



**Australian Government**  
**Department of Health**



An Australian Government Initiative

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

## ***South Eastern Melbourne PHN***

The Mental Health Activity Work Plan must be lodged to <name of Grant Officer> via email <email address> on or before 17 February 2017.

## Overview

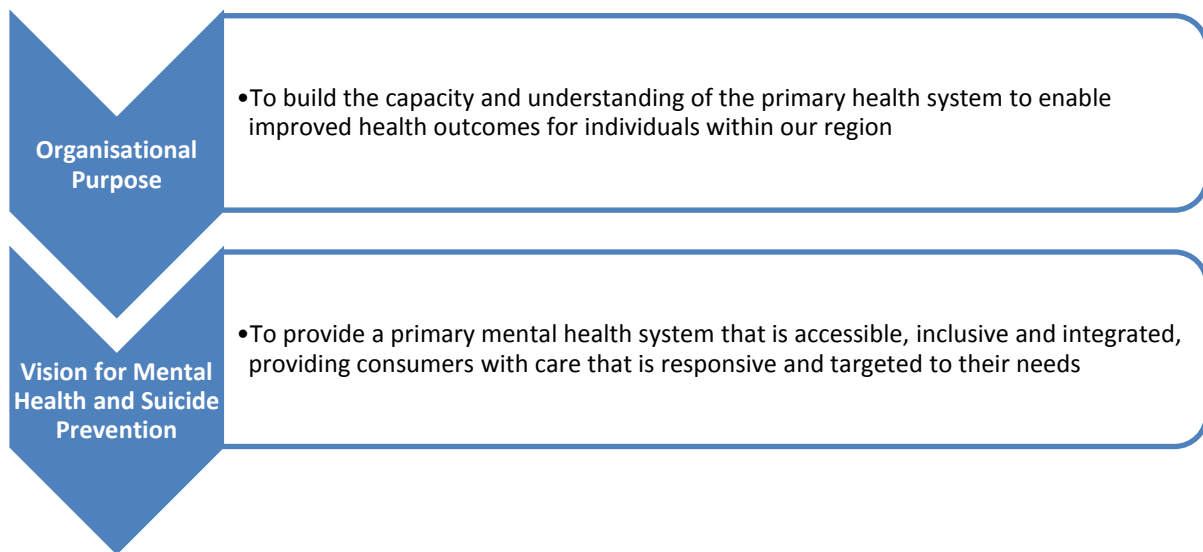
This Activity Work Plan is an update to the 2016-17 Activity Work Plan submitted to the Department in May 2016. However, activities can be proposed in the Plan beyond this period.

The duration of activities and terminology have been updated for the purposes of consistency throughout all Activity Work Plans.

As instructed, completed and discontinued activities are represented at the end of this document.

## 1. (a) Strategic Vision

### Strategic Vision



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 capable 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.

### SEMPHN Commissioning Method

Commissioning refers to the strategic procurement, monitoring and evaluation of health and related services. SEMPHN's commissioning decisions are informed by:

- Population health analysis
- Evidence review
- Service mapping.

SEMPHN's commissioning activities are consistent with the Australian Government Department of Health commissioning guidelines in so far as they have:

- A strategic approach to purchasing that seeks to ensure that services meet the health needs of the population and contribute towards service and system improvement and innovation.

SEMPHN's commissioning approach is further underpinned by our key principles which are:

- Value for money
- Ethical behaviour and probity
- Competition
- Efficiency and effectiveness
- Equity and sustainability.
- Stakeholder consultation

Commissioning is a continuous process that requires SEMPHN to be responsible for:

- Strategic planning – assessing the needs of the community and available health services, and determining priorities based on service analysis and professional and community input.
- Service procurement – purchasing health services in line with outcomes of strategic planning, the PHN objectives and the identified local and national priorities for the PHN.
- Monitoring and review – assessing the efficiency and effectiveness (including value for money) of health services and implementing strategies to address gaps and underperformance.

SEMPHN uses Tenderlink to advertise tenders to the market and to manage the procurement process through to contract award stage. The approach to market maybe via an expression of interest, competitive tender or closed/select tender process.

SEMPHN manages its procurement of goods and services to obtain the best 'value for money' and maximise operational benefits, whilst maintaining the highest standards of probity and corporate responsibility, accountability, transparency and confidentiality.

