The Royal Children's Hospital Melbourne

> IMYOS INFORMATION SHEET

UR NUMBER

SURNAME

DATE OF BIRTH

AFFIX PATIENT LABEL HERE 1

Integrated Mental Health Program Intensive Mobile Youth Outreach Service (IMYOS)

The Intensive Mobile Youth Outreach Service (IMYOS) is one element in the continuum of services provided by the Royal Children's Hospital Integrated Mental Health Program.

IMYOS assists young people with severe mental health problems, who are considered to be at risk to themselves or others and who are difficult to engage. IMYOS clients typically present with multiple and complex needs and are frequently involved with a range of other services such as Child Protection, Youth Justice and Drug and Alcohol Services.

In the Western Metropolitan region, RCH IMYOS services clients up to 15 years of age, and Orygen Youth Health IMYOS sees clients from 15 – 24 years.

IMYOS aims to promote the mental health and well being of clients by working directly with the young person and systematically with the young person's family/friends and other service providers to develop a system of support and care around the young person.

Core activities include: proactive engagement of the young person, identification and treatment of mental health disorders, support for the young person's family/caregivers, and consultation support to other service providers assisting the young person.

IMYOS staff use a highly flexible outreach approach to engagement and treatment, and provide services in the least restrictive environment possible, including in the young person's home or residence, school or other community settings.

The frequency and duration of client contact is usually greater than that provided elsewhere in CAMHS. Initially, contact may be on several days a week. In general, IMYOS will be involved with young people for between 3-18 months, but occasionally longer.

Given the complexity of needs presented by IMYOS clients, the intensity of the interventions required for change, and the liaison required with caregivers and staff from other agencies, a significant time commitment is required for each client. As such, caseloads for a full-time IMYOS clinician typically range from between 8 – 10 clients.

In general, referrals to IMYOS are received from community team clinicians who, despite providing limited outreach appointments themselves, have been unable to engage clients in the outpatient setting. Referrals are less commonly received from other areas of the IMHP e.g. HC&L and Banksia inpatient unit or from outside the service.

Referrals from High Risk Youth Schedule meetings at DHS, and transfers of IMYOS clients from other regions are fastracked to our team via intake.

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IMYOS REFERRAL CRITERIA

Criterion 1

Displays signs and symptoms of severe mental illness

Criterion 2

FRC90100

Is under 15 years age

Criterion 3

<u>3A:</u> Exhibit high-risk behaviours that place them at risk of further deterioration of their mental health

For example, the client:

- Experiences recurrent suicidal ideation and /or makes attempts
- · Exhibits recurrent self-harming behaviour
- Is at risk of exploitation (i.e. through prostitution, absconding)
- Displays criminal/ offending behaviour
- Has drug and alcohol issues
- Displays challenging and/or difficult to manage behaviours

Clients are expected to present with risk of harm to self and may present with a risk of harm to others, to fulfil this criteria.

and/or

<u>3B:</u> Are at risk of deterioration in their mental health due to a suspected or

untreated severe Axis-1 disorder

For example, the client experiences severe agoraphobia and/ or depression and is unable to access services.

Criterion 4

Presents with difficulty in engaging with Mental Health Services

Include evidence of attempts to engage the young person in the referral form please. Eg: detail which of the following have occurred:

- · Provision of a number of outpatient appointments that were failed
- Attempts to visit the young person at home
- Offers to meet at an agreed neutral environment, eg; school or other service
- Extensive phone contact with the young person and/ or system
- Letters sent to the young person and/ or system
- Secondary consultation offered to other providers in the system
- Repeated crisis intervention but inability to engage in consistent office based appointments

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MAKING A REFERRAL TO IMYOS

1 Case manager to discuss potential referral with the appropriate liaison clinician (listed below) prior to completing a referral form. Also consider booking a time to present the case at the IMYOS Intake meeting (usually on Wednesday morning at 9.15 – 11.15am at the Travancore CAMHS Campus).

<u>Clinician Name</u>	<u>Team</u>	Contact Details
Lisa Commadeur	Inner West, Mid West, Banksia	
Sean Ironside	South West, North West, HCL	

- 2. It is also essential that a potential referral be **discussed with the client and their** family and permission is sought before a formal referral is made.
- 3. Initiate an Formal Referral
 - a. Complete an IMYOS Referral Form

In addition to addressing the IMYOS referral criteria, the referrer is asked to

- Define their goals for IMYOS involvement as these need to be feasible.
- Complete the Engagement scale and BPRS (Suicidality/Hostility) on the referral form. These are used by IMYOS as a comparison measure in order to monitor change in presentation and efficacy of IMYOS treatment.
- b. Complete the Home Visit Risk Assessment Form. This information is required to be submitted according to OH&S guidelines to maximise the outreach worker's safety. If you are unable to complete the form by direct contact it is acceptable to obtain the information through telephone contact with a parent/guardian.
- c. Attach CAMHS Assessment Summary. We request that you email your latest Assessment Summary as we redevelop this as we gather further information during the IMYOS episode of care.
- d. Attach any Additional Reports/ Documents that support the referral.
- 4. Referrals received by the team are discussed in the next IMYOS clinical team meeting. Feedback and a decision regarding whether the referral has been deemed appropriate for IMYOS will be provided to the case manager after the intake meeting.

* Please Note: Only completed referrals can be considered by the team. To ensure that your referral is considered in a timely manner, please double check that all sections have been fully completed and are legible, and that all requested documentation is attached.

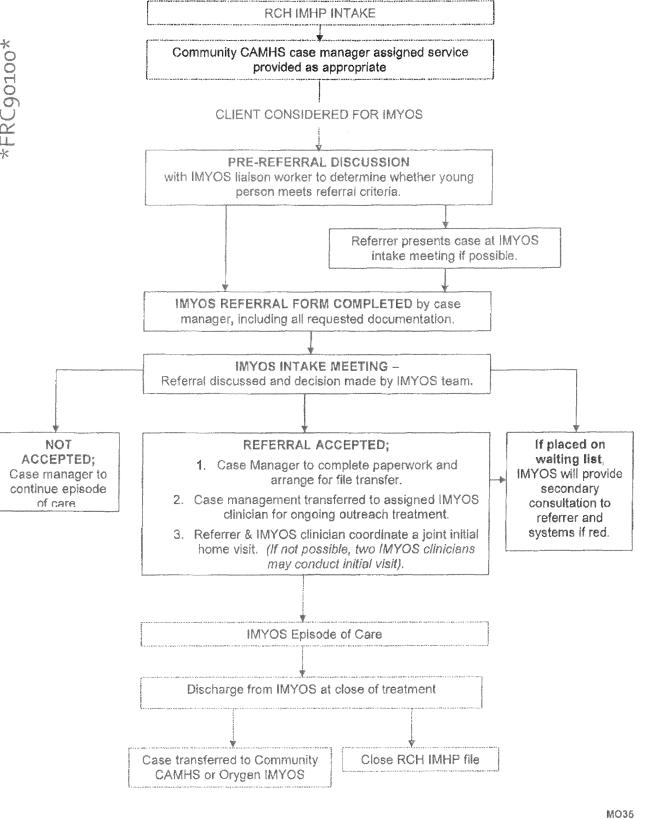
<u>Note</u>: Referrals are prioritised depending on the client's level of risk. Those meeting Criterion 3A will take priority over those meeting Criterion 3B.

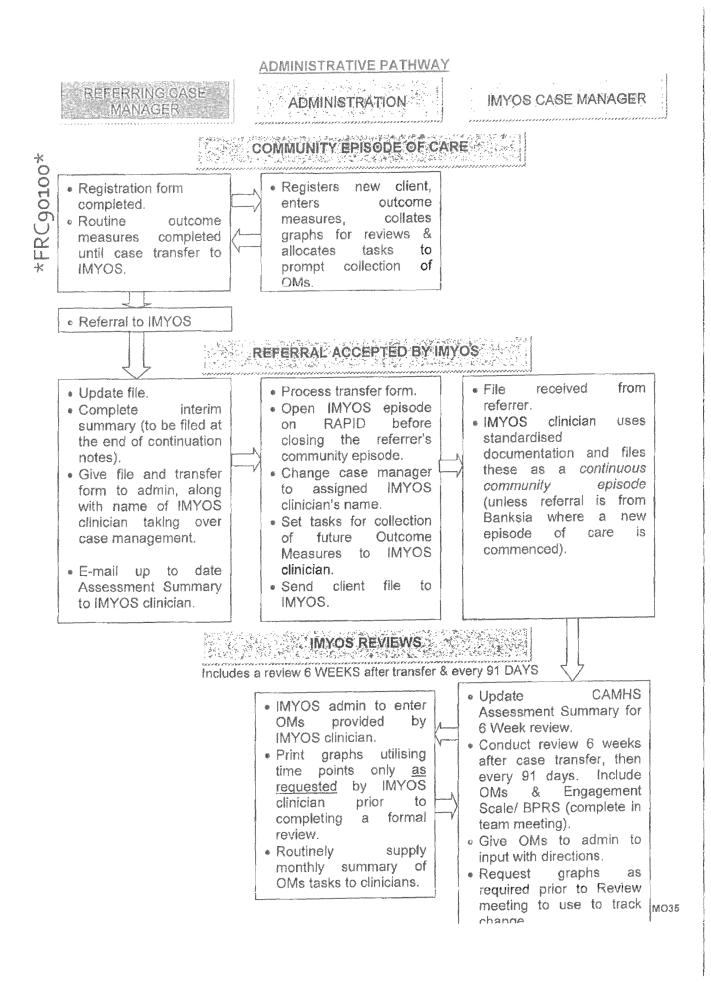
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IMYOS REFERRAL PATHWAY







Children's Health Queensland Hospital and Health Service

Minutes

State-wide Adolescent Extended Treatment and Rehabilitation Financial and Workforce Planning Transition Working Group

Date: 22/1	0/2013 Time: 1.30 Vonue: Conference Room, 1.11, Admin Building, The Park			
Chair:	Michael Miller (MM), Finance Director, Budget Service, Finance and Corporate Division, WM HHS			
Secretariat:	Project Officer, SW AETR, WM HHS			
Attendees	Lorraine Dowell (LD), Allied Health, WM HHS			
	Sharon Kelly (SK) Executive Director, MH&SS WMHHS			
	Padraig McGrath (PMc) Nursing Director WMHHS			
	Leanne Geppert (LG) A/Director, Strategy, MH&SS, WM HHS			
Conf Call	Alan Fletcher (AF), Senior Director, Clinical and Financial Planning, CHQ HHS			
	Di Woolley (DW), Executive Director, People and Culture, CHQ HHS			
	Deborah Miller (DM), A/Executive Director Office of Strategy Management, CHQ			
	Emma Foreman (EF), Principal Project Officer, Planning and Partnerships Unit, MHAODB			
	Kristen Breed (KB), A/Director, Information and Performance Unit, MHAODB			
	ingrid Adamson (IA), Project Manager, SW AETRS, CHQ HHS			
	Alan Miller (AM), Executive Director, Workforce, WM HHS			
	Stuart Bowhay (SB), Director Clinical Costings, CHQ HHS			
	Shelley Nowlan (SN), Executive Director, Nursing Services, CHQ HHS			
	Jennifer Crimmins (JC), Allied Health, CHQ HHS			
	Louise Blatchford (LB), Principal Service Agreement Officer, Service Agreement Frameworks and Management, Healthcare Purchasing, Funding and Performance Branch (LB)			
Apologies	Kathryn White (KW), A/Director, Workplace Relations, WM HHS			
	Helen Ceron (HC), Senior Director, Service Agreement Frameworks and Management, Healthcare Purchasing, Funding and Performance Branch			
Observers/ Guests:	Nil			

Item No	Topic	Action	Committee member	Due date
16	Presentations			
		Nil		
2.	Meeting opening			
2.1	Welcome and Apologies		Chair	
2.2	Statement of Conflict/Interest	Nil		
2.3	 Overview of Statewide Strategy An overview of the Statewide Strategy was provided to the group including the background and history. Please see the Presentation for details (sent separately with minutes). 	NI	LG	
2.4	Overview of Working Group		Chair	
	Business			

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Item No	Topic	Action	Committee member	Due date
3.	Matter for Decision			
3.1	 Review and agree on changes of Terms of Reference (ToR) for recommendation to the SW AETRS Steering Committee Discussion Points: DM advised the group the ToR had been endorsed by the Steering Committee (SC). Any changes made would need to be submitted to the SC for further endorsement. The group reviewed the functions under the ToR. SK stated that the group is about future focussed service options. DM asked about the current workforce at the Barrett Adolescence Centre (BAC). SK advised that the West Moreton Hospital and Health Service (WMHHS) is responsible for the current BAC workforce strategy and that current BAC workforce planning is not within the scope of this Working Group. All standard HR processes are being adhered to including regular consultation and information provision to the BAC workforce. 	Empli with details of	DM	ASAP
	 DM advised that Children's Health Queensland (CHQ) HHS had received union enquiries regarding staff at BAC. SK advised that those enquiries need to be sent to the WMHHS Local Consultative Forum for action. DW stated that the enquiries referred to staff not feeling engaged. SK advised that WMHHS has been in regular contact with the unions about BAC. KB had to leave the meeting and noted that Health Services Act 1991 is irrelevant as it has now been repealed. The Chair asked the group for agreement of the purpose. Discussion occurred around the transfer of funds including that BAC funding would be returned to the purchaser (system manager) who would then allocate the funds to CHQHHS. The allocation of funds would need to 	Email with details of union enquiries to be sent to AM and SK Remove Health Services Act 1991 from ToR Healthcare Purchasing to clarify and notify WMHHS and CHQ if this the correct process for	LJ LB	Before the next meeting ASAP
	 go through the contract variation process and depending on timing through the next available amendment window. Several members queried the need to delay further meetings of this group until clarification of funding transfer processes could be received, and until new service models were clearer (so that future workforce planning could occur). The working group needs to align closely to the work of the Service Options Group (Model for Service) Working Group. 	 the return and reallocation of funds. Clarification is sought from the Steering Committee on the following: How will the existing BAC funding be dealt with by the Department of Health? What is the current amount of funding available from all sources? Focus and purpose of this Working Group is on future state of 	LJ to send to Secretariat of Steering Committee to action	ASAP

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Item No	Topic	Action	Committee member	Due date
	 The Chair determined that further review of the ToR and meetings will be placed on hold until clarification is sought and direction is provided by the Steering Committee on the future of this working group. The group was in agreement with this and the meeting was closed. 	services?		
4.	Matters for Discussion			
4.1	Barrett Adolescent Centre Workforce Not discussed. 	Nii		
4.2	Development of Workforce Plan for future services Not discussed. 	NII		
4.3	Identification of funding sources for the new services Not discussed. 	NI		
4.4	Development of a Plan for allocation of funding and resources to CHQ • Not discussed.	N		
4.5	Communication Plan and Stakeholders Not discussed	NI		
5 .	Matters for Noting			
5.1	Project Risk Register	NII		
5.2	Action Item Register	NI		
5.3	Statewide Strategy Project Plan	Nil		
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Children's Health Queensland Hospital and Health Service

ENDORSED BY:

Signature:

Date:

Name: Position:

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Ingrid Adamson - Financial and Workforce Planning Working Group -Adolescent Mental Health Initiative

From:	Ingrid Adamson
To:	Alan Fletcher; Alan Millward; Deborah Miller; Dianne Woolley; Emma Foreman; Helen Ceron;
	Jennifer Crimmins; Kathryn White; Kristen Breed; Laura Johnson; Leanne Geppert; Lorraine
	Dowell; Louise Blatchford; Michael Miller; Padraig McGrath; Sharon Kelly; Shelley Nowlan;
	Stuart Bowhay
Date:	21/11/2013 9:13 AM
Subject:	Financial and Workforce Planning Working Group - Adolescent Mental Health Initiative

All success . All success

Good Morning,

As agreed at the first meeting of the Working Group on 22nd October, issues regarding the purpose and Terms of Reference of the Working Group have been raised with the SW AETRS Steering Committee. The Steering Committee agree that the purpose of this Working Group has shifted since the commencement of the initiative and, consequently, have decided to disband the formal Working Group structure. It is understood that work in regard to workforce and financial requirements for the proposed SW AETR model of care will be undertaken on an as-needs-basis with the appropriate representatives identified, and progress on this work will be reported back to the Steering Committee by the project manager on a regular basis.

It was also agreed that CHQ HHS, WM HHS and MHAODB will continue to work together to identify current BAC operational funding, culminating with an amendment proposal for submission to the Service Agreement Management Unit at Qld Health.

On behalf of the project team and Steering Committee, I would like to thank you for your time to date, and I will be in touch with some of you individually to progress specific elements as required. In the meantime, if you have any questions, please feel free to contact me. Warm regards

Ingrid

Ingrid Adamson

Project Manager - SW AETR Office of Strategy Management

Children's Health Queensland Hospital and Health Service

Level 1, North Tower Royal Children's Hospital HERSTON QLD 4029 www.health.gld.gov.au/childrenshealth

Adolescent Extended Treatment and Rehabilitation Models Summary of Site Visit to NSW

Date: Visits conducted from 23rd October 2013

Purpose: To review alternative models of Adolescent Rehabilitation and Extended Treatment

Reviewers:

- Dr Stephen Stathis, Clinical Director, Children's Health Queensland (CHQ) Child and Youth Mental Health Services (CYMHS)
- Ms Judi Krause, Divisional Director, CHQ CYMHS
- Ingrid Adamson, Project Manager, Statewide Adolescent Extended Treatment and Rehabilitation Initiative (SW AETR), CHQ Office of Strategy Management

Sites visited:

- Rivendell, Concorde Mental Health Services, Western Sydney
- Walker Unit, Concorde Mental Health Services, Western Sydney

BACKGROUND

The site visits was precipitated by the announcement that the Barrett Adolescent Centre (BAC), a fifteen bed inpatient adolescent extended treatment and rehabilitation facility based at The Park, Wacol, would be closing in late December 2013. An Expert Clinical Reference Group (ECRG) had identified a range of recommendations across the continuum of extended treatment and rehabilitation spectrum to best meet the diverse needs of this cohort.

Characteristics of Adolescents requiring extended treatment and rehabilitation:

- severe and complex mental illness
- impaired development secondary to their mental illness.
- persisting symptoms and functional impairment despite previous treatment delivered by other components of child and adolescent mental health services including CYMHS community clinics, Evolve, day programs and acute inpatient child and youth mental health services
- will benefit from a range of clinical interventions

Severe and complex mental illness in adolescents occurs in a number of disorders. Many adolescents present with a complex array of co-morbidities as outlined below:

- Persistent depression, usually in the context of childhood abuse. These individuals frequently have concomitant symptoms of trauma, e.g. PTSD, dissociation, recurrent selfharm and dissociative hallucinoses.
- Adolescents diagnosed with a range of disorders associated with prolonged inability to attend school in spite of active community interventions. These disorders include Social Anxiety Disorder, Avoidant Disorder of Childhood, Separation Anxiety Disorder and Oppositional Defiant Disorder. It does not include individuals with truancy secondary to Conduct Disorder.
- Complex post-traumatic stress disorder. These individuals can present with severe challenging behaviour including persistent deliberate self-harm and suicidal behaviour resistant to treatment within other levels of the service system.
- Persistent psychosis non responsive to integrated clinical management (including community-based care) at a level 4/5 service.

Alternative Models of Adolescent Extended Treatment and Rehabilitation - NSW Site Visit Report -- November 2013

• Adolescents with a persistent eating disorder such that they are unable to maintain weight for any period in the community. These typically have co-morbid Social Anxiety Disorder.

Concorde Mental Health Services, Western Sydney

Met with Dr. Phillip Hazell, Clinical Director, Rivendell. Phillip was also a representative on the ECRG. Both Rivendell and the Walker Unit are part of the Concord Centre for Mental Health, the Walker unit is located on the grounds of Concord Hospital and Rivendell is located on adjacent land, which has been donated to the NSW Government.

NSW does not have any dedicated acute inpatient beds for paediatrics, nor are there many therapeutic residential units. There is a High Dependency Unit in Concorde Hospital and a therapeutic residential unit in Campbelltown, called Sherwood house, which has inreach from Child and Adolescent Mental Health Services (CAMHS).

