Australian Government
Department of Health

phn
An Australian Government Initiative

Updated Activity Work Plan 2016-2018: Primary Mental Health Care Funding

The Mental Health Activity Work Plan template has two parts:

1) The updated Annual Mental Health Activity Work Plan for 2016-2018, which will provide:
   a) A strategic vision which outlines the approach to addressing the mental health and suicide prevention priorities of each PHN;
   b) A description of planned activities funded under the Primary Mental Health Care Schedule which incorporates:
      i) Primary Mental Health Care funding (PHN: Mental Health and Suicide Prevention Operational and Flexible Activity); and
      ii) *Indigenous Australians' Health Programme* funding (quarantined to support Objective 6 – see pages 2-3) (PHN: Indigenous Mental Health Flexible Activity).

2) The updated Budget for 2016-2018 for (attach an excel spreadsheet using template provided):
   a) Primary Mental Health Care (PHN: Mental Health and Suicide Prevention Operational and Flexible Activity); and
   b) *Indigenous Australians' Health Programme* (quarantined to support Objective 6) (PHN: Indigenous Mental Health Flexible Activity).

Brisbane South PHN

When submitting this Mental Health Activity Work Plan (referred to as the Regional Operational Mental Health and Suicide Prevention Plan in the 2015-16 Schedule for Operational Mental Health and Suicide Prevention, and Drug and Alcohol Activities) to the Department of Health, the Primary Health Network (PHN) must ensure that all internal clearances have been obtained and it has been endorsed by the CEO.

Additional planning and reporting requirements including documentation, data collection and evaluation activities for those PHNs selected as lead sites will be managed separately.

The Mental Health Activity Work Plan must be lodged via email to *Qld_PHN@health.gov.au* on or before 17 February 2017.

Overview

This Activity Work Plan is an update to the 2016-17 Activity Work Plan submitted to the Department in May 2016. However, activities can be proposed in the Plan beyond this period.

Mental Health Activity Work Plan 2016-2018

The template for the Plan requires PHNs to outline activities against each and every one of the six priorities for mental health and suicide prevention. The Plan should also lay the foundation for regional planning and implementation of a broader stepped care model in the PHN region. This Plan recognises that 2016-17 is a transition year and full flexibility in programme design and delivery will not occur until 2018-19.

The Plan should:

a) Provide an update on the planned mental health services to be commissioned from 1 July 2016, consistent with the grant funding guidelines.

b) Outline the approach to be undertaken by the PHN in leading the development with regional stakeholders including LHNs of a longer term, more substantial *Regional Mental Health and Suicide Prevention plan* (which is aligned with the Australian Government Response to the Review of Mental Health Programmes and Services (available on the Department's website). This will include an outline of the approach to be undertaken by the PHN to seek agreement to the longer term *regional mental health and suicide prevention plan* from the relevant organisational signatories in the region, including LHNs.

c) Outline the approach to be taken to integrating and linking programmes transitioning to PHNs (such as headspace, and the Mental Health Nurse Incentive Programme services) into broader primary care activities, and to supporting links between mental health and drug and alcohol service delivery.

d) Have a particular focus on the approach to new or significantly reformed areas of activity – particularly Aboriginal and Torres Strait Islander mental health, suicide prevention activity, and early activity in relation to supporting young people presenting with severe mental illness.

In addition, PHNs will be expected to provide advice in their Mental Health Activity Work Plan on how they are going to approach the following specific areas of activity in 2016-18 to support these areas of activity:

- Develop and implement clinical governance and quality assurance arrangements to guide the primary mental health care activity undertaken by the PHN, in a way which is consistent with section 1.3 of the *Primary Health Networks Grant Programme Guidelines* available on the PHN website at *http://www.health.gov.au/internet/main/publishing.nsf/Content/PHN-Program_Guidelines,* and which is consistent with the National Standards for Mental Health Services and National Practice Standards for the Mental Health Workforce.
- Ensure appropriate data collection and reporting systems are in place for all commissioned services to inform service planning and facilitate ongoing performance monitoring and evaluation at the regional and national level, utilising existing infrastructure where possible and appropriate.
- Develop and implement systems to support sharing of consumer clinical information between service providers and consumers, with appropriate consent and building on the foundation provided by myHealth Record.
- Establish and maintain appropriate consumer feedback procedures, including complaint handling procedures, in relation to services commissioned under the activity.

Value for money in relation to the cost and outcomes of commissioned services needs to be considered within this planning process.

Table of contents

1. (a) Strategic Vision

The Australian Government Response to Contributing Lives, Thriving Communities – Review of Mental Health Programmes and Services was released in late 2015, followed by the National Ice Action Strategy. The intent of this document is to articulate the national reform agenda and bring focus to what these broad reforms may look like at the local level.

The national priorities for reform are:

- Locally planned and commissioned mental health services
- Joined up support for child mental health
- Suicide prevention
- National digital mental health gateway
- Integrated and equitable approach to youth mental health
- Severe and complex mental illness
- Refocus primary mental healthcare programmes and services
- Aboriginal and Torres Strait Islander mental health
- National leadership in mental health reform

The overall intent of mental and alcohol and other drug (MH-AOD) reform is to:

- Ensure resources meet the needs of the community through PHN-led local decision making and planning in collaboration with community and sector stakeholders
- Better utilise primary healthcare in addition to existing NGO sector to achieve effective integration and coordination
- Build effective system architecture to ensure people can access the right service at the right time in the most appropriate setting
- Ensure the MH-AOD system is person-centred and meets individual needs
- Where possible, shift focus to prevention and early intervention.

MH-AOD reform will be successful in the Brisbane South region when:

- Collaborative planning meets the mental health needs of the local community
- There is equitable access to the mental health system for all, with specific focus on hard to reach groups
- The severity of individuals mental health condition is matched with an appropriate service response
- An individual's mental health journey is seamless, coordinated and integrated.

BSPHN full mental health vision and model is attached.

The Future of
Mental Health in Bri

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

Priority Area	**Priority Area 1: Low Intensity Mental Health Services**
Activities	Improve targeting of psychological interventions to most appropriately support people with mild mental illness at the local level through the development and/or Commissioning of low intensity mental health services. 1.1 Ongoing planning and update needs assessment 1.2 Model development and service design 1.3 Engagement with community / services 1.4 Commissioning services 1.5 Addressing longer term priorities
Existing, Modified or New	Existing activity.

