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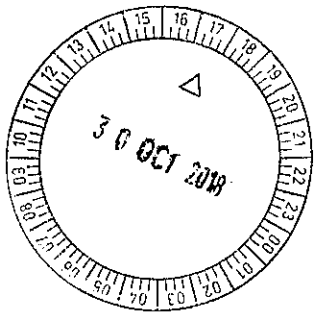
07/11/18

The Hon Roger Cook MLA
Deputy Premier
Minister for Health; Mental Health



Our ref: 60-12409
Your ref: A719761

Hon Alanna Clohesy MLC
Chair
Standing Committee on Estimates and Financial Operations
Parliament House, 4 Harvest Terrace
WEST PERTH WA 6005

By email: lcefoc@parliament.wa.gov.au

Dear ~~Madam Chair~~ Alanna,

Thank you for your questions prior to the hearing for the Mental Health Commission 2017-18 Annual Report. I enclose my response to all of the requested information.

Yours sincerely

HON ROGER COOK MLA
DEPUTY PREMIER
MINISTER FOR HEALTH; MENTAL HEALTH

Att.

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LEGISLATIVE COUNCIL STANDING COMMITTEE ON ESTIMATES AND FINANCIAL OPERATIONS

2017-18 ANNUAL REPORT QUESTIONS PRIOR TO HEARING

Mental Health Commission

Hon Alanna Clohesy, MLC asked:

1) For each matter that had an impact in 2017-18, how much was spent on

   a) each spending change identified in the 2017-18 Budget and the 2018-19 Budget

Answer:

Budget Paper Year	TITLE	BP2 ($'000)	2017-18 Actual ($'000)	Comment
2017-18	3 Tier Youth Mental Health Program	133	133	Expenditure is included in Service Agreement - non government and other organisations expense line item in the 2017-18 Annual Report.
2017-18	Alcohol and Other Drug Residential Rehabilitation and treatment services - Kimberley	200	0	This is a carry-over request for 2018-19.
2017-18	Ice Breaker Program	180	180	Expenditure is included in Grants and Subsidies expense line item in the 2017-18 Annual Report. In note 3.3 for Grants and Subsidies it is included in "Other Grants".
2017-18	Mental Health Recovery College at Royal Perth Hospital and in Wanneroo	200	248	Expenditure is included in Supplies and Services expense line item in 2017-18 Annual Report. In note 3.4 for Supplies and Services it is included in "Purchase of outsourced services" and "Consulting Fees".
2017-18	National Rugby League State of Mind Program	50	50	Expenditure is included in Service Agreement - non government and other organisations expense line item in the 2017-18 Annual Report.
2017-18	Freeze Salaries and Allowances Tribunal Determined Salaries	-12	NA	Not applicable due to the adjustment being a reduction and therefore is not reflected as an expense in the 2017-18 Annual Report.
2017-18	Internal Savings - Administered Bodies	-99	NA	Not applicable due to the adjustment being a reduction and therefore is not reflected as an expense in the 2017-18 Annual Report.
2017-18	Internal Savings - Grants and Services Purchased	-665	NA	Not applicable due to the adjustment being a reduction and therefore is not reflected as an expense in the 2017-18 Annual Report.

