



Australian Government
Department of Health

phn

An Australian Government Initiative

Activity Work Plan 2019-2022:

Primary Mental Health Care Funding

Central Queensland, Wide Bay, Sunshine Coast PHN

1. (a) Planned activities for 2019-20 to 2021-22
 - Primary Mental Health and Suicide Prevention Funding
 - Indigenous Mental Health Funding
 - Response to PFAS Funding

PHNs must use the table below to outline the activities proposed to be undertaken within the period 2019-2022.

Proposed Activities - copy and complete the table as many times as necessary to report on each activity	
Mental Health Priority Area	Priority area 1: Low intensity mental health services
ACTIVITY TITLE	PMH-P1: Low intensity mental health services. Rate of regional population receiving PHN commissioned low intensity psychological interventions.
Existing, Modified, or New Activity	Existing Activity PMH-P1 Low intensity mental health services
PHN Program Key Priority Area	Mental Health
Needs Assessment Priority	Section 4: Priorities, Options and Opportunities. Commission MH services across the stepped care model with a focus on identified priority populations, P109.
Aim of Activity	Low intensity mental health services aim to increase overall community access to evidence based psychological interventions for people with, or at risk of, mild mental illness who do not require traditional services. Increasing access to low intensity services is fundamental to building a stepped care model of mental health service delivery. Our PHN will continue to build on our central intake and assessment service to better direct referrals to low intensity where clinically suited to achieve a better targeting of resources. In 2019-20 we will expand Low Intensity CBT (LiCBT) into the headspace model to offer this modality which may increase access for young people not within an accessible distance of a headspace centre.
Description of Activity	As part of our commissioning approach, the PHN has defined where we procure health services, partner with other agencies to implement health system solutions, and where our staff provide health system support services (e.g. general practice support, allied health engagement, education, digital health leadership). This approach allows us to provide clarity and transparency to our stakeholders. This activity work plan uses this method.

Procure:

1) PHN will commission low intensity services from Artius Health to deliver within the PHN region (PMH-P1.3).

PHN has contracted Artius Health to provide cost effective, clinically appropriate mental health treatment for people at risk or with mild to moderate (non-complex) mental illness including:

- wider accessibility of evidence based mental health services through promotion of digital mental health services available from Head to Health and/or direct service delivery;
- a central intake and assessment service accepting self-directed referrals as well as referrals from carers, GPs and providers where consent has been obtained;
- a model of care based on LiCBT delivered flexibly through either or a combination of face to face, telephone and group work;
- ongoing training for LiCBT workforce providing access for other mental health services providers where places and capacity permit; and
- clinical governance and supervision of LiCBT workforce by suitably qualified and credentialed clinicians.

2) PHN will commission LiCBT training and services for:

2a) headspaces to be project managed through a headspace lead agency (PMH-P1.6).

PHN has contracted United Synergies, a headspace lead agency, to coordinate training for headspace staff in the PHN region to undertake LiCBT training. The lead agency has been contracted to:

- project manage the training across all headspace agencies;
- ensure that headspace centres engage in the opportunity to train non mental health professionals and their clinical leads to offer LiCBT; and
- Share learnings and evaluate the effectiveness of a LiCBT model in headspace through quarterly headspace capacity building forums.

2b) mental health workers working in an approved panel of PHN service providers in hard to reach areas where limited workforce exists (PMH-P1.7).

PHN has contracted a low intensity training provider to deliver training for a suitably placed mental health workforce to deliver LiCBT in hard to reach areas within the PHN region.

3) PHN will provide education on Step Care, a screening tool for general practice staff including, GPs, practice managers, receptionists and nurses.

Step Care is a digital mental health screening tool that can be used to identify patients in GP waiting rooms at risk or experiencing mental ill health. Step Care will continue to be delivered in ten general practices across the PHN region with a review in Year 1 to identify the merits of broader rollout in the PHN region for Years 2 and 3 (PMH-P1.1).

Provide:

1) PHN MHAOD Health System Integration Officer will lead project management of the Step Care education and training (PMH-P1.2).

Target population cohort	Describe the cohort that this activity will target. 1) People with, or at risk of, mild mental illness. 2a) Young people aged between 12 -25, with, or at risk of, mild mental illness 2b) People with, or at risk of, mild mental illness. 3) People with, or at risk of, mild mental illness accessing general practices offering the Step Care platform.												
Indigenous specific	Is this activity targeted to, or predominantly supporting, Aboriginal and Torres Strait Islander people? No If yes, briefly describe how this activity will engage with the Indigenous sector.												
Coverage	1) Whole PHN region. 2) headspace centre locations in Rockhampton, Gladstone, Bundaberg, Hervey Bay, Gympie, Maroochydore LGAs. 3) Rockhampton LGA, North Burnett LGA, Banana LGA, Central Highlands LGA, Sunshine Coast LGA.												
Consultation	1) Comprehensive stakeholder consultations were conducted on low intensity services by our PHN in 2016-17 and 2017-18. Consultation required for continuous improvement will be undertaken as part of ongoing evaluation and monitoring. 2a) headspace lead agencies in the PHN region and headspace National Office were consulted in 2018-19 through a capacity building forum. 2b) co-design held with communities impacted by situational crisis. 3) As for 1) above.												
Collaboration	List stakeholders that will be involved in designing and/or implementing the activity, including stakeholders such as Local Health Networks, state/territory governments, or other relevant support services. Describe the role of each party. <table border="1"> <thead> <tr> <th>Stakeholders</th> <th>Role</th> </tr> </thead> <tbody> <tr> <td>General practice staff and allied health professionals</td> <td>Subject matter experts</td> </tr> <tr> <td>Regional MHAOD Council</td> <td>High level partnership and joint planning governance</td> </tr> <tr> <td>MHAOD Strategic Collaboratives</td> <td>Local level partnerships to achieve implementation, local coordination</td> </tr> <tr> <td>Primary health care providers, NGO providers, peak bodies, NDIS, NGO stakeholders within PHN region</td> <td>Subject matter experts</td> </tr> <tr> <td>Consumers and carers</td> <td>Lived experience subject matter experts</td> </tr> </tbody> </table>	Stakeholders	Role	General practice staff and allied health professionals	Subject matter experts	Regional MHAOD Council	High level partnership and joint planning governance	MHAOD Strategic Collaboratives	Local level partnerships to achieve implementation, local coordination	Primary health care providers, NGO providers, peak bodies, NDIS, NGO stakeholders within PHN region	Subject matter experts	Consumers and carers	Lived experience subject matter experts
Stakeholders	Role												
General practice staff and allied health professionals	Subject matter experts												
Regional MHAOD Council	High level partnership and joint planning governance												
MHAOD Strategic Collaboratives	Local level partnerships to achieve implementation, local coordination												
Primary health care providers, NGO providers, peak bodies, NDIS, NGO stakeholders within PHN region	Subject matter experts												
Consumers and carers	Lived experience subject matter experts												
Activity milestone details/ Duration	Provide the anticipated activity start and completion dates (including the planning and procurement cycle) : Activity start date: 1/07/2019												

