



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

The Mental Health Activity Work Plan template has two parts:

- 1) The updated Annual Mental Health Activity Work Plan for 2016-2018, which will provide:
 - a) A strategic vision which outlines the approach to addressing the mental health and suicide prevention priorities of each PHN;
 - b) A description of planned activities funded under the Primary Mental Health Care Schedule which incorporates:
 - i) Primary Mental Health Care funding (PHN: Mental Health and Suicide Prevention Operational and Flexible Activity); and
 - ii) *Indigenous Australians' Health Programme* funding (quarantined to support Objective 6 – see pages 2-3) (PHN: Indigenous Mental Health Flexible Activity).

Gold Coast Primary Health Network

When submitting this Mental Health Activity Work Plan (referred to as the Regional Operational Mental Health and Suicide Prevention Plan in the 2015-16 Schedule for Operational Mental Health and Suicide Prevention, and Drug and Alcohol Activities) to the Department of Health, the Primary Health Network (PHN) must ensure that all internal clearances have been obtained and it has been endorsed by the CEO.

Additional planning and reporting requirements including documentation, data collection and evaluation activities for those PHNs selected as lead sites will be managed separately.

The Mental Health Activity Work Plan must be lodged via email to Qld_PHN@health.gov.au on or before 17 February 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.

Mental Health Activity Work Plan 2016-2018

The template for the Plan requires PHNs to outline activities against each and every one of the six priorities for mental health and suicide prevention. The Plan should also lay the foundation for regional planning and implementation of a broader stepped care model in the PHN region. This Plan recognises that 2016-17 is a transition year and full flexibility in programme design and delivery will not occur until 2018-19.

The Plan should:

- a) Provide an update on the planned mental health services to be commissioned from 1 July 2016, consistent with the grant funding guidelines.
- b) Outline the approach to be undertaken by the PHN in leading the development with regional stakeholders including LHNs of a longer term, more substantial *Regional Mental Health and Suicide Prevention plan* (which is aligned with the Australian Government Response to the Review of Mental Health Programmes and Services (available on the Department's website). This will include an outline of the approach to be undertaken by the PHN to seek agreement to the longer term *regional mental health and suicide prevention plan* from the relevant organisational signatories in the region, including LHNs.
- c) Outline the approach to be taken to integrating and linking programmes transitioning to PHNs (such as headspace, and the Mental Health Nurse Incentive Programme services) into broader primary care activities, and to supporting links between mental health and drug and alcohol service delivery.
- d) Have a particular focus on the approach to new or significantly reformed areas of activity – particularly Aboriginal and Torres Strait Islander mental health, suicide prevention activity, and early activity in relation to supporting young people presenting with severe mental illness.

In addition, PHNs will be expected to provide advice in their Mental Health Activity Work Plan on how they are going to approach the following specific areas of activity in 2016-18 to support these areas of activity:

- Develop and implement clinical governance and quality assurance arrangements to guide the primary mental health care activity undertaken by the PHN, in a way which is consistent with section 1.3 of the *Primary Health Networks Grant Programme Guidelines* available on the PHN website at http://www.health.gov.au/internet/main/publishing.nsf/Content/PHN-Program_Guidelines, and which is consistent with the National Standards for Mental Health Services and National Practice Standards for the Mental Health Workforce.
- Ensure appropriate data collection and reporting systems are in place for all commissioned services to inform service planning and facilitate ongoing performance monitoring and evaluation at the regional and national level, utilising existing infrastructure where possible and appropriate.
- Develop and implement systems to support sharing of consumer clinical information between service providers and consumers, with appropriate consent and building on the foundation provided by myHealth Record.
- Establish and maintain appropriate consumer feedback procedures, including complaint handling procedures, in relation to services commissioned under the activity.

Value for money in relation to the cost and outcomes of commissioned services needs to be considered within this planning process.

1. (a) Strategic Vision

Local Context

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

Strategic Framework

National PHN Goals

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

GCPHN Vision

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

GCPHN Strategic Goals

Increasing the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes	Improving coordination of care to ensure patients receive the right care in the right place at the right time and by the right person	Engage and support General Practice and other stakeholders to facilitate improvements in our local health system	Be a high performing, efficient and accountable organisation
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GCPHN Strategic Outcomes

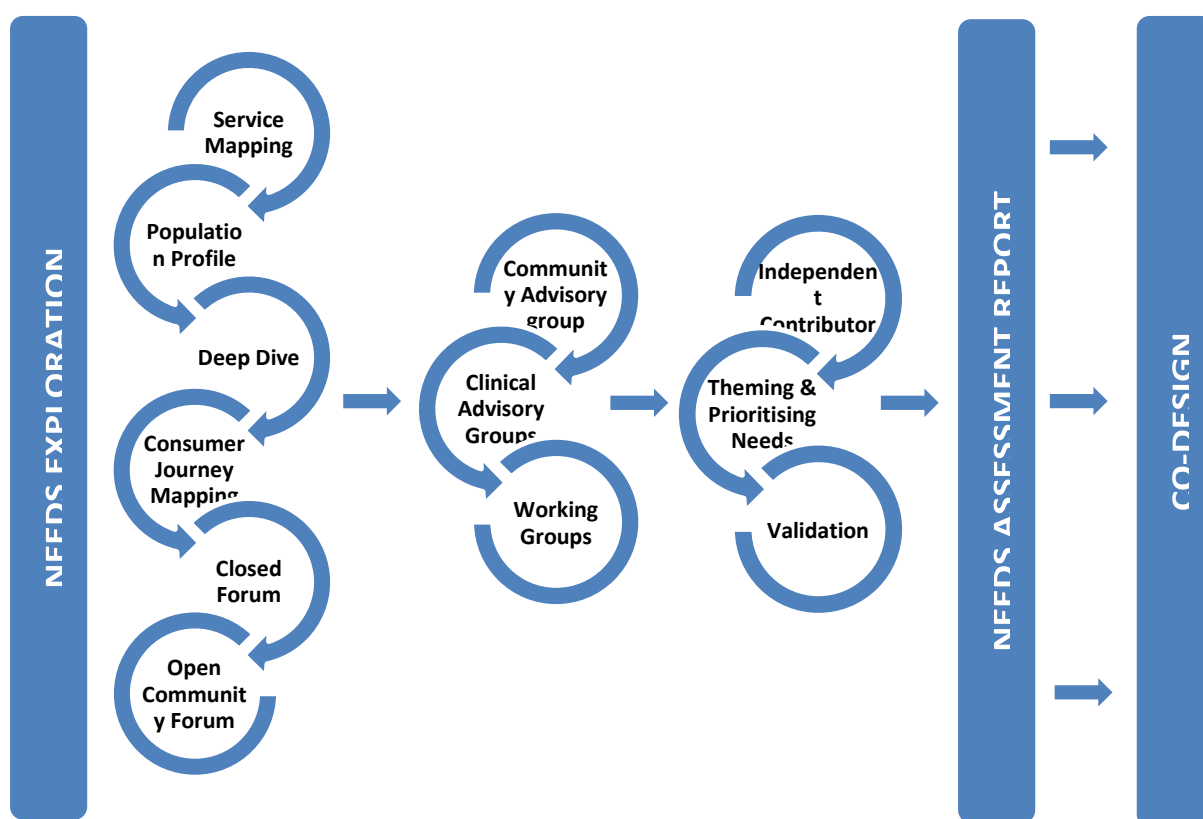
<p>People are healthier and take responsibility of own health</p> <p>People with complex illness have improved health outcomes</p>	<p>An integrated health system across the Gold Coast</p> <p>People stay well in their own homes and communities</p>	<p>Strong clinical leadership, capacity and innovation in the Gold Coast primary care sector</p> <p>Strong partnerships facilitate service improvement</p>	<p>Strong and highly effective governance, leadership and decision making</p> <p>GCPHN has an integrated business model that ensures success</p> <p>GCPHN meets world class commissioning competencies</p>
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Values



