

Psychological Therapy Services

Operational Guidelines

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An Australian Government Initiative

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1. Purpose of Operational Guidelines

These Guidelines are to be read with reference to the Services Agreement and provide operational advice, expectations and defined processes.

This document is current as per the date on the title page but is subject to change at Western Victoria PHN's discretion. Updates will be issued if and when required

Suppliers are to ensure that they and their Providers have access to the latest version of these Guidelines and comply with all the requirements and processes outlined within them.

2. Background

Stepped Care Approach to Mental Health Services

Western Victoria PHN implementing a stepped care approach to mental health to comprise a full continuum of services, from low intensity, early intervention 'stepping up' to intensive high levels of care, including coordinated care for people with severe and complex mental illness.

Psychological Therapy Services is the delivery of clinical services in the mild to moderate range of the stepped care continuum.

Figure 2 – Stepped care model in primary mental health care clinical service delivery



Further information regarding the stepped care model in primary mental health care clinical service delivery can be found at: *Contributing Lives, Thriving Communities – Review of Mental Health Programmes and Services* <http://www.mentalhealthcommission.gov.au/our-reports/our-national-report-cards/2014-contributing-lives-review.aspx>.

Western Victoria PHN Primary Mental Health Services – Psychological Therapy Services

Psychological Therapy Services within the Western Victoria PHN are targeted at people with mild to moderate mental illness who experience barriers to accessing mainstream treatment options.

This may include population groups which have particular difficulty in accessing mental health treatment such as:

- People who are not able to access Medicare funded mental health services;
- People less able to pay fees;
- People in rural and remote communities;
- People under the age of 12 years;
- Women experiencing perinatal depression;

- People with intellectual disability;
- Aboriginal and Torres Strait Islander people;
- People at risk of suicide;
- Young people;
- People with Culturally and Linguistically Diverse (CALD) backgrounds; and
- People who experience or are at risk of homelessness.

3. Suppliers and Providers

Suppliers are organisations or alliances that are in contract with Western Victoria PHN through the Services Agreements. They may also be known as the Lead Provider.

Providers are allied mental health professionals that deliver focused psychological therapy sessions.

Coverage of LGA

Providers must deliver sessions in the areas (in terms of Local Government Areas (LGAs) where they have been contracted. It is the responsibility of Suppliers to ensure that sessions are delivered in suitable premises and ensure access to people across the entire nominated LGA/s.

You may be allocated clients who reside outside your nominated LGA, including across State borders, if:

- the LGA is the usual place of *living* for the client, such as the place where they usually access other services, shop and attend for educational, social and recreational activities; or
- the client specifically wants their service to be kept confidential from the service Providers in their own LGA.

Provider Lists

Suppliers are required at the time of contract execution to provide Western Victoria PHN with a full list of Providers that has been issued by Referral Point (previously known as Single Point of Entry) prior to the commencement of Psychological Therapy Services.

The Provider List for all Suppliers will be published on the Western Victoria PHN website.

The intent of maintaining and publishing the Provider List is to:

- Inform referrers about what is available in their locality;
- Inform referrers of Provider specialist qualifications; and
- To enable new Providers to gain access to the Western Victoria PHN Client Management System (Bridge – CRM) for reporting and payment purposes.

Changes in Alliance and Providers

New providers or changes to provider details should be entered onto the Smartsheet provided and an email sent to Referral Point. New providers must be approved by Referral Point as meeting the relevant qualification criteria. No allocations should be made until a new provider has this approval and the relevant access to Bridge CRM.

The following is considered to be a change:

- Adding or changing alliance members / employees to deliver sessions;
- The Provider no longer is employed / subcontracted to the Supplier;
- Change in qualification of the Provider;
- Change in location of Provider;
- Change in registration status of the Provider; and

- Change in name of Provider.

Inductions and Training

From time to time, Suppliers and Providers are required to attend the Western Victoria PHN orientation and induction training for the delivery of Psychological Therapy Services Program. Notification of training session will be emailed to Providers. Suppliers are required to advise their Providers in regards to training sessions.

