



## **Updated Activity Work Plan 2016-2019: 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 2016-2019, 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 2016-2019 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 and/or suicide prevention trial sites will be managed separately.**

**The Mental Health Activity Work Plan must be lodged via email to your Grant Officer on or before 17 February 2018.**

## Overview

This Activity Work Plan is an update to the 2016-18 Activity Work Plan submitted to the Department in February 2017. However, activities can be proposed in the Plan beyond this period.

### Mental Health Activity Work Plan 2016-2019

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 2016-19 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](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.

## 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:

- Aboriginal and Torres Strait Islander mental health
- integrated and equitable approach to youth mental health
- joined up support for child mental health
- locally planned and commissioned mental health services
- national digital mental health gateway
- national leadership in mental health reform
- refocus primary mental healthcare programmes and services
- suicide prevention
- severe and complex mental illness.

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 and
- an individual's mental health journey is seamless, coordinated and integrated.

Working collaboratively with key partners and stakeholders, Brisbane South PHN is leading the development of a new Mental Health, Alcohol and Other Drugs strategy for the region. This strategy will set the direction and provide a foundation for an integrated, regional plan for mental health, suicide prevention and alcohol and other drugs.

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

Note 1: For Priority Area 1, 2, and 5-8 use Template 1 below.

Note 2: For Priority Areas 3 and 4, please use Template 2 on page 9.

Priority Area 1: Low Intensity Mental Health Services	
Priority Area	Priority Area 1: Low Intensity Mental Health Services
Activities	<p>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.</p> <p>Activities include:</p> <ul style="list-style-type: none"> <li>1.1 Ongoing planning and improvement</li> <li>1.2 Monitor and evaluate model and service design</li> <li>1.3 Engagement with community / services</li> <li>1.4 Commissioning services</li> <li>1.5 Addressing longer term priorities</li> </ul>
Existing, Modified, or New Activity	Existing activity
Description of Activity	<p>Brisbane South PHN 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.</p> <p>It is the vision of Brisbane South PHN that low intensity mental health service delivery be complementary to the overall stepped care framework, supporting commissioned service providers across various disciplines.</p> <p><b>1.1 Ongoing planning and improvement</b></p> <p>Continual planning activities with alignment to needs assessment findings 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:</p>

- Aboriginal and Torres Strait Islander peoples (addressed in Priority 6 Aboriginal and Torres Strait Islander mental health services)
- older people (65+ years)
- perinatal mental health
- people from multi-cultural (particularly non-English speaking) backgrounds
- male population.

### **1.2 Monitor and evaluate model and service design**

Low intensity model and service design were completed in 2016-17. 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, stigma reduction and service parameters.

### **1.4 Commissioning services**

Services will be commissioned targeting the following:

- A program for refugee children who are identified as inherently at-risk for mental health conditions, self-harm and suicide. It is comprised of multiple service streams. The program promotes wellbeing and builds resilience by focusing on increasing three of the major preventive factors against suicide:
  - 1) wellbeing and social connectedness
  - 2) internal locus of control and
  - 3) perceived academic/work performance.
- From 2017-18, the program was funded across both the Suicide Prevention and Low Intensity Streams. Individual Counselling and Crisis Management streams will continue to be funded from Suicide prevention. At this stage, 15% of the program will be funded from Low Intensity, and 85% funded from Suicide Prevention; however, the program will continue to be monitored for suitability to allow flexibility to meet changing demands and patient cohorts.
- A program focused on the culturally and linguistically diverse (multi-cultural non-English speaking background) population will continue to deliver evidence based low intensity intervention for people from a multi-cultural (particularly non-English speaking) background.

	<ul style="list-style-type: none"> <li>• A program to be commissioned to deliver a universal low intensity mental health service, utilising a multi-modal approach including co-location of services.</li> <li>• A service provider will deliver capacity building for perinatal peer support workers and the primary care sector.</li> </ul> <p><b>1.5 Addressing longer term priorities</b></p> <p>Several actions are continuing to be undertaken and/or being planned for the 2018-19 to address long term priorities including:</p> <ul style="list-style-type: none"> <li>• promote the Gateway and commission Low Intensity Services</li> <li>• educate GPs and Allied Health Professionals about Low Intensity mental health services</li> <li>• reduce mental health stigma</li> <li>• integrate commissioned low intensity mental health services with other service ‘steps’ within a stepped care framework</li> <li>• support GPs in their critical role to ensure people are referred to the right care, in the right place, at the right time</li> <li>• build the evidence base of Low Intensity Services through evaluation, data collection and analysis. As Brisbane South PHN is commissioning its first multi-cultural non-English speaking background-specific low intensity program, it is anticipated that there will be an evaluation component to it.</li> </ul>
Target population cohort	Residents with, or at risk of, mild mental illness
Consultation	As per attached Consultation and Collaboration matrix
Collaboration	As per attached Consultation and Collaboration matrix
Duration	<ul style="list-style-type: none"> <li>• addressing longer term priorities: 2017/18 Q1 onwards</li> <li>• commissioning new services: 2016/17 Q4 onwards</li> <li>• commissioning services for Refugee children who are at risk of suicidal behaviour: 2017/18 Q1 onwards</li> </ul>
Coverage	Brisbane South PHN region [PHN 302]
Commissioning method (if relevant)	<p>Listed below are the commissioning methods recognised in Brisbane South PHN. Those methods relevant to this activity are highlighted and will be used at relevant points during the activity. Any service delivery component within this activity is/will be wholly commissioned to service providers.</p> <ul style="list-style-type: none"> <li>(a) capability building (practice/workforce support)</li> <li>(b) co-design</li> <li>(c) funding (payment mechanisms)</li> </ul>

	<p>(d) market management (e.g. market shaping, influencing competition/collaboration)</p> <p>(e) procurement &amp; performance management</p> <p>(f) system leadership (advocacy, direction setting, co-commissioning)</p>												
Approach to market	<p>From the list provided the following approach to market methods is intended to be used:</p> <p>(a) direct engagement – resulting from the transition of funding and a lack of service providers delivering similar programs</p> <p>(b) open tender - for evidence based low intensity intervention services (with a focus on multi-cultural non-English speaking residents and perinatal capacity building activities)</p> <p>Contracted services will be monitored and evaluated in accordance with performance requirements contained in the signed contract including:</p> <ul style="list-style-type: none"> <li>• ad-hoc support through telephone and face to face meetings</li> <li>• regular formal contract management meetings</li> <li>• quarterly reporting on KPI's</li> <li>• annual review of program achievements.</li> </ul> <p>KPIs will reviewed and developed in accordance with the Brisbane South PHN performance framework and the National PHN performance framework (when finalised).</p>												
Decommissioning	Not applicable												
Performance Indicator	<p><b>Outcomes</b></p> <table border="0"> <tr> <td>1. Improved clinical outcomes for people receiving PHN-commissioned low intensity mental health services</td> <td>Short term</td> </tr> <tr> <td>2. High levels of stakeholder satisfaction</td> <td>Short term</td> </tr> <tr> <td>3. Service profile meets the needs of the population</td> <td>Longer term</td> </tr> <tr> <td>4. Positive consumer experience and satisfaction</td> <td>Short term</td> </tr> <tr> <td>5. Improved mental health and wellbeing over time</td> <td>Longer term</td> </tr> <tr> <td>6. Improved system level value for money – cost/demand - measurement part research/evaluation</td> <td>Longer term</td> </tr> </table>	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
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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				Longer term	
	<b>Planning and design phase: Associated Output/Process Indicators</b>		<b>Type</b>	<b>Target</b>	<b>Baseline</b>	<b>Effective Date</b>
	Needs Assessment update complete		Output	100% on time	N/A	Q2 17-18
	Core elements of service design and planning re: low intensity service responses completed		Process	100% on time	N/A	Q1 17-18
	<b>Service delivery: Associated Output/Process Indicators</b>		<b>Type</b>	<b>Target</b>	<b>Baseline</b>	<b>Effective Date</b>
	Proportion of regional population receiving PHN-commissioned mental health services – Low intensity services.		Output	To be modelled	To be set	Q2 17-18
	Average cost per PHN-commissioned mental health service – Low intensity services.		Output		N/A	Q2 17-18
	Number of referrals to PHN commissioned low intensity services		Output			
	Refugee Children at risk of suicidal behaviour – School Outreach			120 referrals pa	N/A	Q1 17-18
	Universal low intensity mental health services				N/A	Q2 17-18
	Multi-cultural non-English speaking background-specific low intensity mental health services			500 referrals pa 379 referrals pa	N/A	Q2 17-18
	Proportion of multi-cultural non-English speaking background people access PHN- commissioned mental health services – Low intensity services		Output	To be modelled	To be set	Q4 17-18
Proportion of participants who successfully completed the Perinatal Peer Support training		Process	85-100%	N/A	Q3 17-18	

