

The Client Monitoring and Review System (CMRS)

Rachel Rowles (*A/Senior Project Officer, CMRS & TBP*)
Lesley Whatson (*Team Co-ordinator, Children’s Team,
Statewide Behaviour Intervention Service*)

Background and Overview:

The CMRS was established within Ageing, Disability and Home Care (ADHC) in 2011 to facilitate the identification; escalation and independent review of those clients of concern to the (now) ADHC Districts/Program Areas. At the time, there was no single system across the state that identified complex cases that ADHC was involved with, nor articulated what ADHC responses should be. Similarly, there was no single system for monitoring and measuring change. This initiative was designed to improve the effectiveness of support provided to people who present with high risks and complex support needs through:

- The development of enhanced strategies for managing complexities and risks in the context of a person centred approach
- Identifying systemic strengths and gaps within individual cases and developing state wide solutions where required
- Improving the quality of life for identified clients
- Ongoing, proactive monitoring of cases, and
- Identifying trends/patterns across the initiative and creating systems responses to these.

The CMRS comprises a set of three complementary projects designed to improve clinical governance and client risk management. It is essentially an internal quality assurance and clinical support mechanism for ADHC staff and senior management.

1. Reporting and data analysis:

Districts and identified Program Areas are required to provide quarterly updates regarding all Tier 1 and Tier 2 clients. The Quarterly reports are provided to and analysed by Clinical Innovation and Governance (CIG).

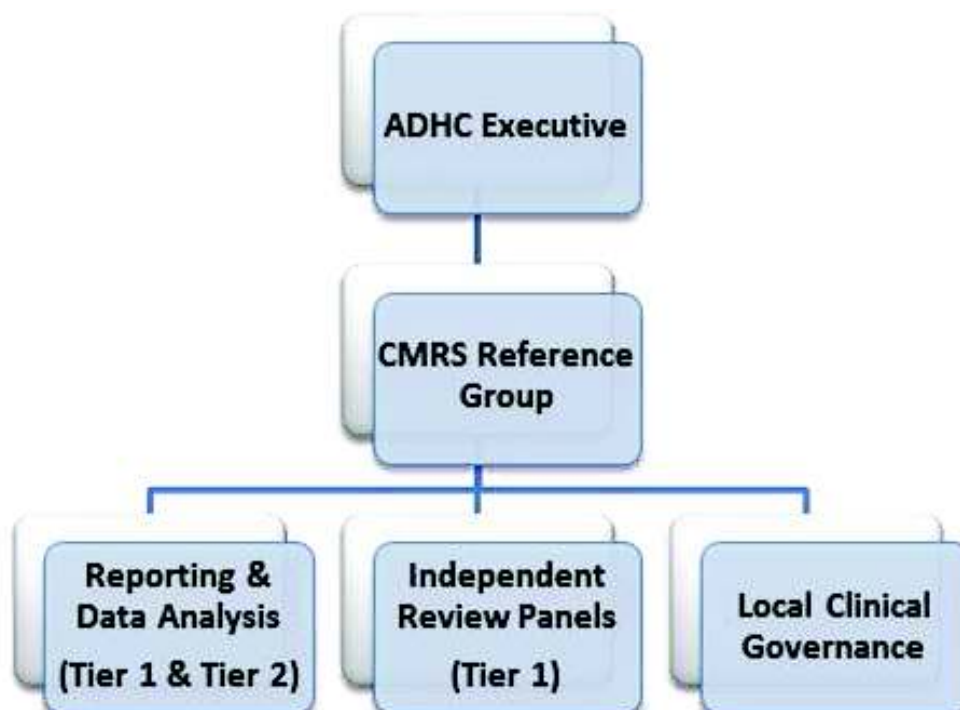
It should be noted that the language of “Tiers” pre-dated the NDIS and has not relationship to the NDIS “Tiers”.

Tier 1 Register

People listed on the Tier 1 register are those individuals of immediate concern because Districts:

- have been unable to resolve complex individual or system-related issues, and/or
- do not have the capability to deliver the complexity of support required
- have identified a significant risk which would benefit from external review to determine whether other strategies than those proposed are warranted.
- individuals who, on the basis of clinical judgment, would benefit from external review or escalation.

