



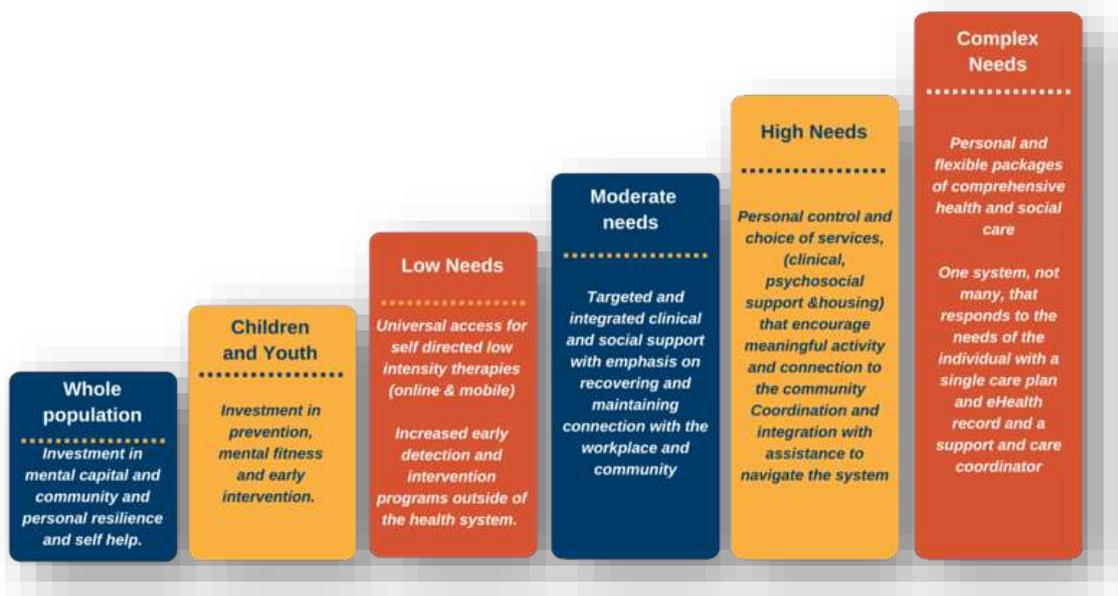
# Updated Activity Work Plan 2016-2019: Primary Mental Health Care Funding

## 1. (a) Strategic Vision

In response to the National Mental Health Commission’s Review of Mental Health Programmes and Services, *Contributing lives, thriving communities*, a key focus for the Central Queensland, Wide Bay, Sunshine Coast PHN (the PHN) is the development of a continuum of primary mental health services across the region, within a person-centred, culturally appropriate, stepped care approach. The intent is to ensure that a range of service types are available within local regions to better match with individual and local needs whilst maximising and leveraging existing system infrastructure and workforce.

### Stepped care model

Central to the success of mental health reform is the power of local decision-making in relation to the planning and assessment of community need and services gaps. These decisions guide the purchase of services, resources and supports required to implement an integrated stepped care approach (Fig. 1) to mental health service delivery.



## **The journey so far**

In 2016 the PHN circulated its *Statement of Intent for Mental Health, Suicide Prevention and Alcohol and Other Drug Services*. This was followed by the formation of the *Regional Mental Health, Alcohol and Other Drugs Council (The Council)* and local area *Mental Health, Alcohol and Other Drugs Strategic Collaboratives (Strategic Collaboratives)*. The governance framework used to inform planning and activities is outlined in Fig 2.

Further work was undertaken in 2016 by the PHN in partnership with Queensland Health, Central Queensland, Wide Bay and Sunshine Coast Hospital and Health Services respectively to undertake a joint planning approach using the *National Mental Health Service Planning Framework*. The Queensland Centre for Mental Health Research was engaged to guide the process with a final report produced in December 2016.

The approach used best available evidence to organise the current and projected services for people in alignment with health needs assessment data on prevalence, severity of a mental health conditions and the optimal alignment of service intensity.

Fundamental to the stepped care approach has been the process of using a joint planning and co-design with our partners. This is now paving the way to integrated care pathways ensuring the mobility between steps is coordinated between mental health services including general practice, non-government organisations and State Government.

In 2017 the Council ratified the *Regional Mental Health, Alcohol and Other Drugs Council Strategic Roadmap* which sets out the direction and vision of the *Joint Regional Mental Health, Suicide Prevention, Alcohol and Other Drugs Plan*.

## **Our vision**

“Improved health and wellbeing in our region supported by locally relevant mental health, suicide prevention and alcohol and other drug services”

## **Joint Regional Mental Health, Suicide Prevention, Alcohol and Other Drugs Plan (the Plan)**

In 2017 Consumer and Carer workshops were held to understand the journey of consumers and carers through the mental health system to inform the development of the Joint Regional Plan. Lived experience perspectives of important intersections in the mental health system within the PHN region have identified barriers or enablers of recovery. Health Consumers Queensland (HCQ) produced the workshop content into a final report which was tabled a Joint Regional Planning Forum. In collaboration with Hospital and Health Services (HHSs) and other stakeholders the forum workshopped the building blocks of the Plan.

The PHN recognises that the Plan is an important deliverable of the *Fifth National Mental Health and Suicide Prevention Plan* and that *Priority Area 1: Achieving integrated regional planning and service delivery* sets out the measures of change that will be vital for monitoring progress.

A key component for the Plan is to identify the specific mental health needs of Aboriginal and Torres Strait Islander people to better target and integrate access across the region, specifically where Indigenous people access mental health care. To facilitate this process a *Regional Aboriginal and*

*Torres Strait Islander Round Table* will develop a more detailed plan specific to Aboriginal and Torres Strait Islander Peoples.

Suicide Prevention Community Actions plans have, and will be further developed at the local level to ensure that evidence based system approaches are well integrated and have a cumulative effect. These plans are informed by lived experience and acknowledge the work being undertaken at National and State Government levels to ensure that best utilisation of resources is achieved.

More effort will be undertaken in 2018-19 to ensure that Alcohol and Other Drug Services (AOD) and needs of the community are better targeted. An interactive procurement and service design will be explored in partnership with HHSs and the Queensland Health Branch of Mental Health and Alcohol and Other Drugs.

### **Workforce Development**

In 2017 the *Mental Health, Alcohol and Other Drugs Workforce Development Strategic Framework 2018-2021 (the Framework)* was completed by the National Centre for Education and Training on Addiction (NCETA).

The Framework sets out 15 strategic areas of workforce development that will provide the sector in the PHN region with alignment to priorities for action. This Framework will build on other workforce development initiatives and be supported with dedicated resources.

