phn MURRAY

An Australian Government Initiative

PART C
PROGRAM GUIDELINES

DATA CAPTURE AND REPORTING

NOVEMBER 2024

Leadership | Collaboration | Respect | Accountability | Innovation

Murray PHN acknowledges its catchment crosses over many unceded First Nations Countries following the Dhelkunya Yaluk (Healing River).

We pay our respects and give thanks to the Ancestors, Elders and Young People for their nurturing, protection and caregiving of these sacred lands and waterways, acknowledging their continuation of cultural, spiritual and educational practices.

We are grateful for the sharing of Country and the renewal that Country gives us.

We acknowledge and express our sorrow that this sharing has come at a personal, spiritual and cultural cost to the wellbeing of First Nations Peoples.

We commit to addressing the injustices of colonisation across our catchment, and to listening to the wisdom of First Nations communities who hold the knowledge to enable healing.

We extend that respect to all Aboriginal and Torres Strait Islander Peoples.

We aspire to be an anti-racist organisation, embedding cultural humility as a daily practice, to improve health outcomes and health equity in our communities. We recognise cultural humility as a lifelong commitment to self-reflection, personal growth and redressing power imbalances in our society.

About these guidelines

This document provides guidance for Murray PHN commissioned service providers to assist them to meet contractual obligations regarding data capture and reporting. It provides an overview of the following data sets, and outlines the specific requirements and guidance regarding the collection and delivery of data:

- Primary Mental Health Care Minimum Data Set (PMHC MDS)
- Your Experience of Service (YES PHN) survey
- Recovery Assessment Scale - Domains and Stages (RAS-DS)
- Alcohol and Other Drug Treatment Services National Minimum Data Set (AODTS NMDS)
- Victorian Alcohol and Drug Collection (VADC).

This document does not replace the specifications for each of the listed data sets, but complements the existing documentation and highlights critical elements.

These guidelines have been informed by guidance from the Australian Government and feedback from commissioned service providers and consumers. The document must be read in conjunction with *Part A - Program Guidelines for all Murray PHN commissioned services* and *Part B – Program Specific Information* for the relevant commissioned service stream

For further information or clarification about any information outlined this document, please contact the Mental Health and AOD team at MHAODTeam@murrayphn.org.au

Version	Document Title	Date released	Prepared by	Approved
6	Murray PHN Part C - Data Capture and Reporting Specifications (MH0222)	October 2024	A Bonsey, E Linneman	I Johansen
5	Murray PHN Part C - Data Capture and Reporting Specifications	January 2022	S Green	I Johansen

Contents

1. Introduction

Primary Health Networks (PHNs) have been funded by the Australian Government to provide primary mental health, psychosocial, and alcohol and other drug treatment services. To support this work, we collect a range of data from our commissioned service providers and it is critical that the data sets used are accurate, standardised and current. This document aims to provide guidance to ensure this is achieved.

2. Definitions

Term	Definition
Consumer	Person receiving services. The term can be used interchangeably with 'client.'
Fixus	The Client Information Management System (CIMS) managed by Murray PHN to collect the PMHC MDS.
Service Contact	Represents the basic unit for counting and describing activities in the PMHC MDS. The term 'Occasions of Service' is also used in correspondence with Murray PHN (including contracts) and has the same meaning. The terms are used interchangeably in these guidelines.

3. What we do with data

Murray PHN uses data collected for a variety of purposes, including meeting performance reporting obligations to the Department of Health and Aged Care (DoHAC) on commissioned programs. We also use data to report to the community about the trends and needs identified in delivering services. These reports can be found on the Murray PHN website: https://murrayphn.org.au/about-us/key-documents/

In addition, we use data to monitor service activity and performance against identified indicators and drive quality improvements. Data reports are used to support discussions between Murray PHN and commissioned service providers. Murray PHN currently uses Power BI which collates and organises key aspects of performance data and can be accessed by providers and Murray PHN for ongoing contract monitoring.

Finally, we use the collected information to support service design and planning. While we understand that the task of collecting data can be time consuming and onerous, it is vitally important that good quality and meaningful data is available as evidence to support future planning. Murray PHN is continually evolving its use and analysis of mental health, psychosocial, and alcohol and other drug treatment services and we will continue working with commissioned service providers to identify ways to develop these further.

4. Client information management systems

The privacy of consumers is of utmost importance and commissioned service providers must collect, use, store and share consumer information in ways that meet privacy and security regulations (see section 5 Privacy). Therefore, Client Information Management Systems (CIMS) are used to capture and store consumer information in accordance with Australian regulatory provisions relating to privacy and health records. Murray PHN maintains the CIMS called Fixus for commissioned service providers to use to supply the PMHC MDS and the AODTS NMDS. A Fixus user guide can be downloaded from the *Guides and forms* section at: https://murrayphn.org.au/focus-areas/mental-health/primary-mental-health-services/

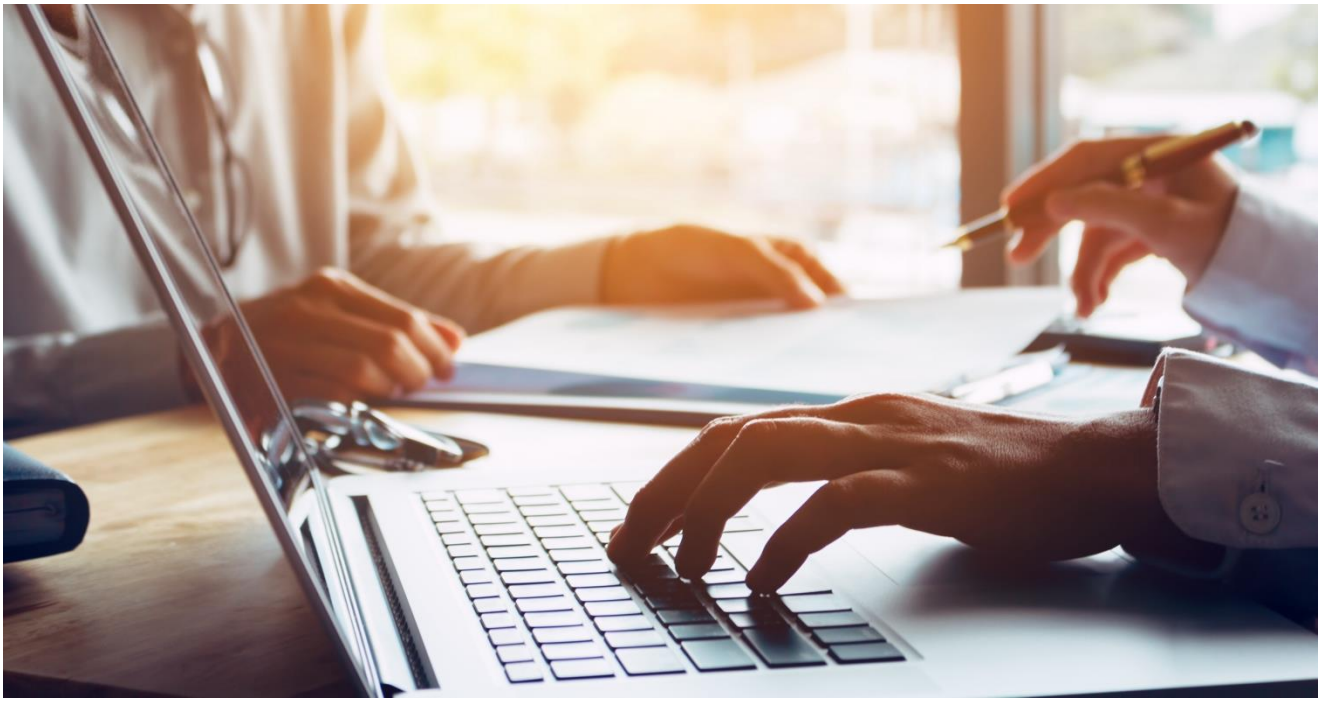
Mental health service providers may use their own CIMS, provided it meets privacy and security regulations, and has the provision for delivering a current PMHC MDS extract format. Alcohol and other drugs (AOD) service providers are also required to submit AODTS NMDS directly to the Australian Institute of Health and Welfare (AIHW) (see Section 9).