Budget Paper Year	TITLE	BP2 ($'000)	2017-18 Actual ($'000)	Comment
2017-18	Internal Savings - Internal Resourcing	-462	NA	Not applicable due to the adjustment being a reduction and therefore is not reflected as an expense in the 2017-18 Annual Report.
2017-18	Public Specialised Mental Health Services Revised Activity and Cost Settings	12,416	702,194	Expenditure is included in Service Agreement - WA Health expense line item in the 2017-18 Annual Report. Further break down provided in Note 3.2 to Financial Statements.
2017-18	Non-Government Human Services Sector Indexation Adjustment	-1,403	NA	Not applicable due to the adjustment being a reduction and therefore is not reflected as an expense in the 2017-18 Annual Report.
2017-18	Revision to Indexation for Non-Salary Expenses	-220	NA	Not applicable due to the adjustment being a reduction and therefore is not reflected as an expense in the 2017-18 Annual Report.
2017-18	Work Zone - Government Communications Network	354	266	Expenditure is included in Accommodation and Supplies and Services expenses line items in the 2017-18 Annual Report.
2018-19	Senior Executive Service Reduction	-250	NA	Not applicable due to the adjustment being a reduction and therefore is not reflected as an expense in the 2017-18 Annual Report.
2018-19	Government Office Accommodation Reform Project	-7	NA	Not applicable due to the adjustment being a reduction and therefore is not reflected as an expense in the 2017-18 Annual Report.
2018-19	Mental Health Public Hospital Services	2,302	702,194	Expenditure is included in Service Agreement - WA Health expense line item in the 2017-18 Annual Report. Further break down provided in Note 3.2 to Financial Statements.
2018-19	New Public Sector Wages Policy - Mental Health Commission	-184	NA	Not applicable due to the adjustment being a reduction and therefore is not reflected as an expense in the 2017-18 Annual Report.
2018-19	Blood Borne Virus Specialist Training Program	137	118	Expenditure is included in Employee benefits expenses line item in the 2017-18 Annual Report.
2018-19	Royal Australian and New Zealand College of Psychiatrists - Specialist Training Program	100	141	Expenditure is included in Employee benefits expenses line item in the 2017-18 Annual Report.
2018-19	Other Adult Pilot Program	-1,915	NA	Not applicable due to the adjustment being a reduction and therefore is not reflected as an expense in the 2017-18 Annual Report. .
2018-19	State Fleet Policy and Procurement Initiatives	-35	NA	Not applicable due to the adjustment being a reduction and therefore is not reflected as an expense in the 2017-18 Annual Report. .

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Budget Paper Year	TITLE	BP2 ($'000)	2017-18 Actual ($'000)	Comment
2018-19	Voluntary Targeted Separation Scheme	139	139	Expenditure is included in Employee benefits expenses line item in the 2017-18 Annual Report.

b) each capital project listed in the 2018-19 Budget asset investment program
Answer: No capital project listed in the 2018-19 Budget paper impacted 2017-18.

2) How frequently do you review your:
a) Key performance indicators
Answer: Annually

b) Key performance indicator targets
Answer: Annually

3) When were your key performance indicators last review?
Answer: 2017. The 2018 review is in progress.

4) Can you provide any documentation from your last review of your key performance indicators?
Answer: Yes, documentation attached for the significant changes made during the 2016 review, with changes implemented in the 2017-18 annual report. No changes were made as a result of the review in 2017.

5) Can you list any new key performance indicators for this year?
Answer: Yes, please see below.
- Key Effectiveness Indicator 2.3 - Rate of hospitalisation for alcohol and other drug use, and
- Key Effectiveness Indicator 3.5 - Percentage of contracted non-government alcohol and other drugs services that met an approved accreditation standard, and
- Key Effectiveness Indicator 3.7 - Percentage of the population receiving public alcohol and other drug treatment, and
- Key Efficiency Indicator 1.3 - Cost per person of alcohol and other drug campaign target groups who are aware of, and correctly recall, the main campaign messages, and
- Key Efficiency Indicator 3.1 - Average cost per purchased bedday for 24 hour staffed community bed-based services (national indicator), and
- Key Efficiency Indicator 3.2 - Average cost per purchased bedday for non-24 hour staffed community bed-based units (national indicator).

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Agency Returns

Outcome Based Management Structure Amendments

The below templates must be used by agencies when proposing amendments to their Outcome Based Management (OBM) reporting framework for the Under Treasurer's (or the Economic and Expenditure Reform Committee's) consideration.

Information on the development of each of the OBM elements is available in the Outcome Based Management Guidelines for use in the Western Australian Public Sector. It is expected that whenever an agency is seeking to amend its OBM reporting framework structure that it consults with the relevant Department of Treasury agency analysts prior to submitting the proposed framework to the Under Treasurer for consideration. Further, to ensure that newly developed Key Performance Indicators are relevant and appropriate it is expected that agencies also consult with the Office of the Auditor General as required, prior to the finalisation of any submission.

It is important that in addition to the below templates being completed by agencies when submitting revisions to their OBM structure that covering advice is provided, including:

- overarching justification for the proposed amendments (with specific details by component included in the relevant template below);
- a summary of **significant** changes and justification;
- a summary of consultation and issues identified in that consultation; and
- how the proposed changes will increase stakeholders' (the Public, Parliament, the Government and the groups that the agency services) understanding of agency operations.