	<p>Activity end date: 30/06/2022</p> <p>If applicable, provide anticipated service delivery start and completion dates (excluding the planning and procurement cycle):</p> <p>Service delivery start date: July 2019 Service delivery end date: June 2022</p> <p>Any other relevant milestones?</p>			
Commissioning method and approach to market	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <p><input type="checkbox"/> Not yet known <input checked="" type="checkbox"/> Continuing service provider / contract extension <input type="checkbox"/> Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date. <input type="checkbox"/> Open tender <input type="checkbox"/> Expression of Interest (EOI) <input type="checkbox"/> Other approach (please provide details)</p> <p>2a. Is this activity being co-designed? No</p> <p>2b. Is this activity this result of a previous co-design process? Yes</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? No</p>			
Decommissioning	<p>1a. Does this activity include any decommissioning of services? No (drop-down menu)</p> <p>1b. If yes, provide a description of the proposed decommissioning process and any potential implications.</p>			
Data collection	<p>Is this activity in scope for data collection under the Mental Health National Minimum Dataset? Yes</p>			
Total Planned Expenditure	Enter the planned expenditure for this Activity in the following table. Include commissioned service expenditure only.			
Funding Source	2019-2020	2020-2021	2021-2022	Total
Planned Commonwealth Expenditure – Mental Health and Suicide Prevention Funding	\$1,268,185	\$1,288,476	\$1,307,803	\$3,864,464
Planned Commonwealth Expenditure – Indigenous Mental Health Funding	-	-	-	-

Planned Commonwealth Expenditure – Response to PFAS Funding	-	-	-	-
Total Planned Commonwealth Expenditure	\$1,268,185	\$1,288,476	\$1,307,803	\$3,864,464
Funding from other sources				
Funding from other sources	If applicable, name other organisations contributing funding to the activity (i.e. state/territory government, Local Hospital Network, non-profit organisation).			

Proposed Activities - copy and complete the table as many times as necessary to report on each activity

Mental Health Priority Area	Priority area 2: Child and youth mental health services
ACTIVITY TITLE	PMH-P2: Child and youth mental health services. Rate of regional population receiving PHN commissioned psychological therapies delivered by mental health professionals.
Existing, Modified, or New Activity	Existing Activity PMH-P2 Child and youth mental health services
PHN Program Key Priority Area	Mental Health
Needs Assessment Priority	Section 4: Priorities, Options and Opportunities Commission services to improve the mental health of young people, P110.
Aim of Activity	The aim of activity is to improve young people’s access to mental health care that is tailored to their needs through: <ul style="list-style-type: none"> • Appropriate mental health services are delivered by qualified mental health professionals and are tailored to the needs of young people. • Early intervention to reduce the prevalence and impact of mental illness.
Description of Activity	As part of our commissioning approach, the PHN has defined where we procure health services, partner with other agencies to implement health system solutions, and where our staff provide health system support services (e.g. general practice support, allied health engagement, education, digital health leadership). This approach allows us to provide clarity and transparency to our stakeholders. This activity work plan uses this method. Provide: 1) Regional capacity building forum for headspace lead agencies commissioned in the PHN region (PMH-P2.2). PHN will coordinate quarterly forums with headspace organisations to progress workforce development, partnerships and community integration. Forums will focus on sharing information and resources between headspace services including sustainable business models. 2) PHN through its partnership with headspace National Office will provide additional resources to expand outreach models from headspace (PMH-P2.5). Procure: 1) headspace services will be delivered (PMH-P2.3) through 1:1 structured psychological therapies, and group based in the following geographical areas: Rockhampton: LiveBetter Gladstone: Roseberry Community Services Bundaberg, Maroochydore, Gympie: United Synergies Hervey Bay: Mission Australia 2) Youth severe mental health services will be delivered by Artius Health in partnership with headspaces and HHS Child and Youth Mental Health Services

	(CYMHS). Services will provide care coordination through regular integration meetings and address the cohort at risk of falling through the gap between headspace and CYMHS (PMH-P2.4).														
Target population cohort	Young people aged between 12 - 25, with, or at risk of, mild mental illness. Young people aged between 12 - 25 with moderate to severe mental illness whose treatment needs can be managed in primary health care.														
Indigenous specific	No														
Coverage	headspace centre locations in Rockhampton, Gladstone, Bundaberg, Hervey Bay, Gympie, Maroochydhore LGAs. Whole PHN region.														
Consultation	1) Comprehensive stakeholder consultations were conducted on headspace services and youth severe mental health services by our PHN in 2016-17 and 2017-18. Consultation required for continuous improvement will be undertaken as part of ongoing evaluation and monitoring. 2) headspace lead agencies in the PHN region and headspace National Office were consulted in 2018-19 through a capacity building forum.														
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Activity milestone details/ Duration	<p>Provide the anticipated activity start and completion dates (including the planning and procurement cycle):</p> <p>Activity start date: 1/07/2019 Activity end date: 30/06/2022</p> <p>If applicable, provide anticipated service delivery start and completion dates (excluding the planning and procurement cycle):</p> <p>Service delivery start date: July 2019 Service delivery end date: June 2022</p> <p>Any other relevant milestones?</p>														
Commissioning method and	1. Please identify your intended procurement approach for commissioning services under this activity:														

approach to market	<input type="checkbox"/> Not yet known <input checked="" type="checkbox"/> Continuing service provider / contract extension <input type="checkbox"/> Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date. <input type="checkbox"/> Open tender <input type="checkbox"/> Expression of Interest (EOI) <input type="checkbox"/> Other approach (please provide details)			
	2a. Is this activity being co-designed? No			
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	3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No			
	3b. Has this activity previously been co-commissioned or joint-commissioned? No			
Decommissioning	1a. Does this activity include any decommissioning of services? No (drop-down menu)			
	1b. If yes, provide a description of the proposed decommissioning process and any potential implications.			
Data collection	Is this activity in scope for data collection under the Mental Health National Minimum Dataset? Yes			
Total Planned Expenditure	Enter the planned expenditure for this Activity in the following table. Include commissioned service expenditure only.			
Funding Source	2019-2020	2020-2021	2021-2022	Total
Planned Commonwealth Expenditure – Mental Health and Suicide Prevention Funding	\$5,923,268	\$6,018,040	\$6,108,311	\$18,049,619
Planned Commonwealth Expenditure – Indigenous Mental Health Funding	-	-	-	-
Planned Commonwealth Expenditure – Response to PFAS Funding	-	-	-	-
Total Planned Commonwealth Expenditure	\$5,923,268	\$6,018,040	\$6,108,311	\$18,049,619
Funding from other sources	-	-	-	-
Funding from other sources	If applicable, name other organisations contributing funding to the activity (i.e. state/territory government, Local Hospital Network, non-profit organisation).			

Proposed Activities - copy and complete the table as many times as necessary to report on each activity

Mental Health Priority Area	Priority area 3: Psychological therapies for rural and remote, under-serviced and / or hard to reach groups
ACTIVITY TITLE	PMH-P3: Psychological therapies for rural and remote, under-serviced and / or hard to reach groups. Rate of regional population receiving PHN commissioned psychological therapies delivered by mental health professionals.
Existing, Modified, or New Activity	Existing Activity PMH-P3 Psychological therapies for rural and remote, under-serviced and / or hard to reach groups.
PHN Program Key Priority Area	Mental Health
Needs Assessment Priority	Section 4: Priorities, Options and Opportunities Commission MH services across the stepped care model with a focus on identified priority populations, P109.
Aim of Activity	The aim of this activity is to reduce service gaps and inequities across the region by commissioning mental health services targeting selected underserved populations. These services are provided both where there are limited or not easily accessible Medicare Benefits Schedule funded psychological services or to particular subpopulations that are not accessing available services to the same extent as the general population.
Description of Activity	As part of our commissioning approach, the PHN has defined where we procure health services, partner with other agencies to implement health system solutions, and where our staff provide health system support services (e.g. general practice support, allied health engagement, education, digital health leadership). This approach allows us to provide clarity and transparency to our stakeholders. This activity work plan uses this method. Procure: 1) PHN will contract Artius Health to provide (PMH-P3.3) psychological therapies in the region including: 1a) Increase access for underserved groups through targets / demand management within the central intake system. 1b) Allocate resources to ensure priority groups and targets area KPIs are being reached. 1c) Monitor the ongoing and fluctuating need in the PHN region to ensure services can ramp up and down as required. 1d) Develop the capacity of the workforce in the rural and remote areas of the PHN region. 2) PHN has contracted Lifespan Health to pilot and develop mental health services in residential aged care facilities for the Residential Aged Care Initiative (PMH-P3.5).