5. Privacy

Commissioned service providers must ensure the protection of personal information through compliance with the Privacy Act, the Health Records Act, the privacy principles established under those acts, and any applicable law relating to privacy as outlined in the Murray PHN contract. Further information regarding privacy, including e-training modules, can be found at the Office of the Australian Information Commissioner website at: http://www.oaic.gov.au/privacy/

6. Primary Mental Health Care Minimum Data Set (PMHC MDS)

Provision of information to DoHAC is necessary for the government to undertake its role in funding, monitoring and planning future national service delivery. PHNs also require a range of data to make funding decisions, monitor overall regional service provision and plan future service improvements. These are core functions of PHNs and require us to collect and analyse data on which services are delivered, by whom, to what consumers, at what costs and with what outcomes.



6.1. Key concepts

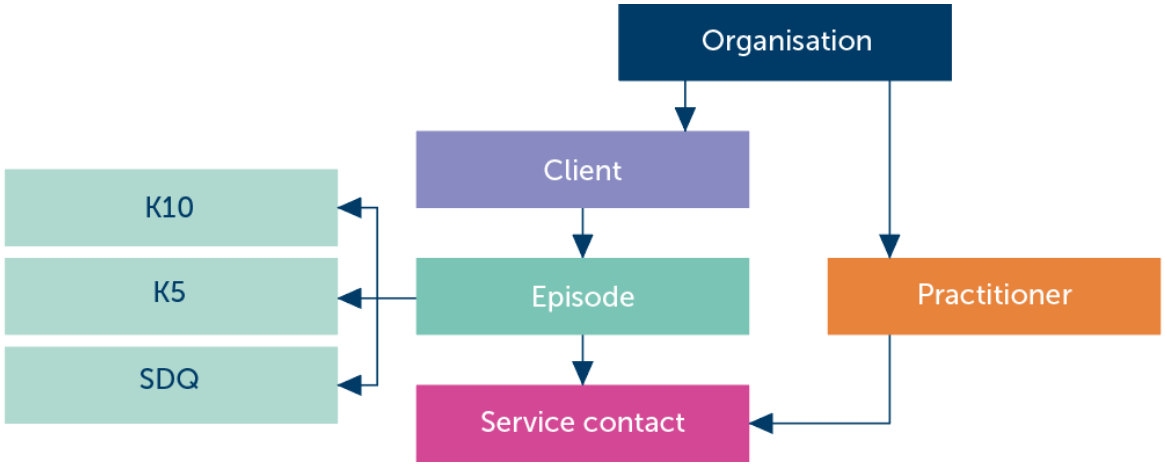
The PMHC MDS is designed to capture data on PHN-commissioned mental health services delivered to consumers. It has been designed to answer the important question, “Who receives which services, delivered by who, at what cost and with what effect?”

Information is collected at different levels; about the individual, the organisation providing the service, and the service region. The below table shows this in more detail:

Question	What data informs this question	Where is this data collected
Who receives	Demographic and clinical characteristics of clients, collected at episode level by service providers.	The Client Record and Episode Record in the PMHC MDS contain information regarding the individual who received the service.
Which services	Range of data collected by service provider for each individual service event e.g. date and type of service, duration.	The Service Contact Record provides details on the type and duration of service provided.
From who	Service provider and organisation characteristics.	The Organisation Record and Practitioner Record provide details on who provided the service.
At what cost	Cost data to be derived from annual financial statements maintained by PHN.	From the PMHC MDS, Murray PHN can calculate and compare program costs per service, using overall funding amounts.
With what effect	Client outcome data using standard instruments.	Consistently analysing outcome measurements can indicate the effectiveness of a service.

Figure 1 shows a simplified version of the PMHC MDS data model. Each file (or component of the data model) contains a field that links one file to another. For example, the client file contains a *Client Key* field that is also contained in the episode file. It is vital that data is submitted accurately and files join correctly, otherwise the information is unable to be used.

Figure 1. A simplified version of how the different files connect to create the PMHC MDS data model.



6.2. Specifications

The full listing of the PMHC-MDS data specification can be found at: https://docs.pmhc-mds.com/projects/data-specification/en/v4/index.html. PMHC MDS documentation can be found at: https://docs.pmhc-mds.com/. All commissioned service providers must capture data in accordance with the current version (v4.0.3 at the time of publication of these guidelines) and should regularly check to ensure they are using the latest version.

6.3. Data templates

Sample data models that demonstrate the PMHS MDS structure can be downloaded from: https://docs.pmhc-mds.com/projects/data-specification/en/v4.0.3/data-model-and-specifications.html.

For commissioned health services upgrading their CIMS for the PMHC MDS or the current version format, it is recommended to review the sample files beforehand to see how the data should appear on extraction.

6.4. Validation

PMHC MDS data delivered to Murray PHN will undergo two validation processes:

- Validation against the PMHC MDS specification
- Validation against these guidelines.

Murray PHN routinely reviews data and contacts commissioned service providers to notify of data errors. For data that does not meet the requirements of either process, feedback will be provided to commissioned service providers and a revised data submission will be required to remedy any errors.

6.5. Delivery schedule

The PMHC MDS is required to be submitted monthly by commissioned service providers and **must be provided to Murray PHN by the 7th day of the following month**. For example, all data pertaining to services provided in April must be submitted by 7 May.

For providers who use the Murray PHN Fixus system, data must be entered in the system by the same date as above. Data that is entered after that date may not be extracted or included in organisational reports in which Murray PHN analyses contract performance and services provided. Therefore, **it is vital that providers keep their records in Fixus up to date**. If providers discover that there is missing information for past months in Fixus, they must notify Murray PHN to discuss a process to ensure this information is captured.