Quarterly progress meetings

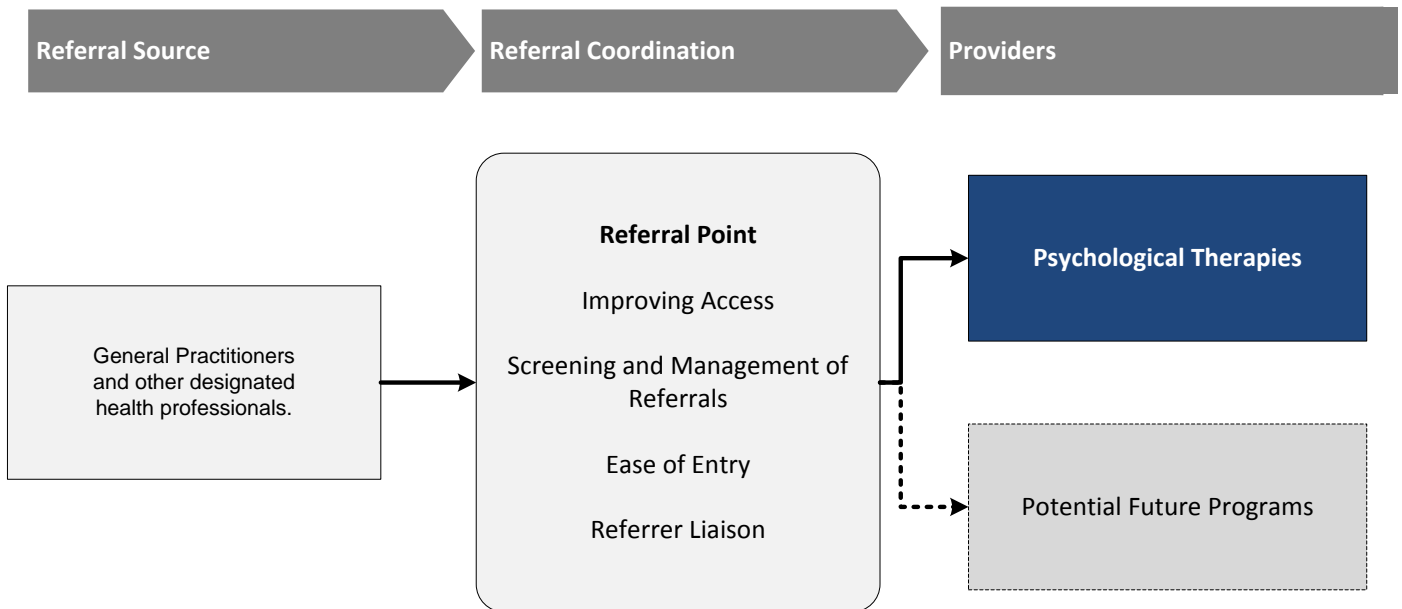
Suppliers will meet quarterly with the PHN to assess service delivery and discuss any challenges or improvements to be made by either party.

4. Referral Point

Western Victoria PHN have undertaken a system redesign to deliver efficient, effective and coordinated mental health service delivery as part of its program of commissioning primary mental health services. A single point of entry which incorporates an online service access point is established. This single point of entry is called Referral Point.

Referral Point:

- provides a vital interface between Western Victoria PHN, General Practice, healthcare providers and mental health service partners;
- enables the management of referrals for psychological therapy services, ensuring referrals meet the criteria for the services and direct referrals to an appropriate treatment service; and
- assesses referrals in order to identify the appropriate referral end point. The most suitable Provider in a region will receive the referral based on the referral information and known availability of service providers and skill mix.



Referral Point Contact Details

Email	referralpoint@westvicphn.com.au
Telephone	1300 221 493
Fax	1300 260 814

Client Relationship Management System (Bridge – CRM)

The Client Relationship Management System (CRM) will be used to manage and allocate referrals. It will support the flow of timely and responsive referral and allocation as well as simplifying data collection for reporting requirements and payment for services delivered. It will facilitate the demand management and reporting requirements for the Psychological Therapy Service program.

Western Victoria PHN has purchased licenses for Suppliers and Providers to access the Client Relationship Management System. All Suppliers and Providers will need to maintain their interface with the system to ensure that information is current.

The Referral Point team will provide initial support to Suppliers and Providers in the use of the Client Relationship Management System.

