



Activity Work Plan 2020-2022:

Primary Mental Health Care Funding

This Activity Work Plan template has the following parts:

1. The Primary Mental Health Care Activity Work Plan for the financial years 2019-20, 2020-2021 and 2021-2022. Please complete the table of planned activities funded under the following:
 - Primary Mental Health Care Schedule - Primary Mental Health and Suicide Prevention - Flexible Funding
 - Primary Mental Health Care Schedule - Indigenous Mental Health - Flexible Funding
 - Primary Mental Health Care Schedule - Per- and Poly- Fluoroalkyl Substances (PFAS) – Flexible Funding
2. The Indicative Budget for the financial years 2019-20, 2020-21 and 2021-22. Please attach an excel spreadsheet using the template provided to submit indicative budgets for:
 - Primary Mental Health Care Schedule - Primary Mental Health and Suicide Prevention - Operational and Flexible Funding
 - Primary Mental Health Care Schedule - Indigenous Mental Health - Flexible Funding
 - Primary Mental Health Care Schedule - Per- and Poly- Fluoroalkyl Substances (PFAS) – Flexible Funding

Gold Coast PHN

When submitting this Activity Work Plan to the Department of Health, the PHN must ensure that all internal clearances have been obtained and has been endorsed by the CEO.

Overview

This Primary Mental Health Care Activity Work Plan covers the period from 1 July 2019 to 30 June 2022. To assist with PHN planning, each activity nominated in this work plan can be proposed for a period of up to 36 months. Regardless of the proposed duration for each activity, the Department of Health will require PHNs to submit updates to the Activity Work Plan on an annual basis.

Important documents to guide planning

The following documents will assist in the preparation of your Activity Work Plan:

- Activity Work Plan guidance material;
- Primary Mental Health Care Minimum Data Set (PMHC-MDS) Documentation;
- The Fifth National Mental Health and Suicide Prevention Plan;
- PHN Needs Assessment Guide;
- PHN Program Performance and Quality Framework;
- Primary Health Networks Grant Programme Guidelines;
- Clause 3, Financial Provisions of the Standard Funding Agreement.

Formatting requirements

- Submit plans in Microsoft Word format only.
- Submit budgets in Microsoft Excel format only.
- Do not change the orientation of any page in this document.
- Do not add any columns or rows to tables or insert tables/charts within tables – use attachments if necessary.
- Delete all instructions prior to submission.

Updated PPERS fields requirements

- Fields highlighted in blue have been added due to PPERS requirements or missing in previous template or indicates missing sections that need to be provided by managers.
- Please update highlighted blue fields.
- Don't delete any new blue fields, rather indicate NA if not applicable.
- RED highlighted data indicates an AWP reference name/number that needs to be updated.
- GREEN highlighted data indicates QA reviewed for PPERS to transfer (not awaiting data).
- The new and final name and reference number for AWP and PPERS (to discuss with managers)

1. (a) **Planned activities for 2020 - 22 to 2021-22**
- **Primary Mental Health and Suicide Prevention Funding**
 - **Indigenous Mental Health Funding**
 - **Response to PFAS Funding**

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

Mental Health Priority Area	Indicate the mental health priority area this activity falls under Priority area 1: Low intensity mental health services
ACTIVITY TITLE	MH1 Low Intensity Services
Existing, Modified, or New Activity	Indicate if this is an existing activity, modified activity, or a new activity. Existing Activity If activity is existing or modified, provide the relevant reference/s from previous Activity Work Plan/s where possible. Activity 1.1 (AWP 2016-2018)
PHN Program Key Priority Area	Mental Health Priority Area 1: Low intensity mental health services
Needs Assessment Priority	Gold Coast PHN Needs Assessment 2019, Page P1 in the Primary Mental Health Care (including Suicide Prevention) Needs Assessment Summary (page 242 of 359 in Needs Assessment documentation as submitted to DoH). <ul style="list-style-type: none"> • Flexible evidence-based services • Develop effective pathways to increase accessibility to evidence based electronic (digital) mental health service • Identify and develop flexible evidence-based services, including group sessions. • There is limited integration of eMH services as complementary service options within existing primary health care service delivery. • It has been identified that effective early intervention can prevent deterioration but there are limited soft entry point models (coaching, wellness focussed, peer-support) that focus on social and community connectedness.
Aim of Activity	This activity aims to improve targeting of evidence based psychological interventions to most appropriately support people with, or at risk of, mild mental illness. <u>Linked AWP's</u> <ul style="list-style-type: none"> • Priority area 3: Psychological therapies for rural and remote, under-serviced and / or hard to reach groups • Priority area 7: Stepped care approach
Description of Activity	The following activities will be undertaken:

	<ul style="list-style-type: none"> • Commissioning of a structured psychological individual program for people with or at risk of mild mental illness focussing on the continuation and enhancement of beyond blue New Access program, with a focus on the northern growth corridor of the Gold Coast. • Development and implementation of a communication and marketing plan to increase awareness of Low Intensity services inclusive of e-Mental Health services and direct service delivery (New Access) for General Practitioners and community members (linked to Priority Area 7 – Stepped Care). • Continue to build a robust partnership between the Intake, Assessment and Information service to support identification and engagement of appropriate referrals with Low Intensity services (linked to Priority Area 7 – Stepped Care). • Aligning evaluation, development and marketing of Low Intensity programs with Joint Regional Plan outcomes. <p>The expected results are:</p> <ul style="list-style-type: none"> • Increased access to low intensity services for people experiencing mild mental health issues • Increased awareness of e-Mental Health programs by services and the community. <p>In 2020/2021 GCPHN will focus on:</p> <ul style="list-style-type: none"> • Continue/Implement provision of New Access from new providers using a direct approach that aligns and enhances implemented of the step care and provision of more localised services. • Quality Improvement plan with the Providers to enhance KPI's for client numbers and service contacts. • A review of the Low Intensity model for 2021/2022 will be included in the evaluation and review of the Psychological Services Program (PSP) model of service. It is possible that Low Intensity and PSP models can be aligned. • Based on the outcomes of the evaluation for PSP & low intensity, GCPHN may complete a re-commissioning process for the Low Intensity program in line with the review outcomes. • Developing and implementing a communication plan to provide awareness and understanding of the e-Mental Health programs aligned with Low Intensity service delivery. <p>In 2021/2022 GCPHN will focus on:</p> <ul style="list-style-type: none"> • Having a stable and well utilised Low Intensity program that is embedded with current Providers in the stepped care continuum and in alignment to the new guidelines.
Target population cohort	People with or at risk of mild mental illness in the Gold Coast region.
Indigenous specific	<p>Is this activity targeted to, or predominantly supporting, Aboriginal and Torres Strait Islander people?</p> <p>No</p>

	If yes, briefly describe how this activity will engage with the Indigenous sector. N/A
Coverage	Gold Coast PHN Region (Gold Coast SA4)
Consultation	<p>As part of the Joint Regional Plan, consultation to prioritise opportunities and actions has been occurring with a broad range of stakeholders including Gold Coast Health, Gold Coast AOD and mental health service providers, primary care providers, consumers, carers and family members. To assist in determining what changes may be required for the activities funded, the needs and opportunities identified through the Joint Regional Planning process will be considered.</p> <p>Continuous quality improvement will be a focus with Intake and Triage team to ensure referral pathways and engagement with General Practice is effective.</p> <p>It is important that the review of the activity occurs in partnership with not only the Joint Regional Plan, but to also include referrers and other Primary Health Networks to help identify the new service delivery model going forward.</p> <p>This program links directly with the Psychological Services Program AWP (MH3: Psychological Services for hard to reach groups) and the decision about the service model will rely heavily on the review and outcomes of the PSP evaluation.</p>
Collaboration	<p>The stakeholders that will be involved in implementing the activity and their roles are as follows:</p> <p>Stakeholder-Role</p> <ol style="list-style-type: none"> 1. Primary Care providers -Referrals, feedback and partners in client care 2. Mental health service providers-Referral between services, cross promotion of activity 3. Beyondblue-Expert advice for New Access, national promotion of program, coordination of PHN meetings 4. Crisis support services / Gold Coast Health (MH Call 24/7 number)-Referrals, linkages to services 5. Head to Health and eMHPrac -Referral into complementary online treatment programs 6. Community and social groups and supports-Referral and liaison 7. GCPHN Primary Health Care Improvement Committee, Clinical Council, Consumer Advisory Council, Joint Regional Plan Governance-Advice, consultation, codesign and linkages to primary care and clinical services. 8. Queensland Primary Health Networks (PHNs)-Partnerships with Queensland PHNs to maximise investment opportunities and economies of scale for workforce development opportunities, quality improvement opportunities with providers, primary care improvement strategies
Activity milestone details/ Duration	Provide the anticipated activity start and completion dates (including the planning and procurement cycle):