6.6. Activity and performance reports

As Murray PHN has an obligation to report program activity, it is important that commissioned service providers capture and submit information that is accurate, consistent and provided in a timely manner.

Murray PHN routinely uses the PMHC MDS for:

- Monthly service activity reports detailing number of clients, episodes and occasions of service
- Measurement against key performance indicators and contract targets
- Analysis of service provision, including modality and occasions of service provided through outreach
- Data quality reports identifying the number of records with missing information, including client outcomes
- Comparison with other providers on key components, such as the average number of sessions provided, outcomes etc.

Given that the PMHC MDS is the key source of information for these reports, commissioned health services should:

1. Read these guidelines and familiarise themselves with the requirements
2. Capture data in accordance with these specifications, using the quick reference guide (Appendix 1) to ensure correct recording
3. Submit data in accordance with the delivery schedule and using the delivery method outlined in Section 10
4. Contact Murray PHN with any questions or concerns regarding the PMHC MDS and associated due dates.

6.7. Data concepts and terminology

Some of the key terms and fields within the PMHC MDS are listed below, however, this is not a complete outline of all available fields. The complete list of the specifications and definitions is available at: docs.pmhc-mds.com/

6.7.1. Client

The PMHC MDS has the provision to capture basic demographic information on the person who has received a service. All information provided to Murray PHN and DoHAC is **deidentified** and with client consent. As Murray PHN uses this information to build a profile of the clients who use commissioned services, we will review the information collected for each client as we assess the outcomes of the activity. Commissioned service providers should collect as much information as possible with the client and avoid using the *missing/not stated* option when achievable.

Client Key

This field should contain a number or unique code that will allow commissioned service providers to identify the client. Murray PHN will use the *Client Key* to reference data entry errors that may appear in the client's information. For example, client ABC123 is missing a date of birth.

Statistical Linkage Key

The *Statistical Linkage Key (SLK)* is a key that enables two or more records belonging to the same individual to be brought together. For example, a unique identifier for an individual that has multiple episodes of care (and service contacts) that does not identify that person. This allows Murray PHN and DoHAC to analyse the client journey and pathways in the stepped care model.

The SLK is generated using the client name, date of birth and gender to create a unique 14-character alphanumeric code. Generating a PMHC MDS Statistical Linkage Key is described at: https://docs.pmhc-mds.com/projects/user-documentation/en/latest/tools.html#generate-a-client-s-slk and the PMHC MDS Statistical Linkage Key Generator is available free at: https://pmhc-mds.net/#/tools/slk

6.7.2. Client consent

So that commissioned service providers can comply with the privacy and consent clauses in their Murray PHN service agreements and the National Mental Health and Suicide Prevention Agreement (National Agreement), providers must seek informed consent from consumers to share their data with:

1. Murray PHN
2. DoHAC and relevant state or territory governments:
    i. For statistical and evaluation purposes designed to improve mental health services in Australia
    ii. To generate an alphanumeric linkage key to facilitate research and statistical analysis by linking PMHC MDS data with other anonymised data.

If the consumer does not provide their consent, this does not exclude them from receiving services, however it is the commissioned service provider's responsibility to make every effort to gain consent from the consumer to share data as stated above. All data supplied to Murray PHN, DoHAC and state/territory governments is anonymised, which means that the data will not include identifying information such as an individual's name, address or Medicare number.

Suggested wording to obtain consent

The following is an example of text that may be used to obtain written informed consent to share information with DoHAC as required by National Mental Health and Suicide Prevention Agreement, noting that an additional consent would be required to share with the PHN:

"I consent to my information being provided by Murray PHN to the Department of Health and Aged Care to be used for statistical and evaluation purposes designed to improve mental health services in Australia. I understand that this will include details about me such as date of birth, gender and types of services I use, but will not include my name, address or Medicare number. I further understand that this information may be shared with state and territory governments in line with the National Mental Health and Suicide Prevention Agreement. I understand that my information will not be used by the Department of Health and Aged Care if I do not give my consent."

6.7.3. Episode of care

A central feature of the PMHC MDS is the *Episode of Care*; defined as a more or less continuous period of contact between a client and a PHN-commissioned provider organisation/clinician that starts at the point of first contact and concludes at discharge. An *Episode of Care*, in turn, comprises a series of one or more *service contacts*. *Service contacts* are also referred to as 'occasions of service', or in Fixus, 'sessions.'

Principal focus of treatment

All *episodes of care* need to be grouped into one of six high-level categories based on the type of care to be provided (referred to as '*principal focus of treatment plan'*) that align with the PHN service delivery priorities for mental health that have been set by the government. The section 'Murray PHN specific information' or the 'Quick reference guide (Appendix 1)' outlines which category should be used for services provided for Murray PHN.

The table below lists the principal focus of treatment plan categories in the MDS and their use:

Main treatment category	Main feature(s) of treatment plan
Psychological therapy PMHC MDS Code 1	Psychological therapy by one or more mental health professionals. This should be selected as the principal focus of treatment where a consumer's need is identified as **IAR-DST Level 3** (see Part B of the guidelines).
Low intensity psychological intervention PMHC MDS Code 2	Time-limited, structured psychological interventions that aim to provide a less costly intervention alternative to 'standard' psychological therapy. This should be selected as the principal focus of treatment where a consumer's need is identified as **IAR-DST Level 2** (see Part B of the guidelines).
Clinical care coordination PMHC MDS Code 3	A range of services aimed at coordinating and better integrating care for the individual across multiple providers in order to improve clinical outcomes. This should be selected as the principal focus of treatment where a consumer's need is identified as **IAR-DST Level 4** (see Part B of the guidelines).
Complex care package PMHC MDS Code 4	**Note: this is not a valid option for Murray PHN commissioned service providers.** An individually tailored 'package' of services for a client with a severe and complex mental illness who is being managed principally within a primary care setting.
Child and youth-specific mental health services PMHC MDS Code 5	A range of services for children (0-11 years) or youth (aged 12-24 years) who present with, or are at risk of developing, a mental illness.
Indigenous-specific mental health services PMHC MDS Code 6	Mental health services that are specifically designed to be culturally appropriate for Aboriginal and Torres Strait Islander people.
Other PMHC MDS Code 7	Services that cannot be described by the above categories. This should be selected as the principal focus of treatment for providers who are funded to provide psychosocial services.

Tags

The PMHC MDS (section 6.3) contains the ability to add *tags*. This allows for additional information to be collected that cannot be shown elsewhere. DoHAC has reserved *tags* to be used to identify specific record types in the PMHC MDS. *Tags* beginning with an exclamation mark (!) are reserved for future use by DoHAC.

DoHAC has implemented the use of the *Episode tag* **!br20** to identify services funded by the Australian Government Mental Health Response to Bushfire Trauma.

Closing an episode of care

Once the consumer has been stepped up or down to a new service provider and/or discharged back to the referring GP/psychiatrist, the service provider must close the episode of care on Fixus. ***Note that closing the episode of care does not prevent the consumer from being referred for further services at any time in the future if/when their needs change.***

Consumers who have not been seen for six months, but who have an active status on Fixus, must immediately have a clinical case review for potential discharge/exit from mental health services. If commissioned service providers are unable to contact consumers after multiple attempts to support their reengagement in services, their episode of care must be closed on Fixus.