SEMPHN service development officers will work with all commissioned agencies to prepare a contractor work plan. All contracted services will be monitored via progress reports, data collection and client feedback surveys. Evaluation plans will further inform future commissioning activities and contribute to continuous improvement and capacity building of health services.

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

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

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

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"> <li>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 <b>low intensity mental health services</b>.</li> </ul>
Activity(ies) / Reference (e.g. Activity 1.1, 1.2, etc)	<p>1.1. Commissioning of new service elements replacing Access to Allied Psychological Services (ATAPS)</p> <p>1.2. Multi-modal low intensity mental health services, replacing ATAPS</p>
Existing, Modified, or New Activity	Existing
Description of Activity	<p><b>Aim</b></p> <p>1.1. SEMPHN will seek to revise the design of the program to ensure that it represents a less costly model than the model currently employed. Program guidelines will be reviewed to ensure low intensity service elements are embedded within a stepped care model.</p> <p>1.2. With the extension and replacement of ATAPs, SEMPHN will implement the new designed service elements and commission low intensity mental health services in the region that represent value for money that are aligned 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>Lead site low intensity mental health services that have been commissioned include a number of modalities that are being monitored to further inform future commissioning activities</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. 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 where required (e.g. employment, financial or housing assistance).</p> <p>SEMPHN will implement intake, care coordination and system integration in 2017/2018.</p>
Target population cohort	<p><b>Target population cohorts (for Activities 1.1 and 1.2)</b></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"> <li>- People from a low socio-economic status</li> <li>- Aboriginal and Torres Strait Islanders</li> </ul>

	<ul style="list-style-type: none"> <li>- Asylum seekers and refugees</li> <li>- People of diverse ethnicity and language groups</li> <li>- Children and adolescents</li> <li>- LGBTIQ community</li> <li>- People who are homeless or at risk of homelessness</li> <li>- Women experiencing perinatal depression</li> <li>- People experiencing family violence.</li> </ul>
Consultation	<p>SEMPHN will continue to collaborate and consult during the designing of new service elements within the stepped care model. Mental Health roundtable forums will be attended by mental health agencies that currently deliver services within the SEMPHN catchment, LHNs and Victorian DHHS representatives focused on developing a vision roadmap for mental health services reflecting the need for a multi-model and stepped care approach.</p> <p>A mental health consumers, carers and consumer advocates forum will be convened 2017 that focuses on the designing of future mental health services in the SEMPHN catchment building on previous contributions provided by this cohort.</p>
Collaboration	<p>For the activities listed in Item 1.2, SEMPHN 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 SEMPHN's commissioning principles is the concept of co-design. Therefore, through the various stakeholder, consumer and carer consultations that SEMPHN has already undertaken and is planning to undertake over the coming 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.</p>
Duration	<p><b>1.1 Commissioning of service elements replacing ATAPS</b> 2017 - 2018</p> <p><b>1.2 Multi-modal low intensity mental health services, replacing ATAPS</b> 2017 - 2018.</p>
Coverage	Entire SEMPHN Catchment

Commissioning method (if relevant)	Refer to SEMPHN Commissioning Method on <a href="#">page 2</a>
Approach to market	Open tender
Decommissioning	The service elements of the current ATAPS model will be redeveloped – please note that the provision of free psychological services will be considered and aligned within the stepped care model.
Performance Indicator	<p>The mandatory performance indicators for this priority are:</p> <ul style="list-style-type: none"> <li>• Proportion of regional population receiving PHN-commissioned mental health services – Low intensity services.</li> <li>• Average cost per PHN-commissioned mental health service – Low intensity services.</li> <li>• Clinical outcomes for people receiving PHN-commissioned low intensity mental health services.</li> </ul> <p>In addition to the mandatory performance indicator, you may select a local performance indicator.</p> <p>What local performance indicator will measure the outcome of this activity?</p> <ul style="list-style-type: none"> <li>• Number of clients served in general and vulnerable population groups (Output)</li> <li>• Number of psychological sessions provided to clients in general and vulnerable population groups (Output)</li> <li>• Client satisfaction as measured by a client satisfaction survey (YES Survey) (Output)</li> <li>• Number of allied health providers (AHP) commissioned to provide services (Output)</li> <li>• Average number of sessions per client (Output)</li> <li>• Services commissioned according to local area needs (Process)</li> </ul>
Local Performance Indicator target (where possible)	Targets and baseline to be determined
Local Performance Indicator Data source	Primary Mental Health Care Minimum Dataset (PMHC-MDS)

