



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).

Gold Coast Primary Health Network

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 2018.

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 2016-2019

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, 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

Local Context

On 1 July 2015, the Primary Care Gold Coast commenced as the Gold Coast PHN, establishing its vision and goals aligned with Commonwealth government expectations.

Strategic Framework

National PHN Goals

- Increasing the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes
- Improving coordination of care to ensure patients receive the right care in the right place at the right time

GCPHN Vision

“Building one world class health system for the Gold Coast”

GCPHN Strategic Goals

Increasing the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes

Improving coordination of care to ensure patients receive the right care in the right place at the right time and by the right person

Engage and support General Practice and other stakeholders to facilitate improvements in our local health system

Be a high performing, efficient and accountable organisation

GCPHN Strategic Outcomes

People are healthier and take responsibility of own health

People with complex illness have improved health outcomes

An integrated health system across the Gold Coast

People stay well in their own homes and communities

Strong clinical leadership, capacity and innovation in the Gold Coast primary care sector

Strong partnerships facilitate service improvement

Strong and highly effective governance, leadership and decision making

GCPHN has an integrated business model that ensures success

GCPHN meets world class commissioning competencies

Values

SUSTAINABLE

Efficient, Effective, Viable



COLLABORATIVE

Partnerships, Integrated, Engaged



INNOVATIVE

Flexible, Pioneering, Evolutionary



INFLUENTIAL

Visible, Valued, Courageous

EVIDENCE-BASED

Research, Documenting, Transparent



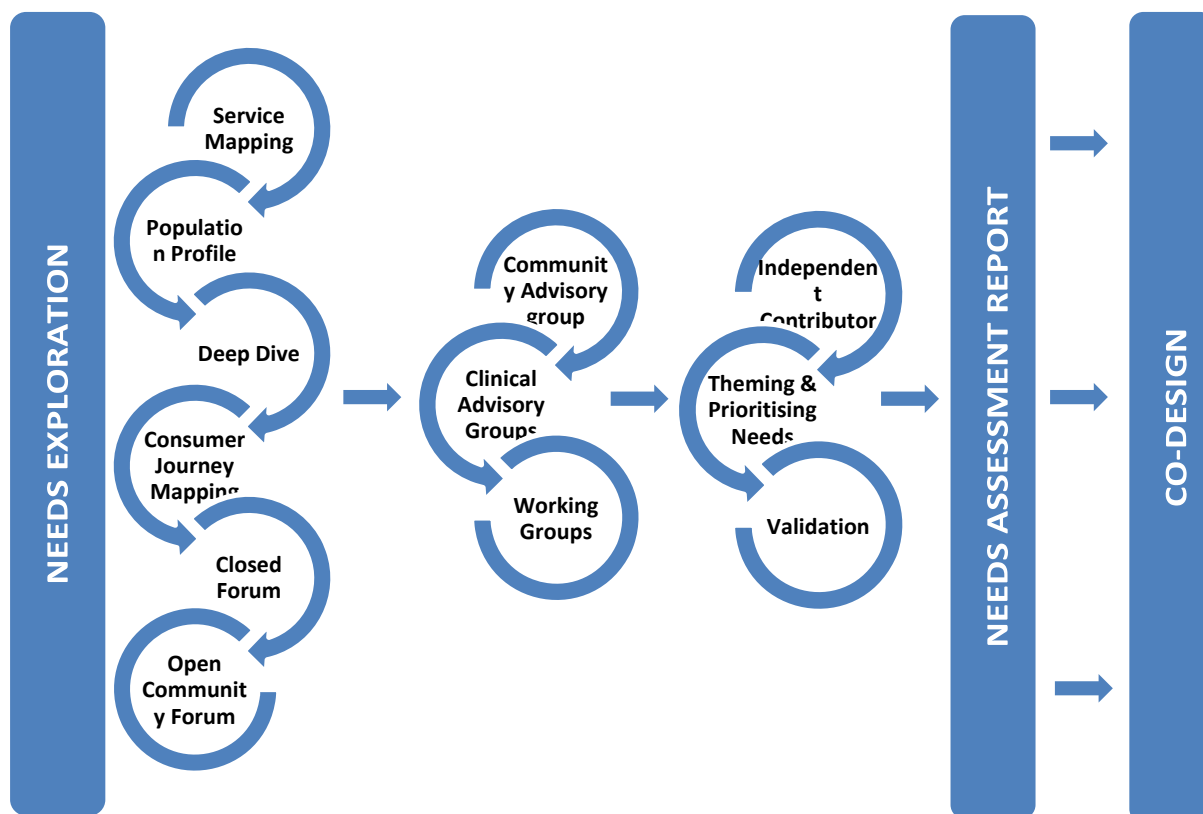
ACCOUNTABLE

Respect, Responsible, Outcomes



GCPHN's Strategic Vision for mental health and suicide prevention is to lead planning, commissioning and integration of services at a regional level to improve outcomes for people with or at risk of mental illness and/or suicide, in partnership with our key stakeholders.

Extensive consultation with service providers, service users, Gold Coast Hospital and Health Service (GCH) has built shared understanding and joint commitment to effective collaborative service delivery. The diagram below represents the steps involved in the consultation process during 2016 which continued into 2017 with further co-design.



We aim to ensure that those who are most in need will have timely access to services that are most appropriate for them and are cost effective. Commissioned services are informed by local needs and priorities and intend to maximise the benefits of the Commonwealth Government's investment under Primary Mental Health Care.

The Gold Coast Primary Health Network approach to mental health and suicide prevention priorities supports the two objectives set by the Department of Health:

- Development of evidence-based regional mental health and suicide prevention plans that promote integrated regional service delivery; and
- Establishment of a continuum of primary mental health services within a person-centred stepped care approach so that a range of service types are available to better match with individual and local population needs.

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

Priority Area	Priority Area 1: Low intensity mental health services
Activity(ies) / Reference (e.g. Activity 1.1, 1.2, etc)	1.1 Commissioning of structured psychological group programs
Existing, Modified, or New Activity	Existing activity
Description of Activity	<p>This activity aims to improve targeting of evidence based psychological interventions to most appropriately support people with, or at risk of, mild mental illness.</p> <p>This addresses the main priority identified in the 2016 Mental Health and Alcohol and Other Drugs Needs Assessment for low intensity services, which was to identify and develop flexible evidence-based services, including group sessions.</p> <p>Commissioning of structured psychological group programs includes:</p> <ul style="list-style-type: none"> • Continuation of trial of group-based programs aimed at people with mild mental health issues from hard to reach groups as listed under target population cohort. • Continuation of trial of beyond blue New Access program, with a focus on the northern growth corridor of the Gold Coast. • These programs include face-to-face delivery, which is time limited and cost efficient. <p>The 2018-19 GCPHN activities will focus on relationship management, data collection and analysis, performance management, continuous improvement and service evaluations.</p> <p>Further to this, integration and promotion of the digital mental health gateway, Head to Health, will also be continued.</p> <p>The expected results are:</p> <ul style="list-style-type: none"> • Delivery of approximately 15 x six-session programs for groups of approximately 10 people with mild mental illness representing an approximate cost of \$312.50 per person per program. • Provide the New Access Program to the northern growth corridor of the Gold Coast through two locally based coaches. • Improved clinical outcomes for people experiencing mild mental illness • Increased access to evidence based psychological services • Increased ease of access to services early in the development of mental illness to improve chances of recovery and long-term health, wellbeing, participation and productivity