### **Procurement and approach to market**

In 2017 the PHN undertook a two stage procurement commencing with a Prequalifying Questionnaire with successful bidders invited to participate in a Request for Proposal. The activities set out in this plan are based on the outcome of that tender as well as other procurement approaches undertaken with the flexible funding pool.

In 2018-19 the vision of 'improved health and wellbeing in our region supported by locally relevant mental health, suicide prevention and alcohol and other drug services' will be monitored by the PHN through relationship based compliance complimented by strategic oversight by our Regional Mental Health, Alcohol and Other Drugs Council and local level implementation and review with the Mental Health, Alcohol and Other Drugs Strategic Collaboratives (see Fig 2).

**Legend**  
— Influencing  
— Reporting

# Mental Health, Alcohol and Other Drugs Services Governance Framework

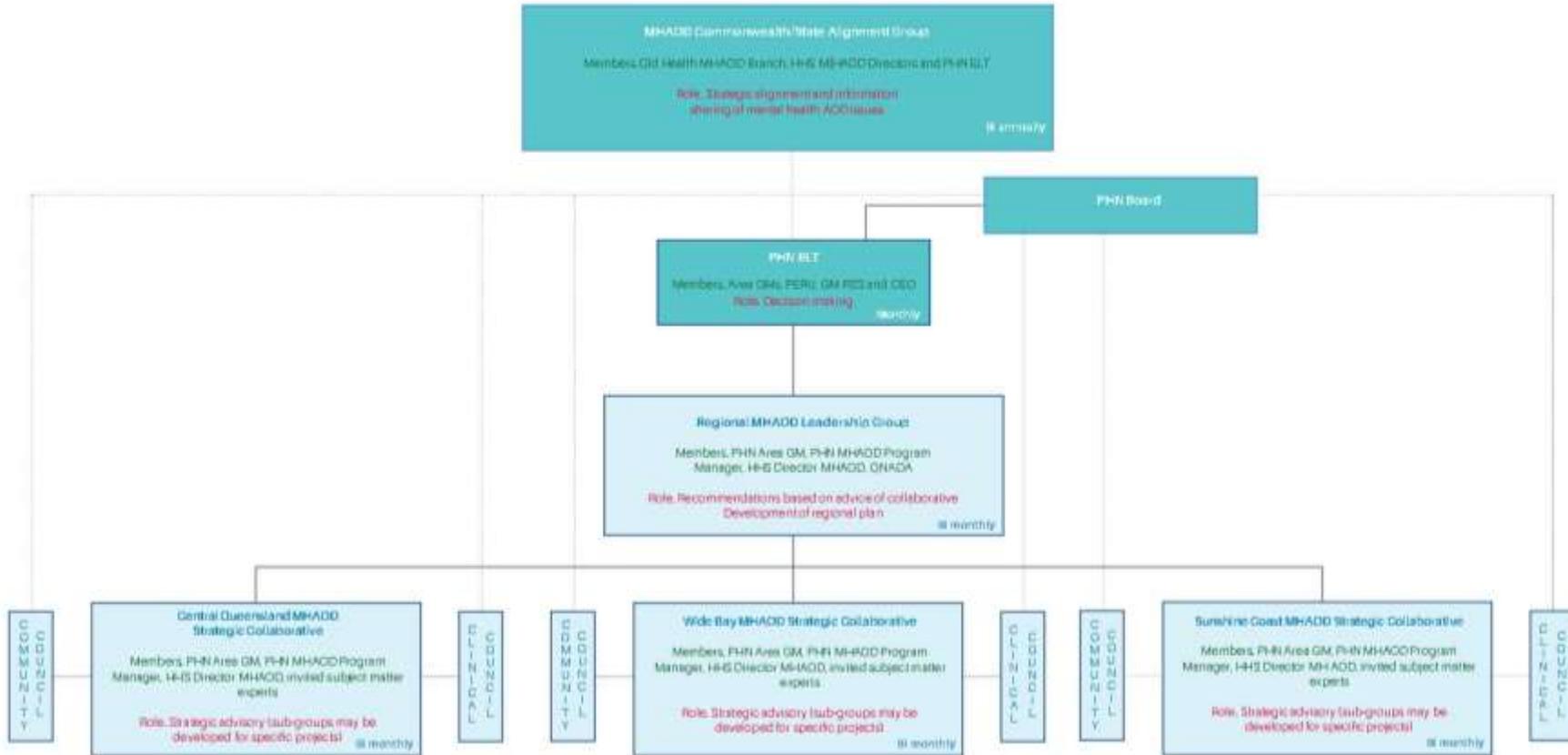


Fig 2

## 2. (b) Planned activities funded under the Primary Mental Health Care Schedule

Proposed Activities	
Priority Area	<b>PMH-P1 Low intensity mental health services</b>
Activity(ies) / Reference (e.g. Activity 1.1, 1.2, etc.)	<p><b>Procure:</b></p> <p>1) PHN will commission Low Intensity services from Artius Health to deliver within the PHN region (PMH-P1.3).</p> <p>2) PHN will procure Step Care digital screening tool in ten general practices in the Sunshine Coast and Gympie area (PMH-P1.1).</p> <p><b>Provide:</b></p> <p>3) PHN will provide education on Step Care screening tool for general practice staff including, GPs, practice managers, receptionists and nurses (PMH-P1.2).</p>
Existing, Modified, or New Activity	Existing activity
Description of Activity	<p>As part of our commissioning approach, the PHN has defined where we <b>procure</b> health services, <b>partner</b> with other agencies to implement health system solutions, and where our staff <b>provide</b> health system support services (e.g. general practice support, allied health engagement, education, digital health leadership). This approach allows us to provide clarity and transparency to our stakeholders. This activity work plan uses this method.</p> <p><b>Procure:</b></p> <p>1) PHN has contracted Artius Health (PMH-P1.3) to provide cost effective, clinically appropriate mental health treatment for people at risk or with mild to moderate (non-complex) mental illness including:</p> <ul style="list-style-type: none"> <li>• Wider accessibility of evidence based mental health services through promotion of digital mental health services available from Head to Health and/or direct service delivery.</li> <li>• A central intake and assessment service accepting self-directed referrals as well as referrals from carers, GPs and providers where consent has been obtained.</li> <li>• A model of care based on Low Intensity CBT delivered flexibly through either or a combination of face to face, telephone and group work.</li> </ul>