Description of Activity	BSPHN is required to improve targeting of psychological interventions to most appropriately support people with or at risk of mild mental illness at the local level through the development and/or commissioning of low intensity mental health services. It is the vision of BSPHN that low intensity mental health service delivery be complementary to the overall stepped care framework, supporting commissioned service providers across various disciplines. **1.1 Ongoing planning and update needs assessment** documents and analysis of evidence-based service models. This will inform/ confirm low intensity service priorities and commissioned services. Priority populations for Low Intensity Services include: • Perinatal Mental Health • People from Culturally and Linguistically Diverse (CALD) backgrounds • Aboriginal and Torres Strait Islander (address in Priority 6 Aboriginal and Torres Strait Islander) • Children and Young People. **1.2 Monitor and evaluate model and service design** • Low intensity model and service design were completed in 2016 - 2017. All commissioned services will meet the requirements of the model and will be monitored and evaluated to ensure compliance. **1.3 Engagement with community / services** • Implementation of a communication strategy to educate consumers and service providers (particularly GPs) on low intensity mental health services, including targeted recipients, referral pathways and service parameters. **1.4 Commissioned services** • Low intensity mental health services are commissioned to improve the targeting of psychological interventions that most appropriately support people with or at risk of mild mental illness as part of a stepped care approach to mental health service delivery. • Commissioned services will focus on population priorities outlined above. • An analysis of data, service models and priority populations for Low Intensity Mental Health Services has identified that the Nexus program delivered by Queensland Program of Assistance for Survivors of Torture and Trauma (QPASST) is a suitable Low Intensity Service for CALD and refugee populations. The Nexus program is comprised of multiple service streams – School Outreach (to seven schools across three PHNs, utilising Youth Workers), Homework Clubs, Individual Counselling and Crisis Management. The approach of the Nexus program is such that all refugee children are identified as inherently at-risk for mental health conditions, self-harm and suicide. Following referral to the Nexus program, the young person receives intervention from the most appropriate service stream. Therefore in 2017 – 2018, the School Outreach and Homework Clubs will be reallocated from Suicide Prevention to Low Intensity Stream, as this aligns with the service model that provides low need/light touch/low cost intervention to a large cohort. Whereas the Individual Counselling and Crisis Management streams will continue to be funded from Priority 5. Community-based suicide prevention. At this stage, this represents approximately a 75% shift in funding from Priority 5 to Priority 1; however, will continue to be monitored for suitability to allow flexibility to meet changing demands and patient cohorts. • Commission and monitor the QPASTT Nexus program. The program aims to reduce risk factors for suicide and self-harm and to promote protective factors among young people from refugee backgrounds. The program promotes wellbeing and builds resilience by focusing on

Priority Area	**Priority Area 1: Low Intensity Mental Health Services**
	increasing three of the major preventive factors against suicide – wellbeing and social connectedness, internal locus of control and perceived academic/work performance. **1.5 Addressing longer term priorities** • Promote the Gateway and other suitable Low Intensity Services accessible via phone and internet • Integrate commissioned low intensity mental health services with other service 'steps' within a stepped care framework • Support GPs in their critical role to ensure people are referred to the right care at the right time • Build the evidence base of Low Intensity Services through evaluation, data collection and analysis.
Target population cohort	People with or at risk of mild mental illness in the Brisbane South region.
Consultation	BSPHN will continue to engage with community and local psychological intervention service providers and organisations. Ongoing consultation activities and mechanisms will be implemented by BSPHN and information from the activities will guide decisions around commissioning and reviewing low intensity mental health services. Consultation activities included: • BSPHN Mental Health Forum 2016 • Consumer and service provider surveys incorporated into the BSPHN Final Report Mental Health and Suicide Prevention • Individual and focus group interviews incorporated into the BSPHN Suicide Prevention Health and Service Plan • Discussions with service providers regarding perinatal mental health • Collaboration with the Brisbane North PHN mental health team.
Collaboration	• Brisbane North PHN (lead site) and BSPHN: continue to share information and learnings including service mapping results • Existing and potential low intensity service providers
Duration	• Commissioning new services: 2016/17 Q4 - 2017/18 Q1 • Commissioning Nexus QPASST 2017/18 Q1 onwards • Addressing longer term priorities: 2017/18 Q1 onwards
Coverage	Entire BSPHN region.
Commissioning method (if relevant)	The BSPHN commissioning strategy identified a number of stages in the commissioning process including needs assessment, service mapping, evidence-based service model identification, stakeholder engagement and the release of an open tender to the market. The activity will be commissioned in whole, and will provide an efficient and less costly alternative to higher intensity psychological interventions.

Priority Area	**Priority Area 1: Low Intensity Mental Health Services**				
Performance Indicator	**Outcomes**				
	1. Improved clinical outcomes for people receiving PHN-commissioned low intensity mental health services.				Short term
	2. High levels of stakeholder satisfaction				Short term
	3. Service profile meets the needs of the population				Longer term
	4. Positive consumer experience and satisfaction				Short term
	5. Improved mental health and wellbeing over time				Longer term
	6. Improved system level value for money – cost/demand - measurement part research/evaluation				Longer term
	7. Improved access to the right care, at the right time in the right place for recipients				Longer term
	Planning and design phase: Associated Output/Process Indicators	**Type**	**Target**	**Baseline**	**Effective Date**
	Needs Assessment update complete	Output	100% on time	N/A	N/A
	Core elements of service design and planning re: low intensity service responses completed	Process	100% on time	N/A	N/A
	Service delivery: Associated Output/Process Indicators	**Type**	**Target**	**Baseline**	**Effective Date**
	Proportion of regional population receiving PHN-commissioned mental health services – Low intensity services.	Output	To be modelled	To be set	From baseline
	Average cost per PHN-commissioned mental health service – Low intensity services.	Output	To be modelled	To be set	From baseline
	Patients maintaining service intensity at 'low intensity level' or no longer requiring low intensity service	Output	To be modelled	To be set	From baseline
	Referrals to PHN commissioned low intensity services	Output	To be modelled	To be set	From baseline
	Proportion of CALD people access PHN- commissioned mental health services – Low intensity services	Output	To be modelled	To be set	From baseline
Local Performance Indicator target (where possible)	Commissioned service providers will be required to ensure that data collection for the reporting period satisfies the suite of performance indicators specified in their formal services agreement. However, as the commissioning process is still underway, baseline and target local performance indicators, as well as the level of disaggregation to be applied to the target, have not yet been finalised.				

Priority Area	**Priority Area 1: Low Intensity Mental Health Services**
Local Performance Indicator Data source	• Primary Mental Health Care Minimum Data Set (PHMC MDS) • Commissioned service provider data sets • Six and Twelve Month reports • Commissioned service providers will be required to ensure data collection covers the entire reporting period as outlined in their formal services agreement.

Priority Area	**Priority Area 2: Children and Young People**
Activities	Support region-specific, cross sectoral approaches to early intervention for children and young people 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. Please note that Children and Young People (including children <12 years) has been identified as a priority area across the Stepped Care Model, including Priority Areas 1, 3, and 4. Planning activities will be undertaken from Q3 FY16/17 for providing suitable, evidence-based low intensity services for this cohort. Additionally, the Child component of Psychological Therapies (formerly ATAPS) will be included in the Psychological Therapies review, as noted in Priority Area 3; and will also form a focus area under the review of the MHNIP. Referral pathways are to be developed to ensure children have access to the right level of care, between PHN-commissioned services and other health supports (including private services). **Youth mild/moderate (headspace)** 2.1 Engagement with current service providers 2.2 Build upon the current service model to respond to community need 2.3 Maintain service continuity 2.4 Commence recommissioned service **Youth severe (headspace Early Psychosis Youth Services - EPYS)** 2.5 Engage current service providers 2.6 Review service model 2.7 Maintain service continuity / transitional arrangements 2.8 Longer term service commissioning
Existing, Modified, or New Activity	Existing activity