The Walker Unit and Rivendell are two inpatient facilities along a spectrum of care, with the Walker Unit treating for more severe mental health problems than Rivendell. The target age group for these units is 12 to 18 years of age (or high school equivalent). Both facilities can manage dual diagnosis although they don't deal with alcohol and other drugs often. They work with a substantial number of autistic children with comorbidities. The Walker Unit tends to deal with unusual and bizarre conditions that require a secure facility.

There is limited day program capacity in NSW with only three units available in Wollongong, Rivendell and Redbank. However, NSW has a strong state-wide consultation liaison service, which provides support to young people in non-mental health wards at hospitals, as the first tier of service. This is supported by community CAMHS teams in most areas, although there are capacity issues with case load. Community CAMHS is predominantly a centre-based service usually not having resources to conduct home visits. They had 1,800 CAMHS admissions in 2011.

Early management and care at the local health district reduces the walt list into Rivendell and the Walker Unit.

They have established a Statewide Tribunal to review difficult cases and have found that in most instances the young person does not end up in the Walker Unit, but rather receives alternative treatment and care.

NSW also has residential services, typically comprising small group homes of 4 to 6 adolescents serviced by out-of-home care providers. These services tend to be linked to the state child protection services.

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Phillip advised that if NSW were to expand their service offering, they would invest in IMYOS services as this would serve their consumers better than, say, more acute units. This lack of assertive outreach has been identified as a service gap in NSW as has the lack of step up and step down and residential facilities for adolescent rehabilitation and extended treatment.

Rivendell

Rivendell is a bed-based inpatient unit operating five days per week for young people, who require day program / residential-based care and who can be discharged home on weekends or have alternative care arrangements (relatives, etc.).

It is a 24 bed unit however they usually only accommodate up to 15 adolescents due to staffing and funding capacity. They have residential placements but these are not therapeutic, nor are they a foster or institutional care arrangement. Rivendell was described as more like a boarding school. It is based on voluntary attendance and does not utilise restraint or seclusion practices.

They typically have 24 adolescents in their programs including those who are attending the day program. Programs can cater for up to 30 adolescents with a maximum of 6 students per class.

Alternative Models of Adolescent Extended Treatment and Rehabilitation - NSW Site Visit Report - November 2013

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Rivendell can be used as a step down option from the Walker Unit, especially in regard to schooling.

The unit receives inreach from CAMHS and provides a CAMHS service for outpatients, who are within the Concorde Centre for Mental Health local health district geographical catchment.

It was noted that the parents are very motivated and engaged, and will collect their children for the weekend, with some regional families renting nearby units. For children without homes to return, they are accommodated in a refuge for the weekend. This did not appear to be a common occurrence.

Rivendell offers two programs:

- Lawson Program for school refusal, anxlety, depression and obsessional behaviours there is high demand for this program and the waitlist is up to 6 months
- 2. Yaralia Program for psychotic and autism spectrum there is usually no waitlist for this program

The programs link with distance education and many students don't return to mainstream schooling seeking vocational options instead. Those adolescents that do fully complete a program have almost 100% success rate of returning to mainstream schooling.

A comprehensive, multi-disciplinary assessment is conducted by two clinicians using a range of measures both nationally endorsed and others. Assessment will be conducted within the family home, where possible. The Admission Planning Meeting determines whether an adolescent should go on the wait list.

Twenty-five percent of adolescents are within Rivendell's catchment and the remaining seventyfive percent are managed by local health districts until they can be accommodated by Rivendell. Rivendell accommodates people from across NSW regions and the ACT. Geography will typically determine if an adolescent will stay overnight or attend the day program.

Average length of stay is two school terms (up to 6 months). Some young people stay much longer and go home over the school holidays. Other adolescents move between overnight stays, the Day Program, or step down from the Walker Unit.

Rivendell operates on the principle of a recovery model within the continuum of adolescent extended treatment and rehabilitation.

Staffing Mix:

10 FTEs; registered nurses rostered Monday to Friday (4 in AM, 3 in PM, 2 overnight) – nurses work with inpatient adolescents only (not outpatients nor case management). Outpatients are referred to CAMHS.

Allied Health – 3 FTE psychologists; 3 FTE social workers; case manager; individual and family therapy. There are also registrars divided across inpatient and outpatient

They provide workforce development and training around de-escalation practices.

Education Services

School is classified as a special school and encompasses vocational education. It has 11 teachers and they also travel to acute units, when required. Phillip recommended not linking clinical treatment to education treatment.

A lot of work is invested into discharge planning, including referral to the adult mental health service or transition to private practice.

Rivendel! is used for youth camps during school holidays, typically run by community outreach organisations.

Alternative Models of Adolescent Extended Treatment and Rehabilitation - NSW Site Visit Report - November 2013

Walker Unit

The Walker Unit provides extended treatment and rehabilitation services in a secure unit. There is no documented model of service - it is still in development. The unit has been in operation for over two years now.

They treat resistant young people who are unable to be integrated back into the community at this stage, and it is not suitable for them to remain in acute inpatient. Diagnostic profile includes unrelenting self-harm, psychosis, bipolar, borderline IQ, learning difficulties, developmental delays and borderline personality disorders. Will treat young people with substance issues co-morbidity will detox. Exclusion: eating disorders. Majority of young people are under the Mental Health Act.

Adolescents come from across NSW, including from regional centres

Referral is through CAMHS acute services, usually acute inpatient units, and rarely community referrals. There are no formal referral forms.

All referrals have comprehensive assessment by two clinicians, who will often visit the home of the family, even if out of the district. They are finding this a resource-intensive model and are looking at reviewing it. They also utilise telehealth as well.

A range of measures are utilised for assessment, including CBCL, CSD depression measures and YSR's as well as national CAMHS outcome measures (CGAS) HONONSA, FIHS, SDQ).

There are three points of family involvement: on admission; at a mid-point in treatment for family therapy: and in the lead up to discharge

They are working up to the capacity to have families stay for short periods of time.

Recovery planning commences at admission - Health Service districts are kept engaged with varying levels of success - especially with difficult-to-transition young people requiring adult mental health care.

They have a multidisciplinary team approach with a consultant psychiatrist having single point of accountability for clinical outcomes.

It operates 24 x 7 - they have no overnight leave policy (for ABF purposes).

There are daily ward programs and individual therapy. Onsite schooling is provided and targeted at individual assessment level. Education services are also provided by the Rivendell School. There are bi-weekly ward reviews.

Average length of stay is up to 6 months with some outliers up to 2 years.

The unit has some linkages with Coral Tree and Redbank House (family admission) but usually for much less severe cases.

Most families provide their own accommodation in Sydney to accommodate the weekday admission model. The Walker Unit is exploring how to involve families more and have an option to admit families for intensive work, although this has not happened as yet.

ALIGNMENT OF THE NSW UNITS TO THE ECRG RECOMMENDATIONS

The Expert Clinical Reference Group (ECRG) developed a service element document which proposed four tiers of service provision for adolescents requiring extended mental health treatment and rehabilitation:

- Tier 1 Public Community Child and Youth Mental Health Services (existing)
- Tier 2a Adolescent Day Program Services (existing and new)
- Tier 2b Adolescent Community Residential Service/s (new)
- Tier 3 State-wide Adolescent Inpatient Extended Treatment and Rehabilitation

Alternative Models of Adolescent Extended Treatment and Rehabilitation - NSW Site Visit Report - November 2013

Service (new) Rivendell service complements Tier 2 and potentially Tier 2b.

The Walker Unit would complement Tier 3 by providing a subacute, contemporary, bed-based model of care.

Alternative Models of Adolescent Extended Treatment and Rehabilitation ~ NSW Site Visit Report ~ November 2013

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Bed-based residential and respite service for after hours

Supported Accommodation

Current BAC patients as clinically safe and indicated. New patients meeting criteria.

West Moreton HHS

24 hours 2.7 days and on weekends

4 beds

Transitional day program providing extended mental health treatment and rehabilitation

Day Program

Intensive Mobile Outreach Service

Mobile intensive outreach services 7 days / extended hours

ce Description

A Population

<u>ion</u>

sion Critoria

ral In Process

th of Stay

ment

Monday to Thursday, school hours, school terms

10 places

WM HHS Transitional Service Options Overview

suicidal, homicidal or aggressive No capacity to engage and comply with treatment CYMHS Assessment and review by State-wide

Level of acuity or risk assessed as high - actively

Age 15-21 yrs

occupancy Resources (staffing, \$), demand, procurement process

timelines

Resources (staffing, \$), demand, procurement process

timelines

Resources (staffilid, \$), demand, procurement process timelines

stions

Difficulty finding step down accommodation Will not target needs of current consumer group – low

7 days supported accommodation, integrated

with local acute inpatient, day program, IMOS, public

Residential accommodation to be in partnership with

Aftercare and WM HHS

punds

24 hour

Ensures no gap to services for consumers while new

service options being developed

Pilot for new service options being developed

community MH teams & NGO programs

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insufficient capacity to manage acuity, seventy &

complexity of presentations Safety for patients & staff

Muth-disciplinary starting profile with clinical skills and training, sourced by Aftercare

Training and supervision provided by DoH Fund from BAC operational funds and DoH bridging

Integrate with local acute inpetient, day program, IMOS,

In-reach CYMHS & IMOS support Day program attendance optional

public community MH teams & NGO programs

Local CYMHS, Day Program, IMOS Aftercare staff on day/evening/night

In reach clinical staff

Provides accommodation but not the intervention

Case-by-case basis

Assessment Panel

Up to 12 months

	Service and the service of the servi
West Moreton HHS & Brisbane metropolitan area	West Moreton HHS
Consultation Liaison to local CYMHS services	
Current BAC patients as clinically safe and indicated. New	Current BAC patients as clinically safe and indicated
patients meeting criteria.	New patients meeting criteria.
Age 15 - 21 years	Age 15-21 years
Level of acuity or risk assessed as high - actively suicidal,	Level of acuity or risk assessed as high - actively
homicidal or aggressive	suicidal, homicidal or aggressive
No capacity to engage and comply with treatment	No capacity to engage and comply with treatment
CYMHS Assessment and review by State-wide Assessment	CYMHS Assessment and review by State-wide.
Panel	Assessment Panel
Up to 12 months	Attendance up to 4 days per week for up to 12 months
Case-by-case basis	Monday to Thursday
Delivered in least restrictive environment and utilising a	Delivered in a therapeutic milieu 📎
recovery model	
Range of flexible outreach services delivered via consultation	Rehabilitation Programs
liaison model	Flexible targeted programs
Education In-reach and vocational services where required	Education in-reachtand vocational services where
(DETE)	required (DETE)
Integrate with local acute inpatient, day program, public	Integrate with local acute inpatient, IMOS, public
community MH teams & NGO programs	community MH:teams & NGO programs
Local CYMHS, Day Program	LOCAL CYMHS, (MOS
Experienced child and youth mental health staff, with capacity	Multidisciplinary mental health team
to work independently with supervision provided	- 22
Consultation liaison model provided to the local mental health,	
service of the consumer	
Multi-disciplinary staffing profile with clinical skills and training.	Multi-disciplinary staffing profile with clinical skills and
sourced by Attercare	itraining, sourced by Aftercare
Training and supervision provided by DoH	Training and supervision provided by DoH
Fund from BAC operational funds and DoH bridging funds	Fund from BAC operational tunds and DoH bridging fittinds
Partnership between Aftercare and WM HHS	Partnership between Aftercare and WM HHS
Flexible service delivery, least restrictive setting, extended	Flexible targeted programs, part of integrated
FROME, PART OF RECYCLED INGRADUATION PROVIDED TRANKING TRANSPORT	Individualised parkage, recovery incussed.
Tocussed, developmentally appropriate Second Plant for new convex printing holds	developmentary appropriate, provides peer context to
Ensures no gap to services for consumers while new service	Pilot for new service options being developed
options being developed	Ensures no gap to services for consumers while new
	service options being developed
Insufficient capacity to manage acuity, seventy & complexity	Insufficient capacity to manage acuity, severity &
of presentations	complexity of presentations
Safety of home visiting, mobile service delivery	Travel demands on consumers to West Moreton
	Extends separation period from 'home' HHS

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required

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Phase 1 Activity Based Holiday Program Site - The Park 16 December 2013 - 24 January 2014	Phase 2 West Moreton Transitional Service: • Intensive Mobile Outreach Service • Day Program • Supported Accommodation Site – West Moreton HHS (PGoodna Community Health) 29 January 2014 – December 2014	Phase 3 Transition to State-wide Adolescent Extended Treatment and Rehabilitation Services* *Details to be defined via the Statewide AETR Strategy, under leadership of CHQ HHS
arget population Durrent BAC inpatients and day patients (as clinically safe and indicated) evere and persistent mental health problems – rehabilitation Aedium to high level of acuity teferral Process DAC Assessment and Referral Durrview of service / treatment 2id Health delivered program Activity and socialisation focus Wonday to Thursday school hours Staffing Required Core staff:— Aftercare team (clinical and other) + BAC staff Length of Program Delivery Jp to length of Christmas School Holidays 2013/14 Sovernance WM HHS	Target population Current BAC Inpatients and day patients (voluntary status) 15y-21y New patients meeting criteria from other HHSs – previously eligible for referral to BAC Severe and persistent mental health problems – rehabilitation Medium to high level of acuity Patients can receive any of the treatment options, packaged as Indicated by clinical presentations Referral Process CYMHS Assessment and Referral State-wide Clinical Referral Panel (WM HHS lead) Overview of service / treatment Intensive Mobile Outreach Service: 7 days / extended hours Delivered in least restrictive environment and utilising a recovery model – range of flexible outreach Services for engagement, treatment & rehabilitation to assist young people to meet their developmental tasks in the context of recovery from mental health presentations Delivered in a therapeutic milieu – range of facilities in community Individual, family and group therapeutic & rehabilitation programs In-reach DETE Supported Accommodation: 7 days Delivered in a therapeutic milieu – domestic style facility In-reach West Moreton clinical team Staffing Required Core staff:- Aftercare team (clinical and other) + identified WM clinician/s Length of Program Delivery IMOS & Day Program:Up to 12 months, Supported Accomm: Up to 6 months Governance	Target population As per State-wide Adolescent Extended Treatment and Rehabilitation Strategy Governance CHQ HHS

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NMHSPF: Service Element and Activity Descriptions

Mobile

2.1.5 Service Category-Intensive Community Treatment Service

2.1.5.1 Service Element - Intensive Community Treatment Team - C and A - 0 - 17 years

2.1.5.2 Service Element - Intensive Community Treatment Team- Adult - 18 - 64 years

2.1.5.3 Service Element -- Intensive Community Treatment Team -- Older Adult 65+ years

Attribute	Details	한 것은 방법이 가격했다. 이가 관계에서, 1 - 그 아파, 그 그 그 가지 않고?	그는 같은 것이 있는 것이 같은 것이 있었다. 같이 같은 것이 있는 것이 같은 것이 없다. 것이 같은 것이 같은 것이 같은 것이 없다. 것이 같은 것이 같은 것이 같은 것이 같은 것이 있다. 것이 같은 것이 같은 것이 있다. 것이 같은 것이 있다 같은 것이 같은 것이 같이
Description	learns who provide ongo and care, almed at impr	eatment Services (ICTS) are oling recovery oriented assess oving the quality of life for per intensive intervention in a com	ment and assertive treatment sons with complex mental
	The key functions of Inf	ensive Community Treatmen	t Services are to:
	interventions an higher intensity rehabilitation an • minimise the im support people • facilitate access enable people to • work with the pe efficacy, person fully in their com	d support to recover from me pact of mental illness on peop and carers, who are living in t to a broad range of clinical a p establish, re-establish or rec arcon and their network to dev al support systems and live in imunity.	by persons who require the inventions/services) treatment intal illness the community and non-clinical services to staim a meaningful life relop their sense of self dependently to participate her specialist service provider
	an extended hours basis (0-17) and Older Person primarily provided in bus meet particular needs. A focus to assist people to care of the length of an i psycho education, vocat	and delivered via mobile out s (65+) Intensive Community Iness hours and may be prov Il age services have an early	Treatment Services are ided over extended hours to intervention and prevention reduce the need for inpatient places a strong emphasis on litation, collaboration and co-
	management with generation	key services to facilitate joint al practitioners (GPs) and oth- artnerships and support the de services and supports.	er health care providers.
Fundamental Attributes	multidisciplinary teams in	eatment (ICT) services are mo home and/or community set sis on recovery, rehabilitation ar months and/or years.	lings. The team treatment
Service specification	ns and suggested modelli	ng attributos	
farget Age:	0-17years	18-64 years	65+ years
farget Population Profile	Infants, children and adolescents up to the age of 18 years (who are experiencing psychological distress and/or a mental illness)	Adults with serious and/or persistent mental illness or personality illnesses, that have a significant impact on their	Individuals over the age of 65 who have severs impairment and/or distress related to serious mental illness or mental illness, most commonly initial or

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	support people and carers. They may present with a range of mental health problems and/or illnesses, but predominantly, they will have diagnoses such as depression, anxiety illnesses, adjustment illnesses, adjustment illnesses, adjustment illnesses, developmental illnesses and behavioural illnesses including complex attention deficit hyperactivity illness and conduct illness.	engaged with ICT services may have diagnoses such as schizophrenia, psychosis, severe personality lliness and affective illnesses complicated by co morbidities including substance misuse and personality illnesses.	psychotic lilness. Older people accessing ICT services may commonly present with associated significant levels of disturbance and psychosocial disability due to their iliness and/or exacerbation of underlying personality trails, drug and alcohol problems and physical health care heads; or serious mental illness complicated by fundional problems associated with ageing; or severe mental illness and complications of behavioural and psychological symptoms raspociated with dementia (BPSD) or other age- related illnesses.
Hours of Operation	Extended Hours	Extended Hours	Business Hours
Workforce	Multidisciplinary	Mullidisciplinar	Multidisciplinary
	As per Staffing Profile	As per Staffing Frofile	As per Staffing Profile émphasis on physiotherapy and occupational therapy
Evidence Base		,	15
Level of Evidence:	1 ,	<~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
Key Reference Source:	Care Team and Mobile Older Person's Comme Director Mental Health Framework of recover http://docs.health.vic.g 6/6FILE/framework-rec Mobile Support and Tr http://docs.health.vic.g 3/\$FILE/aged_mh_tct Issakidis C et al. Inten controlled triat. Acta Pic Actaobi Udechuku Jam Marina Nasso, Paul So Burrows' Assertive col	covery-oriented-practice.pdf eatment Teams Victoria, ov.au/docs/doc/5163B63898	am Child and Youth MHS , (Endorsed Executive 35B90E0CA2578E90025656 88176D1CA257A2C001319E Istralia: A randomized 9 360-367. Inces Blyth, Melissa Lesile, Miles Turner, Graham Intelly ill: service model and
Limitations of Evidence:	NII		4
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NMHSPE-Service Element and Acourty Descriptions Service Element - Intensive Community Treatment Toam - C and A - Staffing Profile

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NMHSPE: Service Element and Activity Descriptions

2.1.6 Service Category Day Program

2.1.6.1 Service Element - Day Program Team - C and A 0 - 17 years

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2.1.6.2 Service Element -- Day Program Team - Adult - 18 - 64 years

Attribute	Details	
Description	and/or an alternative to inpatient care, targeted to treat specific age gr developmental difficulties, or needs symptoms, eating disorders, functional of mental health symptoms and to prom as schooling, social functioning, symp programs aim to support the person	sed as a part of an overall treatment strateg Day programs are usually time limited an- roups, illnesses, symptoms or address (e.g. children and adolescents, anxiet problems) The goal is to reduce the severity note effective participation in the areas such to management and other life skills. Day to achieve their recovery goals utilising a h family, friends, support people and carers cial services)
	Community Mental Health Services to	with both Mental Health Inpatient Units and o enhance continuity in service provision rrapy, freatment and rehabilitation options to millieu
	The key functions of Day Programs are	to:
Fundamental Attributes	assessment, treatment alto a Including recovery and discharg It provides alternatives to a how complex mental health issues outreach due to difficulties enga Arrange, coordinate and suppor ensure seamless service provisi Day programs are usually time limited; p	spltal admission for people with severe and who need additional support or intensive ging in mainstream services. t access to a range of integrated services to
MUINUES		amily, friends, support people and carers,
	Day programs for children and adolesce focus on the developmental context and	nts differ significantly from adult day with a
Service specification	s and suggested modelling attributes	
Target Agei	0-17years	18-64 years
Target Population Profile	Pre-school and school age children with complex needs and/or developmental illnesses. E.g. autism with speech and language illness, disruptive behavioural illnesses, Eating disorders. The aetiology of their symptoms may be rooted in sexual abuse, physical abuse, neglect, parental separation, chaotic family environments, inappropriate discipline and/or a genetic predisposition. They may also have a history of criminal activity, periods in "care", learning	Persons with severe and complex mental health issues such as emerging personality illness, eating disorder, chronic depression and extreme anxiety. Individuals with serious and/or persistent mental illness who may have diagnoses such as schizophrenia, psychosis, severe personality illness and affective illnesses complicated by co morbidities who experience social isolation and severe functional problems.