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

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



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

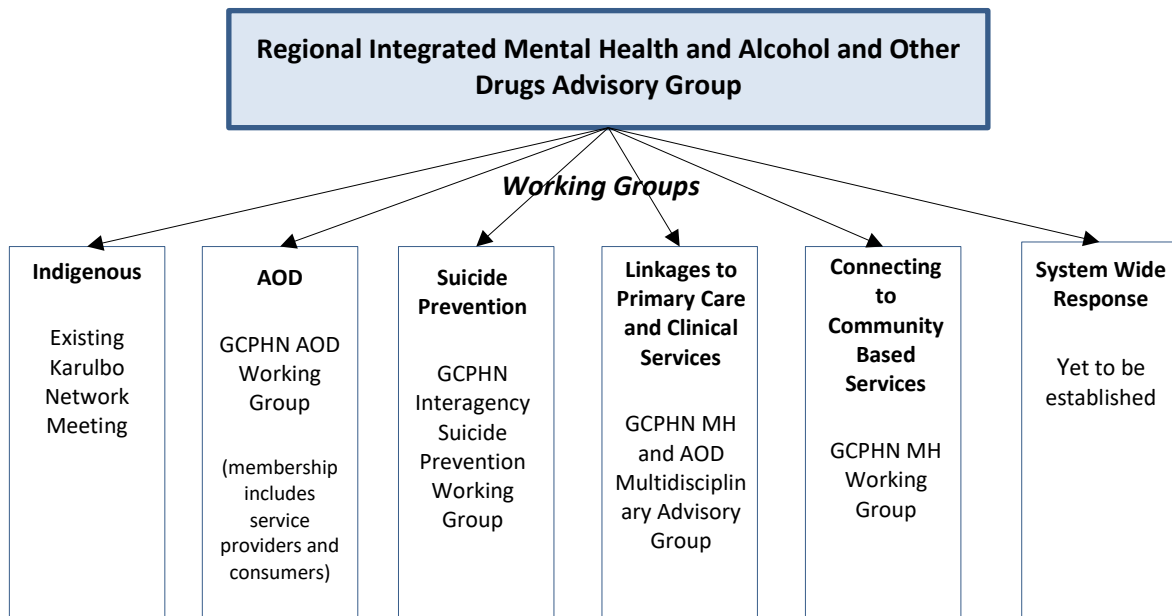
The Gold Coast Primary Health Network approach to mental health and suicide prevention priorities supports the two objectives set by the Department of Health:

- Development of evidence-based regional mental health and suicide prevention plans that promote integrated regional service delivery; and

- Establishment of a continuum of primary mental health services within a person-centred stepped care approach so that a range of service types are available to better match with individual and local population needs.

Governance Arrangements

The following table outlines the Governance structure established in partnership with Gold Coast Health to ensure all stakeholders are consulted in mental health planning on the Gold Coast.



In addition to the above governance structure, the GCPHN Multidisciplinary Clinical Advisory Group for Mental Health & AOD has been established and meets bi-monthly.

GCPHN is secretariat of the Gold Coast Heads Up Consortia. The role of Heads Up is to lead and promote a recovery focused, responsive system of care through meaningful and effective collaboration across mental health, and drug and alcohol services.

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

Proposed Activities	
Priority Area	Priority Area 1: Low intensity mental health services
Activity(ies) / Reference (e.g. Activity 1.1, 1.2, etc)	1.1 Commissioning of structured psychological group programs
Existing, Modified, or New Activity	New activity
Description of Activity	<p>This activity aims to improve targeting of evidence based psychological interventions to most appropriately support people with, or at risk of, mild mental illness.</p> <p>This addresses the main priority identified in the 2016 Mental Health and Alcohol and Other Drugs Needs Assessment for low intensity services, which was to identify and develop flexible evidence based services, including group sessions.</p> <p>Commissioning of structured psychological group programs will include:</p> <ul style="list-style-type: none"> • Trial of group based programs aimed at people with mild mental health issues from hard to reach groups as listed under target population cohort. • These programs include face-to-face delivery, which is time limited and cost efficient being delivered by either students (with clinical supervision) or those with relevant qualifications. <p>The expected results are:</p> <ul style="list-style-type: none"> • Delivery of approximately 16 x six-session programs for groups of approximately 10 people with mild mental illness each year. • Improved clinical outcomes for people experiencing mild mental illness • Increased access to evidence based psychological services • Increased ease of access to services early in the development of mental illness to improve chances of recovery and long term health, wellbeing, participation and productivity • Increased mix of mental health services to enable better targeting of services to meet needs within a stepped care approach

Target population cohort	<p>People with or at risk of mild mental illness from the following target groups:</p> <ul style="list-style-type: none"> • Culturally and Linguistically Diverse (CALD) population • Lesbian, Gay, Bisexual, Trans, Intersex, Queer, Asexual, Pansexual and other diverse identities (LGBTIQAP+) • Dual Diagnosis 																
Consultation	<p>A collaborative approach was used throughout the needs assessment and commissioning process and incorporated a range of specific committees and groups that were established to ensure advice and input from all key stakeholders including consumers, partners, Gold Coast Health, service providers and specialist experts in evidence based practice in mental health clinical service delivery (psychological and nursing). The diagram in the vision statement outlines the consultation process ending in the co-design process that involved the key stakeholders identified above.</p> <p>Stakeholder engagement has been extensive with over 500 individuals involved in consultations in addition to the regular working groups and committees.</p>																
Collaboration	<p>The stakeholders that will be involved in implementing the activity and their roles are as follows:</p> <table border="1" data-bbox="701 839 1973 1326"> <thead> <tr> <th data-bbox="701 839 1326 874">Stakeholder</th> <th data-bbox="1326 839 1973 874">Role</th> </tr> </thead> <tbody> <tr> <td data-bbox="701 874 1326 906">Primary Care providers</td> <td data-bbox="1326 874 1973 906">Referral</td> </tr> <tr> <td data-bbox="701 906 1326 1023">Mental health service providers</td> <td data-bbox="1326 906 1973 1023">Referral between services</td> </tr> <tr> <td data-bbox="701 1023 1326 1090">Mental Health Working Group</td> <td data-bbox="1326 1023 1973 1090">Advice, referrals and connection to community based services</td> </tr> <tr> <td data-bbox="701 1090 1326 1157">Mental Health and AOD Multidisciplinary Advisory Group</td> <td data-bbox="1326 1090 1973 1157">Advice, referrals and linkages to primary care and clinical services</td> </tr> <tr> <td data-bbox="701 1157 1326 1224">Crisis support services/Gold Coast Health (MH Call crisis number)</td> <td data-bbox="1326 1157 1973 1224">Referral</td> </tr> <tr> <td data-bbox="701 1224 1326 1256">eMHPrac</td> <td data-bbox="1326 1224 1973 1256">Referral into complementary online treatment programs</td> </tr> <tr> <td data-bbox="701 1256 1326 1326">Community and social groups and supports</td> <td data-bbox="1326 1256 1973 1326">Referral Liaison processes</td> </tr> </tbody> </table>	Stakeholder	Role	Primary Care providers	Referral	Mental health service providers	Referral between services	Mental Health Working Group	Advice, referrals and connection to community based services	Mental Health and AOD Multidisciplinary Advisory Group	Advice, referrals and linkages to primary care and clinical services	Crisis support services/Gold Coast Health (MH Call crisis number)	Referral	eMHPrac	Referral into complementary online treatment programs	Community and social groups and supports	Referral Liaison processes
Stakeholder	Role																
Primary Care providers	Referral																
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Mental Health and AOD Multidisciplinary Advisory Group	Advice, referrals and linkages to primary care and clinical services																
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Community and social groups and supports	Referral Liaison processes																