These services commenced in March 2019 and will:

2a) Deliver a blended model of Low intensity and psychological therapies into nominated residential aged care facilities.

2b) Engage with relevant stakeholders in order to work through referral pathways, assessment and service delivery aspects to inform broader rollout of the initiative over year 2 (2019-20), 3 (2020-21) and 4 (2021-22).

2c) Identify and target education for staff within the facility and clinicians to establish a best practice foundation (education component no more than 10% of funding allocation).

In addition, PHN will continue to update the following activities commenced in 2018-19:

2d) update service mapping of RACFs in the PHN region to monitor on boarding and update changes in baseline of service coverage.

2e) continue with co-design process commenced in early 2019 that involves targeted stakeholder engagement to ensure a wide spectrum of views are taken into account across the PHN region.

2f) feedback lessons learned from lead providers and continue to develop a community of practice model in broader rollout over year three years.

2g) In 2019-20 PHN will commence the defined procurement approach developed in 2018-19 for on-boarding additional mental health services that meet the criteria for in-reach into RACFs.

The initiative will ramp each year through to full program coverage by 30 June 2022.

3) PHN has contracted Artius Health to administer the Sunshine Coast Eating Disorders Trial site for 2019-20 and 2020-21 (PMH-P3.6).

The provider will manage program intake and financial reimbursements to approved credentialed primary health care professionals. The model of care will include:

3a) Single session eating disorders assessment by a psychologist or other eligible mental health profession.

3b) An extended number of sessions of psychotherapy after exhaustion of a current provision under Better Access.

3c) Up to 20 sessions of dietetic care per year.

3d) Improved case coordination with the addition of between 6 and 12 case conference sessions per year coordinated by a GP or by a psychiatrist.

3e) Working in collaboration with Butterfly Foundation and PHN and the independent evaluation and research (coordinated by Butterfly).

Provide:

1) Provide ongoing education on referrals pathways to general practice (PMH-P3.2) through HealthPathways and PHN Practice Support Officers for:

	<p>1a) Hard to reach groups. 1b) Mental health in reach in to residential aged care. 1c) Eating Disorders Trial.</p>
Target population cohort	<p>Eligibility criteria for access to psychological services for underserved and hard to reach groups are:</p> <ul style="list-style-type: none"> • Clients residing in the Central Queensland, Wide Bay and Sunshine Coast PHN region; • Clients with moderate or severe mental health illness; • Clients part of underserved or hard to reach target group; • Funding for sub-area and service stream not exhausted; and • Client consents to participate in the program. <p>Underserved Target Groups include:</p> <ul style="list-style-type: none"> • Rural and remote residents • People from culturally and linguistically diverse backgrounds (CALD) • Aboriginal and Torres Strait islander people • People who are members of the LGBTI community • Women with perinatal depression • Financially disadvantaged without availability to bulk billing psychologists • Victims of domestic violence • Homeless • Other hard to reach groups not elsewhere classified <p>Psychological treatment services for people with mental illness living in residential aged care facilities:</p> <ul style="list-style-type: none"> • Clients residing in residential aged care facilities at risk of or with mental illness <p>Sunshine Coast Eating Disorders Trial:</p> <ul style="list-style-type: none"> • Clients must be living in the Sunshine Coast region • Meet the criteria for an eating disorder (AN, BN, BED, OSFED) as defined in the DSM-5 • Have no significant medical or psychiatric comorbidities that would affect treatment • Be assessed as having low to moderate risk of suicide or self-harm
Indigenous specific	No
Coverage	<p>1) Whole PHN region 2) Sunshine Coast and Gympie 3) Sunshine Coast and Gympie</p>
Consultation	<p>Psychological Services for Hard to Reach Groups</p> <p>Comprehensive stakeholder consultations were conducted on low intensity services by our PHN in 2016-17 and 2017-18. Consultation required for continuous improvement will be undertaken as part of ongoing evaluation and monitoring.</p> <p>Psychological treatment services for people with mental illness living in residential aged care facilities</p>

	<p>Stakeholder consultations for psychological treatment services for people with mental illness living in residential aged care facilities were commenced in 2018 with existing membership of:</p> <ul style="list-style-type: none"> • MHAOD Strategic Collaboratives • Community Advisory Councils and Clinical Councils • Integrated Care Alliance <p>In 2019 consultation will be expanded and targeted towards the broader range of stakeholders as described in the guidance material.</p> <p>Sunshine Coast Eating Disorders Trial</p> <p>PHN will support Butterfly Foundation in its consultation role to provide information through:</p> <ul style="list-style-type: none"> • PHN participation in consultation • Providing information through PHN information channels • Facilitating introductions with relevant stakeholders • Co-Chair of the Sunshine Coast Eating Disorders Trial Steering Group 												
Collaboration	<table border="1"> <thead> <tr> <th data-bbox="477 857 986 891">Stakeholders</th> <th data-bbox="986 857 1386 891">Role</th> </tr> </thead> <tbody> <tr> <td data-bbox="477 891 986 965">General practice staff and allied health professionals</td> <td data-bbox="986 891 1386 965">Subject matter experts</td> </tr> <tr> <td data-bbox="477 965 986 1039">Regional MHAOD Council</td> <td data-bbox="986 965 1386 1039">High level partnership and joint planning governance</td> </tr> <tr> <td data-bbox="477 1039 986 1149">MHAOD Strategic Collaboratives</td> <td data-bbox="986 1039 1386 1149">Local level partnerships to achieve implementation, local coordination</td> </tr> <tr> <td data-bbox="477 1149 986 1258">Primary health care providers, NGO providers, peak bodies, NDIS, NGO stakeholders within PHN region</td> <td data-bbox="986 1149 1386 1258">Subject matter experts</td> </tr> <tr> <td data-bbox="477 1258 986 1332">Consumers and carers</td> <td data-bbox="986 1258 1386 1332">Lived experience subject matter experts</td> </tr> </tbody> </table>	Stakeholders	Role	General practice staff and allied health professionals	Subject matter experts	Regional MHAOD Council	High level partnership and joint planning governance	MHAOD Strategic Collaboratives	Local level partnerships to achieve implementation, local coordination	Primary health care providers, NGO providers, peak bodies, NDIS, NGO stakeholders within PHN region	Subject matter experts	Consumers and carers	Lived experience subject matter experts
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Activity milestone details/ Duration	<p>Provide the anticipated activity start and completion dates (including the planning and procurement cycle):</p> <p>Activity start date: 1/07/2019 Activity end date: 30/06/2022</p> <p>If applicable, provide anticipated service delivery start and completion dates (excluding the planning and procurement cycle):</p> <p>Service delivery start date: July 2019 Service delivery end date: June 2022</p> <p>Any other relevant milestones?</p>												
Commissioning method and approach to market	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <p><input type="checkbox"/> Not yet known</p> <p><input checked="" type="checkbox"/> Continuing service provider / contract extension</p> <p><input type="checkbox"/> Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date.</p> <p><input type="checkbox"/> Open tender</p>												