NMHSPF: Service I	Element and Activity Descriptions difficulties, emotional and behavioural difficulties, ebuse, chronic physical lliness / disability; sensory problems; parental mental lliness or substance		
	abuse ; trauma or refugee status. Day programs aim to provide Intensive treatment interventions with whole families aimed at improving parenting skills, promoting healthy child development, preventing placement and facilitating family stability.		5
Frequency of activity	Sessions (may be up to 5 days a week)	Sessions (may be up to 5 days a wee	k)
Hours of Operation	Usually Business Hours but increasing e	mphasis on flexibility	
Workforce	As per Staffing Profile		
Evidence Base	L		
Level of Evidence:	2	() ()	
Key Reference Sources :		ent day programs in an Australian chlid	and
E has Made at a second	 April 2009 National CAMHS Support http://www.nmhdu.org.uk/silo/files/th camhs-apr-09.pdf Modified from Queensland Public Me Child and Adolescent Day Programs Review of the PDRSS Day Program, Residential Refabilitation Services for of Victoria, Department of Health, 20 	e-evidence-base-to-guide-dvt-of-tier-4- ental Health Services Models of Service 2011 Adult Residential Rehabilitation and Yo or the Victorian Department of Health St	outh
Limitations of Evidence:	NII CY		
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NMHSPF: Service Element and Activity Descriptions	
2.3.2 Service Category - Sub-Acare Services (Residential and Hospital or Nursing flow: Based)	
Descriptor	}
The category of Sub-acute services comprise three elements:	I Specific T
 Step up telep down convices 	
These community based residential services are provided for people who have recently experienced or who are at increasing risk of experiencing an acute episode of mental illness. The person usually requires higher intensity of treatment and care to reduce symptoms and/or distress that cannot be adequately provided in the person's home but does not require the treatment intensity provided by acute inpatient units.	
Typically, people enter facility-based sub-acute care through one of two pathways	
 By 'slepping down' from a period of treatment in an acute inpatient unit to allow continued treatment in a supportive environment almed at achieving further symptom reduction and recovery from the acute episode 	
OR By 'stepping up' from the community when experiencing an increase in symptoms/distress to receive treatment in a supportive environment designed to prevent further deterioration and relapse and so avoid admission to hospital.	
 Rehabilitation services 	
Community based sub-acute residential rehabilitation services have a primary focus on Interventions to improve functioning and reduce difficulties that may limit the person's independence. Rehabilitation services are primarily focused on addressing the disability dimension of mental illness and promoting personal recovery.	
These services are characterised by an expectation that they can offer a range of interventions that will assist the person to live successfully in the community of their choice, over the short to mid-term. People admitted to rehabilitation services have complex needs associated with a mental illness. Clinical symptoms, while severe, are usually relatively stable allowing engagement in rehabilitation activities.	
Intensivo Care Services	
Intensive care services are provided as collocations with other mental health inpatient services on hospital campuses. They provide medium term recovery oriented treatment and rehabilitation in a safe, secure, structured environment for people with unromitting and severe symptoms of mental	
Illness and an associated significant disturbance in behaviour which precludes them receiving support safely in a less restrictive environment. Services include, specialist behavioural and symptom management programs, individualised and group rehabilitation programs atmed at	:
maximising individual functioning and recovery oriented pre-discharge and community placement , planning to support safe transition to more independent living.	
Distinguishing Features	
 Sub-acute step up/down and sub acute rehabilitation units for adults may also be placed on sub acute hospital campuses or delivered in community residential settings. 	
 Sub-acute step up/down and sub acute rehabilitation units young people (12-17) and/or addrescents (16-25) are delivered in community residential settings. 	
 Sub-acute rehabilitation services are often provided as collocations with non-acute residential services. 	
 Sub-acute rehabilitation services for older adults (65+) are generally co-located on hospital campuses with generic aged care or acute older persons inpatient services. 	M
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NMHSPF: Service Element and Activity Descriptions

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8	Sub store intervive care parvices are provided for ages 16 to 651 as collocarisms with other Inpatient services on general hospital compused or in scenes coses psychiatric hospital compuses.
4.	Services are delivered by multidisciplinary teams operating as part of a local integrated mental health service system.
٠	Services are delivered as collaborations between specialist clinical and community support sector services with staff available on site 24 hours per day.
6	The person's needs for care are complex and require significantly higher levels of support from clinical and specialist rehabilitation staff than would normally be provided in the community.
4	Improvements are expected to occur in the chore to medium team and stays are mean and in weaks and memory, not years.
	 Step up/step down care has an average length of stay of 14 days for adults and 20 days for younger people. For adults the expected length of stay does not exceed 30 days, subsecute service for older persons operate with an average length of stay of 70 days for adults and older adults with expected lengths of stay not exceeding 6 months. The model for older people is a combination of step up/down and rehabilitation services.
9	In contrast, non-acute services have expected lengths of stay greater than @months.
*	Sub-acute and non-acute intensive care units are usually provided as secure units gazetted to allow for involuntary detention.
Inclusio	2016
e	Community based residential units which provide sub-active services.
۴	Sub-acute community residential units are defined as bed based facilities (usually around 5 to 20 beds) that provide overnight care with mental health trained staff available on site 24 hours per day.
¢	While sub-souto remainistation services are optimality delivored in community residential settings, this service category may include inpatient units located on general or psychiatric hospital compuses
8	Sub-acute services may be provided as a collocation with or sub-program of a residential non-acute service,
	Includes intensive care sub-acute services which are generally provided as co-locations with the non-acute hospital based intensive care program.
	Older person's mental health sub-acute units are located in nursing homes and on general or psychiatric hospital campuses.
Exclusion	2ns
4	Intensive treatment and rehabilitation provided by specialist community mental health teams in homes or other places in the community.
0	Personalised support with varying levels of intensity linked to housing or otherwise provided by a support worker in the persons home. These services are generally provided by the community support sector and are represented elsewhere in the NMHSPF model.
	Hospital based inpatient care in units which have been arranged to respond to the varying acuity needs of people admitted and continuing to require acute inpatient care.
).X "	Support provided by older person's mental health teams to people with complex needs in generic nursing home beds.
	Non-acute services. While non-acute services also have a focus on recovery and rehabilitation, the expectation is a length of stay of more than 6 months
	Crisis accommodation and respite accommodation generally provided by the community support sector which does not meet criteria for a non-acute staffed residential service (i.e. not staffed for a minimum of 6 hours per day).
Example	e Services
*	Adult prevention and recovery care (PARC) units in Victoria.
	ner name in the state of the st

NMESPL. Service Element and Activity Descriptions

- Youth provention and recovery care (Y-PARC) units In Victoria. e
- Transitional Recovery Program, Queensland ĕ
- Sutherland Hospital sub-acute mental health unit. New South Walos. 8
- Sub-Acute treatment and rehabilitation provided in Community Care Units and Secure Rehabilitation Units in Queensland and Victoria.

2 4 2

- Intermediate Care and Community Rehabilitation centres In South Australia 豪
- Barratt Adolescent Unit TPCMH Queensland Ģ
- Older person's mental health sub-acute unit, Calvery Hospital, Australian Capital Territory. Ģ

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NMHSPF: Service Element and Activity Descriptions

2.3.2.1 Service Element - Step Sp/Step Down - Vouth (Residential)

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2.3.2.5 Service Ma	
	ment - Sub-Acute Intensive Care Service (Hospital)
Attribute	Details
Status	Gazetted
Services Delivered	Sub-acute Intensive care services provide short to medium term treatment and rehabilitation in a safe, structured environment for people with unremitting and severe symptoms of mental illness and an associated significant disturbance in behaviour which precludes their receiving treatment in a less restrictive environment. Services include, specialist behavioural and symptom management programs.
	individualised and group rehabilitation programs almed at maximising individual functioning and minimising the effects of long term care and recovery oriented pre- discharge and community placement planning to support safe transition to more
Key Distinguishing Features	Independent living. Sub-acute Intensive care services are located on hospital campuses usually operating as a sub-program collocated with non-acute intensive care services. Units are designed to provide a reasonably high level of security. Programs have a strong
	focus on safety, security and risk assessment and management. They operate as a component of a district or area integrated mental health service system. Not to be confused with low, medium and high security forensic units.
Service specification	ns and other useful descriptors to illustrate service elements.
Target Age:	Adults, older adults and selected young people with special needs.
Diagnostic Profile	Primary diagnoses usually include schizophrenia, psychosis or severe mood illnesses. Also may have complex presentations including issues with personality illness or exacerbations of underlying personality traits, drug and alcohol illnesses, complex trauma and clinically significant deficits in psychosocial functioning.
	Associated issues of behaviour and risk which indicate a need for rehabilitation include severely disorganised behaviour leading to difficulty in managing activities of daily living, impaired impulse control, vulnerability, ongoing risk of aggression, and significant risk of self harm,
Average unit size	8 beds
Hours	24 hours / 7 days
Suggested Modelling	
% Occupancy	85% .
Average LOS	120 days with an expected maximum stay of less than 180 days (6 months)
Annual	10%
eadmission rate	
ndicative staffing	Multidisciplinary
TE/Bed	1.61 FTE/ bed.
Sources	 Community Care and Secure Extended Care Units, Program Management Circular, Victorian Government, 2007. Secure Mental Health Rehabilitation Unit Model of Service, QPMHS,
.•	Queensland, 2011. Primary source.
gi-	 Multi-Site Benchmarking of Medium Secure Units, Queensland Mental Health Benchmarking Unit, QH, 2010.

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CSCF v3.2

Module overview

Please note: This module must be read in conjunction with the *Fundamentals* of the Framework (including glossary and acronym list).

The Mental Health Services module represents a range of mental health services for people in Queensland. Mental health is a specialist area of healthcare promoting optimal quality of life for people with mental disorders or mental health problems. Mental health services are concerned with the assessment, diagnosis, monitoring and treatment of people who have a mental illness or disorder characterised by a clinically significant disturbance of thought, mood, perception, memory and/or behaviour. Fundamental principles underpinning effective mental health services involve consumer-centeredness, family/carer involvement and recovery planning.

Mental health services address the needs of a broad mix of patient types across the entire age spectrum (children, adolescents, adults and older persons). A person's need for mental health services can be short, medium, long term or intermittent, and often spans various levels of care and service areas across the health continuum.

The delivery of mental health services routinely considers and responds to the special needs that may be associated with the mental health of:

- Aboriginal and Torres Strait Islander peoples
- people of culturally and linguistically diverse backgrounds
- people living in rural and remote areas
- people in out-of-home care
- people with a comorbidity or complex needs—this may include, but is not restricted to, people with a mental health diagnosis as well as:
 - an intellectual disability
 - a substance-use disorder
 - a dementing illness or other brein disorder/s
 - severe or complex medical problems
 - a sensory impairment
 - a forensic history.

For the purpose of this module, the term:

- dedicated pharmacy service refers to a pharmacy that is either based on the hospital campus or is
 a nominated pharmacy in the community with which a service agreement has been established for
 the delivery of mental health pharmacy services, with these services delivered according to
 requirements outlined in the Australian Council on Healthcare Standards
- extended-hours refers to hours of service provided outside of business hours and are determined by the service
- psychogerlatric refers to older persons mental health services which may include dementia services



 qualification refers to either formal qualification/s from a higher education institution such as a university, at either under-graduate or post-graduate level, or informal qualification/s obtained as part of ongoing professional development, employer-based in-service program, or a College / Professional Association.

By national convention, the accepted term used when referring to a mental health patient is consumer, with consumers supported by their family and/or carers. However, on occasion the terms patient, people and person have been used in the module to maintain consistency with other modules.

The Mental Health Services module consists of four sections as described in Table 1:

- Section 1: Adult Services
- Section 2: Child and Youth Services
- Section 3: Older Persons Services

Section 4: Statewide and Other Targeted Services.

Table 1: Mental health services defined in the CSCF

Gavine stadion	Service subsections	Service subsection notes
1. Adult Services	1.1 Ambulatory Services	Levels 1–6, including services delivered by Continuing Care Teams, Mobile Intensive Treatment Teams and community-based Acute Care Teams
	1.2 Acute Inpatient Services	Levels 2–6. Private sector commences at Level 3 for psychosurgery only, otherwise commences at Level 4
	1.3 Non-Acute Inpatient Services	Levels 4–6, including criteria for Community Care Units, Secure Mental Health Rehabilitation Units, and Acquired Brain Injury and Mental Health Units
2. Child and Youth	2.1 Ambulatory Services	Levels 1-6
Services	2.2 Acute Inpatient Services	Levels 2-6
	2.3 Non-Acute Inpatient Services	Level 5, including criteria for Adolescent Drug and Alcohol Withdrawal Service
3. Older Persons	3.1 Ambulatory Services	Levels 16
Services	3 2 Acute Inpatient Services	Levels 2-6
 Statewide and Other Targeted 	4.1 Adult Forensic Services	Level 6 (relevant to public sector mental health services only)
Services	4.2 Child and Youth Forensic Services	Level 5 (relevant to public sector mental health services only)
	4.3 Deafness and Mental Health Services	Level 6 (relevant to public sector mental health services only)
	4.4 Eating Disorders Services	Level 6
	4.5 Emergency Services	Levels 4–5, including services delivered by hospital-based Acute Care Teams (relevant to public sector mental health services only)
	4.6 Evolve Therapeutic Services	Levels 4–5 (relevant to public sector mental health services only)

Mental health services

- 2 -

Exercise processes	Service subsections	Nervice subscribe pales
	4.7 Homeless Health Outreach Services	Level 5 (relevant to public sector mental health services only)
	4.8 Perinatal and Infant Services	Levels 3-6
	4.9 Transcultural Services	Level 6 (relevant to public sector mental health services only)

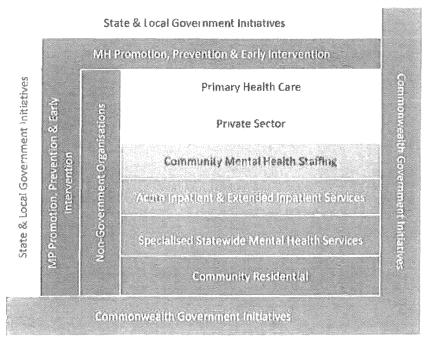
Note: Sections held over until next review of CSCF were Older Persons Services, Non-Acute Inpatient Services; and Statewide and Other Targeted Services including Intellectual Disability and Mental Health Services, Consultation-Lialson Mental Health Services, and Early Psychosis Services.

su integrated gueensland mental leadsh service system

A strong focus on the integration of mental health services across Queensland ensures people living with mental illness have access to the right care and support at the appropriate time. The mental health service system offers a range of inter-connected clinical and community service options to ensure an individual's care is coordinated and responds to changing needs over time.

Along the continuum, mental health care may take place in a number of settings, including a general acute unit, a dedicated mental health unit or hospital, a residential program, an institutional facility (e.g. a prison), a community-based setting or in the person's home. All service components within the Queensland mental health service system are integrated and work together to promote continuity of care (Figure 1).

Figure 1: Queensland Mental Health Service System¹



Note: Private sector includes acute inpatient and ambulatory mental health services.

Private sector mental health service system

Private sector mental health services recognise people with a mental illness or disorder ideally require access to a comprehensive range of services, with an emphasis on coordination, integration and individualised care.

Mental health services

- 3 -

Care options generally include a comprehensive continuum-of-care model, incorporating multidisciplinary services and care across a range of settings appropriate for the consumer. The full continuum of care ranges from intensive, admitted, overnight treatment to day hospital, outpatient and community care, and 24-hour access to psychiatric emergency care for patients of the private mental health service system.

At all times, admission, treatment and care are under the supervision of the treating psychiatrist, irrespective of the care setting.

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The Mental Health Services module defines broad service areas separately so detailed definitions can be provided for each specific service area. In line with the framework used for reporting under the National Mental Health Strategy, the service areas are broadly defined as follows:

Ambulatory mental health services deliver mental health care to non-admitted consumers, including services at hospital outpatient clinics and non-hospital community mental health services, crisis or mobile assessment treatment services, and day programs. Services are streamed according to age groups.

Acute inpatient mental health services deliver mental health care to admitted consumers, usually on a short- to medium-term and intermittent basis. Services are streamed according to age groups.

Non-acute inpatient mental health services deliver mental health care to admitted consumers over a long-term period and involve a specialist rehabilitation component to care. Previously, many of these services have been known as extended treatment/care services. Services are streamed according to age groups.

Statewide and other targeted mental health services deliver a statewide, centrally coordinated mental health service and are defined separately for at least one of the following reasons:

- · they deliver statewide mental health care
- they provide mental health care across the age spectrum.
- they deliver targeted mental health care programs for nominated populations.

General support services

Documented processes and collaborative partnerships—relevant to the service being provided and individual consumer need—should be established between a mental health service and a range of:

- clinical support services including (but not limited to) registered medical practitioners (general
 practitioners); health services (acute, non-acute and ambulatory) for the target population; and
 alcohol, tobacco and other drug agencies
- non-clinical support services including (but not limited to) education, housing, vocational and other appropriate government agencies (e.g. Queensland Police Service) and non-government agencies.

Risk management

In addition to risk management outlined in the *Fundametrials of the Fundowork*, there are specific risk management requirements relevant to mental health services. These may include the management of risk behaviours, such as violence or self-harm, or risk issues, such as neglect or maltreatment. As the consumer's assessed level of risk (and/or complexity) increases, a higher level of mental health service capability is required to ensure the safety of those involved.

Risk and complexity are defined in the module using the following parameters, which were adapted from the American Association of Community Psychiatrists (2000)²:

- · Risk of harm refers to potential to cause significant harm to self or others
- Functional status refers to the degree to which social responsibilities, interactions with others, vegetative status and self-care can be managed

- 4 -

- Comorbidity refers to complications arising in the context of co-existing medical illness, substance use, intellectual disability or other psychiatric disorder
- Recovery environment refers to environmental factors (including family support) that contribute to the onset or maintenance of mental illness or that may support efforts to achieve/maintain mental health
- Treatment and recovery history refers to recognition of a person's historical experience and its potential to inform the present episode of care
- Engagement refers to consideration of the person's understanding of illness and treatment, in addition to their ability or willingness to engage in the treatment and recovery process.

In the application of the American Association of Community Psychiatrists' risk matrix (Table 2), consideration should be given to the consequences, immediacy, magnitude and likelihood of each domain. Risk factors can be categorised as either static, historical factors (e.g. gender, age) or dynamic, changeable factors (e.g. increased stress due to a life event). A range of sources (relevant to the individual case) should be accessed in the assessment of risk, such as the consumer, the consumer's carers and relatives, the Queensland Police Service and the referral source.

Consideration should also be given to the complexity of each presentation or situation. For example, a person presenting with several identified 'low-risk' factors might be more accurately assessed as 'moderate risk' due to the complexity of their situation. As situational complexity increases, it is expected that input from a higher level of service is required.

