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| Mental Health Bulletin #54 |
| CMI/ODS Release 10 Update June 2022 |

CMI/ODS Release 10

#  Purpose

* To outline updates and data reporting requirements as part of CMI/ODS release 10.

## MHT & CMI Client registration data update

To support the operations of the Mental Health Tribunal, the CMI/ODS client registration data set has been expanded to include fields to record consumer mobile phone number and consumer email address. This will enable the Mental Health Tribunal to notify consumers of their hearings in a timely and efficient way. Services are required to have processes in place to ensure that CMI/ODS registration demographic detail is updated in CMI/ODS ***before a hearing is requested***, and as soon as possible when contact details have changed.

###  CMI/ODS data entry

Health services are required to collect the mobile phone number and email address of consumers and compulsory notifiable persons (CNPs) and enter this data into CMI/ODS prior to requesting a Tribunal hearing. This will ensure that the Tribunal has the most recent contact details to notify consumers and CNPs).

Please note this directive supersedes the previous directive outlined in bulletin 45 which required collection of client email address against Compulsory Notification fields.

* If Compulsory Notification records with patient details have been created, could health services please delete those records so that the Tribunal will no longer receive them.

## E-Mental Health Interventions for CAMHS & CYMHS

The Victorian Government has arranged for state-funded specialised child, adolescent and youth mental health services to have access to an e-mental health service for delivery of enhanced digital mental health care to young Victorians (12 – 25 years old). Orygen National, through its digital division, Orygen Digital, will make its Moderated Online Social Therapy (MOST) platform available for CAMHS/CYMHS services to refer clients to the platform and tailor online therapy programs based on the needs of the young person. Clinicians will then be able to track how young people are using MOST, identifying what is working well, what is not and discussing the use of the platform in subsequent appointments based on feedback and progress in the young person’s life.

### CMI/ODS data entry

Where a CAMHS/CYMHS client commences using the Moderated Online Social Therapy (MOST) program, Area Mental Health Services should enter a Task in CMI/ODS to reflect an “E-Mental Health Intervention”, with the date of commencement against the referring CAMHS/CYMHS subcentre. A list of consumers who have signed up to use MOST will be forwarded to Services on a quarterly basis by Orygen National for data entry as described.

## New Outcome Measure: Phase of Care

The Phase of Care measure has been added in CMI-ODS as part of CMI/ODS release 10, and can be recorded as an additional measure task. For the 2020-21 financial year, reporting of the Phase of Care outcome measure is optional.  Focus of Care will be replaced by Phase of Care at a later date and guidance will be provided in the future about when to cease collection of the Focus of Care. This change is expected to occur in the 2021-22 financial year and will require Phase of Care to be collected for all age groups and care settings.

The Phase of Care is a key outcome measure for mental health services to report in the future for:

* accurate calculation of Victoria’s Commonwealth funding entitlement for mental healthcare, when the Independent Hospital Pricing Authority (IHPA) implements a new national funding model. This is expected to be July 2021 for inpatient mental health services and July 2022 for community mental health services. Victorian work on funding model development is expected to contribute to refinement of the national model, but not replace the need for Phase of Care data collection.
* Victoria to report this data item to the Mental Health National Outcomes and Casemix Collection (NOCC).

Phase of Care mirrors the concept of the existing Focus of Care data item in the CMI/ODS, except that Phase of Care is prospective or forward-looking –  what is the primary goal of treatment in the next period of care  Whereas Focus of Care is retrospective – what was the primary goal of treatment in the previous period of care.

## New Contacts Service recipients

Additional service recipient codes have been added to CMI/ODS from 01/11/2020 to support emerging mental health service monitoring priorities, and mental health service operational requirements. Previously these contacts would have already met reportable contact criteria but would have been reported against the service recipient of “Other”:

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| New service recipient codes - Guide for use |

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| **Code** | **Guide**  |
| 112 | E-mental health service provider – Services provided to another mental health service provider, relating to that services’ evidence based moderated online mental health treatment program. |
| 113 | Pharmacy services - Services provided to pharmacy services.  |
| 114 | Custodial Health Service – Services provided to The Victoria Police Custodial Health Service, includes Custodial Nursing staff. |
| 115 | Carer - Service provided to client carer(s) when the client is not present, and where the carer is not a family member. |
| 116 | Primary Mental Health Services - Services provided to mental health and suicide prevention services in the primary health sector. |

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## Unreportable “D” type client contacts

A new funding source code of “Costing” has been introduced.

Where services have created specific community subcentres and programs for local operational monitoring purposes, such as to be able to track unreportable contact activity like “Travel time”, “Documentation” etc, services are requested to update these “unreportable CMI/ODS programs” with the funding source of “Costing”. This is required to be completed for all unreportable community subcentre programs by 01/07/2021.

## Inpatient subcentre setting: Virtual Ward

CMI/ODS release 10 includes a new inpatient subcentre setting called “Virtual ward”. This setting should only be used for Hospital in the Home services approved by the mental health and drugs branch, DHHS. Further details of how admitted Hospital in the home activity is to be reported, are outlined in Bulletin 52.

## Further information

This bulletin has been developed by the Mental Health and Drugs Data team. For further information, please email: MHDReporting@dhhs.vic.gov.au

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