	<input type="checkbox"/> Expression of Interest (EOI) <input type="checkbox"/> Other approach (please provide details)			
	2a. Is this activity being co-designed? Yes			
	2b. Is this activity this result of a previous co-design process? Yes			
	3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No			
	3b. Has this activity previously been co-commissioned or joint-commissioned? No			
Decommissioning	1a. Does this activity include any decommissioning of services? No (drop-down menu)			
	1b. If yes, provide a description of the proposed decommissioning process and any potential implications.			
Data collection	Is this activity in scope for data collection under the Mental Health National Minimum Dataset? Yes			
Total Planned Expenditure	Enter the planned expenditure for this Activity in the following table. Include commissioned service expenditure only.			
Funding Source	2019-2020	2020-2021	2021-2022	Total
Planned Commonwealth Expenditure – Mental Health and Suicide Prevention Funding	\$4,315,045	\$4,721,801	\$4,205,939	\$13,242,785
Planned Commonwealth Expenditure – Indigenous Mental Health Funding	-	-	-	-
Planned Commonwealth Expenditure – Response to PFAS Funding	-	-	-	-
Total Planned Commonwealth Expenditure	\$4,315,045	\$4,721,801	\$4,205,939	\$13,242,785
Funding from other sources	-	-	-	-
Funding from other sources	If applicable, name other organisations contributing funding to the activity (ie. state/territory government, Local Hospital Network, non-profit organisation).			

Proposed Activities - copy and complete the table as many times as necessary to report on each activity

Mental Health Priority Area	Priority area 4: Mental health services for people with severe and complex mental illness including care packages
ACTIVITY TITLE	PMH-P4: Mental health services for people with severe and complex mental illness including care packages. Rate of regional population receiving PHN commissioned clinical care coordination services for people with severe and complex mental illness.
Existing, Modified, or New Activity	Existing Activity
PHN Program Key Priority Area	Mental Health
Needs Assessment Priority	Section 4: Priorities, Options and Opportunities Commission MH services across the stepped care model with a focus on identified priority populations, P109.
Aim of Activity	The aim of this activity is to commission clinical mental health services to meet the needs of people with severe mental illness, whose care can be appropriately managed in a primary care setting. This will include making optimal use of the available allied mental health services to support clinical coordination.
Description of Activity	<p>As part of our commissioning approach, the PHN has defined where we procure health services, partner with other agencies to implement health system solutions, and where our staff provide health system support services (e.g. general practice support, allied health engagement, education, digital health leadership). This approach allows us to provide clarity and transparency to our stakeholders. This activity work plan uses this method.</p> <p>Provide:</p> <p>1) PHN MHAOD Practice Support Officers will project manage information and education delivery to general practice on NDIS and stepped care options for people with severe mental illness including early psychosis and co-morbidity guidelines (PMH-P4.4).</p> <p>Procure:</p> <p>1) PHN has contracted the following providers to deliver mental health services for people with severe and complex mental illness:</p> <p>1a) Artius Health to deliver services within Sunshine Coast and Wide Bay (excluding Maryborough) (PMH-P4.7).</p> <p>1b) Monsour Clinic to deliver services within Maryborough (PMH-P4.8).</p> <p>1c) Central Queensland Rural Division of General Practice to deliver services for Gladstone, Banana Shire and Central Highlands (PMH-P4.9).</p> <p>These services will:</p>

	<ul style="list-style-type: none"> ○ Complement and enhance existing general practice, psychiatrist and allied mental health professional services available through the MBS; ○ Not duplicate HHS specialist mental health services, other non-government organisation mental health services or providers funded through the Medicare Benefits Schedule; ○ Provide individualised services delivered under a recovery, trauma-informed philosophy; ○ Work closely with general practices to ensure the physical health needs of consumers are met; ○ Provide care coordination to integrate primary care services with community based private psychiatry services and HHS specialist mental health services for individuals; ○ Work within defined referral pathways in the PHN region to enable and support consumers to seamlessly transition between services as their needs change; ○ Provide services in an efficient and cost-effective manner ○ Be responsive to clients who are at risk of suicide or self-harm and provide brief intervention, safety plans and escalate where clinically appropriate; ○ Work with NDIA Local Area Coordinators to consider service access for people not meeting the National Disability Insurance Scheme (NDIS) criteria.
Target population cohort	<p>Describe the cohort that this activity will target.</p> <p>People with severe and complex mental illness whose needs can be managed in primary health care. The target cohort is expected to need ongoing treatment and management of their mental disorder over the next 2 years.</p> <p>In addition, specific eligibility criteria for clinical care coordination for people with severe mental health illness include:</p> <ul style="list-style-type: none"> ● The client has been diagnosed with a mental disorder according to the criteria defined in the World Health Organisation Diagnostic and Management Guidelines for Mental Health Disorders in Primary Care: ICD 10 Chapter V Primary Care Version, or the Diagnostic and Statistical Manual of Mental Health Disorders - Fifth Edition (DSM-5); ● The client's disorder is significantly impacting their social, personal and work life; ● The client has been to hospital at least once for treatment of their mental disorder, or they are at risk of needing hospitalisation in the future if appropriate treatment and care is not provided; ● The client is expected to need ongoing treatment and management of their mental disorder over the next two years.
Indigenous specific	<p>Is this activity targeted to, or predominantly supporting, Aboriginal and Torres Strait Islander people?</p> <p>No</p> <p>If yes, briefly describe how this activity will engage with the Indigenous sector.</p>
Coverage	Whole PHN region

Consultation	Stakeholder consultations were conducted in 2017 for care coordination service by the PHN. The consultation involved current providers to consider future models of care appropriate to the various areas across the PHN region. These consultations helped inform the commissioned services moving forward.												
Collaboration	<table border="1" data-bbox="456 405 1390 880"> <thead> <tr> <th data-bbox="456 405 986 443">Stakeholders</th> <th data-bbox="986 405 1390 443">Role</th> </tr> </thead> <tbody> <tr> <td data-bbox="456 443 986 517">General practice staff and allied health professionals</td> <td data-bbox="986 443 1390 517">Subject matter experts</td> </tr> <tr> <td data-bbox="456 517 986 591">Regional MHAOD Council</td> <td data-bbox="986 517 1390 591">High level partnership and joint planning governance</td> </tr> <tr> <td data-bbox="456 591 986 696">MHAOD Strategic Collaboratives</td> <td data-bbox="986 591 1390 696">Local level partnerships to achieve implementation, local coordination</td> </tr> <tr> <td data-bbox="456 696 986 801">Primary health care providers, NGO providers, peak bodies, NDIS, NGO stakeholders within PHN region</td> <td data-bbox="986 696 1390 801">Subject matter experts</td> </tr> <tr> <td data-bbox="456 801 986 880">Consumers and carers</td> <td data-bbox="986 801 1390 880">Lived experience subject matter experts</td> </tr> </tbody> </table>	Stakeholders	Role	General practice staff and allied health professionals	Subject matter experts	Regional MHAOD Council	High level partnership and joint planning governance	MHAOD Strategic Collaboratives	Local level partnerships to achieve implementation, local coordination	Primary health care providers, NGO providers, peak bodies, NDIS, NGO stakeholders within PHN region	Subject matter experts	Consumers and carers	Lived experience subject matter experts
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Activity milestone details/ Duration	<p>Provide the anticipated activity start and completion dates (including the planning and procurement cycle):</p> <p style="padding-left: 40px;">Activity start date: 1/07/2019 Activity end date: 30/06/2022</p> <p>If applicable, provide anticipated service delivery start and completion dates (excluding the planning and procurement cycle):</p> <p style="padding-left: 40px;">Service delivery start date: July 2019 Service delivery end date: June 2022</p> <p>Any other relevant milestones?</p>												
Commissioning method and approach to market	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not yet known <input checked="" type="checkbox"/> Continuing service provider / contract extension <input type="checkbox"/> Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date. <input type="checkbox"/> Open tender <input type="checkbox"/> Expression of Interest (EOI) <input type="checkbox"/> Other approach (please provide details) <p>2a. Is this activity being co-designed? No</p> <p>2b. Is this activity this result of a previous co-design process? Yes</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No</p>												