Figure 1: CMRS Governance



Tier 2 Register

People listed on the Tier 2 register are those for whom the District has identified significant issues of concern and:

- who are or should be subject to monitoring by senior District management
- for whom a serious adverse outcome is likely but may be prevented due to the current provision of additional resources and/or specialist level support
- whose circumstances do not require or would not benefit from external review or further escalation at this point in time.

2. Independent Review Panel:

A specialist Panel which conducts independent reviews of the ADHC services being provided to clients on the CMRS Tier 1 register.. This is not a clinical assessment of the client therefore they are not present but rather it is a review of the support provided by the local ADHC team in order to provide guidance in relation to future supports.

Internal members of the panel include the Executive Director or his delegate, CIG (Chair), senior Behaviour Support and Case Management specialists from different Districts/Programs Areas to those presenting their cases. There are also four external specialist areas that are routinely represented i.e. Psychiatry, general medical/paediatrics, behaviour support, and advocacy. Other internal and external specialists may be called as required. All panel members are acting as consultants for ADHC and have signed Confidentiality and Conflict of Interest disclosure agreements.

3. Local clinical governance systems:

ADHC has developed an approach to improve responses for vulnerable individuals with complex support needs. This has been referred to as the Client Monitoring and Review (CMR) Approach. It identifies how each component of the system interacts with the wider organisational, cultural and behavioural factors that can impact on achieving good practice. Each District/Program Area has developed a localised approach to this component of the system. The aim is to minimise the numbers of people on the statewide Tier 1 and Tier 2 register over time due to more effective local clinical supports and governance.

There is a Reference Group for the CMRS which provides overarching advice and input into CMRS projects. Meetings



At the end of the December 2014 reporting period, there were 218 clients (across the age range) registered in CMRS, 73 on Tier 1 and 145 on Tier 2. To date, the total number of children, young people and adults who have been registered with CMRS since it's inception in 2011 is 618.

Children and Young People in CMRS (18 and under at the point of referral)

Table 1 displays the number of children and young people (18 and under at the point of referral) registered with CMRS since 2011 and the age at which they were referred. A total of 233 children and young people have been registered with CMRS, comprising 39% of all referrals.

Table 1: Number of children / young people referred to CMRS

Age at referral	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	Total
No. of referrals	2	1	3	7	2	4	5	4	10	12	16	8	19	25	30	32	53	233

are co-ordinated by CIG with representation from each District and Program.

CIG provides regular confidential Status Reports to the ADHC Executive providing information regarding all three CMRS components to support strategic decision-making.

Children and young people represent 38% of the overall referrals to CMRS.

Source Status Report 7, November , 2014 (ADHC– Internal Document only)

From the available data we can see that referrals to the CMRS begin to gather pace at age 10, with the number of

“Maintaining connections between child and family was a critical factor in restoring relationships...”

referrals for each age point steadily increasing; except 13 year olds where we see a drop.

Reason for nomination of children and young people (18 and > at point of referral)

When individuals are nominated to Tier 1 or Tier 2 the reasons for nomination are divided into three categories: client, carer, and system issues. Multiple concerns are usually identified for each client. Analysis of current data relates that these issues include:

1. Issues Relating to Clients:

- Behaviours of Concern
- Complex health, medical and/ or physical needs
- Decline in service, does not consent to service or refuses mandatory services
- Deteriorating mental or physical health
- History of placement breakdown or inappropriate models of support
- Inappropriate placement or accommodation
- Impact of dual diagnosis, e.g. Mental health, drug and alcohol
- Perceived reputation of client impacts on ability to identify suitable provision
- Receiving services from multiple providers without con-

tinuity of care

- Young male (under30) with Autism Spectrum Disorder

2. Issues relating to Carers:

- Ability to manage support which places the client, carer or family at risk of harm
- Age and support needs of other family members, including two or more people in the home with a disability
- Conflict with current or future support arrangements
- Considering relinquishment
- Exhaustion, stress, depression or mental illness
- Family/Carer unable or unwilling to support the person with a disability
- Financial impact on carer/client/family due to carer not being able to work due to caring responsibilities and cost of equipment/therapy/aids
- Health diagnosis/condition that impacts on ability to manage challenging behaviour and/or complex health/physical needs
- Limited access to informal supports, or nature of disability impacts on informal supports
- Recent death or diagnosis of terminal illness that impacts on ability to maintain current care arrangements

