ACTIVITY SCHEDULE - SERVICES

Item A PHN Activity information

PHN activity name: Mental Health and Suicide Prevention (MHSP)

A.1 Mental Health and Suicide Prevention (MHSP)

PHNs are to lead mental health and suicide prevention planning, commissioning and integration of services at a regional level to improve outcomes for people with or at risk of mental illness and/or suicide, in partnership with state and territory governments, general practitioners (GPs), non-government organisations, National Disability Insurance Scheme providers and other related services, organisations and providers.

A.1.1 Activity Aims

The aims of the MHSP activity are:

(1) increasing the efficiency and effectiveness of primary mental health and suicide prevention services for people with or at risk of mental illness and/or suicide;

(2) improving access to and integration of primary mental health care and suicide prevention services to ensure people with mental illness receive the right care in the right place at the right time; and

(3) aligning activities to complement those undertaken as part of the PHN: Indigenous Mental Health Activity, where relevant and possible.

A.1.2 Activity Objectives and Priority Areas

The objectives and priority areas of the MHSP activity are to:

(1) improve targeting of psychological interventions to most appropriately support people with mild mental illness at the local level through the development and/or Commissioning of low intensity mental health services;

(2) support region-specific, cross sectoral approaches to early intervention for children and young people with, or at risk of mental illness (including those with severe mental illness who are being managed in primary care) and implementation of an equitable and integrated approach to primary mental health services for this population group;

(3) address service gaps in the provision of psychological therapies for people in under-serviced and/or hard to reach populations, including rural and remote populations, making optimal use of the available service infrastructure and workforce;

(4) commission primary mental health care services for people with severe mental illness being managed in primary care, including clinical care coordination for people with severe and complex mental illness who are being managed in primary care, including through the phased implementation of primary mental health care packages and the use of mental health nurses;

(5) encourage and promote a regional approach to suicide prevention including community based activities and liaising with Local Hospital Networks (LHNs) and other providers to ensure appropriate follow-up and support arrangements are in place at a regional level for individuals after a suicide attempt and for other people at high risk of suicide; and

(6) enhance and better integrate Aboriginal and Torres Strait Islander mental health services at a local level facilitating a joined-up approach with other closely connected services including social and emotional wellbeing, suicide prevention and alcohol and other drug services.

Item B Activity Information

Activity Name	**Community based mental health support and assistance for adults in distress or crisis**
Service Name	**Head to Health Adult Mental Health – Satellite (Balga/Mirrabooka)**
Activity Start Date:	**On execution**
Activity End Date	**30 June 2025**

B.1 Activity Description

Head to Health Adult Mental Health satellites, are designed to provide a welcoming, low stigma, soft entry point to engagement and assessment for people who may be experiencing moderate to high levels of distress or crisis, including people with conditions too complex for many current primary care services but who are not eligible for or awaiting care through public mental health services.

Head to Health Adult Mental Health sites provide immediate, short to medium term episodes of care and service navigation to connect people to ongoing services. The Service assists adults seeking help in times of crisis, or as needs emerge, to have access to on-the-spot care, advice and support provided by mental health professionals and peer workers – without needing a prior appointment.

A holistic approach to care is offered, addressing a broad range of social, physical and emotional needs, supported by best practice in evidence-based and evidence-informed care. This includes integrated care for people concerned about AOD use which coexists with mental ill health, and other comorbidities.

Key elements of the Head to Health model of service will seek to address gaps in the system by:

(1) Providing a highly visible and accessible entry point to services for people experiencing psychological distress, where all feel safe and welcomed;

(2) Offering assessment to match people to the services they need;

(3) Providing immediate (within 3 hours of an individual attending the Service) support, care and advice without needing referral, prior appointments or out of pocket costs. Every interaction should be with the intention of therapeutic benefit; and

(4) Offering an episode of care model based on short to medium term multidisciplinary care aimed at improving psychological wellbeing for people with moderate to high levels of mental health need, whose needs are not being met through other services.

Satellites and Centres

Head to Health centres and satellites form part of a network of community-based adult mental health services. Centres and satellites, whilst both working within the principles of this service model, differ in their service delivery due to their structure and resourcing, as outlined below. Centres and satellites are expected to collaborate, particularly where they share catchment boundaries, to enhance pathways of care, reduce transfer issues and share workforce, training and capability:

(1) Centres are stand-alone multidisciplinary, collaborative mental health services providing immediate, and short to medium term mental health treatment and support for people in distress and/or with moderate to severe mental illness. Centres will have a range of multidisciplinary clinical, peer support and administrative staff, as deemed most relevant to the local setting.

(2) Satellites are smaller multidisciplinary, collaborative mental health services embedded within existing primary care settings. Satellites are expected to be closely connected with the nearest centre to support clinical governance, administration efficiency and expand the geographic reach of community based mental health services, particularly in areas where there may be workforce or infrastructure challenges.

B.2 Activity Requirements

The Contractor is required to perform the Activity in accordance with the following requirements.

B.2.1 Principles

The Service should operate under the following operational principles: The Service will:

(1) Offer a highly visible and accessible 'no wrong door' entry point for adults and their families to access information and services which are designed to empower, support and improve their psychological and physical health, and social and emotional wellbeing;

(2) Be promoted as supporting people at times of crisis and distress, and not in terms of language of mental illness;

(3) Provide a welcoming, compassionate, culturally appropriate and safe environment that is inclusive for all people accessing services or supports, which are trauma-informed, person-centred and recovery-focused.

(4) Adhere to the principles of the Gayaa Dhuwi (Proud Spirit) Declaration in the development and delivery of services to ensure culturally safe services for Aboriginal and Torres Strait Islander (ATSI) people are included as part of the broader model;

(5) Assist people in need to find, access and effectively utilise digital forms of help including information, support and therapies where appropriate.

(6) Provide support and advice for families, friends and carers to assist them in their role, and acknowledge their social and emotional support needs Provide information and services that can assist those providing support to people in need.