Duration	<p>Planning – 2016</p> <p>Procurement – January to June 2017</p> <p>Commencement of service delivery – 1 July 2017</p> <p>Service completion – 30 June 2019</p>
Coverage	<p>Gold Coast PHN Region (Gold Coast SA4)</p> <p>Multiple services may be funded to run group programs based on local need and identified target groups enabling good geographic and/or population spread across the region.</p>
Commissioning method	It is envisaged that activities will be commissioned in whole (GCPHN funding the entire activity)
Approach to market	<p>Request for Proposal is being undertaken early 2017, and appropriately qualified providers for low intensity services will be contracted for commencement of service delivery on 1 July 2017.</p> <p>Contracted services will be monitored and evaluated as per GCPHN performance monitoring framework. GCPHN will be proactively utilising the data submitted as part of the contract to review and analyse activity and outcomes. It is GCPHN's intent to work with the providers during the term of the agreement to move towards outcome based commissioning.</p>
Decommissioning	Not applicable
Performance Indicator	<p>Mandatory performance indicators:</p> <ul style="list-style-type: none"> • Proportion of regional population receiving PHN commissioned mental health services – Low intensity services. • Average cost per PHN commissioned mental health service – Low intensity services. • Clinical outcomes for people receiving PHN commissioned low intensity mental health services. <p>Local performance indicators:</p> <ul style="list-style-type: none"> • Number of group programs delivered (output indicator) • Number of people accessing services (output indicator) • Number of people completing services (output indicator)

	<ul style="list-style-type: none"> Number of patients with improved outcome measure (K10+, K5, SDQ as per PMHC MDS) (outcome indicator)
Local Performance Indicator target (where possible)	<p>16 x six-session group programs delivered with minimum of 10 people per group.</p> <p>90% clients with improved outcome measures.</p>
Local Performance Indicator Data source	<p>PMHC MDS</p> <p>Commencement date 1 July 2017</p>

Proposed Activities	
Priority Area	Priority Area 2: Child and Youth mental health services
Activity(ies) / Reference (e.g. Activity 1.1, 1.2, etc)	2.1 Commission headspace Primary until 30 June 2018 as per funding agreement 2.2 Commission headspace Early Psychosis program until 30 June 2018 as per funding agreement
Existing, Modified, or New Activity	Existing activity
Description of Activity	<p>This activity aims to support region-specific, cross sectoral approaches to early intervention for young people with, or at risk of mental illness (including those with severe mental illness who are being managed in primary care) and implementation of an equitable and integrated approach to primary mental health services for this population group.</p> <p>As per DoH funding agreement, continue to commission headspace whilst undertaking a review of the program with key stakeholders, including consumers and carers.</p> <p>The expected results are:</p> <ul style="list-style-type: none"> • headspace Primary and headspace Early Psychosis commissioned until 30 June 2018 • Service review and co-design for youth and child services to meet identified needs • New commissioned services for youth and child services effective 1 July 2018. <p>In relation to children, GCPHN will undertake further work on updating needs identification, review of effective service models and co-design of services which will include consultation with relevant stakeholder including headspaces. Provision of child psychological services is described further under Activity 3.</p>
Target population cohort	Headspace – young people 12-24 with, or at risk of mental illness.
Consultation	A collaborative approach was used throughout the needs assessment and will continue through the service review and planning phase incorporating a range of specific committees and groups that were established to ensure advice and input from all key stakeholders including consumers, partners, Gold Coast Health, service providers and specialist experts in evidence based practice in mental health clinical service delivery. The diagram in the vision statement outlines the consultation process ending in the co-design process that involved the key stakeholders identified above.

	Stakeholder engagement has been extensive with over 500 individuals involved in consultations in addition to the regular working groups and committees. headspace will be the key stakeholder involved in the service review going forward.														
Collaboration	<p>The stakeholders that will be involved in implementing the activities and their roles are as follows:</p> <table border="1"> <thead> <tr> <th>Stakeholder</th> <th>Role</th> </tr> </thead> <tbody> <tr> <td>headspace</td> <td>Service review and implementation</td> </tr> <tr> <td>Primary Care providers</td> <td>Referrals and service review</td> </tr> <tr> <td>Mental health service providers</td> <td>Referrals and service review</td> </tr> <tr> <td>Youth service providers, including schools, Department of Child Safety, Department of Education, NGOS</td> <td>Referrals and service review</td> </tr> <tr> <td>Mental Health Working Group</td> <td>Advice and connection to community based services</td> </tr> <tr> <td>Mental Health and AOD Multidisciplinary Advisory Group</td> <td>Advice and linkages to primary care and clinical services</td> </tr> </tbody> </table>	Stakeholder	Role	headspace	Service review and implementation	Primary Care providers	Referrals and service review	Mental health service providers	Referrals and service review	Youth service providers, including schools, Department of Child Safety, Department of Education, NGOS	Referrals and service review	Mental Health Working Group	Advice and connection to community based services	Mental Health and AOD Multidisciplinary Advisory Group	Advice and linkages to primary care and clinical services
Stakeholder	Role														
headspace	Service review and implementation														
Primary Care providers	Referrals and service review														
Mental health service providers	Referrals and service review														
Youth service providers, including schools, Department of Child Safety, Department of Education, NGOS	Referrals and service review														
Mental Health Working Group	Advice and connection to community based services														
Mental Health and AOD Multidisciplinary Advisory Group	Advice and linkages to primary care and clinical services														
Duration	<p>Current headspace contract arrangements to remain in place until June 2018 as required by Commonwealth Department of Health.</p> <p>Planning and service co-design – 2017</p> <p>Procurement – February to March 2018</p> <p>Commencement of service delivery – 1 July 2018</p>														
Coverage	Gold Coast PHN Region (Gold Coast SA4)														
Commissioning method	Direct approach via contract as per DoH requirements														
Approach to market	Not applicable														
Decommissioning	Nil														

Performance Indicator	<p>Mandatory performance indicator:</p> <ul style="list-style-type: none"> • support region-specific, cross sectoral approaches to early intervention for children and young people with, or at risk of mental illness (including those with severe mental illness who are being managed in primary care) and implementation of an equitable and integrated approach to primary mental health services for this population group. <p>Local performance indicators (process):</p> <ul style="list-style-type: none"> • Consumer satisfaction and experience • Number of complaints received • Changes implemented for continuous improvement • Number of incidents and near misses • Corrective action taken as a result of incidents and/or near misses • Number of clients with at least one upload of a summary to My Health Record
Local Performance Indicator target (where possible)	<ul style="list-style-type: none"> • Number of complaints received – target zero • Number of incidents and near misses – target zero
Local Performance Indicator Data source	<p>Headspace MDS</p> <p>Commencement date 1 July 2016</p>