6.7.4. Suicide referral flag

The field *Suicide referral flag* identifies those individuals where a recent history of suicide attempt, or suicide risk, was a factor noted in the referral that underpinned the person's need for assistance at entry to the episode. It is a requirement that individuals who are identified with a yes on this field **must have a service contact provided within seven days of the referral date**. The service contact must meet the criteria outlined in Section 5.2.8 Service Contact in the PMHC MDS. Contacting the consumer to book an appointment or complete another administrative task does not count as a service contact.

The *Suicide referral flag* is a key performance indicator that DoHAC assesses each PHN against, *with a target of 100 per cent of people referred are followed up within seven days*. Therefore, this is listed as a performance indicator in Murray PHN agreements and Murray PHN will regularly analyse the performance of commissioned service providers on this activity.

6.7.5. Service contact

Note: The term 'Occasions of service' is used interchangeably with 'service contacts' throughout this document.

- *Service contacts* are defined as the provision of a service by PHN commissioned mental health service provider(s) for a client where the nature of the service would normally warrant a dated entry in the clinical record of the client
- A *service contact* must involve at least two persons, one of whom must be a mental health service provider
- *Service contacts* can be either with the client or a third party, such as a carer or family member, and/or other professional or mental health worker, or other service provider
- *Service contacts* are not restricted to face-to-face communication but can include telephone, internet, video link or other forms of direct communication
- Service provision is only regarded as a *service contact* if it is relevant to the clinical condition of the client. This means that it does not include services of an administrative nature e.g. telephone contact to schedule an appointment.

In addition to basic details about each *service contact* (e.g. date, duration, location, consumer out-of-pocket costs etc.), information about the type of services delivered is collected to enable a description of the mix of services provided (within and across *episodes of care*).

Service type categories

The PMHC MDS requires commissioned service providers to report the main service delivered at **each service contact** (based on the activity that accounted for most of your time). The table below summarises the available categories.

The '*principal focus of treatment plan'* category selected for an *episode of care* does not restrict which *service contact type* is recorded. For example, if *clinical care coordination* is selected as the *principal focus of treatment* for a person identified as an IAR-DST Level 4, *structured psychological intervention* can be selected as the appropriate *service contact type*.

Service contact type category	Description
Assessment	Determination of a consumer's mental health status and need for mental health services made by suitably trained mental health professional, based on collection and evaluation of data obtained through interview and observation of the consumer's history and presenting problem(s).
Structured psychological intervention	Psychological interventions which include structured interaction between you and the consumer using recognised psychological methods. Can be delivered to either an individual consumer or group of consumers, typically in an office or community setting.
Other psychological intervention	Psychological interventions that do not meet criteria for structured psychological intervention.
Clinical care coordination/ liaison	Activities focused on working in partnership and liaison with other health care and service providers and other individuals to coordinate and integrate service delivery to the consumer with the aim of improving their clinical outcomes.
Clinical nursing services	Services delivered by mental health nurses that cannot be described elsewhere. Typically, these aim to provide clinical support to consumers to effectively manage their symptoms and avoid unnecessary hospitalisation.
Child or youth specific assistance - not elsewhere classified (NEC)	Services delivered to, or on behalf of, a child or young person that cannot be described elsewhere. Note: This code should only be used for service contacts that cannot be described by any other service type. It is expected that the majority of service contacts delivered to children and young people can be assigned to other categories.
Suicide prevention specific assistance (NEC)	Services delivered to, or on behalf of, a consumer who presents with risk of suicide that cannot be described elsewhere. Note: This code should only be used for service contacts that cannot be described by any other service type. It is expected that the majority of service contacts delivered to clients who have a risk of suicide can be assigned to other categories.
Cultural specific assistance (NEC)	Culturally appropriate services delivered to, or on behalf of, Aboriginal or Torres Strait Islander consumers that cannot be described elsewhere. Note: This code should only be used for service contacts that cannot be described by any other service type. It is expected that many service contacts delivered to Aboriginal or Torres Strait Islander consumers can be assigned to other categories.

Service contact modality categories

Each *service contact* (see above) requires the *modality* to be specified.

Category	Description
No contact took place	The consumer did not show for a planned service contact.
Face-to-face	The service contact with the consumer (or third party such as a carer, family member or other professional) was undertaken in person.
Telephone	The service contact with the consumer (or third party such as a carer, family member or other professional) was undertaken via telephone.
Video	The service contact with the consumer (or third party such as a carer, family member or other professional) was undertaken using video.
Internet-based	The service contact with the consumer (or third party such as a carer, family member or other professional) was undertaken using an internet-based function, which could include email, text or webchat.
SMS	Service contacts via SMS messaging can only be recorded as a service contact if it is evident there is an exchange of messages between the sender and receiver relevant to the clinical condition of the client. SMS messaging will be counted as one service contact where the nature of the service would normally warrant a dated entry in the clinical record of the client.

Cancellation and did not attend

If a consumer cancels within 24 hours of an appointment or fails to attend a scheduled appointment, the appointment may be categorised as a session for funding purposes, providing all efforts have been made by the clinician to identify and remove any access barriers contributing to the non-attendance.

6.7.6. Organisation

All data in the PMHC MDS is linked to the organisation that provided the service. Murray PHN uses this information to monitor service activity for each provider. Each organisation is provided with a unique code by Murray PHN. Note that this is unique to each PHN, so for organisations that provide a service for multiple PHNs, you will have multiple organisation codes.

For organisations that use the Murray PHN Fixus system, this information is managed by Murray PHN. For organisations that supply Murray PHN with the PMHC MDS, your code is provided by Murray PHN. This code does not change, so if you have received your code, you will not need to request it again.

6.7.7. Practitioner

The PMHC MDS collects information on the *practitioner* who provides the service. This information is used by Murray PHN and DoHAC for a variety of purposes, including workforce planning. Therefore, it is important that this information is accurate. Murray PHN reviews the *practitioner* information collected for each organisation and provides feedback on the outcomes of this activity.

Practitioner category

In most cases, *practitioner* category will be determined by the training and qualifications of the practitioner. However, in some instances, a *practitioner* may be employed in a capacity that does not necessarily reflect their formal qualifications.

For example, a person with a social work qualification may be employed primarily as a peer support worker on the basis of their lived experience of a mental illness. In such instances, the *practitioner* should be classified as a peer support worker.

Aboriginal and Torres Strait Islander People Cultural Training

The Aboriginal and Torres Strait Islander People Cultural Training field applies to *practitioners* who are either:

- not of Aboriginal or Torres Strait Islander status; or
- are not employed by an Aboriginal Community Controlled Health Organisation (ACCHO).

Practitioners who are Aboriginal and/or Torres Strait Islander, or employed by an ACCHO, can select the 'Not Required' option.