Mental Health Commission

Proposed Outcome Based Management Structure

Government Goals[1]

Outcomes Based Service Delivery: Greater focus on achieving results in key service delivery areas for the benefit of all Western Australians.

Agency Level Government Desired Outcomes and Key Effectiveness Indicators

Desired Outcome 1: Improved mental health and wellbeing

Key Effectiveness Indicator 1.1: Percentage of the population with high or very high levels of psychological distress

Desired Outcome 2: Reduced incidence of use and harm associated with alcohol and other drug use

Key Effectiveness Indicator 2.1: Percentage of the population aged 14 years and over reporting recent use of alcohol at a level placing them at risk of lifetime harm

Key Effectiveness Indicator 2.2: Percentage of the population aged 14 years and over reporting recent use of illicit drugs

Key Effectiveness Indicator 2.3: Rate of hospitalisation for alcohol and other drug use

Desired Outcome 3: Accessible, high quality and appropriate mental health and alcohol and other drug treatments and supports

Key Effectiveness Indicator 3.1: Readmissions to hospital within 28 days of discharge from acute specialised mental health units (national indicator)

1

- **State building – major projects**
  Building strategic infrastructure that will create jobs and underpin Western Australia's long term economic development
- **Financial and economic responsibility**
  Responsibly managing the State's finances through the efficient and effective delivery of services, encouraging economic activity and reducing regulatory burdens on the private sector
- **Results-based service delivery**
  Greater focus on achieving results in key service delivery areas for the benefit of all Western Australians
- **Stronger focus on the regions**
  Greater focus on service delivery, infrastructure investment and economic development to improve the overall quality of life in remote and regional areas
- **Social and environmental responsibility**
  Ensuring that economic activity is managed in a socially and environmentally responsible manner for the long-term benefit of the State

Key Effectiveness Indicator 3.2: Percentage of contacts with community-based public mental health non-admitted services within 7 days post discharge from public mental health inpatient units (national indicator)

Key Effectiveness Indicator 3.3: Percentage of closed alcohol and other drug treatment episodes completed as planned

Key Effectiveness Indicator 3.4: Percentage of contracted non-government organisations that met the National Standards for Mental Health Services

Key Effectiveness Indicator 3.5: Percentage of the population receiving public clinical mental health care (national indicator)

Key Effectiveness Indicator 3.6: Percentage of the population receiving public alcohol and other drug treatment

Services and Key Efficiency Indicators

Service 1: Prevention

Key Efficiency Indicator 1.1: Cost per capita to enhance mental health and wellbeing and prevent suicide (illness prevention, promotion and protection activities)

Key Efficiency Indicator 1.2: Cost per capita of the population 14 years and above for initiatives that delay the uptake and reduce the harm associated with alcohol and other drugs

Key Efficiency Indicator 1.3: Cost per person of alcohol and other drug campaign target groups who are aware of, and correctly recall, the main campaign messages

Service 2: Hospital Bed Based Services

Acute

Key Efficiency Indicator 2.1: Average length of stay in purchased acute specialised mental health units

Key Efficiency Indicator 2.2: Average cost per purchased bedday in acute specialised mental health units

Sub acute

Key Efficiency Indicator 2.3: Average length of stay in purchased sub acute specialised mental health units

Key Efficiency Indicator 2.4: Average cost per purchased bedday in sub acute specialised mental health units

Hospital in the home

Key Efficiency Indicator 2.5: Average length of stay in purchased hospital in the home mental health units

Key Efficiency Indicator 2.6: Average cost per purchased bedday in hospital in the home mental health units

Forensic

Key Efficiency Indicator 2.7: Average length of stay in purchased forensic mental health units

Key Efficiency Indicator 2.8: Average cost per purchased bedday in forensic mental health units

Service 3: Community Bed Based Services

Key Efficiency Indicator 3.1: Average cost per purchased bedday for 24 hour staffed community bed based services (national indicator)

Key Efficiency Indicator 3.2: Average cost per purchased bedday for non-24 hour staffed community bed based services (national indicator)

Key Efficiency Indicator 3.3: Average cost per purchased bedday in step up/step down community bed based units

Key Efficiency Indicator 3.4: Cost per completed treatment episode in alcohol and other drug residential rehabilitation services

