PMHA | PRIVATE MENTAL HEALTH ALLIANCE

TWELFTH MEETING

HELD ON

FRIDAY, 22 OCTOBER 2010

AT

ADELAIDE CLINIC
33 PARK TERRACE
GILBARTON
SOUTH AUSTRALIA

REPORT AND RESOLUTIONS

Glossary of common Acronyms and Terms
used in this Report

AHIA	Australian Health Insurance Association
AHMAC	Australian Health Ministers Advisory Council
AMA	Australian Medical Association
APHA	Australian Private Hospitals Association
APS	Australian Psychological Society
CPoC	Consumer Perceptions of Care
DoHA	Australian Government Department of Health and Ageing
FY(s)	Financial Year(s)
HCP	Hospital Casemix Protocol
Health Insurer(s)	Private Health Insurers that pay benefits for psychiatric care
Hospital(s)	Private Hospital(s) with psychiatric beds
MHSC	Mental Health Standing Committee of the AHMAC Health Priorities Principal Committee
MHISS	Mental Health Information Strategy Sub–committee of the MHSC
Network	Private Mental Health Consumer Carer Network (Australia)
NSMHS	National Standards for Mental Health Services
PMHA	Private Mental Health Alliance
PMHA–CCMWG	PMHA Collaborative Care Models Working Group
PMHA–CDMS	PMHA Centralised Data Management Service
SQPS	Safety and Quality Partnership Sub–committee of the MHSC

1 OPENING AND WELCOME

The Private Mental Health Alliance (PMHA), Deputy Chair, Ms Moira Munro, opened the Twelfth (12th) Meeting of the PMHA (the Meeting) at 9:00 AM on Friday, 22 October 2010.

The Meeting was kindly hosted by the Adelaide Clinic, 33 Park Terrace, Gilberton, in South Australia.

The following representatives were in attendance.

Chair

1.	Ms Moira Munro	PMHA Deputy Chair Australian Private Hospitals Association (APHA)

Consumers and Carers

2.	Ms Janne McMahon	Consumers
3.	Mr Patrick Hardwick	Carers

Providers

4.	Dr Chong–Siew Yong	Australian Medical Association (AMA)
5.	Dr Bill Pring	AMA
6.	Ms Carole Turnbull	APHA

Payers

7.	Ms Helen Eriksson	Australian Health Insurance Association (AHIA)
8.	Ms Andrea Selleck	AHIA
9.	Ms Robyn Milthorpe	Australian Government Department of Health and Ageing (DoHA) Mental Health Reform Branch
10.	Mr Peter Callanan	DoHA Private Health Insurance Branch
11.	Ms Isobel Leal	DoHA Private Health Insurance Branch (Observer)

Staff

12.	Mr Allen Morris–Yates	PMHA–CDMS Director
13.	Phillip Taylor	PMHA Director (Secretary)

1.1 Apologies

1.	Mr Phillip Plummer	PMHA Independent Chair
2.	Ms Kym Connolly	Department of Veterans' Affairs (DVA)

1.2 Changes in Representation

The Meeting noted that Mrs Ruth Carson had resigned as the Carer Representative on the PMHA.

The Chair welcomed Mr Patrick Hardwick to replace Mrs Carson as the interim Carer Representative for the PMHA, pending nomination by the Private Mental Health Consumer Carer Network Australia (the Network) of an agreed Carer representative.

RESOLVED (UNANIMOUS)

1. *The Private Mental Health Alliance (PMHA) notes the resignation of Mrs Ruth Carson as the Carer Representative on the PMHA.*

2. *The PMHA extends its appreciation to Mrs Carson for her participation and strong support for the work of the PMHA and its antecedent the Strategic Planning Group for Private Psychiatric Services. Ruth was the Carer representative for the alliance since 2003 and will be very much missed by all her past and present colleagues on the PMHA. The PMHA wishes Ruth and her family all the very best for the future.*

3. *The PMHA endorses Mr Patrick Hardwick to replace Mrs Ruth Carson as the interim Carer Representative on the PMHA, pending nomination by the Private Mental Health Consumer Carer Network Australia of an agreed Carer representative. The PMHA notes that Mr Hardwick can be contacted as follows.*

   Mr Patrick Hardwick
   24 Lawley Street
   TUART HILL WA
   E: patrickhardwick@bigpond.com

2 REPORT OF THE LAST (ELEVENTH) PMHA MEETING

The PMHA adopted the report of its last meeting.

Resolved (unanimous)

1. *That the Private Mental Health Alliance (PMHA) adopts the Report of the Eleventh PMHA Meeting held on 18 June 2010 in Adelaide, as a true and accurate record of proceedings.*

2. *That the PMHA directs that the Report of the Eleventh PMHA Meeting be made available on the PMHA website at: www.pmha.com.au.*

Action: PMHA Director

3 PROGRESS REPORT ON MATTERS ARISING FROM THE 11TH PMHA MEETING

The Meeting noted and updated the following Table of Progress.