	<ul style="list-style-type: none"> <li>• Training for Low Intensity workforce through Flinders University providing access for other mental Health services providers where places and capacity permit</li> <li>• Clinical governance and supervision of LI workforce by suitably qualified and credentialed clinicians.</li> </ul> <p>2) Step Care is a digital mental health screening tool that can be used to identify patients in GP waiting rooms at risk or experiencing mental ill health. Step Care will continue to be piloted in ten general practices on the Sunshine Coast and Gympie with a view to expansion into other areas of the PHN if results demonstrate efficiency and effectiveness for early intervention (PMH-P1.1).</p> <p><b>Provide:</b></p> <p>3) PHN MHAOD Practice Support Officer will lead project management of the Step Care education and training (PMH-P1.2).</p>
Target population cohort	<p>1) Eligibility Criteria for access to Low Intensity Psychological services are:</p> <ul style="list-style-type: none"> <li>• Clients residing in the Central Queensland, Wide Bay and Sunshine Coast PHN catchment region;</li> <li>• Clients with or at risk of developing mild mental health illness;</li> <li>• Funding for sub-area and Service Stream not exhausted; and</li> <li>• Client consents to participate in the program.</li> </ul> <p>2) Ten general practices located on the Sunshine Coast and Gympie.</p>
Consultation	<p>Stakeholder consultations were conducted on low intensity services by our PHN in 2016-17 and 2017-18. Consultation on roll out and implementation of low intensity approaches will be undertaken with:</p> <ul style="list-style-type: none"> <li>• General practice staff and allied health professionals</li> <li>• Regional MHAOD Council, Strategic Collaboratives, Peak Bodies, NDIS, NGO stakeholders within PHN region, consumers and carers</li> <li>• Primary health care providers, NGO providers</li> </ul>
Collaboration	<p><b>Partner:</b></p> <p>1) Strategic Collaboratives and Regional MHAOD Council for broad oversight and feedback on implementation and quality improvement of low intensity services. Artius will collaborate with 1300</p>

	MH Call and Queensland Police Link to ensure that the low intensity interventions are accessible and targeted. 2) General practice pilot sites and Black Dog Institute.
Duration	1) Services contracted 1 January 2018 to 30 June 2019 2) Services contracted to 30 June 2019
Coverage	PHN region
Commissioning method (if relevant)	Services are contracted
Approach to market	Completed
Decommissioning	N/A
Performance Indicator	Mandatory performance indicators: <ul style="list-style-type: none"> <li>• Proportion of regional population receiving PHN-commissioned mental health services – Low intensity services.</li> <li>• Average cost per PHN-commissioned mental health service – Low intensity services.</li> <li>• Clinical outcomes for people receiving PHN-commissioned low intensity mental health services.</li> </ul>

Proposed Activities	
Priority Area	<b>PMH-P2 Child and youth mental health services</b>
Activity(ies) / Reference (e.g. Activity 1.1, 1.2, etc.)	<p><b>Provide:</b></p> <p>1) Regional capacity building forum for headspace lead agencies commissioned in the PHN region (PMH-P2.2).</p> <p><b>Procure:</b></p> <p>2) Commission headspace mental health services delivered within the region (PMH-P2.3) through:</p> <ul style="list-style-type: none"> <li>• Live Better</li> <li>• Rosebury Community Services</li> <li>• Wesley Mission</li> <li>• United Synergies</li> </ul> <p>3) Commission youth severe mental health services delivered within the region through Artius Health (PMH-P2.4).</p>
Existing, Modified, or New Activity	Existing activity
Description of Activity	<p>As part of our commissioning approach, the PHN has defined where we <b>procure</b> health services, <b>partner</b> with other agencies to implement health system solutions, and where our staff <b>provide</b> health system support services (e.g. general practice support, allied health engagement, education, digital health leadership). This approach allows us to provide clarity and transparency to our stakeholders. This activity work plan uses this method.</p> <p><b>Provide:</b></p> <p>1) PHN will coordinate an annual forum with headspace organisations to progress workforce development, partnerships and community integration. Forums will focus on sharing information and resources between headspace services including sustainable business models (PMH-P2.2).</p> <p>2) PHN through its partnership with headspace national office will provide a bus to explore outreach models from headspace Gladstone. The bus will be provided by HNO with operational costs met by the lead agency Rosebury (PMH-P2.5).</p>

	<p><b>Procure:</b></p> <p>2) headspace services will be delivered (PMH-P2.3) through 1:1 structured psychological therapies and group based in the following geographical areas:</p> <p><b>Rockhampton:</b> Live Better  <b>Gladstone:</b> Rosebury Community Services  <b>Bundaberg, Maroochydore, Gympie:</b> United Synergies  <b>Hervey Bay:</b> Mission Australia</p> <p>This will include establishment of a new headspace service to launch in Gympie in July 2018.</p> <p>1) Youth severe mental health services will be delivered by Artius Health in partnership with headspaces and HHS Child and Youth Mental Health Services (CYMHS). Services will provide care coordination and address the cohort at risk of falling through the gap between headspace and CYMHS (PMH-P2.4).</p>
Target population cohort	<p>Child and youth</p> <p>Young people aged between 12 – 25 years with, or at risk of, mild to moderate mental illness.</p> <p>Young people aged between 12 – 25 years with, or at risk of, severe mental illness.</p>
Consultation	<p>Stakeholder consultations were conducted by our PHN in 2016-17 and 2017-18. This public forums and workshops and specific consultation with consumer and carer representatives. Consultation resulted in the establishment of the Mental Health, Alcohol and Other Drugs Strategic Collaboratives.</p> <p>Ongoing consultation continues from time to time.</p>
Collaboration	<p><b>Partner:</b></p> <p>PHN will partner with HHS and primary mental health services to improve service integration and transitions between levels of stepped care (PMH-P2.1). Key stakeholders include:</p> <ul style="list-style-type: none"> <li>• headspace</li> <li>• HHS Child and Youth Mental Health Services</li> <li>• Psychiatry, psychology and general practice</li> <li>• Regional MHAOD Council, Strategic Collaboratives, Peak Bodies, NDIS, NGO stakeholders within PHN region, consumers and carers</li> </ul>

Duration	<p>headspace contracts will be issued from 1 July 2018 – 30 June 2019.</p> <p>Contract for Child and Youth Mental Health Services including severe will be issued from 1 January 2018 – 30 June 2019.</p>
Coverage	All areas
Commissioning method (if relevant)	Services are contracted
Approach to market	Completed
Decommissioning	N/A
Performance Indicator	<p>Mandatory performance indicator:</p> <ul style="list-style-type: none"> <li>• Support region-specific, cross sectoral approaches to early intervention for <b>children and young people</b> with, or at risk of mental illness (including those with severe mental illness who are being managed in primary care) and implementation of an equitable and integrated approach to primary mental health services for this population group.</li> </ul>