A *practitioner* is deemed to have completed a recognised training course if they have undertaken:

- specific training in the delivery of culturally appropriate mental health/health services for Aboriginal and Torres Strait Islander people. As a guide, recognised training programs include those endorsed by the Australian Indigenous Psychologists' Association (AIPA) or similar organisation; or
- local cultural awareness training in the community in which they are practising, as delivered or endorsed by the Elders of that community or the local ACCHO.

All commissioned service providers are expected to comply with cultural safety and responsiveness expectations set out in Part A of the guidelines.

6.7.8. Client outcomes

The PMHC MDS has the capability to capture three outcome measures: the Kessler Psychological Distress Scale K10+ (K10), and in the case of Aboriginal and Torres Strait Islander consumers, the K5 and the Strengths and Difficulties Questionnaires (SDQ):

- For adults (18+ years), the Kessler Psychological Distress Scale K10+ is the prescribed measure, with the option to use the K5 for Aboriginal and Torres Strait Islander people if considered more appropriate
- For children and young people (4-17 years), the Strengths and Difficulties Questionnaire (SDQ) is the prescribed tool. The SDQ is not an accredited tool for children under four and should not be used for this cohort. The specified versions include the parent-report for 4-10 years and 11-17 years, and the self-report for 11-17 years.

Please note: For adolescents, the K10+ or K5 may be used, even though the person is under 18 years.

For providers delivering psychological therapies under IAR-DST Levels 3 or 4 or PTS specialist streams, outcome measures **should be collected at the start and end of an *episode of care* at a minimum**.

For providers delivering Psychosocial Recovery Services (PRS), it is acknowledged that the three available outcomes measures are clinical tools that do not measure a consumer's psychosocial needs. However, in this program, providers must use one of the following tools: K10, K5, SDQ or RAS-DS. More information on the RAS-DS tool can be found in Section 8).

6.7.9. IAR-DST

The PMHC MDS has the capability to record IAR-DST scores, which can be recorded by adding a new assessment in Fixus. While Murray PHN requires most providers to use the IAR-DST tool, it does not require providers to include each of the domain scores in the data submitted to Murray PHN. Providers are expected to enter the *IAR-DST – Practitioner Level of Care* and the *IAR-DST – Recommended Level of Care*.

6.8. Murray PHN specific information

While the PMHC MDS provides multiple options to select, some will be invalid depending on the service provided. This section provides guidance on the key fields in the PMHC MDS that need to be selected under the different programs that Murray PHN commissions.

6.8.1 IAR-DST Level 2

All IAR-DST Level 2 episodes of care need to be captured with a principal focus of treatment of *2: Low intensity psychological intervention*. It would be anticipated that most *service contacts type* selections for people with IAR-DST Level 2 needs would be classified as *1: Assessment*, *2: Structured psychological intervention* or *3: Other psychological intervention*, but other options are also valid.

IAR-DST Level 2		
Attribute	**Value**	**Comments**
Principal focus of treatment	2. Low intensity psychological intervention	This is the only valid option for IAR-DST Level 2.
Suicide referral flag (see the section *Episode of care* for further information)	1. Yes 2. No 9. Unknown	If Yes is indicated in the referral, a service contact must take place within seven days of the referral date.
Service Contact Type (see the section *Service contact* for further information)	0. No contact took place 1. Assessment 2. Structured psychological intervention 3. Other psychological intervention 4. Clinical care coordination / liaison 5. Clinical nursing services 6. Child or youth specific assistance 7. Suicide prevention specific assistance 8. Cultural specific assistance 9. Psychosocial support	If 0 is selected, then the field No Show must equal Yes. Option 5 can only be selected if the service was provided by a credentialed mental health nurse who is performing a clinical role. Options 6, 7 and 8 should only be used for service contacts that cannot be described by any other service type. Option 98 ATAPS is not a valid option for Murray PHN.
Service Contact Modality (see the section *Service contact* for further information)	0. No contact took place 1. Face-to-face 2. Telephone 3. Video 4. Internet-based 5. SMS	If 0 is selected, then the field No Show must equal Yes. If Service Contact Modality is not 'Face-to-face,' the service contact postcode must be entered as unknown 9999.

Attribute	Value	Comments
Service contact participants	1. Individual client 2. Client group 3. Family/ Client Support Network 4. Other health professional or service provider 5. Other	Option 9 'Not stated' should not be used for Murray PHN commissioned services.
Service contact venue	All options other than 99: Not stated, are valid for use for Primary Mental Health Services.	Service contacts provided over the phone, video or internet should be captured as 98. Service contacts with type 8, Residential aged care facility will be used to identify service provided in the PTS Residential Aged Care (RAC) program.
Service contact postcode	The Australian postcode where the service contact took place.	If Service Contact Modality is 'Face-to-face,' the service contact postcode must be entered.

6.8.2. Primary Mental Health IAR-DST Level 3 and Specialist Streams

All episodes of care delivered under IAR-DST Level 3 or specialist streams (PTS Child, PTS Aboriginal and Torres Strait Islander People, PTS RAC) need to be captured with a *principal focus of treatment* of *1: Psychological therapy*.

The specific nature of work undertaken with a consumer in each *service contact* can be specified in the *Service Contact Type* field. For example, a *service contact* that is primarily focused on assessing the client would be captured as *1: Assessment*. It is anticipated that most *service contact type* selections within these programs would be *1: Assessment*, *2: Structured psychological intervention* or *3: Other psychological intervention*, but the other options are also valid.

IAR-DST Level 3		
Attribute	**Value**	**Comments**
Principal focus of treatment	1. Psychological therapy	For IAR-DST Level 3 and specialist streams (PTS Child, PTS Aboriginal and Torres Strait Islander People, PTS RAC).
Date of birth	All dates are valid	Will be used to identify the PTS Child service (children 13 years and under).
Suicide referral flag (see the section *Episode of care* for further information)	1. Yes 2. No 9. Unknown	If Yes is indicated in the referral, a service contact must take place within seven days of the referral date.

Attribute	Value	Comments
Organisation type	All options are valid	Organisations with type 8. Aboriginal Health/ Medical Service will be used to distinguish the PTS ATSI service.
Service Contact type (see the section *Service contact* for further information)	0. No contact took place 1. Assessment 2. Structured psychological intervention 3. Other psychological intervention 4. Clinical care coordination/ liaison 5. Clinical nursing services 6. Child or youth specific assistance 7. Suicide prevention specific assistance 8. Cultural specific assistance 9. Psychosocial support	If 0 is selected, then the field No Show must equal Yes. Option 5 can only be selected if the service was provided by a credentialed mental health clinician who is performing a clinical role. Options 6, 7 and 8 should only be used for Service Contacts that cannot be described by any other service type. Option 98 ATAPS is not a valid option for Murray PHN.
Service Contact Modality (see the section *Service contact* for further information)	0. No contact took place 1. Face-to-face 2. Telephone 3. Video 4. Internet-based 5. SMS	If 0 is selected, then the field No Show must equal Yes. If Service Contact Modality is not 'Face-to-face,' the service contact postcode must be entered as unknown 9999.
Service Contact Participants	1. Individual client 2. Client group 3. Family / client Support Network 4. Other health professional or service provider 5. Other	Option 9 'Not stated' should not be used for Murray PHN commissioned services.
Service Contact Venue	All options other than 99: Not stated, are valid for use in PTS	Service contacts provided over the phone, video or internet should be captured as 98. Service contacts with type 8, Residential aged care facility will be used to identify service provided in the PTS RAC program.
Service Contact Postcode	The Australian postcode where the service contact took place.	If Service Contact Modality is 'Face-to-face,' the service contact postcode must be entered.

