



Australian Government

Department of Health



An Australian Government Initiative

Primary Health Networks Primary Mental Health Care Funding

- **Annual Mental Health Activity Work Plan 2016-2017**

South Eastern Melbourne PHN

Introduction

Overview

In the 2015-16 financial year, PHNs are required (through the recent mental health Schedule which provided operational funding to PHNs this financial year) to prepare a Mental Health Activity Work Plan by May 2016. This Plan is to cover activities funded under two sources:

- the Primary Mental Health Care flexible funding pool (which will provide PHNs with approximately \$1.030 billion (GST exclusive) over three years commencing in 2016-17); and
- *Indigenous Australians' Health Programme* - an additional \$28.25 million (GST exclusive) will be available annually under this programme and further quarantined to specifically support Objective 6 (detailed below): Enhance and better integrate Aboriginal and Torres Strait Islander mental health.

This is to be distinguished from the *Regional Mental Health and Suicide Prevention Plan* to be developed in consultation with Local Hospital Networks (LHNs) and other regional stakeholders which is due in 2017 (see Mental Health PHN Circular 2/2016).

Objectives

The objectives of the PHN mental health funding are to:

- improve targeting of psychological interventions to most appropriately support people with or at risk of mild mental illness at the local level through the development and/or commissioning of **low intensity mental health services**;
- 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;
- address service gaps in the provision of psychological therapies for people in **rural and remote areas and other under-serviced and/or hard to reach populations**, making optimal use of the available service infrastructure and workforce;
- commission primary mental health care services for people with severe mental illness being managed in primary care, including clinical care coordination for people with **severe and complex mental illness** who are being managed in primary care including through the phased implementation of primary mental health care packages and the use of mental health nurses;
- encourage and promote a systems based regional approach to **suicide prevention** including community based activities and liaising with Local Hospital Networks (LHNs) 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, including Aboriginal and Torres Strait Islander people; and
- 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.

Objectives 1-6 will be underpinned by:

- evidence based **regional mental health and suicide prevention** plans and service mapping to identify needs and gaps, reduce duplication, remove inefficiencies and encourage integration; and
- a continuum of primary mental health services within a person-centred **stepped care approach** so that a range of service types, making the best use of available workforce and technology, are available within local regions to better match with individual and local population need.

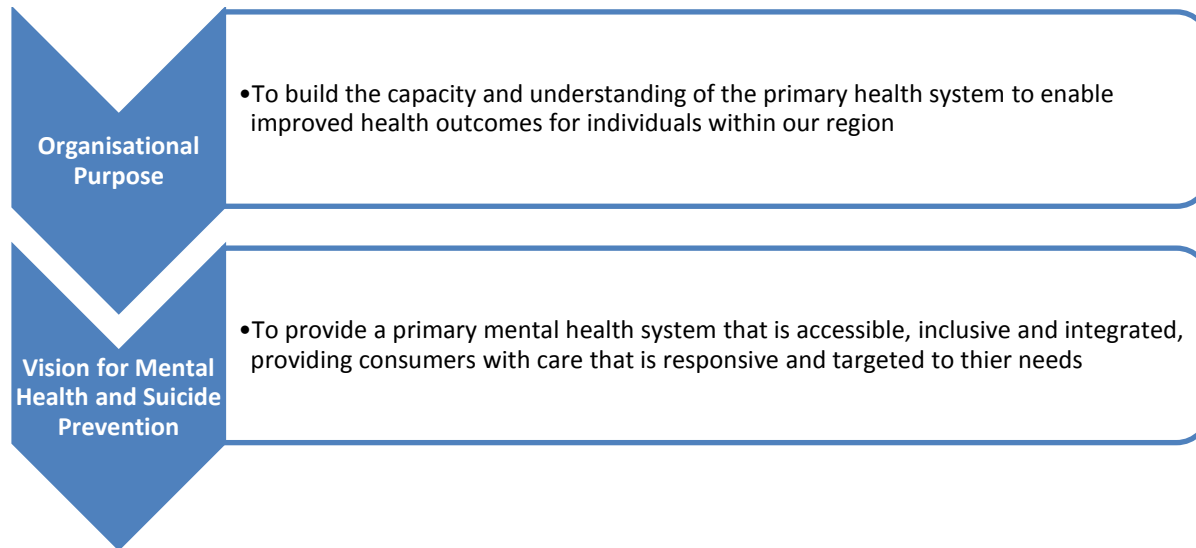
Activities eligible for funding

- commission evidence-based clinical primary mental health care services in line with a best practice stepped care approach;
- develop and commission cost effective low intensity psychological interventions for people with mild mental illness, making optimal use of the available workforce and technology;
- the phased implementation of approaches to provide primary mental health care to people with severe and complex mental illness which offer clinical support and care coordination, including services provided by mental health nurses;
- establish joined up assessment processes and referral pathways to enable people with mental illness, particularly those people with severe and complex mental illness, to receive the clinical and other related services they need. This will include provision of support to GPs in undertaking assessment to ensure people are referred to the service which best targets their need;
- develop and commission region-specific services, utilising existing providers, as necessary, to provide early intervention to support children and young people with, or at risk of, mental illness. This should include support for young people with mild to moderate forms of common mental illness as well as early intervention support for young people with moderate to severe mental illness, including emerging psychosis and severe forms of other types of mental illness;
- develop and commission strategies to target the needs of people living in rural and remote areas and other under-served populations; and
- develop evidence based regional suicide prevention plans and commission activity consistent with the plans to facilitate a planned and agile approach to suicide prevention. This should include liaison with LHNs and other organisations to ensure arrangements are in place to provide follow-up care to people after a suicide attempt.

Each PHN must make informed choices about how best to use its resources to address the objectives of the PHN mental health funding.