	Proportion of clinical participants who reported an improvement in knowledge after the Perinatal Peer Support training	Process	90-100%	N/A	Q3 17-18
	<b>Program Management: Associated Output/Process Indicators</b>	<b>Type</b>	<b>Target</b>	<b>Baseline</b>	<b>Effective Date</b>
	Extent to which client and sessional data, including client outcome measures has been reported to the PMHC MDS	Process	100%	N/A	01/07/17
	Extent to which governance processes are in place and being managed according to national, state and local stands, including the National Standards for Mental Health Services 2010	Process	100%	N/A	30/06/17
	Extent to which income and expenditure is managed in a financially appropriate manner that aligns with the Guidelines	Process	100%	N/A	30/06/17
Local Performance Indicator target (where possible)	As above				
Local Performance Indicator Data source	<ul style="list-style-type: none"> <li>• Data and reports from contracted service providers</li> <li>• PHN Six and Twelve Month performance reports</li> <li>• Primary Mental Health Care Minimum Data Set (PHMC MDS)</li> </ul>				

## Priority Area 2 : Children and Young People

Priority Area	Priority Area 2: Children and Young People
Activities	<p>Brisbane South PHN supports region-specific, cross sectoral approaches to early intervention through to severe and complex needs for children and young people with, or at risk of mental illness, and implementation of an equitable and integrated approach to primary mental health services for this population group. Children and Young People have been identified as a priority area across the Stepped Care Model, including Priority Areas 1, 3, and 4. 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).</p> <p>A Psychological Therapies component has been included in the headspace Agreements, to improve access to psychological interventions for people aged 12-25 years. Children under 12 years are a target population under Psychological Therapies.</p> <p>Throughout Q1 2017/18, Brisbane South PHN undertook a review of the need for mental health services for children and youth experiencing severe mental health conditions. The review highlighted issues, including the number of children presenting as being too complex for the headspace centres current model of service while still not meeting eligibility criteria for Child and Youth Mental Health Services (CYMHS). Additionally, the Redlands Local Government Area was highlighted as an area experiencing a lack of services and care coordination, poor accessibility, and situational and other vulnerabilities. In response, Brisbane South PHN released a Request for Proposal (in December 2017) to the open market to commission child and youth severe and complex mental health services in the Redlands Local Government Area (LGA), targeted at people aged 8-25 years. It is envisaged that once services are operational this pilot will be evaluated and other geographical areas in need will be investigated. Expansion of the program will occur if appropriate and feasible.</p> <p>Activities include:</p> <p><b>Youth mild/moderate (headspace)</b></p> <ul style="list-style-type: none"> <li>2.1 Engagement with current service providers</li> <li>2.2 Build upon the current service model to respond to needs of the local community</li> <li>2.3 Maintain service continuity/transitional arrangements</li> <li>2.4 Review and commission youth mental health service</li> </ul> <p><b>Youth severe</b></p> <ul style="list-style-type: none"> <li>2.5 Engage with current service providers</li> </ul>

	<p>2.6 Review service model</p> <p>2.7 Maintain service continuity / transitional arrangements (headspace Early Psychosis Youth Services)</p> <p>2.8 Longer term service commissioning</p>
Existing, Modified, or New Activity	Existing activity
Description of Activity	<p><b>Youth mild/moderate (headspace)</b></p> <p>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.</p> <p><b>2.1 Engagement with current service providers</b></p> <ul style="list-style-type: none"> <li>• monitor the four headspace sites operating in Brisbane South PHN region for contract compliance. Continue to build relationships and identify opportunities for future service delivery through the headspace regional network</li> <li>• related activity is also noted under Priority 3. Psychological Therapies for underserved groups.</li> </ul> <p><b>2.2 Build upon the current service model to respond to the needs of the local community</b></p> <ul style="list-style-type: none"> <li>• review the current service model including workforce capacity and capability, and identify opportunities to build upon this</li> <li>• analyse business operations and work with services to build/adapt the model to be responsive to the need of the target underserved 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</li> <li>• support the improvement of integration</li> <li>• 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 and the potential to interface headspace postvention response</li> <li>• liaise with providers commissioned under the National Education Initiative to ensure services are aligned with regional needs</li> <li>• explore 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.</li> </ul> <p><b>2.3 Maintain service continuity/transitional arrangements</b></p> <ul style="list-style-type: none"> <li>• maintain continuity of services for clients over 2018 – 2019, utilising the current headspace model</li> <li>• support service continuity for young people formerly provided under old ATAPS and other mental health programs</li> </ul>

- 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, 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 (including Early Psychosis Youth Services (EPYS))**

##### **2.5 Engage with current service providers**

- monitor current EPYS in Brisbane South PHN 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
- Workforce Development and Capacity Building: this component will aim to give stakeholders support across the community, NGO, and government sectors, to enhance awareness, knowledge, and skills to improve the mental health and wellbeing outcomes for children and youth (with a severe focus).

##### **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 (note: service available through Logan catchment only)
- measure and analyse current headspace EPYS data, align to the required PMHC MDS and identify additional data items to be collected if applicable.

	<p><b>2.8 Longer term service commissioning</b></p> <ul style="list-style-type: none"> <li>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</li> <li>Redlands LGA Youth Severe Response Pilot: In response to the youth severe review, Brisbane South PHN will commission child and youth severe and complex mental health services in the Redlands LGA, targeted at people aged 8-25 years. This pilot will be evaluated. Other geographical areas in need will be investigated, and expansion of the program will occur if appropriate and feasible.</li> </ul>
Target population cohort	Young people aged 8 – 25 years
Consultation	As per attached Consultation and Collaboration matrix
Collaboration	As per attached Consultation and Collaboration matrix
Duration	<ul style="list-style-type: none"> <li>engagement with service providers: ongoing</li> <li>commission services (Youth Mild/Moderate): commenced Q1 2016/17, currently ongoing</li> <li>commission services (Youth Severe): Q2 2017/18 onward</li> <li>longer term priorities: 2017/18 Q3 &amp; Q4 and 2018/19 onward</li> </ul>
Coverage	Brisbane South PHN region [PHN 302] with an initial focus on Redland LGA [36250] for youth severe pilot
Commissioning method (if relevant)	<p>Listed below are the commissioning methods recognised in Brisbane South PHN. Those methods relevant to this activity are highlighted and will be used at relevant points during the activity. Any service delivery component within this activity is/will be wholly commissioned to service providers.</p> <ul style="list-style-type: none"> <li>(a) capability building (practice/workforce support)</li> <li>(b) co-design</li> <li>(c) funding (payment mechanisms)</li> <li>(d) market management (e.g. market shaping, influencing competition/collaboration)</li> <li>(e) procurement &amp; performance management</li> <li>(f) system leadership (advocacy, direction setting, co-commissioning)</li> </ul>
Approach to market	From the list provided the following approach to market methods is intended to be used:

