

Agreement Number : CON[Enter Agreement Number]
Agreement Title : Office-based & online videocall face-to-face delivered psychological treatment in the Perth Metropolitan Area
Contractor : [Enter Contractor Name]

ACTIVITY SCHEDULE

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.

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Item B Activity Information

Activity Name : **Office-based & online videocall face-to-face delivered psychological treatment in the Perth Metropolitan Area**

Activity Start Date : **1 July 2023**

Activity End Date : **30 June 2025**

B.1 Activity Description

The Contractor provides office-based and online videocall face-to-face psychological treatment services to individuals referred from the Mindspot GP service, who have mild to moderate mental disorders (most commonly anxiety and depression).

B.2 Activity Requirements

B.2.1 Principles

The underlying principles of the service are:

- (1) GP-led care underpinned by shared-decision making is the norm, with team-based care as complexity increases - processes and procedures should be designed accordingly;
- (2) Services provided under the Activity are person-centred, culturally safe, sensitive to local contexts and ensure the adequacy of personal supports;
- (3) structured, measurement based, relevant and timely and feedback is provided to the Individual's primary care provider;
- (4) are for Individuals who are at disproportionate and inequitable risk of poor health outcomes and priority populations (ATSI, CALD, LGBTI), with workflows and systems designed accordingly; and
- (5) Individuals are offered the level of care that most suits their current treatment need, considering the balance between intended benefits, treatment burden, and potential risk. This should be undertaken in shared-decision making partnership with the Individual.

B.2.2 General requirements

The Contractor is to:

- (1) have an unambiguous and easily accessible referral process with Mindspot GP that minimises administrative burden and referral failure which includes ensuring Mindspot GP understanding of:
 - (a) eligibility criteria for acceptance into the Activity;
 - (b) that a referred person to the Contractor may not be contacted for up to seven calendar days by the Contractor and that clinical risk shall in no way transfer to the Contractor prior to the Contractor accepting the person into the Activity);
 - (c) service offerings available for Individuals under the Activity; andthat the above is to be confirmed in the administrative referral process.
- (2) have in place systems to monitor patient progress and provide structured, measurement based, relevant and timely feedback to the Individual's primary care provider and/or referring practitioner along the course of care;
- (3) have a standardised intake assessment that identifies the most suitable treatment – interventions and associated treatment supports which has a review on Episode completion;
- (4) have processes for the provision of treatment interventions that minimise treatment burden;
- (5) have processes for the provision of minimum adequate treatment supports to enable the efficient and effective provision of the recommended treatment interventions;
- (6) 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>;

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- (7) 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>;
- (8) promote access to Head to Health (www.headtohealth.gov.au), the Commonwealth governments digital mental health gateway; and
- (9) provide structured treatments (interventions and supports) within a stepped care framework.

B.2.3 Intake Assessment

(1) General

The Contractor is to assess people referred to the Contractor seeking to receive Services under the Activity, to determine the most appropriate Services (determined in accordance with B.2.4 Indicative Guidance of Appropriate Services) for which they are eligible (determined in accordance to B.2.9 Eligibility).

(2) Minimum Requirements

Intake assessments are to be structured, undertaken by Suitably Credentialed Health Professionals.

(3) Specific Intake Assessment Tools

Intake assessments are to include the use of:

- (a) the Kessler Psychological Distress Scale (K10+ or K5+); OR
- (b) the Strengths and Difficulties Questionnaire (for persons under 18 years); and
- (c) Days out-of-role (DOR).

B.2.4 Indicative Guidance of Appropriate Services

(1) Tools Based Determination

The following table is to be used to guide the appropriateness of Services to be provided to Individuals within the stepped-care model.

Distress and functional impairment	K10+ score	K5+ score	SDQ	DOR	PsycT
Low	10 to 21	10-12	*SDQ	0-2	✘
Moderate	22 to 29	12-14		3-6	✓
High	30 +	15+		7+	✓

The higher scoring item (K10+/K5+/SDQ/DOR) should be used as the anchor point for the assessment.