This document, the Mental Health Activity Work Plan template, captures the approach to those activities outlined above

1. (a) Strategic Vision for Mental Health and Suicide Prevention



To realise the Vision for Mental Health and Suicide Prevention, the South Eastern Melbourne PHN (SEMPHN) will provide leadership across the catchment to identify and address system integration and capacity issues. This will be done to ensure a well-coordinated and functional system within the region that is capacity of responding to the mental health and suicide related needs of the community.

As noted in the other work plans that SEMPHN has submitted, the organisation will focus on early intervention, and reducing the need for long term treatment by commissioning targeted activities that, among other things, seek to integrate and interface with parallel service systems. In addition, SEMPHN will commission a mix of service intervention modalities in primary care and specialist mental health services to ensure improved access for clients. Where appropriate, these will adopt a place based approach consistent with findings in our needs assessment.

Throughout all of SEMPHN's work, the organisation will continue to engage with the service sector, consumers and the broader community to monitor and review the effectiveness of the strategies and activities implemented over the life of this work plan.

Key Enablers

In order to realise the Visions for Mental Health and Suicide Prevention in the South East of Melbourne, SEMPHN has identified the following six key enablers.

1) **Community co-design**

SEMPHN's approach to commissioning is founded on co-design and collaboration. As such, SEMPHN has developed an approach to stakeholder, consumer and carer engagement that enables key community stakeholders to be involved in a range of SEMPHN activities (from needs identification, to service design to procurement processes). This approach was borne out of SEMPHN's knowledge and experience delivering a range of primary mental health services, from the Mental Health Nurse Incentive Program, to headspace, to Partners in Recovery, to Access to Allied Psychological Services. Leveraging this knowledge, SEMPHN will continue to refine its approach to community co-design to ensure that the services it commissions are appropriately designed to meet the (changing) needs of the community.

Further, SEMPHN has co-designed an outcomes framework to guide its work in the mental health and suicide prevention domains. This framework identifies consumer outcomes and clinical requirements for an effective service system. The outcomes inform the local mental health and suicide prevention indicators. These indicators will inform the mandated reporting requirements and obligations of commissioned entities.

2) **Robust data management and data sharing**

Leveraging the co-designed outcomes framework and performance indicators, SEMPHN is developing a robust data management system. Once developed, this will enable 'real time' data reporting for commissioned entities. In turn, this will provide the foundation for service evaluation and future planning activities to be conducted by SEMPHN.

In developing this data management system, SEMPHN is seeking to build on existing infrastructure – both in the community and at the PHN – and involve relevant stakeholders in the design of this system.

3) **Collaboration with relevant State and Federal agencies (eg, NDIA, DHHS)**

SEMPHN regularly engages with key Federal and State agencies whose remit aligns and/or intersects with the PHN. Through this work, SEMPHN has developed a strong working relationship with the Victorian Department of Health and Human Services to ensure a holistic and integrated service responses in the fields of mental health and suicide prevention.

Further, SEMPHN will continue to build on its existing partnerships with other, key stakeholders, including local government, Local Hospital Networks, Aboriginal controlled health services, peak agencies, specialist mental health and suicide prevention services and the broader community. These partnerships will be fostered to maximise opportunities for further alignment, integration and coordination.

4) **Interoperability between commissioned services**

SEMPHN has commenced work to bridge the information divide between service providers and consumers. This will be further developed over the course of the next year by working with service providers to implement effective and secure systems for the sharing of consumer clinical information via such measures as (amongst others) secure messaging.

5) **Robust clinical governance and quality assurance**

SEMPHN has established clinical governance and quality assurance arrangements, which it has refined as a service provider of a range of mental health services, including headspace, the Mental Health Nurse Incentive Program and Access to Allied Psychological Services. These arrangements reflect the standards set out in the National Standards for Mental Health Services and National Practice Standards for the Mental Health Workforce. In light of SEMPHN's role as service commissioner, SEMPHN will revisit its clinical governance and quality assurance arrangements to ensure that the appropriate standard are appropriately reflected in its procurement arrangements.

Supporting SEMPHN's clinical governance and quality assurance arrangements, SEMPHN has established Clinical and Community Councils that provide the organisation with advice and insight into both clinical governance and community matters, as appropriate. These councils were established very early in SEMPHN's development, reflecting the importance of these councils to the organisation's overall governance.

6) **Agile, flexible and responsive procurement**

SEMPHN has established a simple and user-friendly procurement process. This will underpin the commissioning work of the PHN to ensure active engagement of service providers to deliver on the mandated service outcomes.

As part of this process, SEMPHN is currently developing the capability to engage consumers and the broader community around mechanisms to provide feedback relating to commissioned services. These feedback mechanisms will form part of the regular reporting required to be undertaken by commissioned agencies, and will also be sought independently from the community. This form of engagement will build on SEMPHN's established online community feedback and submission process, which SEMPHN created immediately after the announcement of the recommissioning of Commonwealth mental health services in November 2015.