(7) Provide access across extended hours to best practice advice, support and care for immediate, short term, and where appropriate, medium term needs delivered by a multidisciplinary collaborative professional health care team providing discipline specific and interdisciplinary care including a suitably trained peer support workforce, nursing and allied health and specialist medical care, without prior appointments or a fee.

(6) Support people to connect through integrated pathways of care with longer term existing community mental health services where these are accessible and appropriate, including local Primary Health Network commissioned services, GPs, NGO's, private providers (Better Access) and state and territory funded service, as required.

(8) Provide an option for intervention and support that may reduce the need for emergency department attendance.

(9) Explore opportunities for the development and utilisation of innovation to complement defined core functions, and to meet gaps in the provision of mental health services in the region.

(10) Implement appropriate confidentiality and privacy arrangements in accordance with relevant legislation to ensure intended collaboration between practitioners, consumers and carers can be undertaken;

(11) Operate under robust effective governance frameworks that support connectivity to other supports and services, to ensure transparency, accountability and maximises service quality and safety.

B.2.2 General requirements

The Contractor is required to:

(1) Operate and promote the Service under the national Head to Health #1800 phoneline (1800 595 212), centrally administered by North West Melbourne Primary Health Network (NWMPHN);

(2) Work collaboratively with the commissioned WA Head to Health Assessment and Referral Phone Service and Midland Head to Health to develop strong working relationships to allow smooth transfer of information and transition of individuals between providers. This includes shared utilisation of the Head to Health Intake System Data Management System (Head to Health system - a secure web application https://headtohealth.intake.org.au developed and administered by NWMPHN, and relevant internal ITC systems, such as appointment booking systems;

(3) Participate in national and local Community of Practices (CoPs) to share learnings across sites in different PHNs and jurisdictions;

(4) Ensure Services under the Activity are accessible for individuals who are at disproportionate and inequitable risk of poor health outcomes and priority populations (ATSI, CALD, LGBTI);

(5) Have an unambiguous and easily accessible referral process that minimises administrative burden and referral failure and includes:

(a) clear eligibility criteria for acceptance into the Activity;

(b) knowledge of available service offerings under the Activity to minimise referral failure or requirement for on-referral; and that the above is to be confirmed by referrers in the administrative referral process

(6) understanding that clinical risk and responsibility shall in no way transfer to the Contractor under the Activity prior to the Contractor accepting the person into the Activity; cesses for the provision of treatment interventions that minimise treatment burden;

(7) Have in place systems to monitor individuals' progress and provide structured, measurement based, relevant and timely feedback, including management plans and progress reports, to the individual's identified primary care provider and/or referring practitioner along the course of treatment. Have protocols and processes in place that address clinical governance, clinical deterioration and clinical handover as per the National Safety and Quality Health Service (NSQHS) Standards and/or guidance: https://www.safetyandquality.gov.au/standards/nsqhs-standards;

(8) Ensure that the provision of the Services under the Activity are consistent with the National Standards for Mental Health Services 2010: https://www1.health.gov.au/internet/main/publishing.nsf/Content/mental-pubs-n-servst10;

(9) Ensure referred individuals who have self-harmed or attempted suicide are seen within seven (7) days of referral and make sure that referrers understand these services are for low risk Individuals; and

(10) promote access to Head to Health (www.headtohealth.gov.au), the Commonwealth governments digital mental health gateway;

B.2.3 Service Implementation

A phased approach to implementation of the Service is expected:

(1) **Service Establishment (On Execution to 30 June 2023)** – inclusive of activities to be undertaken prior service commencement as specified under B.2.3.1 Service Establishment.

(2) **Service Commencement (No later than 3 July 2023)** the service will be fully operational and delivered from the Balga/Mirrabooka site.

B.2.3.1 Service Establishment

The Contractor is to undertake the following:

(1) Establish and convene a Stakeholder Reference Group to support service establishment, implementation and integration, integration and to allow for continued feedback and refinement of the Service into the future. The reference group should be inclusive of consumers and carers, lived experience (peer) workforce, community and cultural leaders, local primary care practitioners, PHN commissioned and state/territory funded service providers.

(2) Coordinate and convene the Head to Health Centre Satellite (Balga/Mirrabooka) Steering Committee, including all administrative related tasks;

(3) Development of a Workforce Recruitment Plan and appointment of a core multidisciplinary team consisting of clinical and non-clinical workforce, including peer support workers.

(4) Training of key staff in utilising the:

(a) Commonwealth Department of Health's - Initial Assessment and Referral (IAR) for Mental Healthcare – Decision Support Tool;

(b) Head to Health Intake Data Management System - https://headtohealth.intake.org.au

(5) ICT integration:

(a) with the local WA Head to Health Assessment and Referral Phone Service provider to enable real time appointment booking and oversight of waitlists; and

(b) with Head to Health Intake System to enable digital transfer of intake data to Contractors relevant ICT system for ease of Commonwealth Data Requirements - Primary Mental Health Care Minimum Data Set (PMHC-MDS) reporting.

(6) Development of service level agreements and/or memorandum of understandings with Local Health Service Providers setting out clear guidance that delineates the differences between clients seen across their specialist public mental health services and clear protocols to enable a seamless transfer of:

(a) acutely unwell clients, and;

(b) existing mental health patients.

(7) Partnership agreements must be developed with the Head to Health Assessment and Referral Phone Service and Midland Head to Health, other key local referrers and service providers to enable an integrated/collaborative model of care for people who require a warm transfer from one service to the other.

(8) Jointly agreed protocols must be developed between local services/referrers for:

(a) Establishment of consistent triage and assessment processes for local partners;

(b) Information sharing across services (e.g. client information to be shared);

(c) Shared care and case conferences;

(d) Care Plan and data to be collected by external service providers and referrers;

(e) Afterhours support;

(7) Satellite establishment costs only include office furniture, IT software/hardware and signage/branding requirements. Fit out and capital work costs are ineligible.