	3b. Has this activity previously been co-commissioned or joint-commissioned? No			
Decommissioning	1a. Does this activity include any decommissioning of services? No (drop-down menu) 1b. If yes, provide a description of the proposed decommissioning process and any potential implications.			
Data collection	Is this activity in scope for data collection under the Mental Health National Minimum Dataset? Yes			
Total Planned Expenditure	Enter the planned expenditure for this Activity in the following table. Include commissioned service expenditure only.			
Funding Source	2019-2020	2020-2021	2021-2022	Total
Planned Commonwealth Expenditure – Mental Health and Suicide Prevention Funding	\$1,103,487	\$1,122,267	\$1,140,247	\$3,366,001
Planned Commonwealth Expenditure – Indigenous Mental Health Funding	-	-	-	-
Planned Commonwealth Expenditure – Response to PFAS Funding	-	-	-	-
Total Planned Commonwealth Expenditure	\$1,103,487	\$1,122,267	\$1,140,247	\$3,366,001
Funding from other sources	-	-	-	-
Funding from other sources	If applicable, name other organisations contributing funding to the activity (i.e. state/territory government, Local Hospital Network, non-profit organisation).			

Proposed Activities - copy and complete the table as many times as necessary to report on each activity

Mental Health Priority Area	Priority area 5: Community based suicide prevention activities
ACTIVITY TITLE	PMH-P5: Regional approach to suicide prevention. 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.
Existing, Modified, or New Activity	Indicate if this is an existing activity, modified activity, or a new activity. Existing Activity
PHN Program Key Priority Area	Mental Health
Needs Assessment Priority	Section 4: Priorities, Options and Opportunities Development of a coordinated and integrated system for suicide prevention, P107. Commission MH services across the stepped care model with a focus on identified priority populations, P109. Increase access to culturally appropriate mental health services for Aboriginal and Torres Strait Islander people – mental health and suicide prevention P120.
Aim of Activity	The aim of this activity is to take a lead role in planning and commissioning community-based suicide prevention activities. There is a particular imperative to improve follow-up for people in the high risk period following a suicide attempt. Individuals are known to be particularly vulnerable in the period between leaving hospital and transitioning to community mental health care. Planning will be undertaken in partnership with HHSs and other local organisations to ensure that there are no gaps in services and that referral pathways are clearly defined.
Description of Activity	As part of our commissioning approach, the PHN has defined where we procure health services, partner with other agencies to implement health system solutions, and where our staff provide health system support services (e.g. general practice support, allied health engagement, education, digital health leadership). This approach allows us to provide clarity and transparency to our stakeholders. This activity work plan uses this method. Provide: 1) PHN will provide leadership and support for local suicide prevention networks to coordinate activities as part of a wider community based suicide prevention action plan. Suicide Prevention Working Groups of the Strategic Collaboratives will implement and monitor community based suicide prevention action plans and report back to the Strategic Collaborative (PMH-P5.1). 2) PHN will ensure that agreed referral pathways for suicide prevention are maintained and updated in HealthPathways including training for GPs on best practice (PMH-P5.2). Procure:

	<p>1) Central Queensland Rural Health will coordinate suicide prevention community action plans and resilience and crisis response plans developed in LGA areas for Central Queensland. Plans will ensure that activities are culturally appropriate for Aboriginal and Torres Strait Islander People (PMH-P5.3).</p> <p>2) Artius Health will deliver aftercare services for people at risk, or post a suicide attempt. This will include care coordination for a period of approx. three months to ensure that linkages with clinical and psychosocial supports are in place (PMH-P5.4).</p> <p>3) Caloundra Community Centre will coordinate suicide prevention activities in the hinterland region of the Sunshine Coast and coordinate Gatekeeper training across neighbourhood centres in the Sunshine Coast area (PMH-P5.5).</p> <p>4) PHN will procure gatekeeper training delivered through a community campaign aimed creating a safety net in the community of informed citizens who can recognise, persuade and refer someone at risk of suicide to get help (PMH-P5.6).</p> <p>5) In 2019-20 PHN will establish a dedicated 'Resilience and Crisis Response Fund for Communities' in order to procure, as required, rapid response services, interventions and education for communities impacted by suicide and adverse events. In year one the fund will draw funds from underspends in 2018-19 together as well as an annual allocation. The accessibility of funding will be issued by Request for Proposal (PMH-P5.7).</p>
Target population cohort	<p>Describe the cohort that this activity will target.</p> <p>Whole of population Men aged between 25-50 Aboriginal and Torres Strait Islander people</p>
Indigenous specific	<p>Yes</p> <p>The Aboriginal and Torres Strait Islander Engagement Coordinator will liaise regularly with community through formal and informal engagement channels.</p>
Coverage	<p>Whole PHN region</p>
Consultation	<p>Comprehensive stakeholder consultations were conducted on suicide prevention services by our PHN in 2016-17 and 2017-18. Consultation required for continuous improvement will be undertaken as part of ongoing evaluation and monitoring.</p> <p>Coordinated suicide prevention activities will have ongoing engagement with local suicide prevention working groups or reference groups to inform the implementation of activity, gatekeeper training, and support and promote integrated services and referral pathways.</p>

Collaboration	<table border="1"> <thead> <tr> <th>Stakeholders</th> <th>Role</th> </tr> </thead> <tbody> <tr> <td>General practice staff and allied health professionals</td> <td>Subject matter experts</td> </tr> <tr> <td>Regional MHAOD Council</td> <td>High level partnership and joint planning governance</td> </tr> <tr> <td>MHAOD Strategic Collaboratives</td> <td>Local level partnerships to achieve implementation, local coordination</td> </tr> <tr> <td>Primary health care providers, NGO providers, peak bodies, NDIS, NGO stakeholders within PHN region</td> <td>Subject matter experts</td> </tr> <tr> <td>Consumers and carers</td> <td>Lived experience subject matter experts</td> </tr> </tbody> </table>	Stakeholders	Role	General practice staff and allied health professionals	Subject matter experts	Regional MHAOD Council	High level partnership and joint planning governance	MHAOD Strategic Collaboratives	Local level partnerships to achieve implementation, local coordination	Primary health care providers, NGO providers, peak bodies, NDIS, NGO stakeholders within PHN region	Subject matter experts	Consumers and carers	Lived experience subject matter experts
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Activity milestone details/ Duration	<p>Provide the anticipated activity start and completion dates (including the planning and procurement cycle):</p> <p>Activity start date: 1/07/2019 Activity end date: 30/06/2022</p> <p>If applicable, provide anticipated service delivery start and completion dates (excluding the planning and procurement cycle):</p> <p>Service delivery start date: July 2019 Service delivery end date: June 2022</p> <p>Any other relevant milestones?</p>												
Commissioning method and approach to market	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <p><input type="checkbox"/> Not yet known <input checked="" type="checkbox"/> Continuing service provider / contract extension <input type="checkbox"/> Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date. <input type="checkbox"/> Open tender <input type="checkbox"/> Expression of Interest (EOI) <input type="checkbox"/> Other approach (please provide details)</p> <p>2a. Is this activity being co-designed? No</p> <p>2b. Is this activity this result of a previous co-design process? Yes</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? No</p>												
Decommissioning	<p>1a. Does this activity include any decommissioning of services? No (drop-down menu)</p>												