	<p>(b) Open tender</p> <p>(d) Other – External evaluation for EPYS headspace and at a national level for youth severe is being/will be undertaken by Departmental appointed organisation/s</p> <p>Contracted services will be monitored and evaluated in accordance with performance requirements contained in the signed contract including:</p> <ul style="list-style-type: none"> <li>• ad-hoc support through telephone and face to face meetings</li> <li>• regular formal contract management meetings</li> <li>• quarterly reporting on KPI's</li> <li>• annual review of program achievements.</li> </ul> <p>KPIs will reviewed and developed in accordance with the Brisbane South PHN performance framework and the National PHN performance framework (when finalised).</p> <p>An external evaluation of the youth severe component of the activity will be undertaken.</p>
Decommissioning	Not applicable

Performance Indicator	<b>Outcomes</b>				
	1. Improved clinical outcomes for people receiving PHN-commissioned services				Short term
	2. High levels of stakeholder satisfaction				Short term
	3. Positive consumer experience and satisfaction				Short term
	4. Improved system level value for money – cost/demand - measurement part research/evaluation				Longer term
	5. Improved mental health and wellbeing over time				Longer term
	<b><u>Planning and design phase: Associated Output/Process Indicators</u></b>				
	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
	<b><u>Service delivery: Associated Output/Process Indicators</u></b>				
Proportion of regional youth population receiving youth-specific PHN-commissioned mental health services	Output				
Headspace Centres (Mild/Moderate):					
Redlands Youth Severe Project:					
Headspace EPYS:					
Extent to which establishment and transition expectations have been met (headspace)	Process	100%	N/A	30/06/18	
Extent to which establishment and transition expectations have been met (headspace EPYS)	Process	100%	N/A	30/06/18	
Improved mental health treatment rates (current service level activity maintained or increased)	Output	To be modelled	To be set	From baseline	

	<b>Program Management: Associated Output/Process Indicators</b>	<b>Type</b>	<b>Target</b>	<b>Baseline</b>	<b>Effective Date</b>
	Improved mental health treatment rates (current service level activity maintained or increased)	Output	To be modelled	To be set	From baseline
	Extent to which client and sessional data, including client outcome measures has been reported to the PMHC MDS	Process	100%	N/A	01/07/17
	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	Process	100%	N/A	30/06/17
	Extent to which income and expenditure is managed in a financially appropriate manner that aligns with the guidelines for improved mental health treatment rates (current service level activity maintained or increased)	Process	100%	N/A	30/06/17
	<b>Program Management: Associated Output/Process Indicators</b>	<b>Type</b>	<b>Target</b>	<b>Baseline</b>	<b>Effective Date</b>
	Extent to which client and sessional data, including client outcome measures has been reported to the PMHC MDS	Process	100%	N/A	01/07/17
Extent to which governance processes are in place and being managed according to national, state and local standards, including the National Standards for Mental Health Services 2010	Process	100%	N/A	30/06/17	
Extent to which income and expenditure is managed in a financially appropriate manner that aligns with the guidelines for improved mental health treatment rates (current service level activity maintained or increased)	Process	100%	N/A	30/06/17	
Local Performance Indicator target (where possible)	As above				

Local Performance  
Indicator Data source

- Early Psychosis Youth Services (EPYS) Minimum Data Set (when available from headspace National Office)
- headspace Minimum Data Set
- PHN Six and Twelve Month performance reports
- Primary Mental Health Care Minimum Data Set (PMHC MDS)

## Priority Area 5 : Community-based suicide prevention

Priority Area	Priority Area 5: Community-based suicide prevention
Activities	<p>Encourage and promote a regional approach to suicide prevention including community based activities and liaising with local Hospital and Health Services 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.</p> <p>Activities include:</p> <ul style="list-style-type: none"> <li>5.1 Engaging current service providers</li> <li>5.2 Planning, including Suicide Prevention Health and Service Plan</li> <li>5.3 Maintaining service continuity/ transitional arrangements</li> <li>5.4 Commissioned services</li> <li>5.5 Longer term priorities</li> </ul> <p>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.</p>
Existing, Modified, or New Activity	Existing
Description of Activity	<p>Suicide Prevention is a complex issue and was identified as a high need within the Mental Health and Suicide Needs Assessment.</p> <p><b>5.1 Engaging current service providers</b></p> <ul style="list-style-type: none"> <li>• Engagement of service provider for services to Refugee Children who are at risk of having suicidal behaviour identified with a model of service aligned to the Low Intensity stream. It has been included in the updated section of Low Intensity, with approximately 85% of funding for this program to be drawn from Priority Area 5. Brisbane South PHN will continue to monitor and ensure that funding levels match service demand.</li> <li>• Ongoing engagement with sector partners and service providers regarding suicide prevention programs.</li> </ul>

	<p><b>5.2 Planning – Suicide Prevention Health and Service Plan</b></p> <ul style="list-style-type: none"> <li>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.</li> </ul> <p><b>5.3 Maintaining service continuity/ transitional arrangements</b></p> <ul style="list-style-type: none"> <li>Brisbane South PHN will ensure continuity of care for any individual receiving services under the existing 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.</li> </ul> <p><b>5.4 Commissioned services</b></p> <ul style="list-style-type: none"> <li>Brisbane South PHN has commissioned a pilot project to deliver short-term, non-clinical support to people until they are connected to appropriate primary care and social services. The project utilises a peer workforce to provide an extended hours response 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). The intent is to replicate the model for other hospital catchments across the Brisbane South PHN region subject to funding availability and model effectiveness. This may include tailoring new programs for specific target groups.</li> <li>Targeted suicide prevention that may include individual and group programs specific to particularly vulnerable populations.</li> </ul> <p><b>5.5 Longer term priorities</b></p> <ul style="list-style-type: none"> <li>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.</li> <li>Educate and enhance primary care service providers: build the capacity of primary care service to support people at risk of suicide.</li> </ul>
Target population cohort	Brisbane South PHN residents
Consultation	As per attached Consultation and Collaboration matrix
Collaboration	As per attached Consultation and Collaboration matrix
Duration	<ul style="list-style-type: none"> <li>Service provider engagement: 2017/18 ongoing</li> </ul>