(8) Development of a comprehensive safety and quality framework; and

(9) Development of a Pandemic / Emergency Plan, including ICT capability to support the service should the pandemic situation in WA change and remote working becomes a requirement.

B.2.4 Core Services

The Contractor is to provide the following core services 'in house', to address the key four elements of the service model:

B.2.4.1 Respond to people in significant distress, including people at heightened risk of suicide, providing support that may reduce the need for emergency department attendance, including:

(a) Immediate support to reduce distress for people experiencing crisis or at risk of suicide presenting to the Service, to help them feel safe before undertaking further management within the Service, or arranging warm transfers to other more appropriate service.

(1) Service Criteria

(i) Flexibilities in provision of this core service will be allowed to address service size, noting that satellites will have less capacity to than centres due to their size (reduced workforce) and location within existing primary care settings.

(ii) Provide a safe place to present, offering continued contact and follow-up support through an episode of care model until individuals are either stabilised, in recovery, or connected through warm transfer to services to meet their ongoing needs;

(iii) Identify and refer individuals whose needs cannot be met appropriately in the Service. This may include the care of individuals who are at risk of harm to themselves or others;

(iv) Identify individuals experiencing heightened distress who are intoxicated or under the influence of licit or illicit drugs, and swiftly determine whether their needs can be appropriately and safely met at the Service;

(v) Have in place clear arrangements for crisis support and transport to emergency departments when urgent referral is needed;

(vi) Have capacity to discretely provide care for individuals in heightened distress, in a way which protects their privacy and does not impact on other clients of the service; and

(vii) For those presenting with significant distress and acute needs which require urgent medical attention beyond the capacity of the Service, protocols are to be developed with the local Health Service Provider (HSP's) for urgent review and referral. This may include immediate communication with, or warm transfer to, emergency or acute services where this is needed.

B.2.4.2 Provide a central point to connect people to other services in the region (in collaboration with the Head to Health Assessment and Referral Phone Service), including:

(a) Information for individuals, families, friends and carers on locally available mental health, AOD and suicide prevention services, and related social support services;

(b) Support and advice for families, friends and carers to assist them in their role, and acknowledge their social and emotional support needs; and

(c) Service navigation, supporting clear and seamless pathways, including access to digital self-help services, and providing a point of contact and follow-up.

(1) Service Criteria

(i) A "front-of-house" function where people can seek information and assistance navigating services;

(ii) Where the need for further assessment is clear and consented to, handover to a member of the clinical team should occur:

(iii) Staff must be trained to recognise an individual who may need urgent support and who should be 'fast-tracked' to a clinician; and

(iv) Provision of computers on site and assistance accessing a range of digital information and mental health services;

B.2.4.3 Provide in-house assessment, including information and support to access services (in collaboration with the Head to Health Assessment and Referral Phone Service):

(a) Biopsychosocial assessment and further reviews as required to ensure people are matched to the services they need, including assessment of physical health needs, problems related to AOD use, and other social factors or adversity which might impact on their mental wellbeing.

(1) Service Criteria

(i) Those requiring more than information or assistance navigating available services will be provided with a biopsychosocial assessment of their needs;

(ii) Assessment of need will be undertaken using the Commonwealth Department of Health's - Initial Assessment and Referral Guidance for Mental Healthcare– Decision Support Tool;

(iii) The assessment process may be undertaken in-person at sites, or via the Head to Health Assessment and Referral Phone Service;

(iv) The assessment process for Aboriginal people must identify if they would like access to traditional and contemporary healing practices;

(v) Individuals may be referred into Head to Health for care, or connected by warm referral to other available local Primary Health Network commissioned services, GPs, NGO's, private providers (Better Access) and state and territory funded services, where this is deemed more appropriate to meet an individual's current needs;

(vi) The service will ensure that the physical health needs of people with more severe mental illness are assessed, including where clinically indicated, drug and alcohol comorbidities or risks of substance misuse;

(vii) Where substance use is a significant component of the presentation, professionals with competency in identifying and managing substance misuse issues, including addiction

specialists, should be involved or consulted in the assessment processes and subsequent treatment plans, as well as their carers and family;

(viii) Where physical health needs are prominent (e.g. people with co-occurring chronic illness), the Service should assist in organising a timely appointment with local primary health services;

(ix) The assessment process will also consider non-health factors which would both impact and be impacted by distress levels including a lack of adequate, stable safe housing, domestic and family violence, low socio-economic status, a history of trauma, and past experience of high levels of discrimination and stigma; and

(x) Following assessment and referral, follow-up with client and provide ongoing support until a transfer has occurred and be point of contact if needed. Where possible, this will be undertaken by the assessing clinician.

(2) Specific Assessment Tools

In-house assessments are to include the use of the:

(i) Commonwealth Department of Health's Initial Assessment and Referral Guidance for Mental Healthcare – Decision Support Tool; and

(ii) Kessler Psychological Distress Scale (K10+, K5).

(3) Skills and experience

In-house assessment to be delivered by:

(i) Suitably Credentialed Health Professionals; and/or

(ii) Mental Health Professional; and/or

(iii) Suitably qualified, trained staff who are supervised by a Suitably Credentialed Health Professional and/or Mental Health Professional.

(iv) Non-clinical staff may deliver components of Assessment, including the Specific Assessment Tools under adequate supervision (which includes Peer Workers). Where non-clinical staff are involved in the initial assessment and referral process, it is expected that they are adequately trained in mental health assessment and referral skills.

B.2.4.4 Provide evidence-based and evidence-informed immediate, and short to medium term episodes of care (maximum of 8-10 occasions of service), including:

(a) Initial information provision, comfort and, if necessary, management of symptoms, including, where possible, those related to alcohol and drug use;

(b) Short to medium term support and care, based on an episode of care model, whilst individuals are recovering or are waiting to be connected to longer term or more appropriate services and support, including regular contact and follow-up with individuals at heightened risk of suicide and their families and carers; and

(c) Digital mental health services and information, including promoting access to on-line therapies (such as those offered through the Head to Health website) and clinician supported digital interventions for mental health and problems related to AOD use.