As part of the licensed agreement to use the Client Relationship Management System all users must abide by the Terms and Conditions relevant to the Bridge CRM system. Refer to Appendix A: Bridge – CRM Terms and Conditions

Accessing and User Logins

Users can access BridgeCRM via the web at the following link:

<https://referralpoint.westvicphn.com.au>

Suppliers are to ensure that they and their Providers have appropriate internet access to allow access to the CRM.

Suppliers are responsible for ensuring that all Provider access to the CRM is current. This is to be done through the Smartsheet and must be submitted at a minimum of one week prior of the Provider starting or ceasing to provide services.

Non Provider users, such as Supplier administration staff, will need to email Referral Point for access to CRM with specific reference to their role in order for the correct permissions to be enabled.

Client Identification

A Client ID will be allocated by the Referral Point team which will remain with the client permanently within the Client Relationship Management System. Clients who have previously accessed ATAPS/MHRSSA services will retain their old ID.

In addition each referral will be allocated a PTS number. The client will therefore have two numbers, a client ID which will not change and a referral ID eg (PTS11111) which may change.

5. Referrals

Allocation and Acceptance of Clients

Referral Allocation

Following receipt of the referral, Referral Point will allocate referrals by:

- equitable allocation of referrals to Suppliers based on demand, availability and funding allocated to the sub-region; and
- Referral Point will take into account all provider information including history of work with specific providers

The Supplier is expected to accept or reject the referral within five (5) business days for Category A (General) and B (Children) and within one (1) business day for Category C (Suicide Prevention) to enable timely re-allocation of rejected referral.

All referrals accepted by the Supplier will generate a notification to the referrer that their client has been accepted including the Provider details.

When a referral is rejected by a Supplier, a reason must be given. The intent is to develop a depth of understanding about acceptance and rejection of referrals for Psychological Therapy Services and to assist with demand management and timely allocation of referrals received by Referral Point.

Referral Process

The referral and allocation process is depicted in the Life Cycle Table in Appendix B.

Once a referral has been allocated and accepted by the Provider, it is the Provider's responsibility to communicate with the client and referrer regarding the initial appointment. Referral Point does not have any direct contact with the client.

It is the provider's responsibility to inform the referrer if the client declines treatment or does not attend.

Waitlist and Availability

Wait time Report

If a Supplier is not able to offer an appointment within four weeks of acceptance, they should reject the referral citing this reason. Waitlists should not be kept by Suppliers or Providers.

6. Service Delivery

Up to 10 treatment sessions can be delivered by an Allied Mental Health Professional. Initially, clients will be allocated 4 sessions with an additional 3 sessions (sessions 5-7) being made available on completion and submission of an outcome measure report to Bridge CRM. A further 3 sessions are also available (sessions 8-10) following Session Request for a GP review and completion and submission of a clinical outcome measure review. All ten sessions must be completed within 12 months of receipt of referral.

Session duration should be a minimum of forty-five (45) minutes and the clinical measurement scales identified in Item 3.1 of the Schedule of the Services Agreement. Please refer to the Category tables on the following pages.

Suicide Prevention

The focus of the intervention is to reduce current risk of suicide / self-harm by resilience building, increasing self-awareness and solution focussed work. Clients can be moved from the Suicide Prevention category to

the General category when the crisis abates according to the longer-term needs of the client. No diagnosis is required for Suicide Prevention.

A client that has completed up to 10 sessions of treatment, may be eligible for referral to Category A (General) or B (Child). Access to Category A or B requires a referral from an appropriate referral source.

Children

For the purposes of managing funding and reporting requirements Category B (Child) will be defined as Under 12 years. Clinically however, child and youth expertise will be recognised as being specifically relevant up to the age of 18 years. Next of Kin details remain a requirement for 12-16 year olds.