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"> <li>support region-specific, cross sectoral approaches to early intervention for <b>children and young people</b> 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.</li> </ul>
Activity(ies) / Reference (e.g. Activity 1.1, 1.2, etc)	<p>2.1 headspace 2.2 headspace Youth Early Psychosis Program (hYEPP) 2.3 Expansion of headspace services</p>
Existing, Modified, or New Activity	<p>2.1 Existing 2.2 Existing 2.3 New</p>
Description of Activity	<p><b>Aim</b></p> <p><b>2.1 headspace</b></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:</p> <ol style="list-style-type: none"> <li>identify opportunities for better integration of the existing model with other youth mental health services in the region;</li> <li>identify how this model integrates within a stepped model of care for people with mental ill-health; and</li> <li>identify opportunity for service demand management across the region.</li> </ol>



In FY16/17, SEMPLHN 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.

SEMPHN currently contracts 3 lead agencies for 4 headspace centres namely Elsternwick/Bentleigh, Frankston, Dandenong and Narre Warren. The PHN will continue to work with these service providers to strengthen key components of the headspace model, in particular enhanced access and family and friend participation.

The PHN will attend bi-annual consortium planning days with for each centre to ensure activities are aligned with PHN priorities as identified in the needs assessment.

SEMPHN will continue to monitor the local effectiveness of the model and provide guidance to general practice on effective engagement of young people presenting with mental health issues.

SEMPHN with input from the Clinical advisory group will provide guidance to service providers as we transition to the stepped care model and seek to integrate the headspace model with other mental health services in the region.

## **2.2 hYEPP**

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, SEMPLHN will work in partnership with Alfred Health to optimise the outcomes for the local community given the finite resources.

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.

With the announcement that funding will be restored to the EPYS/ hYEPP program, SEMPLHN will work with Alfred health to build workforce capacity and restore services across the catchment. The SEMPLHN service development officer will monitor performance to ensure the service continues to meets the needs of young people who are at ultra-high risk of or experiencing first episode psychosis.

	<b>2.3 headspace expansion</b> SEMPHN have submitted an EOI to expand headspace services in the SEMPHN region.
Target population cohort	Young people aged 12-25
Consultation	SEMPHN will attend planning meetings with centre managers and clinical leads and headspace consortium partners.  SEMPHN will continue to engage with a range of key stakeholders, consortium partners, general practice and community based primary health care organisations to improve integration between the headspace model and the broader primary mental health care services.
Collaboration	<b>2.1 headspace</b>  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.  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.  <b>2.2 hYEPP</b>  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.  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 other drugs over the coming two years.

	<p>EACH - Lead Agency</p> <p>YSAS - Lead Agency</p> <p>Alfred Health - Lead Agency</p> <p>Monash health - LHN</p> <p>Peninsula health - LHN</p> <p>Consortium partners - broad range of community health care organisations – support and referral.</p> <p>headspace school support –Suicide postvention and recovery</p> <p>General practice- assessment and referral – care coordination</p>
Duration	2016 - 2018
Coverage	Entire SEMPHN Catchment
Commissioning method (if relevant)	Refer to SEMPHN Commissioning Method on <a href="#">page 2</a>
Approach to market	Open tender
Decommissioning	NIL
Performance Indicator	<p>Priority Area 2 - Mandatory performance indicator:</p> <ul style="list-style-type: none"> <li>• support region-specific, cross sectoral approaches to early intervention for <b>children and young people</b> 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.</li> <li>• Number of clients per headspace centre for hYEPP and general headspace</li> <li>• Number of client sessions per headspace centre for hYEPP and general headspace</li> <li>• Client satisfaction as measured by a client satisfaction survey (YES Survey)</li> <li>• Average number of sessions per client</li> </ul>
Local Performance Indicator target (where possible)	Targets and baseline to be determined.