#	TABLE OF PROGRESS	RESPONSIBILITY	STATUS
2	PMHA MEETING REPORTS		
	Post Report of 10th PMHA Meeting on PMHA Website	PMHA Director	Done
	Draft and circulate for comment Report of 11th PMHA Meeting held on 18 June 2010.	PMHA Director	Done
	Revise Report of 11th PMHA Meeting and prepare final.	PMHA Director	Done
	Amend the contact details for Ms Andrea Selleck and advise PMHA	PMHA/CDMS Directors	Done
	Agenda Item 12th PMHA Meeting.	PMHA Director	Done
4	AMA FINANCIAL STATEMENTS		
	Carry forward any surpluses in PMHA, PMHA–CDMS and Network Budgets at the end of FY 2009–10 to FY 2010–11	AMA	Done
	Agenda Item 12th PMHA Meeting.	PMHA Director	Done
5	PMHA COLLABORATIVE CARE MODELS WORKING GROUP		
	Agenda Item 12th PMHA Meeting	PMHA Director	Done
5.1	Update on Funding Private Mental Health Services: Discussion Paper 2010		
	Refer comments on Discussion Paper to 20 August 2010 CCMWG Meeting	PMHA Director	Done
5.2	Guidelines for Determining Benefits for Health Insurance Purposes for Private Mental Health Care 2010		
	Revise Guidelines based on amendments suggested by 11th PMHA Meeting	PMHA Director	Done
	Endorse Guidelines out–of–session	PMHA	Done
	Forward endorsed Guidelines to DoHA for promulgation	PMHA Director	Done
6	PMHA QUALITY IMPROVEMENT PROJECT (QIP)		
	Amend QIP budget to accommodate SRO at Kahlyn Day Centre for 2 years of the QIP	PMHA\CDMS Directors	Done
	Include copy of QIP Brief on PMHA website excluding budget	PMHA Director	Done
	Advertise for SRO on 11 September 2010	AMA	Done
	Agenda Item 12th PMHA Meeting	PMHA Director	Done
7	PMHA–CDMS REPORT		
	Agenda Item 12th PMHA Meeting	PMHA/CDMS Directors	Done
7.1	Preparation of Standard Quarterly Reports (SQRs) for Hospitals and Payers.		
	Discuss delays with data submission for SQRs with APHA Psychiatry Committee	Ms Munro	*Pending*
7.4	Revision of the National Model the National Model		
	Include de–identified aggregate financial information in SQRs for Health Insurers from March 2011 SQRs onwards	PMHA–CDMS Director	*Pending*
	Revise reporting for Health Insurers to 12 month rolling average	PMHA–CDMS Director	*Pending*
	Investigate what useful financial information could be included in ASRs	PMHA–CDMS Director	*Pending*
	Report back to 22 October PMHA Meeting on how such data might be stratified	AHIA/APHA/DoHA	*Pending*
7.7	PMHA–CDMS Disaster Recovery Plan		
	Relocate PMHA–CDMS Infrastructure to Adelaide CBD	PMHA–CDMS Director	Done
8	PMHA COMMUNICATIONS		
	Draft and circulate 6th Edition of the Newsletter to PMHA for approval	PMHA Director	Done
	Investigate whether there is sufficient surplus in the PMHA Budget at 30 June 2010 to fund presentation at AMHOC in NZ	PMHA Director	Done
	Agenda Item 12th PMHA Meeting.	PMHA Director	Done
9	NETWORK REPORT		
	Circulate and include final report of Carer Identified? Project on agenda for next PMHA Meeting	PMHA Director	Done
	Agenda Item 12th PMHA Meeting.	PMHA Director	Done
10	MHSC REPORT		
	Represent the PMHA at the 17 September 2010 MHSC Meeting in Melbourne	PMHA Chair/Deputy Chair	Done
	Agenda Item 12th PMHA Meeting.	PMHA Director	Done
11	MHSC SQPS REPORT		
	Represent the PMHA at the 16 July 2010 SQPS Meeting in Melbourne	Dr Pring	Done
	Agenda Item 12th PMHA Meeting.	PMHA Director	Done
12	MHSC MHISS REPORT		
	Represent the PMHA at the 19/20 July 2010 in Perth	PMHA Deputy Chair	Done
	Agenda Item 12th PMHA Meeting.	PMHA Director	Done
14	OTHER BUSINESS		
	Prepare draft AMA Agreement and Budget to initiate negotiations at 22 October 2010 (12th) PMHA meeting	PMHA Director	Done
	Agenda Item 12th PMHA Meeting	PMHA Director	Done
15	NEXT MEETING		
	Organise 12th PMHA Meeting for 22 October 2010 @ The Adelaide Clinic	PMHA Director	Done
	Prepare and circulate Agenda and Papers for 12th PMHA Meeting	PMHA Director	Done

3.1 Matters Pending

At the Eleventh meeting of the PMHA under Agenda Item 7.4, it was agreed that the following two papers regarding the revision of the *National Model for the Collection and Analysis of a Minimum Data Set with Outcome Measures for Private, Hospital–based Psychiatric Services* (National Model) could be circulated at the discretion of the PMHA–CDMS Director, Mr Allen Morris–Yates, to other relevant experts including Mr Bill Buckingham and Mr Philip Burgess.

(1) *Revision of the stratification framework used in Hospitals' and Payers' Standard Quarterly Reports.*

(2) *Reporting Framework, Version 3–0.*

Mr Morris–Yates reported that the Papers will be circulated after a gap in the logic in one of the papers has been corrected.

The Meeting clarified several other matters that were pending under Agenda Item 7.4 from the last meeting and confirmed the following with Mr Morris–Yates.

- The de–identified aggregate financial information for inclusion in the Standard Quarterly Report (SQRs) for Health Insurers will first be brought to the PMHA in March next year for discussion and approval prior to release. This will include discussion of the stratified financial information discussed at the Eleventh PMHA meeting, particularly in relation to ambulatory care.

- The revision of reporting for Health Insurers to 12 month rolling average, rather than three months, will also be brought to the PMHA in March next year for discussed and approval, prior to the change being incorporated.

4 AMA FINANCIAL STATEMENTS

The PMHA Director, Mr Phillip Taylor, reported on the AMA Statements of Income and Expenditure for the PMHA, its CDMS, and the Network, for the Financial Year (FY) period 1 July 2009 to 30 June 2010, as they appear at **Appendix A** of this Report. The Meeting noted the surpluses that were evident at 30 June 2010 in the PMHA, its CDMS and the Network budgets had been carried forward by the AMA into the respective income streams of each entity for this FY 2010–11.

The Meeting then noted that the AMA had made an additional contribution to the PMHA and the CDMS at the end of FY 2009–10. Mr Taylor explained that in working through the proposed budget projections for the PMHA, its CDMS and the Network for next *AMA Agreement for Services 2011–13*, the AMA identified an anomaly in the projected Long Service Leave (LSL) components of staffing expenditure for PMHA and CDMS. This anomaly was also found to be evident in the budgets for FY 2009–10.

For the PMHA, staffing expenditure for FY 2009–10 had to be increased by $3,413, reducing the underbudget balance from $7,487 to $4,075. To enable the PMHA to retain its budget surplus for FY 2009–10 of $18,879, the AMA made an additional contribution of $3,413.

In the case of the CDMS, staffing expenditure had to be increased by $13,650, reducing the underbudget balance from $596 to an overbudget $13,054. To ensure the CDMS budget surplus for FY 2009–10 remained at $21,913 the AMA also made an additional contribution of $13,650 to the CDMS budget for FY 2009–10. The total adjustment to LSL made by the AMA was $17,063.

The PMHA thanked the AMA for its making these adjustments and agreed that some form of recovery for the AMA should be a first consideration, if there are budget surpluses evident at the end of subsequent Financial Years.