	<ul style="list-style-type: none"> Increased mix of mental health services to enable better targeting of services to meet needs within a stepped care approach Increased awareness of e-Mental Health programs by services and the community. 														
Target population cohort	<p>People with or at risk of mild mental illness from the following target groups:</p> <ul style="list-style-type: none"> Culturally and Linguistically Diverse (CALD) population Lesbian, Gay, Bisexual, Trans, Intersex, Queer, Asexual, Pansexual and other diverse identities (LGBTIQAP+) Dual Diagnosis No specific target group for New Access program. 														
Consultation	As services have been commissioned, consultation will focus on the service providers, referrers and clients through a review to inform future service delivery.														
Collaboration	<p>The stakeholders that will be involved in implementing the activity and their roles are as follows:</p> <table border="1"> <thead> <tr> <th>Stakeholder</th> <th>Role</th> </tr> </thead> <tbody> <tr> <td>Primary Care providers</td> <td>Referral</td> </tr> <tr> <td>Mental health service providers</td> <td>Referral between services</td> </tr> <tr> <td>Mental Health and AOD Multidisciplinary Advisory Group</td> <td>Advice, referrals and linkages to primary care and clinical services</td> </tr> <tr> <td>Crisis support services/Gold Coast Health (MH Call crisis number)</td> <td>Referral</td> </tr> <tr> <td>Head to Health and eMHPrac</td> <td>Referral into complementary online treatment programs</td> </tr> <tr> <td>Community and social groups and supports</td> <td>Referral Liaison processes</td> </tr> </tbody> </table>	Stakeholder	Role	Primary Care providers	Referral	Mental health service providers	Referral between services	Mental Health and AOD Multidisciplinary Advisory Group	Advice, referrals and linkages to primary care and clinical services	Crisis support services/Gold Coast Health (MH Call crisis number)	Referral	Head to Health and eMHPrac	Referral into complementary online treatment programs	Community and social groups and supports	Referral Liaison processes
Stakeholder	Role														
Primary Care providers	Referral														
Mental health service providers	Referral between services														
Mental Health and AOD Multidisciplinary Advisory Group	Advice, referrals and linkages to primary care and clinical services														
Crisis support services/Gold Coast Health (MH Call crisis number)	Referral														
Head to Health and eMHPrac	Referral into complementary online treatment programs														
Community and social groups and supports	Referral Liaison processes														
Duration	<p>Small group programs – commissioned 1 July 2017-30 June 2019</p> <p>New Access program – commissioned 1 January 2018 – 30 June 2019</p>														
Coverage	<p>Gold Coast PHN Region (Gold Coast SA4)</p> <p>Multiple services are funded to run group programs based on local need and identified target groups enabling good geographic and/or population spread across the region.</p>														
Commissioning method	Activities are commissioned in whole (GCPHN funding the entire activity). A commissioning process has occurred for the small group programs. Building from this process, and identified through a Partners in Recovery commissioning process, the New Access program was commissioned through a closed commissioning process.														

Approach to market	Not applicable
Decommissioning	Not applicable
Performance Indicator	<p>Mandatory performance indicators:</p> <ul style="list-style-type: none"> • Proportion of regional population receiving PHN commissioned mental health services – Low intensity services. • Average cost per PHN commissioned mental health service – Low intensity services. • Clinical outcomes for people receiving PHN commissioned low intensity mental health services. <p>Local performance indicators:</p> <p>Group Programs:</p> <ul style="list-style-type: none"> • Number of group programs delivered (output indicator) • Number of clients accessing group programs (output indicator) • Number of clients completing group programs (output indicator) • Improved outcome measures in program overall (outcome indicator) <p>NewsAccess program:</p> <ul style="list-style-type: none"> • Number of referrals • Number of service contacts • Proportion of male referrals to the Program • Improved outcome measures in program overall
Local Performance Indicator target (where possible)	<p>Group Programs:</p> <p>15 group programs delivered 118 clients accessing group programs 88 clients completing group programs TBA point change in K10 outcome score TBA point change in K5 outcome score</p> <p>NewsAccess program:</p> <ul style="list-style-type: none"> • 336 referrals • 1,680 service contacts • 40% referrals to program are male • 70% improved outcomes

Priority Area	Priority Area 2: Child and Youth mental health services				
Activity(ies) / Reference (e.g. Activity 1.1, 1.2, etc)	2.1 Commission headspace Primary 2.2 Commission headspace Early Psychosis program (hYEPP)				
Existing, Modified, or New Activity	Existing activity				
Description of Activity	<p>This activity aims to support region-specific, cross sectoral approaches to early intervention for 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.</p> <p>As per DoH funding agreement, continue to commission headspace primary and hYEPP and in collaboration with the lead agency, key stakeholders, including consumers and carers, continue to review the services in relation to continuing quality improvement.</p> <p>The GCPHN 2018/19 activity will focus on:</p> <ul style="list-style-type: none"> • In collaboration with the lead agency, identify continuous improvement opportunities to enhance or adjust service delivery for greater client access and outcomes • Contract management and performance monitoring activities including risk management, relationship management, data analysis of both Primary and hYEPP hAPI data • Working with the provider to fulfill the required evaluation activities for hYEPP • Working with the broader youth sector to identify opportunities to improve coordination and to increase early intervention and case detection in primary care and the youth services. <p>In relation to children, GCPHN will undertake further work to better understand the current service delivery environment to more accurately identify needs, challenges and intervention opportunities.</p> <p>Provision of child psychological services will continue as described further under Activity 3.</p>				
Target population cohort	Young people 12-24 with, or at risk of mental illness.				
Consultation	Since services have been commissioned, consultation will focus on the service provider, lead agency, referrers and clients through a review to inform future service delivery.				
Collaboration	<p>The stakeholders that will be involved in implementing the activities and their roles are as follows:</p> <table border="1"> <thead> <tr> <th>Stakeholder</th> <th>Role</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> </tbody> </table>	Stakeholder	Role		
Stakeholder	Role				

	headspace	Service review and implementation
	Primary Care providers	Referrals and service review
	Mental health service providers	Referrals and service review
	Youth service providers, including schools, Department of Child Safety, Department of Education, NGOS	Referrals and service review
	Mental Health and AOD Multidisciplinary Advisory Group	Advice and linkages to primary care and clinical services
Duration	Commissioned to June 2019	
Coverage	Gold Coast PHN Region (Gold Coast SA4)	
Commissioning method	Direct approach via contract as per DoH requirements	
Approach to market	Not applicable	
Decommissioning	Nil	
Performance Indicator	<p>Mandatory performance indicator:</p> <ul style="list-style-type: none"> 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. <p>Local performance indicators (process):</p> <p>Primary service</p> <ul style="list-style-type: none"> Number of referrals Number of community education events Referral response time Consumer satisfaction and experience <p>hYEPP service</p> <ul style="list-style-type: none"> Number of referrals 	

	<ul style="list-style-type: none"> • Waiting time from referral to assessment • Duration of untreated psychosis • Retention rate of accepted young people • Consumer satisfaction • Family satisfaction • Number of education activities across the cluster
Local Performance Indicator target (where possible)	<p>Primary service</p> <ul style="list-style-type: none"> • 800 new referrals • 12 events annually • 80% referrals responded to within 2 weeks <p>hYEPP service</p> <ul style="list-style-type: none"> • 161 referrals • FEP within 24 hours, UHR within 5 days • Mean duration of untreated psychosis less than 3 months/Median duration of untreated psychosis less than 1 month • 80% or higher • 90 % satisfied or very satisfied • 90% satisfied or very satisfied • 6 education events

Priority Area	Priority Area 3: Psychological services for hard to reach groups
Activity(ies) / Reference (e.g. Activity 1.1, 1.2, etc)	3. Deliver psychological services to hard to reach groups.
Existing, Modified, or New Activity	Existing activity
Description of Activity	<p>This activity aims to provide psychological services for hard to reach groups. The following hard to reach groups have been identified through the needs assessment process for the Gold Coast population.</p> <ul style="list-style-type: none"> • Children (aged 0-12) • Women experiencing perinatal depression