	<ul style="list-style-type: none"> <li>• Planning: 2017/18 Q1</li> <li>• Maintain service continuity: 2017/18 Q1 &amp; Q2</li> <li>• Commission services: 2017/18 ongoing</li> <li>• Longer term priorities: 2017/18 ongoing</li> </ul>
Coverage	<p>Brisbane South PHN region [PHN 302] with discrete services focused in the following areas:</p> <ul style="list-style-type: none"> <li>• Beenleigh [31102] - Suburb of Beenleigh, Eagleby</li> <li>• Brisbane Inner [30501] - Suburb of South Brisbane</li> <li>• Forest Lake - Oxley [31001] – Suburb of Doolandella</li> <li>• Jimboomba [31104]</li> <li>• Redland LGA [36250]</li> </ul>
Commissioning method (if relevant)	<p>Listed below are the commissioning methods recognised in Brisbane South PHN. Those methods relevant to this activity are highlighted and will be used at relevant points during the activity. Any service delivery component within this activity is/will be wholly commissioned to service providers.</p> <ul style="list-style-type: none"> <li>(a) capability building (practice/workforce support)</li> <li>(b) co-design</li> <li>(c) funding (payment mechanisms)</li> <li>(d) market management (e.g. market shaping, influencing competition/collaboration)</li> <li>(e) procurement &amp; performance management</li> <li>(f) system leadership (advocacy, direction setting, co-commissioning)</li> </ul>
Approach to market	<p>From the list provided the following approach to market methods is intended to be used:</p> <ul style="list-style-type: none"> <li>(a) direct engagement (if required)</li> <li>(b) open tender</li> </ul> <p>Contracted services will be monitored and evaluated in accordance with performance requirements contained in the signed contract including:</p> <ul style="list-style-type: none"> <li>• ad-hoc support through telephone and face to face meetings</li> <li>• regular formal contract management meetings</li> </ul>

	<ul style="list-style-type: none"> <li>quarterly reporting on KPI's</li> <li>annual review of program achievements.</li> </ul> <p>KPIs will reviewed and developed in accordance with the Brisbane South PHN performance framework and the National PHN performance framework (when finalised).</p>				
Decommissioning	Not applicable				
Performance Indicator	<p><b>Outcomes</b></p> <ol style="list-style-type: none"> <li>Improved clinical outcomes for people receiving PHN-commissioned mental health services, following a suicide attempt</li> <li>High levels of stakeholder satisfaction</li> <li>Service profile meets the needs of the population</li> <li>Positive consumer experience and satisfaction</li> <li>Improved system level value for money – cost/demand - measurement part research/evaluation</li> </ol>	Short term			
	<p><b><u>Planning and design phase: Associated Output/Process Indicators</u></b></p> <p>Suicide Prevention Health Services Plan revised and updated</p>	Output	100% on time	N/A	N/A
	<p><b><u>Service delivery: Associated Output/Process Indicators</u></b></p> <p>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</p>	Output	To be modelled	To be set	Q1 17/18
	Number of referrals to PHN-commissioned services for suicide prevention	Output	To be modelled	To be set	Q1 17/18

	<b>Program Management: Associated Output/Process Indicators</b>	<b>Type</b>	<b>Target</b>	<b>Baseline</b>	<b>Effective Date</b>
	Extent to which client and sessional data, including client outcome measures has been reported to the PMHC MDS	Process	100%	N/A	Q1 17/18
	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	Process	100%	N/A	Q1 17/18
	Extent to which income and expenditure is managed in a financially appropriate manner that aligns with the Guidelines	Process	100%	N/A	Q1 17/18
Local Performance Indicator target (where possible)	As above				
Local Performance Indicator Data source	<ul style="list-style-type: none"> <li>• Data and reports from contracted service providers</li> <li>• PHN Six and Twelve Month performance reports</li> <li>• Primary Mental Health Care Minimum Data Set (PMHC MDS)</li> </ul>				

**Priority Area 6 : Aboriginal and Torres Strait Islander mental health services (integrated Suicide Prevention and Alcohol and Other Drug funding programs)**

Priority Area	Priority Area 6: Aboriginal and Torres Strait Islander mental health services (integrated suicide prevention and Alcohol and Other Drug funding programs)
Activities	<p>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 (AOD) services.</p> <p>Activities include:</p> <ul style="list-style-type: none"> <li>6.1 Engaging with service providers and sector</li> <li>6.2 Planning</li> <li>6.3 Commission services</li> </ul>
Existing, Modified, or New Activity	Existing Activity
Description of Activity	<p>Enhancing access to and better integration of 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.</p> <p><b>6.1 Engaging with service providers and sector</b></p> <ul style="list-style-type: none"> <li>• Brisbane South PHN will establish and maintain partnerships across the local region to support integration and coordination.</li> </ul> <p><b>6.2 Planning</b></p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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. Brisbane South PHN acknowledges however that specific mental health and suicide prevention funds are to be used for those specific services.</li> </ul> <p><b>6.3 Commission services</b></p> <p>Based on collated service mapping, data analysis and consultation, commissioned services will include:</p> <ul style="list-style-type: none"> <li>• Social Emotional Wellbeing (SEWB)</li> </ul>

	<ul style="list-style-type: none"> <li>- A holistic life-course approach addressing social and emotional wellbeing and the inter-relationship with physical health</li> <li>- Aboriginal and Torres Strait Islander led, family focused, culturally responsive, context specific</li> <li>- Address any emerging/niche issues</li> <li>- Assessment and screening</li> <li>- Care planning and coordination</li> <li>- Enhance access to specialist services</li> <li>- Healing hubs (therapeutic)</li> <li>- Rollout of existing/evidence-based models using a place-based approach</li> <li>- Service delivery</li> <li>- Workforce development</li> </ul> <p>Focus on areas including:</p> <p><b>Geographies</b></p> <ul style="list-style-type: none"> <li>- Bay Islands (including North Stradbroke Island)</li> <li>- Inala</li> <li>- Logan</li> <li>- Scenic Rim (including Beaudesert)</li> </ul> <p><b>Access / system level issues</b></p> <ul style="list-style-type: none"> <li>- After Hours</li> <li>- Coordination/integration</li> <li>- Referral pathways</li> <li>- Workforce development.</li> </ul> <ul style="list-style-type: none"> <li>• Non-treatment service delivery <ul style="list-style-type: none"> <li>- Capacity building and improved service coordination and integration.</li> </ul> </li> </ul> <p>Funding to support the delivery of services for this activity is pooled from a number of activities within the budget.</p> <p>The SEWB activity is funded from multiple activities within the Primary Mental Health Care Funding Schedule and also from the Drug and Alcohol Treatment Services Funding Schedule</p>
Target population cohort	Aboriginal and Torres strait Islander peoples
Consultation	As per attached Consultation and Collaboration matrix

Collaboration	As per attached Consultation and Collaboration matrix
Duration	Engagement: 2017/18 ongoing Planning: 2017/18 Q4 Commissioned services: 2017/18 Q1 – Q4
Coverage	The entire Brisbane South PHN region (PHN302) with services focused in the following areas: <ul style="list-style-type: none"> <li>• Cleveland – Stradbroke (30102) - Bay Islands community</li> <li>• Forest Lake – Oxley (31001) – suburb of Inala</li> <li>• Logan LGA (34590)</li> <li>• Scenic Rim LGA (36510).</li> </ul>
Commissioning method (if relevant)	Listed below are the commissioning methods recognised in Brisbane South PHN. Those methods relevant to this activity are highlighted and will be used at relevant points during the activity. Any service delivery component within this activity is/will be wholly commissioned to service providers. <ul style="list-style-type: none"> <li>(a) capability building (practice/workforce support)</li> <li>(b) co-design</li> <li>(c) funding (payment mechanisms)</li> <li>(d) market management (e.g. market shaping, influencing competition/collaboration)</li> <li>(e) procurement &amp; performance management</li> <li>(f) system leadership (advocacy, direction setting, co-commissioning)</li> </ul>
Approach to market	From the list provided the following approach to market methods is intended to be used: <ul style="list-style-type: none"> <li>(a) direct engagement (if required)</li> <li>(b) open tender</li> </ul> Contracted services will be monitored and evaluated in accordance with performance requirements contained in the signed contract including: <ul style="list-style-type: none"> <li>• ad-hoc support through telephone and face to face meetings</li> </ul>