Description of Activity	**Youth mild/moderate (headspace)** PHNs are required to commission primary mental health care services for children and young people with, or at risk of, mental illness being managed in primary care, including delivery of headspace centres nationally. **2.1 Engagement with current service providers:** • Monitor the four headspace sites operating in BSPHN region for contract compliance. Continue to build relationships and identify opportunities for future service delivery through the headspace regional network. **2.2 Build upon the current service model to respond to the needs of the local community** • Review the current service model including workforce capacity and capability, and where there are opportunities to build upon these. • Analyse business operations and work with services to build/adapt the model to be responsive to the need of the target underserviced population; this will be done in partnership with other service providers and organisations, facilitating the development of new pathways and make optimal use of available workforce and resources. • Support the improvement of better integration of headspace centres with broader primary mental health care services, physical health services, drug and alcohol services and social and vocational support services. • Liaise with relevant local organisations in the context of future regional planning, including those delivering Family Mental Health Support Services (FMHSS), early childhood services, schools and tertiary and vocational providers. • Exploring the non-clinical services available in the region, including the FMHSS and the trial of youth mental health Disability Employment Services to reduce the risk of young people disengaging from education or employment. **2.3 Maintain service continuity/transitional arrangements:** • Maintain continuity of services for clients over 2017 – 2018, utilising the current headspace model. • Support service continuity for children and young people formerly provided under ATAPS and other mental health programs. • If required, ensure continuity of care for any individuals at risk of suicide who are currently receiving direct clinical services • Measure and analyse current headspace data, align to the required PMHC MDS and investigate opportunities to meet the required data collection. **2.4 Review and commission youth mental health services** • Following extensive planning, review and consultation accessible, appropriate youth mental health services will be commissioned to meet needs of the local community. Services will be consistent with a best practice Stepped Care approach. **Youth severe (EPYS)** **2.5 Engagement with current service providers:** • Monitor current EPYS in BSPHN for contract compliance. • Engage with key service providers to build a service support network including GPs, mental health nurses, allied health providers and Child and Youth Mental Health Services (CYMHS), Children's Health Queensland (CHQ) and Metro South Hospital and Health Service (MSHHS) working with young people with early psychosis, including ensuring data collection in accordance with PMHC MDS.

Priority Area	**Priority Area 2: Children and Young People**
	2.6 Review service models: • Review the current service model including service and workforce capability, service eligibility, governance and therapeutic interventions. • Understand evidence-based best practice models of care for young people with, or at risk of, severe mental illness (including early psychosis). • Enhance young people's access to the evidence-based youth severe services. This may involve the opportunity to build upon the EPYS model, delivering outreach services and support to primary headspace sites across the region. **2.7 Maintain service continuity/transitional arrangements:** • Maintain continuity of services for clients accessing current EPYS service. • Measure and analyse current headspace EPYS data, align to the required PMHC MDS and identify additional data items to be collected. **2.8 Longer term service commissioning:** • Aligned with the "review service model" activities above, commission accessible evidence-based services (which may include the EPYS), consistent with a best practice Stepped Care approach.
Target population cohort	Young people aged 12 – 25 across the Brisbane South Region
Consultation	BSPHN has engaged key stakeholders across the region to inform the review, planning and ongoing commissioning of youth mental health services though headspace. Including: • headspace Lead Agencies across the region • CYMHS • General Practice • Private and community service providers.

Priority Area	**Priority Area 2: Children and Young People**
Collaboration	BSPHN will work collaboratively with the headspace local service providers to ensure effective implementation of the model and opportunities to improve service provision. Other organisations where collaboration is key include: • headspace EPYS sites (Meadowbrook and Southport) • Aftercare (lead agency for headspace Meadowbrook and Woolloongabba) • Lives Lived Well (lead agency for headspace Southport) • FSG (lead agency for headspace Capalaba) • Accoras (lead agency for headspace Inala) • MSHHS • CHQ • Community Mental Health NGOs • AOD services • Private allied health providers
Duration	• Engagement with service providers: ongoing • Commission services: commenced July 2017 currently ongoing • Longer term priorities: (2017/18 Q3 & Q4)
Coverage	Entire BSPHN region
Commissioning method (if relevant)	**Monitor and evaluate service model** The headspace model is to continue over the 2017/2018 year. During this time BSPHN is to continually monitor and evaluate the service model to make informed decisions on the future model and investment. BSPHN will evaluate and monitor the current EYPS program model within the headspace Meadowbrook site. **Scoping of future service models** Parallel to the above mention process BSPHN will investigate service models for young people with or at risk of severe mental illness, expanding on the target population of EPYS. This will be done in consultation with key service providers and expertise in this area.

Priority Area	**Priority Area 2: Children and Young People**				
Performance Indicator	**Outcomes**				
	1. Improved Clinical outcomes for people receiving PHN-commissioned services.				Short term
	2. Improved mental health and wellbeing over time				Longer term
	3. High levels of stakeholder satisfaction				Short term
	4. Positive consumer experience and satisfaction				Short term
	5. Improved system level value for money – cost/demand - measurement part research/evaluation				Longer term
	6. Improved mental health and wellbeing				Longer term
	7. Improved access to the right care, at the right time in the right place for recipients				Longer term
	<u>Planning and design phase:</u> Associated Output/Process Indicators	**Type**	**Target**	**Baseline**	**Effective Date**
	Core elements of service design and planning re: headspace completed	Process	100%	N/A	N/A
	Core elements of service design and planning re: EPYS completed	Process	100%	N/A	N/A
	<u>Service delivery:</u> Associated Output/Process Indicators	**Type**	**Target**	**Baseline**	**Effective Date**
	Proportion of regional youth population receiving youth-specific PHN-commissioned mental health services	Output	To be modelled	To be set	From baseline
	Reduced avoidable hospital admissions, emergency department presentations and hospital length of stay	Output	To be modelled	To be set	From baseline
	Patients moving down the steps of 'care intensity'	Output	To be modelled	To be set	From baseline
	Coordination referrals (maintain and enhance service access rates for young people)	Output	To be modelled	To be set	From baseline
	Collaboration and integrated services to provide share of information	Process	To be modelled	To be set	From baseline
	Improved mental health treatment rates (current service level activity maintained or increased)	Output	To be modelled	To be set	From baseline
Local Performance Indicator target (where possible)	As above.				
Local Performance Indicator Data source	• EPYS and headspace data sets • Contractor reported data sets • PHN Six and Twelve Month reports				

Priority Area	**Priority Area 5: Community-based suicide prevention**
Activities	Encourage and promote a regional approach to suicide prevention including community based activities and liaising with Local Hospital Networks (LHNs) and other providers to ensure appropriate follow-up and support arrangements are in place at a regional level for individuals after a suicide attempt and for other people at high risk of suicide. 5.1 Engaging current service providers 5.2 Planning - Suicide Prevention Health and Service Plan 5.3 Maintaining service continuity/ transitional arrangements 5.4 Commencing re-commissioned services 5.4 Longer term priorities
Existing, Modified, or New Activity	Existing