7. Overview of Service Requirements

	Category A: General	Category B: Children	Category C: Suicide prevention
Service	Provide evidence based, short term psychological intervention to adults (12+) with a diagnosable mild, moderate or in some cases severe mental illness. Evidenced Based Treatments	Provide evidence based, short term psychological intervention to children (up to 12) at risk of developing a mental illness.	Provide evidence based, short term psychological intervention to people who have attempted, or who are at risk of suicide or self-harm.
Referral Source	General Practitioners Aboriginal and Torres Strait Islander Health Practitioners	General Practitioners Paediatricians Aboriginal and Torres Strait Islander Health Practitioners	General Practitioners Aboriginal and Torres Strait Islander Health Practitioners
Referral acceptance	Within 5 days of referral		Within 24hours of referral
Intervention	Within four (4) weeks of acceptance of the referral		Within 24 hours of acceptance of referral for 100% of clients
Delivery method	Face to Face Web Conferencing Telephone – (if outlined as a part of care plan)	Face to Face Face to Face with Parents Web Conferencing	Face to Face Telephone – (if outlined as a part of care plan)
Sessions	Up to 10 sessions within 12 months of referral Sessions must be a minimum of 45 mins		Up to 10 sessions within 2 months of referral Sessions must be a minimum of 45 mins
Types of Evidenced Interventions	Cognitive Behavioural Therapy <ul style="list-style-type: none"> - Behavioural Interventions - Cognitive Interventions - Relaxation Strategies - Skills Training Psycho-Education Interpersonal Therapy Narrative Therapy (ATSI only)	Cognitive Behavioural Therapy <ul style="list-style-type: none"> - Behavioural Interventions - Cognitive Interventions - Relaxation Strategies - Skills Training Psycho-Education Interpersonal Therapy Narrative Therapy (ATSI only) Parent Training in Behaviour Management Family-based interventions Attachment intervention	Cognitive Behavioural Therapy <ul style="list-style-type: none"> - Behavioural Interventions - Cognitive Interventions - Relaxation Strategies - Skills Training

		Parent-Child Interaction Therapy	
Outcome Reports	Outcome reports to be provided within 2 weeks of completion of sessions 7 and 10 or at completion of treatment.		
Outcome Measures	K10 or K5 (K5 - ATSI only) Work and Social Adjustment Scale	Strengths and Difficulties Questionnaire (SDQ)	Modified Scale for Suicidal Ideation (MSSI) K10 or K5 (K5 - ATSI only)

8. Submission of Outcome Measures

Outcome Measures are available in Bridge CRM.

Frequency of Measures:

Kessler 10 (K10), Kessler 5 (K5 – ATSI only), Modified Scale for Suicidal Ideation (MSSI) outcome measure reports to be completed at sessions 4, 7 and 10 / last session and entered onto Bridge CRM.

Work and Social Adjustment Scale to be completed at sessions 1, 4, 7 and 10/last session for General and Suicide Prevention Program clients and entered onto Bridge CRM.

SDQ outcome measure reports to be completed at sessions 1 and 10 / last session for Child Program and entered onto Bridge CRM.

Outcome measure report can be completed by the clinician in the client's absence. Should this occur, it should be clearly indicated.

9. Suicide Prevention Interventions

Suicide Prevention intervention must be delivered within 24 hours of the acceptance of referral. A formal intervention, under Category C, is a meaningful clinical contact that is appropriate to determine the level of risk and clinical management. Face to face intervention is preferred, but not necessarily required within the initial response time.

Face to face intervention must be provided at the earliest opportunity following the first formal intervention. This allows for the provider to exercise appropriate clinical judgement in the context of their clinical formulation and plan for management derived from their initial formal intervention.

10. Interpreter Services

People with Culturally and Linguistically Diverse (CALD) backgrounds are a specifically identified cohort that experience difficulty accessing services. When language or hearing impairment are identified as challenges to delivering Psychological Therapy Services, professional interpreter services may be required.

This should be identified by the referrer and included in the referral information.

The use of interpreter services requires approval by Referral Point. These costs will be applied in addition to the session fees. Approved Interpreter service costs need to be invoiced separately and submitted to Referral Point.

Referral Point will pre - approve funding of appropriately qualified and credentialed interpreter services accessed from an external source from the Supplier organisation.

If a Supplier receives a referral and interpreter services are not identified but the provider believes an interpreter is required, the Provider should inform Referral Point by email and have interpreter services approved by Referral Point.

11. Requesting Further Sessions

If the Provider recommends further treatment beyond the fourth and seventh session, the request must be included in the data entered in the CRM. The request must also be included in the Clinical Outcome Report to the GP following the seventh session. A further allocation of three sessions will only be approved through Referral Point when the identified outcome measurement reports are completed.

12. Treatment Completion

Treatment must be completed within specified timeframes as per the Services Agreement. Where possible session completion should be planned and any recommendations for follow-up should be clearly communicated to the GP.