The risk matrix should be used as a guide and is not intended to replace clinical risk assessments conducted on an individual basis by experienced and qualified mental health clinicians. Furthermore, it is acknowledged this risk matrix does not reflect the risk parameters of all age groups (e.g. infants) and does not necessarily take into account individual special needs or vulnerabilities. Therefore, this risk matrix should be considered as only one component of a suite of risk assessment tools.

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	ie.	Risk of harm	Functional sta	status	Comorbicity	en de	Recovery environment	Treatment and recovery history		Ergamant
LOW RISK Requires only general level of observation and/or standard level of care that might focus on monitoring and/or respite.	E I I	No current suicidal, homicidal ideation, plan or intentions Low likelihood for hamful behaviour Ability to care for self with support Intact impulse control	 Transient impairment in functioning, but able to maintain some meaningful relationships Minor or intermittent disruption/s to usual activities 	pairment in but able to but able to me relationships emittent to usual	 Evidence that medical, substance use and/or other psychiatric illnesses or problems have potential to develop which may affect presenting problem 	1	Life circumstances predominantly stable At least one source of support available	 Where relevant, prior experience/s with treatment/recovery been predominantly successful 		 Potential to understand and accept filness and its effects (with support and psychoeducation)
MODERATE RISK Requires visual proximity and/or regular clinician contact	1 1 1	Current suicidal or homicidal ideation without intent, plan or past history Potential for harmfLJ behaviour Evidence of self- neglect Impaired impulse control	 Becoming conflicted, withdrewn, alienated or troubled in most significant relationships, but maintains control over impulsive or abusive behaviour Deterioration in ability to fulfil responsibilities (e.g. work/school) 	conflicted. alienated or most the control ins control haviour haviour on in ability to school)	Medical, substance use and/or other psychiatric lillnesses or problems exist that may affect presenting problem and will then require additional intervention and monitoring	1 1 8 1 1	Significant discord or difficutties in family or other important: relationships Recent important loss or deterioration of personalmatenal circumstances Exposure to danger Pressure to perform aurpases ability to do aurpases ability to do circumfec auros accessible resources accessible	 Previous or current freatment/recovery associated with partial remission or control of symptoms Previous treatment/ recovery has required strong professional or peer support in structured settings 	The second secon	 Some variability in understanding or accepting litness, associated disability and/or comorbidities Limitec commitment to change and accepting responsibility for recovery
HIGH RISK Requires one or more clinicians in immediate proximity.		Current suicidal or homicidal intentions Ethisodes of harmful behaviour to self or others, or high likelthood for this to occur Extreme Extreme compromise of self- care Markedty impaired impulse control.	 Extreme deterioration in social interactions with minimal control over impulsive or abusive behaviour Inability to attend to basic personal needs and associated impairment in physical status Complete inability to maintain any aspect of personal responsibility in usual roles (e.g. paramal, roles (e.g. paramal, roles (e.g. 	nration in nrs with over usive usive not to needs hysical hysical hysical lity to spect of nsibility "."	 Significant medical, substance use and/or other psychiatric illnesses or problems currently exist and require significant monitoring/intervention Comorbid illnesses or in additional danger of complications, and impair potential for recovery from presenting problem. 	X	Serious disruption of family/social milieu or Fire circumstances Fire circumstances ditmisettion or violence Overwhelming demands No support resources accessible.	 Past or current treatment/recovery associated with minimal success Symptoms persistent. 		 No understanding or awareness of illness, associated disabilities, or comorbidites, or comorbidites, or comorbidites unable tr actively engage in treatment Avoidant, frightened or guarded.

Source: Adapted from the American Association of Community Psychiatrists (2000)

Cental health services

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The reader should consult other key documents, such as the *Model of* Service for Mental Health In Queensland (public sector specific), to inform their knowledge of the mental health system and, more specifically, to understand clinical processes and workforce roles.

For the purposes of this module, age-specific services are generally categorised as follows:

- Child and Youth Services—0 to 18 years
- Adult Services—over 18 years
- Older Persons Services—65 years and older who meet specific criteria associated with the ageing process and complex mental health needs.

However, there will be some exceptions to these age-range guides, based on factors such as culture, personal background or need, clinical presentation, developmental status or the available service setting. Service managers and providers are required to consider these issues and the relevant site-specific policies and procedures before deciding which section of the module is most relevant to their service provision.

Older persons services must consider the following when planning and coordinating services:

- o maintenance of function and the ability to remain at home (if preferred)
- o family/carer risk factors, including high rates of morbidity among carers
- access to, and collaboration with, appropriate health and aged-care supports
- n medical comorbidity, especially chronic diseases related to ageing
- comorbid cognitive disorders
- sensory impairment
- social Isolation
- grief and loss.

Where a health service provides a consumer with both mental health care and general healthcare, the service is required to comply, for instance, with the relevant components of the Children's Services modules (for consumers aged up to 18 years), *Modical Services* module (for consumers aged over 18 years) and other relevant CSCF modules, in addition to the Mental Health Services module.

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In addition to what is outlined in the Fundamentals of the Framework, specific service network requirements include:

- services providing mental health care must have documented processes and collaborative working partnerships with government and/or non-government organisations, support agencies and family support services
- documented processes are to be established and maintained between both lower and higher level services of the one service network (e.g. between Level 2 and 5 of acute inpatient services) and across service networks (e.g. across ambulatory and acute inpatient services).

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In addition to what is outlined in the *Fundamentals of the Fremework*, specific service requirements, policy and procedure requirements, documented processes, integrated mental health recovery plans, and common elements for inpatient care relevant to all mental health services are detailed below.

Specific service	n	All screening, assessment, treatment and planning tools are age-
requirements:		specific.
	D	Routine clinical detail collected to inform assessment, diagnosis,
	an a	intervention and/or recovery.

Montal health services

- Assessments and Interventions reflect age-appropriate, evidencebased care.
- Assessments and interventions in Levels 4, 5 and 6 services reflect multidisciplinary input
- Assessments and interventions are associated with a documented case review process, and are conducted in accordance with the National Standards for Mental Health Services and for involuntary consumers, the Mental Health Act 2000.
- Service delivery reflects specific needs of target population and individual.
- Consumers and family/carers are supported to initiate contact with and engage in all ambulatory, inpatient and community-based mental health, health and support services.
- Consumer's Individual educational program is coordinated with and integrated into their inpatient or day program, wherever appropriate.
- Multidisciplinary (and where possible, multisystemic) collaboration for review of all care plans in cases where risk status of mental health consumers escalate beyond capability of current service level (or in case of emergency mental health presentations), including consultation-liaison with higher level mental health service (which may be via telehealth facilities).
- Acknowledgement of need for multisystemic input into all mental health care.
- □ All episodes of care are documented in a health record.
- Consideration of decision-making capacity and/or role of alternate, legally appointed individual or agency in decision-making on behalf of the consumer.
- Working knowledge of processes involving involuntary treatments and consumer rights under the *Mental Health Act 2000* as issues may arise concerning ability of children, adolescents and adults to consent to treatment.
- Level 3 to 6 ambulatory services and Level 4 to 6 inpatient services deliver integrated mental health care and ensure continuity of care for those accessing services.
- Level 4 to 6 services conduct audits of effectiveness of clinical and referral pathways.
- Consumers with eating disorders (who are on refeeding program) should be assumed to be at risk of refeeding syndrome and be managed accordingly in an inpatient setting.
- For all services caring for children and/or adolescents, including Subsections 4.1, 4.3 and 4.5 of Section 4, Statewide and Other Targeted Services, and occasional adult service, there is a documented process and/or contact with a child protection liaison officer with clear child protection referral processes in place.
- Clinicians delivering Level 6 services represent a critical mass of expertise, and provide statewide leadership and education in specialist mental health clinical management to other service providers.

	 Provide relevant clinical indicator data to satisfy accreditation and other statutory reporting obligations.
Current policy and procedure:	 Should explicitly outline care pathways and inform assessment, diagnosis, admission, monitoring, treatment, evaluation, ongoing care, referral, transfer and discharge of mental health consumers.
	Reflect specific needs of target population and individual.
	 Inform 24 hours a day response to psychiatric emergencies and high-risk situations.
	Inform management of high-risk behaviour/s and address any (but not be limited to) relational, pharmacological, physical and environmental interventions used in management and containment of violent and/or self-harm behaviours.
	Inform short-term, high-dependency care and stabilisation of menta health consumers awaiting transfer for inpatient admission.
	 Inform identification, prevention, response to and evaluation of adverse clinical events.
	Inform safe administration and ongoing management of consumers receiving electroconvulsive therapy (ECT) and psychosurgery in services authorised by the <i>Montal Health Act 2000</i> to provide these services, and should inform how to manage special needs and/or age-specific needs, and vulnerabilities of consumers accessing the service.
	 Inform management of non-active consumer cases.
	Inform processes of consultation-liaison between higher level services (Levels 4, 5 and 6) and lower level services.
	 Inform refeeding programs used to treat inpatients with eating disorders, and should align/comply with Australian and/or local standards and requirements.
	 Inform continuing care of mental health consumers admitted to / discharged from inpatient mental health care.
Documented processes should:	 Demonstrate links and collaborative partnerships with other mental health services (ambulatory, acute inpatient and non-acute inpatient) as is relevant to target population.
	 Demonstrate links with local government, non-government organisation/s and other general support services.
	 Reflect timely responses and specific needs of individuals.
	 Demonstrate involvement of consumers and carers in planning, operation, monitoring and evaluation of mental health services (Levels 3 to 6).
Integrated mental health recovery	 Assessments pertaining to each person's family/carer factors, including family/carer risk factors.
plans should include:	 Risk assessments pertaining to each mental health presentation.

Mental health services

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	Family/carer and community roles in ongoing care and support of the person.
Common elements for inpatient care include:	Encouragement and support for consumers (in conjunction with their family/carers) to participate, when clinically indicated and feasible, in efforts to carry cut basic, developmentally appropriate activities of daily living during hospitalisation, and some other general activities (such as recreational, social and educational/vocational activities) may be offered and/or facilitated.
	Provision of services reducing stress related to resuming normal activities in the post-hospitalisation environment (e.g. promoting access to community services associated with ongoing consumer care and mobilising family resources).
	Where the service level capability is stipulated as short-term or intermittent care only, but medium- or long-term care is warranted for any given consumer of that service, ongoing and age-specific consultation-liaison is required with a higher level mental health service.

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In addition to workforce requirements outlined in the Fundamentals of the Framework, specific workforce requirements include:

- each mental health area/unit/service is staffed according to:
 - occupancy rates
 - current severity of illness experienced by consumers
 - special individual needs
 - age-specific needs and vulnerabilities.
- clinicians within Level 4, 5 and 6 services demonstrate high levels of clinical expertise in assessment, intervention and evaluation of consumers presenting with a dual diagnosis of mental health and substance-use disorders, with ongoing professional development accessed in this area.
- clinicians demonstrate ongoing education and training in clinical and safety programs relevant to the practice of mental health service delivery
- clinicians providing mental health services participate in clinical practice supervision with clinician/s who are qualified and experienced in mental health.
- clinicians providing mental health services for children, adolescents or older persons participate in age-group-specific clinical practice supervision with clinician/s who are qualified and experienced in the respective area/s.
- clinical practice supervision is required on a case-by-case basis if the cliniclan's contact with mental health consumers or with specific groups of mental health consumers, such as children, is intermittent or limited

Where relevant to specific service levels:

Medical

- registered medical specialists with credentials in psychiatry demonstrate satisfactory completion of clinical training and possess a Fellowship in Psychiatry recognised by the Royal Australian and New Zealand College of Psychiatrists.
- psychiatry trainees or registrars supervised according to Royal Australian and New Zealand College of Psychiatrists professional documents and guidelines.

Mental health services

- 10 -

- a registered medical specialist with credentials in psychiatry manages the care of consumers receiving ECT in accordance with the *Mental Health Act 2000*.
- a designated medical officer (however titled) accessible 24 hours a day to enact a Care and Treatment Order for a Child for all child and youth inpatient facilities.

Numling

o registered nurses have qualifications and/or experience in mental health.

Allied health

allied health professionals have relevant qualifications.

Other

- a interpreter services (e.g. language and sign language) accessible as required.
- access to mental health workforce and/or associated key stakeholders or service providers as required with expertise in:
 - Aboriginal and Torres Stralt Islander mental health transcultural mental health
 - dual diagnosis (e.g. mental health disorder plus alcohol/other drug disorder)
 - consumer and carer support needs.

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			If providing		Consultation-liaison	range of additional
			psychosurgery.		services to local	clinical programs and
			authorised mental		health services as	service components,
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			Montal Health Act		authorised mental	service, telehealth
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Mental health services

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Mental health services

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On-site means staff, services and/or resources located within the health facility or adjacent campus including third party providers. Table note: Accessible means ability to utilise a service (either located on-site or off-site) or skills of a suitably qualified person (who may be either on-site or off-site)---without difficulty or delay---via various communication mediums including but not limited to face-to-face, telehealth, telepharmacy, and/or outreach

EXHIBIT 73

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services	
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		healthcare and some		healthcare and mental		consumers older than 14		consumers (adolescent		and complexity.
	a secondare har a selecc	limited mental health		health care 24 hours a		years and older nersone-maned 65 and		consumers older Chan 14 vears and older	D	may be targeted
	(kate 24 HUUIS a bay. Materiorad modelminorth	Ľ	uay. Malitanad manhaminamikr		older-may access this		persons-aged 65 and		pupukatan wari special care needs
]	the feature process manuages	1	by deneral and mental		service where canically		older-may access this	E	may demonstrate most
	6-7677	health clinicians within a		health professionals (on-		and developmentally		service where clinically	}	extreme comorbidities
	1000 march - 1998	facility without dedicated		site) within a general		appropriate, and in line		and developmentally		and/or indicators of
		mental health staff (on-		medical facility that has		with policy and		appropriate, and in inte with multime and	-	treatment resistance.
		sne) or allocated beds.		Inmited number of		documentation of the		procedural	<u> </u>	service is highly
	7	medical services		beds or may operate as		adult service).		documentation of the		specialises anglor chiatiète manémi
		close proximity to		mental health special	0	provides memal health		adult service.		service delivered from
		provide rapid response		care suite/area.		care 24 hours a day.	Ω	provides mental health		large general hospital
		at all times.	D	service provision	[]	delivered predominantly		correction is a may.		ncorporating dedicated
	D	service provision		typically includes.		by menual nearly professionals within a	1	by multidisciplinary team		mental heatth unit or may be delivered from
		cypicany michaco.		tameted interventions by		dedicated mental health		of mental health		nurbose-declared and
		interventions and		general and mental		hospital or a general		professionals	quinter	built mental health
	****	monitorina; consumer		health professionals;		hospital that has a		(psychiatrist, nurses,	uun autorin	facility.
		and carer education and		consumer and carer		dedicated mental health		affied health		demonstrates specialist
		information; documented		education and	4	scatt appear ant.		dedicated mental hashh		expertise in delivery of
	alarid (more)	Case review; considiation_fisiero with		case review, primary and	0	Service provision		hospital or general	ç,	mental heath services to
		Hinher level mantal	er Mar - 1	limited secondary		multiclisciplinary		hospital that has		d current in safety and
		health services, and		prevention programs;	and standards	assessment and		dedicated mental health		effectively cared for in
	Lor, m. p. m. p. r. f.	referral, where		consultation-fialson with		targeted interventions by		acute inpatient unit.		any other level of acute
		appropnate.		higher level mental		mental health	D	service provision		inpatient mental health
				mercal where		processionals, consumeries		typtoeny moutos. multidischaftmant		service.
				appropriate.		information; documented		assessment and	0	provides mental health
			٥	if providing		weekty case review;		targeted interventions by	Ĺ	dalivarant hu hinthu
			urundari	psychosurgery.		some group programs;		mental heath	j 	specialised
				agreenem must exist	A die	primary and secondary		protessionals, consumitien		multidisciplinary team of
				licensed private health		consultation-liaison with		information; documented		mental health
				facility that provides	ana 11a	higher level mental		weekty case review;		puncssioners (meaned) machtioners
				higher level of mental		health services, and		group programs; eveneire primen: and		psychiatrists, nurses,
			054							

- 18 -

e level	specialists). Imedical services provided on-site or are in dose provider and response at all times. service provision multidisciplinary assessment and specialised interventions by mental health professionals: constitment and caref education professionals: constitment and caref education programs; all levels of prevention, programs / services; consultation- mental health services; and referral. Where appropriate.
	secondary prevention programs, consultation- liaison lower level mental health services; and referral. where appropriate.
Level C	appropriate.
Leve: 3	transfer of consumers following postoperative period—treating psychlattist shall assess consumer prior to discharge to determine whether transfer to hyber level of mental health service is required to meet the clinical mental health needs of the consumer.
Level 2	
Adult Acote Inpetient Services	

• and the state 0)

Service requirements	and the second s		-946 V		CAS:
	As per module overview, plus:	As per Level 2, plus:	As per Level 3, plus:	As per Level 4, plus:	As per Level 5, plus:
1	identification. Initial acute	D identification acute	🗆 identification, oncoinc	D identification, ondoind	II identification onooind
	induce management of an induced	indian managements and a second	and international of	and interview from a set	and the second s
	A NOT WOLLD'S AN ASI	MI 14221 ACCI 1711 AC1 421 AC		CONCENTRAL VERTICAL CONCENTS	
		montoning of mental	mental neally property	mental neally properts	complex mental nealth
	uncomplicated mental	health problems (that	(that may be associated	ranging in risk and	problems (that may be
	health problems.	may be associated with	with comorbidities and/or	complexity (that may be	associated with most
	motion	simple comorbidities	indicators of treatment	associated with complex	complex comorbidites
theorem 2 and 2 an		and/or resistance to	resistance)	comorbidities and/or	and/or indicators of
		treatmont)		indicators of treatment	freatment resistance)
			LL RINGGREEK ERPRIVENCE KU	rucicteen.ves	
	expert assessment.	LU GEWENDERT OI	NETHIREROR.		L EXIMISIVE CITICAL OCIAS
	diagnosis and	comprehensive	assessment and	targeted clinical	collected to inform
	intervention.	individual mental health	intervention of any co-	programs for individuals /	assessment diagnosis.
		recovery plan within	occuming substance-use	groups / families / carens	intervention and
		1 wook of accorement	diampere	(P n nmim therany for	recovery and hmader
ndare-	D(90)			and the second state of a seco	and the state of the second second
	limited sevenoeducation	Imited range of primary	 extensive clinical detail 	CORSUMERS WITH DIDORAL	Sea VICE DEALVELY III 201
]		(e.g. stress	collected to inform	Attective Lisorder).	levels of service.
		management) and	assessment, diagnosis.	C extensive rance of	C extensive range of
	apout available mental	cerondary (e.n. weinht	intervention and		
	health services, mental	and the second s		and the second	and a second stand of the second s
	health problems and	UNIDAD IN PRODUCTION IN TRADUCTION	lecovery.	indiadentication and	1412411245104.07.FT
	ilinacees andinated	services.	C range of primary (e.g.	secondary (e.g. weight	secondary (e.g. weight
	ANT ANT ANT ANT ANT	nevehwedweatten		management) prevention	management) and
	reament options and			2 DAMAGE	tortion to never
	support services).	(including information	secondary (e.g. weight		CLEAN ACH ROAL A (BALA)
ſ		about available mentai	managemem) prevention	D mental health	treatment maintenarce)
	Incented Incenti	beath services, mental	services		prevention services.
		health wohlams and		Interventions and	C statewide niinical fon me
	interventions conducted	Manage Providence of the	n psycausomeanousy and	and a second second second the second second here	
	in consultation with	MINCOSCO, IL MULCHER	consumer and tamity /	I THE PROPERTY AND THE MANAGER ANY	
	mental bratth clinician	meannent opports and	carer (including	Innuasciphinary learn or	CIMICAL EXPERIESE.
		support services).	information about	mental health	D psychoeducation for
	terrandor of another	mental health	available mental health	professionals.	CONSTRUCTS familine
	RANGINO, 2110		the state of the second st		
	associated with	assessments.	services, mental heatin	LI aumonsed memai healm	carers and groups
	documented review	interventions and	problems and illnesses,	service under Mental	(including information)
	2000	monitoring conducted by	Indicated treatment	Health Act 2000.	about available mental
		deneral and mental	cotions and support	and a source of the second of the	health services mental
	D mental health	brokh dimision of this	aparation and a second process		hould reach an and
	assessments and brief	REFERING CONCIONAL ON UNIV		addhonal clinical	
	interventions / monthermon	service.	C mental health	programs and service	unesses, indicated
	۰. i	In an infant can only be	BSSCSSMENTS.	components, such as	treatment options and
			internantinne end	teletesth consiste ar a	support services).
	memai neann services)	countrietter and water a register of	21 (20) A Variation (A Variation (A))	Allower's transmissions in the second s	
	conducted by general	ITTOUTER TO BE BOUR BOARD	Elorgenting conduction by	cay program.	
	health clinicians of this	mental health inpatient	learr of memai health		TOT TATTINES / CARENS, IT
	CANIDA	unit as defined in	professionals.		required.
-		Subsection 4.3. Perimatal	manuful have the		r sentre forme mart of
	accumented processes	and Infant Continue of			
	with Level 5 acute	and stress of the	assessments and		uneau iextaur constant
	inpatient mental health	a de monte.	Interventions tor		Service and is Dased in
	service	If providing	adolescents conducted		HHS or part of service
	n additional mental health	psychosurgery, on-site	in consultation with child		network that also
		Level & surgical service.	and youth mental health		includes Level 5 or 6
	Intervenuons may be	3	clinician from ambulatory		aduft ambulatory mental
	orrectly provided by		service Level 4 or above	193 million	health service.
	memal health clinicians		or southe innertient centre		
	using telehealth facilities.		And the second s		