(1) Service Criteria

(i) Clients of Head to Health should not be required to go through two stages of assessment, nor tell their story more than once. It is expected that the clinician who first sees the person will make clinical judgements on the most appropriate interventions and in many cases also be the professional to deliver the episode of care;

(ii) The assessment process will determine the level of service a person requires, and care to be provided. It will inform development of a care plan where appropriate, and identify those individuals who would benefit from service navigation or care coordination;

(iii) A person-centred Care Plan may include referrals for the following services:

a. Comprehensive medical assessment from General Practitioners and/or psychiatrists;

b. Specialist care from alcohol and drug clinicians;

c. Traditional and contemporary healing practices; and

d. Specialist care from psychologists or other allied health professionals;

(iv) Provision of care coordination to support clients to access recommended services, may include telephone or video introduction/referral, and in some cases arrange support to client to physically attend appointments; and

(v) Exceptional Circumstances - the volumes at B.2.5.4 above are mandated, however where clinically appropriate Services in addition to the above volumes can be provided.

B.2.5 Clinical Service Provision

The following services will be provided 'in-house' by the Contractor:

(a) Specialised suicide prevention and suicidal aftercare follow-up services;

(b) Low Intensity Psychological Interventions (LIPI);

The Contractor is to provide LIPI which are structured psychological interventions that use fewer resources in terms of health professionals time than conventional psychological therapies. LIPI emphasise and support self-directed skills development and are to generally be cognitive behavioural therapy - based; standardised and manualised; and are to enable Individuals to learn specific techniques (for example behavioural activation) with the aim of relieving distress and improving daily functioning.

Contractors are to work towards all LIPI being provided utilising manualised treatment approaches including evidence-based guided self-help resources.

The "low intensity" of LIPI is in reference to the input effort of health professionals and is not to be interpreted to be low intensity for Individuals, who may have to invest significant time and effort to work through guided self-help material.

(c) Structured Psychological therapy/ies (PsycT);

PsycT are short term, evidence-based (NHMRC Level of evidence, Level 1 – see here structured interventions that are delivered by Mental Health Professionals.

Therapies to be provided:

The range of acceptable approved therapies to be provided are as detailed below and in Medicare Benefits Schedule (MBS) Note MN.7.1 – refer here.

(i) Psycho-education
Motivational interviewing for treatment of mental and behavioural disorders due to the harmful use of psychoactive substances (noting tobacco use disorders are out of scope).

(ii) Cognitive-behavioural therapies;

(iii) Behavioural interventions

a. behaviour modification;

b. exposure techniques; and

c. activity scheduling.

(iv) Cognitive interventions

a. cognitive therapy

(v) Skills training

a. problem solving skills and training;

b. social skills training; and

c. parent management training.

(vi) Interpersonal Therapy

(vii) Narrative therapy (for Aboriginal and Torres Strait Islander people).

(viii) Relaxation strategies (as discrete interventions within an episode of care, but do not define the episode of care)

a. progressive muscle relaxation; and

b. controlled breathing

Therapies that are not to be provided as PsycT Services under the Activity include:

(i) Skills training

(ii) Anger management;

(iii) Communication training; and

(iv) Stress management.

Noting that these therapies or elements of them may be included as part or integrated into other therapies that are to be provided.

(1) Skills and experience

Clinical Services are to be delivered by a:

(i) Low Intensity Psychological Interventions (LIPI) are to be delivered by a:
(a) Suitably Credentialed Health Professional; and/or
(b) Suitably qualified, trained staff who are supervised by a Suitably Credentialed Health Professional.

(ii) Structured Psychological therapy/ies (PsycT) are to be delivered by Mental Health Professionals.

B.2.6 Modality

The Services may be provided using the following modalities:

Telephone

Services are sessions/consultations where the main provision of information and support is conducted via telephone. Telephone support is the strategy chosen by the organisation to deliver the service as opposed to telephone calls that are simply part of routine follow-up/administration.

Video

Services are sessions/consultations that take place face to face via video conferencing or similar facilities.

Individual Face-To-Face

Services are sessions/consultations that take place face to face with an Individual.

Office/Centre Based Face-to-Face

Services are sessions/consultations that take place face to face with an Individual or group of Individuals at the Contractors premises or premises utilised by the Contractor for providing sessions/consultations.

In-reach

Services are consultations that take place face to face at the Contractors location.

Outreach

Services are sessions/consultations that take place face to face in an environment that is suitable for the Individual or group of Individuals that is not the Contractors premises, or premises utilised by the Contractor for providing consultations (i.e. an Individuals home, a community centre or other suitable location).

Web-based/online (including video)

Services are web/online based training or sessions conducted via web-based technology. This is not about one-off contacts (online "hits" to a website or simple access to information) but is the structured delivery of core service activities outlined in B.2.4.

B.2.7 Definitions

Care coordination is coordinating, facilitating and integrating mental health treatment, care and support, which is tailored to meet the specific needs of individual consumers

Education is providing information to improve knowledge in relation to a particular behaviour.

Emotional support is providing comfort, empathy or motivational support in relation to a particular behaviour.

Episode of care - the package of care and evidence-based treatment provided by a site, for individuals with a specific mental health need. An episode of care is delivered by members of a multidisciplinary team over a set time period.

In-house – clinicians and workers in the employ of the Service.

Mental Health Professionals are Clinicians who meet the requirements for registration, credentialing or recognition as a qualified mental health professional and includes:

(a) psychiatrists;

(b) mental health competent registered psychologists;

(c) clinical psychologists;

(d) mental health competent;

(e) registered nurses;

(f) occupational therapists;

(g) social workers; and

(h) Aboriginal and Torres Strait Islander health workers.