Treatment completion is considered to be:

- at the end of session 4, session 7 or session 10;
- if the Provider/client believes the clients has met treatment goals; or
- if the client has attended at least one appointment but does not attend more than one follow up appointment.

It is expected that Providers follow up clients that do not attend sessions and discuss any decision to no longer follow up a client with Referral Point.

All session data, including clinical measures, must be completed in the CRM and a Clinical Outcome Report must be sent to the GP within two (2) weeks of the last session (in no less than 80% of instances). Verification that this has occurred should be noted in the Referral Conclusion page and the referral closed.

Closure where treatment is not complete.

Where a client ceases to attend, refuses further contact, fails to attend two appointments or has no contact for sixty days, the case should be closed, a clinical outcome report sent to the GP and an outcome measure entered on Bridge CRM.

Closure definitions are as follows:

- 1: Episode closed - treatment concluded
- 2: Episode closed administratively - client could not be contacted
- 3: Episode closed administratively - client declined further contact
- 4: Episode closed administratively - client moved out of area
- 5: Episode closed administratively - client referred elsewhere
- 6: Episode closed administratively - other reason

Notes:

In order to use code 1 (Episode closed - treatment concluded) the client must have at least one service contact. All other codes may be applicable even when the client has no service contacts.

1 - Episode closed - treatment concluded - No further service contacts are planned as the client no longer requires treatment.

2 - Episode closed administratively - client could not be contacted - Further service contacts were planned but the client could no longer be contacted.

3 - Episode closed administratively - client declined further contact - Further service contacts were planned but the client declined further treatment.

4 - Episode closed administratively - client moved out of area - Further service contacts were planned but the client moved out of the area without a referral elsewhere. Where a client was referred somewhere else Episode Completion Status should be recorded as code 5 (Episode closed administratively - client referred elsewhere).

5 - Episode closed administratively - client referred elsewhere - Where a client still requires treatment, but a different service has been deemed appropriate or a client has moved out of the area so has moved to a different provider.

6 - Episode closed administratively - other reason - Where a client is no longer being given treatment but the reason for conclusion is not covered above.

Where a client has been accepted and contact attempted but not made the provider remains responsible for closing the client on Bridge CRM and providing the clinical outcome report to the referrer.

Referral Point reserves the right to close clients where no activity has taken place for sixty-plus days without reason. The provider remains responsible for informing the referrer of the clinical outcome.

Referral Point may close a client when a review is pending if there has been no activity for sixty- plus days. The referral will be reopened on receipt of review and the provider informed.

13. Reporting and Data Services

Acceptance/Rejection of Referral

Category	Timeframe	Process
Category A (General) and Category B (Children)	The Supplier must notify Referral Point within five (5) working days of acceptance of referral.	
Category C (Suicide)	Suppliers will be contacted by phone and asked to accept a referral prior to allocation. Whilst Referral Point will attempt to reallocate if necessary, contracted providers are obliged to accept Suicide Prevention referrals in the event that other services are unavailable	Acceptance or rejection of a referral must be done in the CRM. All rejected referrals must have a comment as to the reason of rejection.

Session Data – Minimum Data Set

Data	Timeframe	Process
Minimum Data Set <ul style="list-style-type: none"> • Session Data • Type of Interventions • Clinical measures 	Within 5 days of the delivery of session	Providers & Suppliers are to enter session data into the CRM.

Outcome Reports

Category	Timeframe	Process
Clinical Outcome Reports are to be provided to the referring GP at session seven (7) and ten (10) or at session completion (defined in Section 6).	Reports must be provided within two (2) weeks of the relevant session	All Clinical Outcome Reports must be sent to the GP in a confidential and secure manner.

These reports must be provided **within two (2) weeks** of the relevant session, within the Clinical Outcome Report template to be provided by Western Victoria PHN and will include:

- A summary of progress through the set of sessions;
- Any obstacles to treatment;
- Any change in client condition including outcome tool results;
- Any ongoing issues;
- Suggestions for further management; and
- Contact details to enable the GP to contact the allied health professional if required.

Refer to Appendix D for the Clinical Outcome Report template. Electronic versions are available from the CRM.

Incident Reporting

The responsibility for the management of an incident rests with the Supplier. All Suppliers must have a clearly documented Critical Incident Policy.