Local Performance Indicator Data source	headspace Minimum Dataset
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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"> <li>encourage and promote a systems-based regional approach to <b>suicide prevention</b> 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.</li> </ul>
Activity(ies) / Reference (e.g. Activity 1.1, 1.2, etc)	<p>5.1 Commission current community-based suicide prevention activities</p> <p>5.2 Revised community-based suicide prevention activities</p>
Existing, Modified, or New Activity	Existing
Description of Activity	<p><b>Aim</b></p> <p><b>5.1 Commission current community-based suicide prevention activities</b></p> <p>A range of community-based suicide prevention interventions will be commissioned across the SEMPHN region. These interventions may include:</p> <ul style="list-style-type: none"> <li>- Prevention</li> <li>- Postvention (ie, follow-up care for family and friends following a suicide), and</li> <li>- Community and workforce development activities for primary health care professionals.</li> </ul> <p>Given the breadth of these services, SEMPHN proposes to commission community-based suicide prevention activities for a two year period. This may include extending the scope of the current service providers to ensure activities delivered in the SEMPHN region are appropriately targeted to and focused on the need of the local community.</p> <p><b>5.2 Revised community-based suicide prevention activities</b></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</p>

	<p>prevention, captured in <a href="#">‘The Systems Approach to Suicide Prevention’</a>. 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 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"> <li>- develop a safety plan</li> <li>- set goals</li> <li>- provide support, coaching and motivation to encourage individuals to build skills and motivation to stay alive</li> <li>- 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.</li> </ul> <p>Please note:</p> <ol style="list-style-type: none"> <li>1) SEMPLHN is also working with the State government and the other Victorian PHNs in a parallel piece of work to roll out the suicide prevention place based trials within the Frankston and Dandenong regions.</li> <li>2) Community based suicide prevention activities for the Aboriginal and Torres Strait Islander population are considered in Priority Area 6 below.</li> </ol>
Target population cohort	Activity will be targeted to individuals in areas of high needs in Port Phillip, Frankston, Dandenong and Cardinia.
Consultation	<p>SEMPHN has and will consult with:</p> <ul style="list-style-type: none"> <li>• LHNs and emergency departments</li> <li>• Service providers that already provide services within the catchment such as Jesuit, SANE and Incolink</li> </ul>

	<ul style="list-style-type: none"> <li>Schools and educational facilities</li> <li>Consumers</li> </ul>
Collaboration	<p>5.1 and 5.2. These activities will be led by the PHN. However, the PHN will also 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 SEMP HN 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> <p>SEMP HN will continue to collaborate with LHNs for the placed based suicide prevention trials.</p>
Duration	<p><b>5.1 Extension of current community-based suicide prevention activities</b></p> <p>2017 - 2018</p> <p><b>5.2 Revised community based suicide prevention activities</b></p> <p>2017 - 2018</p>
Coverage	<ul style="list-style-type: none"> <li>- City of Port Phillip</li> <li>- City of Frankston</li> <li>- Shire of Cardinia</li> <li>- Shire of Mornington Peninsula</li> <li>- City of Greater Dandenong.</li> </ul>
Commissioning method (if relevant)	Refer to SEMP HN Commissioning Method on <a href="#">page 2</a>
Approach to market	Open tender
Decommissioning	Potentially decommission the current community based suicide prevention activities and replace with activities that are more closely aligned with the updated suicide prevention plan.
Performance Indicator	<p>The mandatory performance indicator for this priority is:</p> <ul style="list-style-type: none"> <li>Number of people who are followed up by PHN-commissioned services following a recent suicide attempt.</li> </ul>

	<p>In addition to the mandatory performance indicator, you may select a local performance indicator.</p> <p>What local performance indicator will measure the outcome of this activity?</p> <ul style="list-style-type: none"> <li>• Regional rate of suicide completion (Output)</li> <li>• Regional rate of hospitalisation for suicide and self-harm (Output)</li> <li>• Number of clients served by commissioned suicide prevention services (Output)</li> <li>• Number of service activities provided by commissioned services (Output)</li> </ul>
Local Performance Indicator target (where possible)	Targets and baseline to be determined.
Local Performance Indicator Data source	AIHW My Healthy Communities, Victorian Department of Health and Human Services, National Suicide Prevention Program MDS, Evaluation materials from commissioned entities.