3. Issues Relating to the system supporting the individual:

- Community Concern
- History of service systems being slow to respond
- Multiple agencies or programs involved without a shared view about what is required
- Restrictions on what support will be provided by formal support system
- Suitable option unavailable due to gaps, capacity or waiting times
- Suspension from program/services



- System has previously provided high cost/high level services which are not sustainable with no alternative defined
- Transition points mean reduction in available support to family

Issues of significance

The percentage of clients affected by particular issues is reasonably similar across the two Tiers. Notable exceptions include the higher proportion of clients on Tier 1 where “impact of dual diagnosis e.g. mental health, drug and alcohol” has been cited as a reason for nomination. Increasingly, Districts are utilising Tier 1 to explore questions relating to specific medical/clinical supports. From the data, the predominant issues currently impacting carers of clients registered with the CMRS include health diagnoses and exhaustion / stress / depression. Risk of relinquishment and the limited range of options in residential support for children outside of the family home is also a significant theme for this high risk and high needs group.

Panel recommendations

Panel recommendations are analysed to identify the key clinical and/or systemic themes. The most prevalent issues in the most recent review are:

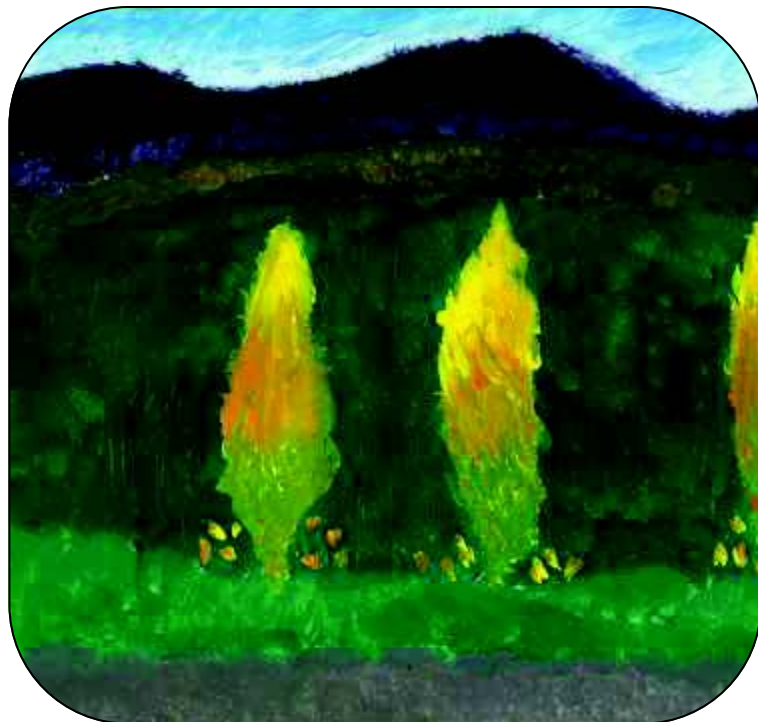
- Require additional clinical and casework expertise
- Need more comprehensive medical care
- Collaborative approaches with other agencies needed

On a number of occasions where the child or young person lives outside the family home, it was noted that maintaining connection between child and family was a critical factor in restoring relationships that had deteriorated prior to the child moving homes. The data reflects that the One Facs realignment (which has brought various parts of the Department under the same management structure within a District) has strengthened relationships and collaboration across ADHC and Community Services where children with disability have been identified as “at risk”, . Panel recommendations regularly highlight the importance of connection across agencies.

Response to identified risk and emerging themes

In response to the issues identified through the CMRS and other key issues arising in the disability field CIG is undertaking a number of initiatives in the following areas:

- Building the capacity of the service system: eg. Core Standards for clinical disciplines; Practice Guides for clinical risk assessment, and service model assessment.
- Enhancement of working relationships across agencies eg. MOU between Mental Health and ADHC, expansion to NGO sector.
- Policy development and alternative models of care eg. Trauma Informed Practice Framework for supporting people with intellectual disability.



- Monitoring and quality assurance eg. Restricted Practice Authorisation monitoring system for NGO's.

Where to from here?

There has been a significant amount of change to ADHC as an agency since the original conceptualisation of the CMRS and its implementation strategies. The move to Districts, a FACS realignment as well as the implementation of the NDIS have altered the disability landscape considerably. CIG is currently developing a strategy to share the approach and resources with the NGO sector to help prepare for the NDIS transition. A discussion regarding the CMRS transition will be offered in the next edition of this journal.