6.8.3. Primary Mental Health IAR-DST Level 4

All episodes of care delivered under the IAR-DST Level 4 program need to be captured with a *principal focus of treatment* of *3: Clinical care coordination.*

The specific nature of work undertaken with a client in each service contact can be specified within the *Service Contact Type* field. For example, a service contact that is primarily focused on assessing the client would be captured as *1: Assessment*. It would be anticipated that the majority of *service contacts type* selections for people with IAR-DST Level 4 needs would be classified as *1: Assessment* or *4: Clinical care coordination*, but other options are also valid.

IAR-DST 4		
Attribute	**Value**	**Comments**
Principal focus of treatment	3. Clinical care coordination	This is the only valid option for IAR-DST Level 4 services.
Suicide referral flag (see the section *Episode of care* for further information)	1. Yes 2. No 9. Unknown	If Yes is indicated in the referral, a service contact must take place within seven days of the referral date.
Service Contact Type (see the section *Service contact* for further information)	0. No contact took place 1. Assessment 2. Structured psychological intervention 3. Other psychological intervention 4. Clinical care coordination/ liaison 5. Clinical nursing services 6. Child or youth specific assistance 7. Suicide prevention specific assistance 8. Cultural specific assistance 9. Psychosocial support	If 0 is selected, then the field No Show must equal Yes. Option 5 can only be selected if the service was provided by a credentialed mental health clinician who is performing a clinical role. Options 6, 7 and 8 should only be used for service contacts that cannot be described by any other service type. Option 98 ATAPS is not a valid option for Murray PHN.
Service Contact Modality (see the section *Service contact* for further information)	0. No contact took place 1. Face-to-face 2. Telephone 3. Video 4. Internet-based 5. SMS	If Service Contact Modality is not 'Face-to-face,' the service contact postcode must be entered as unknown 9999. If 0 is selected, then the field No Show must equal Yes.
Service Contact Participants	0. Individual client 1. Client group 2. Family/Client Support Network 3. Other health professional or service provider 4. Other	Option 9 'Not stated' should not be used for Murray PHN commissioned services.

Attribute	Value	Comments
Service Contact Venue	All options other than 99: Not stated, are valid for use	Service contacts provided over the phone, video or internet should be captured as 98.
Service Contact Postcode	The Australian postcode where the service contact took place.	If Service Contact Modality is 'Face-to-face,' the service contact postcode must be entered.

6.8.4. Psychosocial Recovery Services (PRS)

All episodes of care delivered under PRS programs should be captured with a *principal focus of treatment* of *7: Other*.

The specific nature of work undertaken with a consumer in each service contact can be specified in the *Service Contact Type* field. For example, a *service contact* that is primarily focused on assessing the client would be captured as *1: Assessment*. It would be anticipated that most *service contacts type* selected within the PRS program would be *1: Assessment* or *9: Psychosocial support*, but the other options may also be valid where program practitioners are mental health clinicians.

Psychosocial Recovery Services (PRS)		
Attribute	**Value**	**Comments**
Principal focus of treatment	7. Other	This is the only valid option for PRS.
Suicide referral flag (see the section *Episode of care* for further information)	1. Yes 2. No 9. Unknown	If Yes is indicated in the referral, a service contact must take place within seven days of the referral date.
Service Contact Type (see the section *Service contact* for further information)	0. No contact took place 1. Assessment 2. Structured psychological intervention 3. Other psychological intervention 4. Clinical care coordination/ liaison 5. Clinical nursing services 6. Child or youth specific assistance 7. Suicide prevention specific assistance 8. Cultural specific assistance 9. Psychosocial support	If 0 is selected, then the field No Show must equal Yes. Option 5 can only be selected if the service was provided by a credentialed mental health clinician who is performing a clinical role. Options 6, 7 and 8 should only be used for service contacts that cannot be described by any other service type. Option 98 ATAPS is not a valid option for Murray PHN.

Attribute	Value	Comments
Service Contact Modality (see the section *Service contact* for further information)	0. No contact took place 1. Face-to-face 2. Telephone 3. Video 4. Internet-based 5. SMS	If 0 is selected, then the field No Show must equal Yes. If Service Contact Modality is not 'Face-to-face,' the service contact postcode must be entered as unknown 9999.
Service Contact Participants	1. Individual client 2. Client group 3. Family /Client Support Network 4. Other health professional or service provider 5. Other	Option 9 'Not stated' should not be used for Murray PHN commissioned services.
Service Contact Venue	All options other than 99: Not stated, are valid for use	Service contacts provided over the phone, video or internet should be captured as 98.
Service Contact Postcode	The Australian postcode where the service contact took place.	If Service Contact Modality is 'Face-to-face,' the service contact postcode must be entered.

6.8.5. Natural disaster response

Since this program covers a range of activities, the provider will have to decide which *principal focus of treatment* category to use. This will be based on the primary reason that an individual has accessed support. Some individuals may be looking for mainly psychological support, others psychosocial.

Natural Disaster Response (NDR)		
Attribute	**Value**	**Comments**
Principal focus of treatment	All options are valid	
Suicide referral flag (see the section *Episode of care* for further information)	1. Yes 2. No 9. Unknown	If Yes is indicated in the referral, a service contact must take place within seven days of the referral date.
Service Contact Type (see the section *Service contact* for further information)	0. No contact took place 1. Assessment 2. Structured psychological intervention 3. Other psychological intervention 4. Clinical care coordination/liaison 5. Clinical nursing services 6. Child or youth specific assistance 7. Suicide prevention specific assistance 8. Cultural specific assistance 9. Psychosocial support	If 0 is selected, then the field No Show must equal Yes. Option 5 can only be selected if the service was provided by a credentialed mental health clinician who is performing a clinical role. Options 6, 7 and 8 should only be used for Service Contacts that cannot be described by any other Service Type. Option 98 ATAPS is not a valid option for Murray PHN.
Service Contact Modality (see the section Service Contacts for further information)	0. No contact took place 1. Face-to-face 2. Telephone 3. Video 4. Internet-based 5. SMS	If 0 is selected, then the field No Show must equal Yes. If Service Contact Modality is not 'Face-to-face,' the service contact postcode must be entered as unknown 9999.
Service Contact Participants	1. Individual client 2. Client group 3. Family / Client Support Network 4. Other health professional or service provider 5. Other	Option 9 'Not stated' should not be used for Murray PHN commissioned services.