# 1. (b) Planned activities funded under the Primary Mental Health Care Schedule – Template 2

Use this template table for Priority Areas 3 and 4

Proposed Activities	
Priority Area	<b>PMH-P3 Psychological therapies for rural and remote, under-serviced and / or hard to reach groups</b>
Activity(ies) / Reference (e.g. Activity 1.1, 1.2, etc.)	<b>Procure:</b> 1) Commission psychological therapies for rural and remote, under-serviced and / or hard to reach groups through Artius Health (PMH-P3.3).
Existing, Modified, or New Activity	Existing
Description of Activity	<p>As part of our commissioning approach, the PHN has defined where we <b>procure</b> health services, <b>partner</b> with other agencies to implement health system solutions, and where our staff <b>provide</b> health system support services (e.g. general practice support, allied health engagement, education, digital health leadership). This approach allows us to provide clarity and transparency to our stakeholders. This activity work plan uses this method.</p> <p><b>Procure:</b></p> <p>1) PHN will commission Artius Health to provide (PMH-P3.3) psychological therapies in the region including:</p> <ul style="list-style-type: none"> <li>○ Increase access for underserved groups through targets / demand management within the central intake system</li> <li>○ Allocate resources to ensure priority groups and targets area KPIs are being reached</li> <li>○ Monitor the ongoing and fluctuating need in the PHN region to ensure services can ramp up and down as required</li> <li>○ Develop the capacity of the workforce in the rural and remote areas of the PHN region</li> </ul> <p><b>Provide:</b></p> <p>2) Provide ongoing education on referrals pathways to general practice through HealthPathways and PHN Practice Support Officers (PMH-P3.2).</p>

<p>Target population cohort</p>	<p>Eligibility criteria for access to psychological services for underserved and hard to reach groups are:</p> <ul style="list-style-type: none"> <li>• Clients residing in the Central Queensland, Wide Bay and Sunshine Coast PHN region;</li> <li>• Clients with moderate or severe mental health illness;</li> <li>• Clients part of underserved or hard to reach target group;</li> <li>• Funding for sub-area and Service Stream not exhausted; and</li> <li>• Client consents to participate in the Program.</li> </ul> <p>Underserved Target Groups include:</p> <ul style="list-style-type: none"> <li>• Rural and remote residents</li> <li>• People from culturally and linguistically diverse backgrounds (CALD)</li> <li>• Aboriginal and Torres Strait islander people</li> <li>• People who are members of the LGBTI community</li> <li>• Women with perinatal depression</li> <li>• Financially disadvantaged without availability to bulk billing psychologists</li> <li>• Victims of domestic violence</li> <li>• Homeless</li> <li>• Other hard to reach groups not elsewhere classified</li> </ul>
<p>Consultation</p>	<p>Stakeholder consultations were conducted by our PHN in 2016-17 and 2017-18. Consultation on psychological therapies transition from ATAPS approaches will continue (PMH-P3.1) to be undertaken with:</p> <ul style="list-style-type: none"> <li>• General practice staff and allied health professionals</li> <li>• Regional MHAOD Council, Strategic Collaboratives, Peak Bodies, NDIS, NGO stakeholders within PHN region, consumers and carers</li> <li>• Primary health care providers, NGO providers</li> </ul>
<p>Collaboration</p>	<p><b>Partner:</b></p> <p>Collaboration for system Integration will continue with HHS mental health services, GPs, psychology and psychiatry services.</p>

	In addition, the Strategic Collaboratives chaired by PHN and HHS held in Central Queensland, Wide Bay and Sunshine Coast respectively will provide input and feedback on service access, integration and quality improvements (PMH-P3.1).
Duration	1) 1 January 2018 – 30 June 2019 (PMH-P2.3)
Coverage	PHN region
Continuity of care	Continuity of care is achieved through providing consumers with information, available choices, consent and clinical handover.
Commissioning method (if relevant)	Services are contracted
Approach to market	Completed
Decommissioning	N/A
Performance Indicator	<p>Mandatory performance indicators:</p> <ul style="list-style-type: none"> <li>• Proportion of regional population receiving PHN-commissioned mental health services – psychological therapies delivered by mental health professionals.</li> <li>• Average cost per PHN-commissioned mental health service – psychological therapies delivered by mental health professionals.</li> <li>• Clinical outcomes for people receiving PHN-commissioned psychological therapies delivered by mental health professionals.</li> </ul>

Proposed Activities	
Priority Area	<b>PMH-P4 Mental health services for people with severe and complex mental illness including care packages</b>
Activity(ies) / Reference (e.g. Activity 1.1, 1.2, etc)	<p><b>Provide:</b></p> <p>1) Information and education to general practice on NDIS and Stepped Care options for people with severe mental illness including early psychosis and co-morbidity guidelines (PMH-P4.4).</p> <p><b>Procure:</b></p> <p>2) Commission mental health services for people with severe and complex mental illness with delivered in the region through:</p> <ul style="list-style-type: none"> <li>• Central Queensland Rural Health in Central Queensland – Central Queensland only (PMH-P4.6)</li> <li>• Artius Health – Sunshine Coast and Wide Bay (PMH-P4.7)</li> <li>• Monsour Clinic – Wide Bay, Maryborough only (PMH-P4.8)</li> </ul>
Existing, Modified, or New Activity	Existing
Description of Activity	<p>As part of our commissioning approach, the PHN has defined where we <b>procure</b> health services, <b>partner</b> with other agencies to implement health system solutions, and where our staff <b>provide</b> health system support services (e.g. general practice support, allied health engagement, education, digital health leadership). This approach allows us to provide clarity and transparency to our stakeholders. This activity work plan uses this method.</p> <p><b>Provide:</b></p> <p>1) PHN MHAOD Practice Support Officers will project manage information and education delivery to general practice on NDIS and Stepped Care options for people with severe mental illness including early psychosis and co-morbidity guidelines (PMH-P4.4).</p> <p><b>Procure:</b></p> <p>2) Commissioned providers will deliver mental health services for people with severe and complex mental illness that will:</p>