	<ul style="list-style-type: none"> • People who are at risk of suicide • People who are, or are at risk of becoming, homeless • People who are Culturally and Linguistically Diverse (CALD) • People who identify as lesbian, gay, bisexual, transgender, intersex, queer, asexual, pansexual and others (LGBTIQAP+) • Aboriginal and Torres Strait Islanders. <p>This activity addresses the priorities identified in the needs assessment for psychological services:</p> <ul style="list-style-type: none"> • Effective engagement between community and primary health services would better support the homeless population. • Increase access for the CALD population to psychological services and/or clinicians, including appropriately mental health trained interpreters. • Increase accessibility and referral pathways for LGBTIQAP+ people to appropriately skilled clinicians and services to support the needs of this group. <p>The aim and needs will be met through the activities as follows.</p> <ul style="list-style-type: none"> • Commissioning of psychological services for individual and group sessions for identified hard to reach groups <p>The GCPHN 2018-19 activities will focus on relationship management, data collection and analysis, performance management, continuous improvement and service evaluations.</p> <p>The expected results are:</p> <ul style="list-style-type: none"> • Psychological services provided with adequate coverage for each target group
Target population cohort	<p>People with moderate mental illness who are financially disadvantaged and are not clinically suited to lower intensity levels of intervention from the following target groups:</p> <ul style="list-style-type: none"> • Children (aged 0-12) • Women experiencing perinatal depression • People who are at risk of suicide • People who are, or are at risk of becoming, homeless • People who are Culturally and Linguistically Diverse (CALD) • People who identify as lesbian, gay, bisexual, transgender, intersex, queer, asexual, pansexual and others (LGBTIQAP+) • Aboriginal and Torres Strait Islanders.

Consultation	Since services have been commissioned, consultation will focus on the service providers, referrers and clients through a review to inform future service delivery.												
Collaboration	The stakeholders that will be involved in implementing Activity 3 and their roles are as follows:												
	<table border="1"> <thead> <tr> <th>Stakeholder</th> <th>Role</th> </tr> </thead> <tbody> <tr> <td>Psychological services</td> <td>Commissioned service</td> </tr> <tr> <td>Primary Care providers</td> <td>Referral and continuity of care</td> </tr> <tr> <td>Aboriginal and Torres Strait Islander, CALD, Homeless, LGBTIQAP+, child and crisis services</td> <td>Referral</td> </tr> <tr> <td>Mental health service providers, private, public and non-government</td> <td>Referral</td> </tr> <tr> <td>Mental Health and AOD Multidisciplinary Advisory group</td> <td>Advice, referrals and linkages to primary care and clinical services</td> </tr> </tbody> </table>	Stakeholder	Role	Psychological services	Commissioned service	Primary Care providers	Referral and continuity of care	Aboriginal and Torres Strait Islander, CALD, Homeless, LGBTIQAP+, child and crisis services	Referral	Mental health service providers, private, public and non-government	Referral	Mental Health and AOD Multidisciplinary Advisory group	Advice, referrals and linkages to primary care and clinical services
	Stakeholder	Role											
	Psychological services	Commissioned service											
	Primary Care providers	Referral and continuity of care											
	Aboriginal and Torres Strait Islander, CALD, Homeless, LGBTIQAP+, child and crisis services	Referral											
Mental health service providers, private, public and non-government	Referral												
Mental Health and AOD Multidisciplinary Advisory group	Advice, referrals and linkages to primary care and clinical services												
Duration	Psychological Services Program - commissioned 1 July 2017-30 June 2019												
Coverage	Gold Coast PHN Region (Gold Coast SA4)												
Continuity of care	Continuity of care was outlined in the 2016-2018 AWP and actioned accordingly during the previous period.												
Commissioning method	Commissioned whole of activity												
Approach to market	Not applicable												
Decommissioning	Not applicable												
Performance Indicator	<p>Mandatory performance indicators:</p> <ul style="list-style-type: none"> • Proportion of regional population receiving PHN commissioned mental health services – Psychological therapies delivered by mental health professionals. • Average cost per PHN commissioned mental health service – Psychological therapies delivered by mental health professionals. • Clinical outcomes for people receiving PHN commissioned Psychological therapies delivered by mental health professionals. <p>Local performance indicators:</p> <ul style="list-style-type: none"> • Number of psychological referrals (process indicator) • Number of allied psychological service contacts (output indicator) 												

	<ul style="list-style-type: none"> Improved outcome measures in program overall (outcome indicator)
Local Performance Indicator target (where possible)	<p>1,000 psychological referrals (individual and group clients) 6,400 allied psychological service contacts TBA point change in K10 outcome score TBA point change in K5 outcome score TBA point change in SDQ Impact score TBA point change in SDQ Difficulties score To be disaggregated by identified target groups – child, Indigenous, suicide, CALD, LGBTIQAP+, homeless and perinatal</p>

Priority Area	Priority Area 4: Mental health services for people with severe and complex mental illness including care packages
Activity(ies) / Reference (e.g. Activity 1.1, 1.2, etc)	4.1 Commission clinical care coordination service
Existing, Modified, or New Activity	New activity
Description of Activity	<p>This activity aims to commission primary mental health care services for people with severe and complex mental illness who are being managed in primary care by commissioning clinical care coordination services.</p> <p>This addresses the priorities identified in the 2017-18 needs assessment for severe and complex:</p> <ul style="list-style-type: none"> Education and training for General Practice to better support severe and complex patients, including physical health and knowledge of appropriate referral pathways Care coordination for individuals with severe and complex mental health issues provided by a multi-disciplinary team, including but not limited to General Practitioners, Mental Health Nurses, Psychiatrists, peer workers and other allied health professionals. Community safe space as an alternative to hospital emergency departments for people with severe and complex mental illness to access support, including after hours Centralised intake across the stepped care model to ensure people receive the appropriate support and referral based on their needs Develop effective pathways to support person centred transfer of care between acute and primary services (general practice, allied health and community services). <p>The aim and needs will be met through the following activity:</p>

	<ul style="list-style-type: none"> Clinical care coordination services will focus on people with severe and complex mental health being managed in primary care who have been identified by their GP or private Psychiatrist as requiring greater coordination and access to the range of clinical services required to meet their physical and mental health needs. It is aimed at individuals that cannot have their needs met solely by a primary care provider and do not meet the clinical thresholds for the acute sector. <p>The expected results are:</p> <ul style="list-style-type: none"> Comprehensive multidisciplinary assessment and care planning GPs and consumers are supported to implement care plans ensuring access to clinical and non-clinical services Consumers and their carer's/family have improved health literacy and increased confidence and skills to effectively manage their mental health, avoiding escalation of distress and unnecessary hospitalisations. GPs and private Psychiatrists are confident to manage the mental and physical health of their in a team approach with the clinical care coordinator. Consumers can access the service where they need it and in the way that suits their circumstances. 										
Target population cohort	<ul style="list-style-type: none"> Individuals who choose to transition from the current Mental Health Nurse Program. Individuals aged over 25 with a mental health condition which is severe and either episodic or persistent in nature. Individuals that cannot have their needs met solely by a primary care provider and do not meet the clinical thresholds for the acute sector. 										
Consultation	A second round of consultation for this activity occurred in 2017 and involved a wide range of committees, groups and workshops that were held to ensure advice and input from all key stakeholders including consumers, partners, Gold Coast Health, government departments, Mental Health Nurses and service providers.										
Collaboration	<p>The stakeholders that will be involved in implementing activity 4.1 and their roles are as follows:</p> <table border="1" data-bbox="607 1034 2056 1305"> <thead> <tr> <th data-bbox="607 1034 1317 1066">Stakeholder</th> <th data-bbox="1317 1034 2056 1066">Role</th> </tr> </thead> <tbody> <tr> <td data-bbox="607 1066 1317 1098">Mental Health Workforce, including Mental Health Nurses</td> <td data-bbox="1317 1066 2056 1098">Commissioned services</td> </tr> <tr> <td data-bbox="607 1098 1317 1129">Primary Care providers</td> <td data-bbox="1317 1098 2056 1129">Referral</td> </tr> <tr> <td data-bbox="607 1129 1317 1241">Mental health service providers, private, public and non-government</td> <td data-bbox="1317 1129 2056 1241">Referral in and out of service</td> </tr> <tr> <td data-bbox="607 1241 1317 1305">Mental Health and AOD Multidisciplinary Advisory group</td> <td data-bbox="1317 1241 2056 1305">Advice, referrals and linkages to primary care and clinical services</td> </tr> </tbody> </table>	Stakeholder	Role	Mental Health Workforce, including Mental Health Nurses	Commissioned services	Primary Care providers	Referral	Mental health service providers, private, public and non-government	Referral in and out of service	Mental Health and AOD Multidisciplinary Advisory group	Advice, referrals and linkages to primary care and clinical services
Stakeholder	Role										
Mental Health Workforce, including Mental Health Nurses	Commissioned services										
Primary Care providers	Referral										
Mental health service providers, private, public and non-government	Referral in and out of service										
Mental Health and AOD Multidisciplinary Advisory group	Advice, referrals and linkages to primary care and clinical services										
Duration	Clinical care coordination services – commissioned 1 May 2018										