Where required above the determination of competence is to be undertaken by the Contractor in accordance with their clinical governance framework.

Peer support is providing emotional, social and practical assistance by a person/group who possesses experiential knowledge of specific behaviours or stressors relevant to the situation of the recipient.

Service Navigation means supporting and assisting the person to identify and/or to access appropriate services, resources and supports including linking the person with service agencies.

Severe Mental Illness is characterised by a severe level of clinical symptoms and degree of disablement to social, personal, family and occupational functioning. An estimated 3.1% of the population have severe disorders, equivalent to 690,000 people. About one third of the severe group have a psychotic illness, primarily schizophrenia or bipolar disorder. The largest group (approximately 40%) is made of people with severely disabling forms of anxiety disorders and depression. For the purpose of this Activity Individuals with severe mental illness may have complexities associated with their mental illness that require additional services and care. Complexities can include medical comorbidities such as a chronic illness that causes disability, high risk for suicide (which may occur for example in those with severe episodic illness) or the need for coordinated assistance across a range of health and disability support agencies.

Substance-related and addictive behaviours is in relation to behaviour concerning patterns of use of substances for personal consumption that are addictive or potentially harmful, and other types of addictive behaviours (e.g., gambling, gaming).

Suitably Credentialed Health Professional means a person who has been determined to be appropriate to undertake the work, including in a supervisory role, they are undertaking under the Activity in accordance with the National Safety and Quality Health Service (NSQHS) Standards>Clinical Governance Standard>Clinical performance and effectiveness>Credentialing and scope of clinical practice>Action 1.23

(https://www.safetyandquality.gov.au/standards/nsqhs-standards/clinical-governance-standard/clinical-performance-and-effectiveness/action-123).

Warm transfer – the site actively communicates with the service to which the individual is connected to provide essential information about their needs before transferring them. Support is maintained for the individual by the site until they are received by the service.

B.2.8 Eligibility and Target Group

Mandatory Criteria

To be a person eligible to receive Services under the Activity (an Individual), the person must be:

(a) Aged 18 or over, and

(b) Experiencing mild, moderate and, in some cases moderate to severe mental illness and/or alcohol and other drug use issues

(c) Experiencing emotional and psychological distress or crisis (including heightened risk of suicide) and/or alcohol and other drug use issues

B.2.8.1 Exclusions

The service is not designed to support:

(a) People who cannot be managed safely within the Head to Health site;

(b) Acute reception of police or ambulance referrals;

(c) Pathology, radiology, or pharmacy services;

(d) Ongoing, long term psychosocial support or recreational services;

(e) Recreational services;

(f) Direct financial support;

(g) Residential or bed-based services, including short-stay services;

(h) Services targeting children and young people which could be provided by more appropriately by headspace or other specialised children or youth mental health services;

(i) Disability support services provided through the National Disability Insurance Scheme (NDIS); and

(j) Other services which are provide by other agencies in the area.

B.2.9 Hours of Operation

The Services under the Activity are to be provided during extended hours in order to be available to people when they are most in need. The physical opening hours are at the following times:

(i) To be confirmed

When the Service is not open, information on how to access emergency and after hours crisis services, will be made available.

B.2.10 Minimum Standards

Accreditation Requirements – Mental Health & Suicide Prevention Minimum Standard

The Contractor is required to be accredited, against at least one of the following standards:

(a) National Safety and Quality Health Service (NSQHS) Standards; or

(b) National Standards for Mental Health Services 2010

Re-accreditation is required to occur every three (3) years thereafter, before the accreditation expiry date.

B.2.11 Collaboration and Integration

As part of the Activity and in delivering the Services under the Activity the Contractor is to, as far as is practicable:

(1) work closely with other providers of related services to develop and maintain referral pathways,

(2) develop formal agreements with key partners, identifying responsibilities of each party and a commitment to work collaboratively;

(3) where appropriate promote and participate in shared care and planning arrangements;

(4) where possible maximise the ability, and use of electronic health information sharing systems, including promoting the consent to such use by Individuals; and

(5) where relevant, work closely with tertiary services and/or local community organisations to ensure a smooth transition between acute, secondary, primary care and community services.

B.2.12 Substantive Equality

The Contractor must give consideration to equal opportunity legislation and promote substantive equality in its practices and Service delivery, ensuring that Services are sufficiently tailored, where relevant to the Services, to meet the needs of Western Australia's diverse community including individuals and groups from Aboriginal, ethnic and social minority communities.

B.2.13 HealthPathways WA

Service Information

The Contractor is to, where required by WAPHA, provide and keep up to date information on the Services it provides under the Activity including as a minimum: locations from which services are provided; the referral process; contact details for the specific Service; referral criteria. This information may, at the discretion of WAPHA, be published on the HealthPathways WA website.

B.2.14 Needs Assessments

The Contractor is required to participate in workshops and provide input and assistance as required by WAPHA for WAPHA to develop and update its needs assessments.

B.2.15 Independent Evaluation of Activity

Should WAPHA choose to undertake an independent evaluation of the Activity the Contractor will work with, and provide assistance to, WAPHA and any third party engaged by WAPHA, as is reasonably required:

(1) in the development of the evaluation framework; and

(2) to carry out the evaluation (including providing ongoing access to data and information).

B.2.16 Commonwealth Data Requirements - Primary Mental Health Care Minimum Data Set (PMHC-MDS) including the Adult Mental Health Clinics Minimum Data Set (AMHC-MDS) specification sub set.

The Contractor is required to comply with the requirements of the PMHC-MDS and AMHC-MDS, as well as the following:

(1) all data specifications within the PMHC-MDS and AMHC-MDS are mandatory;

(2) all data to be input to the PMHC-MDS and AMHC-MDS no later than 31 days from its occurrence;

(3) for episodes coded as "closed – treatment concluded" a minimum of 70% are to have a valid clinical outcomes measure collected at "episode start" and "episode end";

(4) provision of Services to Aboriginal and Torres Strait Islander persons are to be coded as being provided by a person that:

(a) is of Aboriginal or Torres Strait Islander origin; or

(b) is employed by an Aboriginal Community Controlled Health Service; or

(c) has indicated they have completed a recognised training programme in the delivery of culturally safe services to Aboriginal and Torres Strait Islander peoples.