EXHIBIT 73

Adult Acute Ingatiant Services	Level 2	ievel 3	ievei C	ieve:	6
	visiting and/or community-based	Вили «Кноги»» - чите чире чире разво по франција (по и разполо се по	Level 5 or above where clinicativ indicated and	ne vezetek bili in jelen men en e	specialist consultation-
	workforce.		associated with		and non-health services /
			documented review		atencies for larged
			process.		population.
			documented processes		🗆 mav provide extensive
			outlining supervisory		
			requirements to ensure		clinical programs and
			safety of adolescents		service components.
			actmitted to the unit.		such as outreach
			 documented processes 		services, telehealth
			with Level 4 5 or 5 child		services or day
			and youth acute inpetient		programs.
			mental health service.		
			 as clinically indicated, 		
			ECT services may be		
			facilitated and/or		
	1997 1 99		provided at this service		
			level by mental health		
			service authorised to		
			provide ECT under		
			Alants! Hasht 2mm		

EXHIBIT 73

- 22. -

Adult Acute Ingatient Services	Morkforce radiifements As per module overview, plus: As per Level 2, plus: Medica: Medica:	 admitted by registered admitted by registered registered 	daily care coordinated by specia reminitered coder	2	1.57 (P.10) (P.10)	createrial specialist with special			Case review (may be via medic	an a	medical services 10 ass sesses	2		response at all times. Internet	ably crustified and	experienced registered		(however tried) of unit.	realstered		9 \$ { [q		wiuth ther scope of Atiliae health clinical practice.	business D	ered	nurse with qualifications health	el health		provide advice, support and direction for musimo	Carte.	Bed health	accessduring business hoursto allied health
Level 3	rel 2. plus:	admitted by / under registered medical	specialist with credentials in psychiatry.	daily care coordinated by	registered medical	specialist witt credentials in osvchiatrv	and/or registered	medical practitioner who	medical specialist with	credentials in psychiatry	to assist and guide assessment freatment	case management and	case review (may be via	tetes teatur). Marco Adinos	n proviniu psychostirgery, surgical	service provided by	qualitied and	medical practitioner with	credentials in	neurosurgery.	of loss and maintanal	at reast une regionered nume per shift with	qualifications and/or exerciance in mental	D.	2111	access-during business	hours(o commumity- or hos mital-has ed allied	health professionals with	qualifications and/or	expenence in menual	ý Maria			
**************************************	As per Level 3, plus: Medical	 access—24 hours—to registered medical 	specialist with credentials in psychiatry	for assessment.	Teatment, case	rear with receiver with women	🗆 access24 hoursto	registered medical	eventials in psychiatry	and a certificate in child	and adolescent nsvchiatry (ar emilyafent)	to assist and guide	assessment, treatment,	case review. (may be via	teleheath).	控目	C fegistered murse in channe of aach chiftie	suitably qualified and/or	experienced mental		LI IWO OF INOTE REGISTERED DUMONAL ADV SEARCH DUMPERAD	and/or expenenced in		U II MPAGET URR	one registered nume per	shift qualified and/or	expenenceo in menal	Alled health	access-during business	hours-to community- or	hospital-based alled health staff with	qualifications and/or	experience in adult acute mental health	C access to cedicated
10 10 10	As per Level 4, plus: Alfied teatth	 access to alled health professionals e.g. 	psychology, social work, occupational therapy.	speech pathology and	dietetic services (relevant nostrinadi tata	qualifications desirable).	access to dedicated	pharmecy services for	Other Other	D access to extensive	range of on-site and/or	health / mental health.													2000000 1000									
61 1975 1	As per Level 5, plus: Nocioal	 access—24 hours—to registered medical 	pract/tioner (psychlatry registrar /orinc/pail house	officer / senior medical	officer / career medical officer) with crenentiale	relevant to the discipline.	Station -	D majority of registered	mental health	practitioners and have	extensive mental health extremence	Alleg Tealth	 extended-hours access 	to community. or	health professionals with	relevant specialist	mental health	expérience.						çerî										

Mental health services

EXHIBIT 73

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Adult Acute Inpatient Services	Level	iel 2			, evel	4	1979-1	U.	2	i evel o
	22:rer AlNs or equivaler combernent clinit team at discretion nurse in charge. Bachelor of Nurs students (second tran undergradu may complement tream at discretion under registered supervision.	AlNs or equivalent may AlNs or equivalent may team at discretion of nurse in charge. Bachelor of Nursing students (second or third may complement diffical may complement of murse in charge and murse in charge and under registered nurse supervision.			Off. er access to s and/or visiti in health / n	access to some on-site and/or visiting specialities in health / mental health.				
Specific risk considerations	ĨN D		N		12 C		EN D		۶ D	ana ang ang ang ang ang ang ang ang ang
Support service	[ave]	Kel 2	ie.	Level 3	19491	V 8	rev.	Leve: Z	63	e evel
requirements for acute Inpatient ments! health services	Oreite	91975 91075 91000000000000000000000000000000000000	07-37.6	Accessible	9.4° (c	Accese bie	Dresse	9,00,00,0	838-2-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-	A203881513
Anaesthetics					'n		°*		3*	
Medical imaging		-		ę		2		2	₫.	
Medication		2		2	0	" "gay " " want to be include a glass spectra and gain to a state in the state of t	4	An Annual An	5	
Pathology		-		2		2		2	- Annota the second and a second	C4
All water and a second s	and the state of the second	ANTIMA TANANA POSSAGATA DA PAGAMANA PARAMANA	PARTICIPATION OF THE PARTY OF T	And the state of t	Sourcessources and a second se	Manoplanete/Adv/webbinetbic.institution-Jydp.colade/australity	- AND INCOMENTATION AND ADDRESS OF A DATA OF A	"ubsolution in the second seco	Address of the second	

Surgical Surgical Required only if ECT* and/or psychosurgery** performed

On-site means staff, services and/or resources located within the health facility or adjacent campus including third party providers. Table note:

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Perioperative (relevant

section/s)

**

Accessible means ability to utilise a service (either located on-site or off-site) or skills of a suitably qualified person (who may be either on-site or off-site)—without difficulty or delay—via various communication mediums including but not limited to face-to-face, telehealth, telepharmacy, and/or outreach.

Mental health services

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Section f Maut Services

Subsection 1.3 - Non-Acute		Indatient vervice				
Adult Non-Acute Inpatient Services		i ever a		Levels	a transformer and the strength of	Leve; ö
Service description	a	capable of providing medium- to long- term inpatient mental health care to low- and moderate-risk/complexity voluntary adult mental health consumers 24 hours a day.	۵	capable of providing medium- to long- term incatient mental health care to low- inceterate- and high-risk/complexity voluntary and involuntary adult mental health consumers.	D D	capable of providing medium- to :ong- term inpatient mental health care to voluritary and involuritary adult mental health consumers presenting with highest level of nisk and complexity.
	p	target population includes those within service-identified age range who either requirt graduated entry back into community post-hospitalisation, or require extended and intensive clinical interventions, but do not need or would not benefit from a mental health acute inpatient admission.	D D	provides daily dinical care and rehabilitation to targeted population of consumer s(e.g. those with dual diagnosis of mental health disorder and acquired brain injury) 24 hours a day. Itarget population for this service includes those within service-identified age range who reguire extended and inclusion	°28€25369 0	demonstrates specialist merial health expertise in delivery of mental health services to members of targeted population—some of whom will present with special care needs requiring non- acute extended inpatient mental health treatment and rehabilitation—24 hours a day
	u n	delivered predominantly by mental health professionals who provide supervised and structured living environment, such as that of a Community Care Unit. Dased in the community or may be co- located with a hospital-based medical /		clinical interventions (some may require high levels of security), and whose clinical needs are not able to be safely and adequately met in an adult acute inpatient mental health service. delivered predominantly by	D	highly specialised and/or statewide extended care inpatient service predominanty provided by multidisciptinary team of mental health professionals (medical practitioners, psychiatrists, nurses, allied health and
	D	mential health service. provides daily clinical care and rehabilitation to consumers on an extended basis before they more to more independent living arrancements.		multidisciplinary team of mental health professionals (psychiatrists, nurses, alited health) who provide a supervised, structured and secure environment (e.g. a Medium Secure Unit).	0 8 2 6 6	other specialists), service provision includes: multidiscultinary assessment and specialised interventions by mental health professionals, consumer and carer
	0	service provision typically includes: multidisciplinativa sessessment and targeted interventions and rehabilitation by mental health professionals; consumers and carer education and information. documented weekly case review group programs; primary and some secondary programs; primary and some secondary programs; primary and some secondary programs; and referral when mental health services: and referral when mental health	D	service provision typically includes: multidisciplinary assessment and targeted interventions and rehabilitation by mental health professionals; consumer and carea education and information; documented weekly case review, graup programs, primary and secondary prevention organis, consultation-tiatiscn with lower and higher level mental health.	. V \$7 0. 0. 6	education and Information; documented frequent case review; tangeted group programs; all levels of prevention programs/senvices; and referral, where appropriate.
Service recultances	Ast	As per module overview, plus:	As I	As per Level 4 plus:	As per	As per Level 5, plus:
u 	CI.	identification, ongoing assessment, monitoring, interventions and rehabilitation of mental health problems ranging in risk and complexity (that may be associated with comorbidies and/or indications of treatment resistance).		co-located with hospital-based medical / mental health service or part of purpose- designed and built mental health facility. identification, ongoing assessment, montoring, interventors and	D C	primary service site co-located with adult acute inpatient mental health unit or, alternatively, primary service site may be purpose-designed and built mental health facility.
	D	integrated approach to identification, assessment and intervention of any co- occurning substance-use disorders.		ranging in tisk and complexity (that may be associated with complex comorbidities and/or indicators of treatment resistance).		monitoring, interventions associated with problems (that may be associated with
	<u> </u>	targeted clinical programs for individuals / groups / families / carers (e.g. group		extensive clinical detail collected to inform assessment, diagnosis, intervention and	1000 y 1000	the most comolex comorbidities and/or indicators of treatment resistance).

Dental health services

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Adult Non-Acute Interient Services		Levei 4				Level o
	the	therapy for families/carers of consumers	and the second sec	PBCONERY		extensive dinkral detail collected to inform
	with	with a psychotic illness).	C	rance of additional programs and service)	assessment diagnosis intervention and
	D The	medication management.		components (e.g. partial hospitalisation,	r. austri, and	recovery and broader service delivery in
		forward referrals for assessment.		consultation-fiaison services,		all levels of service.
	dia	diagnosis and intervention as required.		rehabilitation programs and telehealth).		extensive range of primary (e.g. stress
	G G G	development of comprehensive individual	Ð	mental heath assessments,		management), secondary (e.g. weight
		mental health recovery plan within 1 week		interventions, rehabilitation and		management) and tertiary (e.g. psychosis
	o,	of assessment.		monitoring conducted by multidisciplinary	1000/10001110	treatment maintenance) preventio:
	C C	extensive range of primary (e.g. parenting	(tearri of mental nearly professionals.	(services.
	ns a	support) and secondary (e.g. weight]	aununseu mener reant service unoer Mental Heath Act 2000	3	stateware cuntar totans to assist dissemination of clinical evolution
		eren kagan serte ng jarawan taur i aan prosa. Sertek pandi mastan far anar innar and			C	Developments in the rease mark
		yu kaukakun ku bokatingi aku wikinamma Anakalan kutan inkamatan akard]	familias/raport and movies (achieved)
	5, ñ	annywarawa (nauding monnakan abuu availahla mental heath seminar mental				information about available mental health
	Đ.	health problems and illnesses, indicated				services, mental nealth problems and
	an	treatment options and support services).				illnesses, indicated treatment options and
	D D	mental health assessments.			-ternital -	support services).
	Ē	interventions, rehabilitation and	and a support		٤.	extensive range of additional programs
	ĕ	monitoring conducted by multidisciplinary				and service components (e.g. step-down
	ter	team of mental health professionals.				programs, consultation-liaison services,
	0	additional mental health interventions				rehabilitation programs and telehealth).
	Ĕ	may be directly provided by mental health				
	S.	clinicians using telehealth facilities.	na ngam k			
	Vis M	visiting and/or community-based workforce.	er og i av et sa		in and	
	5	conine novicion occurs sinnerio				
		ongoing consultation-liaison with referring	na sakahar ha	a prove		

Acult Non-Acute inpatient Services	L2VC: 4	2 2003	Leve: S
V.lorkiorce recuirements	As per module overview, plus: 3.sctices	As per Level 4, pius: [Ledicz]	As per Level 5, plus: Incorput
		 access—24 hours—to registered medical specialist with credentials in psychiatry for 	 medical services provided on-site or are in close enough proximity to provide rapid
	access	assessment, uraument, case management and case review.	response at all urnes. Nursing
	credentials in psychiatry for assessment. freatment, case management and case	 access—24 hours—to support by registered medical practitioner/s. 	 majority of registered nursing staff cualified mental health practitioners and
	review. Varsing	Alled Toalth 	have extensive mental health experience.
	suitably qualified and experienced registered nurse (however titled) in charge of unt.		 extended-hours access to community- or hospital-based alified health professionals with qualifications and experience in
	Ci registered nurse in charge of each shift has mental health qualifications and/or	 access to dedicated pharmacy services for mental health. 	mental health.
	experience at menual mean.	Ctites access to wide rance of visiting or local	spectro nuerveruori areas rerevent to service being provided.
			89
	health.		access to extensive range of specialist
	 If impatient unit occupancy is low, only one registered nurse per shift qualified and/or experienced in mental health. 		health service providers (not all of whom) are required to be on-site).
	D accessduring business hoursto		
	contrationty- or nospital-dastor alled health professionals e.g. psychology, social work, occupational therapy, speech hathoury and rishahin services.		
	other		
	 access to range of visiting or local health / mental health specialties. 		
	 AlNs of equivalent may complement clinical team at discretion of nurse in 		
	charge.		
	 Bachelor of Nursing students (second or third year undergraduate) may connelement reinical team at niccretion of 		
	nurse in charge and under registered nurse supervision.		
Specific risk considerations	DNE	EN C	EN L

Wental health services

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Support service requirements for adult	10.1	Level 4		.e.e. 3	¢1	Level 6
non-scute in radent mentai heath services	Onstie	9 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Crefte	Access subs	C.7-SYR	AT USS IN B
Anaesthetics*	m		3		m	
Medical imaging		2		2		e 1
Medication	m		4		4	
Pathology		2		2		8
Perioperative (relevant section/s)*	ო		Ś		ო	

*Required only if ECT performed

On-site means staff, services and/or resources located within the health facility or adjacent campus including third party providers. Table note: Accessible means ability to utilise a service (either located on-site or off-site) or skills of a suitably qualified person (who may be either on-site or off-site)—without difficulty or delay—via various communication mediums including but not limited to face-to-face, telehealth, telepharmacy, and/or outreach.

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ie C	2 - 2
	Subsection 2.1 - Ambulatory Service

Child & Youth		1.28.182 1		Level 2	Level 3	~~~~~	Level 4		A PAO		e jaart
Ambulatory Services						umur i takuasi					
Service description	۵	capable of providing	n	capable of providing	D capable of providing	D	cepable of providing	0	capable of providing	D	capable of providing
	nei " im J	some inmited short-		snor- to medium-	short- to long-term		short- to long-term		short- to long-term		short- to long-term or
	erstensione	term or intermitient		term of internatent	or intermittent non-	******	or intermittent non-		or intermittent non-		intermittent non-
	n ak de	nor-admuzza		nor-agrinuea	admitted mental		admitted mental		admitted mental		admitted memal
		FIREFIX OF FRECHTLE CORRECT		menual reant cere	health care to low-		health care to low-		health care to high-		health care to highest
		TD 100%		10 10%	and moderate-	-	and moderate-		risivcomplexity		nisk/complexity
		nsk/complexity		nsk/complexity	risk/complexity		nsk/complexity		volumary and		voluntary and
	-1	voluntary mental		voluntary mental	voluntary mental		voluntary and, if		involuntary mental		Involuntary mental
		health consumer up		health consumers	health consumers		authonsed to do so.		health consumers		health consumers up
		to 18 years.		up to 18 years.	un to 18 vears		involutionary mental		In to 18 years		10.18 Vasre
	0	may only be	D	accessible during			hasth constants	(1	
		arraceible for		hiteinese horre	a aelivered		HORAL FULL CALIFICATION	D	สตรรรรษต อุณามอ	0	consumer group
	-1	Acceleration of the second second	5	of as the score of the score of the	predominantly by		up to to years.		business hours and		accessing this service
		A THE AND A	1	ucavered	small team (not	0	accessible during		consumers have		level may be targeted
		uesivered .		predominiariuy by	necessarily		business hours with	******	access to limited		population with
		predominantly by		team of general	multidiscalinary of		expension of day		estended-hours		special care needs
		one or more general	_	health clinicians and	manual health		oromanic which are		C D D D D D D D D D D D D D D D D D D D	w	who may demonstrate
		health clinicians		visiting mental	province include the		dation read more why		((and the second second and a second se
		who provide local		health professionals	LIUICESSIES (SIS MITO		ALL THE THE THE THE THE THE THE THE	Û	day programs		
	100.000 - Sage - Sa	community		who provide local	provide (DCBI mental		auring school terms		delivered pr.manly		comorbidities and/or
		healthrame contine		orem with	nealin care service		and consist of		during school terms		indicators of treatment
		that is non-shortfr		healthcare contro	we hospital-based		DIOCK-Dased		and consist of		resistance.
	a. a	the second beauties	1	restriction (construction of the construction)	outpatient clinic.		intervention periods.		block-based	D	accessible during
			э	general ream	community mental	0	delivered		intervention periods.		business hours and
	9 			CUMURIES NAVE	health dinic or	i	predominantiv bv	C	40.15 server		extended-hours
		uctives eur via		quantinations at 10/01	home-based care.	ara, e a. 1	multidisciplinary)	nredomanth bu		service provided.
		Consistent into the second second	Lange and a	Capital Scifes 11	C most clinical team		tearn of child and		mudhicherthering of	C	calcored by
	landi (an' i		tany -1	menuar nearrin care.			wouth mental health		terminations for the second]	denvered by
	0	Service provision	b	sume mental reduce	qualifications and/or	• 00-140	professionals who		worth mental health		of child and worth
		typically includes.		specific sei Arces /	experience in child		provide local mental	****	professionale who		mental health
	a gelen gelen for a	uasic screet and dru		programs provided	and youth mental	-1	health care service		provide local mental		nintessionals
	contra		1	at the tayou	health care.	numir - ira	via hospital-based		hadth rare sarrive	-10440	annunting enanigliet
		HERIOL DESIL	сі 	may be belivered			a tratient clinic or	1.,1.,1.,1.	the second and the second seco		provided from the rest
	*****	intervention;		Via nospital-pased		Laborijema	dav promam	tr ganter	V.G. G. 14USHALGERMONDER		HIGH REAL REDUCT CALC
		consumer and carer		outpatient clinic.	whitely includes.	. an mi	committees manual	ur ar 1 - 1 - 1 - 1 - 1	ourpellent carac.		Allenoi anna anna anna
		education, primary		community clinic or	oue managesses	un real	bedtermany menual		community menual		and/or across mino or
		care and prevention		home-based care.	rargered		Above of the Distance		nearr, canic, nome-		service areas via a
		programs, and	n	service provision	interventions by		brouge nome-		based care or		hospital-based
	Muquin	referral, where		typically includes:	memal health		CO2012 (10) 11	-10,00	nospital- or		outpanent clinic,
	e e e e e e e e e e e e e e e e e e e	appropriate.		assessment,	professionals, care	G	service provision	c na secondo	community-based		community mental
		~		interventions	coordination / case		typically includes:		day program		health clinic, home-
				including	management,		multidisciplinary	D	service provision		based care or through
				counselling.	consumer and carer	k.	ussessment and		typically includes:		hospital- or
				consumer and carer	education and		targeted		multilisciplinary		community-based day
			p	education and	information;		Interventions by		assessment and		program.
				information;	documented case		mental health		largeted	Û	service provision
				documented case	review, primary and		professionais; care	~	interventions by		includes:
			•ب	and the second sec							