Ms McMahon briefed the Meeting on the FY 2009–10 underspend for the Network.

Resolved (unanimous)

1. *That the Private Mental Health Alliance (PMHA) adopts the Statement of Income and Expenditure for the PMHA, its Centralised Data Management Service (PMHA–CDMS), and the Private Mental Health Consumer Carer Network Australia (Network), for the period 1 July 2009 to 30 June 2010, prepared by the Australian Medical Association (AMA).*

2. *That the PMHA notes that the surplus of $18,879 remaining in the PMHA Budget at the end of the 2009–10 Financial Year has been carried forward by the AMA into PMHA income stream for Financial Year 2010–11, as requested by PMHA funders.*

3. *That the PMHA notes that the surplus of $21,913 remaining in the PMHA–CDMS Budget at the end of the 2009–10 Financial Year has been carried forward by the AMA into the PMHA–CDMS income stream for Financial Year 2010–11, as requested by PMHA–CDMS funders.*

4. *That the PMHA notes that the surplus of $15,761 remaining in the Network Budget at the end of the 2009–10 Financial Year has been carried forward into the Network income stream by the AMA for Financial Year 2010–11, as requested by Network funders.*

5. *That the PMHA extends its appreciation to the AMA for the additional contributions made by the Association to the 2009–10 Financial Year Budgets for the PMHA of $3,413 and for the PMHA–CDMS of $13,650 to account for Long Service Leave and to enable the PMHA and its CDMS to retain their operating surplus at the end of the 2009–10 Financial Year. The PMHA will endeavor to secure some form of recovery for the AMA from any surplus funds that may be available at the end of Financial Year 2010–11 and in any subsequent years that may be agreed by stakeholders.*

5 PMHA COLLABORATIVE CARE MODELS WORKING GROUP (CCMWG) REPORT

The Meeting adopted the Report of the Sixth Meeting of the PMHA's CCMWG held on Friday, 26 March 2010 in Canberra. The Draft Report of its Seventh Meeting held in Canberra on Friday, 20 August 2010 (Draft Report) was noted. Ms Munro invited the Chair of the CCMWG, Mr Taylor, to update the Meeting on CCMWG activity.

Mr Taylor reported that to date CCMWG has undertaken and successfully completed the following tasks during FY 2009–10.

1. Development of a set of *General Principles for the Funding Private Mental Health Services*.

2. The review and update of the 2006 Discussion Paper *Underlying Principles for Funding Psychiatric Care*, prepared by the PMHA's antecedent the Strategic Planning Group for Private Psychiatric Services.

3. The review and update of the 2007 Edition of the Guidelines for Determining Benefits for Health Insurance Purposes for Private Patient Hospital–Based Mental Health Care.

The PMHA has supported CCMWG determining its own future work program for 2010–11. Mr Taylor reported that the 20 August 2010 CCMWG meeting was devoted to that task with agreement being reached that the focus should be on developing industry agreed national guidelines for outreach type services (National Guidelines). CCMWG Members have been asked to confirm with their respective constituencies that the efforts of the CCMWG should be directed toward the development of these National Guidelines and report back to the next CCMWG meeting to be held on Friday, 3 December 2010 in Canberra.

Ms Janne McMahon reported that the meeting of the Network held on 30/31 August 2010 in Melbourne endorsed CCMWG developing the National Guidelines.

In response to a question, the Meeting clarified that the National Guidelines are intended to cover services provided outside the hospital setting.

Resolved (unanimous)

1. *That the Private Mental Health Alliance (PMHA) adopts the Report of the Sixth Meeting of the PMHA's Collaborative Care Models Working Group (CCMWG) held on Friday, 26 March 2010 in Canberra.*

2. *That the PMHA notes the draft Report of the Seventh CCMWG Meeting held in Canberra on Friday, 20 August 2010.*

3. *That the PMHA notes that the next meeting of the CCMWG will be held in Canberra on 3 December 2010.*

6 PMHA QUALITY IMPROVEMENT PROJECT

The PMHA Quality Improvement Project (QIP) contains a suite of four complementary activities to be undertaken within the context of the available $250,000 funding.

1. *Implementation of Consumer Perceptions of Care (CPoC) Measure.* This first activity involves the implementation of a standardised measure of CPoC in all private hospital–based psychiatric services across Australia.

2. *Outcomes in Private Psychiatry Practice.* Work on this second activity will establish a research network of psychiatrists evaluating outcomes within the context of their private psychiatry practice.

3. *Internet Access to the PMHA's CDMS.* This third activity involves a scoping exercise to determine the requirements for a model Agreement that would enable appropriate and secure internet–based access for participating stakeholders to the data currently held by the PMHA's CDMS.

4. *Borderline Personality Disorder (BPD).* This activity involves preliminary work to scope what models of care are currently being used for people with a diagnosis of BPD.

Mr Taylor reported that preparations for QIP are progressing with advertisements placed in *The Weekend Australian* and the *Adelaide Advertiser* on 11 September for a Senior Research Officer (SRO) for the Project. A copy of the Project Brief was also included on the PMHA website.

Five people applied for the SRO position. Four were shortlisted and attended an interview with the members of the PMHA's QIP Sub–committee on 21 October 2010 in Adelaide. Of the four interviewed, two proved highly suitable. The Sub–committee will meet via teleconference on Wednesday, 27 October 2010 to make a final decision. The successful candidate will be employed by the AMA, under standard PMHA employment arrangements, and will be located at the PMHA Research Office, at Kahlyn Day Centre, in Adelaide. It is now anticipated that QIP will be underway in early 2011.

Mr Taylor reported that some of the FY 2009–10 PMHA surplus had been used to fund the Expert Adviser to the Sub–committee, Professor Andrew Page, to attend the SRO interviews. Professor Page, an independent academic, was granted permission by the University of Western Australia to attend. Andrew's input proved invaluable to the interview process and will be critical to the deliberations of the Sub–committee over the course of the Project.

The QIP Sub–committee has agreed to hold face–to–face meetings back–to–back with meetings of the PMHA to enable proper reporting arrangements for the SRO and to better manage and support the Project over the next two years. Ms Robyn Milthorpe offered to provide some additional funding to enable Professor Page to attend these meetings of the Sub–committee, as this will strengthen the Project.

7 PMHA COMMUNICATION

PMHA Communication is an ongoing Standing Item on the PMHA Agenda for discussion of issues related to the PMHA Newsletter and what other strategies might be used to promote the private sector.