Service 4: Community Treatment

Key Efficiency Indicator 4.1: Average cost per purchased treatment day of ambulatory care provided by public clinical mental health services (national indicator)

Key Efficiency Indicator 4.2: Average treatment days per episode of ambulatory care provided by public clinical mental health services

Key Efficiency Indicator 4.3: Cost per completed treatment episode in community based alcohol and other drug services

Service 5: Community Support

Key Efficiency Indicator 5.1: Average cost per hour of community support provided to people with mental health problems

Key Efficiency Indicator 5.2: Average cost per episode of community support provided for alcohol and other drug services

Key Efficiency Indicator 5.3: Average cost per package of care provided for the Individualised Community Living Strategy

Key Efficiency Indicator 5.4: Cost per episode of care in safe places for intoxicated people

Section 1
GOVERNMENT GOALS

Government Goals	**Discussion**[2] Consider how do each of the Government Goals link to the activities of the agency?
to be **Continued**[3]	
1. Outcome based service delivery: Greater focus on achieving results in key service delivery areas for the benefit of all Western Australians	No change.
to be **Added**[4]	
None	
to be **Discontinued**[5]	
None	

In Sections 1, 2, 3, 4 and 5:

[2] In the Discussion section include any relevant information, specifically, how does each element increase Stakeholders (the Public's, Parliament's, Government's and/or the groups that the agency services) understanding of agency operations.

[3] continued, meaning those elements of the agency's current Outcome Based Management (OBM) reporting framework that are proposed to remain in the new framework.

[4] added, meaning those elements proposed to be a part of the agency's new OBM reporting framework that previously were not.

[5] discontinued, meaning those elements of the agency's current OBM reporting framework that are proposed to be removed.

Section 2
AGENCY LEVEL DESIRED OUTCOME

DESIRED OUTCOME	**Linked** Government Goal Desired Outcomes should link to at least one Government Goal.	**Discussion** Consider how the proposed Desired Outcomes are relevant or consistent with current government policies, or enabling legislation.
to be **Continued**		
2. Reduced incidence of use and harm associated with alcohol and other drug use	Outcomes Based Service Delivery: Greater focus on achieving results in key service delivery areas for the benefits of all Western Australians	No change.
3. Accessible, high quality and appropriate mental health and alcohol and other drug treatments and supports	Outcomes Based Service Delivery: Greater focus on achieving results in key service delivery areas for the benefits of all Western Australians	No change.
to be **Continued but Modified**		
1. Improved mental health and wellbeing	Outcomes Based Service Delivery: Greater focus on achieving results in key service delivery areas for the benefits of all Western Australians	Previous statement: *Promote mental health and wellbeing.* Adjustment: This statement has been modified from *promote* to *improved* mental health and wellbeing to address concerns raised by the Office of the Auditor General that Outcome 1 was not worded as an end result or impact.
to be **Added**		
None		
to be **Discontinued**		
None		

Section 3
KEY EFFECTIVENESS INDICATORS

KEY EFFECTIVENESS INDICATORS	**Linked Desired Outcome** The achievement of a Desired Outcome is measured through the Key Effectiveness Indicators.	**Discussion** Consider how changes in Key Effectiveness Indicators are necessary and measure the achievement of the Desired Outcome.
to be **Continued**		
3.1 Readmissions to hospital within 28 days of discharge from acute specialised mental health inpatient units (national indicator)	Accessible, high quality and appropriate mental health and alcohol and other drug treatments and supports	No change.
3.2 Percentage of contacts with community-based public mental health non-admitted services within 7 days post discharge from public mental health inpatient units (national indicator)	Accessible, high quality and appropriate mental health and alcohol and other drug treatments and supports	No change.
3.3 Percentage of closed alcohol and other drug treatment episodes completed as planned	Accessible, high quality and appropriate mental health and alcohol and other drug treatments and supports	No change.
3.4 Percentage of non-government organisations contracted to provide mental health services that met the National Standards for Mental Health Services (2010) through independent evaluation	Accessible, high quality and appropriate mental health and alcohol and other drug treatments and supports	No change.
3.5 Percentage of the population receiving public clinical mental health care (national indicator)	Accessible, high quality and appropriate mental health and alcohol and other drug treatments and supports	No change.
to be **Continued but Modified**		
1.1 Percentage of the population with high or very high levels of psychological distress	Improved mental health and wellbeing	Previous statement: *Percentage of the WA population with high or very high levels of psychological distress compared to the percentage reported nationally.* Adjustment: This statement has been modified to remove the comparison to the national figure. This comparison will still be