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Chad & Youth		Levol 2		Lavs: 4	1.82.61	Level S
Ambulatory Sawloss				understorer +		
NAME (Indexed-based on the second of the second on the second of the	n de la companya de l	prevention	prevention	management;	professionals: care	assessment and
		programs;	programs;	consumer and carer	coordination / case	speciafised
		consultation-liaison	consultation-liaison	education and	management;	interventions by
		with higher level	with higher level	information;	consumer and carer	mental health
		mental health	mental health	documented weekly	education and	professionals; care
		services; and	services; and	case review, some	Information	coordination / case
		referral, where	referral, where	group programs;	documented	management;
		appropriate.	appropriate.	primary and	frequent case	consumer and carer
				secondary	review; group	education;
				prevention	programs; primary	documenced frequent
				programs;	and seconoary	case review, targeted
				consultation and	prevention	group programs; all
				liaison with lower	programs;	levels of prevention
			n niyangan l	and higher level	consultation-liaison	programs/services;
				mental health	with tower and	consultation and
		enabl 4-reg		services; and	higher level mental	liaison with lower level
				referral, where	health services; and	mental health
				appropriate.	referral, where	services; extended-
			0° 40,96		appropriate,	hours service; and
						referral, where
						appropriate.

Nental health services

Sec. 4

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Child & Youth Ambulatory Services	COVE:	6 6 1	5 '9 Yem	level l	12 12 12 12 12 12 12 12 12 12 12 12 12 1	Leval
Service requirements	As per module overview,	As per Level 1, plus:	ă	As per Level 3, plus;	As per Level 4, plus:	As per Level 5, plus,
	prus. O identification initial	C (UERUICATOR, INER Anite seconomi	D idemfification.	 development of 	 authorised service 	 identification, oncoinc
	acute assessment	and interventions for	อกฐอเกฐ	comprehensive indiantical mental	under Mental Health	assessment.
	and brief	mental health	monitoring and	health recovery plan	MUX RUNN.	interventions for
	uncomolicated	properts (that may be scentisted with	interventions for	within 1 week of		complex mental health
	mental health	simple comorbidities	mental health		assassmert.	problems (that may be
	problems.	and/or resistance to	he according to the with	D extensive clinical	monitoring and	associated with most
	 forward referrals for 	treatment).	comorbiditae and/or	detail collected to	interventions for	complex comorbidities
	expert assessment	a limited range of	resistance to	diservaie	mental health	treation including of
	diagnosis and/or	primary prevention	treatment.	uray nova,	properts ranging in	
	intervention as	services (e.g.	n'internated	u ligi yeshqidi i ki fakti	mer and complexity	C extensive clinical
		parenting support).			(ridt mey De	detail collected to
	a development of a	D psychoeducation	accessment and	LI EXTERNATION FANGE DI	abstructure will	mom assessment
		(thetating providing	intervention of any	pumary (e.g.	contractions and free	oragnosis, intervention
		information about	co-occurring	haddine franciske	indicatore of	ARRIVOL FECTOVERY BITC
		available mental	substance-use	arki scunklary (c.g.	treatment	definent in all former of
	diversion R.	neatin services,	disorders,	manedam ach	masichance	ucavery ni d
	urage toos, intervention and/or	near rear	a development of	Drevention condition	tamated alminet	
	Providence and a	illubacce industrat		1) percention Automatic		LI CARLISIVE JERUSE UI
	ci limited	treatment appone	health recovery		individuals / nromes	paranting (m.g.
		and support	plans.	and farmer	/ families (e.o. group	Secondary (a c
	o mental health	services).	C range of primary	Doculation.	therapy for tamiles /	weight management)
	assessments and	u mental health	-	mental health	carers of patients	and tertiary (e.c.
	interventions (and	assessments and	support) and some		with psychotic	psychosis treatment
	referrals to other	interventions	limited secondary	interventions	iliness).	maintenance)
	mental health	conducted by one or	(e.g. weight	conducted by team	C psychoeducation for	prevention services.
	services) conducted	more general health	managament)	of mental health	patients, families /	D statewide clinical
	by general health	clinicians with	prevention services.	professionals with	carers and groups	
	clinicians of this	qualifications and/or	 psychoeducation for 	qualifications and/or	(including	dissemination of
		experience in	consumer and	experience in child	information about	clinical expertise.
	c mental nealth	mental health	tamity/carer	and youth mental	available mental	D soecialist
	assessments and	and/or by visiting	(including	health.	health services,	
	interventions	mental health	information about	 may be authorised 	mental health	othe. health and non-
	conquered in	protessionals.	available mental	mental health	problems and	health services /
	CURSULATION WILL		health services,	service under	illnesses, indicated	agencies for larget
	CIRC ARD YOUUT		mental health	Mental Health Act	treatment options	population,
	Minimize former 1 mini-		problems and	2000.	and support	D assertive outreach
	Automic source Laves		innesses, indicated			
	service restruction		treament options		C separate climical	and target population.
	MANAN MINING		and support		services for families	The man of the automotion
	WENDER CHERCHAY		sewces).		/ carers, 1 .equired.	
	a tarcated, and pressinged with		D documented		D consultation-lieison	Cintral programs and
	reconnected with a		processes and		services to local	SPINOP COMPOSITIE
	Who care is a start of the second sec		collaborative		children's health	docerno as conservations
	rounders is has an		partnerships with		services as	service talehealth
			schools, education		required.	Services or extended
	part of a service		networks and			treatment program.
rander segen and an an energy of the second s						

EXHIBIT 73

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Child & Youth Ambulatory Services	-eve-	Level 2	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Level 4	10 10 10	3 jaker
nandaruska na se na verse na	network that	challenergen, werver er ser er frek vild wurdet versten Alfregen der sin sehr en unter frauer som	required.	יינים או איז	E mentel health	A REAL PROPERTY AND A REAL PROPERTY A REAL PROPERTY AND A REAL PROPERTY AND A REAL PRO
	includes Level 5 or		 mental health 		assessments and	
	6 childradolescent		assessments and		interventions	
	acute inpatient		interventions		conducted by	
	mental health unit.		conducted by team		mutticksciplinary	
			(not necessarily		team of mental	
			multidisciplinary) of		health professionals	
			mentai health		with gualifications	
			professionals, most		and/or experience in	
			of whom have		child and youth	
			qualifications and/or		mental heath.	
			experience in child		D service based within	
			and youth mental		HHS or is part of	
			health.		service network that	
					also includes Level	
					5 pr 6 child /	
					adolescent acute	
					inpatient montal	
alasterroc						
					D service provision	
					may occur across a	
					range of sites (e.g.	
					hospital, school,	
					home, recreational	
					venues), and	
					service capacity and	
					resources must be	
					sufficient to	
					transport patients	
					individually and/or	

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Child & Youth Ambulatory Services	aver model to consider	Laves 2	Level 2	Level 4.	Constitution of the	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
Workforce requirements	As per module overview, plus access to one or more of following (visiting basis or outreach services):	As per Level 1, plus access to one or more of following qualified and experienced mental health professionals:	As per Level 2, plus: 7:564rca! Initied access to registered medical specialist wich	As per Level 3, plus: Credical access to registered medical specialist with credentials in	As per Level 4, plus. X edicat accessduring business nours and limited extended	As per Level 5, plus: X.acica: D extended-hours access to registered meoncal specialist with
	Medical D registered medical practitioner.	Litedrica. Tregistered medical practitioner.	credentials in psychiatry and certificate in child	psychiatry and certificate in child and adolescent	hours-to registered medical specialist with credentials in	credentiels in psychiatry and certificate in child and
	Nursing Tregistered nurse. Afted hradth Treatth and and health	Aursing Registered nurse. Alliec freath Patied neath	and adolescent psychiatry (or equivalent). Nursing access to two or	psychiatry (or equivalent) for assessment, case maragement and review.	psychnatry and certificate in child and addiescent psychiatry (or equivalent) for	on obsectent psychratry (or equivalent) for assessment, case management and review.
	(all 0.00000 (all o	proressioners. Dither Dither Dithesth professionals.		 access—during business hours—to registered meoloal specialist with 	10	 extended-hours access to registered medical practitioner in psychiatry under
			and youth mental heath. Allied health	credentrals in parediatrics for medical	 access	supervision (e.g. psychiatry registrar). Nursing
			 access to allied health professionals with qualifications 	consultation-italson, Nurs.nc accessduring	with extensive experience in mental health	 extended-hours access to registered nurses with
			and/or expenence in child and youth mental health. Othar	business hoursfo registered nurse with qualifications and/or expenence in	anoro quartarento in mental health and qualifications and/or experience in child	qualifications and experience in child and youth mental heath.
			 access to some visiting speciaties in health and/or 	child and youth mental health. Athed health	and youth mental health. Alfed health	C some of these clinicians have; - demonstrated
			mental health (e.g. Child and Youth Forensic Outreach Service).	 access—during business hours—to mutitidisciplinary team of allied health 	 access—during business hours—to multidisciplimary team of allied health 	specialist qualifications and experience in specific
			 may have access to school-based youth health nurse. 	professionals with qualifications and/or expenence in child and youth mental health.	professionals with child and youth mental health qualifications and/or experience.	intervention areas relevant to service being provided - post-graduate
						Automications. Automications certended-hours access to multiclisciplinary team of alled health
					 access to uesticated pharmacy services for mental health. 	child and youth mental health qualifications

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0				Level 2 Level 2		Level 3 Level 3	Leve: 4	4 4 7	Chier Consert or ange of visiting or local health frantial health specialities.		 come of these clinicians have: specialist cualifications and expensions and expensions and expensions and expensions areas relevant to areas relevant to areas relevant to areas relevant to areas to extensive provided being provided being provided being provided being provided areas provided being provided areas provided are
2012 as 10000	a I	er :		5761 Z	197	121.5	131	\$ 10. 5	NOT I	0 0	0.78
requirements for child and youth ambulatory mental health services	Q-site	Accessible	On-effe	A coeset	10 10 10	Accessicie	On-site	Acceseible	li E	Accassick	Access to h
Medical imaging	and an advantage and a surrow was a surrowide	~		-				2		2	2
	CONTRACT- Automatical and a second			2		2		2		0	Y
		ų				2		2		2	2

EXHIBIT 73

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EXHIBIT 73

Child & Youth Acute Inpatient Services				 - Department of the state of th		di 14 meteri ya waka na kata na	calla Assessmenta	a a tha ng mga aga an		
act & was		Level 2		(-) (0) (0) (0) (0) (0) (0) (0) (0) (0) (0	biochemistry - and references	24 "B"."		10) 10) 10)		Levai ô
Service description	0	capable of providing		capable of providing		capable of providing		capable of providing	C	canable of providing short-
,		limited short-term (up to		short- and medium-term		short- to long-term (4 to		short- to long-term and	iaan	to long-term and
		/ Z. nours) or Hitemment		(1 Week to 10 days) or		to weeks) of interminent		meminent mpatient	-	internation inpatient mental
		care to tow-risk(complexity		mental heath care to low-		Pare to low- and		moderate, and high-		to volument and involument
		voluntary mental health		risk/complexity voluntary		moderate-		hisk/complexity volumlary	nagipud	mental health consumers
		consumers up to 18 years		mental health consumers		nsk/complexity	pina (pp) matrix - 1	and involuntary mental	irmeist	up to 18 years who present
		(une names projeku uko remikre snorfir		trames herond this		vountiery etta, n suthorised to do so		18 vegre 24 hours a day	and in the second	wun nignessi iewei ui filsk and romnlavîtu
		consultation with higher		require specific		involuntary mental	C	delivered aredominacily	C	and dample of the may be
		level child and youth		consultation with higher		health consumers up to	l	by child and youth mental		targeted population with
		mental health acute		level acute inpatient		18 years (time frames	decession of the	health professionals	natural contra	special care needs.
		ITIZENEEN SERVICE UIEN WII		SERVICE FOT CIRICI STRU		ceyora mis require		within dedicated child and	D	may demonstrate most
		contribute at origoring		will continually contribute		with higher level child		youth mental health unit		extreme comorbidities
		and management).		to case review and		and youth mental	0	service provision typically		and/or indicators of
		provides general		management).		health acute inpatient	د به رور به روز ب	auduces, multuscipalitary assessment and farcefed	C	ureauritenu rezisuance. Histolo seasialised endisc
		healthcare and some	D	provide some mental		service that will		interventions by mental]	rigray specialized a survive statewide innahent servire
		limited mental health care		health care 24 hours a	الر، ور من	contribute in ongoing		health professionals:		delivered from child /
		24 hours a day.		day.		manner (g case review and managamarih		consumer and carer		adolescent hospital that
	D	delivered predominantly	0	delivered predominantly	C	newides mental health		education and		incorporates dedicated
		oy team or general meaur clinicians within a hospital		by team of general and children's health]	care 24 hours a day.		MOMMAND, OUGURIERIED WEEKN NASE RAVIEW		mental health unit or may
		that does not have		professionals within	0	delivered		aroup procesns:		UE OERVEREG ROM DURDOSE Assimond and built mental
		dedicated mental health	anat	hospital that has		predominantly by team		extensive primary and	dana a sa katalar sa	health facility,
different e		staff (on-site) or aflocated		paediatric unit or beds.		of mental health		secondary prevention	D	demonstrates specialist
Ъ.	С	oeus. canàra newicine teninaliv	D	does not have allocated mental health heds or	• من و من	or children's health		programs, consumator-	dedadar (adam	expertise in delivery of
	}	includes, assessment,		staff on-site.		professionals within	unterlander	lower level-mental health	uh mutan	mental means warmos to a parient oroup that cannot
		brief interventions and		service provision typically		hospital that has	lant-intanon	services; and referral	- Special California - Social	be sately and effectively
		monitoring; consumer and		includes: assessment,		arocated mental main hade for children and/or		where appropriate.		cared for in any other level
		carer equication and information: documented		interventions and monitoring constimat		adolescents.				of acute inpatient mental health service
		case review; consultation-		and carer education and	L)	service provision	ango - 14 ango -		C	rialing service. Ralingent by a birthy
		liaison with higher level		information; documented		typically includes:			3	specialised.
		mental health services.		case review;		multidisciplinary	c na v			multidisciplinary team of
		and referral, where		consultation-flaison with		assessmeni, targeted interientione and	1.01. John			child and youth mental
		- marine subject subjects		signer ievel itteride iteaud services and referral		monitorina: consumer				health protessionals.
				where appropriate.		and carer education	(1. ar - cyle i dd allae		D	has statewide and/or
			allan an th	in a start of the	10 matrix (01 %)	and information,	out in a subject			ILLEISENC DEGIN SCIVER
						documented weekly	incution spo		Ľ.	sonioso. oronision indian
						Gase Honew, source	1.348 - 6rantr'		3	multidisciplinary

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Child & Youth	Level Z	Leve! 3			2 Jan ar
Acute Inpatient					
	or		consultation-liaison with	n Andrey Mirum num num num sin an Angriga Andre mini mangen num Angriga Andrea Angriga Angriga Angriga num Ang	assessment and
			higher level mental		specialised interventions by
			health services, and		mental health
			referral, where		professionals; consumer
			appropriate.		and carer education;
					documented daily case
					review, targeted group
					programs, all levels of
					prevention programs /
					services; consultation-
		×			Itaison with lower level
					mental health services; and
					referral where connorate.

Mental health services

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kure nyatiant Services	2	Level 3	 -zve: 4		0
Service requiremants	As per module overview, plus: addriffication, initial acute assessment, brief intervention and montioning of uncomplicated mental health problems. development of care plan. medication management, forward referrals for expert assessment, diagnosis and intervention as required. Immited psychoeducation (including information about available mental health services mental health services mental health services and allinesses, indicated transment options and support services mental health services and interventions may be directly provided by mental nealth facilities, using telehealth facilitiess. visiting and/or community- based workforce based workforce assessments and interventions conducted in youth mental health consultation with child and youth mental health consultation with child and vith Level 5 or 6 child/adolescent acute inpatient mental health consident mental health consident mental health consultation with child and youth mental health consultation with child and youth mental health consultation with child and youth mental conducted in years and younger.	As per Level 2, plus: clidentification, acute assessment, intervention and monitoring of mental may be associated with simple comorbidines threatment). basic clinical detail collected to inform assessment, diagnosis. intervention and recovery. Imiled marge of primary (e.g. parenting support) weight management) prevention and including information dincluding information thealth problems, mental health problems and support services.	As per Level 3, plus identification, ongoing assessment, monitoring assessment, monitoring assessment, monitoring assessment, monitoring mental health problems (that may be associated with comorbidities and/or indications of treatment resistance). integrated approach to identification, assessment and intervention of any co- occurring substance- use disorders. development of intervention of any co- occurring substance- use disorders. development of intervention and may be an authorised mental health service under Mental Health Act 2000. extensive chilcal detail assessment, diagnosis, intervention and recovery. prevention and recovery prevention and recovery prevention and recovery prevention and recovery. prevention and recovery prevention and recovery prevention p	As per Level 4, plus: As per Level 4, plus: identification, ongoing and interventions for mental health problems renging in risk and complexity (that may be asseciated with complex controlidites and/or indicators of treatment resistance). Largeted dinical programs ior indinduals, groups / families / carres of patients with psychotic illness). Frantijes / carres of patients with psychotic illness). authorised mental health services. authorised mental health services may be facilitated and/or provided by mental health service authorised the provided by mental health service authorised to provide facilitated and/or provided by mental health service authorised to provide authorised to a range of authorised to a range of authorised to a range of	As per Level 5, plus: As per Level 5, plus: identification, ongoing and interventions for complex montal health problems (that may be associated with most complex connorbidites and/or indicators of treatment resistance). extensive chincel detail collected to inform assessment, diagnosis, intervention, recovery and broader service delivery in all levels of service. extensive range of primary (e.g. pertofing support), extensive range of primary (e.g. pertofing support), estatewide clinical forums to assess delivery in all levels of service. extransive range of primary (e.g. psychosis treatment mangement) and services intervention of clinical expertion statewide clinical forums to assist dissemination of clinical expertise. separate clinical services / agencies for target population. psychoeducation for mental health services and support services). forms part of integrated information about available mental health services and support services). forms part of integrated information about available mental health poblems and information about available mental health services and support services). forms part of integrated information about available information about available information about available information about available mental health services.