Proposed Activities	
Priority Area	Priority Area 3: Psychological services for hard to reach groups
Activity(ies) / Reference (e.g. Activity 1.1, 1.2, etc)	3. Deliver psychological services to hard to reach groups.
Existing, Modified, or New Activity	Modified activity
Description of Activity	<p>This activity aims to commission psychological services for hard to reach groups. The following hard to reach groups have been identified through the needs assessment process for the Gold Coast population. The first four groups were priorities based on the previous ATAPS program, and will continue as priorities along with the additional three for psychological services in the future.</p> <ul style="list-style-type: none"> • Children (aged 0-14) • Women experiencing perinatal depression • People who are at risk of suicide • People who are, or are at risk of becoming, homeless • People who are Culturally and Linguistically Diverse (CALD) • People who identify as lesbian, gay, bisexual, transgender, intersex, queer, asexual, pansexual and others (LGBTIQAP+) • Aboriginal and Torres Strait Islanders. <p>This activity addresses the priorities identified in the needs assessment for psychological services:</p> <ul style="list-style-type: none"> • Effective engagement between community and primary health services would better support the homeless population. • Increase access for the CALD population to psychological services and/or clinicians, including appropriately mental health trained interpreters. • Increase accessibility and referral pathways for LGBTIQAP+ people to appropriately skilled clinicians and services to support the needs of this group. <p>The aim and needs will be met through the activities as follows.</p> <ul style="list-style-type: none"> • Commissioning of psychological services for individual and group sessions for identified hard to reach groups <p>The expected results are:</p>

	<ul style="list-style-type: none"> • Psychological services commissioned with adequate coverage for each target group 										
Target population cohort	<p>People with moderate mental illness who are financially disadvantaged and are not clinically suited to lower intensity levels of intervention from the following target groups:</p> <ul style="list-style-type: none"> • Children (aged 0-14) • Women experiencing perinatal depression • People who are at risk of suicide • People who are, or are at risk of becoming, homeless • People who are Culturally and Linguistically Diverse (CALD) • People who identify as lesbian, gay, bisexual, transgender, intersex, queer, asexual, pansexual and others (LGBTIQAP+) • Aboriginal and Torres Strait Islanders. 										
Consultation	<p>A collaborative approach was used throughout the needs assessment and commissioning process and incorporated a range of specific committees and groups that were established to ensure advice and input from all key stakeholders including consumers, partners, Gold Coast Health, service providers and specialist experts in evidence based practice in mental health clinical service delivery (psychological and nursing). The diagram in the vision statement outlines the consultation process ending in the co-design process that involved the key stakeholders identified above.</p> <p>Stakeholder engagement has been extensive with over 500 individuals, including ATAPS providers and service users, involved in consultations in addition to the regular working groups and committees.</p>										
Collaboration	<p>The stakeholders that will be involved in implementing Activity 3 and their roles are as follows:</p> <table border="1" data-bbox="763 1054 1935 1374"> <thead> <tr> <th data-bbox="763 1054 1339 1090">Stakeholder</th> <th data-bbox="1339 1054 1935 1090">Role</th> </tr> </thead> <tbody> <tr> <td data-bbox="763 1090 1339 1125">Psychological services</td> <td data-bbox="1339 1090 1935 1125">Commissioned service</td> </tr> <tr> <td data-bbox="763 1125 1339 1160">Primary Care providers</td> <td data-bbox="1339 1125 1935 1160">Referral and continuity of care</td> </tr> <tr> <td data-bbox="763 1160 1339 1225">Aboriginal and Torres Strait Islander, CALD, Homeless, LGBTIQAP+, child and crisis services</td> <td data-bbox="1339 1160 1935 1225">Referral</td> </tr> <tr> <td data-bbox="763 1225 1339 1374">Mental health service providers, private, public and non-government</td> <td data-bbox="1339 1225 1935 1374">Referral</td> </tr> </tbody> </table>	Stakeholder	Role	Psychological services	Commissioned service	Primary Care providers	Referral and continuity of care	Aboriginal and Torres Strait Islander, CALD, Homeless, LGBTIQAP+, child and crisis services	Referral	Mental health service providers, private, public and non-government	Referral
Stakeholder	Role										
Psychological services	Commissioned service										
Primary Care providers	Referral and continuity of care										
Aboriginal and Torres Strait Islander, CALD, Homeless, LGBTIQAP+, child and crisis services	Referral										
Mental health service providers, private, public and non-government	Referral										

	Mental Health Working Group	Advice, referrals and connection to community based services
	Mental Health and AOD Multidisciplinary Advisory group	Advice, referrals and linkages to primary care and clinical services
Duration	Planning – 2016 Procurement – January to June 2017 Commencement of service delivery – 1 July 2017 Service completion – 30 June 2019	
Coverage	Gold Coast PHN Region (Gold Coast SA4)	
Continuity of care	Psychological service providers that are commissioned in 2016/17 and will not be commissioned in 2017/18 will be provided support by GCPHN to enable clients to complete their allocated psychological sessions for continuity of care.	
Commissioning method	Commissioning whole of activity	
Approach to market	A Request for Proposal process is being undertaken in early 2017, and appropriately qualified providers for psychological services have been contracted. Contracted services will be monitored and evaluated as per the GCPHN performance monitoring framework.	
Decommissioning	Current ATAPS mental health providers are contracted by GCPHN until 30 June 2017. Through the Request for Proposal process, eight providers decided not to apply to continue to provide this service. All other current ATAPS providers will continue to provide psychological services from 1 July 2017. For the providers who did not apply, their existing service agreements will be extended until 31 December 2017 to enable current clients continuity of care to complete their allocation of sessions. GCPHN has been working with current ATAPS providers and referrers (particularly more frequent referrers) regarding cessation of the ATAPS program and the move to a stepped care model, which	

	includes psychological services. Face to face visits occurred with GP's who have been frequent referrers to ATAPS to explain the changes and ongoing communication will occur through GCPHN GP publications in relation to the changes to psychological services from 1 July 2017.
Performance Indicator	<p>Mandatory performance indicators:</p> <ul style="list-style-type: none"> • Proportion of regional population receiving PHN commissioned mental health services – Psychological therapies delivered by mental health professionals. • Average cost per PHN commissioned mental health service – Psychological therapies delivered by mental health professionals. • Clinical outcomes for people receiving PHN commissioned Psychological therapies delivered by mental health professionals. <p>Local performance indicators:</p> <ul style="list-style-type: none"> • Number of psychological referrals (process indicator) • Number of allied psychological occasions of service (output indicator) • Number of patients with improved outcome measure (K10+, K5, SDQ as per PMHC MDS) (outcome indicator)
Local Performance Indicator target (where possible)	<p>900 psychological referrals (individual and group clients)</p> <p>To be disaggregated by identified target groups – child, Indigenous, suicide, CALD, LGBTIQAP+, homeless and perinatal</p>
Local Performance Indicator Data source	<p>PMHC MDS</p> <p>Commencement date 1 July 2017</p>
Proposed Activities	
Priority Area	Priority Area 4: Mental health services for people with severe and complex mental illness including care packages
Activity(ies) / Reference (e.g. Activity 1.1, 1.2, etc)	<p>4.1 Commission current mental health nursing (MHN) services for a further 6 months until December 2017</p> <p>4.2 Service redesign of new model of care with General Practices and MHNs to commence from January 2018</p>