Attribute	Value	Comments
Service Contact Venue	All options other than 99: Not stated, are valid for use	Service contacts provided over the phone, video or internet should be captured as 98.
Service Contact Postcode	The Australian postcode where the service contact took place.	If Service Contact Modality is 'Face- to-face,' the service contact postcode must be entered.
Tags	!br20	The tag of !br20 set by DoHAC will be used to identify services provided in response to bushfires.

Regardless of which *principal focus of treatment* is used, the *episode* will need a unique identifier to indicate this service was provided by natural disaster funding. DoHAC has stipulated that the tag **!br20** is placed in the *Episode tag* field.

The specific nature of work undertaken with a consumer in each *service contact* can be specified in the *Service Contact Type* field. For example, a service contact that is primarily focused on assessing the client would be captured as *1: Assessment*.

7. Your Experience of Service (YES PHN) survey

The Australian Mental Health Outcomes and Classification Network (AMHOCN) has developed a version of the YES PHN survey for use in PHNs. The YES PHN survey is designed to gather information from consumers about their experiences of care. By helping to identify specific areas where quality improvements can be made, YES PHN survey results can support greater engagement in care and collaboration between mental health services and consumers to build better services.

More information on the development of the YES PHN survey can be found at: https://www.amhocn.org/training-and-service-development/experience-measures/application-for-use

7.1. Licensing

Murray PHN has a license to use the YES PHN survey which extends to our commissioned primary mental health providers.

There are restrictions regarding use of the YES PHN survey. There can be no alteration to the survey without Murray PHN approval. Murray PHN will periodically review the design, implementation and outcomes from the survey.

7.2. Sample copy

A sample of the PHN version of the YES survey is shown in Appendix 2.

8. Recovery Assessment Scale - Domains and Stages (RAS-DS)

The RAS-DS is a strength-based assessment tool that is designed to do three things:

1. Assist consumers to take a leading role in understanding their own recovery progress, make recovery plans and track their recovery journey over time
2. Enable collaboration between consumers and mental health workers, enabling recovery planning to be based on consumers' own reporting through the RAS-DS
3. Assist services to track recovery outcomes.

8.1. Download

The RAS-DS is freely available to download and can be found at: https://ras-ds.net.au/

9. Alcohol and Other Drug Treatment Services National Minimum Data Set (AODTS NMDS)

The AODTS NMDS captures information about alcohol and other drug treatment services, the consumers who use these services, the types of drug problems for which treatment is sought and the types of treatment provided.

9.1. Submitting data

Commissioned service providers have been required to submit AODTS NMDS data from 1 July 2023.

Information on submitting the data, including a data collection manual and guide, and the data entry sheet, can be found at: aihw.gov.au/about-our-data/our-data-collections/alcohol-other-drug-treatment-services/guidelines-for-aodts-data-submitters/2023-24-data-collection-and-submission-information

9.2. Client consent

So that commissioned service providers can comply with the privacy and consent clauses in their Murray PHN service agreements, providers must seek informed consent from consumers to share their data with:

- Murray PHN
- AIHW, subject to consent requirements outlined in AIHW Data Governance Framework 2022.

If the consumer does not provide their consent, this does not exclude them from receiving services, however it is the commissioned service provider's responsibility to make every effort to gain consent from the consumer to share data as stated above. All data supplied to Murray PHN and DoHAC is anonymised, which means that the data will not include identifying information.

10. Data delivery

Murray PHN receives contract-specified deliverables via its contract management system (Folio) and CIMS (Fixus). This is referenced in the contract schedule for each commissioned service provider . Folio contains narrative base data and Fixus contains consumer MDS data.

Commissioned health services are provided access to Folio and Fixus once a contract is executed for the delivery of services. Specific checklists will be assigned to contracts that have PMHC MDS deliverables that are not submitted through the Fixus CIMS. This checklist will contain a question on the MDS that will require commissioned health services to attach their data file.

For more information or support in submitting data via Folio or Fixus, please contact your Murray PHN Commissioning Implementation Coordinator in the first instance.

11. Performance indicators and performance monitoring

Murray PHN has introduced a range of key performance indicators/targets that aim to measure the performance of services. These are in the commissioned service provider's contract.

Where possible, the source of this information will be the PMHC MDS and AODTS MDS to reduce the burden on commissioned service providers. However, it is important that accurate and timely information is provided to ensure that these indicators can be measured accurately.

Where an indicator has PMHC MDS as the source, Murray PHN will provide a report to commissioned health services that shows how they are tracking against each indicator.

11.1. Performance monitoring

Commissioned service providers are also required to deliver a verbal report during monthly performance meetings describing:

- performance against planned activities as per the work plan
- progress on other reporting requirements
- progress against performance indicators/targets
- opportunities and risks identified, including mitigation strategies where relevant
- any other matters relevant to the services.

As discussed in Section 3, Murray PHN also uses Power BI to monitor deliverables.

11.2 Commonwealth performance indicators

The Commonwealth Government has developed a PHN Program Performance and Quality Framework that aims to consider how the broad range of activities and functions delivered by PHNs contribute towards achieving the identified objectives. It has selected indicators to monitor and assess progress towards achieving the outcomes for programs, priority areas and organisational capability. All of the indicators are used to measure the performance of PHNs as a whole and a subset of the indicators are used to assess individual PHN performance.

These indicators are a priority for Murray PHN in evaluating commissioned service providers and generally, these indicators are included in contractual KPIs. The table below outlines the key current Commonwealth indicators that apply to primary mental health and AOD services.

Commonwealth indicator	Performance criteria
MH1 Rate of regional population receiving PHN commissioned low intensity psychological interventions	At least 5% growth in number of people accessing Low Intensity episodes compared with previous year, or where service capacity has been reached, a maintenance of the previous year's rate
MH2 Rate of regional population receiving PHN commissioned psychological therapies delivered by mental health professionals	At least 5% growth in number of people accessing Psychological Therapy episodes compared with previous year, or where service capacity has been reached, a maintenance of the previous year's rate
MH3 Rate of regional population receiving PHN commissioned clinical care coordination services for people with severe and complex mental illness (MH indicator Acc-3)	At least 5% growth in number of people accessing Care Coordination episodes compared with previous year, or where service capacity has been reached, a maintenance of the previous year's rate
MH4 Formalised partnerships with other regional service providers to support integrated regional planning and service delivery	Comprehensive regional mental health and suicide prevention plans to be jointly developed with LHNs by mid-2020
MH5 Proportion of people referred to PHN commissioned services due to a recent suicide attempt or because they were at risk of suicide followed up within 7 days of referral	100% of people referred to PHN commissioned services followed up within 7 days of referral
MH6 Outcomes Readiness - Completion rates for clinical outcome measures	70% of completed episodes of care have recorded valid outcome measures at Episode Start and Episode End
AOD1 Rate of drug and alcohol commissioned providers actively delivering services	Rate of drug and alcohol commissioned providers actively delivering services increases or remains the same
AOD2 Partnerships established with local key stakeholders for drug and alcohol treatment services	A range of organisations are involved in delivering drug and alcohol services
FN3 Evidence that all drug and alcohol commissioned services are culturally safe for First Nations people (DATIS indicator 4.2)	PHN supplies evidence that commissioned drug and alcohol services are culturally safe
FN4 Proportion of PHN commissioned mental health services delivered to the regional First Nations population that were culturally appropriate (MH indicator App-2)	At least 5% growth on proportion of previous year or maintenance of the level where all services were culturally safe
W1 Rate of drug and alcohol treatment service providers with suitable accreditation	All specialist drug and alcohol treatment service providers have or are working towards accreditation
W2 PHN support for drug and alcohol commissioned health professionals	PHN supplies evidence of support provided to drug and alcohol commissioned health professionals