7.1 PMHA Newsletter

Mr Taylor reported that the Sixth Edition of the PMHA Newsletter was released on 29 July 2010 to coincide with the with recent release of the PMHA's, *Guidelines for Determining Benefits for Health Insurance Benefits Purposes for Private Mental Health Care: 2010 Edition* (Guidelines) developed by the PMHA's Collaborative Care Models Working Group.

The Seventh Edition of the PMHA Newsletter is due for publication in December 2010. After discussion it was agreed that the following articles should be included.

1.	From the Chair	Philip Plummer
2.	PMHA–QIP Update	To be included in, *From the Chair*
3.	MHSC Update	Philip Plummer and Moira Munro
4.	MHISS Update	Moira Munro
5.	SQPS Update	Bill Pring
6.	NSMHS Update	Carol Turnbull
7.	Stakeholder Round–up	PMHA
8.	Fact Sheet	Phillip Taylor

It was also agreed that the Newsletter should include a link to enable readers to provide their views and comments on the Newsletter.

Resolved (unanimous)

1. *That the Private Mental Health Alliance (PMHA) requests that the PMHA Director draft the Seventh Edition of the PMHA Newsletter for circulation, via email, to members of the PMHA for their comment and approval out–of–session.*

2. *That the PMHA requests that all future Newsletters include an email link to enable readers to provide comments and feedback on the Newsletter.*

Action: PMHA Director

7.2 National Standards for Mental Health Services (NSMHS or Standards)

In discussing this article for the next Newsletter, the Meeting agreed that it should advise that the Standards have been revised and work has commenced to facilitate their implementation under the auspices of the Australian Government's Safety and Quality Partnership Subcommittee (SQPS), National Standards Implementation Steering Committee (NSISC). The article should also the mention the following matters, which have been extracted from the advice provided by the Chair of the NSISC, Professor Allen Fels AO.

- The revised Standards were formally launched by Her Excellency, the NSW Governor Marie Bashir AC, CVO at The Mental Health Services (TheMHS) conference in Sydney on 16 September 2010 and are currently available on the following website: http://www.health.gov.au/nhsc

- Professor Fels AO, has advised that because of the extensive changes in the mental health service environment over recent years, the focus of these revised Standards has been expanded to include non–government mental health providers, public and private mental health services and office–based mental health services.

- The revised Standards have been amended to include a Recovery Standard that describes six recovery principles of care and promotes the need for continuity of care across services and sectors.

- It is intended that the Standards will be incorporated into assessment processes that include (but are not limited to) accreditation processes/service funding agreements, and professional development/performance appraisal processes.

- The details of how the Standards will be embedded will differ on a jurisdictional basis, however, with endorsement from all Health Ministers through AHMC, and as a reporting requirement through the Fourth National Mental Health Plan, all jurisdictions are expected to make significant effort to ensure the Standards are implemented into local practice.

- The implications for unions and their members are significant as the Standards will prescribe the minimum standard of practice expected of all mental health service staff. The NSISC has requested unions to take an active role in promoting contemporary standards of practice by disseminating the revised Standards to all members that work in mental health service provision.

A brief discussion of the implementation of the Standards and accreditation processes followed. The Meeting then considered the invitation received via email from Ms Kathryn Sequoia, National Mental Health Standards Project Officer, for PMHA representatives to attend a National Forum to be held in Sydney on 1 December 2010 to address the issues of accreditation and monitoring and reporting against the National Standards. It was agreed that it would be critical for PMHA representatives to attend the Forum. Mr Taylor forwarded the following list of agreed PMHA Representatives and their contact details to Kathryn via email from the Meeting.

Ms Janne McMahon (Consumers)

Dr Bill Pring (Office–based practice)

Ms Christine Gee (Private Hospitals – Proxy for Moira Munro)

Ms Carol Turnbull (Private Hospitals)

Ms Helen Eriksson (Health Insurers)

Mr Patrick Hardwick asked whether there would be Carer representation at the National Forum, particularly given that the National Standards include a Carer standard that will have to be met as part of accreditation against the National Standards. Ms Robyn Milthorpe agreed to follow up and get back to Mr Hardwick concerning Carer representation for the Forum.

7.3 Australasian Mental Health Outcomes Conference

Mr Taylor reported that there was sufficient surplus in the PMHA budget at the end of the 2009–10 FY to fund Mr Morris–Yates to attend and present at the Australasian Mental Health Outcomes Conference, to be held on 18/19 November 2010, in Auckland, New Zealand. Mr Morris–Yates briefed the meeting on his presentation and arrangements for the Conference.

8 PSYCHOGENOMICS

Dr Bill Pring provided a brief Powerpoint presentation on the recent course he had attended on psychogenomics at the Mayo Clinic in the United States. The course provided an insight into the direction of molecular biology in relation to mental health and for the whole of medicine. At this stage, one of the most useful aspects of psychogenomics, which is not being used very much in Australia or the rest of the world as yet, is the capacity to determine the genetics of the liver enzymes that metabolise psychiatric medications. Essentially, by defining the genetic processes that determine the enzymes in the liver, an approximation of the genetics of the individual can be made that provides some idea of what level a particular medication is likely to achieve in the bloodstream.

In Australia, there is one laboratory doing this work in Victoria, where they are testing for four enzymes in the liver, which may be of interest to Health Insurers and the Australian Government. Once those four are known then the doctor can take this into account when prescribing medication, particularly in relation to how quickly the patient can metabolise certain medications. There are also pharmacokinetic factors and pharmacodynamic factors that influence how quickly a medication is metabolised. For each enzyme there are arbitrary categories that can predict whether someone is going to be one of the following.

(1) *Poor Metabolisers*, who will have serious difficulty in clearing medications and are, therefore, prone to side effects.

(2) *Intermediate Metabolisers* fall between (1) and (3). They can become Poor Metabolizers for other drugs if they are on a medication that inhibits the metabolising enzyme.

(3) *Extensive Metabolisers*, who are considered to be the normal state. These individuals can also have difficulties, however, in the presence of a strong enzyme inhibitor.

(4) *Ultra Rapid Metabolises*, metabolise certain medication extremely quickly.

Dr Pring further explained the implications of this new form of testing and one particular anacedotal but dramatic case, highlights the importance of this new technology.