	<ul style="list-style-type: none"> <li>regular formal contract management meetings</li> <li>quarterly reporting on KPI's</li> <li>annual review of program achievements.</li> </ul> <p>KPIs will reviewed and developed in accordance with the Brisbane South PHN performance framework and the National PHN performance framework (when finalised).</p>																																								
Decommissioning	Not applicable																																								
Performance Indicator	<p><b>Outcomes</b></p> <ol style="list-style-type: none"> <li>Improved clinical outcomes for people receiving PHN-commissioned Aboriginal and Torres Strait Islander mental health services <span style="float: right;">Short term</span></li> <li>High levels of stakeholder satisfaction <span style="float: right;">Short term</span></li> <li>Positive consumer experience and satisfaction <span style="float: right;">Short term</span></li> <li>Improved system level value for money – cost/demand - measurement part research/evaluation <span style="float: right;">Longer term</span></li> </ol> <table border="0"> <thead> <tr> <th style="text-align: left;"><u>Service delivery: Associated Output/Process Indicators</u></th> <th style="text-align: left;"><b>Type</b></th> <th style="text-align: left;"><b>Target</b></th> <th style="text-align: left;"><b>Baseline</b></th> <th style="text-align: left;"><b>Effective Date</b></th> </tr> </thead> <tbody> <tr> <td>Number and proportion of Indigenous people receiving PHN-commissioned mental health services where the services were culturally appropriate</td> <td>Output</td> <td>To be modelled</td> <td>To be set</td> <td>From baseline</td> </tr> <tr> <td>Types of mental health services that have been provided to clients</td> <td>Process</td> <td>N/A</td> <td>N/A</td> <td>Q1 18/19</td> </tr> <tr> <td>Average length of each episode of care</td> <td>Process</td> <td>N/A</td> <td>N/A</td> <td>Q1 18/19</td> </tr> <tr> <td>Average number of services that clients received</td> <td>Process</td> <td>N/A</td> <td>N/A</td> <td>Q1 18/19</td> </tr> <tr> <td>Number of referrals made to other complementary services</td> <td>Process</td> <td>N/A</td> <td>N/A</td> <td>Q1 18/19</td> </tr> <tr> <td>Extent to which client and sessional data, including client outcome measures has been reported to the PMHC MDS</td> <td>Process</td> <td>100%</td> <td>N/A</td> <td>Q1 18/19</td> </tr> </tbody> </table> <table border="0"> <thead> <tr> <th style="text-align: left;"><b>Program Management: Associated Output/Process Indicators</b></th> <th style="text-align: left;"><b>Type</b></th> <th style="text-align: left;"><b>Target</b></th> <th style="text-align: left;"><b>Baseline</b></th> <th style="text-align: left;"><b>Effective Date</b></th> </tr> </thead> </table>	<u>Service delivery: Associated Output/Process Indicators</u>	<b>Type</b>	<b>Target</b>	<b>Baseline</b>	<b>Effective Date</b>	Number and 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	Types of mental health services that have been provided to clients	Process	N/A	N/A	Q1 18/19	Average length of each episode of care	Process	N/A	N/A	Q1 18/19	Average number of services that clients received	Process	N/A	N/A	Q1 18/19	Number of referrals made to other complementary services	Process	N/A	N/A	Q1 18/19	Extent to which client and sessional data, including client outcome measures has been reported to the PMHC MDS	Process	100%	N/A	Q1 18/19	<b>Program Management: Associated Output/Process Indicators</b>	<b>Type</b>	<b>Target</b>	<b>Baseline</b>	<b>Effective Date</b>
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	Extent to which client and sessional data, including client outcome measures has been reported to the PMHC MDS	Process	100%	N/A	01/07/17
	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	Process	100%	N/A	30/06/17
Local Performance Indicator target (where possible)	As above and, will be developed further as services are commissioned				
Local Performance Indicator Data source	<ul style="list-style-type: none"> <li>• Data and reports from contracted service providers</li> <li>• PHN Six and Twelve Month performance reports</li> <li>• Primary Mental Health Care Minimum Data Set (PMHC MDS)</li> </ul>				

## Priority Area 7 : Stepped care approach

Priority Area	Priority Area 7: Stepped care approach
Activities	<p>Implementation and continual monitoring of commissioned mental health services using a best practice stepped care approach while ensuring continuity of care for consumers accessing services.</p> <p>Activities include:</p> <ul style="list-style-type: none"> <li>7.1 Governance</li> <li>7.2 Service planning, integration and quality assurance</li> <li>7.3 Comprehensive Mental Health-Suicide Prevention strategy</li> <li>7.4 Transition requirements and commission services</li> </ul>
Existing, Modified, or New Activity	Existing activity
Description of Activity	<p>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 to progress to the next 'step'. Rather, they enter the system and have their service level aligned to their requirements.</p> <p><b>7.1 Governance</b></p> <ul style="list-style-type: none"> <li>• Ongoing monitoring of commissioned services clinical governance mechanisms. Ensuring services have high quality standard of service delivery supported by quality assurance processes, a 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.</li> </ul> <p><b>7.2 Service planning, integration and quality assurance</b></p> <ul style="list-style-type: none"> <li>• Establish and maintain partnerships and integration with regional stakeholders including HHS, NGOs, NDIS providers, AOD providers, Aboriginal and Torres Strait Islander Services.</li> <li>• Implement data collection and reporting systems to inform service planning and facilitate ongoing monitoring and evaluations.</li> </ul>

	<ul style="list-style-type: none"> <li>• Investigate, develop and implement systems to support consumer information sharing between service providers.</li> <li>• Implement recommendations from service model reviews (including ATAPS and Mental Health Nurse Incentive Program), ensuring services are aligned across a stepped care framework.</li> <li>• 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.</li> </ul> <p><b>7.3 Comprehensive Mental Health-Suicide Prevention strategy</b></p> <ul style="list-style-type: none"> <li>• Brisbane South PHN will develop a comprehensive Regional Mental Health and Suicide Prevention strategy in conjunction with key industry partners.</li> <li>• Increased consumer and stakeholder consultation is key during this process.</li> <li>• Ongoing revision and updating as additional tools, resources and information becomes available.</li> <li>• Findings 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.</li> </ul> <p><b>7.4 Transition requirements and commission services</b></p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> </ul>
Target population cohort	Brisbane South PHN residents
Consultation	As per attached Consultation and Collaboration matrix
Collaboration	As per attached Consultation and Collaboration matrix
Duration	<p><u>In progress</u></p> <p>Review governance: ongoing 2018-19</p> <p>Transition and commissioning of services: ongoing</p> <p><u>Completed</u></p> <p>Service mapping Statement of Works</p>

	Comprehensive Needs Assessment
Coverage	Brisbane South PHN region (PHN302)
Commissioning method (if relevant)	<p>Listed below are the commissioning methods recognised in Brisbane South PHN. Those methods relevant to this activity are highlighted and will be used at relevant points during the activity. Any service delivery component within this activity is/will be wholly commissioned to service providers.</p> <p>(a) capability building (practice/workforce support)</p> <p>(b) co-design</p> <p>(c) funding (payment mechanisms)</p> <p>(d) market management (e.g. market shaping, influencing competition/collaboration)</p> <p>(e) procurement &amp; performance management</p> <p>(f) system leadership (advocacy, direction setting, co-commissioning)</p>
Approach to market	<p>Approach will be dependent on specific activity being undertaken.</p> <p>Contracted services will be monitored and evaluated in accordance with performance requirements contained in the signed contract including:</p> <ul style="list-style-type: none"> <li>• ad-hoc support through telephone and face to face meetings</li> <li>• regular formal contract management meetings</li> <li>• quarterly reporting on KPI's</li> <li>• annual review of program achievements.</li> </ul> <p>KPIs will reviewed and developed in accordance with the Brisbane South PHN performance framework and the National PHN performance framework (when finalised).</p>
Decommissioning	Not applicable
Performance Indicator	<p><b>Outcomes</b></p> <p>1. Improved clinical outcomes for people receiving PHN-commissioned mental health services</p> <p style="text-align: right;">Short term</p>