Coverage	Gold Coast PHN Region (Gold Coast SA4)
Continuity of care	The current mental health nursing services model will cease 30 June 2018. Clients will be transitioned to the new service from 1 May 2018 allowing a period of clinical handover and continuity of care. Mental health nursing services have been instructed to advise their clients of the transition from January 2018. Written advice has been provided by the PHN to the services for this purpose. Decommissioning advice along with the transition plan has been provided to the department.
Commissioning method	Commissioning whole of activity
Approach to market	<p>A request for proposal was undertaken in late 2017/early 2018. This will enable innovation, co-creation with key stakeholders, be outcomes oriented and will encourage new market entrants.</p> <p>Contracted services will be monitored and evaluated as per the GCPHN performance monitoring framework.</p>
Decommissioning	Organisations commissioned in 2017/18 to provide the Mental Health Nurse Program will cease at 30 June 2018. GCPHN is working with commissioned organisations to assist clients to transition to the new clinical care coordination service. Previous advice has been provided to DoH regarding this situation.
Performance Indicator	<p>Mandatory performance indicators:</p> <ul style="list-style-type: none"> • 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). • Average cost per PHN commissioned mental health service – Clinical care coordination for people with severe and complex mental illness. <p>Local performance indicators:</p> <ul style="list-style-type: none"> • Number of clinical care coordination clients • Number of service contacts (output indicator) • Improved outcome measures in program overall (K10+, K5, SDQ) (outcome indicator) • Proportion of clients with multidisciplinary shared care plans
Local Performance Indicator target (where possible)	<p>TBA clinical care coordination clients</p> <p>TBA clinical care coordination service contacts</p> <p>TBA point change in K10 outcome score</p> <p>TBA point change in K5 outcome score</p> <p>TBA point change in SDQ Impact score</p>

	<p>TBA point change in SDQ Difficulties score</p> <p>TBA % clients with multidisciplinary shared care plans</p> <p>Actual performance targets will be negotiated with the successful provider of the new clinical care coordination service.</p>
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Priority Area	Priority Area 5: Community based suicide prevention activities
Activity(ies) / Reference (e.g. Activity 1.1, 1.2, etc)	5.1 Commissioning of community-based suicide prevention service for discharged patients from Gold Coast University or Robina Hospitals.
Existing, Modified, or New Activity	Existing activity
Description of Activity	<p>This activity aims to encourage, lead and promote a systems based regional approach to suicide prevention including community-based activities and liaising with the Gold Coast Health and other providers to help 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>This addresses the priorities identified in the needs assessment for suicide prevention:</p> <ul style="list-style-type: none"> • Increase opportunities to ensure care planning and discharge processes are inclusive for all participants. • Develop clear referral pathways and supported connections to appropriate community supports. <p>The aim and needs will be met through the following activity:</p> <ul style="list-style-type: none"> • Implement the Gold Coast Health Zero Suicide Framework based on the nine evidence-based strategies of the Black Dog Institute and National Health and Medical Research Council model in collaboration with Gold Coast Health. <p>This will include:</p> <ul style="list-style-type: none"> • Continue to commission a community-based response to provide non-clinical short term support to patients exiting the acute care setting and/or Community Mental Health Services in that time of vulnerability for the patient. • Acute care collaboration to complement the Gold Coast Health implementation of a Zero Suicide Framework by ensuring referral pathways, including warm handover, are in place and well known from inpatient and Community Mental Health Service to GPs and psychological services. • Commissioning of psychological services through the Hard to Reach response in Activity 3 above. Additionally, GPs can refer through to Better Access.

	<p>The 2018-19 GCPHN activities will focus on relationship management, data collection and analysis, performance management, continuous improvement and service evaluations.</p> <p>The expected results are:</p> <ul style="list-style-type: none"> • Better coordination between Gold Coast Health and community sector services to support people at risk of suicide • People at risk of suicide will be provided with appropriate supports to reduce risk of hospitalisation and/or further attempts. 										
Target population cohort	People who have attempted suicide and are at high risk of suicide who present at the Gold Coast University or Robina Hospitals Emergency Departments, are admitted to general wards or are an inpatient in the mental health acute wards.										
Consultation	Since services have been commissioned, ongoing consultation continues to focus on the provision of services complementary to the Gold Coast Health Zero Suicide Framework through a review to inform future service delivery.										
Collaboration	<p>The stakeholders that will be involved in implementing activity 5.1 and their roles are as follows:</p> <table border="1"> <thead> <tr> <th>Stakeholder</th> <th>Role</th> </tr> </thead> <tbody> <tr> <td>Gold Coast Health</td> <td>Referrals and key partner</td> </tr> <tr> <td>Mental health service providers, private and non-government</td> <td>Commissioned service and referrals out</td> </tr> <tr> <td>Primary Care providers</td> <td>Continuity of care</td> </tr> <tr> <td>Mental Health and AOD Multidisciplinary Advisory group</td> <td>Advice and linkages to primary care and clinical services</td> </tr> </tbody> </table>	Stakeholder	Role	Gold Coast Health	Referrals and key partner	Mental health service providers, private and non-government	Commissioned service and referrals out	Primary Care providers	Continuity of care	Mental Health and AOD Multidisciplinary Advisory group	Advice and linkages to primary care and clinical services
Stakeholder	Role										
Gold Coast Health	Referrals and key partner										
Mental health service providers, private and non-government	Commissioned service and referrals out										
Primary Care providers	Continuity of care										
Mental Health and AOD Multidisciplinary Advisory group	Advice and linkages to primary care and clinical services										
Duration	Commissioned 1 July 2017 – 30 June 2019										
Coverage	Gold Coast PHN Region (Gold Coast SA4)										
Commissioning method	Commissioned whole of activity										
Approach to market	Not applicable										
Decommissioning	Not applicable										
Performance Indicator	<p>Mandatory performance indicator:</p> <ul style="list-style-type: none"> • Number of people who are followed up by PHN commissioned services following a recent suicide attempt. 										