Existing, Modified, or New Activity	Modified activity
Description of Activity	<p>This activity aims to commission primary mental health care services for people with severe and complex mental illness who are being managed in primary care including through the phased implementation of primary mental health care packages and the use of mental health nurses.</p> <p>This addresses the priorities identified in the needs assessment for severe and complex:</p> <ul style="list-style-type: none"> • Better utilise Mental Health Nurses in the region to work with individuals with severe and complex mental health issues. • Increase service capacity for outreach services to areas such as the northern growth corridor with particular focus on flexible and multi-needs models of care. <p>The aim and needs will be met through the activities as follows.</p> <ul style="list-style-type: none"> • There are 13 services that accepted service agreements in 2016 /17. Based on the funding reduction from DoH in 2017/18, GCPHN is finalising a strategy to pass on this reduction to funded organisations. • Co-design an innovative model of care that enables fair and equitable access to MHNs based on population need by working with General Practices and MHNs across the Gold Coast. <p>The expected results are:</p> <ul style="list-style-type: none"> • Services commissioned until December 2017 • 1,809 mental health nursing sessions delivered (six month period July to December 2017) • MHN program re-designed and innovative model of care implemented
Target population cohort	People with severe and complex mental illness
Consultation	<p>A collaborative approach was used throughout the needs assessment and commissioning process and incorporated a range of specific committees and groups that were established to ensure advice and input from all key stakeholders including consumers, partners, Gold Coast Health, service providers and specialist experts in evidence based practice in mental health clinical service delivery. The diagram in diagram in the vision statement outlines the consultation process ending in the co-design process that involved the key stakeholders identified above.</p> <p>Stakeholder engagement has been extensive with over 500 individuals, including Mental Health Nurses and existing MHNIP services, involved in consultations in addition to the regular working groups and</p>

	committees. There will be ongoing collaboration with the professional bodies and across GCPHN in determine a scope of practice and sustainable role for mental health nurses within General Practice.												
Collaboration	<p>The stakeholders that will be involved in implementing activity 4.1 and their roles are as follows:</p> <table border="1"> <thead> <tr> <th>Stakeholder</th> <th>Role</th> </tr> </thead> <tbody> <tr> <td>Mental Health Nurses</td> <td>Co-design and commissioned service</td> </tr> <tr> <td>Primary Care providers</td> <td>Referral and continuity of care</td> </tr> <tr> <td>Mental health service providers, private, public and non-government</td> <td>Referral in and out of service</td> </tr> <tr> <td>Mental Health Working Group</td> <td>Advice, referrals and connection to community based services</td> </tr> <tr> <td>Mental Health and AOD Multidisciplinary Advisory group</td> <td>Advice, referrals and linkages to primary care and clinical services</td> </tr> </tbody> </table>	Stakeholder	Role	Mental Health Nurses	Co-design and commissioned service	Primary Care providers	Referral and continuity of care	Mental health service providers, private, public and non-government	Referral in and out of service	Mental Health Working Group	Advice, referrals and connection to community based services	Mental Health and AOD Multidisciplinary Advisory group	Advice, referrals and linkages to primary care and clinical services
Stakeholder	Role												
Mental Health Nurses	Co-design and commissioned service												
Primary Care providers	Referral and continuity of care												
Mental health service providers, private, public and non-government	Referral in and out of service												
Mental Health Working Group	Advice, referrals and connection to community based services												
Mental Health and AOD Multidisciplinary Advisory group	Advice, referrals and linkages to primary care and clinical services												
Duration	<p>Planning – 2016 and 2017</p> <p>Continued service delivery – 1 July to 31 December 2017</p> <p>Procurement of future services– 1 October to 31 December 2017</p> <p>Commencement of new service delivery model – 1 January 2018</p> <p>Service completion – 30 June 2019</p>												
Coverage	<p>Gold Coast PHN Region (Gold Coast SA4)</p> <p>Gold Coast PHN Region (Gold Coast SA4) Geographical areas with highest need to target patient access and ensure equitable distribution will be taken into consideration.</p>												
Continuity of care	The current mental health nursing services model will be extended to December 2017 for client continuity of care. Support will be provided by GCPHN to services to ensure clients have services and supports in place well in advance of the transition to a new model of care from 1 January 2018.												
Commissioning method	4.1 Commissioning whole of activity – contracts in place												

	<p>Continue to procure services from the MHN providers until 31 December 2017 with minor modifications to the session numbers and funding level to accommodate reduction in funding and equitable distribution of service. Additionally, there will be no change to MHN guidelines for this period.</p> <p>4.2 Commissioning whole of activity (proposed at this stage).</p>
Approach to market	<p>A request for proposal will be undertaken in late 2017 through a competitive dialogue process. This will enable innovation potential, co-creation with key stakeholders, be outcomes oriented and will encourage new market entrants.</p> <p>Contracted services will be monitored and evaluated as per the GCPHN performance monitoring framework.</p>
Decommissioning	<p>Reduced activity. Service providers impacted are yet to be determined and will meet the criteria of geographic coverage of MHNs and comparative number of sessions to other services.</p> <p>As the reduction per service is less than a day a week loss of session availability, continuity of care does not present as an issue and services do not currently have waiting lists for patients.</p>
Performance Indicator	<p>Mandatory performance indicators:</p> <ul style="list-style-type: none"> • Proportion of regional population receiving PHN commissioned mental health services – Clinical care coordination for people with severe and complex mental illness (including clinical care coordination by mental health nurses). • Average cost per PHN commissioned mental health service – Clinical care coordination for people with severe and complex mental illness. <p>Local performance indicators:</p> <ul style="list-style-type: none"> • Number of occasions of service (output indicator) • Number of patients with improved outcome measure (K10+, K5, SDQ as per PMHC MDS) (outcome indicator)
Local Performance Indicator target (where possible)	<p>1,809 mental health nursing sessions for July – December 2017 (this is the number of sessions allocated for this period to all services)</p>

	<p>90% clients with improved outcome measures (HoNOS)</p> <p>Number of people accessing services (output indicator)</p> <p>Number of people completing services (output indicator)</p>
Local Performance Indicator Data source	<p>MHNP Session Claims - Commencement date 1 July 2016</p> <p>PMHC MDS - Commencement date 1 July 2017</p>

Proposed Activities	
Priority Area	Priority Area 5: Community based suicide prevention activities
Activity(ies) / Reference (e.g. Activity 1.1, 1.2, etc)	5.1 Commissioning of community based suicide prevention service for discharged patients from Gold Coast University or Robina Hospitals.
Existing, Modified, or New Activity	New activity
Description of Activity	<p>This activity aims to encourage, lead and promote a systems based regional approach to suicide prevention including community based activities and liaising with the Gold Coast Health and other providers to help ensure appropriate follow-up and support arrangements are in place at a regional level for individuals after a suicide attempt and for other people at high risk of suicide.</p> <p>This addresses the priorities identified in the needs assessment for suicide prevention:</p> <ul style="list-style-type: none"> • Increase opportunities to ensure care planning and discharge processes are inclusive for all participants. • Develop clear referral pathways and supported connections to appropriate community supports. <p>The aim and needs will be met through the activities as follows.</p> <ul style="list-style-type: none"> • Implement the Gold Coast Health Zero Suicide Framework based on the nine evidence-based strategies of the Black Dog Institute and National Health and Medical Research Council model in collaboration with Gold Coast Health. <p>This will include:</p>