It is the Suppliers responsibility to inform Western Victoria PHN of any serious critical incidents.

Complaints Reporting

The responsibility for the management of complaints and feedback rests with the Supplier. All Suppliers must have a clearly documented Complaints and Feedback Policy.

It is the Suppliers responsibility to inform Western Victoria PHN of any serious complaints.

14. Payment and Invoicing

Payment schedules will occur on a fortnightly basis.

Suppliers are responsible for ensuring all session data is entered in the Client Relationship Management System by close of business of the first Wednesday after the previous fortnight's sessions. This includes session data for all Providers. Any sessions not up to date will be included in the following fortnight.

Session data will be reviewed and Suppliers will be provided with a payment certificate and session report (in excel) by email within 2 days. This payment certificate and report is based on validated and approved session data from the Client Relationship Management System.

Suppliers are to submit to Western Victoria PHN an invoice together with their payment certificate (clearly indicating the categories) as per the payment certificate. Payments and a remittance will be provided within two weeks of receipt of invoice.

In order to maintain ongoing financial oversight of the program, it is expected that all sessions will be logged for payment within two weeks of delivery.

Providers are required to log sessions where the client has failed to attend.

Invoice Categories:

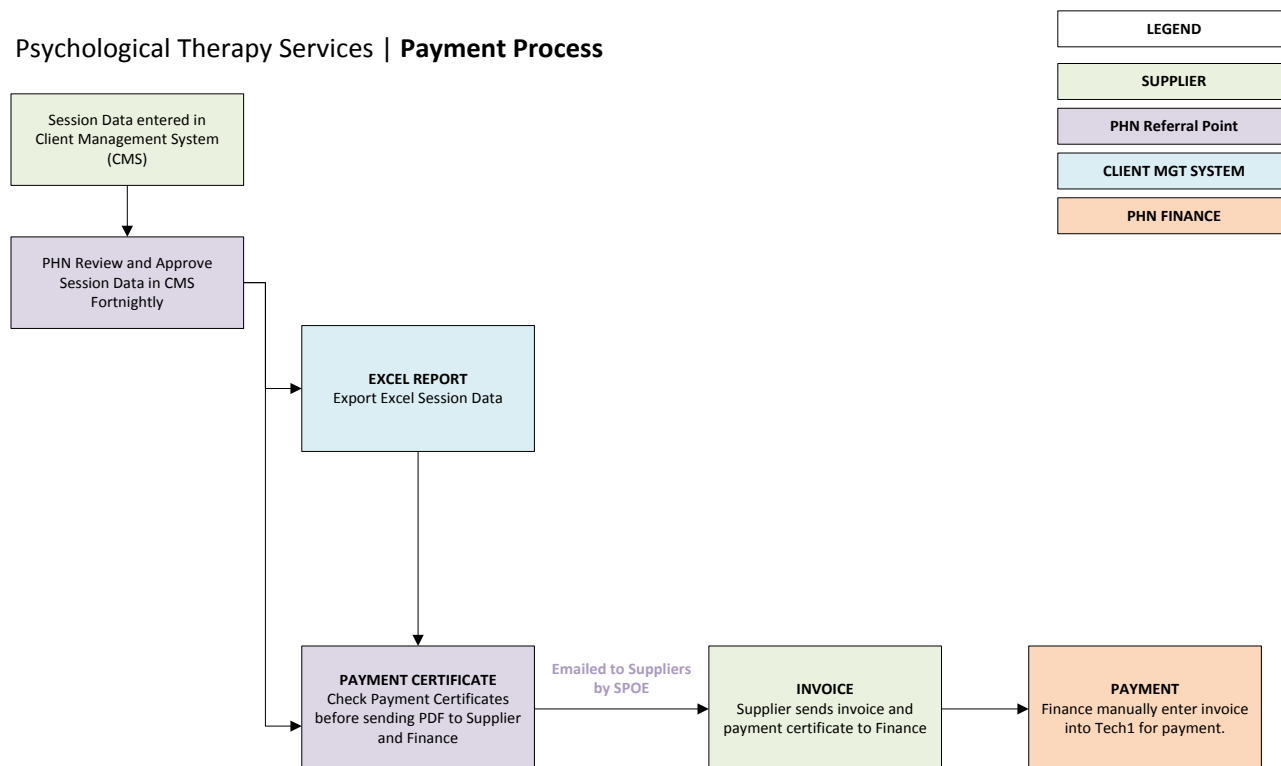
MH3 General

MH2 Children

MH5 Suicide Prevention

Invoices and Payment Certificates are to be emailed to: finance@westvicphn.com.au

Questions in regards to the payment certificate should be directed to Referral Point.