Section 3

KEY EFFECTIVENESS INDICATORS

KEY EFFECTIVENESS INDICATORS	**Linked Desired Outcome** The achievement of a Desired Outcome is measured through the Key Effectiveness Indicators.	**Discussion** Consider how changes in Key Effectiveness Indicators are necessary and measure the achievement of the Desired Outcome.
		made in the notes, but the indicator will specifically target a reduction in the percentage for WA compared to the previous result. This change is based on the recommendation of the Office of the Auditor General.
2.1 Percentage of the population aged 14 years and over reporting recent use of alcohol at a level placing them at risk of lifetime harm	Reduced incidence of use and harm associated with alcohol and other drug use	Previous statement: *Percentage of the WA population aged 14 years and over reporting recent use of illicit drugs and the percentage reporting use of alcohol at risky levels compared to the percentage reported nationally.* Adjustment: This statement has been modified in two ways. Firstly, the illicit drug component has been removed and put into its own indicator (see below). This is to avoid the situation when alcohol use increases and illicit drug use decreases or vice-versa. If such an event occurs, then it will be very difficult to explain in terms of measuring whether the Mental Health Commission has achieved this KPI or not. Secondly, the statement has been modified to remove the comparison to the national figure. This comparison will still be made in the notes, but the indicator will specifically target a reduction in the percentage for WA compared to the previous result. This change is based on the recommendation of the Office of the Auditor General.
to be **Added**		
2.2 Percentage of the population aged 14 years and over reporting recent use of illicit drugs	Reduced incidence of use and harm associated with alcohol and other drug use	This indicator is the second component of KPI 2.1 and has been modified in two ways. Firstly, the alcohol component has been removed and put into its own indicator (see above). This is to avoid the situation when alcohol use increases and illicit drug use decreases or vice-versa. If such an event occurs, then it will be very difficult to explain in terms of measuring whether the Mental Health Commission has achieved this KPI or not. Secondly, the statement has been modified to remove the comparison to the

Section 3

KEY EFFECTIVENESS INDICATORS

KEY EFFECTIVENESS INDICATORS	**Linked Desired Outcome** The achievement of a Desired Outcome is measured through the Key Effectiveness Indicators.	**Discussion** Consider how changes in Key Effectiveness Indicators are necessary and measure the achievement of the Desired Outcome.
		national figure. This comparison will still be made in the notes, but the indicator will specifically target a reduction in the percentage for WA compared to the previous result. This change is based on the recommendation of the Office of the Auditor General.
2.3 Rate of hospitalisation for alcohol and other drug use	Reduced incidence of use and harm associated with alcohol and other drug use	Underpinning the assessment of the harms resulting from alcohol and other drug use is an estimate of the burden of disease and other harms due to alcohol and other use, calculated from epidemiological data. The proportion of cases of a particular harm due to alcohol and other drug use is identified through the application of an aetiological fraction. The Epidemiology Branch at the Department of Health applies aetiological fractions, based on the latest available evidence from the research literature, to the Hospital Morbidity Data System in order to calculate a reliable estimate of the number of hospitalisations attributable to alcohol and other drug use. This is a robust quantitative measure of the harm caused by the use of alcohol and other drugs in the community.
3.6 Percentage of the population receiving public alcohol and other drug treatment	Accessible, high quality and appropriate mental health and alcohol and other drug treatments and supports	This indicator measures the accessibility of publicly funded alcohol and other drug services and addresses the significant issue raised by the Office of the Auditor General regarding the lack of such an indicator. It can be considered the pair of KPI 3.5 (see above), and can now be reported due to the recent introduction of a national statistical linkage key by the Australian Institute of Health and Wellbeing. Previously only the number of treatment episodes provided by publicly funded agencies was available in the Alcohol and Other Drug Treatment Services National Minimum Dataset, but the introduction of the statistical linkage key allows the number of unique clients receiving treatment to be calculated across jurisdictions.

to be **Discontinued**		
2.2 Correct take out messages for alcohol and other drug campaigns among target population	Reduced incidence of use and harm associated with alcohol and other drug use	This indicator is a weak measure of the effectiveness of public education and social marketing campaigns to reduce risky alcohol and other drug use and increase the awareness of associated harms. Awareness of a campaign message does not necessarily correlate to a change in behaviour and this indicator does not assess harm reduction in any quantifiable way. In addition, the campaigns are not comparable to those conducted in prior years.