	<ul style="list-style-type: none"> • Commission a community based response to provide non-clinical short term support to patients exiting the acute care setting and/or Community Mental Health Services in that time of vulnerability for the patient. This support would more than likely be provided by a mental health support worker or peer worker. • Acute care collaboration to complement the Gold Coast Health implementation of a Zero Suicide Framework by ensuring referral pathways, including warm handover, are in place and well known from inpatient and Community Mental Health Service to GPs and psychological services. • Provision of psychological services through the Hard to Reach response in Activity 3 above. Additionally, GPs can refer through to Better Access. <p>The expected results are:</p> <ul style="list-style-type: none"> • Better coordination between Gold Coast Health and community sector services to support people at risk of suicide • People at risk of suicide will be provided with appropriate supports to reduce risk of hospitalisation and/or further attempts. 				
Target population cohort	People who have attempted suicide and are at high risk of suicide who present at the Gold Coast University or Robina Hospitals Emergency Departments, are admitted to general wards or are an inpatient in the mental health acute wards.				
Consultation	<p>A collaborative approach was used throughout the needs assessment and commissioning process and incorporated a range of specific committees and groups that were established to ensure advice and input from all key stakeholders including consumers, partners, Gold Coast Health, service providers and specialist experts in evidence based practice in mental health clinical service delivery. The diagram in diagram in the vision statement outlines the consultation process ending in the co-design process that involved the key stakeholders identified above.</p> <p>Stakeholder engagement has been extensive with over 500 individuals, including Gold Coast Health staff and management and 90 attendees at the Suicide Prevention World Café consultation, involved in consultations in addition to the regular working groups and committees.</p>				
Collaboration	<p>The stakeholders that will be involved in implementing activity 5.1 and their roles are as follows:</p> <table border="1" data-bbox="703 1257 1973 1326"> <thead> <tr> <th data-bbox="703 1257 1323 1294">Stakeholder</th> <th data-bbox="1323 1257 1973 1294">Role</th> </tr> </thead> <tbody> <tr> <td data-bbox="703 1294 1323 1326">Gold Coast Health</td> <td data-bbox="1323 1294 1973 1326">Referrals and key partner</td> </tr> </tbody> </table>	Stakeholder	Role	Gold Coast Health	Referrals and key partner
Stakeholder	Role				
Gold Coast Health	Referrals and key partner				

	Mental health service providers, private and non-government	Commissioned service
	Primary Care providers	Continuity of care
	Mental Health Working Group	Advice and connection to community based services
	Mental Health and AOD Multidisciplinary Advisory group	Advice and linkages to primary care and clinical services
Duration	Planning – 2016 Procurement – January to June 2017 Commencement of service delivery – 1 July 2017 Service completion – 30 June 2019	
Coverage	Gold Coast PHN Region (Gold Coast SA4)	
Commissioning method	5.1 It is envisaged that activities will be commissioned in whole (GCPHN funding the entire activity), however, there could be some in-kind contributions may be made by contracted services	
Approach to market	5.1 A Request for Proposal process will be undertaken in early 2017, and appropriately qualified provider for this suicide prevention service has been contracted. Contracted services will be monitored and evaluated as per the GCPHN performance monitoring framework.	
Decommissioning	Wesley Mission was funded in 2016/17 for community based suicide prevention activities. Funding for this service transition to GCPHN from DoH as part of the mental health reform. Wesley Mission is aware that funding will not be available form 2017/18 and they are presently sourcing funding elsewhere to fund the current activity. The service has been informed of the possible future tender opportunities through GCPHN.	
Performance Indicator	Mandatory performance indicator: <ul style="list-style-type: none"> Number of people who are followed up by PHN commissioned services following a recent suicide attempt. 	

	<p>Local Performance Indicators</p> <ul style="list-style-type: none"> • Number of referrals to other services, based on patient need • Type and number of care coordination activities provided • Number of people accessing services (output indicator) • Number of people completing services (output indicator)
Local Performance Indicator target (where possible)	Not known at this stage
Local Performance Indicator Data source	<p>Yet to be determined</p> <p>Commencement date 1 July 2017</p>

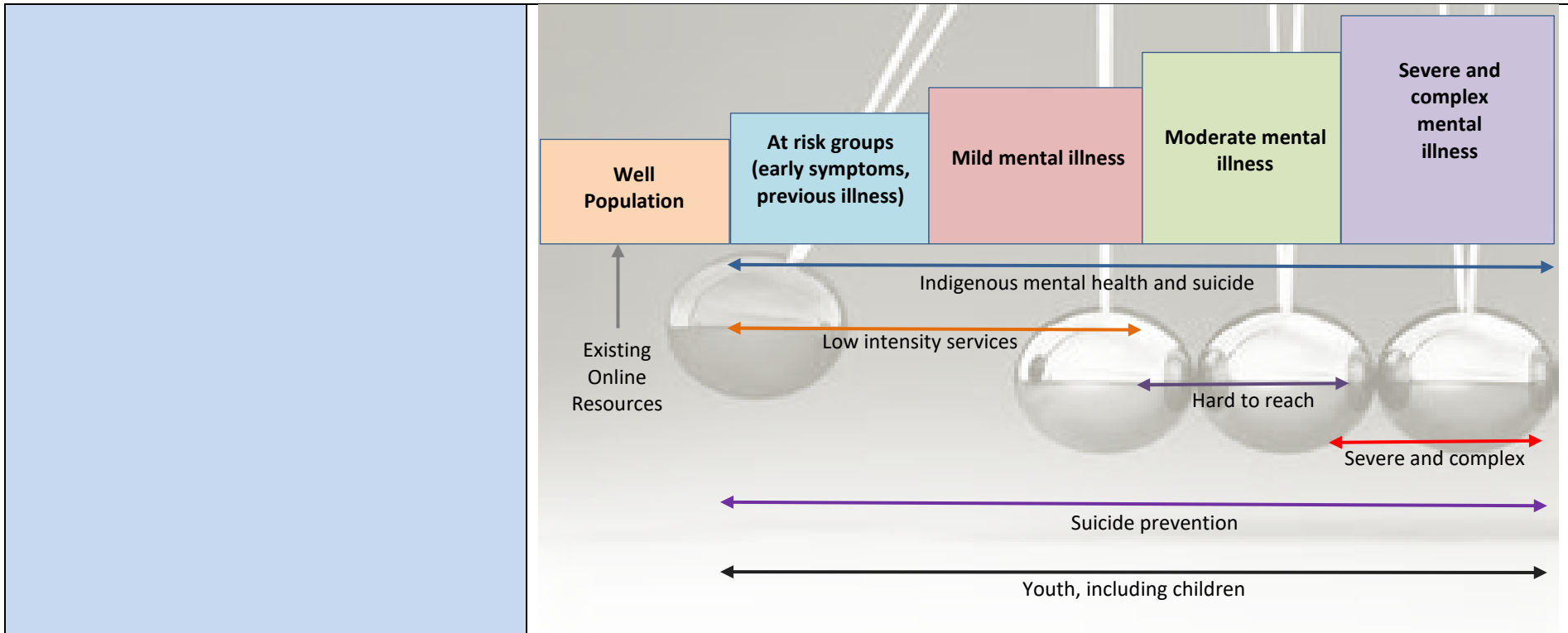
Proposed Activities	
Priority Area	Priority Area 6: Aboriginal and Torres Strait Islander mental health services
Activity(ies) / Reference (e.g. Activity 1.1, 1.2, etc)	6.1 Commissioning of integrated service delivery model – Indigenous mental health and suicide prevention
Existing, Modified, or New Activity	New activity
Description of Activity	<p>This activity aims to enhance access to and better integrate Aboriginal and Torres Strait Islander mental health services at a local level facilitating a joined up approach with other closely connected services including social and emotional wellbeing, suicide prevention and alcohol and other drug services.</p> <p>This addresses the priorities identified in the needs assessment for Indigenous mental health:</p> <ul style="list-style-type: none"> • Enhance the Indigenous workforce to enable workers to provide care coordination and specialist mental health services, including suicide support • Increase coordination of services using well-developed trusted pathways to support client referrals to culturally appropriate services • Increase the cultural competency of mainstream services to safely and effectively work with Aboriginal and Torres Strait Islander clients. <p>The aim and needs will be met through the activities as follows.</p> <ul style="list-style-type: none"> • Commission an Aboriginal and Torres Strait Islander organisation to provide an integrated clinical mental health service and community suicide prevention activities. • Integrated service components include: <ul style="list-style-type: none"> - Enhancing existing primary care services by optimising the use of a mental health nurse and access to psychological services - Early intervention and care coordination - Developing strong partnerships within and externally to the local Indigenous community and service provider network - Clear referral pathways - Suicide prevention activities - Multiple entry points - Clinical case management, within a social and emotional wellbeing framework