1. (b) Activity Work Plan - Primary Mental Health Care

Proposed Activities	
Priority Area 1: Low intensity mental health services	<p>This must reflect priorities as identified in Section 4 of your Needs Assessment, in line with the objectives of the PHN mental health funding:</p> <ul style="list-style-type: none"> improve targeting of psychological interventions to most appropriately support people with or at risk of mild mental illness at the local level through the development and/or commissioning of low intensity mental health services.
Activity(ies) / Reference (e.g. Activity 1.1, 1.2, etc)	<p>1.1 Extension of Access to Allied Psychological Services (ATAPS)</p> <p>1.2 Multi-modal low intensity mental health services, replacing ATAPS</p>
Description of Activity(ies) and rationale (needs assessment)	<p>Aim</p> <p>1.1. Extend the ATAPS program for a period of time to ensure continuity of services for existing clients, after which these services will be decommissioned. In extending the current program, SEMPHN will seek to revise the design of the program to ensure that it represents a less costly model than the model currently employed.</p> <p>1.2. In parallel with the extension and eventual decommissioning of ATAPs, identify, design and commission low intensity mental health services in the region that represent value for money and alignment to the needs of the community. It is proposed that these will replace ATAPS over time, and will include a focus (but will not be limited to) hard to reach groups. This is noted in relation to Priority 3 below.</p> <p>Examples of potential options currently being explored, include:</p> <p>a. NewAccess – NewAccess is an early intervention program designed to provide easily accessible, free and quality services for people with mild to moderate depression and anxiety. This service has been shown to complement existing mental health services, including for ‘hard to reach’ populations groups, especially men and people in communities where access and uptake of services is lower.</p> <p>The program includes up to six free sessions. This includes an assessment, five subsequent sessions and a review. At the first appointment an Access coach will complete an initial assessment and develop an individual plan.</p>

	<p>Appointments can be over the phone or in person at a NewAccess site with no referral necessary (other than self-referral), although a GP or health professional can also refer into NewAccess.</p> <p>NewAccess is derived from a successful evidence-based model of care known as Improving Access to Psychological Therapies (IAPT), which originated in the UK.</p> <p>b. Big White Wall (BWW) and BlueBoard – These platforms offer digital support and recovery services for people requiring low intensity mental health services (e.g. for people who are stressed, anxious, low or not coping). These services utilise a number of well-founded techniques, including: peer support; self-management approaches; professionally guided support; and live therapy conducted online.</p> <p>Through the noted services, people requiring more intensive treatment are referred to more appropriate services, thereby supporting a Stepped Model of Care. Throughout the program, people may also be linked to appropriate community networks and engage with other support service providers should they require it (e.g. employment, financial or housing assistance).</p> <p>Target population cohorts (for Activities 1.1 and 1.2)</p> <p>There are particular population groups and characteristics of population groups that are recognised as having greater vulnerability in the context of mental health and drug and alcohol-related health issues in the SEMPLHN region. These include the following:</p> <ul style="list-style-type: none"> - People from a low socio-economic status - Aboriginal and Torres Strait Islanders - Asylum seekers and refugees - People of diverse ethnicity and language groups - Children and adolescents - LGBTIQ community - People who are homeless or at risk of homelessness - Women experiencing perinatal depression - People experiencing family violence.
Collaboration	<p>For the activities listed in Item 1.2, SEMPLHN will investigate opportunities for partnering and/or commissioning not-for-profit organisations such as beyondblue to assist to refine the design and application of appropriate models of care.</p> <p>Central to SEMPLHN's commissioning principles is the concept of co-design. Therefore, through the various stakeholder, consumer and carer consultations that SEMPLHN has already undertaken and is planning to undertake over the coming</p>

	month (as noted in the Primary Mental Health Needs Analysis), any services emerged from the activities listed in Item 1.2 will be co-designed with relevant community members.
Duration	<p>1.1 Extension of ATAPS</p> <ul style="list-style-type: none"> - <i>Proposed Start Date:</i> 1 July 2016 - <i>Proposed Completion Date:</i> 30 September 2016 (Given the structure of the ATAPS program, it may be necessary to retain a small portion of this program beyond the Completion Date to ensure continuity and consistency of service for consumers already receiving support through this program. This will be determined closer to the proposed Completion Date.) <p>1.2 Multi-modal low intensity mental health services, replacing ATAPS</p> <ul style="list-style-type: none"> - <i>Proposed Start Date:</i> 1 August 2016. This timing has been identified, as it will allow for the scale up of the new activities prior to the formal end date for ATAPS. - <i>Proposed Completion Date:</i> 30 June 2018.
Coverage	Entire PHN region.
Commissioning approach	<p>1.1 Extension of ATAPS</p> <p>Given that Activity 1.1 represents a short-term transition of services, existing ATAPS providers will be sub-contracted to continue with their existing work.</p> <p>Services that are contracted through this process will be monitored via monthly reporting, with this data forming the basis for an evaluation at the end of the extension period. The evaluation will be conducted by the SEMPHN Evaluation Officer.</p> <p>The ongoing reporting and management of the contracted provider will be managed by a SEMPHN Contract Officer who will be responsible for managing the relationship and contract with the contracted provider.</p> <p>The current intake process for ATAPS will be commissioned to an external (non-PHN) provider, following a select tender process (i.e. a targeted approach to the market).</p> <p>1.2 Multi-modal low intensity mental health services, replacing ATAPS</p>

	<p>Activity 1.2 will involve services being commissioned by the PHN. This will involve a broad level of market engagement, followed by a request for tender (RFT process).</p> <p>Services that are contracted through this process will be monitored via monthly reporting, with this data forming the basis for six-monthly activity evaluations to be conducted by the SEMPHN Evaluation Officer.</p> <p>The ongoing reporting and management of the contracted provider will be managed by a SEMPHN Contract Officer who will be responsible for managing the relationship and contract with the contracted provider.</p>
--	---

Proposed Activities	
Priority Area 2: Youth mental health services	<p>This must reflect priorities as identified in Section 4 of your Needs Assessment, in line with the objectives of the PHN mental health funding:</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.
Activity(ies) / Reference (e.g. Activity 2.1, 2.2, etc)	2.1 headspace 2.2 headspace Youth Early Psychosis Program (hYEPP)
Description of Activity(ies) and rationale (needs assessment)	<p>Aim</p> <p>2.1 headspace</p> <p>On or shortly after 1 July 2016, SEMPHN will have commissioned the two headspace services for which it is currently the Lead Agency (Dandenong and Narre Warren). This is part of the work that SEMPHN is doing to transition from a service provider to a funder of mental health services.</p> <p>Given the two-year transition period for headspace services, in FY16/17, this activity will reflect a continuation of the work currently being delivered by SEMPHN. Notwithstanding the continuation of the existing headspace model, in FY16/17, SEMPHN will review the local effectiveness of the model to: i) identify opportunities for better integration of the existing model with other youth mental health services in the region; ii) identify how this model integrates within a stepped model of care for people with mental ill-health; and iii) identify opportunity for service demand management across the region.</p> <p>In FY16/17, SEMPHN will also assume funding responsibility for the other two headspace services in the region (Bentleigh/Elsternwick and Frankston). These services will also be subject to the same review as noted above.</p>