	<p>Local Performance Indicators</p> <ul style="list-style-type: none"> • Number of clients (output indicator) • Number of suicide prevention and transition service contacts • Improved outcome measures in program overall • Number of referrals to other services, based on patient need
Local Performance Indicator target (where possible)	<p>150 suicide prevention and transition clients 800 suicide prevention and transition service contacts TBA point change in K10 outcome score TBA point change in K5 outcome score TBA point change in SDQ Impact score TBA point change in SDQ Difficulties score TBA referrals to other services</p>

Priority Area	Priority Area 6: Aboriginal and Torres Strait Islander mental health services
Activity(ies) / Reference (e.g. Activity 1.1, 1.2, etc)	6.1 Commissioning of integrated service delivery model – Indigenous mental health and suicide prevention
Existing, Modified, or New Activity	Existing activity
Description of Activity	<p>This activity aims to enhance access to 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.</p> <p>This addresses the priorities identified in the needs assessment for Indigenous mental health:</p> <ul style="list-style-type: none"> • Enhance the Indigenous workforce to enable workers to provide clinical care coordination and specialist mental health services, including suicide support. • Increase coordination of services using well-developed trusted pathways to support client referrals to culturally appropriate services. • Increase the cultural competency of mainstream services to safely and effectively work with Aboriginal and Torres Strait Islander clients. <p>The aim and needs will be met through the activities as follows.</p>

	<ul style="list-style-type: none"> Continuing to commission an Aboriginal and Torres Strait Islander organisation to provide an integrated clinical mental health service and community suicide prevention activities. Integrated service components include: <ul style="list-style-type: none"> Enhancing existing primary care services by optimising the use of a mental health nurse and access to psychological services Early intervention and care coordination Developing strong partnerships within and externally to the local Indigenous community and service provider network Clear referral pathways Suicide prevention activities Multiple entry points Clinical case management, within a social and emotional wellbeing framework <p>The 2018-19 GCPHN activities will focus on relationship management, data collection and analysis, performance management, continuous improvement and service evaluations.</p> <p>The expected results are:</p> <ul style="list-style-type: none"> Patient access to mental health supports within the one primary health care model Access to clinical mental health supports by a mental health nurse Partnerships with other key community organisations in relation to suicide prevention activities. 												
Target population cohort	Aboriginal and Torres Strait Islander people with mental illness												
Consultation	Since services have been commissioned, consultation will focus on the service providers, referrers and clients through a review to inform future service delivery.												
Collaboration	<p>The stakeholders that will be involved in implementing activity 6.1 and their roles are as follows:</p> <table border="1" data-bbox="607 1098 2056 1369"> <thead> <tr> <th data-bbox="607 1098 1317 1134">Stakeholder</th> <th data-bbox="1317 1098 2056 1134">Role</th> </tr> </thead> <tbody> <tr> <td data-bbox="607 1134 1317 1171">Karulbo Network</td> <td data-bbox="1317 1134 2056 1171">Advisory</td> </tr> <tr> <td data-bbox="607 1171 1317 1208">Kalwun Health Service</td> <td data-bbox="1317 1171 2056 1208">Commissioned services</td> </tr> <tr> <td data-bbox="607 1208 1317 1270">Kruungal Aboriginal & Torres Strait Islander Corporation for Welfare, Resource and Housing</td> <td data-bbox="1317 1208 2056 1270">Partner</td> </tr> <tr> <td data-bbox="607 1270 1317 1307">Primary Care providers</td> <td data-bbox="1317 1270 2056 1307">Referral</td> </tr> <tr> <td data-bbox="607 1307 1317 1369">Mental health service providers</td> <td data-bbox="1317 1307 2056 1369">Referral</td> </tr> </tbody> </table>	Stakeholder	Role	Karulbo Network	Advisory	Kalwun Health Service	Commissioned services	Kruungal Aboriginal & Torres Strait Islander Corporation for Welfare, Resource and Housing	Partner	Primary Care providers	Referral	Mental health service providers	Referral
Stakeholder	Role												
Karulbo Network	Advisory												
Kalwun Health Service	Commissioned services												
Kruungal Aboriginal & Torres Strait Islander Corporation for Welfare, Resource and Housing	Partner												
Primary Care providers	Referral												
Mental health service providers	Referral												

	Mental Health and AOD Multidisciplinary Advisory Group	Advice, referrals and linkages to primary care and clinical services	
Duration	Commissioned 1 January 2017 – 30 June 2019		
Coverage	Gold Coast PHN Region (Gold Coast SA4)		
Commissioning method	Co-design and Collaborative Approach to Procurement		
Approach to market	<p>There are only two dedicated Aboriginal and Torres Strait Islander service providers on the Gold Coast. Following a consultation process, involving both of the providers and the local elders (Karulbo) it was agreed that GCPHN would work together with both providers to develop a collaborative model that included commissioning Kalwun Health Service (AMS) for the clinical mental health and AOD services and Krurungal to provide the non-clinical component of the delivery model. .</p> <p>Contracted services are monitored and evaluated as per the GCPHN performance monitoring framework.</p>		
Decommissioning	Not applicable		
Performance Indicator	<p>National DOH Performance indicators:</p> <p>P1 - PHN activities address prioritised needs IH6-PHN provides support for Aboriginal and Torres Strait Islander identified workforce. P12 –Rate pf potentially preventable hospitalisations for Aboriginal and Torres Strait Islander people. MH3 – Rate of regional population receiving PHN commissioned Clinical Care Co-ordination services for people with severe and complex. MH4 – Formalised Partnership with regional service providers to support integrated regional planning and service delivery MH5 - Proportion of people referred to PHN commissioned service due to a recent suicide attempt or because they were at risk of suicide followed up within 7 days.</p>		
Local Performance Indicator target (where possible)	<p>Local performance indicators complimentary to MDS:</p> <ul style="list-style-type: none"> • Increase of 5% on the total number of patients provided care under the funding compared to 2017-18 • Increase of 5% of total occasions of service provided under the funding compared to 2017-2018 • Enhancing gold coast residents’ access to integrated care by additional of a clinical care coordinator (mental health nurse position) participating in a minimum of 6 transition / consultation meetings per month, a minimum of 60% to be with workers from other services. • Maintenance of a full complement of staff 		

	<ul style="list-style-type: none"> • Rate of participants reporting positive satisfaction with experience of service greater than 50% • Participants experience an improvement in their mental health / wellbeing / achievement of identified goals at point of review or discharge greater than 50% • Improved outcome measures in program overall (outcome indicator)
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Priority Area	Priority Area 7: Stepped care approach
Activity(ies) / Reference (e.g. Activity 1.1, 1.2, etc)	<p>7.1 Commission a continuum of primary mental health services in a stepped care model (as per other Priority Areas)</p> <p>7.2 Commission an intake, referral and information service that operates within a stepped care model (as part of Priority Area 4.1)</p> <p>7.3 Engage with clinicians, service providers academics and service users to define content for evidence based, locally tailored clinical and service pathways across the stepped care model</p>
Existing, Modified, or New Activity	Existing and new activities
Description of Activity	<p>7.1 This activity aims to commission a continuum of primary mental health services within a person-centred stepped care approach so that a range of service types, making best use of available workforce and technology, are available within the Gold Coast to better match with individual and local population needs.</p> <p>The aim and needs will be met through the activities as follows.</p> <ul style="list-style-type: none"> • Commissioned services for each of the “steps” • Integration with primary care and allied health • Integration with e-mental health treatment programs (eMHPrac and Head to Health) • Broad workforce from Psychologists, community mental health workers, Mental Health Nurses, Indigenous Workers, and Peer Workers. • In order to support sharing of consumer clinical information between service providers and consumers, GCPHN commissioned services are requested to upload into the My Health Record relevant information that may assist in ensuring continuity of care for the client. <p>7.2 The intake, referral and information service will operate within a stepped care model for PHN funded services with the aim to integrate other relevant local services into the future.</p>