(5) Any person who is referred to the Activity, who is flagged as being suicidal, is to be contacted within 7 days of receipt of the referral.

Further detail and information on the PMHC-MDS and the requirements that must be followed can be found at the following links: https://pmhc-mds.com/ and https://strategic-data-pty-ltd-pmhc-mds-spec-amhc.readthedocs-hosted.com/en/latest/

B.2.17 Charges for Services Under the Activity

All Services provided under the Activity are to be provided at no out of pocket financial cost to Individuals.

The Contractor must ensure that its personnel and contractors comply with Commonwealth legislation and Medicare requirements relating to practitioners' Medicare billings and acknowledge and agree that it is a fundamental principle of Medicare that a Medicare benefit is not payable where a practitioner (anyone with a Medicare provider number eligible to bill Medicare) renders a professional service which has been funded from another source (such as a service which the Australian Government has directly or indirectly funded and includes Fees provided under this Activity).

0 shall not apply, and the Contractor is to charge for Services at the relevant Medicare Benefit Schedule rate, where an Individual is not eligible to receive Medicare benefits for the relevant Services. Monies charged under this 0 are to be included as “other income” in financial reports detailed at 0.

B.2.18 Appropriate use of Language

Whilst being required to adhere to the contractual obligations under the Activity the Contractor is not required to duplicate the language used in this Activity Schedule into operational documentation, related materials and practice such that it would impede the effectiveness of the delivery of the Services under the Activity.

The way in which the Services are described, worded or otherwise presented or packaged to stakeholders should be appropriately amended in a manner that reflects the understanding and context of the intended audience. For example, the Services may reasonably be described as coaching, training, or counselling as such terms may better reflect common understanding of what is being offered (giving consideration to the culture, perspective, orientation, preference and other relevant factors of the audience).

B.3 Performance Criteria

B.3.1 The Contractor acknowledges and accepts that payment under this Agreement will be linked, and is subject, to delivery against these performance criteria:

(1) achievement of the Activity outcomes;

(2) the delivery of the Activity/ies as outlined in this Agreement;

(3) completion of all plans, reports and deliverables as outlined in this Agreement; and

(4) provision of information to support the reporting responsibilities of WAPHA as outlined in this Agreement.

B.4 Conflicts

Without limiting clause 25.4 of the Terms and Conditions, the Contractor is required to:

(1) identify, document and manage conflicts of interest;

(2) put in place appropriate mitigation strategies; and

(3) structure its arrangements to avoid, or actively and appropriately manage conflicts of interest.

If requested by WAPHA at any time the Contractor is to provide evidence of its active management of conflicts of interest generally and specifically in relation to the Activity.

B.5 Governance and Risk Management

B.5.1 Governance

The Contractor is responsible for:

(1) ensuring a high-quality standard of service delivery which is supported by appropriate quality assurance processes;

(2) ensuring the workforce is practising within their area of qualification and competence;

(3) ensuring appropriate supervision (including clinical where relevant) arrangements are in place;

(4) establishing and maintaining appropriate consumer feedback procedures, including complaint handling procedures;

(5) ensuring appropriate crisis support mechanisms are in place to provide information to Individuals on how to access other services in a crisis situation; and

(6) ensuring transition pathways are in place that allow Individuals to seamlessly move to an appropriate alternate service should their circumstances change.

(7) A Head to Health - Adult Mental Health Satellite Steering Committee shall be established with appropriate senior representation from the Contractor and WAPHA and meet at least 2 times a year or as otherwise agreed between parties. This Steering Committee will review, discuss and negotiate in good faith operational matters arising from delivery of the Service including, but not limited to, such items as workforce, funding and performance and any impact to the Activity Requirements because of such matters.

If requested by WAPHA at any time the Contractor is to provide evidence of its active management of its governance responsibilities as outlined above.

B.5.2 Risk

The Contractor is required to:

(1) identify, document and manage risks and put in place appropriate mitigation strategies; and

(2) be responsible for managing risks to its own business activities and priorities.

If requested by WAPHA at any time the Contractor is to provide evidence of its active management of risks generally and specifically in relation to the Activity which may include, at the discretion of WAPHA, a plan as detailed in **Error! Reference source not found. Error! Reference source not found.**.

B.6 Branding and Activity Disclaimers

The Contractor is required to apply Activity branding as reasonably directed by WAPHA, including a WAPHA approved acknowledgement and disclaimer, in a prominent position on any materials or platforms where the Activity is promoted or referred to including:

(1) Websites, digital platforms and presentations; and

(2) Activity Materials and collateral; except where the materials or platforms are solely for the use of the Contractor internally within its organisation.

The Service will be delivered under the Head to Health Branding Guidelines - June 2021. The Commonwealth Department of Health will be responsible for ongoing brand development, and national promotion and communications campaigns to increase brand recognition.

B.7 Activity Location

The Contractor has advised that all or part of the Activity will be delivered from the site location:

PHN	Service Site Location
Perth North	Balga/Mirrabooka To be finalised as part of the establishment process.

B.7.1 Service Areas

Perth North PHN

Perth North PHN Regions

(1) Perth North East Region consists of Perth - North East (SA4) as per the ABS definitions.

(2) Perth North West Region consists of Perth - North West (SA4) and Perth – Inner (SA4) as per the ABS definitions.

B.7.2 Target areas

Whilst the Service is available to the Service Areas detailed in B.7.1, the Activity is to have a focus on the following geographical areas:

(1) Perth North West Region - Balga – Mirrabooka, Statistical Areas SA2 as defined by the ABS.

Focus on these areas will include targeted promotion of the Activity and development of local referral pathways.