The baby of a woman who was breast feeding failed to thrive. The mother had a chronic pain condition and was taking a prescription medication containing codeine. The 2D6 gene converts codeine into a morphine metabolite, which is part of the main activity of codeine. Even though a paediatrician felt the mother was doing everything correctly the baby died and the coroner was investigating the mother for infanticide. At the suggestion of her lawyers, the mother underwent genetic testing as was found to be an *Ultra Rapid Metaboliser*. The mother's breast milk was then tested and found to be toxic with morphine metabolites in it.

Dr Pring then responded to questions and clarified various aspects of the testing and procedures involved.

The Chair thanked Dr Pring for his presentation.

9 PMHA'S CENTRALISED DATA MANAGEMENT SERVICE (PMHA–CDMS) REPORT

At the invitation of the Chair, the Director of the PMHA's CDMS, Mr Morris–Yates, reported on the following under this Agenda Item.

9.1 New Hospitals

All fifty private hospitals with psychiatric beds across Australia are enrolled in the PMHA and are participating in the services provided by its CDMS. *The Cairns Clinic* in North Queensland a 40 bed psychiatric facility operated by Ramsay Health Care, was the most recent enrollment. The PMHA–CDMS Director will provide onsite set–up and training for the staff of The Cairns Clinic in November 2010.

9.2 Preparation of SQRs for Hospitals and Payers.

The SQRs for the January to March 2010 were distributed on 12 August 2010. There were some delays due to the implementation of Patient Administration Systems (PAS) in some Hospitals.

It has also now become apparent that more attention is going to be needed in relation to the data being submitted by Hospitals, given the number of Hospitals now involved. A report has been developed that can now be run by the CDMS to better highlight anomalies in data submissions, beyond the usual automated validation process.

9.3 Requests for data from the PMHA's CDMS

Since the last PMHA meeting, the Australian Institute of Health and Welfare (AIHW) asked for statistics on population seen by Hospitals and DoHA asked for statistics on outcomes of care. The CDMS wrote this into a single analysis process and the information was provided to AHIW and DoHA in mid September 2010. The PMHA noted these statistics and agreed that they should be included on the PMHA website. It was further agreed that these statistics should be included within the next Fact Sheet in the PMHA Newsletter.

A summary of the data held by the CDMS was also provided to DoHA.

9.4 Mental Health Services in Australia 2007–08 Report

Mr Morris–Yates and Ms Munro reported on the serious underestimate of Admitted Day Ambulatory patients which keeps appearing in the AHIW reports on *Mental Health Services in Australia* (MHSIA). In the private sector, patients attending day programs are considered admitted. The States and Territories, however, apply varying criteria, as to whether they deal with those records or not (by stripping them out), and then apply varying criteria as to whether they submit the data to AHIW. The end result is a table in MHSIA that inaccurately represents the volume of Same Day Admitted patients in the private sector. The AHIW has been aware of the problem for some time and Ms Munro has raised this with the Australian Government's Mental Health Information Strategy Subcommittee (MHISS). The Chair of MHISS recently agreed to write a strong letter to the Chair of the National Health Information Standards and

Statistics Committee (NHISSC) stating that this situation should not be allowed to continue. If the situation does not change, then there must be a strong caveat in future MHSIA reports about the inaccuracy of these statistics.

9.5 Development and distribution of a revised version of the HSMdb database application

The revised version of Hospital Standardised Measures Database (HSMdb) software was finalised and released in July 2010. An update of that revision, which corrected problems in the function that linked outcome measures data with Hospital Casemix Protocol (HCP) data, was released in late August 2010. A short presentation was provided on some of the revisions to this version that will increase the functionality of the software.

Mr Morris–Yates indicated that the PMHA–CDMS work plan for 2011–12 will have to include a major revision of the HSMdb software, as the version of MS Access on which HSMdb is based is now 13 years old and Microsoft no longer support that version. The revision will take approximately 8 to 16 weeks.

9.6 Provision of electronic training materials for Hospitals

Time was devoted to this task in March 2010, after the SQR run. A draft introduction to the HoNOS, suitable for use as orientation for new staff, was developed and distributed for review to six Hospitals. Preliminary feedback has been very positive.

9.7 PMHA–CDMS Disaster Recovery Plan

The PMHA has been progressing a Disaster Recovery Plan for the CDMS. To date the following has been agreed and undertaken.

1. The infrastructure for the CDMS has been relocated to the secure data centre within the Adelaide CBD.

2. Secure remote access to the CDMS has been established for the PMHA Director who is located in Canberra at the offices of the Federal AMA.

3. Training for the PMHA Director on how to run the SQRs reports remotely from Canberra has commenced.

4. An Operations Manual is being developed that will document the operation of the PMHA's CDMS.

10 AMA AGREEMENT FOR SERVICES 2011–13

The PMHA, its CDMS and the Network are currently supported under a funding agreement (the *AMA Agreement for Services 2009–11*) between the AMA, APHA, AHIA and beyondblue. Under that current Agreement, the AMA provides infrastructure support and coordination for the activities of the PMHA, its CDMS and the Network from the offices of the Federal AMA in Canberra. That Agreement will expire next year on 30 June 2011. The next funding agreement needs to be in place by 1 July 2011 to provide certainty for these activities beyond 30 June 2011. At the request of the last meeting, the PMHA Director prepared and circulated both a preliminary draft

AMA Agreement for Services 2011–13 and proposed draft budgets to cover these activities for the period 1 July 2011 to 30 June 2013 (2 Financial Years). This work was done in close consultation with the PMHA–CDMS Director and the Network Chair.

The Meeting then undertook a preliminary examination of the first draft of the new *AMA Agreement for Services 2011–13* and the proposed budgets to support PMHA, CDMS and Network activity from 1 July 2011 to 30 June 2013. The outcome of that discussion was agreement for the PMHA to meet over one and half days on 17/18 March 2011. This will enable PMHA stakeholders to consult fully over the next four months with their constituencies and come back in March to the PMHA meeting prepared to work on the following.

(1) Work Plans for the PMHA, its CDMS and the Network for the period 1 July 2011 to 30 June 2013, and any specific requirements that funders of these respective activities might have for their Work Plans.

(2) The proposed budgets to support the activities of the PMHA, its CDMS and the Network from 1 July 2011 to 30 June 2013, and any changes or corrections that might be required.

(3) The draft *AMA Agreement for Services 2011–13* and any changes or corrections that might be required.

After having agreed to that process, some preliminary comments were made, which have been briefly summarised below.