Appendix A: Bridge CRM Terms and Conditions

By having access to Western Victoria PHN client management system, the Supplier and Providers must abide by the following Terms and Conditions for use of the Bridge-CRM. The Licensor of Bridge CRM is Platypus.

You must:

1. Ensure that you do not allow your user account to be accessed by anyone else and that it is not shared.
2. Only use Bridge CRM Data in the course of the delivery of Psychological Therapy Services
3. Not disclose any data to any other individual

You must not:

4. Use BridgeCRM in breach of the Spam Act 2003 and Privacy Act 1988, or any other Australian or international laws governing the use and abuse of e-mail, including sending unsolicited e-mail, except as permitted by law.
5. Access BridgeCRM other than in accordance with the delivery of Psychological Therapy Services
6. Produce or manufacture or commission the manufacture or production of, any product or process that is similar to BridgeCRM;
7. Reverse engineer, decompile or disassemble any BridgeCRM programs or any part thereof
8. Bypass or circumvent software activation;
9. Transfer your user account to a third party unless you first receive the written consent of the Licensor,
10. Make any unauthorised modification to BridgeCRM

It is your responsibility to:

11. Put in place the necessary administrative policies and procedures to ensure the safe and effective use of BridgeCRM. These policies and procedures should reflect common best practices for this type of information technology. This includes, but is not limited to the following:
 - a. Privacy: Bridge CRM will contain confidential client information. All privacy legislation must be adhered to and all third party information cannot be provided to any party without the express permission of Western Victoria PHN and the party.
 - b. Security - BridgeCRM includes some security as a feature. All external security (e.g. server, workstation and network security) is your responsibility.

You understand that:

12. The Licensor, cannot and does not warrant that BridgeCRM will work with every desktop and mobile web browser version.
13. The Licensor will endeavour to ensure the most recent web browser versions are supported.
14. The Licensor cannot and does not warrant that BridgeCRM is totally error free or that BridgeCRM programs may, in some circumstances, fail to function. If BridgeCRM contains errors or BridgeCRM programs fail to function, the Licensor will endeavour to remedy the defects in subsequent upgrades.
15. Except to the extent provided above, under no circumstances shall the Licensor or any agent, related company or related person be liable for any loss, damage or injury (including without limitation any loss of profit, indirect, consequential or incidental loss, damage or injury) arising from the supply or use of BridgeCRM programs and any accompanying materials or any failure by the Licensor or any related company to perform any obligation or observe any terms of this Licence.
16. All Intellectual Property Rights in BridgeCRM are owned by the Licensor or are used under licence.

For support contact Referral Point.

Appendix B: Psychological Therapy Services Lifecycle

	Action / Task	Process	Document / System
Program Management	Approved Provider List	Published on WVPHN website Maintained by Referral Point.	Excel Register Entered in CMS Entered in Technology 1
	Change in Providers	Supplier wants to add/or remove a Provider to/from Bridge CRM	To add a new provider to Smartsheet – enter name & complete all columns in Smartsheet - email to advise Referral Point staff To remove a provider – highlight their name in the Smartsheet – email to advise Referral Point staff.
	Client Relationship Management System Access	Providers given access and passwords when approved for the Approved Provider List Managed by Referral Point	Register of CRM Logins
Referral	Referral	GP, Aboriginal and Torres Strait Islander Health Practitioner or Paediatrician submits referral to Referral Point by secure messaging or fax.	Referral Form Argus ReferralNet
	Registration	Referral is registered by Referral Point in the Client Relationship Management System	Client Relationship Management System MDS Data
	Referral Review	Referral Point Clinician assess referral to make a decision on acceptance. Referral Point Clinician will liaise with Referrer for clarification or further information.	Referral Form
	Referral Decision	Declined: Due to not meeting the criteria or service requirements. Letter sent to Referrer by Referral Point.	Declined of Referral Letter
		Accepted: Letter sent to Referrer from Referral Point.	Acceptance of Referral Letter
	Referral Notice	New Referral Notice sent to Supplier / Provider by Referral Point as an email to look at CRM.	Referral will be allocated within the Client Relationship Management System
	Supplier Referral Acceptance	Supplier / Provider updates CRM with acceptance of referral	Client Relationship Management System