	<ul style="list-style-type: none"> <li>○ Complement and enhance existing general practice, psychiatrist and allied mental health professional services available through the MBS;</li> <li>○ Not duplicate HHS specialist mental health services, other non-government organisation mental health services or providers funded through the Medicare Benefits Schedule;</li> <li>○ Provide individualised services delivered under a recovery, trauma-informed philosophy;</li> <li>○ Work closely with general practices to ensure the physical health needs of consumers are met;</li> <li>○ Provide care coordination to integrate primary care services with community based private psychiatry services and HHS specialist mental health services for individuals;</li> <li>○ Work within defined referral pathways in the PHN region to enable and support consumers to seamlessly transition between services as their needs change;</li> <li>○ Provide services in an efficient and cost-effective manner</li> <li>○ Be responsive to clients who are at risk of suicide or self-harm and provide brief intervention, safety plans and escalate where clinically appropriate;</li> <li>○ Work with NDIA Local Area Coordinators to consider service access for people not meeting the National Disability Insurance Scheme (NDIS) criteria.</li> </ul>
Target population cohort	<p>People residing in the Central Queensland, Wide Bay and Sunshine Coast PHN catchment area.</p> <p>In addition, specific eligibility criteria for clinical care coordination for people with severe mental health illness include:</p> <ul style="list-style-type: none"> <li>● The client has been diagnosed with a mental disorder according to the criteria defined in the World Health Organisation Diagnostic and Management Guidelines for Mental Health Disorders in Primary Care: ICD 10 Chapter V Primary Care Version, or the Diagnostic and Statistical Manual of Mental Health Disorders - Fifth Edition (DSM-5);</li> <li>● The client’s disorder is significantly impacting their social, personal and work life;</li> <li>● The client has been to hospital at least once for treatment of their mental disorder, or they are at risk of needing hospitalisation in the future if appropriate treatment and care is not provided; and</li> </ul> <p>The target population is expected to need ongoing treatment and management of their mental disorder over the next 2 years.</p>

Consultation	<p>Stakeholder consultations were conducted by our PHN in 2016-17 and 2017-18. This included public forums, consumer and carer referencing and a formal co-design workshop facilitated by Health Management Advisors (HMA).</p> <p>Ongoing consultation continues from time to time with a specific Severe Mental Illness Working Group of the Mental Health, Alcohol and Other Drugs Strategic Collaboratives.</p>
Collaboration	<p><b>Partner:</b></p> <p>PHN will partner with HHS and primary mental health services to improve service integration and transitions between levels of stepped care (PMH-P4.2, PMH-P4.3). Key stakeholders include:</p> <ol style="list-style-type: none"> <li>1) NDIA</li> <li>2) HHS Adult Mental Health Services and Emergency Department</li> <li>3) Psychiatry, psychology and General Practice</li> <li>4) Regional MHAOD Council, Strategic Collaboratives, Peak Bodies, NDIS, NGO stakeholders within PHN region, consumers and carers</li> </ol>
Duration	Contracts have been issued from 1 January 2018 – 30 June 2019.
Coverage	PHN region
Continuity of care	Continuity of care is achieved through providing consumers with information, available choices, consent and clinical handover. Shared care arrangements are formalised through care coordination activities.
Commissioning method (if relevant)	Services are contracted
Approach to market	Complete
Decommissioning	N/A
Performance Indicator	<p>Mandatory performance indicators:</p> <ul style="list-style-type: none"> <li>• Proportion of regional population receiving PHN-commissioned mental health services – Clinical care coordination for people with severe and complex mental illness (including clinical care coordination by mental health nurses).</li> </ul>



- Average cost per PHN-commissioned mental health service – clinical care coordination for people with severe and complex mental illness.

Proposed Activities	
Priority Area	<b>PMH-P5: Regional approach to suicide prevention</b>
Activity(ies) / Reference (e.g. Activity 1.1, 1.2, etc)	<p><b>Provide:</b></p> <ol style="list-style-type: none"> <li>1) Provide leadership and support for implementation and monitoring of community suicide prevention action plans (PMH-P5.1).</li> <li>2) Provide information and education to general practice on referral pathways for people at risk of suicide in HealthPathways (PMH-P5.2).</li> </ol> <p><b>Procure:</b></p> <ol style="list-style-type: none"> <li>3) Commission Central Queensland Rural Health to coordinate community action plans for Central Queensland developed in 2017/18 (PMH-P5.3).</li> <li>4) Commission Artius Health to deliver aftercare services for people post a suicide attempt or at risk (PMH-P5.4).</li> <li>5) Commission Caloundra Community Centre to provide a part-time SP coordinator for the Sunshine Coast hinterland region to improve coordination, service integration and education to the existing suicide prevention networks and community in the region (PMH-P5.5).</li> <li>6) Procure gatekeeper training (PMH-P5.6).</li> </ol>
Existing, Modified, or New Activity	Existing activity
Description of Activity	<p>As part of our commissioning approach, the PHN has defined where we <b>procure</b> health services, <b>partner</b> with other agencies to implement health system solutions, and where our staff <b>provide</b> health system support services (e.g. general practice support, allied health engagement, education, digital health leadership). This approach allows us to provide clarity and transparency to our stakeholders. This activity work plan uses this method.</p> <p><b>Provide:</b></p> <ol style="list-style-type: none"> <li>1) PHN will provide leadership and support for local suicide prevention networks to coordinate activities as part of a wider community based Suicide Prevention Action Plan. Suicide Prevention</li> </ol>

	<p>Working Groups of the Strategic Collaboratives will implement and monitor community based suicide prevention action plans and report back to the Strategic Collaborative (PMH-P5.1).</p> <p>2) PHN will ensure that agreed referral pathways for suicide prevention are maintained and updated in HealthPathways including training for GPs on best practice (PMH-P5.2).</p> <p><b>Procure:</b></p> <p>3) Central Queensland Rural Health will coordinate community action plans developed in LGA areas for Central Queensland. Plans will ensure that activities are culturally appropriate for Aboriginal and Torres Strait Islander People (PMH-P5.3).</p> <p>4) Artius Health will deliver aftercare services for people at risk, or post a suicide attempt. This will include care coordination for a period of approx. 3 months to ensure that linkages with clinical and psychosocial supports are in place (PMH-P5.4).</p> <p>5) Caloundra Community Centre will coordinate Suicide Prevention activities in the Hinterland region of the Sunshine Coast and coordinate Gatekeeper training across Neighbourhood Centres in the Sunshine Coast area (PMH-P5.5).</p> <p>6) PHN will procure gatekeeper training through a community campaign aimed creating a safety net in the community of informed citizens who can recognise, persuade and refer someone at risk of suicide to get help (PMH-P5.6).</p>
Target population cohort	Whole of population with specific focus on men between 25-50 and Aboriginal and Torres Strait Islander people
Consultation	<p>Stakeholder consultations were conducted by our PHN in 2016-17 and 2017-18. This included public forums, lived experience referencing, formal co-design workshops.</p> <p>Ongoing consultation will be sought from people with a lived experience to inform planning and implementation.</p>
Collaboration	<p><b>Partner:</b></p> <p>Collaboration for system integration will continue with local government, HHS Emergency Department, child and youth, and adult mental health services, headspace providers, Queensland Police Service,</p>