Description of Activity	The focus of this area will address Suicide Prevention (General). Further detail on Aboriginal and Torres Strait Islander Suicide Prevention will be provided within the Aboriginal and Torres Strait Islander Mental Health section. Suicide Prevention is a complex issue and was identified as a high need within the Mental Health and Suicide Needs Assessment. **5.1 Engaging current service providers** • Engagement with the Nexus QPASTT program identified that the model of service was aligned to the Low Intensity stream, therefore it has been included in the updated section of Low Intensity, with approximately 25% of funding for this program will continue to be drawn from Priority Area 5. BSPHN will continue to monitor and ensure that funding levels match service demand. • Ongoing engagement with current service providers of suicide prevention programs and sector partners. **5.2 Planning – Suicide Prevention Health and Service Plan (Plan)** • Update and expand on the Suicide Prevention Health and Service Plan to ensure most up to date data and research is included. The plan was developed with Australian Institute of Suicide Research and Prevention (AISRAP), and in consultation with sector/service providers. **5.3 Maintaining service continuity/ transitional arrangements:** • BSPHN will ensure continuity of care for any individual receiving services under the QPASTT Nexus program and additional Suicide Prevention services. Provisional referral pathways will be established between these commissioned organisations and other commissioned PHN mental health services, to ensure timely and responsive access to the right level of care when required. **5.4 Commission services** • Commission community suicide prevention services that align with the recommendations of the Plan, and meet the identified needs of the community. It is anticipated that these serviced will utilise a peer workforce (supported by clinical supervision and escalation pathways) to provide extended hours support services, thereby complementing work currently undertaken by the Metro South Hospital and Health Service. Newly commissioned services will be required to establish a new service or extend the capabilities of an existing service to: o Provide an extended hours response service as a single point of contact that provides short term, non-clinical follow up and support for people until they are connected to appropriate primary health care and social services in the Logan Hospital catchment following a self-harm or suicide attempt (i.e. following an Emergency Department presentation; post discharge following a hospital admission; or following triage by the Metro South mental health helpline - MH CALL). o Facilitate a 'continuity of care' model to ensure the quality, continuity and coordination of care between service providers (including integration between relevant social services). This will include Identifying vulnerable points of handover and gaps in the continuum of care and facilitating service system integration. The service will need to work closely with clinicians to raise awareness and facilitate new clinician discharge practices which include a referral to the suicide prevention support service for all relevant patients. o The intent would be to replicate the model for other hospital catchments across the BSPHN region in future years subject to funding availability. It would be ideal if the organisation commencing with the service in Logan has the capacity to scale up in future years. o Services anticipated to commence April 2017.

Priority Area	**Priority Area 5: Community-based suicide prevention**
	○ NB: The extended hours response service will provide short term support rather than direct clinical services, and will liaise closely with hospital and community clinicians as well as social service providers to ensure continuity of appropriate services for individuals. **5.5 Longer term priorities** • Service integration: ensure there is agreement within the region, including the Hospital and Health Service (HHS), about the need to support follow-up care to individuals who have self-harmed or attempted suicide, and that there is no ambiguity in the responsibility for provision of this care. • Enhance primary care services: build the capacity of primary care service to support people at risk of suicide.
Target population cohort	All sub groups of the population
Consultation	The following groups have and will continue to be consulted with to identify services gaps/ needs and inform service planning and commissioning. • Metro South HHS including the Metro South Addiction and Mental Health Service (MSAMHS) • Mental Health and Alcohol and Other Drugs Directorate, Queensland Health • Aboriginal and Torres Strait Islander organisations • NDIS providers • Alcohol and drug services • General Practice • Community Mental Health Services • Consumers and carers
Collaboration	The following organisations/groups are required to participate in partnering with BSPHN: • MSAMHS • Aboriginal and Torres strait Islander Organisations • Community mental health providers • General practice
Duration	• Service provider engagement: 2017/18 ongoing • Planning: 2017/18 Q1 • Maintain service continuity: 2017/18 Q1 & Q2 • Commission services: 2017/18 ongoing • Longer term priorities: 2017/18 Q3

Priority Area	**Priority Area 5: Community-based suicide prevention**
Coverage	Across the BSPHN region particularly focused on areas of high disadvantage/high suicide rates including Forest Lake-Doolandella, Eagleby, Beenleigh, Jimboomba and Redlands, as well as social advantaged areas/high rates of suicide inner city including South Brisbane.
Continuity of care	BSPHN will ensure continuity of care for any individual receiving services under the QPASTT Nexus program and additional Suicide Prevention services. Provisional referral pathways will be established between QPASTT these commissioned organisations and other commissioned PHN mental health services, to ensure timely and responsive access to the right level of care when required.
Commissioning method (if relevant)	BSPHN will expand its current knowledge and visibility in regard to the provision of services. The commissioning methodology will take a measured and pragmatic approach to ensuring the right services are secured to meet the need of the local community.
Approach to market	Services will be commissioned through an open tender approach and if required through direct engagement for identified priority areas to respond to immediate needs.

<table>
<tr><td>Performance Indicator</td><td>
Outcomes
1. Improved clinical outcomes for people receiving PHN-commissioned mental health services, following a suicide attempt — Short term
2. High levels of stakeholder satisfaction — Short term
3. Service profile meets the needs of the population — Longer term
4. Positive consumer experience and satisfaction — Short term
5. Improved mental health and wellbeing over time — Longer term
6. Improved system level value for money – cost/demand - measurement part research/evaluation — Longer term
7. Improved access to the right care, at the right time in the right place for recipients — Longer term

<table>
<tr><th><u>Planning and design phase:</u> Associated Output/Process Indicators</th><th>Type</th><th>Target</th><th>Baseline</th><th>Effective Date</th></tr>
<tr><td>Suicide Prevention Health Services Plan revised and updated</td><td>Output</td><td>100% on time</td><td>N/A</td><td>N/A</td></tr>
<tr><td></td><td>Process</td><td>100% on time</td><td>N/A</td><td>N/A</td></tr>
<tr><th><u>Service delivery:</u> Associated Output/Process Indicators</th><th>Type</th><th>Target</th><th>Baseline</th><th>Effective Date</th></tr>
<tr><td>Number of people who are followed up by PHN-commissioned mental health services within 7 days following a recent suicide attempt or because they are at risk of suicide</td><td>Output</td><td>To be modelled</td><td>To be set</td><td>From baseline</td></tr>
<tr><td>Number of referrals to PHN-commissioned services for suicide prevention</td><td>Output</td><td>To be modelled</td><td>To be set</td><td>From baseline</td></tr>
</table>
</td></tr>
<tr><td>Local Performance Indicator target (where possible)</td><td>To be developed and aligned with the Suicide Prevention Health and Service Plan</td></tr>
<tr><td>Local Performance Indicator Data source</td><td>
• PMHC MDS
• Performance reports at Six and Twelve months
• Provide details on the data source that will be used to monitor progress against this indicator.
</td></tr>
</table>