Proposed Activities	
<b>Priority Area 6: Aboriginal and Torres Strait Islander mental health services</b>	<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"> <li>• enhance access to and better integrate <b>Aboriginal and Torres Strait Islander mental health services</b> 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.</li> </ul>
Activity(ies) / Reference (e.g. Activity 1.1, 1.2, etc)	<p>6.1 Improved access to integrated pathways</p> <p>6.2 Assertive outreach for socially isolated and disengaged indigenous youth</p>
Existing, Modified, or New Activity	Existing
Description of Activity	<b>Aim</b>

	<p>Improving access to existing services, particularly for indigenous youth, and strengthening pathways through the mental health system are the key needs identified in the SEMPLHN catchment. As such, the activities have been designed to strengthen these links and further integrate services. SEMPLHN will also work to ensure services apply flexible models of care and culturally safe practices to ensure they are appropriate and effective for the Aboriginal community living within the catchment.</p> <p><b>6.1 Improve access to integrated pathways</b></p> <p>SEMPHNP will engage local providers to incorporate and expand the successful pathways model piloted in the Frankston Mornington Peninsula area across the remainder of the catchment. This model reflects the mental health and cultural healing needs of the local aboriginal community and applies flexible models of care that aim to strengthen the cultural identity and wellbeing of clients.</p> <p><b>6.2. Assertive outreach for socially isolated and disengaged youth</b></p> <p>SEMPHNP will facilitate proactive engagement with socially isolated and disengaged youth through assertive outreach and support their navigation through the local service system, including headspace and the Integrated Team Care program and ensure their integration with local hospital networks and AOD providers. The focus will be to reduce self-harm, emergency department attendances, and hospital admissions.</p>
Target population cohort	Aboriginal and Torres Strait Islander cohort within the SEMPLHN catchment
Consultation	<ul style="list-style-type: none"> <li>• Aboriginal and Torres Strait Islander cohort</li> <li>• Aboriginal and Torres Strait Islander agencies that currently deliver community and health services within the SEMPLHN catchment,</li> <li>• ACCHOS</li> <li>• LHNs</li> <li>• PCPs</li> <li>• General practice</li> </ul>
Collaboration	<p>6.1 To be led by SEMPLHN with local providers and provider “champions” from the Frankston Mornington Peninsula area.</p> <p>6.2 SEMPLHN will collaborate with headspace and the ITC provider(s) as well as the broader service system.</p>



Duration	<b>6.1 Improve access to integrated pathways</b> <ul style="list-style-type: none"> <li>- 2016 - 2018</li> </ul> <b>6.2. Assertive outreach for socially isolated and disengaged youth</b> <ul style="list-style-type: none"> <li>- 2016 - 2018</li> </ul>
Coverage	<p>The proposed activities will cover the entire SEMPHN catchment with a focus on the following areas of high need or 'hot spots':</p> <ul style="list-style-type: none"> <li>- City of Casey</li> <li>- City of Frankston</li> <li>- Rosebud</li> </ul>
Commissioning method (if relevant)	Refer to SEMPHN Commissioning Method on <a href="#">page 2</a>
Approach to market	Select tender
Decommissioning	N/A
Performance Indicator	<p>The mandatory performance indicator for this priority is:</p> <ul style="list-style-type: none"> <li>• Proportion of Indigenous population receiving PHN-commissioned mental health services where the services were culturally appropriate.</li> </ul> <p>In addition to the mandatory performance indicator, you may select a local performance indicator.</p> <p>What local performance indicator will measure the outcome of this activity?</p> <ul style="list-style-type: none"> <li>• Service utilisation by service type (Output)</li> <li>• Client satisfaction as measured by a client satisfaction survey (YES Survey) (Output)</li> <li>• Number of clients receiving integrated mental health services (Output)</li> </ul> <p>SEMPHN have developed a draft outcomes framework for the local Aboriginal community (a high level summary of the outcomes is provided below) as well as a Mental Health outcomes framework. SEMPHN will work with the commissioned provider to develop an evaluation framework which addresses the relevant elements of the outcomes framework and associated performance indicators.</p> <p><u>Aboriginal and Torres Strait Islander Health Outcomes Framework</u></p>

	<ol style="list-style-type: none"> <li>1. Aboriginal and Torres Strait Islander people have access to high quality &amp; evidence based primary health care services</li> <li>2. Aboriginal and Torres Strait Islander people have access to culturally appropriate health services</li> <li>3. Aboriginal and Torres Strait Islander people have access to services that adopt a life course approach to improving health</li> <li>4. Aboriginal and Torres Strait Islander people experience improved health and wellbeing</li> <li>5. Aboriginal and Torres Strait Islander people feel empowered to take control of their health and the health services they access</li> </ol>
Local Performance Indicator target (where possible)	Targets and baseline to be determined
Local Performance Indicator Data source	Commissioned services' MDS