	<p>Artius Health, Black Dog Institute, Thompson Institute, Education Queensland, Mates in Construction, lived experience, Aboriginal and Torres Strait Islander people, Lifeline and other key stakeholders.</p> <p>In addition, the Strategic Collaboratives chaired by PHN and HHS held in Central Queensland, Wide Bay and Sunshine Coast respectively will provide broad oversight and feedback into the delivery of Suicide Prevention Community Action Plans and suicide aftercare services and opportunities for quality improvements.</p>
Duration	<p>Community Action Plans will have duration from 2018-22</p> <p>Suicide Prevention Aftercare Services have been contracted from 1 January 2018 – 30 June 2019</p>
Coverage	PHN region
Commissioning method (if relevant)	Community Suicide Prevention Action Plans
Approach to market	Direct approach, Expression of Interest, Request for Tender, Request for Proposal
Decommissioning	N/A
Performance Indicator	<p>Mandatory performance indicator:</p> <ul style="list-style-type: none"> <li>• Number of people who are followed up by PHN-commissioned services following a recent suicide attempt.</li> </ul>
Local Performance Indicator target (where possible)	<p><b>Consumers that present with a Suicide Risk Flag</b></p> <ol style="list-style-type: none"> <li>a. Number of clients per each type of suicide risk (<i>admitted to hospital after suicide attempt; not admitted to hospital after suicide attempt; At risk of suicide/ideation; self-harm; other</i>)</li> <li>b. Number of Emergency Department Presentations in the Last year and during Episode per Client and dates</li> <li>c. Number of Hospital Admissions in the Last Year and during Episode per Client and dates</li> <li>d. Number of Suicide Attempts and during Episode per Client and dates</li> <li>e. Percentage of Clients with an Alcohol and Drug Assessment</li> </ol>

	<p>f. Proportion of Clients referred following a recent suicide attempt or because they are at risk of suicide followed up within seven days.</p> <p><b>Suicide prevention aftercare services</b></p> <p>a. Number of Emergency Department Presentations in the Last year and during Episode per Client and dates</p> <p>b. Number of Hospital Admissions in the Last Year and during Episode per Client and dates</p> <p>c. Number of Suicide Attempts and during Episode per Client and dates</p> <p>d. Percentage of Clients with a Safety Plan developed by Hospital at discharge</p> <p>e. Percentage of Clients without a Safety Plan developed by the Hospital at discharge with a Safety Plan developed by Service Provider</p> <p>f. Percentage of Clients with an Alcohol and Drug Assessment</p>
Local Performance Indicator Data source	<p>Contract with provider – Annexure I ‘Service Contact and Completed Episode Targets’</p> <p>Contract with provider – Appendix 4 ‘Service Monitoring and Evaluation’</p>

Proposed Activities	
Priority Area	<b>PMH-P6 Aboriginal and Torres Strait Islander mental health services</b>
Activity(ies) / Reference (e.g. Activity 1.1, 1.2, etc)	<p><b>Provide:</b></p> <p>1) Hold an annual regional forum bringing together AMSs and ACCHOs based in the PHN region (PMH-P6.1)</p> <p><b>Procure:</b></p> <p>2) Commission Aboriginal and Torres Strait Islander mental health services delivered within the region through:</p> <ul style="list-style-type: none"> <li>North Coast Corporation for Aboriginal Community Health (PMH-P6.5)</li> <li>Bidgerdii Consortium (PMH-P6.6)</li> <li>Nhulundu (PMH-P6.7)</li> <li>Artius Health (PMH-P6.9)</li> </ul> <p>3) Procure workforce development to build the capacity of culturally appropriate services (PMH-P8.7).</p> <p>4) Provide annual sponsorships for significant dates and community events (PMH-P6.2).</p> <p>5) Procure the establishment of mental health services through a Woorabinda community-led entity (PMH-P6.8).</p>
Existing, Modified, or New Activity	Existing
Description of Activity	<p>As part of our commissioning approach the PHN has defined where we <b>procure</b> health services, <b>partner</b> with other agencies to implement health system solutions, and where our staff <b>provide</b> health system support services (e.g. general practice support, allied health engagement, education, digital health leadership). This approach allows us to provide clarity and transparency to our stakeholders. This activity work plan uses this method.</p> <p><b>Provide:</b></p> <p>1) PHN will coordinate an annual forum with Aboriginal and Torres Strait Islander organisations and peak bodies in the region to progress workforce development, partnerships and community integration (PMH-P6.1)</p>

	<p><b>Procure:</b></p> <p>2) Culturally appropriate services will be delivered through 1:1 structured psychological therapies, group based, peer kinship and cultural healing in the following geographical areas:</p> <p style="padding-left: 40px;"><b>Gympie:</b> North Coast Corporation for Aboriginal Community Health (PMH-P6.5)  <b>Rockhampton and Banana Shire:</b> Bidgerdii consortium (PMH-P6.6)  <b>Gladstone and Biloela:</b> Nhulundu (PMH-P6.7)  <b>Wide Bay:</b> Artius Health (PMH-P6.9)</p> <p>3) The annual PHN &amp; Aboriginal and Torres Strait Islander regional forum will review the priority areas for workforce development and capacity building. The pool of resources will be allocated based on the forum outcomes. Expressions of interest or direct allocations will be made on that basis (PMH-P8.7).</p> <p>4) Sponsorship is set aside annually for organisations in the region holding events around significant Aboriginal and Torres Strait Islander days. Expressions of interest will be sought in December and close in January for allocations (PMH-P6.2).</p> <p>5) PHN will work with Woorabinda Council and a Woorabinda community-led entity directly to establish culturally appropriate mental health services within the community that are led and coordinated by the Woorabinda community-led entity. The Woorabinda community-led entity will work with other funded services to ensure that incoming services are targeting resources in the most effective way for their community (PMH-P6.8).</p>
Target population cohort	Aboriginal and Torres Strait Islander population.
Consultation	<p>Reflecting on the Reconciliation Action Plan, PHN will work will invite all Aboriginal and Torres Strait Islander organisations based in the PHN region to participate in the annual forum. Peak bodies and DATSIP will be invited guests with a key theme identified each year through a small steering group led by the Social and Emotional Wellbeing Program Manager for PHN (PMH-P6.4).</p> <p>Who: PHN Social and Emotional Wellbeing Program Manager (lead), CEO, General Managers, Senior Managers and Program Managers.</p>
Collaboration	<p><b>Partner:</b></p> <p>Collaboration for system Integration will continue with Elders, AMS and ACCHOs, Peak Bodies, DATSIP, local government, HHS emergency department, child &amp; youth and adult mental health services,</p>