Item C Fees

Where the Activity relates to more than one PHN the Fees must only be used for the delivery of the Activity in the PHN for which they are provided, as detailed below.

Perth North PHN:

Satellite -Balga/Mirrabooka			
Financial Year	**Fee Stream**	**Fee Amount (Ex. GST)**	**Total Fee (Inc. GST)**
2022-2023	MHSP	$410,676.79 (including Establishment Costs – maximum $160,000)	$451,744.47
2023-2024	MHSP	$1,017,566.31	$1,119,322.94
2024-2025	MHSP	$1,031,796.98	$1,134,976.68
	Activity Total	**$2,460,040.08**	**$2,706,044.08**

C.2 Fee Streams

(1) Mental Health & Suicide Prevention (MHSP)

Unless otherwise stated in this Activity Schedule or advised in writing by WAPHA to the contrary Activities receiving Fees from this funding stream are required to adhere to the reporting requirements of B.2.16.

C.3 Allowable Use of Fees

Fees are to be used for achieving the Activity Outcomes in accordance with the Agreement (including the Ancillary Works) and the Activity in accordance with the approved Outcomes Map and Budget.

C.4 Non-allowable Use of Fees

Fees provided under this Activity Schedule are not to be used for:

- any capital works or the purchase of capital assets, unless these are included in the Ancillary Works, specifically detailed in an approved Budget or otherwise approved by WAPHA; or
- duplication of services that are currently provided; or
- services that are primarily the responsibility of state and territory governments; or
- services that are more appropriately funded through other programs.

Item D Budget

The Contractor is to submit Budgets in accordance with the timeframes and for the time periods as set out in Item F of this Schedule.

Budgets must clearly identify and provide detail separately for the Activity on each of the PHNs to which the Fees apply.

Budgets must, where a template is provided by WAPHA, be submitted in the format of the template provided.

On submission of a Budget WAPHA may require additional information or amendments to be made prior to approval of the Budget.

Once a Budget has been approved by WAPHA the Contractor is to perform the Activity in accordance with the approved Budget.

Item E Plans/reports/deliverables

The Contractor must submit plans, reports and deliverables in accordance with the timeframes set out in Item F of this Schedule.

Where applicable; plans, reports and deliverables must clearly identify and provide information on each of the PHNs separately.

On submission of a plan, report or deliverable WAPHA may require additional information or amendments to be made prior to approval of the plan, report or deliverable.

Plans, reports and deliverables must, where a template is provided by WAPHA, be submitted in the format of the template as required by WAPHA.

Completion of the requirement of a plan, report or deliverable is not met until the same has been accepted and approved by WAPHA in writing.

Unless directed otherwise all Deliverables are to be submitted by email to deliverables@wapha.org.au.

E.1 Outcomes Evaluation

Outcomes evaluations are to be submitted on templates provided by WAPHA which cover the following indicators and questions, excluding E.1.3 Mental Health Performance Indicators as this is captured through the PMHC-MDS:

E.1.1 General

(1) Has the program been implemented as intended? What changes have been made, why were they made and how are they going?
(2) What improvements need to be made next period?
(3) What is going better than expected?
(4) What lessons might be useful for other similar services?

E.1.2 Additional Output Indicators

(1) Number of clients accessed at entry and only provided with information (no follow up data collected)
(2) Number of clients completed an IAR DST assessment
(3) Number of referrals made
(4) Number of referrals accepted
(5) Number of clients accessing short to medium term services
(6) Number of follow-ups
(7) Number of formal referral pathways and service level agreements
(8) Number of complaints

It is expected the Department of Health and Aged Care Commonwealth Department of Health (DHAC) will develop a national evaluation framework to support the monitoring and review of the effectiveness of the Head to Health model of service and to inform future expansion of the initiative.

E.1.3 Mental Health Performance Indicators

Improved Health Equity	Target	How it is measured and collected
1. % of low socio-economic status	1. >50% clients residing in SEIFA deciles 1-3	1. Through the entry of information in the postcode field of the PMHC – MDS
2. % ATSI clients	2. >5% clients being ATSI status	2. Through the entry of information in the client

		ATSI field of the PMHC-MDS.
3. % services delivered to ATSI clients being delivered by a culturally appropriate trained health professional	3. 100% ATSI clients contact culturally appropriate	3. Through the entry of information in the Practitioner – ATSI Cultural Training filed of the PMHC-MDS.
Improved Patient Experience	Target	How it is measured and collected
1. % clients felt safe using this service	1. >70% clients reporting usually or always	Through the YES Survey which is administered via the PMHC-MDS to clients whose episodes have been closed.
2. % clients had access to this service when they needed it	2. >70% clients reporting usually or always	
3. % clients reporting that their individuality and values were respected	3. >70% clients reporting usually or always	
4. % clients reporting positive overall experience in the last 3 months	4. >70% clients reporting good, very good or excellent	
Improved Health Outcomes	Target	How it is measured and collected
1. % of clients who demonstrate clinical improvement	1. % clients clinically improved: >65% Severe/Very Severe, >50% Moderate, 35% Mild	1. Through the entry of information after undertaking the K10, K5 or SDQ and entering accordingly into the PMHC MDS.
2. Outcomes compliance	2. >70% matched pairs on conclusion of episode	2. Through the entry of information after undertaking the K10, K5 or SDQ and entering accordingly into the PMHC MDS
3. % clients at risk of suicide followed up within 7 days of referral	3. 100% clients at risk of suicide followed up within 7 days	3. Through the suicide flag field under the PMHC MDS
Improved Cost Effectiveness	Target	How it is measured and collected
1. Total number of episodes	1. 5% increase on prior year	1. Through the number of Episodes of Care field through the PMHC MDS.
2. Average cost per episode	2. On par or below prior year	2. By dividing the amount of funding for that

		financial year by the total number of episodes (contained in PMHC MDS) in that financial year.