	1b. If yes, provide a description of the proposed decommissioning process and any potential implications.			
Data collection	Is this activity in scope for data collection under the Mental Health National Minimum Dataset? Yes			
Total Planned Expenditure	Enter the planned expenditure for this activity in the following table. Include commissioned service expenditure only.			
Funding Source	2019-2020	2020-2021	2021-2022	Total
Planned Commonwealth Expenditure – Mental Health and Suicide Prevention Funding	\$1,851,972	\$1,881,604	\$1,909,828	\$5,643,404
Planned Commonwealth Expenditure – Indigenous Mental Health Funding	-	-	-	-
Planned Commonwealth Expenditure – Response to PFAS Funding	-	-	-	-
Total Planned Commonwealth Expenditure	\$1,851,972	\$1,881,604	\$1,909,828	\$5,643,404
Funding from other sources	-	-	-	-
Funding from other sources	If applicable, name other organisations contributing funding to the activity (ie. state/territory government, Local Hospital Network, non-profit organisation).			

Proposed Activities - copy and complete the table as many times as necessary to report on each activity

Mental Health Priority Area	Priority area 6: Aboriginal and Torres Strait Islander mental health services
ACTIVITY TITLE	PMH-P6: Aboriginal and Torres Strait Islander mental health services. Proportion of PHN commissioned mental health services delivered to the regional Aboriginal and Torres Strait Islander population that were culturally appropriate.
Existing, Modified, or New Activity	Indicate if this is an existing activity, modified activity, or a new activity. Existing Activity PMH-P6 Aboriginal and Torres Strait Islander mental health services
PHN Program Key Priority Area	Mental Health
Needs Assessment Priority	Section 4: Priorities, Options and Opportunities Increase access to culturally appropriate mental health services for Aboriginal and Torres Strait Islander people – mental health and suicide prevention P120. Develop a coordinated and integrated system for suicide prevention, P107. Commission MH services across the stepped care model with a focus on identified priority populations, P109.
Aim of Activity	The aim of this activity is to provide tailored and culturally appropriate treatment for Aboriginal and Torres Strait Islander people. Services will be reported on how mainstream and Aboriginal and Torres Strait Islander Services have been delivered in recognition of the six domains and focus areas of the Cultural Respect Framework for Aboriginal and Torres Strait Islander Health 2016-26.
Description of Activity	As part of our commissioning approach, the PHN has defined where we procure health services, partner with other agencies to implement health system solutions, and where our staff provide health system support services (e.g. general practice support, allied health engagement, education, digital health leadership). This approach allows us to provide clarity and transparency to our stakeholders. This activity work plan uses this method. Provide: 1) PHN will coordinate an annual forum with Aboriginal and Torres Strait Islander organisations and peak bodies in the region to progress workforce development, partnerships and community integration (PMH-P6.1). 2) PHN will provide capacity building to the Aboriginal and Torres Strait Islander mental health service providers by continuing to work with the sector to develop relationships and drive principles of the Gayaa Dhuwi (Proud Spirit) Declaration and the Cultural Respect Framework 2016-26 (PMH-P6.11). Procure: 1) Culturally appropriate services will be delivered through 1:1 structured psychological therapies, group based, peer kinship and cultural healing in the following geographical areas: Gympie: North Coast Corporation for Aboriginal Community Health (PMH-P6.5)

	<p>Rockhampton and Banana Shire: Bidgerdii consortium (PMH-P6.6) Gladstone and Biloela: Nhulundu (PMH-P6.7) Wide Bay: Artius Health (PMH-P6.9)</p> <p>2) The annual PHN and Aboriginal and Torres Strait Islander regional forum will review the priority areas for the Joint Regional Plan including updated priorities for workforce development and capacity building. The pool of resources will be allocated based on the forum outcomes. Expressions of interest or direct allocations will be made on that basis (PMH-P6.10).</p> <p>3) Sponsorship is set aside annually for organisations in the region holding events around significant Aboriginal and Torres Strait Islander days. Expressions of interest will be sought in December and close in January for allocations (PMH-P6.2).</p> <p>4) PHN will work with Woorabinda Council and a Woorabinda community-led entity directly to establish culturally appropriate mental health services within the community that are led and coordinated by the Woorabinda community-led entity. The Woorabinda community-led entity will work with other funded services to ensure that incoming services are targeting resources in the most effective way for their community (PMH-P6.8).</p>														
Target population cohort	Aboriginal and Torres Strait Islander population.														
Indigenous specific	<p>Is this activity targeted to, or predominantly supporting, Aboriginal and Torres Strait Islander people?</p> <p>Yes</p> <p>Commissioned service providers and the PHN Aboriginal and Torres Strait Islander Engagement Coordinator will engage formally and informally with community and service providers.</p>														
Coverage	Whole PHN region														
Consultation	Comprehensive stakeholder consultations were conducted on low intensity services by our PHN in 2016-17, 2017-18 and 2018-19. Consultation required for continuous improvement will be undertaken as part of ongoing evaluation and monitoring.														
Collaboration	<table border="1"> <thead> <tr> <th>Stakeholders</th> <th>Role</th> </tr> </thead> <tbody> <tr> <td>Elders, Traditional Owners and community members</td> <td>Self determination</td> </tr> <tr> <td>General practice staff and allied health professionals</td> <td>Subject matter experts</td> </tr> <tr> <td>Regional MHAOD Council</td> <td>High level partnership and joint planning governance</td> </tr> <tr> <td>MHAOD Strategic Collaboratives</td> <td>Local level partnerships to achieve implementation, local coordination</td> </tr> <tr> <td>Primary health care providers, NGO providers, peak bodies, NDIS, NGO stakeholders within PHN region</td> <td>Subject matter experts</td> </tr> <tr> <td>Consumers and carers</td> <td>Lived experience subject matter experts</td> </tr> </tbody> </table>	Stakeholders	Role	Elders, Traditional Owners and community members	Self determination	General practice staff and allied health professionals	Subject matter experts	Regional MHAOD Council	High level partnership and joint planning governance	MHAOD Strategic Collaboratives	Local level partnerships to achieve implementation, local coordination	Primary health care providers, NGO providers, peak bodies, NDIS, NGO stakeholders within PHN region	Subject matter experts	Consumers and carers	Lived experience subject matter experts
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Activity milestone details/ Duration	<p>Provide the anticipated activity start and completion dates (including the planning and procurement cycle):</p> <p>Activity start date: 1/07/2019 Activity end date: 30/06/2022</p> <p>If applicable, provide anticipated service delivery start and completion dates (excluding the planning and procurement cycle):</p> <p>Service delivery start date: July 2019 Service delivery end date: June 2022</p> <p>Any other relevant milestones?</p>			
Commissioning method and approach to market	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <p><input type="checkbox"/> Not yet known <input checked="" type="checkbox"/> Continuing service provider / contract extension <input type="checkbox"/> Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date. <input type="checkbox"/> Open tender <input type="checkbox"/> Expression of Interest (EOI) <input type="checkbox"/> Other approach (please provide details)</p> <p>2a. Is this activity being co-designed? No</p> <p>2b. Is this activity this result of a previous co-design process? Yes</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? No</p>			
Decommissioning	<p>1a. Does this activity include any decommissioning of services? No (drop-down menu)</p> <p>1b. If yes, provide a description of the proposed decommissioning process and any potential implications.</p>			
Data collection	<p>Is this activity in scope for data collection under the Mental Health National Minimum Dataset? Yes</p>			
Total Planned Expenditure	<p>Enter the planned expenditure for this Activity in the following table. Include commissioned service expenditure only.</p>			
Funding Source	2019-2020	2020-2021	2021-2022	Total
Planned Commonwealth Expenditure – Mental Health	\$86,040	\$86,291	\$86,440	\$258,771

and Suicide Prevention Funding				
Planned Commonwealth Expenditure – Indigenous Mental Health Funding	\$1,125,854	\$1,144,993	\$1,163,313	\$3,434,160
Planned Commonwealth Expenditure – Response to PFAS Funding	-	-	-	-
Total Planned Commonwealth Expenditure	\$1,211,894	\$1,231,284	\$1,249,753	\$3,692,931
Funding from other sources	-	-	-	-
Funding from other sources	If applicable, name other organisations contributing funding to the activity (i.e. state/territory government, Local Hospital Network, non-profit organisation).			