	<p>The expected results are:</p> <ul style="list-style-type: none"> • Patient access to mental health supports within the one primary health care model • Access to clinical mental health supports by a mental health nurse • Partnerships with other key community organisations in relation to suicide prevention activities. 														
Target population cohort	Aboriginal and Torres Strait Islander people with mental illness														
Consultation	<p>A collaborative approach was used throughout the needs assessment and commissioning process and incorporated a range of specific committees and groups that were established to ensure advice and input from all key stakeholders including consumers, partners, Gold Coast Health, service providers and specialist experts in evidence based practice in mental health clinical service delivery. The diagram in diagram in the vision statement outlines the consultation process ending in the co-design process that involved the key stakeholders identified above.</p> <p>Stakeholder engagement has been extensive with over 500 individuals involved in consultations in addition to the regular working groups and committees.</p> <p>Throughout this consultation, specific Aboriginal and Torres Strait Islander health needs and service responses were sought to inform both the mainstream and Indigenous service design processes. The Karulbo network was central to the consultation processes, as was the two Indigenous service providers and Gold Coast Health in relation to service model development.</p>														
Collaboration	<p>The stakeholders that will be involved in implementing activity 6.1 and their roles are as follows:</p> <table border="1" data-bbox="763 1002 1935 1337"> <thead> <tr> <th data-bbox="763 1002 1339 1038">Stakeholder</th> <th data-bbox="1339 1002 1935 1038">Role</th> </tr> </thead> <tbody> <tr> <td data-bbox="763 1038 1339 1075">Karulbo Network</td> <td data-bbox="1339 1038 1935 1075">Advisory</td> </tr> <tr> <td data-bbox="763 1075 1339 1112">Kalwun Health Service</td> <td data-bbox="1339 1075 1935 1112">Commissioned services</td> </tr> <tr> <td data-bbox="763 1112 1339 1171">Krurungal Aboriginal & Torres Strait Islander Corporation for Welfare, Resource and Housing</td> <td data-bbox="1339 1112 1935 1171">Partner</td> </tr> <tr> <td data-bbox="763 1171 1339 1208">Primary Care providers</td> <td data-bbox="1339 1171 1935 1208">Referral</td> </tr> <tr> <td data-bbox="763 1208 1339 1267">Mental health service providers</td> <td data-bbox="1339 1208 1935 1267">Referral</td> </tr> <tr> <td data-bbox="763 1267 1339 1337">Mental Health Working Group</td> <td data-bbox="1339 1267 1935 1337">Advice, referrals and connection to community based services</td> </tr> </tbody> </table>	Stakeholder	Role	Karulbo Network	Advisory	Kalwun Health Service	Commissioned services	Krurungal Aboriginal & Torres Strait Islander Corporation for Welfare, Resource and Housing	Partner	Primary Care providers	Referral	Mental health service providers	Referral	Mental Health Working Group	Advice, referrals and connection to community based services
Stakeholder	Role														
Karulbo Network	Advisory														
Kalwun Health Service	Commissioned services														
Krurungal Aboriginal & Torres Strait Islander Corporation for Welfare, Resource and Housing	Partner														
Primary Care providers	Referral														
Mental health service providers	Referral														
Mental Health Working Group	Advice, referrals and connection to community based services														

	Mental Health and AOD Multidisciplinary Advisory Group	Advice, referrals and linkages to primary care and clinical services
Duration	Planning – 2016 Procurement – October to December 2016 Commencement of service delivery – 1 January 2017 Service completion – 30 June 2019	
Coverage	Gold Coast PHN Region (Gold Coast SA4)	
Commissioning method	Commissioning whole of activity	
Approach to market	As there are only two Aboriginal and Torres Strait Islander service providers on the Gold Coast, a direct engagement approach was used to commission Kalwun Health Service. Contracted services will be monitored and evaluated as per the GCPHN performance monitoring framework.	
Decommissioning	Not applicable	
Performance Indicator	Mandatory performance indicator: <ul style="list-style-type: none"> • Proportion of Indigenous population receiving PHN commissioned mental health services where the services were culturally appropriate. 	
Local Performance Indicator target (where possible)	Local performance indicators complimentary to MDS: Experience of Care – Quantity <ul style="list-style-type: none"> • Number accessing funded service 	

	<ul style="list-style-type: none"> • Number clients successfully exiting service <p>Experience of Care – Quality</p> <ul style="list-style-type: none"> • Consumer satisfaction and experience • Number of complaints received • Changes implemented for continuous improvement <p>Experience of Care – Client Outcomes</p> <ul style="list-style-type: none"> • Number of people accessing services (output indicator) • Number of people completing services (output indicator) <p>Targets will be developed with the provider after baseline is determined by service uptake</p>
Local Performance Indicator Data source	<p>PMHC MDS</p> <p>Commencement date 1 January 2017</p>

Proposed Activities	
Priority Area	Priority Area 7: Stepped care approach
Activity(ies) / Reference (e.g. Activity 1.1, 1.2, etc)	<p>7.1 Commission a continuum of primary mental health services in a stepped care model</p> <p>7.2 Scope the level of information and support for GPs, Practice Nurses, Mental Health Nurses and psychological service providers in relation to referral options and tools</p> <p>7.3 Engage with clinicians, service providers academics and service users to define content for evidence based, locally tailored clinical and service pathways across the stepped care model</p> <p>7.4 Explore models for most effective display of information across the stepped care model including apps and implement as appropriate</p>
Existing, Modified, or New Activity	New and modified activities
Description of Activity	<p>7.1 This activity aims to commission a continuum of primary mental health services within a person-centred stepped care approach so that a range of service types, making best use of available workforce and technology, are available within the Gold Coast to better match with individual and local population needs.</p> <p>The aim and needs will be met through the activities as follows.</p> <ul style="list-style-type: none"> • Commissioned services for each of the “steps” • Integration with primary care and allied health • Integration with e-mental health treatment programs (eMHPrac) • Broad workforce from Psychologists, community mental health workers, Mental Health Nurses, Indigenous Workers, and Peer Workers. • In order to support sharing of consumer clinical information between service providers and consumers, PHN commissioned services are requested to upload into the My Health Record relevant information that may assist in ensuring continuity of care for the client. <p>The following diagram outlines how commissioned services link to the stepped care model.</p>



7.2 Based on feedback from GPs, Practice Nurses, Mental Health Nurses and current psychological service providers, there was an overwhelming request for referral information that was easy to access. Further exploration, suggested telephone support for health professionals and supporting referral options for patients would be highly advantageous. In addition, up to date and accurate service data and referral criteria would be essential. This requires further scoping and consultation to determine the level of need, types of information required, analysis of services and sector knowledge of these services, what hours of operation would need to be etc.