- PMHA has no objection to the next *AMA Agreement for Services 2011–13* being audited at the end of the proposed two year period, rather than on an annual basis. This may help to reduce the costs of the audit.

- The Australian Government may want to make changes to the indemnity clauses in the next Agreement and will bring any proposed amendments back to the March 2011 PMHA Meeting.

- PMHA, CDMS and Network proposed budgets do not take into account surpluses or donations, as these are not considered reliable sources for core funding.

- As in the past, the Australian Government will not be able to make any commitment to funding until the outcome of the May 2011 Federal Budget is known.

- The ***PMHA Budget*** should be amended to correct the error in calculation of the PMHA Director's travel and accommodation costs. These should be adequately met through the costs for travel and accommodation that have been averted by the Adelaide–based PMHA Chair and PMHA Consumer Representative no longer having to travel to Canberra for meetings of the PMHA. It is anticipated that this practice will continue for FY 2011–13. The PMHA Budget should also be amended to reflect that hard copy and online subscriptions to the CCH Publication the, *Health and Medical Law Reporter*, should only continue while the annual subscription can be accommodated from the PMHA operating surplus.

- In relation to the ***PMHA–CDMS Budget***, it was noted that an accommodation charge for the CDMS has been included that will need to be further considered by stakeholders. The PMHA Chair has not yet been able to complete the preliminary investigation of that charge, or the cost analysis between the PMHA–CDMS Director being employed by the AMA, versus working as a consultant through a contract with his company Datasystematics from 1 July 2011. It would be useful if that work could be completed ready for discussion at the March 2011 PMHA meeting.

- The ***Network Budget*** contains substantive increases that stakeholders will want to discuss further in March. Ms McMahon indicated that it may be possible to reduce the contributions for core funders, if donations from the Royal Australian and New Zealand College of Psychiatrists and the Australian Psychological Society can again be formally secured for FYs 2011–13. Discussions are also underway with the Australian College of Mental Health Nurses. Ms McMahon indicated that the workload for the Network's Chair, Deputy Chair and Administrative Officer are increasing as the Network grows.

- It would be useful for stakeholders to have the actual expenditures (Actuals) for PMHA, its CDMS and the Network for the last FY 2009–10, included in the draft budgets.

Resolved (unanimous)

1. *That the Private Mental Health Alliance (PMHA) requests that the PMHA Director revise the proposed budgets to support the AMA Agreement for Services 2011–13 in line with the discussions that took place at the 22 October 2010 meeting of the PMHA in Adelaide.*

2. *That the PMHA directs that the next (13th) meeting of the PMHA be held over one and half days as follows.*

   13th PMHA Meeting
   12 :30 PM to 5:00 PM Thursday 17 March 2011
   10:00 AM to 4:00 PM Friday, 18 March 2011
   The Adelaide Clinic
   33 Park Terrace
   Gilberton South Australia

   Action: PMHA Director

3. *That the PMHA requests its stakeholders to fully consult with their constituencies over the next four months and come to the March PMHA meeting prepared to work collaboratively and in detail on the following.*

   (a) Work Plans for the PMHA, its CDMS and the Network for the period 1 July 2011 to 30 June 2013, and any specific requirements that funders of these respective activities might have for those Work Plans.

   (b) The proposed budgets to support the Agreement and the activities of the PMHA, its CDMS and the Network from 1 July 2011 to 30 June 2013, and any changes or corrections that might be required.

(c) The draft AMA Agreement for Services 2011–13 and any changes or corrections that might be required.

Action: PMHA

11 PRIVATE MENTAL HEALTH CONSUMER CARER NETWORK (AUSTRALIA) [NETWORK] REPORT

The Chair invited Ms Janne McMahon as the Chair of the Network to report on the recent activities. Ms McMahon summarised those activities in the time available as follows.

- The last meeting of the Network's National Committee (NC) was held in Melbourne on 30/31 August 2010. The NC developed a work program for the next twelve months and worked on several policy documents.

- The Network, together with three other non government organisations, convened a *Trauma Informed Care Forum* in Sydney on 27 September, 2010. The purpose of the Forum was to develop a national agenda to enhance service delivery across the mental health, justice and other areas. The outcomes from the Forum included the following.

  (1) ***A well researched and structured overview paper*** with guiding principles is planned, which will be designed to describe the key issues and challenges in current approaches to assisting individuals who have experienced serious trauma. The Paper will identify recommendations and present concrete and practical next steps for joint advocacy and action.

  (2) ***Establishment of an informal trauma informed care and practitioners network.*** This network will be made up of individuals with an interest in trauma informed care and practice, keen to link up and hear about future developments, discussion and educational opportunities.

  (3) ***A workforce /professional development opportunity event*** is a possibility**,** focusing on building trauma informed approaches to care and support, developing policy reform, and establishing evidence based practice.

- The Network is co–hosting a consultation for the Community Services and Health Industry Skills Council in association with the South Australian Mental Health Unit to look at the development of competencies for the peers support workforce. The Adelaide Clinic has kindly offered to accommodate the consultation.

- The Network has been invited to put together a symposium for the Congress of the International Society for the Study of Personality Disorders to be held in Melbourne from 1–4 March 2011. There will be six speakers.

- The next meeting of the NC will be held in Melbourne on 21/22 February 2010.

11.1 *Carers Identified?* Project

Ms McMahon reported that in 2007 the Network conducted an *Identifying the Carer Project* (ICP) with funding from the Department of Health and Ageing (DoHA). To assist in taking forward the Recommendations of that Project, DoHA provided some funding for the Network to undertake a second project (the ***Carers Identified?*** Project). The purpose of the second Project was to provide the following deliverables.

1. *A brief summary report for DoHA and the Network.*

2. *Draft good practice policy regarding nationally consistent identification policies and good practice protocols.*

3. *Draft generic wording for printed information to be provided at the time of admission, to carers of people with a mental illness.*

The project was auspiced by Datasystematics and began in December 2009, with a small Reference Group to oversee it. The Project concluded on time on 31 May, 2010.

The PMHA agreed that the report should be discussed at this Meeting, and a copy of the full Report (260 pages) was circulated earlier this year to the PMHA.

The Meeting then discussed the extract from the Report, prepared by Ms McMahon.

Ms Munro agreed to forward it onto the APHA Psychiatry Committee.

The Report is now in the public domain.