Section 4
SERVICES

SERVICES	**Linked Desired Outcome** Desired Outcomes are delivered by Services.	**Discussion** Consider how the proposed Services align with the agency's organisational structure, government policies or enabling legislation.
to be **Continued**		
1. Prevention	Improved mental health and wellbeing Reduced incidence of use and harm associated with alcohol and other drug use	No change.
2. Hospital Bed Based services	Accessible, high quality and appropriate mental health and alcohol and other drug treatments and supports	No change.
3. Community Bed Based services	Accessible, high quality and appropriate mental health and alcohol and other drug treatments and supports	No change.
4. Community Treatment	Accessible, high quality and appropriate mental health and alcohol and other drug treatments and supports	No change.
5. Community Support	Accessible, high quality and appropriate mental health and alcohol and other drug treatments and supports	No change.
to be **Added**		
None		
to be **Discontinued**		
None		

Section 5
KEY EFFICIENCY INDICATORS

KEY EFFICIENCY INDICATORS	**Linked Service** The efficiency of agency Service delivery is measured by Key Efficiency Indicators.	**Discussion** Consider how changes in Key Efficiency Indicators are necessary and measure the efficiency of agency Service delivery.
to be **Continued**		
1.1 Cost per capita to enhance mental health and wellbeing and prevent suicide (illness prevention, promotion and protection activities)	Prevention	No change.
1.2 Cost per capita of the population 14 years and above for initiatives that delay the uptake and reduce the harm associated with alcohol and other drugs	Prevention	No change.
1.3 Cost per person of alcohol and other drug campaign target groups who are aware of, and correctly recall, the main campaign messages	Prevention	No change.
Acute 2.1 Average length of stay in purchased acute specialised mental health units 2.2 Average cost per purchased bedday in acute specialised mental health units	Hospital Bed Based Services	No change.
Sub acute 2.3 Average length of stay in purchased sub acute specialised mental health units 2.4 Average cost per purchased bedday in sub acute specialised mental health units	Hospital Bed Based Services	No change.
Hospital in the home 2.5 Average length of stay in purchased hospital in the home mental health units 2.6 Average cost per purchased bedday in hospital in the home mental health units	Hospital Bed Based Services	No change.
Forensic	Hospital Bed Based Services	No change.

Section 5
KEY EFFICIENCY INDICATORS

KEY EFFICIENCY INDICATORS	**Linked Service** The efficiency of agency Service delivery is measured by Key Efficiency Indicators.	**Discussion** Consider how changes in Key Efficiency Indicators are necessary and measure the efficiency of agency Service delivery.
2.7 Average length of stay in purchased forensic mental health units 2.8 Average cost per purchased bedday in forensic mental health units		
3.3 Average cost per purchased bedday in step up/step down community bed based units	Community Bed Based Services	No change.
4.1 Average cost per purchased treatment day of ambulatory care provided by public clinical mental health services (national indicator)	Community Treatment	No change.
4.2 Average treatment days per episode of ambulatory care provided by public clinical mental health services (national indicator)	Community Treatment	No change.
5.1 Average cost per hour of community support provided to people with mental health problems.	Community Support	No change.
5.2 Average cost per episode of community support provided for alcohol and other drug services	Community Support	No change.
5.3 Average cost per package of care provided for the Individualised Community Living Strategy	Community Support	No change.
5.4 Cost per episode of care in safe places for intoxicated people.	Community Support	No change.
to be **Continued but Modified**		