	<p>2.2 hYEPP</p> <p>SEMPHN will seek to re-contract the current provider of hYEPP services – Alfred Health – for the FY16/17 period. Given the substantial change in funding allocation to this program, SEMPHN will work in partnership with Alfred Health to optimise the outcomes for the local community given finite resources.</p> <p>SEMPHN will also use the FY16/17 period to review the local effectiveness of the model to: i) identify opportunities for better integration of the existing model with other youth mental health and general mental health services in the region; and ii) identify how this model integrates within a stepped model of care for people with mental ill-health.</p> <p>Target population cohorts (for Activities 1.1 and 1.2)</p> <ul style="list-style-type: none"> - Children and adolescents.
Collaboration	<p>2.1 headspace</p> <p>SEMPHN commenced the commissioning process for the two headspace consortia for which SEMPHN was the Lead Agency in February 2016. The assessment of RFTs was concluded in April 2016, with EACH being the winner of the contract for these services for the coming two year period.</p> <p>In this regard, SEMPHN will collaborate with EACH, Headspace and current consortium members to ensure a seamless transmission of business and continuity of clients. Over time, SEMPHN will also work with EACH to consider any changes to the service model to ensure that the youth living in the SEMPHN region requiring mental health support receive appropriate and effective care at the right time.</p> <p>2.2 hYEPP</p> <p>SEMPHN will work with Alfred Health to: i) ensure continuity of care for clients currently in the program; ii) identify appropriate transitions from the service model to ensure client needs are managed; and ii) consider new models for eligibility within the context of youth early psychosis services.</p> <p>More generally, SEMPHN will work with Alfred Health as a key stakeholder, the community and consumers in the future development of models of care in both early psychosis and more broadly the wider reform affecting youth mental health and alcohol and drugs over the coming two years.</p>

Duration	<p>2.1 headspace</p> <ul style="list-style-type: none"> - <i>Proposed Start Date:</i> 1 August 2016 - <i>Proposed Completion Date:</i> 30 June 2018 <p>2.2 hYEPP</p> <ul style="list-style-type: none"> - <i>Proposed Start Date:</i> 1 July 2016 - <i>Proposed Completion Date:</i> 30 June 2017
Coverage	Entire PHN catchment.
Commissioning approach	<p>2.1 headspace</p> <p>As noted above, in February 2016, SEMPHN commenced an extensive and open expression of interest (EOI) process. The EOI process called for an agency to assume the lead for the two Headspace services for which the PHN was the Lead Agent</p> <p>Following completion of the EOI process and the subsequent awarding of a contract, SEMPHN will operate as a commissioner and fund holder.</p> <p>Services that are contracted through this process will be monitored via quarterly reporting, with this data forming the basis for annual evaluations. The evaluation will be conducted by the SEMPHN Evaluation Officer.</p> <p>The ongoing reporting and management of the contracted provider will be managed by a SEMPHN Contract Officer who will be responsible for managing the relationship and contract with the contracted provider.</p> <p>2.2 hYEPP</p> <p>As noted above, Alfred Health will be contracted directly to provide hYEPP services in the SEMPHN region for the period FY16/17.</p> <p>Services that are contracted through this process will be monitored via quarterly reporting, with this data forming the basis for annual evaluations. The evaluation will be conducted by the SEMPHN Evaluation Officer.</p> <p>The ongoing reporting and management of the contracted provider will be managed by a SEMPHN Contract Officer who will be responsible for managing the relationship and contract with the contracted provider.</p>

Proposed Activities	
Priority Area 3: Psychological therapies for rural and remote, under-serviced and /or hard to reach groups	<p>This must reflect priorities as identified in Section 4 of your Needs Assessment, in line with the objectives of the PHN mental health funding:</p> <ul style="list-style-type: none"> • address service gaps in the provision of psychological therapies for people in rural and remote areas and other under-serviced and/or hard to reach populations, making optimal use of the available service infrastructure and workforce.
Activity(ies) / Reference (e.g. Activity 3.1, 3.2, etc)	<p>Aim</p> <p>As noted above for Activities 1 and 4, SEMPHN is proposing to:</p> <ul style="list-style-type: none"> i) extend the ATAPS program for a short period of time; ii) review the application of new low-to-moderate intensity mental health services (this is explained in more detail above (e.g. NewAccess, Big White Wall and BlueBoard)); iii) commission a range of mental health services for people with severe and complex mental illness including care packages. <p>The services referred to in Activities 1 and 4 are designed to target members of the community that are hard to reach and/or underserved, as these offer multiple methods of referral and access (including self-referral).</p> <p>In addition to the above noted activities, SEMPHN is currently conducting a detailed needs analysis and service mapping project. It is intended that this will be completed on or around September 2016. In light of the results presented in this analysis, SEMPHN will revisit the needs of any underserved and/or hard to reach communities in the catchment to ensure an effective and targeted service response. Any subsequent models of care commissioned, will be developed through a process of co-design.</p> <p>Further, all of the options currently being considered (or that will be considered in the future) will be designed to integrate with a broader suite of primary mental health services within a stepped model of care.</p> <p>Target population cohorts (for Activities 1 and 4)</p> <p>There are particular population groups and characteristics of population groups that are recognised as having greater vulnerability in the context of mental health and drug and alcohol-related health issues in the SEMPHN region. These include the following:</p>