12 MENTAL HEALTH STANDING COMMITTEE (MHSC) REPORT

The MHSC reports to the Australian Health Ministers' Conference (AHMC) through the Australian Health Ministers' Advisory Council (AHMAC) and the Health Policy Priorities Principal Committee (HPPPC).

The Chair reported that the 17 September 2010 meeting of the MHSC was rescheduled to 22 October 2010, due to outcomes of the 2010 Federal Elections and associated delays with the formation of the new Australian Government. The PMHA Independent Chair and Deputy Chair gave their apologies for the rescheduled MHSC, as it conflicted with this 22 October PMHA Meeting. The 22 October MHSC meeting will be principally devoted to discussion of the implementation of the 4th National Mental Health Plan and individual jurisdictional implementation plans. The next MHSC meeting will be held on 26 November 2010. The PMHA Chair and Deputy Chair will attend.

13 MHSC SQPS REPORT

The SQPS is responsible for taking the Australian Government mental health safety and quality agenda forward. The Meeting noted the draft minutes of the last meeting of the SQPS, held on 16 July 2010 in Melbourne, which had been circulated with the agenda and papers. The PMHA representative on the SQPS, Dr Bill Pring reported

briefly on the work of the SQPS. A summary of activity from that verbal presentation with some further information is set out below.

13.1 Seclusion and Restraint

New South Wales is hosting the National Seclusion and Restraint Forum on 8/9 November 2010. The venue is Mary McKillop Place, North Sydney. The Forum will have more of a focus on restraint and address issues related to restraint and seclusion across the age spectrum as well as dealing with managing aggression in Emergency Departments. The Meeting discussed this Forum and it was agreed that Dr Choong–Siew Yong would attempt to attend the first day and Ms Janne McMahon would attend the second. Ms Milthorpe will circulate information on the video linkage that is available for facilities and their staff.

13.2 Reducing Adverse Medication Events in Mental Health Services (RAMEMH)

The recommendations in the final draft report from the RAMEMH Working Party are quite broad and include further work for the Working Party and SQPS as well as referring a number of areas to other external agencies. The Working Group will review and refine the recommendations to identify how the work could be progressed and identify appropriate agencies to refer/address the issues.

13.3 Safe transport of people experiencing mental health problems.

South Australia and the Northern Territory have the lead in relation to the Safe Air Transport Project. A review of existing guidelines for air transportation of mental health consumers has been completed. Jurisdictional contacts and consumer and carer involvement has been established. After experiencing some delays in progressing activities the working group is now refocusing on the project.

13.4 The Australian Commission on Safety and Quality in Health Care (ACSQHC)

SQPS intends to work closely with the ACSQHC across a number of quality and safety areas including accreditation, national standards, clinical handover, open disclosure, framework on safety and quality and a national approach to the quality use of medication. The Commission is starting to have a specific focus on mental health and has recently employed a dedicated part time project officer to identify and progress key issues. SQPS is working with the ACSQHC Executive Director, Mr Bill Lawrence, in developing the Agenda for the 19 November 2010 SQPS meeting with the intention of dedicating a considerable amount of the meeting to discussing how to jointly take the mental health safety and quality agenda forward.

13.5 Draft Workplan for 2010/2011

SQPS is working to ensure that its workplan for 2010/11, is aligned with the Fourth National Mental Health Plan. Considerable time has been devoted to defining tasks, prioritising and planning SQPS activities and progressing the development of year–by–year implementation approaches for the actions of the Fourth Plan where SQPS had the lead, co–lead or particular interest. The outcome of the National Seclusion and Restraint Forum, discussion on collaborative work with the ACSQHC and the Fourth Plan implementation approaches will inform the final workplan for 2010/11 and the

draft workplan for 2011/12. The final workplan for 2010/11 will be submitted to the MHSC meeting in November.

13.6 Next SQPS Meeting

The next meeting of SQPS is scheduled to be held in Melbourne on Friday, 19 November 2011. Dr Pring will attend.

14 MHSC MENTAL HEALTH INFORMATION STRATEGY SUB–COMMITTEE (MHISS)

MHISS provides expert technical advice and recommendations on initiatives to address the information requirements for MHSC. The noted the a copy of the minutes of the MHISS Meeting held on 22/23 April 2010 and the agenda and minutes for last MHISS Meeting, held on 19/20 August 2010.

The PMHA Representative on MHISS, Ms Moira Munro, reported briefly on the large volume of work being progressed by MHISS and some of the issues relevant to the private sector as summarised below.

14.1 Intervention Codes for Mental Health Facilities.

A trial has been conducted on workability and a pilot of the new intervention codes is about to commence across private and public sectors.

14.2 Measuring Consumer Recovery and Perceptions of Care

The Victorian Department of Health, with the support of the Commonwealth, has explored a concept with the aim to give effect to the commitments in the Fourth Plan to strengthen the focus of the mental health sector on recovery orientation and measures of consumer perceptions of care. The project will aim to deliver a draft instrument or set of instruments that incorporates evidence from existing consumer recovery and perceptions of care measures; measures the recovery orientation of care from a consumer perspective; measures the degree to which consumers see themselves as being involved and engaged in their care; and is suitable for the collection of information nationally on the social inclusion indicators of mental health consumers and thereby assists to populate the Fourth Plan social inclusion indicators. Work is continuing on developing a more detailed project plan for endorsement at the MHISS November 2010 meeting.

Ms Robyn Milthorpe further clarified that the Project will look at the recovery orientation of the services, the type of service and the way it is delivered by staff within the service, and the individuals' perception of an experience of care. Ms McMahon reported on her positive experiences with recovery oriented services and a brief discussion followed of the different services that are available. Mr Patrick Hardwick mentioned that in Western Australia the new Mental Health Commissioner is starting to raise the concept of individualised funding for consumers whereby they are provided with a certain amount of funding to purchase what they need from various NGOs.

At the end of this Agenda Item, there was a brief discussion of the complex issues involved with progressing data linkage as well as a discussion of some of the issues related to the broader mental health reform agenda.

14.3 Next MHISS Meeting

The next MHISS Meeting will be held on 4/5 November 2010 in Canberra and Ms Munro will attend.

15 OTHER BUSINESS

The Chair invited those present to raise any other matters that were not included on the agenda.

Mr Taylor reported on correspondence that had been brought to his attention concerning the RANZCP response to the Australian Competition and Consumer Commission (ACCC) report to the Australian Senate on anti–competitive and other practice by health funds and providers in relation to private health insurance.