*SDQ. As there are no agreed categorical cut-offs that enable SDQ scores to align directly with service type assessors should instead use the SDQ as an adjunct to a specific adolescent assessment to supplement clinical judgment in the determination of the most suitable Services to be offered for adolescents.

(2) Final Determination

The final determination of the Services to be offered/provided is to be based on the clinical judgement of the assessor in open consultation with the referred individual within a formal shared-decision making process. Individuals rating in the high range may need further specialist assessment either before commencing treatment or in concert with provision of treatment.

B.2.5 Psychological therapy/ies (PsycT) Services

(1) General

Are for Individuals with, mild to moderate mental disorders, for whom services via Mindspot GP may not be suitable (eg strong preference or need for person-present treatments due to a range of factors including sensory impairment, English as a Second Language or the need for a specialist translator etc.) but recognising that support needs can change over time.

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The Contractor is to provide PsycT Services that are person-centred, tailored to local needs and that build upon the strengths of the current system. PsycT are short term, evidence-based (NHMRC Level of evidence, Level 1 – see <https://www.psychology.org.au/getmedia/23c6a11b-2600-4e19-9a1d-6ff9c2f26fae/Evidence-based-psych-interventions.pdf>), structured interventions that are delivered by Mental Health Professionals.

(a) 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

(<http://www9.health.gov.au/mbs/fullDisplay.cfm?type=note&qt=NoteID&q=MN.7.1>).

(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

1. Behavioural interventions

- a. behaviour modification;
- b. exposure techniques; and
- c. activity scheduling.

(iii) Cognitive interventions

1. cognitive therapy.

(iv) Skills training

1. problem solving skills and training; and
2. social skills training.

(v) Interpersonal Therapy

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

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

1. progressive muscle relaxation; and
2. controlled breathing.

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

(i) Skills training¹

1. anger management;
2. communication training;
3. stress management;
4. parent management training .

(c) Skills and experience

PsycT are to be delivered by Allied Mental Health Professionals

(2) Modalities

Provided utilising the following modalities and any combination of them:

(a) Individual Face-To-Face (both Office/Clinic Based);

¹ Noting that these therapies or elements of them may be included as part or integrated into other therapies that are to be provided.

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(b) Individual video conference-delivered (Videocall)

(3) Volume of Services per Individual²

(a) PsycT

Under the Activity an Individual is not to receive more than two Episodes of Care of PsycT within a 12-month period.

(b) Episodes of Care

For the purposes of this Activity an Episode of Care can consist of up to ten individual sessions.

(c) Mindspot GP³

For the purpose of this Activity services provided by Mindspot GP are included as low intensity psychological intervention Episodes of Care provided under this Activity and are not counted to the Individuals Episodes of Care of PsycT.

(d) Exceptional Circumstances

The mandated volumes above are to be adhered to in the majority of instances however where operationally and clinically appropriate Services in addition to the above volumes can be provided.

B.2.6 Mindspot GP

(1) General

Mindspot GP is a service contracted by WAPHA that is provided by the Mindspot GP contractor using Individual Web-based, Individual Telephone modalities which are available state-wide, with a GP referral option providing:

(a) assessment; and

(b) structured low intensity psychological interventions

(2) Utilisation of Mindspot GP

The Contractor is to collaborate with Mindspot GP to develop an integrated model of care, including referral pathways from Mindspot GP.

(3) Modalities

Mindspot GP is provided using Individual (Web/Telephone) modalities or any combination of these.

B.2.7 Definitions

(1) Days out-of-role (DOR) means the number of days for which a person is completely unable to work or carry out normal activities because of mental health problems. In the context of this Activity it is question 11. in the K10+ detailed in the document: Primary Mental Health Care Minimum Data Set: Scoring the Kessler-10 Plus, Department of Health, see <https://pmhc-mds.com/doc/pmhc-scoring-k10p.pdf> (and where context requires the response to that question).