Proposed Activities	
<b>Priority Area 7: Stepped care approach (Links with Priority Area 1)</b>	<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"> <li>• a continuum of primary mental health services within a person-centred <b>stepped care approach</b> 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.</li> </ul>
Activity(ies) / Reference (e.g. Activity 1.1, 1.2, 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>
Existing, Modified, or New Activity	Existing
Description of Activity	<p><b>Aim</b></p> <p><b>7.1 Intake, Care Coordination and System Integration</b></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"> <li>• the technology platform to be used</li> <li>• available resources</li> <li>• the relationship with any potential digital gateway that the Commonwealth Department of Health may commission</li> <li>• other current and future areas of priority as determined by the Commonwealth Department of Health.</li> </ul> <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, as well as re-enter the service system that is aligned to individual needs.</p> <p><b>7.2 Development of a systematic, lean and transparent approach to reporting and service evaluation</b></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>
Target population cohort	People with mental illness and their natural supports

Consultation	<p><b>7.1 Intake, Care Coordination and System Integration</b></p> <p>SEMPHN has and will engage with a range of stakeholders within the catchment including consumer, carers and carer advocates 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 auspicating such a function (e.g. such as a mental health nurse or care coordinator working out of a general practice location).</p> <p><b>7.2 Development of a systematic, lean and transparent approach to reporting and service evaluation</b></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>
Collaboration	<p>DHHS – VIC GPs NDIS LHNs And a range of mental health service providers.</p>
Duration	2016 - 2018
Coverage	Entire SEMPHN catchment.
Commissioning method (if relevant)	Refer to SEMPHN Commissioning Method on <a href="#">page 2</a>
Approach to market	N/A
Decommissioning	N/A
Performance Indicator	The mandatory performance indicator for this priority is:

	<ul style="list-style-type: none"> <li>Proportion of PHN flexible mental health funding allocated to low intensity services, psychological therapies and for clinical care coordination for those with severe and complex mental illness.</li> </ul> <p>In addition to the mandatory performance indicator, you may select a local performance indicator.</p> <p>What local performance indicator will measure the outcome of this activity?</p> <ul style="list-style-type: none"> <li>Total number of referrals (Output)</li> <li>Average referral processing time (Output)</li> <li>Average time between referral and first service provision (Output)</li> <li>Proportion of referrals resulting in at least one service provision (Output)</li> </ul> <p>Is this a process, output or outcome indicator?</p> <p>Output indicator</p>
Local Performance Indicator target (where possible)	
Local Performance Indicator Data source	See note above on the development of local performance indicators.

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"> <li>evidence-based <b>regional mental health and suicide prevention</b> plans and service mapping to identify needs and gaps, reduce duplication, remove inefficiencies and encourage integration.</li> </ul>
Activity(ies) / Reference (e.g. Activity 1.1, 1.2, 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>
Existing, Modified, or New Activity	Existing
Description of Activity	<p><b>Aim</b></p> <p><b>8.1 Preliminary catchment wide service mapping and needs analysis</b></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><b>8.2 Development of a regional mental health and suicide prevention plan</b></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>

Target population cohort	Young men age 17-25 Older men age 35+
Consultation	SEMPHN will continue to undertake a broad range of consultation in preparing this report.
Collaboration	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.  As for Activity 8.1, collaboration will continue for Activity 8.2.
Duration	2016 - 2017
Coverage	Entire SEMPHN catchment.
Commissioning method (if relevant)	N/A
Approach to market	N/A
Decommissioning	N/A
Performance Indicator	The mandatory performance indicator for this priority is: <ul style="list-style-type: none"> <li>Evidence of formalised partnerships with other regional service providers to support integrated regional planning and service delivery.</li> </ul> In addition to the mandatory performance indicator, you may select a local performance indicator. What local performance indicator will measure the outcome of this activity? <ul style="list-style-type: none"> <li>Mental health services commissioned according to identified local needs and service gaps (Outcome)</li> </ul>
Local Performance Indicator target (where possible)	N/A
Local Performance Indicator Data source	N/A