	<p>In phase one, the service will provide advice on service information and referral pathways to GPs and private Psychiatrists in the Gold Coast region to effectively support and manage their care planning with consumers. This would ensure that consumers receive the right level of intervention at the appropriate time, according to their individual needs and supporting the provision of the stepped care approach. This includes digital health and telehealth options.</p> <p>This service will triage and manage the intake of referrals from eligible referrers to GCPHN funded mental health services including the Psychological Services Program, clinical care coordination and low intensity services.</p> <p>7.3 This activity aims to deliver jointly agreed locally tailored clinical and service pathways across the stepped care model. The model will include convening meetings with stakeholders, undertaking research, developing content for pathways and testing both in terms of usability and content.</p> <p>Expected results include agreed content for local pathways (links with NP 2017.6 Service access).</p>												
Target population cohort	People with, or at risk of, mental illness												
Consultation	<p>A collaborative approach was used throughout the needs assessment and commissioning process and incorporated a range of specific committees and groups that were established to ensure advice and input from all key stakeholders including consumers, partners, service providers and specialist experts in evidence based practice in mental health clinical service delivery. The diagram in the vision statement outlines the consultation process ending in the co-design process that involved the key stakeholders identified above.</p> <p>Stakeholder engagement has been extensive with over 500 individuals involved in consultations in addition to the regular working groups and committees.</p>												
Collaboration	<p>The stakeholders that will be involved in implementing activity 7.1 and their roles are as follows:</p> <table border="1" data-bbox="607 1026 2056 1361"> <thead> <tr> <th data-bbox="607 1026 1317 1062">Stakeholder</th> <th data-bbox="1317 1026 2056 1062">Role</th> </tr> </thead> <tbody> <tr> <td data-bbox="607 1062 1317 1099">Gold Coast Health</td> <td data-bbox="1317 1062 2056 1099">Integration, planning and implementation</td> </tr> <tr> <td data-bbox="607 1099 1317 1136">Primary Care providers, including MH nurses</td> <td data-bbox="1317 1099 2056 1136">Integration, planning and implementation</td> </tr> <tr> <td data-bbox="607 1136 1317 1173">Psychologists</td> <td data-bbox="1317 1136 2056 1173">Integration, planning and implementation</td> </tr> <tr> <td data-bbox="607 1173 1317 1265">Mental health service providers, private and non-government organisations</td> <td data-bbox="1317 1173 2056 1265">Integration, planning and implementation</td> </tr> <tr> <td data-bbox="607 1265 1317 1361">Child and youth service providers, including schools, preschools, Department of Child Safety, Department of Education, NGOS</td> <td data-bbox="1317 1265 2056 1361">Integration, planning and implementation</td> </tr> </tbody> </table>	Stakeholder	Role	Gold Coast Health	Integration, planning and implementation	Primary Care providers, including MH nurses	Integration, planning and implementation	Psychologists	Integration, planning and implementation	Mental health service providers, private and non-government organisations	Integration, planning and implementation	Child and youth service providers, including schools, preschools, Department of Child Safety, Department of Education, NGOS	Integration, planning and implementation
Stakeholder	Role												
Gold Coast Health	Integration, planning and implementation												
Primary Care providers, including MH nurses	Integration, planning and implementation												
Psychologists	Integration, planning and implementation												
Mental health service providers, private and non-government organisations	Integration, planning and implementation												
Child and youth service providers, including schools, preschools, Department of Child Safety, Department of Education, NGOS	Integration, planning and implementation												

	Indigenous health services	Integration, planning and implementation	
	Mental Health and AOD Multidisciplinary Advisory Group	Advice, referrals and linkages to primary care and clinical services	
	eMHPrac	Referral into complementary online treatment programs	
Duration	Ongoing		
Coverage	Gold Coast PHN Region (Gold Coast SA4)		
Commissioning method	<p>A number of commissioning methods were used, which are:</p> <ul style="list-style-type: none"> • At risk groups/early intervention – Request for Proposal process for low intensity services • Mild mental illness – Request for Proposal process for low intensity services • Moderate mental illness – Request for Proposal for psychological services • Severe and complex – Request for Proposal process for severe and complex • Suicide prevention (across all of the steps) – Request for Proposal for suicide prevention transition and support services • Indigenous mental health and suicide prevention (across all of the steps) – a direct approach was made to the one Indigenous health service on the Gold Coast. 		
Approach to market	Not applicable		
Decommissioning	Not applicable		
Performance Indicator	<p>Priority Area 7 - Mandatory performance indicators:</p> <p>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.</p> <p>Local performance indicators:</p> <ul style="list-style-type: none"> • Number of service information contacts from GPs • Number of service information contacts from private Psychiatrists • Proportion of referrals to Psychological Services Program, clinical care coordination service and low intensity programs • Number of referrals to Head to Health and/or eMHPrac or other e-mental health and online treatment programs 		

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 Development of regional mental health and suicide prevention plan										
Existing, Modified, or New Activity	Existing activity										
Description of Activity	<p>This activity aims to develop an evidence based Regional Mental Health and Suicide Prevention Plan with Gold Coast Health and other stakeholders as outlined below. The Plan will identify needs and gaps, reduce duplication, remove inefficiencies and encourage innovation. Furthermore, the Plan will include a specific focus on Indigenous mental health.</p> <p>The plan is being developed with Gold Coast Health therefore it is expected that they will be co-signatories to the initial Plan. By 2020, it is expected that GCPHN, Gold Coast Health and other mental health service providers are signatories to an integrated Gold Coast plan.</p> <p>The activities during this period will focus on developing and testing the regional plan, developing performance measures, communications and guidance material for implementation. It is anticipated that version one of the Regional Plan will be finalised by 30 June 2018, version two by 30 June 2019 and the final version by 30 June 2020.</p> <p>As part of the consultations in developing the regional plan, consideration will be given to including alcohol and drugs into the plan, thus ensuring an integrated Mental Health, Suicide Prevention and Alcohol and Other Drugs Regional Plan by 30 June 2020.</p>										
Target population cohort	People with, or at risk, of mental illness										
Consultation	A collaborative approach with Gold Coast Health will be used throughout this planning process and will incorporate a range of specific committees and groups that have been established to ensure advice and input from all key stakeholders including Gold Coast Health, primary health, consumers, partners, service providers and specialist experts. The Regional Integrated Mental Health and Alcohol and Other Drugs Advisory Group will be the key governance group.										
Collaboration	<p>The stakeholders that will be involved in implementing activity 8.1 and their roles are as follows:</p> <table border="1"> <thead> <tr> <th>Stakeholder</th> <th>Role</th> </tr> </thead> <tbody> <tr> <td>Gold Coast Health</td> <td>Planning and implementation</td> </tr> <tr> <td>Mental health service providers, private and non-government</td> <td>Planning</td> </tr> <tr> <td>Primary Care providers</td> <td>Planning</td> </tr> <tr> <td>Psychological service providers</td> <td>Planning</td> </tr> </tbody> </table>	Stakeholder	Role	Gold Coast Health	Planning and implementation	Mental health service providers, private and non-government	Planning	Primary Care providers	Planning	Psychological service providers	Planning
Stakeholder	Role										
Gold Coast Health	Planning and implementation										
Mental health service providers, private and non-government	Planning										
Primary Care providers	Planning										
Psychological service providers	Planning										

	Mental Health and AOD Multidisciplinary Advisory Group	Planning, advice and linkages to primary care and clinical services	
	Private health insurers	Planning	
Duration	1 July 2018 to 30 June 2019		
Coverage	Gold Coast PHN Region (Gold Coast SA4) which is also aligned to the Gold Coast Hospital and Health Service (GHC) boundaries.		
Commissioning method	Not applicable		
Approach to market	Not applicable		
Decommissioning	Not applicable		
Performance Indicator	<p>Priority Area 8 - Mandatory performance indicators:</p> <ul style="list-style-type: none"> Evidence of formalised partnerships with other regional service providers to support integrated regional planning and service delivery. 		