12. Support and resources

Document	Links
Murray PHN Primary Mental Health Guidelines	https://murrayphn.org.au/focus-areas/mental-health/primary-mental-health-services/

Appendix 1: PMHC MDS quick reference guide

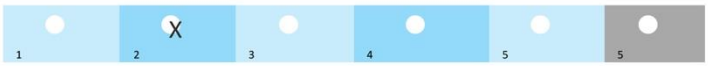
Murray PHN program	Data source	Mandatory value
Natural Disaster Response	PMHC MDS	Episode Tag = !br20
IAR-DST Level 2	PMHC MDS	Principal focus of treatment = 2 (Low intensity psychological intervention)
IAR-DST Level 4	PMHC MDS	Principal focus of treatment = 3 (Clinical care coordination)
PRS	PMHC MDS	Principal focus of treatment = 8 (Psychosocial Support)
PTS ATSI	PMHC MDS	Principal focus of treatment = 1 (Psychological therapy)
PTS Child (where client is under 13 years old)	PMHC MDS	Principal focus of treatment = 1 (Psychological therapy)
IAR-DST Level 3	PMHC MDS	Principal focus of treatment = 1 (Psychological therapy)
PTS Perinatal	PMHC MDS	Principal focus of treatment = 1 (Psychological therapy) and Episode Tag = perinatal
PTS RAC	PMHC MDS	Principal focus of treatment = 1 (Psychological therapy) and Service contact venue = 8 (Residential aged care facility)
Youth Severe	HAPI	PHN funding = Youth Severe

Appendix 2: Your Experience of Service (YES) survey sample

Your Experience of Service Primary Health Network (YES PHN) Survey

Your feedback is important. This questionnaire was developed with service consumers. It aims to help providers and consumers to work together to build better services. Completion of the survey is voluntary. All information collected in this survey is anonymous. None of the information collected will be used to identify you. It would be helpful if you could answer all questions, but please leave any question blank if you don't want to answer it. You should read the Participant Information Form before deciding if you want to complete this survey.

Please put a cross in just one box for each question, like this . . .



These questions ask **how often** we did the following things . . .

Thinking about the care you have received from this service within the last 3 months or less, what was your experience in the following areas? *(Check one response for each question)*	Never	Rarely	Sometimes	Usually	Always	Not applicable
1. You felt welcome using this service	1	2	3	4	5	
2. You felt safe using this service	1	2	3	4	5	
3. You had access to this service when you needed	1	2	3	4	5	
4. You had opportunities for your family and friends to be involved in your support or care if you wanted	1	2	3	4	5	9
5. Staff were able to provide information or advice to help you manage your physical health if you wanted	1	2	3	4	5	
6. Your individuality and values were respected (such as your culture, faith or gender identity, etc.)	1	2	3	4	5	
7. This service listened to and followed up on feedback or complaints	1	2	3	4	5	
8. The service respected your right to make decisions	1	2	3	4	5	
9. The support or care available met your needs	1	2	3	4	5	

These questions ask **how well** we did the following things . . .

Thinking about the care you have received from this service within the last 3 months or less, what was your experience in the following areas? *(Check one response for each question)*	Poor	Fair	Good	Very Good	Excellent	Not applicable
10. Access to a peer worker/ lived experience worker, if you wanted	1	2	3	4	5	9
11. Information available to you about this service (such as how the service works, your rights and responsibilities, how to give feedback, etc.)	1	2	3	4	5	
12. Development of a plan with you that considered all of your needs (including support, coordination and follow up)	1	2	3	4	5	9

As a result of your experience with the service in the last 3 months or less please rate the following… *(Check one response for each question)*	Poor	Fair	Good	Very Good	Excellent
13. The effect of this service on your hopefulness for the future	○ 1	○ 2	○ 3	○ 4	○ 5
14. The effect of this service on your skills and strategies to look after your own health and wellbeing	○ 1	○ 2	○ 3	○ 4	○ 5
15. The effect of this service on your ability to manage your day to day life	○ 1	○ 2	○ 3	○ 4	○ 5
16. Overall, how would you rate your experience with this service in the last 3 months?	○ 1	○ 2	○ 3	○ 4	○ 5

17. My experience would have been better if . . . (write in)

18. The best things about this service were . . . (write in)

Demographic questions

The information in this section helps us to know if we are missing out on feedback from some groups of people. It also tells us if some groups of people have a better or worse experience than others. Knowing this helps us focus our efforts to improve services. No information collected in this section will be used to identify you.

19. What is your gender identity?
    - ☐ 1 Male
    - ☐ 2 Female
    - ☐ 3 Other _____

20. What is the main language you speak at home?
    - ☐ 1 English
    - ☐ 2 Other _____

21. Are you of Aboriginal or Torres Strait Island origin?
    - ☐ 1 No
    - ☐ 2 Yes - Aboriginal
    - ☐ 3 Yes – Torres Strait Islander
    - ☐ 4 Yes – Aboriginal and Torres Strait Islander

22. What is your age?
    - ☐ 1 Under 18 years
    - ☐ 2 18 to 24 years
    - ☐ 3 25 to 44 years
    - ☐ 4 45 to 64 years
    - ☐ 5 65 years and over

23. How long have you been receiving support or care from this service?
    - ☐ 1 1 day to 2 weeks
    - ☐ 2 3 to 4 weeks
    - ☐ 3 1 to 3 months
    - ☐ 4 4 to 6 months
    - ☐ 5 More than 6 months

24. Who referred you to this service?
    - ☐ 1 Family doctor/ GP
    - ☐ 2 Nurse
    - ☐ 3 Another health professional
    - ☐ 4 Myself
    - ☐ 5 Other, please write in

25. How involved were you in choosing this service?
    - ☐ 1 Not at all involved
    - ☐ 2 A little involved
    - ☐ 3 Fully involved

26. Did someone help you complete this survey?
    - ☐ 1 No
    - ☐ 2 Yes - family or friend
    - ☐ 3 Yes – someone from the service
    - ☐ 4 Yes - someone else

Thank you for your time completing this survey. Remember, if anything in this survey has upset you, you can talk to your local doctor, mental health worker or call Lifeline on 13 11 14.