	2. Positive consumer experience and satisfaction				Short term
	3. Service profile meets the needs of the population				Longer term
	<b><u>Planning and design phase: Associated Output/Process Indicators</u></b>	<b>Type</b>	<b>Target</b>	<b>Baseline</b>	<b>Effective Date</b>
	Completion of Governance review	Output	100%	N/A	N/A
	Clinical governance process and mechanisms established	Output	100%	N/A	N/A
	<b><u>Program Management: Associated Output/Process Indicators</u></b>	<b>Type</b>	<b>Target</b>	<b>Baseline</b>	<b>Effective Date</b>
	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	N/A	From baseline
	Evidence of partnerships with other regional service providers to support integrated regional planning and service delivery	Process	N/A	N/A	31/03/18
	Extent to which income and expenditure is managed in a financially appropriate manner that aligns with the Guidelines	Process	100%	N/A	30/06/17
	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	Process	100%	N/A	30/06/17
Local Performance Indicator target (where possible)	As above				
Local Performance Indicator Data source	<ul style="list-style-type: none"> <li>• Data and reports from contracted service providers</li> <li>• PHN Six and Twelve Month performance reports</li> <li>• Primary Mental Health Care Minimum Data Set (PMHC MDS)</li> </ul>				

## Priority Area 8 : Regional Mental Health and Suicide Prevention plan

Priority Area	Priority Area 8: Integrated Regional Mental Health and Suicide Prevention Plan
Activities	<p>PHN development of the Regional Mental Health and Suicide Prevention Plan (Regional Plan) is a pivotal element of broader mental health reform. A comprehensive, evidence based Regional Plan, developed in partnership with Hospital and Health Services (HHSs) and other regional stakeholders, has the capacity to support future service delivery pathways which are integrated, targeted to need across the spectrum of stepped care, and which address local priorities. This activity will provide a foundation for future investment in mental health services within the Brisbane South PHN region. Brisbane South PHN will first develop a comprehensive Regional Mental Health and Suicide Prevention strategy in conjunction with key industry partners as direction for the subsequent development of the Regional Plan.</p> <p>Activities include: 8.1 Develop a Regional Mental Health-Suicide Prevention plan</p>
Existing, Modified, or New Activity	Existing activity
Description of Activity	<p><b>8.1 Develop a Regional Mental Health-Suicide Prevention plan</b></p> <ul style="list-style-type: none"> <li>• In collaboration with key stakeholders within the region, develop a regional mental health-suicide prevention strategy to guide and inform the further development of the regional strategies and activities. This will draw from and enhance (where necessary) the needs assessment, service mapping, literature review and other relevant local documents.</li> <li>• Establish and maintain mechanisms for engagement, consultation and shared planning across the health and social services sector.</li> <li>• Focus to be on primary healthcare in addition to the interface and the connectivity with services provided by state government, National Disability Insurance Scheme (NDIS), Non-Government Organisations (NGOs) and Indigenous organisations.</li> <li>• Ensure identified activities of two or more years capturing the full range of clinical and non-clinical, workforce and market needs across the PHN region's population and how the local service system will address these issues in a coordinated and integrated way.</li> </ul>
Target population cohort	Brisbane South PHN residents
Consultation	As per attached Consultation and Collaboration matrix

Collaboration	As per attached Consultation and Collaboration matrix
Duration	2016-2018
Coverage	Brisbane South PHN region [PHN 302]
Commissioning method (if relevant)	<p>(a) capability building (practice/workforce support)</p> <p>(b) co-design</p> <p>(c) funding (payment mechanisms)</p> <p>(d) market management (e.g. market shaping, influencing competition/collaboration)</p> <p>(e) procurement &amp; performance management</p> <p>(f) system leadership (advocacy, direction setting, co-commissioning)</p>
Approach to market	<p>From the list provided the following approach to market methods is intended to be used:</p> <p>(a) direct engagement (if required)</p> <p>Contracted services will be monitored and evaluated in accordance with performance requirements contained in the signed contract including:</p> <ul style="list-style-type: none"> <li>• ad-hoc support through telephone and face to face meetings</li> <li>• regular formal contract management meetings</li> <li>• quarterly reporting on KPI's</li> <li>• annual review of program achievements.</li> </ul> <p>KPIs will reviewed and developed in accordance with the Brisbane South PHN performance framework and the National PHN performance framework (when finalised).</p>
Decommissioning	Not applicable
Performance Indicator	<p><b>Outcomes</b></p> <p>1. Improved system integration for service providers of mental health and suicide prevention services</p>

	2. Improved system navigation for consumers, families, and carers				
	<b><u>Planning and design phase: Associated Output/Process Indicators</u></b>	<b>Type</b>	<b>Target</b>	<b>Baseline</b>	<b>Effective Date</b>
	Completion of Regional Integrated Mental Health and Suicide Prevention Plan	Output	100%	N/A	N/A
	Core elements of a Regional Integrated Mental Health and Suicide Prevention Plan completed, documenting: <ul style="list-style-type: none"> <li>• whole of community response to an integrated mental health system</li> <li>• whole of service system response to an integrated mental health system.</li> </ul>	Process	100%	N/A	N/A
	<b><u>Service delivery: Associated Output/Process Indicators</u></b>	<b>Type</b>	<b>Target</b>	<b>Baseline</b>	<b>Effective Date</b>
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	N/A	From baseline	
Local Performance Indicator target (where possible)	Not applicable				
Local Performance Indicator Data source	Project plan				

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

**Priority Area 3: Psychological therapies for people in rural and remote, under-served and/ or hard to reach groups**

Priority Area	Priority Area 3: Psychological therapies for people in rural and remote, under-served and/or hard to reach groups
Activities	<p>Address service gaps in the provision of psychological therapies for people in under-served and/or hard to reach populations, including rural and remote populations, making optimal use of the available service infrastructure and workforce.</p> <p>Activities include:</p> <ul style="list-style-type: none"> <li>3.1 Engagement of current service providers and general practitioners (GPs)</li> <li>3.2 Planning and service review</li> <li>3.3 Maintain service continuity/transitional arrangements</li> <li>3.4 Commission revised service model</li> <li>3.5 Develop integrated referral pathways</li> </ul>
Existing, Modified, or New Activity	Existing
Description of Activity	<p>Brisbane South PHN identified service gaps and as a result, commissioned psychological therapy services for people in underserved groups, including those in rural and remote areas, where there are barriers to accessing Medicare Benefits Schedule (MBS) based psychological intervention to make optimal use of the available service infrastructure and workforce. The Access to Allied Psychological Services (ATAPS) model was reviewed in Q4 2016-17 and the new commissioned model implemented, Psychological Therapies Program has been implemented in Q2 2017-18, while ensuring service continuity.</p> <p><b>3.1 Engage current service providers and general practitioners (GPs)</b></p> <ul style="list-style-type: none"> <li>• Ongoing engagement with services providers and GPs to ensure contract compliance, service updates, clear referral pathways, workforce capacity and service review.</li> <li>• Engaging service providers to improve service access in geographic areas with high needs.</li> </ul> <p><b>3.2 Planning and service review</b></p> <ul style="list-style-type: none"> <li>• Update Brisbane South PHN Mental Health and Suicide Prevention Needs Assessment and finalise comprehensive regional mental health planning, identifying population trends and service gaps.</li> <li>• Ensure service continuity for existing clients (where clinically appropriate to needs).</li> <li>• Promote awareness and educate providers and GPs on targeted populations, referral pathways and service parameters.</li> </ul>