	<ul style="list-style-type: none"> - People from a low socio-economic status - Aboriginal and Torres Strait Islanders - Asylum seekers and refugees - People of diverse ethnicity and language groups - Children and adolescents - LGBITQ community - People who are homeless or at risk of homelessness - Women experiencing perinatal depression - People experiencing family violence.
Description of Activity(ies) and rationale (needs assessment)	Refer to Activities 1 and 4.
Collaboration	<p>Refer to Activities 1 and 4.</p> <p>In addition, SEMPLHN will continue to engage regularly with the National Disability and Insurance Agency and the Victorian Department of Health and Human Services to ensure an integrated and consistent service response for those with mental ill-health that are hard to reach or underserved.</p>
Duration	Refer to Activities 1 and 4.
Coverage	Refer to Activities 1 and 4.
Commissioning approach	<p>Refer to Activities 1 and 4.</p> <p>Where additional needs are identified, SEMPLHN will undertake a process of co-design with stakeholders, the community and consumers and carers to develop an appropriate and well-targeted service response. This will be in line with the identified needs and the outcomes framework.</p> <p>Having done so, SEMPLHN will then issue a Request for Tender, inviting suitable service providers to tender to meet the identified outcomes. Services that are contracted through this process will be monitored via quarterly reporting, with this data forming the basis for annual evaluations. The evaluation will be conducted by the SEMPLHN Evaluation Officer.</p> <p>The ongoing reporting and management of the contracted provider will be managed by a SEMPLHN Contract Officer who will be responsible for managing the relationship and contract with the contracted provider.</p>

Proposed Activities	
Priority Area 4: Mental health services for people with severe and complex mental illness including care packages	<p>This must reflect priorities as identified in Section 4 of your Needs Assessment, in line with the objectives of the PHN mental health funding:</p> <ul style="list-style-type: none"> commission primary mental health care services for people with severe mental illness being managed in primary care, including clinical care coordination for people with severe and complex mental illness who are being managed in primary care including through the phased implementation of primary mental health care packages and the use of mental health nurses.
Activity(ies) / Reference (e.g. Activity 4.1, 4.2, etc)	4.1 Mental Health Nurse Incentive Program (MHNIP) 4.2 Partners in Recovery (PIR) – Dandenong and Frankston 4.3 Support for People with Severe and Complex Mental Illness
Description of Activity(ies) and rationale (needs assessment)	<p>Aim</p> <p>4.1 MHNIP Extension and Transition</p> <p>SEMPHN will extend the existing MHNIP for a period of time to ensure continuity of services for existing clients. This transition period will occur over a 12 month period, and will involve the following:</p> <ol style="list-style-type: none"> The imposition of increased reporting requirements for registered providers Redistribution of services based on community and consumer need (and away from historical allocation). <p>4.2 Partners in Recovery (PIR) – Dandenong and Frankston</p> <p>SEMPHN will continue to operate as Lead Agent for two Partners in Recovery programs, in Dandenong and Frankston respectively until they transition into the NDIS in 2018. These programs will continue to, among other things, facilitate better coordination of clinical and other supports and services to deliver 'wrap-around' care for people with severe and complex mental illness.</p> <p>Given the focus on PIR on collaboration and coordination amongst health and non-health services, SEMPHN will seek to leverage the work of these PIR services to assist with system coordination and the design of individual care packages</p>

for people with severe and complex mental illness. As noted above, this will be done in conjunction with the detailed needs analysis and service mapping exercise that currently being undertaken and which should be completed by September 2016.

4.3 Support for People with Severe and Complex Mental Illness

In parallel with the extension and transition of MHNIP services, SEMPHN will identify, design and commission new mental health services for people with severe and complex mental illness.

The development of these new models will be borne out of the continued evaluation of MHNIP services over the transition period identified in Activity 4.1 above, the detailed service mapping and needs analysis currently being undertaken, and consumer, carer and community co-design efforts. Any efforts designed to develop care packages for people with severe and complex mental ill-health will involve identifying the following:

- improved clinical care coordination between acute and non-acute settings
- opportunities for greater collaboration between health and non-health sectors, and
- combining health responses that address an individual's mental and physical health needs.

It is proposed that a revised model designed to support people with severe and complex mental illness will replace MHNIP during the course of FY16/17, and into FY17/18. In developing this model, the SEMPHN will need to be cognisant of the changes being implemented by the NDIS, the reduced capacity of Mental Health Community Support Services and the role of acute care services to ensure that funding is appropriately targeted (while ensure that the PHN does not fund out-of-scope activities).

Target cohorts (Activities 4.1 and 4.2)

- People from a low socio-economic status
- Aboriginal and Torres Strait Islanders
- Asylum seekers and refugees
- People of diverse ethnicity and language groups
- Children and adolescents
- LGBITQ community
- People who are homeless or at risk of homelessness
- Women experiencing perinatal depression
- People experiencing family violence.