Proposed Activities - copy and complete the table as many times as necessary to report on each activity	
Mental Health Priority Area	Priority area 7: Stepped care approach
ACTIVITY TITLE	PMH-P7: Stepped care approach. Formalised partnerships with other regional service providers to support integrated regional planning and service delivery.
Existing, Modified, or New Activity	Existing Activity PMH-P7 Stepped care approach
PHN Program Key Priority Area	Mental Health
Needs Assessment Priority	Section 4: Priorities, Options and Opportunities Establish formalised integrated care activities, data sharing and co-commissioning as a next step to joint regional plan, P107. Development of a coordinated and integrated system for suicide prevention, P107. Commission MH services across the stepped care model with identified focus on identified priority populations, P109. Sector engagement and strategy development in the context of the regional plan for MHAOD services, P113.
Aim of Activity	Our PHN understands that we are undertaking a broader role in the provision of mental health and suicide prevention service delivery by assessing regional needs and planning services, as well as in the commissioning services in identified regions of need. Services commissioned by our PHN must fit within a complex framework of current mental health and related services, supplementing services provided by a broad variety of other service providers <i>across a region spanning 161,108 km², 842,057 people of which 29,576 identify as Aboriginal and/or Torres Strait Islander.</i> Coordinated service delivery by multiple agencies is also essential to best address the needs of those with more severe and/or persistent mental illness, particularly those with more complex needs. Our PHN will continue to develop a comprehensive regional mental health and suicide prevention plan which will/has engaged other agencies in its development. We understand that this is also a formal requirement of the 5 th National Mental Health and Suicide Prevention Plan, with all regional plans expected to be completed by mid-2020.
Description of Activity	As part of our commissioning approach, the PHN has defined where we procure health services, partner with other agencies to implement health system solutions, and where our staff provide health system support services (e.g. general practice support, allied health engagement, education, digital health leadership). This approach allows us to provide clarity and transparency to our stakeholders. This activity work plan uses this method. Partner:

1) Partner with Regional Mental Health and Alcohol and Other Drug Council and Strategic Collaboratives to facilitate a regional and local level stepped care approach (PMH-P7.1).

The aim of the Regional MHAOD Council is to ensure state- and PHN-commissioned funds are used most effectively to facilitate an integrated system of care in accordance with the 5th National Mental Health and Suicide Prevention Plan and Connecting Care to Recovery. In addition, Strategic Collaboratives assist in reviewing data and ensuring that services best targeted to local need. The National Mental Health Service Planning Framework Report will continue to guide activities.

Provide:

1) Provide clinical and referral pathway guidance through **Health Pathways** (PMH-P7.3).

The aim of **HealthPathways** is to improve client transition through the health system by enabling providers to be better aware of how to access services, including information on what is available locally.

2) Provide **education and communication** to all key stakeholders and in particular **general practice** about the stepped care service and changes (PMH-P7.4).

The aim of this education and communication activity is to ensure key stakeholders are aware of what changes have occurred, and how this affects both the service providers and the clients. General practice will be addressed in particular through information sessions, practice manager/nurse network meetings and practice visits.

3) Provide **budget adjustment** requests to **Department of Health** to ensure that flexible funding is most suitably targeted to meet needs of the region for priority areas (PMH-P7.5).

The aim of this activity is to ensure that the proportion of funding between low, medium and high intensity services is adequate.

Procure:

1) Commission a **central intake and assessment service** to be delivered through Artius Health (PMH-P7.6).

Artius Health has been commissioned to provide a central intake and assessment service to ensure people find it easy to access services and can be referred to right level of care.

2) Establish / promote **stepped care brand**, future proofing any chance of provider change (PMH-P7.7).

The aim of this activity is to raise community and stakeholder awareness that the commissioned Stepped Care model is a Commonwealth Government-funded program. This will support both the national branding of the program, as well as reduce the impact should a need arise for a change in provider in the coming years.

3) Procure workforce development in key areas of workforce development strategic framework (PMH-P7.8).

The aim of this activity is have a strategic approach and resourcing to address workforce challenges in the region.

Target population cohort	Describe the cohort that this activity will target. Population with, or at risk of, mental illness of whom cannot otherwise access or afford services delivered through the wider mental health system.																						
Indigenous specific	No																						
Coverage	Whole PHN region																						
Consultation	<p>Comprehensive stakeholder consultations were conducted on low intensity services by our PHN in 2016-17 and 2017-18. Consultation required for continuous improvement will be undertaken as part of ongoing evaluation and monitoring.</p> <p>Formal consultation with the sector including PHN Clinical and Community Councils will occur from time to time. Funded providers based in the PHN region will be engaged in the annual regional forum to identify what resources are available and how these can be maximised. Purpose-driven feedback will be sought from stakeholders through surveys, stakeholder feedback sessions and yarning circles.</p> <p>Regular consultation with consumer and carers will be undertaken through established Partners in Recovery reference groups.</p> <p>Informal consultation will occur through active representation of PHN staff at network.</p> <p>The PHN website on our stepped care approach will provide opportunity for providers to submit feedback.</p>																						
Collaboration	<p>Partner:</p> <p>1) Collaborate with the Regional MHAOD Council and Strategic Collaboratives to effect Stepped Care approach (PMH-P7.1).</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: center;">Regional MHAOD Council</th> </tr> </thead> <tbody> <tr> <td style="width: 33%;">Queensland Health Branch, MHAOD</td> <td style="width: 33%;">CEO, General Managers, Senior Managers</td> <td style="width: 33%;">HHS, Mental Health Service Directors</td> </tr> <tr> <th colspan="3" style="text-align: center;">Strategic Collaboratives</th> </tr> <tr> <th style="text-align: center;">Central Queensland</th> <th style="text-align: center;">Wide Bay</th> <th style="text-align: center;">Sunshine Coast</th> </tr> <tr> <td>Executive Director – Rural and District Wide Services CQHHS</td> <td>Executive Director, Mental Health, Alcohol and Other Drug Services - WBHHS</td> <td>Mental Health Services Director - SCHHS</td> </tr> <tr> <td>Service Integration Coordinator - HHS</td> <td>Clinical Director Alcohol and Other Drug Services - WBHHS</td> <td>Addiction Services Director - SCHHS</td> </tr> <tr> <td>Health Services Manager CQ - Artius Health</td> <td>Health Services Manager WB - Artius Health</td> <td>Health Services Manager SC - Artius Health</td> </tr> </tbody> </table>		Regional MHAOD Council			Queensland Health Branch, MHAOD	CEO, General Managers, Senior Managers	HHS, Mental Health Service Directors	Strategic Collaboratives			Central Queensland	Wide Bay	Sunshine Coast	Executive Director – Rural and District Wide Services CQHHS	Executive Director, Mental Health, Alcohol and Other Drug Services - WBHHS	Mental Health Services Director - SCHHS	Service Integration Coordinator - HHS	Clinical Director Alcohol and Other Drug Services - WBHHS	Addiction Services Director - SCHHS	Health Services Manager CQ - Artius Health	Health Services Manager WB - Artius Health	Health Services Manager SC - Artius Health
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	GP BITS Medical Boyne Island		
Activity milestone details/ Duration	<p>Provide the anticipated activity start and completion dates (including the planning and procurement cycle):</p> <p style="padding-left: 40px;">Activity start date: 1/07/2019 Activity end date: 30/06/2022</p> <p>If applicable, provide anticipated service delivery start and completion dates (excluding the planning and procurement cycle):</p> <p style="padding-left: 40px;">Service delivery start date: July 2019 Service delivery end date: June 2022</p> <p>Any other relevant milestones?</p>		
Commissioning method and approach to market	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <p><input type="checkbox"/> Not yet known <input checked="" type="checkbox"/> Continuing service provider / contract extension</p>		