Priority Area	**Priority Area 6: Aboriginal and Torres Strait Islander mental health services (integrated suicide prevention and Alcohol and Other Drug funding programs)**
Activity(ies) / Reference (e.g. Activity 1.1, 1.2, etc)	Enhance and better integrate Aboriginal and Torres Strait Islander mental health services at a local level facilitating a joined up approach with other closely connected services including social and emotional wellbeing, suicide prevention and alcohol and other drug services. 6.1 Engagement of current service providers and sector 6.2 Planning 6.3 Maintain service continuity/transitional arrangements 6.4 Commission services 6.5 Long term priorities
Existing, Modified, or New Activity	Existing Activity
Description of Activity	Enhancing access to and better integrating services at a local level facilitating a joined up approach with other closely connected services including social and emotional wellbeing, suicide prevention and alcohol and other drug services for Aboriginal and Torres Strait Islander people. **6.1 Service provider and sector engagement:** • BSPHN will establish and maintain partnerships across the local region to support integration and coordination. **6.2 Planning:** • This funding stream may use existing services and a variety of delivery types to meet the mental health, suicide prevention and AOD needs of the community. • Mental health, suicide prevention and AOD will be addressed through the same engagement, planning and co-design process due to the clear cross-over in treatment approaches. However BSPHN acknowledges that specific mental health and suicide prevention funds are to be used for those specific services. **6.3 Commissioned Services:** • Based on collated service mapping, data analysis and consultation, commissioned services will include:

Priority Area	**Priority Area 6: Aboriginal and Torres Strait Islander mental health services (integrated suicide prevention and Alcohol and Other Drug funding programs)**		
	Issue/Area	**Details**	**Commissioning Approach**
	Enhance UHELP to support young people in Inala and two additional locations (identified by needs assessment/ service planning processes)	UHELP is community-led, place-based, evidenced based program. Focuses on Aboriginal and Torres Strait Islander youth mental health, alcohol and other drugs and suicide prevention, and also covers social and emotional wellbeing.	Direct

Priority Area	**Priority Area 6: Aboriginal and Torres Strait Islander mental health services (integrated suicide prevention and Alcohol and Other Drug funding programs)**		
	Social Emotional Wellbeing (SEWB)	• Rollout of existing/evidence-based models using a place-based approach. • Aboriginal and Torres Strait Islander led, family focused, culturally responsive, context specific • A holistic life-course approach addressing social and emotional wellbeing and the inter-relationship with physical health • Workforce development. • Service delivery. • Care planning and coordination. • Healing hubs (therapeutic). • Enhance access to specialist services. • Assessment and screening. • Address any emerging/niche issues. Focus on areas including: **Geographies:** • Inala • Logan • Scenic Rim (including Beaudesert) • Bay Islands (including North Stradbroke Island) **Access / system level issues:** • After Hours • Workforce development • Referral pathways • Coordination/integration	Open
	Non-treatment service delivery	• Capacity building and improved service coordination and integration	N/A
Target population cohort	Aboriginal and Torres strait Islander community members.		

Priority Area	**Priority Area 6: Aboriginal and Torres Strait Islander mental health services (integrated suicide prevention and Alcohol and Other Drug funding programs)**
Consultation	Ongoing consultation with a number of key indigenous stakeholders, including those involved in BSPHN existing structures: • Institute of Urban Indigenous Health (IUIH) - Member Organisation • Professor Cindy Shannon – Board Member • Noeleen Lopes (CEO Gallang Place) - representative on the Community Advisory Council • An Indigenous consumer who is a member of the BSPHN Mental Health Suicide Prevention and AOD Consumer Carer Advisory group. • Community representatives and Elders from Beaudesert, Logan, North Stradbroke Island and Inala • Aboriginal Community Controlled Health Services (ACCHS)
Collaboration	The services commissioned under the stream of funding will be delivered by organisations listed in the activity title section. Continual engagement with these services will be required to monitor and evaluate effectiveness. Collaboration will also be required with MSAMHS and the Queensland Health State Mental Health Directorate to ensure partnership opportunities are leveraged and joint service planning occurs.
Duration	Engagement: (2017/18) ongoing Commissioned services: Q1 – Q4 2017/1) Longer term priorities: Q4 2017/18
Coverage	The entire BSPHN region with particular services focused on: • North Stradbroke Island • Inala • Logan • Scenic Rim • Bay Islands
Commissioning method (if relevant)	These services will be wholly commissioned out to service delivery organisations.

Priority Area	**Priority Area 6: Aboriginal and Torres Strait Islander mental health services (integrated suicide prevention and Alcohol and Other Drug funding programs)**				
Performance Indicator	**Outcomes**				
	1. Improved clinical outcomes for people receiving PHN-commissioned Aboriginal and Torres Strait Islander mental health services				Short term
	2. High levels of stakeholder satisfaction				Short term
	3. Service profile meets the needs of the population				Longer term
	4. Positive consumer experience and satisfaction				Short term
	5. Improved mental health and wellbeing over time				Longer term
	6. Improved system level value for money – cost/demand - measurement part research/evaluation				Longer term
	7. Improved access to the right care, at the right time in the right place for recipients				Longer term
	<u>Planning and design phase:</u> Associated Output/Process Indicators	**Type**	**Target**	**Baseline**	**Effective Date**
	Number of mental health services contracted	Output	100% on time	N/A	N/A
	Core elements of service design and planning re: Aboriginal and Torres Strait Islander service responses completed	Process	100% on time	N/A	N/A
	<u>Service delivery:</u> Associated Output/Process Indicators	**Type**	**Target**	**Baseline**	**Effective Date**
	Proportion of indigenous people receiving PHN-commissioned mental health services where the services were culturally appropriate	Output	To be modelled	To be set	From baseline
	Referrals to PHN commissioned Indigenous mental health suicide prevention services	Output	To be modelled	To be set	From baseline
Local Performance Indicator target (where possible)	Outlined above and will be developed further as services are commissioned.				
Local Performance Indicator Data source	• PMHC MDS • Alcohol and Other Drugs Treatment Services National Minimum Data Set (AODTS-NMDS) • Six and Twelve month performance reports				

Priority Area	**Priority Area 7: Stepped care approach**
Activity(ies) / Reference (e.g. Activity 1.1, 1.2, etc)	7.1 Governance 7.2 Service planning, integration and Quality Assurance 7.4 Comprehensive regional Operational MH-SP Needs Assessment 7.5 Transitioning and Commissioning services
Existing, Modified, or New Activity	Existing activity

Priority Area	**Priority Area 7: Stepped care approach**
Description of Activity	Stepped care is defined as an evidence-based, staged system comprising a hierarchy of interventions, from the least to the most intensive, matched to the individual's needs. Stepped care is a different concept from 'step up/step down' services. In a stepped care approach, a person presenting to the mental health system is matched to the intervention level that most suits their current need. An individual does not generally have to start at the lowest, least intensive level of intervention in order to progress to the next 'step'. Rather, they enter the system and have their service level aligned to their requirements. **7.1 Governance:** • Ongoing monitoring of commissioned services clinical governance mechanisms. Ensuring services have high quality standard of service delivery supported by quality assurance processes, workforce practicing within scope and competencies, risk assessment and management procedures in place, consumer feedback procedures are in place, and oversight of transitional pathways to support consumers when their circumstances change. **7.2 Service planning, integration and quality assurance:** • Establish and maintain partnerships and integration with regional stakeholders including HHS, NGOs, NDIS providers, AODs, Aboriginal and Torres Strait Islander Services • Implement data collection and reporting systems to inform service planning and facilitate ongoing monitoring and evaluations • Investigate, develop and implement systems to support consumer information sharing between service providers • Implement recommendations from the ATAPS service model review, ensuring services are aligned across a stepped care framework. • Promote a stepped care approach and commission services to broaden the access and appropriate services, such as low intensity services, and services for young people with severe mental illness **7.4 Comprehensive MH-SP Needs Assessment:** • Expand on the BSPHN Interim Mental Health Suicide Prevention Needs Assessment and utilise it to inform service planning and commissioning • Substantial revision and updating as additional tools, resources and information becomes available • Increased consumer and stakeholder consultation key during this process • Needs to be assessed against the continuum of stepped care, within context of broader services and against the six key areas of activity specific in the Federal mental health reform packages. **7.5 Transition requirements and commission services:** • Implement process to minimise the impact on consumers during the transition of funding and services. PHN will give priority to ensuring continuity of care for consumers accessing services. • Services are evidenced-based and consistent with a best-practice, stepped care approach; which incorporate a joined up assessment process and referral pathways, make best use of available work force, are cost effective and do not duplicate services.
Target population cohort	All sub-populations