Child & Youth	Level Z	Level C	* [shar]	ilevel o	Level S
Acute inpationt Services					
			established with schools, education networks and service providers.		child and youth ambulatory mental health service. may provide extensive range of additional clinical programs and service components, such as an outreach service, telehealth services or day program.

EXHIBIT 73

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Acute Inpatient Services	No. 7 and 10 and 1) ; ;	a ang ga ang ang ang ang ang ang ang ang	1996 CF 20 4 4	the second conversion
Vorkforce	As per module overview, plus: 7.ºedical	As per Level 2, plus: Medical	As per Level 3, plus: .*scrical	As per Level 4, plus:	As per Level 5, plus: "Lecica:
e har hoge for the a share a ward	C consumer admitted by	 consumer admitted by 	Consumer admitted by /	access24 hoursto	Co access-24 hours-to
	registered medical	registered medical provitioner or registered	under registered medical energiet with	registered medical secolater with researchate	registered medical newhitioner / exwhitehr
	ally care coordinated by	medical specialist with	credentials in	in psychiatry and	registrar / principal house
		credentials in paediatrics.	psychiatry and	certificate in child and	officer / servior medical
	practitioner who has	daily care coordinated by	certificate in child and	adolescent psychiatry (or	officer / career medical
	access to registered modical recorded with	registered medical vraditionar ar registered	aumescent peychany (or enumatent).	aude assessment.	cencer were decourses relevant to the discipline.
	created specialist world created in noverhistry	preduction of register of	Construction of the contributed	treatment, case	r medical sentices provided
	and certificate in child and	crećentials in paediatrics		management and review.	
	adolescent psychiatry (or	who has access to	specialist with	2	proximity to provide rapid
	equivalent) to assist and	registered medical	credentials in	C registered nurse	response at all times.
	guide assessment.	specielass van clonenuars	psycalically who lies	(INDWEVEL MEELL) IN CLARGE	
	uraureur Jase manadement and case	ertificate in child and	redistered medical	er unit is quantized and experienced in child and	C extended-hours access to
		adolescent psychiatry (or	specialist with	youth me ttal health.	based alled health staff
	telehealth).	equivalent) to assist and	credentials in	D qualified and/or	with qualifications and
	medical services provided	guide assessment.	psychiatry and		experience in child and
	on-site or in close enough	treatment, case	certificate in child and	nurse in charge of each	youth mental health.
	proximity to provide rapid	management and case review (may be via	for equivalent) to assist	shift with extensive skills	ŝ
	tesporoe at de terro. Atrisina	telehealth).	and guide assessment,	being provided.	I access to extensive range of on-site and/or visition
	n sutativ matified and	D access to registered	treatment, case	a maiority of unit nursing	or or each are of this in children's
	experienced registered	medical specialist with	management and case		health.
	nurse (however litled) in	crecentials in paediatrics	review (may be via	qualifications and/or	C access to on-site school
	charge of unit.	for medical consultation-	Bernes (mar.	experience and/or	
	 qualified and experienced 	Haison (miay be via	recursity. For them we enter conditioned	qualifications and/or	can provide range of
	registered nurse in charge	Mirres menuity.		experience in child and	educational services
	of each shift with skilks	the staget and radietared	cualified and	youn menul menul andre chikiran's haath	dedicated to children and/or
	appropriate to service Naine nemided		experienced in mental	Alled New The	adolesoenis win mental ilmose
		qualifications and/or	health.	" arress-"" Areiness	\$ 188.4 Control-Active
	L UITEI SUURINY GUERRAU PURSIPA SAMBUNY GUERRAU	experience in children's	 If inpatient unit 		
	within their scope of	health.	occupancy is low, only	hospital-based allred	
	clinical practice.		ane registered nurse	health staff with	
	access-during business		experienced in merical	quanteations and/or	
	hous-to registered nurse		heath,	youth mental health	er unsekke i
	win exignsive menual health mialifications		Č.	(postgraduate	
	and/or experience who			qualifications desirable).	
	can provide advice.		business hours-to	Beceas to psychology.	
	support and direction for		baced alled heath staff	social work, occupational	
	and here		with qualifications	methology and dieteric	
	reserves alterations.		and/or experience In	sentces.	
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EXHIBIT 73

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Acute inpation. Services	قب.	1 () () () () () () () () () (Level 3	a dal-karar ei o ve	ilevei 4		Levei 5			erei e
	professionals. Other assistants-in-r- (AINs) or equin (AINs) or equin complement of students (secor students (secor vear undergra complement of and under reg nurse supervit	professionals. Ter assistants-in-runsing (AINs) or equivalent may (AINs) or equivalent may complement clinical tearn at discretion of hursing students (second or third vear undergraduate) may vear undergraduate (now vear undergraduate) may vear undergraduate) may vear undergraduate) may vear undergraduate (now vear undergraduate) may vear undergraduate) may vear undergraduate) may				access to some on-site and/or visiting specialities in health / mental health.		pharmacy services for mental health. Diter cooss to extensive range of on-site and/or visiting specialities in health/mental health. may have hospital-based school teacher dedicated to mental health consumer.	s far ve nd/or s in attr. edicated		
Specific risk considerations	Ŵ.		D		<u> </u>	P Z	0	- SN		IN D	
	e parte rest		¢		S CONS	1 jouro 1					5 1010
suppor service requirements	emeirs	Na-		31	Set of		5		0	197	GI 9
ror chilo and you'n acura Inpatient mental health services	re Services		Accessica	914-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0	411 SS4007	44 44 44 44 45 50	elanssoo.e	e H C	\$100656-006	01-578	9.0085510.0
Children's anaesthetics*	A second s							m		3	Address of the second se
Medical imaging	man-managedeedd am da da a an ar		۴		A mme		~		~	2	
Medication	No a fa an ann an Alban Bannan an Alban Bannan Banna Banna Alban	2		2		m		4		2	
Pathology			-		2	n de la constantina de	2	And a second prove we wanted and a second and a second secon	2		2
Perioperative (relevant sections)*	sections)*					n on and a start and a start and a start of the	de la Martín de La Martín de Martín de La Mart	0	C. C	3	in down a harrow management of the second second

On-site means staff, services and/or resources located within the health facility or adjacent campus including third party providers. Table note: Accessible means ability to utilise a service (either located on-site or off-site) or skills of a suitably qualified person (who may be either on-site or off-site)—without difficulty or delay—via various communication mediums including but not limited to face-to-face, telehealth, telepharmacy, and/or outreach.

Mental health services

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¹ COLUMN TO COLUMN TO A DISCOUNT OF A D		2 Child and Youth Services
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Child & Youth	23 jane 1
Non-Aoute Inpatiant Services	
Service description	Beable of providing medium- to long-term inpatient mental health care to low-, moderate- and high-risk/complexity voluntary and involuntary mental health inpatients up to 18 years 24 hours a day.
	target population includes those within service-identified age range who require graduated entry back into the community post-hospitalisation, or extended and intensive clinical Interventions, but do not need or would not benefit from a mental health acute inpatient admission.
	delivered predominantly by multiclisciplinary team of child and youth mental health professionals who provide inpatient care to consumers across an extended period of time.
	ervice provision includes: multidisciplinary assessment and targeted interventions by mental health professionals; consumer and carer education and information; documented frequent case review group programs, ongoing support of educational needs and documented processes with educational providers; primary and secondary prevention programs; consultation-flaison with higher and lower level mental health services; and referral, where appropriate.
Service reduirements	ā.
	primary service site co-located with child/adolescent acute inpatient mental health unit or, alternatively, primary service site may be purpose- designed and -built mental health facility.
	Identification, ongoing assessment, monitoring, interventions and rehabilitation for mental health problems ranging in risk and complexity (that may be associated with complex compristings and/or indicators of treatment resistance).
	integrated approach to Identification, assessment and intervention of any co-occurring substance-use disorders.
	targeted clinical programs for individuals / groups / families / carers (e.g. group therapy for families/carers of consumers with a psychotic illness).
	Ø
	 psychoeducation for consumer and family / carer (including information about available mental health services. mental health problems and illnesses, indicated freatment options and support services).
	authorised mental health service under Mental Health Act 2000.
	a range of additional programs and service components (e.g. partial hospitalisation, consultation-liaison services, "ehabilitation programs, felebealth).
	Bervice provision may occur across range of sites (e.g. hospital, school, home, recreational venues) and service capacity and resources must be sufficient to transport consumers individually and/or as a group.
	service based within a HHS or is part of service network that also includes Level 5 or 6 child/adolescent acute inpatient mental health unit.
	as clinicality indicated, ECT services may be facilitated and/or provided at this level of service by a mental health service authorised to provide ECT indicated to provide and one of matching and one of the service authorised to provide and one of the service authorised to provide authorized to provide aut
	under the memory reador reador and prover an under the subscience incortance approximates must creater in payoniary and be unleader address of the Mental Health Act 2000.
	mental health assessments and interventions are conducted by child and youth mental health clinicians of this service.
	additional mental health interventions may be directly provided by child and youth mental health clinicians using telehealth facilities, visiting and/or community-based workforce.
Workforce recuirements	As per module overview, plus:
	admitted by / under registered medical specialist with credentials in psychiatry.
	access—24 hours—to registered medical specialist with credentials in psychiatry and certificate in child and adolescent psychiatry (or equivalent) for assessment, treatment, case management and case review.

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	Child & Youth	Level	17)
ST D D D T T D D D D T T S S S S S S S S	Non-Acute Inpatient Services		
Ville C C C C C C C C C C C C C C C C C C		 access to medical support. access to registered medical specialist with credentials in paediatrics for m N.⁻¹s.¹5 	nedical consultation-liaison (may be via telehealth).
			rge of unit. ce in mental health, and/or qualifications and/or experience in
		 majority of unit runsing staff suitably qualified and experienced mental hea all nursing staff providing mental health care have access—during busines and/or qualifications who can provide advice, support and direction for nur #16e2 health 	aith professionals who may have postgraduate mental health qualification ss hoursto registered nurse with extensive mental health experience tsing care.
		access to multidisciplinary team of allied health professionals with qualific.	ations and/or experience in child/adolescent mental health.
		a access to psychology, social work, occupational therapy, speech patholog 05/har	iy, dietetic services and dedicated pharmacy services for mental health.
			ange of specialist children's health service providers.
	du Pare I		nental health consumers.
		AlNs or equivalent may complement the clinical team at the discretion of t	the nurse in charge.
			omplement the clinical team at the discretion of the nurse in charge and
1 million and a mi	Specific risk considerations	N C	
	Support service requirements	exer.	CI.
;eas;	for child and youth non-acute	On-Adi	Access at
Leve: 5 Onsite	inpatient mente: health services		
Leve: 5 Onsite	Childron's and about the		
Leve: 5 Onsite			
Leve: 5 Onate 3	Medical imaging		2
Charte Level &	Medication	ŝ	
Charte Level &	Pathology		2
Cheite Level &			

Perioperative (relevant sections)* * * Required only in services where ECT performed

On-site means staff, services and/or resources located within the health facility or adjacent campus including third party providers. Table note:

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Accessible means ability to utilise a service (either located on-site or off-site) or skills of a suitably qualified person (who may be either on-site or off-site)—without difficulty or delay—via various communication mediums including but not limited to face-to-face, telehealth, telepharmacy, and/or outreach.

Mental health services

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Subsection 3.1 - Ambulatory	fea	Ambulatory S	j n	Ve:Nce								
Older Persons Ambulator: Services		, saver		Lavei Z	Level 3	egysoen fit the Address Week	Level 4	Add Info Village General State	10 10 10 10 10 10 10 10 10 10 10 10 10 1	ers yr -couadou	Levei 6	Pagement from the
Service description		capable of providing short-term or intermittent non- latterm or health consumers admitted and older. may onty be delivered and older. may onty be available for limited burrs. may onty be delivered and older. may onty be available for limited burrs. that is non-specific that is non-specific that is non-specific to mental health. that is non-specific to mental health. that is non-specific to mental health. that is non-specific to mental health. that is non-specific that is non-specific to mental health. that is non-specific to mental health. that is non-specific to mental health. that is non-specific to mental health. that and assessment and assessment and intervention; consumer and carer aspropriate.		capable of providing short-to medium- term or intermittent mon-admitted mental health care to low- risk/complexity volumary mental health consumers aged 65 and older. accessible during business hours. may be defivered via hospital-based accessible during business hours. accessible during thealth clinicians and via hospital-based outpatient clinic accessible for homo-based care, defivered to community team of general health professionals who provide local health care. (general health calinicians provided visiting mental health predimental health care france in mental health care accession to provided at this level. service provided at this level. programs provided at this level. programs provided at this level.	capable of providing short-to long-term admitted mental health care to low- and moderate- insk/complexity voluntary mental health consumers aged 65 and older. delivered predominantly by small team (not professarily mutitidisciplinary) of mental health professarily mental health care service via hospital- based outpatient community mental mental health care service via hospital- program. Mutitidisciplinary) of mental health care service or day program. Mutitidisciplinary) of mental health care service or day program. Services: services: assessment and interventions by professionals: care consultation-liatison with higher level mental health commation. Services: and documented case consultation-liatison with higher level mental health	o D D	capable of providing short-to long-term admitted mental health care to low- and modersk- risk/complexity and, if authorsed to do so, involuntary mental heelth consumers aged 65 and older, delivered health consumers aged 65 and older, delivered betweet to consumers aged 65 and older, delivered health professionals who provide local adult mental health care service via adult mental health community mental adult mental health community mental adult mental health community mental adult mental health interventions by multidisciplinary assessment and targeted mental health professionals, care management; consumer and caref education and information. / case management; provide group provention		capable of providing short to long-term: or intermittent non- admitted mental moditates and high- moditates and high- moditates and moditates and involutaty mental health consumeral health consumeral health consumeral health consumeral health professionals with qualifications access mental health professionals with qualifications and/or expension provide local mental health content clints. Dassed care, of hospital-or community-based day program. service provision interventions by mental health mental health nucludesciptinary assessment and interventions by		capable of providing short-to long-term or intermittent non- adamtited mental health care to highest residormolexity health consumers who meet criteria to access ofder persons mental health consumers who meet criteria to access care within designated doug persons mental health service. may be targeted doputation with special demonstrate most care needs and may demonstrate most and/or indicators of treatment professionals and/or indicators of treatment professionals multidisciplinary tearm of older persons mental health professionals mental, health professionals areas whospital- based care or hospital- based care or whospital- based care or whospital- besed care o	

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Older Persons	Level (Level 2	Level 2	Level 4	0 0.0	Level 8
Ambulatory Services				Agen - una stati		
	ngga panaga pala wata wata na hala 10 wataki dan 2000 mataki ana na dan ita manana na na mana wata ing pana	information;	appropriate.	consultation-liaison	coordination/case	consumer and carer
		documented case		with lower and	management;	education; documented
		review,		higher level mental	consumer and carer	frequent case review;
		consultation-lieison		health services; and	education and	may provide targeted
		with higher level		referral, where	information;	group programs;
		mental health		appropriate.	documented regular	consultation-liaison with
		services; and		5 (1 × 10) (1 × 10)	case review;	lower reveilmental
		referral, where			consultation-liaison	health services;
		appropriate.			with lower and	extended-hours
					higher level mental	servicer and referral.
					health services and	where appropriate,
					referral, where	
					appropriate.	

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- 646; 12	As per Level 5, plus: assessment, monitoring assessment, monitoring assessment, monitoring assessment, monitoring assessment, intratinable problems (that nay be associated with most complex comorbidites accomplex comorbidites associated with most complex comorbidites associated with most assessment. I agains intervention and readment resistance). assessment, ingrama and/or liaron to other prevention services. and/or liaron to other prevention services. and/or liaron to other prevention services. and/or liaron to other prevention services for traget population and/or liaron to other prevention services for traget population and/or liaron to other prevention services for and/or liaron to other prevention services for and/or liaron to other and/or liaron to other prevention services for and/or liaron to other and/or liaron to other bertact population and/or and and/or liaron to other and/or liaron to other bertact population and/or liaron to other and/or liaron to other bertact mental health services form part of bertact mental health and/or and briddes for and/or liaron to other and/or liaron to other and/or liaron to other and/or liaron to other bertact population and/or bertact health and/or and and/or bertact and/or and and/or bertact and/or and and/or bertact and/or and and/or bertact and/or bertact health
Lavai 5	As per Level 4, plus: organy identification, organy assessment, monitoring and interventions of mental health problems and complexity (that may be associated with complex in trisk and complexity (that may be associated with complex sind trisk and complexity (that may be associated complexity indinators of treatment, and associated complex / families / carers (e.g. pathents with dementia and associated complex / families / carers (e.g. pathents with dementia and information about associated complex / families / carers (e.g. pathents with demental health problems and information about associated complex (notuding information about associated complex (notuding associated complex and support associated interventions (notuding associated complex and support associated interventions (notuding associated complex and support associated interventions (notuding associated complex and support associated atreatment associated atreatment associated atreatment associated atreatment associated atreatment associated atreatment and and atreatment associated atreatment atrea
Level 4	As per Level 3, plus: development of comprenensive individual mental beatth recovery plan within 1 week of assessment, detail collected to inform assessment, diagnosis, intervention and recovery. assettive outtraach assessments and interventions assessments and interventions conducted by team of mental health professionals based on service capacity. may be authonised intervent health service und intervent health assessments based on service capacity.
Leve: 3	As per Level 2, plus: identification, ongoing assessment, monitoring and interventions of mental health problems (that may be associated with cornorbidibes and/or indicators of any controbidibes and/or indicators of any controbidibes and intervention of any concurring development of intervention of any co-occurring substance-use disorders, meetial mental health recovery plan. psychoeducation for paychoeducation for paychoeducation for medital services, mealth services, mental health and interventions and support services). mental health assessments and interventions and support conducted by team (not necessarity mutiticicalins of clinicians.
	As per Level 'i, plus: identification, initial acute assessment and interventions of mental health problems (that may be associated with simple comorbidites and/or resistance to treatment). psychoeducation (including information about available mental health services, mertal health problems and/or informations and/or services). mertal health assessments and interventions conducted by one or mertal health assessments and interventions and/or visiting mertal health clinicians.
	As per module overview, plus: acute assessment and brief interventions of interventions of interventions of mental health problicated mental health problems, forward referrals for expert assessment, interventions and development of care plan. Dassic clinical detail collected to inform assessment, intervention and fragnosis, filmited psychoeducation mental health assessments and incorreliced in psychoeducation mental health assessments and incorreliced in psychoeducation mental health documented review process. mental health documented with documented review processes with Level 5 odfer persons acute
Older Persons Ambulatory Services	Service requirements

Mental health services

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	nponents, treach ehcatth excended program.
	service components, such as outreach services treieneadth services or excended treatment program.
- eve:	 service based within HHS or part of service network that includes Level 5 or 6 adult acute inpatient mental health unit. consultation-liaison services to local health services as required. author sed mental health service under Mental Health Act 2000.
Leve: 4	
- jaka".	
Level Z	-
	hrealth service.
Older Persons Ambulatory Services	

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Older Persons Ambulatory Sarvices	Level	Level 2	8 : 988: 307:	Level C		
Morkforce requirements	As per module overview, plus access to one or more of following (visiting basis or outreach services): "Medica: "Nursing or registered nurse. A.Ted health professionals.	As per Level 1, pits access to one or more of following qualitied and/or entral health professionals; medical practitioner. N.::sing D registered nurse, Allied health professionals. Other access to visiting memal health professionals.	As per Levrel 2, plus: Mecrical access to registered with credentials in psychiatry for assessment, case management and review. Mursing assessment, case management and review. Mursing access to two or more registered nurseat least one with access to two or nurseat least one with professionalset health. Atti-4, health. professionalset health. Cottar bestons mental persons mental health.	A per Level 3, plus: access to registered meeticeal specialist with credentials in psychiatry and/or experience in geddatic psychiatry for assessment, case management Nursing busmess nours-to with qualifications access-during busmess nours-to medic persons and/or experience in older persons and/or experience in busmess hours-to busmess hours-to busmess hours-to alied health.	As per Level 4, plus: 	As per Level 5, plus:

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Older Yersons	Level	C.	Ĉ,	2	0	<u>ب</u>	Level 4	7	S jeve	80 12	(h) (h) (h)	(17)
Mirouteory services			r		re-in-						Dútor access to extensive range of visiting or lo health / mental healt specialities	r access to extensive carge of visiting or local health / mental health specialthes
Specific risk considerations	ÎN CI		D Ni		UN D		IN D		NN C		IN C	a sa na
Support service	. ev	Leval	1.1	Level 2	Lev.	Level 3	e.	Level 4	3		. ave.	(f)
requirements for older persons ambulatory mental health services	07-site	Accession	cus-LO	adresson	Orther	Accessible	ette ette	A.: Cess 21a	On-eite	8. 10 10 10 10 10 10 10 10 10 10 10 10 10	93 93 93 93 93 94 94 94 94 94 94 94 94 94 94 94 94 94	Accessibio
Medical imaging		-		-		~	or and and a state of a	2		2		N
Medication		<i>d</i>		2	A CARACTER AND A CARACTER	2		2		0		4
Pathology						2		2		2		5

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Accessible means ability to utilise a service (either located on-site or off-site) or skills of a suitably qualified person (who may be either on-site or off-site)—without difficulty or delay—via various communication mediums including but not limited to face-to-face, telehealth, telepharmacy, and/or outreach.