	<ul style="list-style-type: none"> <li>• Commence implementation of the recommendations identified through the service model review (March 2018), referred to as “the revised service model”.</li> <li>• Commission service providers to develop and implement consumer feedback/ satisfaction measures and collate and report feedback to PHN.</li> </ul> <p><b>3.3 Maintain service continuity/transitional arrangements</b></p> <ul style="list-style-type: none"> <li>• Transitional arrangements were implemented to ensure continuity of care for clients accessing the previous service model. A six-month transition period was undertaken to support clients accessing alternative services, as required. It is envisaged that the transitional period ran in parallel with the implementation of the “revised service model”.</li> <li>• Develop and implement a communication strategy targeting general practice and service providers regarding the changes to the service model.</li> </ul> <p><b>3.4 Commission revised service model</b></p> <ul style="list-style-type: none"> <li>• Commission primary mental health services that align with the “revised service model”.</li> <li>• 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. The intake, assessment, and triage processes have collectively been commissioned to ensure that the right people are accessing the service in the right place, at the right time.</li> <li>• Commissioned services will address the needs of the target populations, as noted under “Target population cohort”.</li> </ul> <p><b>3.5 Develop integrated referral pathways</b></p> <ul style="list-style-type: none"> <li>• Develop integrated referral pathways to ensure people can access the level of care they need in a timely manner.</li> </ul>
Target population cohort	<p>Brisbane South PHN residents with a diagnosable mild to moderate, or people who have attempted, or are at risk of suicide or self-harm, where access to other services is not appropriate. The identified underserved population groups in the Brisbane South PHN region are:</p> <ul style="list-style-type: none"> <li>• Aboriginal and Torres Strait Islander peoples</li> <li>• children under the age of 12 years, who have or are at risk of developing a mild to moderate mental illness, childhood behavioural or emotional disorder</li> <li>• males</li> <li>• people who are over 65 years of age</li> <li>• people from multi-cultural (particularly non-English speaking) backgrounds</li> <li>• people at risk of suicide or self-harm</li> <li>• people experiencing domestic and family violence</li> <li>• people experiencing, or at risk of, homelessness</li> </ul>

	<ul style="list-style-type: none"> <li>• people living in rural and remote communities</li> <li>• people who identify as Lesbian, Gay, Bisexual, Transgender, Intersex and Questioning</li> <li>• women experiencing perinatal depression/anxiety</li> <li>• young people (aged 12 – 25 years), as a component of the Brisbane South PHN headspace Agreements.</li> </ul>
Consultation	As per attached Consultation and Collaboration matrix
Collaboration	As per attached Consultation and Collaboration matrix
Duration	<p><u>In-progress</u></p> <p>Maintain service continuity / transitional arrangements: 2017-18 Q1–Q3 Commence recommissioned service: 2017-18 Q2 – 2018-19 Q4 Engage service providers: ongoing</p> <p><u>Completed</u></p> <p>Planning and service review: 2016-17 Q3–Q4 Implement the PMHC MDS: 2016-17 Q3-Q4</p>
Coverage	Brisbane South PHN region [PHN 302]
Continuity of care	<ul style="list-style-type: none"> <li>• A six month transition period was undertaken to support clients accessing alternative services, as required. The transitional period ran in parallel with the implementation of the “revised service model”.</li> <li>• Develop and implement a communication strategy targeting general practice and service providers regarding the changes to the service model.</li> </ul>
Commissioning method (if relevant)	<p>(a) capability building (practice/workforce support)</p> <p>(b) co-design</p> <p>(c) funding (payment mechanisms)</p> <p>(d) market management (e.g. market shaping, influencing competition/collaboration)</p> <p>(e) procurement &amp; performance management</p> <p>(f) system leadership (advocacy, direction setting, co-commissioning)</p>

Approach to market	<p>From the list provided the following approach to market method is intended to be used:</p> <p>(b) Open tender</p> <p>Contracted services will be monitored and evaluated in accordance with performance requirements contained in the signed contract including:</p> <ul style="list-style-type: none"> <li>• ad-hoc support through telephone and face to face meetings</li> <li>• regular formal contract management meetings</li> <li>• quarterly reporting on KPI's</li> <li>• annual review of program achievements.</li> </ul> <p>KPIs will reviewed and developed in accordance with the Brisbane South PHN performance framework and the National PHN performance framework (when finalised).</p>																						
Decommissioning	Not applicable																						
Performance Indicator	<p><b>Outcomes</b></p> <table border="0"> <tr> <td data-bbox="427 804 1823 868">1. Improved clinical outcomes for people receiving PHN-commissioned Psychological Therapies delivered by mental health professionals</td> <td data-bbox="1877 804 2002 823">Short term</td> </tr> <tr> <td data-bbox="427 890 1061 922">2. Improved mental health and wellbeing over time</td> <td data-bbox="1877 890 2016 909">Longer term</td> </tr> <tr> <td data-bbox="427 944 927 976">3. High levels of stakeholder satisfaction</td> <td data-bbox="1877 944 2002 963">Short term</td> </tr> <tr> <td data-bbox="427 999 1025 1031">4. Positive consumer experience and satisfaction</td> <td data-bbox="1877 999 2002 1018">Short term</td> </tr> <tr> <td data-bbox="427 1053 1061 1085">5. Service profile meets the needs of the population</td> <td data-bbox="1877 1053 2016 1072">Longer term</td> </tr> <tr> <td data-bbox="427 1107 1621 1139">6. Improved system level value for money – cost/demand - measurement part research/evaluation</td> <td data-bbox="1877 1107 2016 1126">Longer term</td> </tr> </table> <table border="0"> <thead> <tr> <th data-bbox="427 1197 1189 1222"><u>Planning and design phase: Associated Output/Process Indicators</u></th> <th data-bbox="1335 1197 1391 1222">Type</th> <th data-bbox="1464 1197 1547 1222">Target</th> <th data-bbox="1615 1197 1720 1222">Baseline</th> <th data-bbox="1823 1197 1991 1222">Effective Date</th> </tr> </thead> <tbody> <tr> <td data-bbox="427 1238 853 1264">Completion of internal ATAPS review</td> <td data-bbox="1335 1238 1420 1264">Output</td> <td data-bbox="1464 1238 1536 1264">100%</td> <td data-bbox="1615 1238 1666 1264">N/A</td> <td data-bbox="1823 1238 1874 1264">N/A</td> </tr> </tbody> </table>	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	<u>Planning and design phase: Associated Output/Process Indicators</u>	Type	Target	Baseline	Effective Date	Completion of internal ATAPS review	Output	100%	N/A	N/A
1. Improved clinical outcomes for people receiving PHN-commissioned Psychological Therapies delivered by mental health professionals	Short term																						
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<u>Planning and design phase: Associated Output/Process Indicators</u>	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	Process	100%	N/A	N/A
	<ul style="list-style-type: none"> <li>• Consumer and service provider consultation</li> <li>• Review of available prevalence and service utilisation data</li> </ul>				
	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
	<b>Service delivery: Associated Output/Process Indicators</b>	<b>Type</b>	<b>Target</b>	<b>Baseline</b>	<b>Effective Date</b>
	Proportion of regional population receiving PHN-commissioned mental health services – Psychological therapies delivered by mental health professionals.	Process	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 set	Q2 17/18
	Extent to which establishment and transition expectations have been met	Process	100%	N/A	Q4 17/18
	Maintain mental health treatment rates during transitional period	Process	To be modelled	To be set	From baseline
	<b>Program Management: Associated Output/Process Indicators</b>	<b>Type</b>	<b>Target</b>	<b>Baseline</b>	<b>Effective Date</b>
	Extent to which client and sessional data, including client outcome measures has been reported to the PMHC MDS	Process	100%	N/A	01/07/17
	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	Process	100%	N/A	30/06/17
	Extent to which income and expenditure is managed in a financially appropriate manner that aligns with the Guidelines	Process	100%	N/A	30/06/17
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.				
Local Performance Indicator Data source	<ul style="list-style-type: none"> <li>• Data and reports from contracted service providers</li> <li>• PHN Six and Twelve Month performance reports.</li> <li>• Primary Mental Health Care Minimum Data Set (PMHC MDS).</li> </ul>				