Priority Area	Priority Area: Youth Severe Mental Health
Activity(ies) / Reference (e.g. Activity 1.1, 1.2, etc)	Commission youth severe mental health services
Existing, Modified, or New Activity	New activity
Description of Activity	<p>This activity aims to commission primary mental health care services for young people with, or at risk of, severe mental illness who can be appropriately managed in primary care by commissioning clinical care coordination services.</p> <p>This addresses the priorities identified in the 2017-18 needs assessment for severe and complex:</p> <ul style="list-style-type: none"> Education and training for General Practice to better support severe and complex patients, including physical health and knowledge of appropriate referral pathways Care coordination for individuals with severe and complex mental health issues provided by a multi-disciplinary team, including but not limited to General Practitioners, Mental Health Nurses, Psychiatrists, peer workers and other allied health professionals. Community safe space as an alternative to hospital emergency departments for people with severe and complex mental illness to access support, including after hours

	<ul style="list-style-type: none"> • Centralised intake across the stepped care model to ensure people receive the appropriate support and referral based on their needs • Develop effective pathways to support person centred transfer of care between acute and primary services (general practice, allied health and community services). <p>The aim and needs will be met through the activities as follows:</p> <ul style="list-style-type: none"> • Provision of clinical care coordination services for young people with severe and complex mental health being managed in primary care who have been identified by their GP or private Psychiatrist as requiring greater coordination and access to the range of clinical services required to meet their physical and mental health needs. • Access to a soft-entry model of engagement and early intervention through community based safe space and supported referral to clinical care coordination service. See AWP After-Hours for more detail. <p>There is strong evidence that a collaborative care model is effective in treating serious mental illness in young people compared to usual care, increasing access to and engagement in treatment leading to better clinical outcomes.</p> <p>The expected results are:</p> <ul style="list-style-type: none"> • Young people can access the service where they need it and in the way that suits their circumstances • Comprehensive multidisciplinary assessment and care planning • GPs and young people are supported to implement care plans ensuring access to clinical and non-clinical services • Young people and their carer's/family have improved health literacy and increased confidence and skills to effectively manage their mental health, avoiding escalation of distress and unnecessary hospitalisations • GPs and private Psychiatrists are confident to manage the mental and physical health of their patients in a team approach with the clinical care coordinator. 				
Target population cohort	Young people aged 12-25 with, or at risk of, severe mental illness who can be appropriately managed in the primary care setting.				
Consultation	<p>A second round of consultation for this activity occurred in 2017 and involved a wide range of committees, groups and workshops that were held to ensure advice and input from all key stakeholders including consumers, partners, Gold Coast Health, government departments, Mental Health Nurses and service providers.</p> <p>Orygen, The National Centre of Excellence in Youth Mental Health, was also consulted to ensure the service components of the new model were best practice and evidenced as an appropriate approach to providing youth mental health services.</p>				
Collaboration	<p>The stakeholders that will be involved in implementing this activity and their roles are as follows:</p> <table border="1" data-bbox="607 1332 2056 1369"> <thead> <tr> <th data-bbox="607 1332 1317 1369">Stakeholder</th> <th data-bbox="1317 1332 2056 1369">Role</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> </tbody> </table>	Stakeholder	Role		
Stakeholder	Role				

	Mental Health Workforce, including Mental Health Nurses	Commissioned services
	Primary Care providers	Referral
	Mental health service providers, private, public and non-government	Referral in and out of service
	Mental Health and AOD Multidisciplinary Advisory group	Advice, referrals and linkages to primary care and clinical services
Duration	Clinical care coordination services – commissioned 1 July 2018	
Coverage	Gold Coast PHN Region (Gold Coast SA4)	
Commissioning method	Commissioning whole of activity	
Approach to market	Not applicable	
Decommissioning	Not applicable	
Performance Indicator	Mandatory performance indicators: <ul style="list-style-type: none"> Proportion of regional mental youth population receiving PHN commissioned youth-specific mental health services. Local performance indicators: <ul style="list-style-type: none"> Number of clinical care coordination youth clients Number of service contacts (output indicator) Improved outcome measures in program overall (K10+, K5, SDQ) (outcome indicator) Proportion of clients with multidisciplinary shared care plans 	
Local Performance Indicator target (where possible)	Given this will be a new service commencing 1 July 2018, the local performance targets have not yet been set.	
Priority Area	Priority Area 9. Psychological Treatment Services for People with Mental Illness Living in Residential Aged Care Facilities (RACFs)	
Activity(ies) / Reference (e.g. Activity 1.1, 1.2, etc)		
Existing, Modified, or New Activity	New Activity	
Description of Activity	GCPHN has held initial consultations with our clinical advisors and existing providers of psychological services for community members with mild to moderate mental health needs and had reviewed models of care that are in operation in other PHN areas.	

GCPHN is proposing implementation of a two-stage plan, which will, from January 1st 2019, improve access for RACF residents to existing GCPHN funded mild to moderate psychological services and progress, via consultation, co-design and commissioning, to a more tailored approach to commence from July 1st 2019.

Stage 1 Extend Service Agreement with GCPHN Psychological Service Providers to deliver Services from January 2019

Commissioning approach is to identify up to 10 RACFs within the Gold Coast, via an Expression of Interest process, who are interested in partnering with the GCPHN and the GP's providing service to their residents to implement access to psychological services to their clients through the existing GCPHN commissioned mild to moderate mental health services, who are resourced and competent to provide in reach psychological services to the RACF residents.

GCPHN's existing low intensity service, suitable for mild mental health needs is the, Beyond Blue designed, New Access program, which we currently have contracted to Bolton Clarke. RACF residents will be able to seek support themselves or be referred by family and friends or health workers including GPs and RACF workers.

New access is intended as an early intervention strategy and specifically aims at helping people to take practical steps to deal with feelings of stress or uncertainty, changes in living arrangements, family or financial stressors and feelings of loneliness and isolation, all of which have been identified as challenges that RACF residents typically face. The New Access Coaching model benefits from a strong evidence base and robust clinical governance framework and is considered a more informal and less medicalised delivery model, which we have been advised is likely to fit well with RACF residents.

GCPHN's Moderate intensity service, known as the Psychological Services Program, is intended for community members with diagnosable mental health challenges and is accessible via GP referral. Referrals are submitted when a GP has identified the need for a structured psychological intervention and an initial offering of 6 sessions of psychology sessions is allocated with a contracted provider who has demonstrated particular skills and interest in working with a specific client group. If additional sessions are required, these can be allocated following feedback to the referrer and their review and recommendations.

In the event that an increased, but not acute risk of suicidality, is identified by the referring GP, a referral under the suicide prevention stream of the Psychological Services Program can be made which triggers a faster response and allows for additional sessions and a more intense psychological intervention, again with feedback to the referrer.

Sessions provided under the Psychological Services Program will be delivered as in reach to the RACFs.

	<p>In stage 1, availability and access to the services will be promoted to the partnering RACFs by GCPHN including providing information to the GPs who provide services to RACF residents.</p> <p><u>Stage 2 Additional consultation, co-design, model development and Commissioning</u></p> <p>Simultaneously to enhancing access to available mild to moderate psychological services, between December 2018 and March 2019 GCPHN will continue with rigorous service mapping, consultation, co-design and model development activities, which will serve to engage the sector and determine a tailored collaborative model to form the basis of a competitive tender to be released at the end of March 2019 and result in the establishment of tailored services to commence from July 2019.</p> <p>From July 2019, Implementation of the model, resultant from consultation, co-design and commissioning process, will commence with a staged roll out strategy allowing for opportunities for continuous quality improvements, ultimately achieving equitable access to all Gold Coast RACFs within the funding period.</p>
Target population cohort	<p>The activity is intended to provide services to people living within RACFs who have mental health challenges. The activities will initially focus on people with mild to moderate needs, however, low intensity / early intervention strategies for those people who are at risk of developing diagnosable mental health issues will also be considered within further service design activities, as will activities to service people with more severe mental illness, where they are not better suited to treatment by State funded Older person's mental health services.</p>
Consultation	<p>In addition to previous consultations, conducted by GCPHN to identify needs within RACFs for other funded activities, since receiving the guidance, consultations have been held with Beyond Blue and the GCPHN Mental Health multidisciplinary advisory group and information has been sought from our Psychological Services Providers.</p> <p>In discussions with Beyond Blue, aimed at evaluating the suitability of the New Access model to provide low intensity interventions within RACFs, Beyond Blue emphasised that the New Access Coaching model has an evidence base supporting its efficacy with older persons and that the program has been positively received within RACFs in Central and Eastern Sydney, with good outcomes demonstrated so far.</p> <p>The GCPHN mental Health Multidisciplinary Advisory Group has a strong clinical membership which includes, among others, consultant psychiatrists from the Gold Coast Hospital and Health Service, General Practitioners (with a special interest in mental health and elder patients), Social Work leaders from the Hospital and Health Service, Psychologists, Pharmacists and a Mental Health Nurse lead for a private mental health facility. Our advisory group was supportive of our proposal to initially</p>