In that correspondence, the College had expressed concern over changes that were apparently made in April 2010 to the level of psychiatric cover offered by a number of private health insurers. The College was concerned that this had left a number of patients in a vulnerable position and, in some circumstances, unable to access the level of care they require for optimum outcomes. Patients on effected covers may be required to pay increased premiums, or settle for a reduced level of cover and that many consumers might not be aware that their private health insurance policy had changed and no longer provided the level of cover it had in the past.

The Meeting carefully discussed these concerns and the mechanism whereby private health insurers are able to vary the extent of psychiatric cover in their products.

Mr Peter Callanan clarified that current legislation requires that every product a Health Insurer offers in relation to *Hospital Treatment*, must provide a *Minimum Benefit* for psychiatric, rehabilitation and palliative care. It is up to the individual Health Insurers as to what level of benefit they apply within their various products beyond that *Minimum Benefit*. The legislation also precludes Health Insurers from offering a product that excludes psychiatric care, but the legislation does allow front end deductibles and co–payments. Ms Helen Eriksson explained that Health Insurers must also give their members 60 days notice of any *detrimental* product change. The Private Health Insurance Ombudsmen (PHIO) website also contains information on health insurer products and includes specific information on *Mental Health Treatment and Private Health Insurance* at:

http://www.phio.org.au/facts–and–advice/mental–health–treatment–and–private–health–insurance.aspx

The Meeting then noted that there was a presentation on restrictions and exclusions at the recent APHA National Congress, which presented data on the number of health insurers providing Minimum Benefits in their products for private hospital psychiatric care. Mr Callanan re–iterated that under the legislation the Minimum Benefit is all that Health Insurers are required to offer and any benefit beyond that level is at the discretion of the Health Insurers.

After further discussion, the Meeting felt the ongoing education of consumers was critical in relation to their health insurance. Ms McMahon agreed to refer Network members to the PHIO website in the Network's e–News Alert and also advise Network Members to check that their current private health insurance coverage is sufficient to meet their requirements. The Meeting also asked Mr Taylor to circulate a copy of the APHA presentation to PMHA Members. The PMHA agreed to keep a watching brief on developments.

16 NEXT PMHA MEETINGS

Mr Taylor reminded the Meeting that there will now be **two** days of PMHA related meetings in Adelaide in March 2011 year as follows.

PMHA QIP Sub–committee Meeting

Thursday, 17 March 2011
10:00 AM to 12:00 Noon

12:00 Noon -12:30
PMHA Lunch with QIP Senior Research Officer

13th PMHA Meeting

Thursday, 17 March 2011	Friday, 18 March 2011
12 :30 PM to 5:00 PM	10:00 AM to 4:00 PM

The Adelaide Clinic
33 Park Terrace
Gilberton South Australia

17 CLOSE

There being no further business, the Chair closed the Meeting at 4:00 PM.

Ms Moira Munro
PMHA Deputy Chair

Mr Phillip Taylor
PMHA Director (Secretary)

PMHA INCOME (Stakeholder Contributions)				
1	Australian Medical Association	53,576		
2	Australian Private Hospitals Association	53,576		
3	Australian Health Insurance Association	53,576		
4	Australian Government Department of Health and Ageing	61,576		
	Transfer of PMHA Balance from 1 July 2008 to 30 June 2009	*14,989*		
	Australian Medical Association Additional Contribution	*3,413*		
	Total	**240,706**		
PMHA EXPENDITURE		**Budget**	**Actual**	**Variance**
Staffing		162,377	158,302	4,075
Infrastructure		0	3,056	–3,056
Recurrent and other expenses		19,625	18,051	1,574
Meetings of PMHA Face–to–Face		9,852	11,042	–1,190
Working Groups		2,999	8,517	–5,518
Other Meetings (AMHMAC & Safety & Quality Partnership Group)		7,239	2,649	4,590
	Total before AMA Administration charge	202,092	201,618	474
	AMA Administration Charge (10% of Agreed Budget)	20,209	20,209	0
	Total	**222,301**	**221,827**	**474**
	Total PMHA Funds Remaining	***18,879***		

	PMHA–CDMS INCOME (Stakeholder Contributions)			
1	Australian Private Hospitals Association	65,204		
2	Australian Health Insurance Association	65,204		
3	Australian Govt Department of Health and Ageing	65,204		
	Transfer of CDMS Balance From 1 July 2008 to 30 June 2009	*27,898*		
	New Hospital Enrollments and re–enrollments	*14,000*		
	Australian Medical Association Additional Contribution	*13,650*		
	Total	**251,160**		
PMHA–CDMS EXPENDITURE		**Budget**	**Actual**	**Variance**
Staffing		144,972	158,026	–13,054
Infrastructure		18,495	25,526	–7,031
Recurrent and Other Expenses		14,363	12,626	1,737
Attendance at PMHA and other stakeholder's meetings		0	135	–135
Workshops & Training		0	15,151	–15,151
	Total before AMA Administration charge	177,830	211,464	–33,634
	AMA Administration Charge (10% of Agreed Budget)	17,783	17,783	0
	Total	**195,613**	**229,247**	**–33,634**
	Total PMHA–CDMS Funds Remaining	***21,913***		

NETWORK INCOME (Stakeholder Contributions)				
1	Australian Medical Association	11,598		
2	Australian Private Hospitals Association	11,598		
3	Australian Health Insurance Association	11,598		
4	Australian Govt Department of Health and Ageing	100,500		
5	Beyondblue	11,598		
	RANZCP Donation	11,598		
	Transfer of NN Balance from 1 July 2008 to 30 June 2009	10,336		
	Australian Psychological Society Donation	5,000		
	Transfer McMahon Petty Cash Advance for Network from 15/07/2009	–24		
	Transfer McMahon Petty Cash Advance for Network from 15/07/2009	215		
	Total	**174,017**		
NETWORK EXPENDITURE		**Budget**	**Actual**	**Variance**
Staffing		98,935	97,467	1,468
Infrastructure for Network Independent Chair		756	3,888	–3,132
Meetings of the Network		38,285	27,043	11,242
Attendance of Network Representative at Other Meetings		8,497	15,210	–6,713
	Total before AMA Administration Charge	146,473	143,608	2,865
	AMA Administration Charge (10% of Agreed Budget)	14,647	14,647	
	Total	**161,120**	**158,255**	**2,865**
	Total PMHA Funds Remaining	***15,761***		