Priority Area	**Priority Area 7: Stepped care approach**
Consultation	The following organisations/groups are required to participate in partnering with BSPHN to identify issues and gaps in mental health service delivery but also co-design service responses to meet the needs of the community: • Metro South Hospital and Health Service (HHS) including the Metro South Addiction and Mental Health Service (MSAMHS) • Mental Health and Alcohol and Other Drugs Directorate, Queensland Health • Aboriginal and Torres Strait Islander organisations • NDIS providers • Alcohol and drug services • General practice • Psychology/psychiatry • Community mental health providers • Consumers, families and carers.
Collaboration	The following organisations / groups are required to participate in partnering with BSPHN to identify issues and gaps in mental health service delivery but also co-design service responses to meet the needs of the community: • MSHHS including MSAMHS • Mental Health and Alcohol and Other Drugs Directorate, Queensland Health • Aboriginal and Torres Strait Islander organisations • NDIS providers • Alcohol and drug services • General practice • Psychology/psychiatry • Community mental health providers • Consumers, families and carers.
Duration	• Review governance – ongoing 2017 - 2018 • Service mapping Statement of Works - completed • Comprehensive Needs Assessment - completed • Transition and commissioning of services - ongoing
Coverage	Entire region

Priority Area	**Priority Area 7: Stepped care approach**				
Commissioning method (if relevant)	N/A – internal planning process				
Performance Indicator	**Outcomes**				
	1. Improved clinical outcomes for people receiving PHN-commissioned mental health services				Short term
	2. Improved mental health and wellbeing over time				Longer term
	3. Positive consumer experience and satisfaction				Short term
	4. High levels of stakeholder satisfaction				Short term
	5. Improved system level value for money – cost/demand - measurement part research/evaluation				Longer term
	6. Service profile meets the needs of the population				Longer term
	7. Improved access to the right care, at the right time, in the right place				Longer term
	<u>Planning and design phase:</u> Associated Output/Process Indicators	**Type**	**Target**	**Baseline**	**Effective Date**
	Completion of Governance review	Output	100%	N/A	N/A
	Clinical governance process and mechanisms established	Output	100%	N/A	N/A
	<u>Service delivery:</u> Associated Output/Process Indicators	**Type**	**Target**	**Baseline**	**Effective Date**
	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	Process	To be modelled	To be set	From baseline
	Extent to which governance processes are in place and being managed according to nation, state and local stands, including the National Standards for Mental Health Services 2010				
Local Performance Indicator target (where possible)	The above pieces of work will provide the foundation for future investment in mental health services in the BSPHN region. BSPHN will own each of the activities but may seek assistance from the market to ensure all planning documentation is evidence-based. The performance of the contracted consultancies will be monitored through a contract management process to ensure the end product meets the requirements set out in the statement of works.				
Local Performance Indicator Data source	• PMHC MDS • Performance reporting				

Priority Area	**Priority Area 8: Regional mental health and suicide prevention plan**
Activity(ies) / Reference (e.g. Activity 1.1, 1.2, etc)	8.1 Integrated regional MH-SP plan
Existing, Modified, or New Activity	Existing activity
Description of Activity	8.1 Complete the Integrated regional MH-SP plan • Consolidate needs assessment, service mapping, health and service plan and additional research to inform the development of the regional MH SP Plan • Establish and maintain mechanisms for engagement, consultation and shared planning across the health and social services sector • Focus to be on primary healthcare in addition to the interface and the connectivity with services provided by state government, NDIS, NGOs and Indigenous organisations. • Ensure this is a long term plan of 2 or more years capturing the full range of clinical needs across the region's population and how the local service system will address these issues in a coordinated and integrated way
Target population cohort	Entire population
Consultation	The following organisations / groups are required to participate in partnering with BSPHN to identify issues and gaps in mental health service delivery but also co-design service responses to meet the needs of the community: • MSHHS including MSAMHS • Mental Health and Alcohol and Other Drugs Directorate, Queensland Health • Sector peak bodies • Aboriginal and Torres Strait Islander organisations • NDIS providers • Alcohol and drug services • General practice • Psychology / psychiatry • Community mental health providers • Consumer, families and carers
Collaboration	As above
Duration	Integrated regional MH-SP plan (September, 2017)

Priority Area	**Priority Area 8: Regional mental health and suicide prevention plan**				
Coverage	Entire BSPHN region				
Commissioning method (if relevant)	The above pieces of work will provide the foundation for future investment in mental health services in the BSPHN region. BSPHN will own each of the activities but may seek assistance from the market to ensure all planning documentation is evidence-based. The performance of the contracted consultancies will be monitored through a contract management process to ensure the end product meets the requirements set out in the statement of works.				
Performance Indicator	**Outcomes**				
	1. Improved Clinical outcomes for people receiving PHN-commissioned services				Short term
	2. Improved mental health and wellbeing over time				Longer term
	3. High levels of stakeholder satisfaction				Short term
	4. Positive consumer experience and satisfaction				Short term
	5. Improved system level value for money – cost/demand - measurement part research/evaluation				Longer term
	6. Service profile meets needs of the population				Longer term
	7. Improved access to the right care, at the right time, in the right place				Longer term
	<u>Planning and design phase:</u> Associated Output/Process Indicators	**Type**	**Target**	**Baseline**	**Effective Date**
	Completion of regional integrated mental health plan	Output	100%	N/A	N/A
	Core elements of an integrated mental health plan completed, documenting: • Whole of community response to an integrated mental health system • Whole of service system response to an integrated mental health system	Process	100%	N/A	N/A
	<u>Service delivery:</u> Associated Output/Process Indicators	**Type**	**Target**	**Baseline**	**Effective Date**
	Evidence of formalised partnerships with other regional service providers to support integrated regional planning and service delivery	Process	Specific targets have not been set but will be developed over the longer term progressively on the basis of evidence	To be set	From baseline

Priority Area	**Priority Area 8: Regional mental health and suicide prevention plan**
Local Performance Indicator target (where possible)	As above
Local Performance Indicator Data source	• PHN Six and Twelve Month reports • reported data sets