	<p>enhance and promote access to our existing Stepped Care mental Health Services (New Access and Psychological Services Program) for RACF residents, whilst entering into a deeper needs assessment, co-design and commissioning process.</p> <p>We have surveyed our existing Psychological Service providers, who are contracted to GCPHN under Priority Area 3, Psychological services for hard to reach groups and have identified practitioners with an interest in and experience of working with mature aged community members.</p>																									
<p>Collaboration</p>	<p>The stakeholders that will be involved in proposed activities and their roles are as follows:</p> <table border="1" data-bbox="607 459 2056 1396"> <thead> <tr> <th data-bbox="607 459 1171 491">Stakeholders</th> <th data-bbox="1171 459 2056 491">Role</th> </tr> </thead> <tbody> <tr> <td data-bbox="607 491 1171 691">Gold Coast Primary health network</td> <td data-bbox="1171 491 2056 691">Stage 1 enhancement of access to existing services for RCF residents, Review of relevant existing research and models, service mapping activity, engagement of stakeholders, consultation with stakeholders, facilitate co-design process, Identify and commission service designed. 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Approach to market	Stage 1. Direct approach. Extension of existing service agreement with psychological services providers Stage 2. Competitive tender process.
Decommissioning	Not applicable
Performance Indicator	<u>National DOH Performance indicators:</u> MH1 (Acc-1) Rate of regional population receiving PHN commissioned low intensity psychological interventions MH2 (Acc-2) Rate of regional population receiving PHN commissioned psychological therapies delivered by mental health professionals MH6 (OUT-1) Outcomes Readiness - Completion rates for clinical outcome measures MH 5 (App3) Proportion of people referred to PHN commissioned services due to a recent suicide attempt or because they were at risk of suicide followed up within 7 days of referral IH4 (APP-2) Proportion of PHN commissioned mental health services delivered to the regional Aboriginal and Torres Strait Islander population that were culturally appropriate
Local Performance Indicator target (where possible)	<u>Local performance indicators complimentary to MDS:</u> <ul style="list-style-type: none"> • Number of psychological services referrals (process indicator) • Number of New Access Referrals • Number of allied psychological service contacts (output indicator) • Improved outcome measures in program overall (outcome indicator)

Priority Area	Priority Area 9. Psychological Treatment Services for People with Mental Illness Living in Residential Aged Care Facilities (RACFs)
Activity(ies) / Reference (e.g. Activity 1.1, 1.2, etc)	
Existing, Modified, or New Activity	New Activity
Description of Activity	<p>GCPHN has held initial consultations with our clinical advisors and existing providers of psychological services for community members with mild to moderate mental health needs and had reviewed models of care that are in operation in other PHN areas.</p> <p>GCPHN is proposing implementation of a two-stage plan, which will, from January 1st 2019, improve access for RACF residents to existing GCPHN funded mild to moderate psychological services and progress, via consultation, co-design and commissioning, to a more tailored approach to commence from July 1st 2019.</p> <p><u>Stage 1 Extend Service Agreement with GCPHN Psychological Service Providers to deliver Services from January 2019</u></p> <p>Commissioning approach is to identify up to 10 RACFs within the Gold Coast, via an Expression of Interest process, who are interested in partnering with the GCPHN and the GP's providing service to their residents to implement access to psychological services to their clients through the existing GCPHN commissioned mild to moderate mental health services, who are resourced and competent to provide in reach psychological services to the RACF residents.</p> <p>GCPHN's existing low intensity service, suitable for mild mental health needs is the, Beyond Blue designed, New Access program, which we currently have contracted to Bolton Clarke. RACF residents will be able to seek support themselves or be referred by family and friends or health workers including GPs and RACF workers.</p> <p>New access is intended as an early intervention strategy and specifically aims at helping people to take practical steps to deal with feelings of stress or uncertainty, changes in living arrangements, family or financial stressors and feelings of loneliness and isolation, all of which have been identified as challenges that RACF residents typically face. The New Access Coaching model benefits from a strong evidence base and robust clinical governance framework and is considered a more informal and less medicalised delivery model, which we have been advised is likely to fit well with RACF residents.</p> <p>GCPHN's Moderate intensity service, known as the Psychological Services Program, is intended for community members with diagnosable mental health challenges and is accessible via GP referral. Referrals are submitted when a GP has identified the need for a structured psychological intervention and an initial offering of 6 sessions of psychology sessions is allocated with a</p>

	<p>contracted provider who has demonstrated particular skills and interest in working with a specific client group. If additional sessions are required, these can be allocated following feedback to the referrer and their review and recommendations.</p> <p>In the event that an increased, but not acute risk of suicidality, is identified by the referring GP, a referral under the suicide prevention stream of the Psychological Services Program can be made which triggers a faster response and allows for additional sessions and a more intense psychological intervention, again with feedback to the referrer.</p> <p>Sessions provided under the Psychological Services Program will be delivered as in reach to the RACFs.</p> <p>In stage 1, availability and access to the services will be promoted to the partnering RACFs by GCPHN including providing information to the GPs who provide services to RACF residents.</p> <p><u>Stage 2 Additional consultation, co-design, model development and Commissioning</u></p> <p>Simultaneously to enhancing access to available mild to moderate psychological services, between December 2018 and March 2019 GCPHN will continue with rigorous service mapping, consultation, co-design and model development activities, which will serve to engage the sector and determine a tailored collaborative model to form the basis of a competitive tender to be released at the end of March 2019 and result in the establishment of tailored services to commence from July 2019.</p> <p>From July 2019, Implementation of the model, resultant from consultation, co-design and commissioning process, will commence with a staged roll out strategy allowing for opportunities for continuous quality improvements, ultimately achieving equitable access to all Gold Coast RACFs within the funding period.</p>
Target population cohort	<p>The activity is intended to provide services to people living within RACFs who have mental health challenges. The activities will initially focus on people with mild to moderate needs, however, low intensity / early intervention strategies for those people who are at risk of developing diagnosable mental health issues will also be considered within further service design activities, as will activities to service people with more severe mental illness, where they are not better suited to treatment by State funded Older person's mental health services.</p>
Consultation	<p>In addition to previous consultations, conducted by GCPHN to identify needs within RACFs for other funded activities, since receiving the guidance, consultations have been held with Beyond Blue and the GCPHN Mental Health multidisciplinary advisory group and information has been sought from our Psychological Services Providers.</p>

In discussions with Beyond Blue, aimed at evaluating the suitability of the New Access model to provide low intensity interventions within RACFs, Beyond Blue emphasised that the New Access Coaching model has an evidence base supporting its efficacy with older persons and that the program has been positively received within RACFs in Central and Eastern Sydney, with good outcomes demonstrated so far.

The GCPHN mental Health Multidisciplinary Advisory Group has a strong clinical membership which includes, among others, consultant psychiatrists from the Gold Coast Hospital and Health Service, General Practitioners (with a special interest in mental health and elder patients), Social Work leaders from the Hospital and Health Service, Psychologists, Pharmacists and a Mental Health Nurse lead for a private mental health facility. Our advisory group was supportive of our proposal to initially enhance and promote access to our existing Stepped Care mental Health Services (New Access and Psychological Services Program) for RACF residents, whilst entering into a deeper needs assessment, co-design and commissioning process.

We have surveyed our existing Psychological Service providers, who are contracted to GCPHN under Priority Area 3, Psychological services for hard to reach groups and have identified practitioners with an interest in and experience of working with mature aged community members.

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