The expected results are:

	<ul style="list-style-type: none"> • Support the integrated delivery of mental health and suicide prevention services within the community • Efficient commissioning and targeting of services <p>7.3 This activity aims to deliver jointly agreed locally tailored clinical and service pathways across the stepped care model.</p> <p>The model will include convening meetings with stakeholders, undertaking research, developing content for pathways and testing both in terms of usability and content.</p> <p>Expected results include agreed content for local pathways (links with NP 2017.6 Service access).</p> <p>7.4 This activity aims to identify and implement the most effective ways of displaying information across the stepped care model.</p> <p>Elements include testing a range of display methodologies and converting content (in whole or in part) as required to meet needs of stakeholders such as apps, portals, interactive online pathways, hard copy and other versions of information display in addition to the existing mechanisms.</p> <p>Outcomes to include appropriately formatted information available to stakeholders.</p>						
Target population cohort	People with, or at risk of, mental illness						
Consultation	<p>A collaborative approach was used throughout the needs assessment and commissioning process and incorporated a range of specific committees and groups that were established to ensure advice and input from all key stakeholders including consumers, partners, service providers and specialist experts in evidence based practice in mental health clinical service delivery. The diagram in the vision statement outlines the consultation process ending in the co-design process that involved the key stakeholders identified above.</p> <p>Stakeholder engagement has been extensive with over 500 individuals involved in consultations in addition to the regular working groups and committees.</p>						
Collaboration	<p>The stakeholders that will be involved in implementing activity 7.1 and their roles are as follows:</p> <table border="1" data-bbox="763 1294 1939 1396"> <thead> <tr> <th data-bbox="763 1294 1339 1329">Stakeholder</th> <th data-bbox="1339 1294 1939 1329">Role</th> </tr> </thead> <tbody> <tr> <td data-bbox="763 1329 1339 1364">Gold Coast Health</td> <td data-bbox="1339 1329 1939 1364">Integration, planning and implementation</td> </tr> <tr> <td data-bbox="763 1364 1339 1396">Primary Care providers, including MH nurses</td> <td data-bbox="1339 1364 1939 1396">Integration, planning and implementation</td> </tr> </tbody> </table>	Stakeholder	Role	Gold Coast Health	Integration, planning and implementation	Primary Care providers, including MH nurses	Integration, planning and implementation
Stakeholder	Role						
Gold Coast Health	Integration, planning and implementation						
Primary Care providers, including MH nurses	Integration, planning and implementation						

	Psychologists	Integration, planning and implementation
	Mental health service providers, private and non-government organisations	Integration, planning and implementation
	Child and youth service providers, including schools, preschools, Department of Child Safety, Department of Education, NGOS	Integration, planning and implementation
	Indigenous health services	Integration, planning and implementation
	Mental Health Working Group	Advice, referrals and connection to community based services
	Mental Health and AOD Multidisciplinary Advisory Group	Advice, referrals and linkages to primary care and clinical services
	eMHPrac	Referral into complementary online treatment programs
	Duration	Ongoing
Coverage	Gold Coast PHN Region (Gold Coast SA4)	
Commissioning method	<p>A number of commissioning methods will be used, which are:</p> <ul style="list-style-type: none"> • At risk groups/early intervention – Request for Proposal process for low intensity services • Mild mental illness – Request for Proposal process for low intensity services • Moderate mental illness – Request for Proposal for psychological services • Severe and complex – extension of current service agreements with mental health nursing organisations until 31 December 2017 • Suicide prevention (across all of the steps) – Request for Proposal for suicide prevention transition and support services • Indigenous mental health and suicide prevention (across all of the steps) – a direct approach was made to the one Indigenous health service on the Gold Coast. 	
Approach to market	Not applicable	
Decommissioning	Not applicable	
Performance Indicator	Priority Area 7 - Mandatory performance indicators:	

	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.
Local Performance Indicator target (where possible)	Not applicable
Local Performance Indicator Data source	Not applicable

Proposed Activities															
Priority Area	Priority Area 8: Regional mental health and suicide prevention plan														
Activity(ies) / Reference (e.g. Activity 1.1, 1.2, etc)	8.1 Development of regional mental health and suicide prevention plan														
Existing, Modified, or New Activity	New activity														
Description of Activity	<p>This activity aims to develop an evidence based Regional Mental Health and Suicide Prevention Plan with Gold Coast Health and other stakeholders as outlined below. The Plan will identify needs and gaps, reduce duplication, remove inefficiencies and encourage innovation. Furthermore, the Plan will include a specific focus on Indigenous mental health.</p> <p>The plan will be developed with Gold Coast Health therefore it is expected that they will be co-signatories to the initial Plan. Within three years, it is expected that GCPHN, Gold Coast Health and other mental health service providers are signatories to an integrated Gold Coast plan.</p>														
Target population cohort	People with, or at risk, of mental illness														
Consultation	A collaborative approach with Gold Coast Health will be used throughout this planning process and will incorporate a range of specific committees and groups that have been established to ensure advice and input from all key stakeholders including Gold Coast Health, primary health, consumers, partners, service providers and specialist experts. The Regional Integrated Mental Health and Alcohol and Other Drugs Advisory Group will be the key governance group.														
Collaboration	<p>The stakeholders that will be involved in implementing activity 8.1 and their roles are as follows:</p> <table border="1"> <thead> <tr> <th>Stakeholder</th> <th>Role</th> </tr> </thead> <tbody> <tr> <td>Gold Coast Health</td> <td>Planning and implementation</td> </tr> <tr> <td>Mental health service providers, private and non-government</td> <td>Planning</td> </tr> <tr> <td>Primary Care providers</td> <td>Planning</td> </tr> <tr> <td>Psychological service providers</td> <td>Planning</td> </tr> <tr> <td>Mental Health Working Group</td> <td>Planning, advice and connection to community based services</td> </tr> <tr> <td>Mental Health and AOD Multidisciplinary Advisory Group</td> <td>Planning, advice and linkages to primary care and clinical services</td> </tr> </tbody> </table>	Stakeholder	Role	Gold Coast Health	Planning and implementation	Mental health service providers, private and non-government	Planning	Primary Care providers	Planning	Psychological service providers	Planning	Mental Health Working Group	Planning, advice and connection to community based services	Mental Health and AOD Multidisciplinary Advisory Group	Planning, advice and linkages to primary care and clinical services
Stakeholder	Role														
Gold Coast Health	Planning and implementation														
Mental health service providers, private and non-government	Planning														
Primary Care providers	Planning														
Psychological service providers	Planning														
Mental Health Working Group	Planning, advice and connection to community based services														
Mental Health and AOD Multidisciplinary Advisory Group	Planning, advice and linkages to primary care and clinical services														

Duration	1 July 2016 to 30 June 2019
Coverage	Gold Coast PHN Region (Gold Coast SA4) which is also aligned to the Gold Coast Hospital and Health Service (GHC) boundaries.
Commissioning method	Not applicable
Approach to market	Not applicable
Decommissioning	Not applicable
Performance Indicator	<p>Priority Area 8 - Mandatory performance indicators:</p> <ul style="list-style-type: none"> Evidence of formalised partnerships with other regional service providers to support integrated regional planning and service delivery.
Local Performance Indicator target (where possible)	Not applicable
Local Performance Indicator Data source	Not applicable