	<p>headspace providers, Queensland Police Service, Artius Health, Black Dog Institute, Thompson Institute and Education Queensland.</p> <p>In addition, the Strategic Collaboratives chaired by PHN and HHS held in Central Queensland, Wide Bay and Sunshine Coast respectively will be informed by Aboriginal and Torres Strait Islander representation and the outcomes of the annual regional PHN and Aboriginal and Torres Strait Islander Forum.</p>
Duration	<p><b>Provide:</b></p> <ol style="list-style-type: none"> <li>1) Regional Forum will be held in April/May 2019</li> <li>2) The following will be contracted to 30 June 2019 <ul style="list-style-type: none"> <li>○ North Coast Corporation for Aboriginal Community Health</li> <li>○ Bidgerdii Consortium</li> <li>○ Nhulundu</li> <li>○ Artius Health</li> </ul> </li> <li>3) Workforce development will be inclusive of 2018-19 financial year</li> <li>4) Sponsorship will be inclusive of 2018-19 financial year</li> <li>5) A Woorabinda community-led entity will be contracted to 30 June 2019</li> </ol>
Coverage	Whole of PHN
Commissioning method (if relevant)	Services are contracted
Approach to market	Completed
Decommissioning	N/A
Performance Indicator	<p>Mandatory performance indicator:</p> <ul style="list-style-type: none"> <li>• Proportion of Indigenous population receiving PHN-commissioned mental health services where the services were culturally appropriate.</li> </ul>
Local Performance Indicator target (where possible)	<b>Indigenous population receiving culturally appropriate mental health services:</b>

	<ul style="list-style-type: none"> <li>• Proportion of Aboriginal and Torres Strait Islander Clients that received services from Service Providers trained in cultural awareness.</li> </ul>
Local Performance Indicator Data source	<p>Contract with provider – Annexure I ‘Service Contact and Completed Episodes Targets’</p> <p>Contract with provider – Appendix 4 ‘Service Monitoring and Evaluation’</p>

Proposed Activities	
Priority Area	<b>PMH-P7: Stepped care approach</b>
Activity(ies) / Reference (e.g. Activity 1.1, 1.2, etc)	<p><b>Partner:</b></p> <p>1) Partner with Regional Mental Health and Alcohol and Other Drug Council and Strategic Collaboratives to facilitate a regional and local level stepped care approach (PMH-P7.1).</p> <p><b>Provide:</b></p> <p>2) Provide clinical and referral pathway guidance through <b>Health Pathways</b> (PMH-P7.3).</p> <p>3) Provide <b>education and communication</b> to all key stakeholders and in particular <b>general practice</b> about the stepped care service and changes (PMH-P7.4).</p> <p>4) Provide <b>budget adjustment</b> requests to <b>Department of Health</b> to ensure that flexible funding is most suitably targeted to meet needs of the region for priority areas (PMH-P7.5).</p> <p><b>Procure:</b></p> <p>5) Commission a <b>central intake and assessment service</b> to be delivered through Artius Health (PMH-P7.6).</p> <p>6) Establish / promote <b>stepped care brand</b>, future proofing any chance of provider change (PMH-P7.7).</p> <p>7) Procure workforce development in key areas of workforce development strategic framework.</p>
Existing, Modified, or New Activity	Modified activity.
Description of Activity	<p>As part of our commissioning approach, the PHN has defined where we <b>procure</b> health services, <b>partner</b> with other agencies to implement health system solutions, and where our staff <b>provide</b> health system support services (e.g. general practice support, allied health engagement, education, digital health leadership). This approach allows us to provide clarity and transparency to our stakeholders. This activity work plan uses this method.</p> <p><b>Partner:</b></p>

	<p>1) The aim of the Regional MHAOD Council is to ensure State- and PHN-commissioned funds are used most effectively to facilitate an integrated system of care in accordance with the 5<sup>th</sup> National Mental Health Plan and Connecting Care to Recovery. In addition, Strategic Collaboratives assist in reviewing data and ensuring that services best targeted to local need. The National Mental Health Service Planning Framework Report will continue to guide activities (PMH-P7.1).</p> <p><b>Provide:</b></p> <p>2) The aim of <b>HealthPathways</b> is to improve client transition through the health system by enabling providers to be better aware of how to access services, including information on what is available locally (PMH-P7.3).</p> <p>3) The aim of this education and communication activity is to ensure key stakeholders are aware of what changes have occurred, and how this affects both the service providers and the clients. General practice will be addressed in particular through information sessions, practice manager/nurse network meetings and practice visits (PMH-P7.4).</p> <p>4) The aim of this activity is to ensure that the proportion of funding between low, medium and high intensity services is adequate (PMH-P7.5).</p> <p><b>Procure:</b></p> <p>5) Artius Health has been commissioned to provide a central intake and assessment service to ensure people find it easy to access services and can be referred to right level of care (PMH-P7.6).</p> <p>6) The aim of this activity is to raise community and stakeholder awareness that the commissioned Stepped Care model is a Commonwealth Government-funded program. This will support both the national branding of the program, as well as reduce the impact should a need arise for a change in provider in the coming years (PMH-P7.7).</p> <p>7) The aim of this activity is have a strategic approach and resourcing to address workforce challenges in the region.</p>
Target population cohort	PHN population and key stakeholder (for specific activities).
Consultation	Formal consultation with the sector including PHN Clinical and Community Councils will occur from time to time. Funded providers based in the PHN region will be engaged in the annual regional forum

