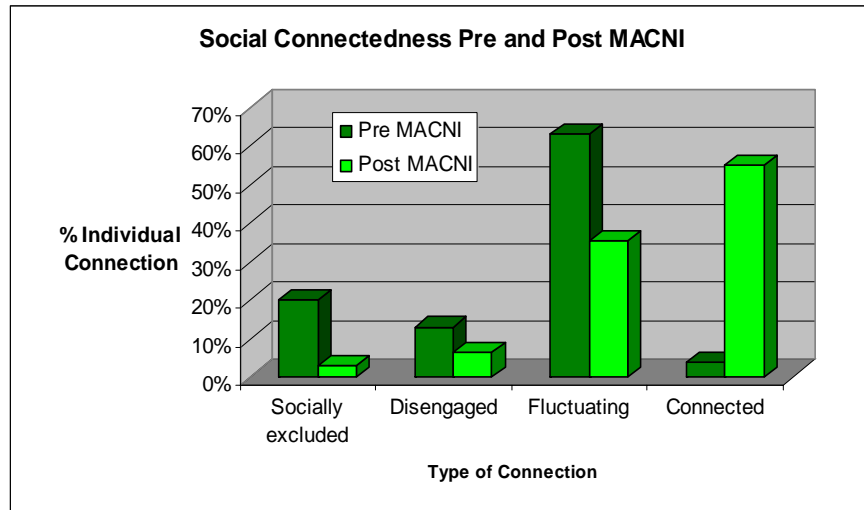
Social Connectedness– Service Providers



Most significant shift was connection to service provision – clear MACNI goal

By end only 1 remained disengaged and 4 fluctuating with a4 having connected

Social Connectedness – Family, Friends Community



Social Connection with Family, Friends Community and Service Providers

Connected

Has appropriate and supportive contact

Fluctuating

Maintains contact but level of connection fluctuates or is problematic (erratic)

Disengaged

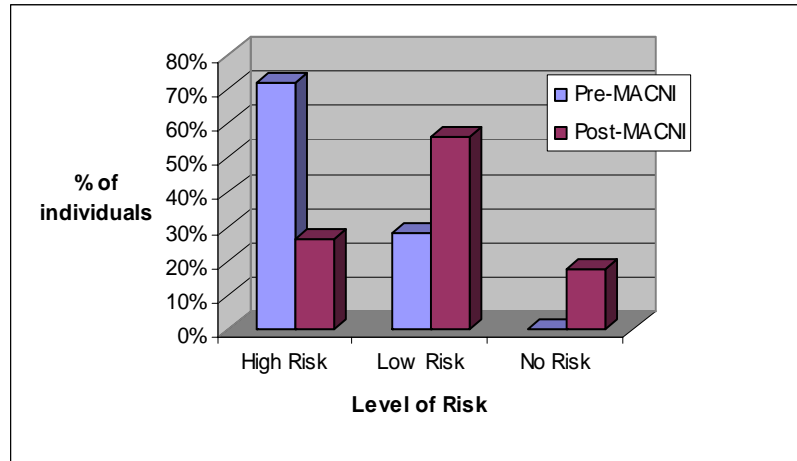
Does not have contact

Socially excluded

Has been excluded because exhibits anti-social attitudes or behaviours

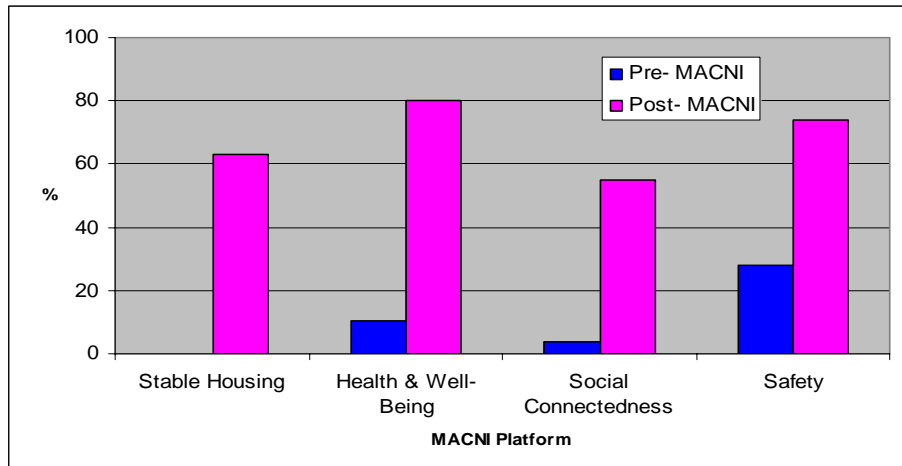
Family and friend connections remained problematic for many of the clients.

Safety Outcomes



Engagement in high risk behaviours – these may include substance abuse, petty criminal activity eg theft, high level nuisance behaviour, prostitution

OUTCOMES - Comparative data



Safety is percentage of individuals at low or not risk

ALL CLIENTS

	Pre- MACNI	Post- MACNI	Improvement
Stable Housing	21	44	41%
Health & Well-Being	48	78	26.00%
Social Connectedness	114	186	32%
Safety	18	54	31.50%
Overall Change	201	362	31.40%

Key Findings

- MACNI leads to successful client outcome (13/19)
- 57% overall improvement across all 4 platforms

	Pre-MACNI	Post-MACNI	% improve
Stable Accommodations	0%	63%	63%
Health/Wellbeing	10.5%	80%	69.5%
Social Connect	4%	55%	51%
Safety	28%	74%	46%

Key Findings con't

- MACNI leads to capacity building of sector
 - Biggest achievement was bringing people to the table and getting them to communicate
- Most successful - disengaged, isolated, highly transient, significant correction histories & homeless
- Least successful - those transiting from youth to adult services, Indigenous
 - 1/6 had Indigo as CPC

Critical Success Factors of MACNI

- Care Plan – an effective tool
- Care Plan Coordination - critical role
- Coordination through care teams
- Access to training and mentoring
- Reflective space – forced focus and attention
- Additional resources

CPC Role - – independent, coordination focus and able to move around state and service boundaries

Critical Challenges of MACNI

- Complexity of service system
- Complexity of the model
 - Administratively burdensome
 - Timeliness
- Transitions difficult to negotiate
- Maintaining Impetus after MACNI

More about the unsuccessful outcomes

- 4 males & 2 females
- 4 out of 6 transitioning youth to adult
- 3 out of 6 Indigenous
- 5 out of 6 histories of YJ/CP
- 5 out of 6 had non-Indigo CPCs
- 4 - jail, 1 – streets, 1 – hospital
- ALL showed improvement during MACNI

There was only one other client in the 19 cohort that was transitioning from youth to adult.

There were no other individuals with Koori backgrounds in the cohort

The Future

- Post May 2009