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

Priority Area	**Priority Area 3: Psychological therapies for people in rural and remote, under-serviced and / or hard to reach groups**
Activities	Address service gaps in the provision of psychological therapies for people in under-serviced and/or hard to reach populations, including rural and remote populations, making optimal use of the available service infrastructure and workforce. 3.1 Engagement of current service providers 3.2 Planning 3.3 Maintain service continuity/transitional arrangements 3.4 Commence re-commissioned service model 3.5 Develop integrated referral pathways
Existing, Modified, or New Activity	Existing

Description of Activity	BSPHN will be required to identify service gaps and commission psychological therapy services for people in underserviced groups, including those in rural and remote areas, where there are barriers to accessing Medicare Benefits Schedule (MBS) based psychological intervention, making optimal use of the available service infrastructure and workforce. The current ATAPS model will be reviewed in Q4 2016/17 and the new commissioned model implemented in Q1 2017/18, while ensuring service continuity. The tasks below describe the overall activity: **3.1 Engage current service providers and general practitioners (GPs)** • Ongoing engagement with services providers and GPs to ensure contract compliance, service updates, workforce capacity and service review. • Engaging service providers to improve service access in geographic areas with high needs. **3.2 Planning and service review** • Update BSPHN Mental Health and Suicide Prevention Needs Assessment needs assessment and finalise comprehensive regional mental health planning, identifying population trends and service gaps. • Ensure service continuity for existing clients (where clinically appropriate to needs). • Promote awareness and educate providers and GPs on targeted populations, referral pathways and service parameters. • Commence implementation of the recommendations identified through the service model review (March 2017), referred to as "the revised service model". • Identify and implement workforce development plan to ensure capacity and capability of the sector to deliver services to meet the identified need. • Develop and implement consumer feedback/ satisfaction measures and align across all commissioned services. **3.3 Maintain service continuity/transitional arrangements** • Implement transitional arrangements to ensure continuity of care for clients accessing the previous service model. A six month transition period will be undertaken to support clients accessing alternative services, as required. It is envisaged that the transitional period will run in parallel with the implementation of the "revised service model". • Develop and implement a communication strategy targeting general practice and service providers regarding the changes to the service model. **3.4 Commence revised service model** • Commission primary mental health services that align with the "revised service model". • Commissioned services will be evidenced based and consistent with a best-practice, stepped care approach incorporating a joined up assessment process and integrated referral pathways. • Commissioned services will address the needs of the target populations, including perinatal mental health, children, CALD, Refugee, and Aboriginal and Torres Strait islander people. **3.4 Develop integrated referral pathways** • Develop integrated referral pathways to ensure people can access the level of care they need in a timely manner.

Target population cohort	People with a diagnosable mild to moderate, or to people who have attempted, or are at risk of suicide of self-harm, where access to other services is not appropriate. The identified underserviced population groups in the BSPHN region are: • People living in rural and remote communities • Children under the age of 12 years • Young people (aged 12 – 25) • People experiencing, or at risk of, homelessness • Women experiencing perinatal depression/anxiety • People from culturally and linguistically diverse (CALD) backgrounds • Aboriginal and Torres Strait Islander people • People at risk of suicide or self-harm • People/families with low income • Women and children experiencing Domestic and Family Violence • People who identify as Lesbian, Gay, Bisexual, Transgender, Intersex and Questioning;
Consultation	BSPHN has, and will continue to, engage service providers and organisations to inform the planning and service design including: • MSHHS including MSAMHS • Aboriginal and Torres Strait Islander organisations • Allied health providers including current provider services under the ATAPS program • Mental Health Nurses working in the primary care setting • General practice • Community mental health providers • Domestic and Family Violence service providers • Consumers, families and carers.
Collaboration	The following organisations / groups are required to participate in partnering with BSPHN to identify issues and gaps in mental health service delivery but also co-design service responses to meet the needs of the community: • Metro South HHS including MSAMHS • Aboriginal and Torres Strait Islander organisations • Community mental health providers • Other Queensland PHNs • General practice

Duration	List the anticipated activity start and completion dates, and key milestones including planning, procurement, and commencement of service delivery. • Engage current service providers: ongoing • Planning and service review: (2016/17 Q3 – Q4) • Maintain service continuity / transitional arrangements: (2017/18 Q1 – Q4) • Commence recommissioned service: (2017/18 Q1 - 2018/19 Q4) • Implement the PMHC MDS (2016/17 Q3-Q4)
Coverage	Entire Brisbane South PHN region
Continuity of Care	• A six month transition period will be undertaken to support clients accessing alternative services, as required. It is envisaged that the transitional period will run in parallel with the implementation of the "revised service model" • Develop and implement a communication strategy targeting general practice and service providers regarding the changes to the service model
Commissioning method (if relevant)	The activity will be commissioned in whole.

Performance Indicator	**Outcomes**				
	1. Improved clinical outcomes for people receiving PHN-commissioned Psychological Therapies delivered by mental health professionals				Short term
	2. Improved mental health and wellbeing over time				Longer term
	3. High levels of stakeholder satisfaction				Short term
	4. Positive consumer experience and satisfaction				Short term
	5. Service profile meets the needs of the population				Longer term
	6. Improved system level value for money – cost/demand - measurement part research/evaluation				Longer term
	7. Improved access to the right care, at the right time in the right place for recipients				Longer term
	<u>Planning and design phase:</u> Associated Output/Process Indicators	**Type**	**Target**	**Baseline**	**Effective Date**
	Completion of internal ATAPS review	Output	100%	N/A	N/A
	Core elements of service design and planning re: ATAPS • Consumer and service provider consultation • Review of available prevalence and service utilisation data	Process	100%	N/A	N/A
	Local service contracts in place to support psychological interventions	Process	100%	N/A	N/A
	Low intensity intervention established	Process	100%	N/A	N/A
	<u>Service delivery:</u> Associated Output/Process Indicators	**Type**	**Target**	**Baseline**	**Effective Date**
	Proportion of regional population receiving PHN-commissioned mental health services – Psychological therapies delivered by mental health professionals.	Output	To be modelled	To be set	From baseline
	Average cost per PHN-commissioned mental health service – Psychological therapies delivered by mental health professionals.	Process	To be modelled	To be set	From baseline
	Maintain mental health treatment rates during transitional period	Process	To be modelled	To be set	From baseline
	Appropriate patients moving down the steps of 'care intensity' (referrals to low intensity services)	Output	To be modelled	To be set	From baseline
	Coordination of referrals	Output	To be modelled	To be set	From baseline
Local Performance Indicator target (where possible)	Commissioned service providers will be required to ensure that data collection for the reporting period satisfies the suite of performance indicators specified in their formal services agreement. However, as the commissioning process is still underway, baseline and target local performance indicators, as well as the level of disaggregation to be applied to the target, have not yet been finalised.				