## 1. (b) Planned activities funded under the Primary Mental Health Care Schedule – Template 2

Use this template table for Priority Areas 3 and 4

Proposed Activities	
<p><b>Priority Area 3: Psychological therapies for rural and remote, under-serviced and /or hard to reach groups</b>  <b>Linked to Priority Areas 1 &amp; 4</b></p>	<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"> <li>• address service gaps in the provision of psychological therapies for people in <b>rural and remote areas and other under-serviced and/or hard to reach populations</b>, making optimal use of the available service infrastructure and workforce.</li> </ul>
<p>Activity(ies) / Reference (e.g. Activity 1.1, 1.2, etc)</p>	<p><b>Aim</b></p> <p>As noted above for Activities 1 and 4, SEMPHN is proposing to:</p> <ul style="list-style-type: none"> <li>• Review current ATAPS guidelines to identify new service elements</li> <li>• Ensure service elements are embedded in stepped care model</li> <li>• Commission new service elements to improve access to psychological therapies for rural and remote, under-serviced and /or hard to reach groups.</li> <li>• SEMPHN to consider assertive outreach models that aim to improve access and uptake of mental health services.</li> </ul> <p>Outcomes from lead site activity to inform low intensity service elements</p> <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>SEMPHN will utilise the detailed needs analysis and service mapping outcomes to inform the commissioning of service as well as the model development needs.</p> <p>SEMPHN will implement intake, care coordination and system integration in 2017/2018.</p>
Existing, Modified, or New Activity	Existing activity that has been slightly modified to incorporate findings of commissioned peer-led low intensity services.
Description of Activity	Refer to Activities 1 and 4.
Target population cohort	<p><b>Target population cohorts (for Activities 1 and 4)</b></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 underserved and / or hard to reach populations including:</p> <ul style="list-style-type: none"> <li>- People from a low socio-economic status</li> <li>- Aboriginal and Torres Strait Islanders</li> <li>- Asylum seekers and refugees</li> <li>- People of diverse ethnicity and language groups</li> <li>- Children and adolescents</li> <li>- LGBITQ community</li> <li>- People who are homeless or at risk of homelessness</li> <li>- Women experiencing perinatal depression</li> <li>- People experiencing family violence.</li> </ul>
Consultation	SEMPHN will continue to collaborate and consult during the designing of new service elements within the stepped care model. Mental Health roundtable forums will be attended by mental health agencies that currently deliver services within the SEMPHN catchment, LHNs and Victorian DHHS representatives focused on developing a vision roadmap for mental health services reflecting the need for a multi-model and stepped care approach.

	A mental health consumers, carers and consumer advocates forum will be convened 2017 that focuses on the designing of future mental health services in the SEMPHN catchment building on previous contributions provided by this cohort.
Collaboration	DHHS – Vic NDIS GPs A range of other mental health service providers
Duration	Refer to Activities 1 and 4.
Coverage	Refer to Activities 1 and 4. Entire SEMPHN catchment
Continuity of care	Transitions plans will be developed to ensure continuity of care to clients already receiving services.
Commissioning method (if relevant)	Refer to SEMPHN Commissioning Method on <a href="#">page 2</a>
Approach to market	Open tender
Decommissioning	N/A
Performance Indicator	<p>The mandatory performance indicators for this priority are:</p> <ul style="list-style-type: none"> <li>• Proportion of regional population receiving PHN-commissioned mental health services – psychological therapies delivered by mental health professionals.</li> <li>• Average cost per PHN-commissioned mental health service – psychological therapies delivered by mental health professionals.</li> <li>• Clinical outcomes for people receiving PHN-commissioned psychological therapies delivered by mental health professionals.</li> </ul> <p>In addition to the mandatory performance indicator, you may select a local performance indicator.</p> <ul style="list-style-type: none"> <li>• As per local performance indicators in Activities 1 and 4, but split by vulnerable target populations r</li> </ul>

Local Performance Indicator target (where possible)	Targets and baseline to be determined.
Local Performance Indicator Data source	PMHC-MDS