	Allocation Completion letter sent to Referrer by Referral Point advising who was allocated their referral via Client Management System	Completion Letter	
Supplier Referral Rejection	Supplier / Provider updates CRM with rejection and reason	Client Relationship Management System	
	Referral Point Clinician re-allocates.		
	Suppliers Can reallocate if clinician is available		
Session Delivery	Appointment made with Client	Supplier contacts Client and makes first Appointment	Telephone
	Sessions 1 – 4	Sessions delivered to Client by allocated Provider.	
	Session Data	Providers enter session data for MDS, Payment etc	Client Relationship Management System
	Reporting	Outcome Measure Report to be completed by provider and entered on Bridge CRM	Client Relationship Management System
	Session 5 - 7	Sessions delivered to Client by allocated Provider.	
	Session Data	Providers enter session data for MDS, Payment etc.	Client Relationship Management System
	Reporting	Outcome Measure Report to be completed by provider and entered on Bridge CRM	Client Relationship Management System
	Clinical Outcome Reporting	Clinical Outcome Report to be completed by provider and sent securely to the GP.	Clinical Outcome Report Template

	Review	<p>Provider makes recommendation to GP in Client Outcome Report.</p> <p>Provider adds new Session Request.</p> <p>GP submits approval for additional 3 sessions.</p> <p>Pending session Request – approved.</p>	Review Form
	Session 8 - 10	Sessions delivered to Client by allocated Provider.	
	Session Data	Providers enter session data for MDS, Payment etc.	Client Management System
	Reporting	Outcome Measure Report to be completed by provider and entered on Bridge CRM	Client Relationship Management System
	Clinical Outcome Reporting	Clinical Outcome Report to be completed by provider and sent securely to the GP.	Outcome Report Template
Payment	Session Validation	<p>Payment Certificate issued to Suppliers fortnightly.</p> <p>Session report issued to Suppliers with Payment Certificate.</p>	Payment Certificate Session Report (Excel)
	Invoice	Supplier issues Invoice with a copy of the Payment Certificate.	Suppliers Invoice
	Payment	Processed by Western Victoria PHN Finance	

Appendix C: Clinical Outcome Report

Clinical Outcome Report – CONFIDENTIAL

On completion of seven (7) sessions and at completion of treatment.

This 'Clinical Outcome Report' is to be completed and sent to –

1. GP and / or Referrer
2. Please indicate on Bridge CRM when this report has been sent

Client Name:	Date of Birth:	
	Referral Date:	
Clinician Name:	Clinician Fax:	
Referring GP:	GP Fax:	
Assessment & Formulation Summary including:		
1. Presenting problem/s and diagnosis:		
<input type="text"/>		
2. Issue/s of focus in sessions and goals agreed		
<input type="text"/>		
Treatment Summary including:		
1. Type of treatment offered and outcome:		
<input type="text"/>		
2. How did the client engage with the treatment offered? (Mark with X)		
Poorly engaged	Ambivalent	Very well engaged

Clinical Outcomes Report – CONFIDENTIAL

Outcome Measure Scores

DASS 21	Pre D =	Pre A =	Pre S =
	Post D =	Post A =	Post S =
K10		Pre	Post
Edinburgh Post Natal Depression Scale		Pre	Post
Modified Scale for Suicidal Ideation (MSSI)		Pre	Post
Other (Please specify)		Pre	Post

Please note: Fully completed results required for evaluation purposes – if not completed, please indicate reason.

- Age (very young)
- Unplanned Exit
- Other (Please Specify) _____
- Literary Problems
- Clinically Inappropriate

Recommendations:

Are further sessions recommended? (Tick) YES NO

Provide Reasons :

Planned Exit? (Tick) YES NO

Number of Sessions attended: _____

Dates attended: _____

Date/s of "no show"s: _____

AHP Signature (Electronic Signatures Allowed)

Date