Collaboration	<p>4.1 This activity will be led by the PHN</p> <p>4.2 This activity will be led by the PHN</p> <p>4.3 SEMPHN will seek to engage with the Victorian Department of Health and Human Services and the local branch of the National Disability Insurance Agency when developing the packaged model of care. This will be done to ensure that the new services and models commissioned by the PHN interface and work effectively with the other community mental health support services available to individuals with severe and complex mental illness.</p>
Duration	<p>4.1 MHNIP Extension and Transition</p> <ul style="list-style-type: none"> - <i>Proposed Start Date:</i> 1 July 2016 - <i>Proposed Completion Date:</i> 30 June 2017 <p>4.2 PIR</p> <ul style="list-style-type: none"> - Ongoing <p>4.3 Care Packages for People with Severe and Complex Mental Illness</p> <ul style="list-style-type: none"> - <i>Proposed Start Date:</i> 1 February 2017 - <i>Proposed Completion Date:</i> 30 June 2018.
Coverage	Entire PHN region.
Commissioning approach	<p>4.1 MHNIP Extension and Transition</p> <p>As noted above and as mandated by the Commonwealth Government, existing MHNIP providers will be directly (re)contracted to provide MHNIP in the SEMPHN region for the period FY16/17.</p> <p>Services that are contracted through this process will be monitored via quarterly reporting, with this data forming the basis for annual evaluations. The evaluation will be conducted by the SEMPHN Evaluation Officer. SEMPHN will also conduct random clinical audits.</p> <p>The ongoing reporting and management of the contracted provider will be managed by a SEMPHN Contract Officer who will be responsible for managing the relationship and contract with the contracted provider.</p> <p>See below for the output and outcome measures that will be sought.</p>

	<p>4.2 PIR NA</p> <p>4.3 Support for People with Severe and Complex Mental Illness Activity 4.1 will involve services being commissioned by the PHN. This will involve a broad level of market engagement, followed by a request for tender (RFT process).</p> <p>Services that are contracted through this process will be monitored via monthly reporting, with this data forming the basis for six-monthly activity evaluations to be conducted by the SEMPHN Evaluation Officer.</p> <p>The ongoing reporting and management of the contracted provider will be managed by a SEMPHN Contract Officer who will be responsible for managing the relationship and contract with the contracted provider.</p>
--	---

Proposed Activities	
Priority Area 5: Community based suicide prevention activities	<p>This must reflect priorities as identified in Section 4 of your Needs Assessment, in line with the objectives of the PHN mental health funding:</p> <ul style="list-style-type: none"> encourage and promote a systems based regional approach to suicide prevention including community based activities and liaising with Local Hospital Networks (LHNs) 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, including Aboriginal and Torres Strait Islander people.
Activity(ies) / Reference (e.g. Activity 5.1, 5.2, etc)	5.1 Extension of current community based suicide prevention activities 5.2 Revised community based suicide prevention activities
Description of Activity(ies) and rationale (needs assessment)	<p>Aim</p> <p>5.1 Extension of current community based suicide prevention activities</p> <p>A range of Commonwealth funded community based suicide prevention activities currently operate within the SEMPHN region. These services include:</p> <ul style="list-style-type: none"> Prevention Postvention (ie, follow-up care for family and friends following a suicide), and Community and workforce development activities for primary health care professionals. <p>Given the breadth of these services, SEMPHN proposes to extend the current community based suicide prevention activities for a period of time. This will also include extending the scope of the current service providers to ensure that the activities delivered in the SEMPHN region are appropriately targeted to and focused on the need of the local community.</p> <p>5.2 Revised community based suicide prevention activities*</p> <p>SEMPHN is currently considering the application of additional and applicable community based suicide prevention activities that take into account The Black Dog Institute's approach to suicide prevention, captured in 'The Systems Approach to Suicide Prevention'. This includes, but is not limited to beyondblue's 'The Way Back Support Service'.</p> <p>The Way Back Support Service is a low-cost, low-stigma suicide prevention model that delivers person-centred, non-clinical care and practical support in the critical three months after a suicide attempt through assertive outreach. The</p>

	<p>service aims to prevent repeat suicide attempts and suicide deaths. The service adopts a culturally sensitive, strengths-based and collaborative approach to care.</p> <p>Following a referral to the Support Service, support coordinators contact the client within 24-48 hours and work with them to:</p> <ul style="list-style-type: none"> - develop a safety plan - set goals - provide support, coaching and motivation to encourage individuals to build skills and motivation to stay alive - stay connected to informal and formal supports that strengthen their mental health and promote recovery. These services may include clinical care, safe and secure housing, financial or relationship counselling, getting back to study or work or keeping in touch with family and friends. <p>* Please note that community based suicide prevention activities for the Aboriginal and Torres Strait Islander population are considered in Priority Area 6 below.</p>
Collaboration	<p>5.1 and 5.2. These activities will be led by the PHN. However, the PHN will also seek to engage with the Victorian Department of Health and Human Services and the other Victorian PHNs when developing the revised community based suicide prevention activities. This will be done to ensure that SEMPLHN is working with the DHHS to leverage the commitment of the Victorian Government to address suicide in the community, as noted in its 10 Year Mental Health Plan and as funded in the FY16/17 Victorian Budget, as well as to ensure consistency across the Victorian region.</p>
Duration	<p>5.1 Extension of current community based suicide prevention activities</p> <ul style="list-style-type: none"> - <i>Proposed Start Date:</i> 1 July 2016 - <i>Proposed Completion Date:</i> 30 June 2017 <p>5.2 Revised community based suicide prevention activities</p> <ul style="list-style-type: none"> - <i>Proposed Start Date:</i> 1 October 2016 - <i>Proposed Completion Date:</i> 30 June 2018
Coverage	<ul style="list-style-type: none"> - City of Port Phillip - City of Frankston - Shire of Cardinia - Shire of Mornington Peninsula - Greater Dandenong.