Proposed Activities	
<b>Priority Area 4: Mental health services for people with severe and complex mental illness including care packages</b>	<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"> <li>commission primary mental health care services for people with severe mental illness being managed in primary care, including clinical care coordination for people with <b>severe and complex mental illness</b> 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.</li> </ul>
Activity(ies) / Reference (e.g. Activity 1.1, 1.2, etc)	<p>4.1 Mental Health Nurse Incentive Program (MHNIP)</p> <p>4.2 Partners in Recovery (PIR) – Dandenong and Frankston</p> <p>4.3 Support for People with Severe and Complex Mental Illness</p>
Existing, Modified, or New Activity	Existing
Description of Activity	<p><b>Aim</b></p> <p><b>4.1 MHNIP Extension and Transition</b></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"> <li>The imposition of increased reporting requirements for registered providers</li> <li>Redistribution of services based on community and consumer need (and away from historical allocation).</li> <li>Implement the new model and deliver service elements aligned with the stepped care model. The updated service elements will ensure the appropriate distribution of services based on community and consumer need, away from historical allocation, and address areas where current service levels are low and in hard to reach regions and population groups.</li> </ol>

#### **4.2 Partners in Recovery (PIR) – Dandenong and Frankston**

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 2019. 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.

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 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 the revised model designed to support people with severe and complex mental illness will replace MHNIP during the course of 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

	<p>funding is appropriately targeted (while ensure that the PHN does not fund out-of-scope activities).</p> <p>SEMPHN will implement intake, care coordination and system integration in 2017/2018.</p>
Target population cohort	<p><b>Target cohorts (Activities 4.1 and 4.2)</b></p> <ul style="list-style-type: none"> <li>- People from a low socio-economic status</li> <li>- Aboriginal and Torres Strait Islanders</li> <li>- Asylum seekers and refugees</li> <li>- People of diverse ethnicity and language groups</li> <li>- Children and adolescents</li> <li>- LGBTIQ community</li> <li>- People who are homeless or at risk of homelessness</li> <li>- Women experiencing perinatal depression</li> <li>- People experiencing family violence.</li> </ul>
Consultation	<p>SEMPHN will continue to collaborate and consult during the designing of new service elements within the stepped care model. Mental Health roundtable forums will be attended by mental health agencies that currently deliver services within the SEMPHN catchment, LHNs and Victorian DHHS representatives focused on developing a vision roadmap for mental health services reflecting the need for a multi-model and stepped care approach.</p> <p>A mental health consumers, carers and consumer advocates forum will be convened 2017 that focuses on the designing of future mental health services in the SEMPHN catchment building on previous contributions provided by this cohort.</p>
Collaboration	<p>4.1 Mental Health Nurse Incentive Program (MHNIP) – this activity will be led by the PHN</p> <p>4.2 Partners in Recovery (PIR) – Dandenong and Frankston – this activity will be led by the PHN</p> <p>4.3 Support for People with Severe and Complex Mental Illness - SEMPHN engaged 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</p>

	other community mental health support services available to individuals with severe and complex mental illness.
Duration	2017 - 2018
Coverage	Entire SEMPHN catchment.
Continuity of care	
Commissioning method (if relevant)	Refer to SEMPHN Commissioning Method on <a href="#">page 2</a>
Approach to market	Open tender
Decommissioning	
Performance Indicator	<p>The mandatory performance indicators for this priority are:</p> <ul style="list-style-type: none"> <li>• Proportion of regional population receiving PHN-commissioned mental health services – Clinical care coordination for people with severe and complex mental illness (including clinical care coordination by mental health nurses).</li> <li>• Average cost per PHN-commissioned mental health service – Clinical care coordination for people with severe and complex mental illness.</li> </ul> <p>In addition to the mandatory performance indicator, you may select a local performance indicator.</p> <p>What local performance indicator will measure the outcome of this activity?</p> <ul style="list-style-type: none"> <li>• Access to appropriate and timely mental health care (Outcome)</li> <li>• Number of clients served in general and vulnerable population groups (Output)</li> <li>• Number of clinical care coordination sessions provided to clients in general and vulnerable population groups (Output)</li> <li>• Client satisfaction as measured by a client satisfaction survey (YES Survey) (Output)</li> <li>• Number of mental health nurses and care-coordinators commissioned to provide services (Output)</li> <li>• Services commissioned according to local area needs (Outcome)</li> </ul>
Local Performance Indicator target (where possible)	Targets and baseline to be determined.

Local Performance Indicator Data source	PMHC-MDS
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