E.2 Financial Reports

E.2.1 Variances

For all financial acquittals, the Contractor is to provide an explanation of any variances between the budget and the actuals, where the variance amount is both:

(1) 10% or more of the individual line item; and

(2) 5% or more of the total actual expenses.

E.2.2 Financial Acquittal - Unaudited

WAPHA may request this report and the Contractor is expected to supply within 14 working days. This report is to consist of:

(1) a financial declaration signed by the Contractor's authorised representative confirming that:

(a) the Fees for the Activity have been used in accordance with the Agreement;

(b) the income and expenditure statement adheres to the applicable Australian Accounting Standards and is based on proper accounts and records; and

(c) is a fair presentation of the financial statements and related disclosures;

(2) an income and expenditure statement that aligns to the approved Budget, detailing the actuals against the approved Budget for the period indicated.

E.2.3 Financial Acquittal - Audited

This report is to consist of:

(1) a financial declaration signed by the Contractor's authorised representative confirming that the Fees for the Activity have been used in accordance with the Activity.

(2) an income and expenditure statement that aligns to the approved Budget, detailing the actuals against the approved Budget for the period indicated which has been independently audited by an independent auditor;

(3) an audit opinion which shall include a statement by an independent auditor attesting that it has examined the Contractor's financial statements and accompanying disclosures and that the income and expenditure statement:

(a) adheres to the applicable Australian Accounting Standards and is based on proper accounts and records; and

(b) is a fair presentation of the financial statements and related disclosures;

E.2.4 An independent auditor for the purposes of a(i)(2) and a(i)(3) and must be:

(1) a Registered Company Auditor under the Corporations Act 2001 (Cth); or

(2) a member of CPA Australia; or

(3) a member of the Institute of Public Accountants in Australia; or

(4) a member of the Institute of Chartered Accountants in Australia; or]

(5) where the Contractor is a Federal or State Government body, a person who has been authorised to make such a statement as detailed in a(i)(2) and a(i)(3).

E.3 Service Establishment Report

This report is based on the activities undertaken and conducted under B.2.3 Service Establishment.

Item F Milestone/deliverables/payment schedule

Milestone/Deliverable Payment		Requirements	Due Date	Payment Amount	
				(GST excl.)	(GST incl.)
F.1	2022-23 Budget	Submission of Budget in accordance with Item D for the period from Execution to 30 June 2023	20 Business Days from Execution	-	-
F.2	2022-23 Payment 1	Fully executed contract.	On Execution	$410,676.79	$451,744.47
F.3	2023-24 Budget	Submission of Budget in accordance with Item D for the period from 1 July 2023 to 30 June 2024.	30 Apr 2023	-	-
F.4	2023-24 Payment 1	Approval of Deliverables as detailed in F.1 and satisfaction with Activity progress to date.	1 July 2023	$559,661.47	$615.627.62
F.5	Service Establishment Report	Submission of service establishment report in accordance with E.6	29 Sep 2023		
F.6	2022-23 Financial acquittal - Audited	Submission of financial acquittal - audited in accordance with 0 for the period 1 July 2022 to 30 June 2023.	30 Sep 2023		
F.7	2023-24 Payment 2	Approval of Deliverables as detailed in F.5 and F.6 and satisfaction with Activity progress to date.	1 Jan 2024	$254,391.58	$279,830.74
F.8	2023-24 Outcomes Evaluation	Submission of outcomes evaluation in accordance with E.1 Outcomes Evaluation for the period 1 July 2023 to 31 December 2023.	31 Jan 2024		
F.9	2023-24 Payment 3	Approval of Deliverables as detailed in F.8 and satisfaction with Activity progress to date.	1 Mar 2024	$203,513.26	$223,864.59

Milestone/Deliverable Payment		Requirements	Due Date	Payment Amount	
				(GST excl.)	(GST incl.)
F.10	2024-25 Budget	Submission of Budget in accordance with Item D for the period from 1 July 2024 to 30 June 2025.	30 Apr 2024	-	-
F.11	2024-25 Payment 1	Approval of Deliverables as detailed in F.10 and satisfaction with Activity progress to date.	1 July 2024	$567,488.34	$624,237.17
F.12	2023-24 Outcomes evaluation - 2	Submission of outcomes evaluation in accordance with E.1 for the period 1 January 2024 to 30 June 2024	31 July 2024	-	
F.13	2023-24 Financial Acquittal – audited	Submission of financial acquittal -audited in accordance with E.4.2 for the period 1 July 2023 to 30 June 2024.	30 Sept 2024		
F.14	2024-25 Payment 2	Approval of Deliverables as detailed in F.12 and F.13 and satisfaction with Activity progress to date.	1 Jan 2025	$257,949.25	$283,744.17
F.15	2024-25 Outcomes Evaluation - 1	Submission of outcomes evaluation in accordance with E.1 for the period 1 July 2024 to 31 December 2024.	31 Jan 2025	-	-
F.16	2024-25 Payment 3	Approval of Deliverable as detailed in F.15 and satisfaction with Activity to progress to date	1 Mar 2025	$206,359.40	$226,995.34
F.17	2024-25 Outcomes Evaluation – 2	Submission of outcomes evaluation in accordance with E.1 for the period 1 January 2025 to 30 June 2025.	31 Jul 2025	-	-
F.18	2024-25 Financial acquittal - Audited	Submission of financial acquittal - audited in accordance with 0 for the period 1 July 2024 to 30 June 2025.	30 Sep 2025	-	-

Item G Subcontractors

The following subcontractors are approved to undertake the Activity/ies as indicated:

Activity	Subcontractor(s)

Item H Prior Services

None specified.

Item I Intellectual Property Rights

The following are specified for the purposes of the corresponding definitions in the Agreement.

WAPHA Material	None specified.
Contractor Material	None specified.

The following Party is specified as the owner of Intellectual Property Rights in Activity Material for the purposes of Clauses 9 and 10 of the Agreement.

Party	WA Primary Health Alliance (WAPHA)