Commissioning approach	<p>5.1 Extension of current community based suicide prevention activities</p> <p>As noted above, existing providers of community based suicide prevention activities in the SEMPHN region will be directly (re)contracted to provide these services.</p> <p>Services that are contracted through this process will be monitored via quarterly reporting, with this data forming the basis for annual evaluations. The evaluation will be conducted by the SEMPHN Evaluation Officer.</p> <p>The ongoing reporting and management of the contracted provider will be managed by a SEMPHN Contract Officer who will be responsible for managing the relationship and contract with the contracted provider.</p> <p>5.2 Revised community based suicide prevention activities</p> <p>Activity 5.2 will involve services being commissioned by the PHN. This will involve a broad level of market engagement, followed by a request for tender (RFT process).</p> <p>Services that are contracted through this process will be monitored via monthly reporting, with this data forming the basis for six-monthly activity evaluations to be conducted by the SEMPHN Evaluation Officer.</p> <p>The ongoing reporting and management of the contracted provider will be managed by a SEMPHN Contract Officer who will be responsible for managing the relationship and contract with the contracted provider.</p>
------------------------	--

Proposed Activities	
Priority Area 6: Aboriginal and Torres Strait Islander mental health services	<p>This must reflect priorities as identified in Section 4 of your Needs Assessment, in line with the objectives of the PHN mental health funding:</p> <ul style="list-style-type: none"> 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. For this Objective, both the <i>Primary Health Networks Grant Programme Guidelines - Annexure A1 - Primary Mental Health Care</i> and the <i>Indigenous Australians' Health Programme – Programme Guidelines</i> apply.
Activity(ies) / Reference (e.g. Activity 6.1, 6.2, etc)	<p>6.1 Integrated mental health services for Aboriginal and Torres Strait Islander people in SEMPHN</p> <p>6.2. Coordinated approach to mental health services for Aboriginal and Torres Strait Islander people throughout Victoria</p>
Description of Activity(ies) and rationale (needs assessment)	<p>Aim</p> <p>6.1 Integrated mental health services for Aboriginal and Torres Strait Islander people in SEMPHN</p> <p>SEMPHN will commission and/or recommission culturally sensitive mental health services for the Aboriginal community. Such commissioned services will represent both a spread of specialist Aboriginal and mainstream mental health services (including community based suicide prevention activities). Further, such commissioned services will take into account the Stepped Model of Care required for this cohort, including care coordination to assist consumers and system navigation support to ensure individuals receive the right care, in the right place and at the right time</p> <p>6.2. Coordinated approach to mental health services for Aboriginal and Torres Strait Islander people throughout Victoria</p> <p>Collaborating with the other Victorian PHNs, the Victorian Department of Health and Human Services, the Victorian Aboriginal Community Controlled Health Organisation, and other relevant Aboriginal health services to identify opportunities for state and regional responses to the issue of Aboriginal mental health, including suicide prevention activities.</p>
Collaboration	6.1 To be led by SEMPHN

	6.2 Collaboration will be sought from the Victorian Primary Health Network Alliance and the State Department of Health and Human Services to identify opportunities for state and regional responses to the issue of Aboriginal mental health, including suicide prevention activities.
Duration	<p>6.1 Integrated mental health services for Aboriginal and Torres Strait Islander people in SEMPHN</p> <ul style="list-style-type: none"> - <i>Proposed Start Date:</i> 1 July 2016 - <i>Proposed Completion Date:</i> 30 June 2018 <p>6.2. Coordinated approach to mental health services for Aboriginal and Torres Strait Islander people throughout Victoria</p> <ul style="list-style-type: none"> - <i>Proposed Start Date:</i> 1 February 2017 - <i>Proposed Completion Date:</i> 30 June 2018
Coverage	<ul style="list-style-type: none"> - City of Port Philip - City of Frankston
Commissioning approach	<p>6.1 Revised community based suicide prevention activities</p> <p>Activity 6.1 will involve services being commissioned by the PHN. This will involve a select tender process (i.e. a targeted approach to the market), targeting those providers that specialise in Aboriginal and Torres Strait Islander mental health.</p> <p>While the organisations that will participate in the select tender are yet to be identified, SEMPHN is already considering potential participants, including those developed by beyondblue, for example.</p> <p>Services that are contracted through this process will be monitored via monthly reporting, with this data forming the basis for six-monthly activity evaluations to be conducted by the SEMPHN Evaluation Officer.</p> <p>The ongoing reporting and management of the contracted provider will be managed by a SEMPHN Contract Officer who will be responsible for managing the relationship and contract with the contracted provider.</p>

	<p>6.2.Coordinated approach to mental health services for Aboriginal and Torres Strait Islander people throughout Victoria</p>
--	---

SEMPHN is yet to determine the approach to commissioning a coordinated approach to mental health services for Aboriginal and Torres Strait Islander people. This will likely be done in consultation with the other Victorian PHNs, as well as with the local Aboriginal and Torres Strait Islander community and service providers in the catchment.

In conducting the above activities, SEMPHN will ensure to use the funding previously allocated by the Department for planning. SEMPHN will therefore not use any funds allocated for service delivery to the planning activities noted above.

Further, SEMPHN will provide the Department with an updated Activity plan by no later than 1 October 2016 outlining the specific activities and services that will be commissioned in relation to this priority.

Proposed Activities	
Priority Area 7: Stepped care approach	<p>This must reflect priorities as identified in Section 4 of your Needs Assessment, in line with the objectives of the PHN mental health funding:</p> <ul style="list-style-type: none"> a continuum of primary mental health services within a person-centred stepped care approach so that a range of service types, making the best use of available workforce and technology, are available within local regions to better match with individual and local population need.
Activity(ies) / Reference (e.g. Activity 7.1, 7.2, etc)	<p>7.1 Intake, Care Coordination and System Integration</p> <p>7.2 Development of a systematic, lean and transparent approach to reporting and service evaluation</p>
Description of Activity(ies) and rationale (needs assessment)	<p>Aim</p> <p>7.1 Intake, Care Coordination and System Integration</p> <p>Development and commissioning of a mental health service triage system. The purpose of this will be to ensure that all mental health consumers seeking SEMPHN commissioned services are captured and triaged via a central intake and triage system. This will provide the foundation for a stepped model of care, as SEMPHN will have a detailed and consistent understanding of those that have entered the SEMPHN funded mental health service system.</p> <p>In developing a mental health service triage system, SEMPHN will consider a range of factors, including (but not limited to):</p> <ul style="list-style-type: none"> the technology platform to be used available resources the relationship with any potential digital gateway that the Commonwealth Department of Health may commission other current and future areas of priority as determined by the Commonwealth Department of Health. <p>In parallel with the central intake and triage system, SEMPHN will develop and commission a care coordinator, system integration and concierge function. The purpose of this will be to support consumers through their recovery journey, including when they need to step-up or down, depending on their mental ill-health</p>