Local Performance Indicator Data source	• PMHC MDS • Contractor reported data sets

Priority Area	**Priority Area 4: Mental health services for people with severe and complex mental illness including care packages**
Activities	Commission primary mental health care services for people with severe mental illness being managed in primary care, including clinical care coordination for people with severe and complex mental illness who are being managed in primary care, including through the phased implementation of primary mental health care packages and the use of mental health nurses. 4.1 Engagement of current service providers 4.2 Planning 4.3 Maintain service continuity/transitional arrangements 4.4 Commence re-commissioned service 4.5 Longer term priorities
Existing Modified New Activity	Existing

Description	PHNs will be required to commission primary mental health care services for people with severe mental illness being managed in primary care, including clinical care coordination for people with severe and complex mental illness through the phased implementation of primary mental health care packages and the use of mental health nurses (MHN). **4.1 Engage current service providers:** • Continue to engage practices and mental health nurses previously contracted under the Mental Health Nurse Incentive Program (MHNIP), including general practitioners, psychiatrists, other relevant clinicians and social service providers. • Support ongoing consultation & network opportunities for workforce development to ensure quality improvement, consistency of practice across the region with MHN and GP in the implementation of the model within the stepped care model. • Continue to support contractors and MHNs to meet the requirements for data collection and reporting of mental health services. • Increase access to MHNIP in areas with service gaps and high needs while the MHNIP model is revised. **4.2 Planning:** • Investigate better integration of primary care services, and state mental health services for people with severe mental illness through the development and implementation of the regional Mental Health and Suicide Prevention Plan. • Analyse MHNIP model to inform the development of a redesigned model that is responsive to the need of the target population. To be done in partnership with other service providers and organisations, and including the development of new pathways that make optimal use of available workforce and resources. • Understand the impact of the NDIS transition into the region, and ensure revised model is adaptable to meet the potential increased need of the population. • Implement and support the role of a Clinical Lead: Mental Health Nurse Incentive Program position to build workforce capability and inform service review and planning. **4.3 Maintain service continuity/transitional arrangements:** • Ensure service continuity to existing MHNIP consumers and develop clear transition pathways of consumers that do not meet criteria into the appropriate level of care within the stepped care model. • Current service providers are contracted until December 2017, transitional arrangements will be implemented from July 2017 to ensure consumers have access to suitable services. • Implement transitional arrangements to ensure continuity of care for clients accessing the previous service model. A six month transition period will be undertaken to support clients accessing alternative services, as required. It is envisaged that the transitional period will run in parallel with the implementation of the “revised service model”. **4.4 Commence re-commissioned service:** • Commission services that align with the redesigned model, and are evidenced-based and consistent with a best-practice, stepped care approach incorporating a joined up assessment process and referral pathways across the continuum of care throughout the lifespan. • Commission services that are appropriate to support young people with, at or at risk of, severe mental illness within the region. Ensure ongoing monitoring and evaluation of these services.

Priority Area	**Priority Area 4: Mental health services for people with severe and complex mental illness including care packages**
	• Mater Refugee Psychiatric Complex Care Clinic Pilot – innovative, collaborative psychiatric clinical model, with a focus on refugees and asylum seekers who present with complex health and mental health needs and require culturally appropriate assessment and treatment planning. Model will also build capacity of NGO and primary care to support these patients with complex severe mental illness. Pilot project and pending evaluation results, may be expanded in the future. • Continue to monitor commissioned mental health services supporting the needs of Aboriginal and Torres Strait Islander people with/or at risk of severe mental illness on North Stradbroke Island. **4.5 Longer term priorities:** • Promote the use of a single multiagency care plan for people with severe and complex mental illness, to help link providers across multiple services involved in an individual's care and to promote a medical home approach. • Engage with private mental health care sector to ensure links are in place with private hospitals and psychological services to support care coordination. • Ensure referral pathways are in place to enable and support patients to seamlessly transition between services as their needs change.
Target population cohort	People experiencing severe mental illness being managed in primary care (no specified age range).
Collaboration	• Credentialed mental health nurses functioning under MHNIP • Organisations who employ or subcontract credentialed mental health nurses under MHNIP • MSHHS including MSAMHS • Community Mental Health NGOs • General Practice and primary care organisations • Australian College of Mental Health Nurses • Brisbane North PHN, Gold Coast PHN and Darling Downs & West Moreton PHN • Consumer, families and carers
Duration	• Maintain current services contracts: (2017/18 Q1 –Q2) • Implementation of review recommendations: (2017/18 Q1-Q2) • Recontracting new model negotiations to begin 2017/18 – Q2 • Planning (2017/18 Q1 – Q2) • Maintain service continuity / transitional arrangements: (2017/18 Q1 – Q4) • Commence recommissioned service: (2017/18 Q2 & onward) • Longer term priorities: (2018/19 Q3 & onward)
Coverage	Entire BSPHN region

Priority Area	**Priority Area 4: Mental health services for people with severe and complex mental illness including care packages**
Continuity of care	Implement transitional arrangements to ensure continuity of care for clients accessing the previous service model. A six month transition period will be undertaken to support clients accessing alternative services, as required. It is envisaged that the transitional period will run in parallel with the implementation of the “revised service model”
Commissioning method	**Scoping and design of new services** MHNIP will implement the recommendations of the review to ensure that the program is delivering services in a way that meets the needs of people living with severe mental health conditions in the BSPHN region. This review will form the basis of evidence to restructure and redistribute the program to ensure it delivers improved patient outcomes. **Existing service provision** MHNIP services will continue to be funded for the transitional period to ensure continuity of care.

Priority Area	**Priority Area 4: Mental health services for people with severe and complex mental illness including care packages**				
Performance Indicator	**Outcomes**				
	1. Improved clinical outcomes for people receiving PHN-commissioned services				Short term
	2. Improved mental health and wellbeing over time				Longer term
	3. High levels of stakeholder satisfaction				Short term
	4. Positive consumer experience and satisfaction				Short term
	5. Reduced avoidable hospital admissions/emergency department presentations, hospital length of stay				Short term
	6. Improved system level value for money – cost/demand - measurement part research/evaluation				Longer term
	7. Service profile meets the needs of the population				Longer term
	8. Improved access to the right care, at the right time in the right place for recipients				Longer term
	Planning and design phase: Associated Output/Process Indicators	**Type**	**Target**	**Baseline**	**Effective Date**
	Implementation of recommendations of MHNIP review and planning	Output	100%	N/A	N/A
	Core elements of service design and planning re: MHNIP	Process	100%	N/A	N/A
	Local service contracts in place	Output	100%	N/A	N/A
	Service delivery: Associated Output/Process Indicators	**Type**	**Target**	**Baseline**	**Effective Date**
	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)	Output	To be modelled	To be set	From baseline
	Average cost per PHN-commissioned mental health service – clinical care coordination for people with severe and complex mental illness	Output	To be modelled	To be set	From baseline
	Existing service allocations maintained and increased where possible	Output	To be modelled	To be set	From baseline
	Appropriate patients being transitioned to low intensity care options	Output	To be modelled	To be set	From baseline
	Referrals into service	Output	To be modelled	To be set	From baseline
	Mental health treatment rates	Output	To be modelled	To be set	From baseline
Local Performance Indicator target (where possible)	Commissioned service providers will be required to ensure that data collection for the reporting period satisfies the suite of performance indicators specified in their formal services agreement. However, as the PMHC MDS was released in September 2016, baseline and target local performance indicators, as well as the level of disaggregation to be applied to the target, have not yet been finalised.				

Priority Area	**Priority Area 4: Mental health services for people with severe and complex mental illness including care packages**
Local Performance Indicator Data source	• PMHC MDS • Six and Twelve month reports • Contractor reported data sets