	<input type="checkbox"/> Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date. <input type="checkbox"/> Open tender <input type="checkbox"/> Expression of Interest (EOI) <input type="checkbox"/> Other approach (please provide details)			
	2a. Is this activity being co-designed? No			
	2b. Is this activity this result of a previous co-design process? Yes			
	3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No			
	3b. Has this activity previously been co-commissioned or joint-commissioned? No			
Decommissioning	1a. Does this activity include any decommissioning of services? No (drop-down menu) 1b. If yes, provide a description of the proposed decommissioning process and any potential implications.			
Data collection	Is this activity in scope for data collection under the Mental Health National Minimum Dataset? No			
Total Planned Expenditure	Enter the planned expenditure for this Activity in the following table. Include commissioned service expenditure only.			
Funding Source	2019-2020	2020-2021	2021-2022	Total
Planned Commonwealth Expenditure – Mental Health and Suicide Prevention Funding	\$270,000	\$274,320	\$278,435	\$822,755
Planned Commonwealth Expenditure – Indigenous Mental Health Funding	-	-	-	-
Planned Commonwealth Expenditure – Response to PFAS Funding	-	-	-	-
Total Planned Commonwealth Expenditure	\$270,000	\$274,320	\$278,435	\$822,755
Funding from other sources	-	-	-	-
Funding from other sources	If applicable, name other organisations contributing funding to the activity (i.e. state/territory government, Local Hospital Network, non-profit organisation).			

Proposed Activities - copy and complete the table as many times as necessary to report on each activity

Mental Health Priority Area	Priority area 8: Regional mental health and suicide prevention plan
ACTIVITY TITLE	PMH-P8: Regional mental health and suicide prevention plan (regional planning and service integration). Formalised partnerships with other regional service providers to support integrated regional planning and service delivery.
Existing, Modified, or New Activity	Existing Activity PMH-P8 Regional mental health and suicide prevention plan (regional planning and service integration)
PHN Program Key Priority Area	Mental Health
Needs Assessment Priority	Section 4: Priorities, Options and Opportunities Establish formalised integrated care activities, data sharing and co-commissioning as a next step to joint regional plan, P107. Development of a coordinated and integrated system for suicide prevention, P107. Commission MH services across the stepped care model with identified focus on identified priority populations, P109. Sector engagement and strategy development in the context of the regional plan for MHAOD services, P113.
Aim of Activity	Our PHN understands that we are undertaking a broader role in the provision of mental health and suicide prevention service delivery by assessing regional needs and planning services, as well as in the commissioning services in identified regions of need. Services commissioned by our PHN must fit within a complex framework of current mental health and related services, supplementing services provided by a broad variety of other service providers <i>across a region spanning 161,108 km², 842,057 people of which 29,576 identify as Aboriginal and/or Torres Strait Islander.</i> Coordinated service delivery by multiple agencies is also essential to best address the needs of those with more severe and/or persistent mental illness, particularly those with more complex needs. Our PHN will continue to develop a comprehensive regional mental health and suicide prevention plan which will/has engaged other agencies in its development. We understand that this is also a formal requirement of the 5 th National Mental Health and Suicide Prevention Plan, with all regional plans expected to be completed by mid-2020.
Description of Activity	As part of our commissioning approach, the PHN has defined where we procure health services, partner with other agencies to implement health system solutions, and where our staff provide health system support services (e.g. general practice support, allied health engagement, education, digital health leadership). This approach allows us to provide clarity and transparency to our stakeholders. This activity work plan uses this method. Provide:

	<p>1) Annual regional forum for implementation review of the Joint Regional Plan 2018-2023 (PMH-P8.4). In partnership with Regional Mental Health, Alcohol and Other Drugs Council, and Strategic Collaboratives, annual regional forum for implementation review of the Joint Regional Plan 2018-2023.</p> <p>2) PHN Lived Experience Engagement Coordinator to provide ongoing engagement and consultation with people with a lived experience, their family and friends to develop and improve models of care (PMH-P8.5).</p> <p>Procure:</p> <p>1) PHN will procure workforce development activities in alignment with the Workforce Development Strategic Framework 2018-21 and Joint Regional Plan (PMH-P8.7). The aim of this approach is to work collectively towards a workforce development strategy. The funding for workforce capacity building will allow strategic work that aligns with the plan to be undertaken.</p>												
Target population cohort	<p>Describe the cohort that this activity will target.</p> <p>Population with, or at risk of, mental illness of whom cannot otherwise access or afford services delivered through the wider mental health system.</p>												
Indigenous specific	No												
Coverage	Whole PHN Region												
Consultation	<p>1) Comprehensive joint regional planning has been undertaken by our PHN in 2016-17 and 2017-18. Consultation required for continuous improvement will be undertaken as part of ongoing evaluation and monitoring.</p> <p>2) Specific co-design and engagement activities for people with lived experience have been undertaken in 2016-17 and 2017-18 giving rise to the need for a specific role to be developed by the PHN to build on this work.</p> <p>3) Workforce development consultation were undertaken by our PHN in 2016-17 and 2017-18 and continues to be an item of long term development to grow the workforce in our hard to reach areas.</p>												
Collaboration	The Mental Health, Alcohol and Other Drugs Strategic Collaboratives will provide guidance on what consultation is recommended in the local area for approaches to market on workforce development.												
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Decommissioning	1a. Does this activity include any decommissioning of services? No (drop-down menu) 1b. If yes, provide a description of the proposed decommissioning process and any potential implications.			
Data collection	Is this activity in scope for data collection under the Mental Health National Minimum Dataset? Yes			
Total Planned Expenditure	Enter the planned expenditure for this Activity in the following table. Include commissioned service expenditure only.			
Funding Source	2019-2020	2020-2021	2021-2022	Total
Planned Commonwealth Expenditure – Mental Health and Suicide Prevention Funding	\$40,000	\$40,640	\$41,250	\$121,890
Planned Commonwealth Expenditure – Indigenous Mental Health Funding	-	-	-	-
Planned Commonwealth Expenditure – Response to PFAS Funding	-	-	-	-
Total Planned Commonwealth Expenditure	-	-	-	-
Funding from other sources	-	-	-	-
Funding from other sources	If applicable, name other organisations contributing funding to the activity (i.e. state/territory government, Local Hospital Network, non-profit organisation).			