**Priority Area 4: Mental health services for people with severe and complex mental illness including care packages**

Priority Area	Priority Area 4: Mental health services for people with severe and complex mental illness including care packages
Activities	<p>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 care packages and the use of credentialed mental health nurses.</p> <p>Activities include:</p> <ul style="list-style-type: none"> <li>4.1 Engagement of current service providers</li> <li>4.2 Planning</li> <li>4.3 Maintain service continuity / transitional arrangements</li> <li>4.4 Commission services</li> <li>4.5 Longer term priorities</li> </ul>
Existing, Modified, or New Activity	Existing
Description of Activity	<p>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 credentialed mental health nurses (CMHN).</p> <p><b>4.1 Engage current service providers</b></p> <ul style="list-style-type: none"> <li>• Support commissioned service providers 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.</li> <li>• Support commissioned service providers in ongoing consultation &amp; network opportunities for workforce development to ensure quality improvement and consistency of practice across the region.</li> <li>• Support commissioned service providers to meet the requirements for data collection and reporting of mental health services.</li> <li>• Increase access to Severe &amp; Complex Mental Health services in areas with service gaps and high needs while the MHNIP model is revised.</li> </ul>

	<p><b>4.2 Planning</b></p> <ul style="list-style-type: none"> <li>• Investigate better integration of primary care services, and state mental health services for people with severe mental illness through the implementation of the regional Mental Health and Suicide Prevention Plan.</li> <li>• The MHNIP model was analysed to inform the development of a redesigned model (Severe &amp; Complex Mental Health services) that is responsive to the need of the target population. This was completed in partnership with other service providers and organisations. It included the development of new pathways that make optimal use of available workforce and resources.</li> <li>• Understand the impact of the National Disability Insurance Scheme (NDIS) transition into the region, and ensure revised model is adaptable to meet the potential increased demand for the population.</li> <li>• Identify additional investment opportunities to promote improved access and coordinated care for people experiencing severe and complex mental health conditions within primary care.</li> </ul> <p><b>4.3 Maintain service continuity / transitional arrangements</b></p> <ul style="list-style-type: none"> <li>• Ensure service continuity to existing MHNIP consumers and develop clear referral pathways of consumers that do not meet criteria into the appropriate level of care within the stepped care model.</li> <li>• Current service providers are contracted until March 2018, transitional arrangements were implemented from December 2017 to ensure consumers had accessed to suitable services.</li> <li>• Continuity of care for clients accessing the previous MHNIP service model. A three-month transition period was undertaken to support clients accessing alternative services, as required. The transitional period was run in parallel with the implementation of the “revised service model”.</li> </ul> <p><b>4.4 Commission services</b></p> <ul style="list-style-type: none"> <li>• Commission services that align with the redesigned Severe &amp; Complex Mental Health services 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.</li> </ul> <p><b>4.5 Longer term priorities</b></p> <ul style="list-style-type: none"> <li>• Engage with private mental health care sector to ensure links are in place with private hospitals and psychological services to support care coordination</li> <li>• Ensure referral pathways are in place to enable and support patients to seamlessly transition between services as their needs change.</li> </ul>
Target population cohort	Brisbane South PHN residents experiencing severe mental illness being managed in primary care (no specified age range).

Consultation	As per attached Consultation and Collaboration matrix
Collaboration	As per attached Consultation and Collaboration matrix
Duration	<p><u>In-progress</u></p> <p>Maintain current MHNIP services contracts: 2017/18 Q1 –Q3</p> <p>Maintain service continuity / transitional arrangements: 2017/18 Q1 – Q3</p> <p>Commission Severe &amp; Complex Mental Health service: 2017/18 Q2 &amp; onward</p> <p>Mater Refugee Psychiatric Complex Care Clinic Pilot: 2017/18 Q1-Q4</p> <p>Longer term priorities: 2018/19 Q3 &amp; onward</p> <p><u>Completed</u></p> <p>Implementation of MHNIP review recommendations: 2017/18 Q1-Q2</p> <p>Planning: 2017/18 Q1 – Q2</p>
Coverage	Brisbane South PHN region [PHN 302]
Continuity of care	Implement transitional arrangements to ensure continuity of care for clients accessing the previous service model. A transition period will be undertaken to support clients accessing alternative services, as required. The transitional period will run in parallel with the implementation of the “revised service model”.
Commissioning method (if relevant)	<p>(a) capability building (practice/workforce support)</p> <p>(b) co-design</p> <p>(c) funding (payment mechanisms)</p> <p>(d) market management (e.g. market shaping, influencing competition/collaboration)</p> <p>(e) procurement &amp; performance management</p> <p>(f) system leadership (advocacy, direction setting, co-commissioning)</p>
Approach to market	<p>From the list provided the following approach to market method is intended to be used:</p> <p>(b) Open tender</p>

	<p>Contracted services will be monitored and evaluated in accordance with performance requirements contained in the signed contract including:</p> <ul style="list-style-type: none"> <li>• ad-hoc support through telephone and face to face meetings</li> <li>• regular formal contract management meetings</li> <li>• quarterly reporting on KPI's</li> <li>• annual review of program achievements.</li> </ul> <p>KPIs will reviewed and developed in accordance with the Brisbane South PHN performance framework and the National PHN performance framework (when finalised).</p>																																												
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	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
	Extent to which establishment and transition expectations have been met	Process	100%	N/A	Q3 17/18
	<b>Program Management: Associated Output/Process Indicators</b>	<b>Type</b>	<b>Target</b>	<b>Baseline</b>	<b>Effective Date</b>
	Extent to which client and sessional data, including client outcome measures has been reported to the PMHC MDS	Process	100%	N/A	Q1 17/18
	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	Process	100%	N/A	Q4 16/17
	Extent to which income and expenditure is managed in a financially appropriate manner that aligns with the Guidelines	Process	100%	N/A	Q4 16/17
Local Performance Indicator target (where possible)	As above				
Local Performance Indicator Data source	<ul style="list-style-type: none"> <li>• Data and reports from contracted service providers</li> <li>• PHN Six and Twelve Month performance reports</li> <li>• Primary Mental Health Care Minimum Data Set (PMHC MDS)</li> </ul>				