Section 5
KEY EFFICIENCY INDICATORS

KEY EFFICIENCY INDICATORS	**Linked Service** The efficiency of agency Service delivery is measured by Key Efficiency Indicators.	**Discussion** Consider how changes in Key Efficiency Indicators are necessary and measure the efficiency of agency Service delivery.
3.1 Average cost per purchased bedday for 24 hour staffed community bed based services (national indicator)	Community Bed Based Services	Previous statement: *Average cost per purchased bedday in non-acute (24 hours support) community bed based services.* Adjustment: The definitions for these this indicator and KPI 3.2 will be changed. Under the previous OBM structure, KPIs 3.1 (average cost per purchased bedday in non-acute (24 hours support) community bed based services) and 3.2 (average cost per purchased bedday in non-acute (hospital/nursing home)) were assumed to be comparable to each other, but this was misleading. The latter measure (3.2 hospital/nursing home) refers to both 24 hour support and non-24 hour support services, which confuses the two and complicates the two definitions and would not be easily understood by stakeholders. The first change is to remove references to 24 hour support and hospital/nursing home indicators, and replace these with reference to 24 hour staffed and non-24 hour staffed services. In addition to resolving the issues above, this would also align the measures with national indicators included in the Report on Government Services and Mental Health Services in Australia website (different terminology is used to describe purchased bed days and community bed based services, but the substance of these measures will align).
3.2 Average cost per purchased bedday for non-24 hour staffed community bed based services (national indicator)	Community Bed Based Services	Previous statement: *Average cost per purchased bedday in non-acute (Hospital/Nursing Home).* Adjustment: See above for explanation.
3.4 Cost per completed treatment episode in alcohol and other drug residential rehabilitation services	Community Bed Based Services	Previous statement: *Cost per treatment episode in alcohol and other drug residential rehabilitation services completed as planned or client still in treatment.*

Section 5
KEY EFFICIENCY INDICATORS

KEY EFFICIENCY INDICATORS	**Linked Service** The efficiency of agency Service delivery is measured by Key Efficiency Indicators.	**Discussion** Consider how changes in Key Efficiency Indicators are necessary and measure the efficiency of agency Service delivery.
		Adjustment: The definition of this indicator has changed. Previously, cost was estimated using only those episodes that were completed as planned or still open. This methodology is inaccurate as it does not include episodes that had unplanned completions (e.g., due to client death, incarceration, or failure to attend treatment) which also incur a cost. In addition, by including open episodes, it is possible for the same episode to be counted twice if it extends across financial years. The new methodology only uses completed episodes (both planned and unplanned) as the denominator. The wording of this indicator has been altered to reflect this change in methodology.
4.3 Cost per completed treatment episode in community based alcohol and other drug services	Community Treatment	Previous statement: *Cost per treatment episode in community based alcohol and other drug services completed as planned or client still in treatment.* Adjustment: The definition of this indicator has changed. Previously, cost was estimated using only those episodes that were completed as planned or still open. This methodology is inaccurate as it does not include episodes that had unplanned completions (e.g., due to client death, incarceration, or failure to attend treatment) which also incur a cost. In addition, by including open episodes, it is possible for the same episode to be counted twice if it extends across financial years. The new methodology only uses completed episodes (both planned and unplanned) as the denominator. The wording of this indicator has been altered to reflect this change in methodology.
Key Efficiency Indicators to be **Added**		
None		
Key Efficiency Indicators to be **Discontinued**		

Section 5
KEY EFFICIENCY INDICATORS

KEY EFFICIENCY INDICATORS	**Linked Service** The efficiency of agency Service delivery is measured by Key Efficiency Indicators.	**Discussion** Consider how changes in Key Efficiency Indicators are necessary and measure the efficiency of agency Service delivery.
None		

SUMMARY OF PROPOSED CHANGES

Current Outcome	Proposed Change(s)	Justification
1 - Promote mental health and wellbeing	1 - Improved mental health and wellbeing	The Outcome statement has been modified from promote to improved mental health and wellbeing to address concerns raised by the Office of the Auditor General that Outcome 1 was not worded as an end result or impact.
Current Key Effectiveness Indicator	**Proposed Change(s)**	**Justification**
1.1 - Percentage of the WA population with high or very high levels of psychological distress compared to the percentage reported nationally	1.1 - Percentage of the population with high or very high levels of psychological distress	This statement has been modified to remove the comparison to the national figure. This comparison will still be made in the notes, but the indicator will specifically target a reduction in the percentage for WA compared to the previous result. This change is based on the recommendation of the Office of the Auditor General.
2.1 - Percentage of the WA population aged 14 years and over reporting recent use of illicit drugs and the percentage reporting use of alcohol at risky levels compared to the percentage reported nationally	2.1 - Percentage of the population aged 14 years and over reporting recent use of alcohol at a level placing them at risk of lifetime harm 2.2 - Percentage of the population aged 14 years and over reporting recent use of illicit drugs	This statement has been modified in two ways. Firstly, the illicit drug component has been removed and put into its own indicator (see below). This is to avoid the situation when alcohol use increases and illicit drug use decreases or vice-versa. If such an event occurs, then it will be very difficult to explain in terms of measuring whether the Mental Health Commission has achieved this KPI or not. Secondly, the statement has been modified to remove the comparison to the national figure. This comparison will still be made in the notes, but the indicator will specifically target a reduction in the percentage for WA compared to the previous result. This change is based on the