(2) Episode of Care is as defined in the PMHC MDS Data Specification at 3.2.5. Episode (<https://docs.pmhc-mds.com/projects/data-specification/en/v2/data-model-and-specifications.html#episode>).

(3) Videoconference-delivered (Videocall) services are sessions/consultations that take place face to face with an Individual via secure video conferencing or similar facilities.

(4) Individual Face-To-Face services are sessions/consultations that take place face to face with an Individual in a clinic or office-based setting.

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

² Volumes detailed are MAXIMUM boundaries only. Contractors are to provide only the volume of services that are appropriate for each Individual. Over time, as the data set captured through the PMHC-MDS matures, it is expected that this will inform the development of more detailed service volume targets.

³ It is acknowledged that whilst Mindspot GP provides LIPI and PsycT requiring Contractors to establish protocols to determine exactly what services are provided by Mindspot GP would be unreasonably burdensome.

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- (a) registered psychologists;
- (b) clinical psychologists;
- (c) mental health competent;
 - (i) occupational therapists;
 - (ii) social workers;

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

- (6) Office/Clinic Based services are sessions/consultations that take place face to face with an Individual at the Contractors premises or premises utilised by the Contractor for providing sessions/consultations.
- (7) 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>).

B.2.8 Eligibility

(1) Mandatory criteria

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

- (a) Be referred from Mindspot GP; and
- (b) Be above 16 years of age.

B.2.9 Excluded Services

This Activity is not to include the provision of:

- (1) long term psychological interventions or high intensity/specialist services, such as those provided by psychiatrists and/or state health services or in the absence of a negotiated pathway, are of a moderate to high risk and need to be seen in less than seven days of referral; or
- (2) the treatment of:
 - (a) complex post-traumatic stress disorder; or
 - (b) personality disorders; or
 - (c) dementia; or
 - (d) delirium; or
 - (e) tobacco use disorder; or
 - (f) intellectual disability.

B.2.10 Hours of Operation

(1) Contractors Services

- (a) Monday to Friday 0830 to 1630 (Inclusive of Public Holidays).

B.2.11 Commonwealth Data Requirements - Primary Mental Health Care (PMHC) MDS

The Contractor is required to comply with requirements relevant to Minimum Data Sets (MDS) as follows:

- (1) all data specifications within the PMHC MDS are mandatory;
- (2) all data to be input to the 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 to be coded as being one of:

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- (a) Aboriginal or Torres Strait Islander origin; or
 - (b) 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 link: <https://pmhc-mds.com/>.

****Note:** Individuals who receive Services under this Activity are not to have their data separately entered into the Alcohol and Other Drug Treatment Services National Minimum Data Set (as detailed at the following link: <https://www.aihw.gov.au/about-our-data/our-data-collections/alcohol-other-drug-treatment-services>), for any Services they receive under this Activity.

B.2.12 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.2.13 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.2.14 HealthPathways WA

(1) 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.

(2) Training/Education

Where the Contractor is providing training or education to health professionals in relation to the Services under the Activity, the Contractor is required to include information on HealthPathways as a component of the training and to promote the use of HealthPathways.

B.2.15 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.2.16 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.2.17 Accreditation Requirements – Mental Health & Suicide Prevention Minimum Standard

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The Contractor is required to be accredited, or obtain accreditation within one (1) year of the Commencement Date, against at least one the following standards:

- (1) National Safety and Quality Health Service (NSQHS) Standards; or
- (2) National Standards for Mental Health Services 2010.

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

B.2.18 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).

B.2.19 Appropriate use of Language

- (1) 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.
- (2) 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 Contract 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 Contract;
- (3) completion of all plans, reports and deliverables as outlined in this Contract; and
- (4) provision of information to support the reporting responsibilities of WAPHA as outlined in this Contract.

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;

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- (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.

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 E.3 Risk Management Plan.

B.6 Branding and Activity Disclaimers

B.6.1 The Contractor is required to apply Activity branding as 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.