	<p>7.2 Development of a systematic, lean and transparent approach to reporting and service evaluation</p> <p>As noted throughout this document, ongoing monitoring, reporting and evaluation will be a critical feature of SEMPHN's commissioning efforts. This will be true not only for mental health related activities, but also for those relating to alcohol and other drugs and chronic disease, more generally.</p> <p>On this basis, SEMPHN will design and develop a lean and transparent approach to reporting and service evaluation. As its core, this will enable commissioned agencies to report necessary data at appropriate intervals to the PHN and will also allow the PHN to respond to submitted data in a responsive manner to ensure service fidelity and effectiveness. In line with the PHN's broader commissioning efforts, this system will be co-designed to ensure that it enhances service effectiveness and transparency, rather than imposes burdensome requirements that do not support improved health outcomes. Ultimately, this will provide the PHN with the necessary platform to demonstrate leadership amongst the sector by inspiring services to improve in line with the mandated performance requirements.</p>
Collaboration	<p>7.1 Intake, Care Coordination and System Integration</p> <p>SEMPHN will seek to engage with the Victorian Department of Health and Human Services and the local branch of the National Disability Insurance Agency when developing the packaged model of care. This will be done to ensure that the new services and models commissioned by the PHN interface and work effectively with the other community mental health support services available to individuals with severe and complex mental illness.</p> <p>In addition, SEMPHN will work closely with local general practitioners to engage them in the process of care coordination and system integration. While it is unlikely that GPs themselves will undertake this function, they will certainly be a critical component in auspicing such a function (e.g. such as a mental health nurse or care coordinator working out of a general practice location).</p> <p>7.2 Development of a systematic, lean and transparent approach to reporting and service evaluation</p> <p>SEMPHN will work closely with current and future funded agencies in the development of a data reporting and service evaluation system. This will be critical to ensure high take up, usability and effectiveness of such a system.</p>
Duration	<p>7.1 Intake, Care Coordination and System Integration</p> <ul style="list-style-type: none"> - <i>Proposed Start Date:</i> 1 October 2016 - <i>Proposed End Date:</i> 30 June 2017 <p>7.2 Development of a systematic, lean and transparent approach to reporting and service evaluation</p> <ul style="list-style-type: none"> - <i>Proposed Start Date:</i> 1 July 2016

	- <i>Proposed End Date: 1 January 2017</i>
Coverage	Entire PHN region.
Commissioning approach (If applicable)	<p>SEMPHN has not yet confirmed its approach to commissioning a stepped model of care.</p> <p>SEMPHN plans to consider how this may be done during the first quarter of FY16/17, working closely with general practitioners, existing service providers and the community and consumers. Once determined, SEMPHN will adopt a process in line with those identified above with regards to approaching the market and to reporting, monitoring and contract management.</p>

Proposed Activities	
Priority Area 8: Regional mental health and suicide prevention plan	<p>This must reflect priorities as identified in Section 4 of your Needs Assessment, in line with the objectives of the PHN mental health funding:</p> <ul style="list-style-type: none"> evidence based regional mental health and suicide prevention plans and service mapping to identify needs and gaps, reduce duplication, remove inefficiencies and encourage integration.
Activity(ies) / Reference (e.g. Activity 8.1, 8.2, etc)	<p>8.1 Preliminary catchment wide service mapping and needs analysis</p> <p>8.2 Development of a regional mental health and suicide prevention plan</p>
Description of Activity(ies) and rationale (needs assessment)	<p>Aim</p> <p>8.1 Preliminary catchment wide service mapping and needs analysis</p> <p>SEMPHN is currently undertaking a detailed service mapping and needs analysis exercise. This is due to be completed by September 2016. This exercise will provide SEMPHN with much of the key information and data necessary to begin to reshape the mental health service system in the region. As such, this work will be a critical input to ensuring that the PHN's resources target those areas most in need.</p> <p>Critically, this piece of work is being undertaken at the same time as a similar piece of work is underway in relation to the service system and population health needs relating to alcohol and other drugs in the SEMPHN region.</p> <p>This work will be a critical input into the development of a coherent and robust stepped model of care.</p> <p>8.2 Development of a regional mental health and suicide prevention plan</p> <p>Leveraging the output identified in Activity 8.1, SEMPHN will bring together the broader community across the catchment to refine the region-wide approach and understanding of the mental health needs and current service gaps across the catchment. This will complement the extensive consultation that SEMPHN has already undertaken in relation to the population health needs and future system responses (see Mental Health Needs Analysis for a full description of the consultation).</p>
Collaboration	<p>For Activity 8.1, SEMPHN has sought to collaborate extensively with key stakeholders across the region. This has included LHNs, current service providers, local and state government agencies and consumers and carers.</p> <p>As for Activity 8.1, collaboration will be extensive for Activity 8.2.</p>

Duration	8.1 Preliminary catchment wide service mapping and needs analysis <ul style="list-style-type: none"> - <i>Start Date:</i> February 2016 - <i>End Date:</i> September 2016 8.2 Development of a regional mental health and suicide prevention plan <ul style="list-style-type: none"> - <i>Proposed Start Date:</i> May 2016 - <i>Proposed End Date:</i> December 2016
Coverage	Entire PHN region.
Commissioning approach (If applicable)	NA