		recommendation of the Office of the Auditor General.
2.2 - Correct take out messages for alcohol and other drug campaigns among target population	Discontinued	This indicator is a weak measure of the effectiveness of public education and social marketing campaigns to reduce risky alcohol and other drug use and increase the awareness of associated harms. Awareness of a campaign message does not necessarily correlate to a change in behaviour and this indicator does not assess harm reduction in any quantifiable way. In addition, the campaigns are not comparable to those conducted in prior years.
2.3 - Rate of hospitalisation for alcohol and other drug use	New Indicator	New indicator to address the "harm associated with alcohol and other drug use" statement in Outcome 2. Hospitalisation data is a robust quantitative measure of the harm caused by the use of alcohol and other drugs in the community.
3.6 - Percentage of the population receiving public alcohol and other drug treatment	New Indicator	This indicator measures the accessibility of publicly funded alcohol and other drug services and addresses the significant issue raised by the Office of the Auditor General regarding the lack of such an indicator. It can be considered the pair of KPI 3.5, and can now be reported due to the recent introduction of a national statistical linkage key by the Australian Institute of Health and Wellbeing. Previously only the number of treatment episodes provided by publicly funded agencies was available in the Alcohol and Other Drug Treatment Services National Minimum Dataset, but the introduction of the

		statistical linkage key allows the number of unique clients receiving treatment to be calculated across jurisdictions.
Current Key Efficiency Indicator	**Proposed Change(s)**	**Justification**
3.1: Average cost per purchased bedday in non-acute (24 hours support) community bed based services	3.1: Average cost per purchased bedday for 24 hour staffed community bed based services (national indicator)	The definitions for these this indicator and KPI 3.2 will be changed. Under the previous OBM structure, KPIs 3.1 (average cost per purchased bedday in non-acute (24 hours support) community bed based services) and 3.2 (average cost per purchased bedday in non-acute (hospital/nursing home)) were assumed to be comparable to each other, but this was misleading. The latter measure (3.2 hospital/nursing home) refers to both 24 hour support and non-24 hour support services, which confuses the two and complicates the two definitions and would not be easily understood by stakeholders. The first change is to remove references to 24 hour support and hospital/nursing home indicators, and replace these with reference to 24 hour staffed and non-24 hour staffed services. In addition to resolving the issues above, this would also align the measures with national indicators included in the Report on Government Services and Mental Health Services in Australia website (different terminology is used to describe purchased bed days and community bed based services, but the substance of these measures will align).

3.2: Average cost per purchased bedday in non-acute (Hospital/Nursing Home)	3.2: Average cost per purchased bedday for non-24 hour staffed community bed based services (national indicator)	See above for explanation.
3.4: Cost per treatment episode in alcohol and other drug residential rehabilitation services completed as planned or client still in treatment	3.4: Cost per completed treatment episode in alcohol and other drug residential rehabilitation services	The definition of this indicator and KPI 4.3 has changed. Previously, cost was estimated using only those episodes that were completed as planned or still open. This methodology is inaccurate as it does not include episodes that had unplanned completions (e.g., due to client death, incarceration, or failure to attend treatment) which also incur a cost. In addition, by including open episodes, it is possible for the same episode to be counted twice if it extends across financial years. The new methodology only uses completed episodes (both planned and unplanned) as the denominator. The wording of this indicator has been altered to reflect this change in methodology.
4.3: Cost per treatment episode in community based alcohol and other drug services completed as planned or client still in treatment	4.3: Cost per completed treatment episode in community based alcohol and other drug services	See KPI 3.4 above for explanation