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Mental health services

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 Subsection 3.2 - Acute Innetient Service

Older Persons Acute Inpetient Services			-	Level 3	- And	Level 4	andonistrationere	inder a state of the state of t		ievei 5
service cescrozon	0		ບ ດ	capable of providing short- to medium-term or intermittent inpatient	0	capable of providing short- to medium-term and intermittent inpatient	D	capable of providing short- to medium-term and intermittent inpatient	0	capable of providing short- to medium-term and intermittent inpatient
		mental health care to low-risk/complexity	E 2	mental health care to low-risk/complexity	-	mental health care to low- and moderate-		mental health care to low-, moderate- and	agar saliare cha	mental health care to voluntary and involuntary
		voluntary mental health	Ś	voluntary mental health		risk/complexity voluntary		high-risk/complexity	a anatori	mental health consumers
		consumers aged to and older.	00	consumers aged bo and older 24 hours a day.	data -	and, it authorised to do so involuntary mental		volumary and involumary adult mental nealth	****	who meet cmena to access pare within
	0		0	delivered predominantly		health consumers aged		consumers who mee:		designated order
				by general and mental		65 and older 24 hours a		criteria to access care	11-03-11-40-01-4-4	persons 24 hours a day.
		umted mental health care 24 hours a day	£ 01	health protessionals (ph- site) within general	E	uay. delixered bredomitantiv		persons 24 hours a day.	n er pisztatolonyty	highest level of nsk and
) E	medical facility with]	by mental health	Π	delivered preadminantly		complexity.
	}		120	limited number of		professionals within		by multidisciplinary team	۵	may be targeted
		health clinicians within a	ю.,¢	allocated mental health		dedicated mental health		of older persons mental haalth numberianale	*****	population with special
		raciity withour dedicated mental health staff (on-	1 52	nental health special		hospital with dedicated		within dedicated mental	2	uala nasuo. mav demonstrate most
		site) or allocated beds.	U	care suite/area.		mental health acute		health hospital or		extreme comarbidities
	C		0	service provision		mpatient unit.		general hospital with	47.17	and/or indicators of
		4	422.4	typically includes:	U	service provision		dedicated mental health	(c. W.	treatment resistance.
	-	assessment, brief	.0.2		agari - tanji i	(yoicany includes:	te d	where represents and the	0	forms part of integrated
		interventions and	0 0	largeted interventions by		munuscipinary assessment and	3	frail elder care and may	(mar.)P	mental health service
		and mean advantation and	4 AC	health professionals:		taroeted interventions by		have older persons		not of somion astract
		information, documented	0	consumer and carer		mental health		mental health clinicians	,*1	that also includes Level
		case review	¢	education and	***	professionals; consumer		assigned to clinical team.	od v endert	5 or 6 older persons
		consultation-liaison with	.== (information; documented		and carer education and	n	service provision		ambulatory mental
		higher level mental	~~ (uase leview,		HUNNERUNI, WAGHIETICU		typically includes:		health service.
		health services; and	تد <i>ب</i>	consurration-traison with higher level mental		weekty case review; consultation-liaison with		multidiscipinary	D	is highly specialised
		i i cui conte date, "Yen acon co serventerente data	£	health services: and		higher level mental		tametad intariantions hv	- Tangahir	and/or statewide
4 *** ****		entry of a set by a set of the set	- Erec.	referral, where		health services, and		mental health		reparten service
			112	appropriate.		refemal, where		professionals; consumer		general hospital
						appropriate.		and carer education and		incorporating a
								information, documented		psychogeniatric unit or
					10-1400 م	ĸ		weekly case review.		may be delivered from
			Barrage of the second				wither as	program access e.g. nsvchoeducation	halandi - Dr GD (cr	purpose-designed and
	15 S.A. LAPP							symptom management		facility
					nim sint		and the second second	end/or non-	C	demonstrates specialis!
								pharmacologic therapies;	}	expense in delivery of
							a	consultation-talson with biohar and hwar level		mental health services to
			et 62 al-da					mental health services;		consumer group that
								and referral, where		watertively report for in
								andron fate		and mark raids we w

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					service.
- Palmar m					I services delivered by
					highly specialised.
					mutidisciplinary team of
					older persons mental
					health professionals.
					n service provision
		An 100 11-			indudes:
					multidisciplinary
			unat d		assessment and
			~ ~		specialised interventions
					by mental health
					professionals; consumer
					and carer education;
					documented daily case
					review, may provide
					targeted group
					programs, consultation-
					liaison with lower level
					mental health services;
					and referral, where
					aporophate.

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Service requirements			beau their of the 2 million				enter-sur la "sur e vui
8	As per module overview, plus:	As per Level 2, plus:	As perevel 3, plus:	As per Level 4, plus:		As per	As per Level 5, plus:
	r: identification initial act the	m interstition and the	II Martification Ammina	E Mantification onvoine	e cuio	, C	identification entroine
					No in Co		something wighting
	00000000000000000000000000000000000000			Construction of the second sec	- Rue Maria	Ø	assessment, mountaining
	oue vontavialui	INTENNETION BING	and interventors of	and merventions or	5	12	and interventions of
	monitoring of	monitoring of mental	mental health problems	mental health problems	Silems	0	complex mental health
	uncomplicated mental	health problems (that	(that may be associated	ranging in risk and	o,	Q	problems (that may be
	health problems.	may be associated with	with comorbidities and/or	complexity (that may be	nav be	. 15	associated with most
	monination	simple comorbidities	indicators of treatment	associated with complex	omplex	0	complex comorbidities
		and/or resistance to	recetarios)	normanhialitise and/ar	1/mr	. 5	and for indinators of
		fractionally		indiretare of fragmant		3 2	tractoria and manifestations)
	 torward referrals for 						 Joseph and the second se
	expert assessment.	C development of	identification,	"(THENSISTIC)"		¢	extensive clinical detail
	diagnosis and	comprehensive	assessment and	D supports access to	0	8	collected to inform
	เกรื่อนกระการโกรร	individual mental health	Intervention of any co-	targeted clinical	1.000	60	assessment, diagnosis,
		ractivery nitary within	occurring substances	programs for individuale /	viduale (intervention and
		d transition of more converses	and the data description of the state of the	and the first of families of the second of t	a series and a series and	: 0	a supervision of the second seco
	plan.	AND ASSASSINGLY	, n 19 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	Groups / remines / concis	Cale S		recovery, and prosper
	- Rimitary marine and unables	a psychoeducation	C extensive clinical detail	(e.g. tamilyicaters of	01	(î)	SEMICE DEIVERY IN BIL
		(including information	collected to inform	patients with dementia	rentiz	22	levels of service.
		about available mental	assessment diamosis	and associated complex	omplex	1	may have extensive
	about available mental	health control mental	intervention and	behaviours).			canne of ndmany (e. o
	health services, mental	the statistic structure is the structure of the structure	and a second of a				
	health problems and	nearr properts and	recovery.	INVERSION INVERSION	aa ee de da da	SU SU	suess management).
	illnesses indicated	Hnesses, maicaled	Development or control of the con	assessments	ener idea	44	secondary (e.g. tails
	- 60	treatment options and	patient and family / carer	interventions and		Ð,	prevention) and tertiary
	CLEAR CONCISS OF CONCISS OF CO	subnet services)	Cooline inframe	montoring conducted	icted by	.~0	the of Devrivorial treatment
	support services).	Anna - management	A A A A A A A A A A A A A A A A A A A	multivierinimant taam of	jo useo.	- 5	maintenance, movie offen
	a mental health		200UI available mentai	Internet to a http://www.com/	A HIDO		
			health services, mental	mental hearth		9	services.
	crackerson and the current		health problems and	professionals.		6 []	separate clinical services
	FREEVENDER CORLECCE		ilthesses indicated	C authorisad mental health	il hadth		for tarrelios / namere if
	IL CONSULTATION WITH OLDER		there existing a second second as a second second		sector and a sector of the sec	. :	en reconcience o recordence of the
	persons mental health			ACCOUNT AND	21/2/2/1		to the fact of the second
	clinician where clinically		support services).	I Really ACT ZUUU.		0	specialist consultation
	indicated, and		C documented processes	U may provide range of	te of	80	and/or liaison to other
	associated with		and established	additional clinical		àn	realth and non-health
	documented review		collaborative	programs and service	Nice	02	services / agencies for
	NTARGE C		partnerships with aged	components, such as	11 25 1		larget population.
			care services / agencies	telehealth services or	8% OL 3	i	accompany in the fac
			(e.g. Aged Care	day program			regulation from the l
	assessmems and pher		frement Tanal	and a second		-	
	interventions and						carers and groups
	monitoring (and referrals		C mental health				(including irriomation
	to other mental health		assessments and				about available mental
	services) condition for		interventions conducted			-	health services, mental
			hw team of mental health				health problems and
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	OT THIS SERVICE.		Protocours tate of ano				
	additional mental health		serves.			Pr-	reament oppons and
			U may be authorised			4. s	support services)
	diractly nrowing hy		mental health servie			ū	may provide extensive
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	The new total and the second the second		2000.			0	clinical programs and
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	WOT KI UP CHE.		actinica cinate	concentration			cardinate ar dav

EXHIBIT 73

- 20 -

Mental health services

	programs.
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	level by mental health service authorised to provide ECT under Mental Health Act 2000.
Leva: S	
	 documented processes with Level 5 older persons acute inpatient mental health service.
Older Persons Acute Inpatient Services	

Mental health services

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Medica: Correction freq freq pred pred acc	As per module overview, plus:	LOVE S As per level 2 plus	Lavel &	Ar row 1 and 4 al in.	And Andrew Property of
	ter stores exact starter for and	range.	As per Lever a, prus. "Tedica".	AS Per Level 4, plus: 2/od.ca:	
	consumer admitted by registered medical bractitioner	U consumer admitted by / under registered medical	C access-24 hours-to registered medical	C consumer admitted by / under registered medical	cal /
	daily care coordinated by		specientials in psychiatry	spectansi with credentiats in psychiatry	Ś
	registered medical practitioner who has	D daily care coordinated by registered medical	tor assessment, freatment, case	(and qualifications and/or experience in	%or
	access to registered	specialist with	management and case	psychogeriatric care	
	credentials in psychiatry	ard/or registered	Natisting	Drereraore).	
	to assist and guide	medical practitioner who	I registered nurse in		
	case management and	medical specialist with	criarge or each shift is suitably qualified and	credentials in genatric health.	
	case review (may be via	credentials in psychiatry	experienced mental	ě.	
	medical services	experience in older	C two or more realistered	 access to psychology, social work prominational 	jaj
	provided on-site or in	persons mental health to assist and wide	nurses per shift qualified	therapy, speech	
	to provide rapid	assessment, treatment,	and expenenced in mental health.	pathology and distetic services (methraduate	
:	response at all times.	case management and	c if incatient unit	training desirable).	
		case review (may be via		D access to dedicated	
	sunably quaimed and expenenced registered	Aursing.	one registered nurse per shift multited and	pharmacy services for	
	nurse (however titled) in	I at least one registered mine our pain with	experienced in mental	O.her	
E	urialitied and rutalitied and	qualifications and/or	C'Yer.	D access to extensive	
land 1	experienced registered	experience in mental	The state of the second sector	Fange of on-site and/or	
	nurse in charge of each	health. Allied health		health / mental health.	
	appropriate to service	accessduring business	in health / mental health.		
	being provided.	hours-to community- or			
	other suitably qualified missing staff which	hospital-based alited health professionals with			
agi – da	within their scope of	qualifications and/or exwenence in mental			
F	cinical practice. Poress	health,			
)	hours-to registered				
	nurse with qualifications				
	extensive mental health				
	expenence who can				
44 at 14	and direction for nursing				
AHR	care. Allics health		100		
	hours-to allied health professionals.				

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Older Persons Acute innatient Sarvices		2 13/12/	A.	Level 3	1.ev	tevel 4	9	eve: 5	re."	Level 3
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Specific risk considerations	IN D		E D	and an any set of the	D N		D.		EN D	
Support service	Re - S	Lovel 2	0	Leve; 3	Policy 5	1.2.24 4	i i i i i i i i i i i i i i i i i i i		ลั	Leve: 6
requirements for older	Orsite	ACCESSID'A	07-500	Accessible	Chaste	Accessible	Onste	ALLESSING	07-310	2010551319
persons acute inpatient mental health services	v av gauge is de Med	angle Galacia (C.177					an-10-1 (no. 1-100)			
Anaesthetics*	an and the statement of the structure and the structure of the structure of the structure of the structure of t	lang Vina da da muruman a cara ya muno bila baga da			Ø		0		3	
Medical imaging				*		2		2	And a second	
Medication	2		2		ю 		4		5	
Pathology		e re		2		2	De la companya de la	2	And a feature of the second	2
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Perioperative (relevant section/s)* *Required only if ECT performed

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On-site means staff, services and/or resources located within the health facility or adjacent campus including third party providers. Table note:

Accessible means ability to utilise a service (either located on-site or off-site) or skills of a suitably qualified person (who may be either on-site or off-site)—without difficulty or delay—via various communication mediums including but not limited to face-to-face, telehealth, telepharmacy, and/or outreach

Mental health services

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	. Targeted Services
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Service description	provides highly specialised forensic mental health services to both ambulatory and acute inpatient adult mental health consumers preserving with moderate, high and highest risk/complexity, with acute inpatient components of this service providing acute inpatient mental health care 24 hours a day).
	delivered to members of targeted adult population diagnosed with serious mental illness and who have presented with serious and/or complex forensic issues (for some ambulatory services at this level of care, target population may extend to adults diagnosed with serious mental illness and at high risk of offending).
	delivered from a range of sites across the state; however, statewide coordination and governance of these services are centralised.
	 ambulatory service components consist of: Court Liaison Service. which provides mental health assessment. If alson, advice and referral for people in police custody and magistrates court environments. including diversion to appropriate mental health services, where appropriate Prison Mental Health Services, which provide psychiatric assessment, treatment, management, discharge planning and transition
	support to people in custody - Community Forensic Outreach Service, which assists and builds capecity of integrated mental health services to assess and manage people who have mental illness and are involved in the criminal justice system, or are at high risk of committing an offence.
	Inpatient service component consists of:
	 high secure service. The Park Centre for Mental Health. (Consumers referred to ambulatory components of this service present with problems ranging from moderate to high risk/complexity some of whom may demonstrate most extreme comorbidities and/or indicators of treatment resistance).
	ambulatory memtal health care is provided during service defined hours of business and includes: comprehensive multidisciplinary assessment, such as forensic and risk assessments; medico-legal reporting; largeted specialist interventions by mental health professionals; care coordination / case management; consumer and carer education; documented frequent; case review; targeted group programs, all levels of prevention programs / services; consultation-lieison with lower level mental health services; and referral, where appropriate.
	In lower level services for adult forensic mental health consumers are delivered as part of core business associated with embulatory, acute inpatient and non-ecute inpatient services, as defined in the Adult Services and Older Persons Services sections of this module.
Service requirements	As per module overview, plus:
	acute inpatient service components are delivered across one or two sites statewide (from purpose-designed and built facilities) and provide targeted risk management strategies for designated population.
	consumers meeting admission criteria for acute inpatient component of this service are unable to be adequately or safely cared for within their local inpatient mental health service and present with problems defined as the highest ris/complexity.
	identification, ongoing assessment, monitoring and interventions of complex mental health problems (that may be associated with most complex comorbidities and/or indicators of treatment res-stance).
	 medication management.
	D extensive clinical detail collected to inform assessment / diagnosis / intervention / recovery, and broader service delivery in all levels of service.
	extensive range of primary (e.g. stress management), secondary (e.g. weight management) and tertiary (e.g. psychosis treatment, maintenance) prevention services.
	a statewide clinical forums to assist dissemination of clinical expertise.
	services delivered by highly specialised teams that provide mental health care to target population's, some of whom present with special care needs.
	acute inpatient units are authorised mental realith services under Mental Health Act 2000.
	specialist mental health assessments and interventions conducted by mental health clinicians and health workers of this service. specialist consultation-liaison to other health and non-health services/agencies for target population.
	 clinicians providing mental health services participate in clinical bractice supervision with cliniciants gualified and experienced in forensic

h service, telehealth services of health services of health service authorised to	
ant specialist qualifications and	
e mental health experience in	
s and experience in forensic	
reach services).	

EXHIBIT 73

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Adult Forensic Service	evel 5	
na n	mental health.	-
	nay provide extensive range of additional clinical programs and service components, such as an outreach service, telehealth services or an opponded transmist moment.	
	an extension updanter program. a scinically indicated, ECT services may be facilitated and/or provided at this level of service by a mental health service authorised to	
	provide ECT under Mental Health Act 2000.	
Workforce recuirements	As per module overview, plus a Level 6 ambutatory service requires: 	
	access—during business hours—to registered medical spectalist with credentials in psychiatry and relevant specialist qualifications and experience in forensic assessment, case management and review.	
	Nursing	والمراجعة المراجعة المراجعة
	access—during business hours—to registered nurses with qualifications in mental health and/or extensive mental health experience in forensic assessment, case management and review. AlGed health	
	a access—during business hours—to muttafisciplinary team of alfied health professionals with qualifications and experience in forensic mental health, including pharmacy services for mental health.	
	access to extensive range of local health / mental health specialities (may be on a visiting basis or by outreach services).	
	K L	
	consumer admitted by / under registered medical specialist with credentials in psychiatry.	
	access—24 hours—to registered medical specialist with credentials in psychiatry and relevant specialist qualifications and experience in forens.c assessment, treatment, case management and review.	e video cali voceno
	medical services provided on-site or are in close enough proximity to provide rapid response at all times. Numsing	
	Listably qualified and experienced registered hurse in charge (however titled) of unit.	nauren haag mis
	registered nurse in charge of each shift is suitably qualified and experienced mental health professional.	Line of the
	majority of nursing staff on each shift have required qualifications and experience in mental health. Atiloc health.	000.00-
	access to multidisciplimary team of alified health professionals with qualifications and experience in forensic mental health including psychology, social work, occupational therapy, speech pathology and dietexics (postgraduate training is desirable).	
	D access to dedicated pharmacy services for mental health.	
	currer access to extensive range of local health / mental health specialites (may be on a visiting basis or by outreach services).	
Specific risk considerations	O Mi	

Mental health services

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Support service requirements for adult	9 9 8 8 9 9 1 9 1 9 1 9 10 10 10 10 10 10 10 10 10 10 10 10 10	60
forensic mentel realth services	On-site	Accessible
Anaesthetic*		\sim
Medical imaging		~
Medication		5
Pathology		3
Perioperative (relevant section/s)*		

"Required only in services where ECT performed.

On-site means staff, services and/or resources located within the health facility or adjacent campus including third party providers. Table note:

outreach. - 22 -

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formation (summary)