	<p>to identify what resources are available and how these can be maximised. Purpose-driven feedback will be sought from stakeholders through surveys, stakeholder feedback sessions and yarning circles.</p> <p>Regular consultation with consumer and carers will be undertaken through established Partners in Recovery reference groups.</p> <p>Informal consultation will occur through active representation of PHN staff at network.</p> <p>The PHN website on our Stepped Care approach will provide opportunity for providers to submit feedback.</p>																								
<p>Collaboration</p>	<p><b>Partner:</b></p> <p>1) Collaborate with the Regional MHAOD Council and Strategic Collaboratives to effect Stepped Care approach (PMH-P7.1).</p> <table border="1" data-bbox="779 687 1966 1350"> <tr> <th colspan="3" data-bbox="779 687 1966 799">Regional MHAOD Council</th> </tr> <tr> <td data-bbox="779 799 1196 871">Queensland Health Branch, MHAOD</td> <td data-bbox="1196 799 1590 871">CEO, General Managers, Senior Managers</td> <td data-bbox="1590 799 1966 871">HHS, Mental Health Service Directors</td> </tr> <tr> <th colspan="3" data-bbox="779 871 1966 983">Strategic Collaboratives</th> </tr> <tr> <th data-bbox="779 983 1196 1023">Central Queensland</th> <th data-bbox="1196 983 1590 1023">Wide Bay</th> <th data-bbox="1590 983 1966 1023">Sunshine Coast</th> </tr> <tr> <td data-bbox="779 1023 1196 1126">Executive Director – Rural and District Wide Services CQHHS</td> <td data-bbox="1196 1023 1590 1126">Executive Director, Mental Health, Alcohol and Other Drug Services - WBHHS</td> <td data-bbox="1590 1023 1966 1126">Mental Health Services Director - SCHHS</td> </tr> <tr> <td data-bbox="779 1126 1196 1198">Service Integration Coordinator - HHS</td> <td data-bbox="1196 1126 1590 1198">Clinical Director Alcohol and Other Drug Services - WBHHS</td> <td data-bbox="1590 1126 1966 1198">Addiction Services Director - SCHHS</td> </tr> <tr> <td data-bbox="779 1198 1196 1270">Health Services Manager CQ - Artius Health</td> <td data-bbox="1196 1198 1590 1270">Health Services Manager WB - Artius Health</td> <td data-bbox="1590 1198 1966 1270">Health Services Manager SC - Artius Health</td> </tr> <tr> <td data-bbox="779 1270 1196 1350">Woorabinda Council</td> <td data-bbox="1196 1270 1590 1350">General Manager - RHealth</td> <td data-bbox="1590 1270 1966 1350">North Coast Corporation for Community Health</td> </tr> </table>	Regional MHAOD Council			Queensland Health Branch, MHAOD	CEO, General Managers, Senior Managers	HHS, Mental Health Service Directors	Strategic Collaboratives			Central Queensland	Wide Bay	Sunshine Coast	Executive Director – Rural and District Wide Services CQHHS	Executive Director, Mental Health, Alcohol and Other Drug Services - WBHHS	Mental Health Services Director - SCHHS	Service Integration Coordinator - HHS	Clinical Director Alcohol and Other Drug Services - WBHHS	Addiction Services Director - SCHHS	Health Services Manager CQ - Artius Health	Health Services Manager WB - Artius Health	Health Services Manager SC - Artius Health	Woorabinda Council	General Manager - RHealth	North Coast Corporation for Community Health
Regional MHAOD Council																									
Queensland Health Branch, MHAOD	CEO, General Managers, Senior Managers	HHS, Mental Health Service Directors																							
Strategic Collaboratives																									
Central Queensland	Wide Bay	Sunshine Coast																							
Executive Director – Rural and District Wide Services CQHHS	Executive Director, Mental Health, Alcohol and Other Drug Services - WBHHS	Mental Health Services Director - SCHHS																							
Service Integration Coordinator - HHS	Clinical Director Alcohol and Other Drug Services - WBHHS	Addiction Services Director - SCHHS																							
Health Services Manager CQ - Artius Health	Health Services Manager WB - Artius Health	Health Services Manager SC - Artius Health																							
Woorabinda Council	General Manager - RHealth	North Coast Corporation for Community Health																							

	Regional Adversity Integrated Care Clinician	CEO - Bridges Health & Community Care	QNADA
	Service Advisor, Disability Services   Department of Communities, child safety and Disability Services	Manager – Flourish Australia	WHOS Najara
	Consumer Carer Consultant, Rural and District Services HHS		Sunshine Coast Private Hospital
	Qld Ambulance Service		Senior Guidance Officer – Department of Education
	Professorial Research Fellow, Clinical Psychology School of Human, Health and Social Science		MATES in Construction
	Clinical Psychologist – Benchmark Psychology		
	Mental Health Unit Hillcrest Hospital		
	Community Development Officer, Central Highlands		
	Mental Health District Co-Ordinator Qld Police Service		
	GP BITS Medical Boyne Island		
Duration	30 June 2019		
Coverage	Whole of PHN		
Commissioning method (if relevant)	7) EOI for workforce funds addressing one or more of the 15 key priority areas of the framework		
Approach to market	Tenderlink		
Decommissioning	N/A		

Performance Indicator

Mandatory performance indicator:

- Proportion of PHN flexible mental health funding allocated to low intensity services, psychological therapies and for clinical care coordination for those with severe and complex mental illness.

Proposed Activities	
Priority Area	<b>PMH-P8: Regional mental health and suicide prevention plan (regional planning and service integration)</b>
Activity(ies) / Reference (e.g. Activity 1.1, 1.2, etc)	<p><b>Provide:</b></p> <p>1) Annual regional forum for implementation review of the Joint Regional Plan 2018-2023 (PMH-P8.4).</p> <p><b>Procure:</b></p> <p>2) Launch of Mental Health AOD Workforce Development Strategic Framework 2018-21 and announcement procurement opportunities (PMH-P8.7).</p>
Existing, Modified, or New Activity	Modified
Description of Activity	<p>As part of our commissioning approach, the PHN has defined where we <b>procure</b> health services, <b>partner</b> with other agencies to implement health system solutions, and where our staff <b>provide</b> health system support services (e.g. general practice support, allied health engagement, education, digital health leadership). This approach allows us to provide clarity and transparency to our stakeholders. This activity work plan uses this method.</p> <p><b>Provide:</b></p> <p>1) In partnership with Regional Mental Health, Alcohol and Other Drugs Council, and Strategic Collaboratives, Annual regional forum for implementation review of the Joint Regional Plan 2018-2023 (PMH-P8.4).</p> <p><b>Procurement:</b></p> <p>2) Aim of this approach is to work collectively towards a workforce development strategy. The funding for workforce capacity building will allow strategic work that aligns with the plan to be undertaken (PMH-P8.7).</p>
Target population cohort	N/A
Consultation	The Mental Health, Alcohol and Other Drugs Strategic Collaboratives will provide guidance on what consultation is recommended in the local area for approaches to market on workforce development.

Collaboration	<p><b>Partner:</b></p> <p>a) General practice staff and allied health professionals  b) Regional MHAOD Council, Strategic Collaboratives, Peak Bodies, NDIS, NGO stakeholders within PHN region, consumers and carers (PMH-P8.1)  c) Primary health care providers, NGO providers</p>
Duration	2018-2023
Coverage	Whole PHN region
Commissioning method (if relevant)	N/A
Approach to market	N/A
Decommissioning	N/A
Performance Indicator	<p>Mandatory performance indicator:</p> <ul style="list-style-type: none"> <li>Evidence of formalised partnerships with other regional service providers to support integrated regional planning and service delivery.</li> </ul>
Local Performance Indicator target (where possible)	N/A