B.6.2 Where reasonably required by WAHA the Contractor is to promote the Activity on its website and through other media formats including publications, newsletters and materials that it produces.

B.7 Location and Service Area

The Contractor has advised that all or part of the Activity will be delivered from the site location(s), and service the service area(s) specified below:

PHN	Office/Clinic Site Location(s)	Service Area(s)
Perth North	Four Site Locations:	Perth North PHN
Perth South	1) City of Mandurah <i>or</i> City of Rockingham 2) City of Armadale <i>or</i> City of Gosnells 3) City of Joondalup <i>or</i> City of Stirling 4) City of Swan	Perth South PHN

B.7.1 Target Areas

The Contractor is expected to at a minimum to offer office/clinic based appointments in these four catchments, and video conference-delivered appointments metro-wide covering the Perth North and Perth South PHN catchment areas.

B.7.2 Perth South PHN Regions

- (1) Perth South East Region is as per the Australian Bureau of Statistics (ABS) definition of Perth South East (SA4).

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- (2) Perth South West Region consists of Perth - South West (SA4), Mandurah (SA4), Waroona (SA2) and Murray (SA2) as per the ABS definitions.

B.7.3 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.

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.

C.1.1 Perth North PHN:

Financial Year	Fee Stream	Fee Amount (Ex. GST)	Total Fee (Inc. GST)
2023-2024	MHSP	\$1,000,000.00	\$1,100,000.00
2024-2025	MHSP	\$1,000,000.00	\$1,100,000.00

C.1.2 Perth South PHN:

Financial Year	Fee Stream	Fee Amount (Ex. GST)	Total Fee (Inc. GST)
2023-2024	MHSP	\$1,000,000.00	\$1,100,000.00
2024-2025	MHSP	\$1,000,000.00	\$1,100,000.00

C.2 Fee streams

- (1) Mental Health & Suicide Prevention (MHSP).

C.3 Allowable Use of Fees

Fees are to be used for achieving the Activity Outcomes in accordance with the Agreement and the Activity in accordance with the approved Outcomes Map and Budget.

Item	Description	Amount (Ex. GST)	Amount (In. GST)
Session Payment*	Per person, per session (60 mins) by Allied Mental Health Professional	\$TBC	\$TBC
		\$TBC (Public Holidays)	\$TBC (Public Holidays)

*A session payment is all inclusive of treatment and associated clinical administration for the individual plus meeting all reporting requirements and obligations under this Service Agreement and Activity Schedule.

Cancellation or Do Not Attend (payable by the referred individual as per the Respondents cancellation or relevant policy).

Any meetings with the WA Primary Health Alliance in relation to this Service Agreement and Activity Schedule are not a chargeable fee.

C.4 Non-allowable Use of Fees

Fees are not to be used for:

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- (1) capital works or the purchase of capital assets, unless these are specifically detailed in an approved Budget or otherwise approved by WAPHA; or
 - (2) duplication of services that are currently provided; or
 - (3) are primarily the responsibility of state and territory governments; or
 - (4) are more appropriately funded through other programs.
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Item D Subcontractors

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

Activity	Subcontractor(s)
None specified.	

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 Mental Health Performance Indicators

Improved Health Equity	Target	How it is measured and collected
1. % services delivered to ATSI clients being delivered by a culturally appropriate trained health professional	1. 100% ATSI clients contact culturally appropriate	1. 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 2. % clients had access to this service when they needed it 3. % clients reporting that their individuality and values were respected	1. >70% clients reporting usually or always 2. >70% clients reporting usually or always 3. >70% clients reporting usually or always	Through the YES Survey which is administered via the PMHC-MDS to clients whose episodes have been closed.

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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

Item F Specified Personnel

The following Specified Personnel are required to undertake the Activity/ies as indicated:

Activity	Specified Personnel
None specified.	

Item G Prior Services

None specified.

Item H Intellectual Property Rights

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

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 Contract.

Party	WAPHA
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