	<p>NewAccess</p> <p>Activity start date: 1/07/2020 Activity end date: 30/06/2022</p> <p>If applicable, provide anticipated service delivery start and completion dates (excluding the planning and procurement cycle): Service delivery start date: July 2020 Service delivery end date: June 2022</p> <p>Any other relevant milestones?</p> <p>July 2020. New Service providers (New Access) commence provision of Service</p> <p>July 2020 –Dec 2020 Review of PSP and Low Intensity Program and development of PSP & Low Intensity Commissioning Plan 2021/22</p> <p>December 2020 – Board Approval of PSP & Low Intensity Commissioning Plan 2021/22</p> <p>January 2021 – June 2021 – Implementation of Commissioning Plan 2021/22 which may include decommissioning, co-design and open tender processes</p> <p>July 2021 – June 2022</p> <ul style="list-style-type: none"> • Low Intensity program commissioned that is embedded and aligned with Providers in the stepped care continuum. • Program in alignment to new guidance
Commissioning method and approach to market	<p>Please identify your intended procurement approach for commissioning services under this activity:</p> <p><input type="checkbox"/> Not yet known (will know once the evaluation is complete)</p> <p><input type="checkbox"/> Continuing service provider / contract extension (until June 2021)</p> <p><input type="checkbox"/> Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date.</p> <p>GCPHN will commission the current providers of central intake services for adults and child and youth services. This decision has been taken following review of the current program. Best results for New Access are achieved when the service is closely aligned with the intake and triage services for the region. In addition to this the two providers engaged have a strong performance history with the programs they currently provide both within the GC Region and in the other regions they operate in</p> <p><input type="checkbox"/> Open tender:</p> <p><input type="checkbox"/> Expression of Interest (EOI)</p> <p><input type="checkbox"/> Other approach (please provide details)</p> <p>2a. Is this activity being co-designed? No</p>

	<p>2b. Is this activity this result of a previous co-design process? Yes</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? No</p> <p>4a. Co-design or Co-commissioning details GCPHN initially commissioned a New Access provider through a select tender process in 2018. A decision was made in early 2020 to decommission the existing service provider from 30 June 2019 and to make a direct approach was made to two key providers on the Gold Coast who had already been commissioned by GCPHN via contestable processes. This decision was made given based on the need to have services in place as soon as possible, one provider is already providing New Access in other PHN regions and could quickly scale up its local service to meeting the demand for the Youth population (12 – 25 years) and the other provider currently manages the intake and referral across the stepped care for GCPHN funded services including other psychological services, clinical care co-ordination and psychosocial services. Providing New Access would enable then to more effectively triage people across the range of services but particularly between New Access and our Psychological Service Program (PSP for people with moderate needs). The New Access program would be co-located with the Intake team but would be a separate treatment service.</p>
Decommissioning	<p>1a. Does this activity include any decommissioning of services? Yes (drop-down menu) Possibly if the PSP evaluation determines significant changes to the model of delivery which could include Low Intensity Services.</p> <p>Yes in March/April 2020</p> <p>1b. If yes, provide a description of the proposed decommissioning process and any potential implications.</p> <ul style="list-style-type: none"> • We will cease the contract with the current Provider on 30 June 2020. • We will work closely with the Provider to create a transition plan to ensure clients can complete their treatment prior to the contract ending. • The potential implications in commissioning new Providers and their ability to commence service delivery. The Youth component have a Provider that can deliver services immediately, however the adult component may be without a service for a short time.
Data collection	Is this activity in scope for data collection under the Mental Health National Minimum Dataset?

	Yes			
Total Planned Expenditure	Enter the planned expenditure for this Activity in the following table. Include commissioned service expenditure only.			
Funding Source	2019-2020	2020-2021	2021-2022	Total
Planned Commonwealth Expenditure – Mental Health and Suicide Prevention Funding	305,50 14	283,550	283,550	872,60 14
Planned Commonwealth Expenditure – Indigenous Mental Health Funding				
Planned Commonwealth Expenditure – Response to PFAS Funding				
Total Planned Commonwealth Expenditure	305,50 14	283,550	283,550	872,60 14
Funding from other sources				
Funding from other sources	If applicable, name other organisations contributing funding to the activity (i.e. state/territory government, Local Hospital Network, non-profit organisation).			

DoH fully approved 10/9/2020. Do Not Edit.

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

Mental Health Priority Area	Indicate the mental health priority area this activity falls under. Priority area 2: Child and youth mental health services
ACTIVITY TITLE	<p>MH2: Child and Youth Mental Health Services</p> <ul style="list-style-type: none"> • MH2.1: headspace <ul style="list-style-type: none"> ○ MH2.11 – headspace Southport ○ MH2.12 – headspace Upper Coomera • MH2.2: headspace Early Psychosis • MH2.3: Gold Coast Youth Severe (12 – 18 years) • MH2.4: Gold Coast Youth Severe (18-25 years) • MH2.5: Child Psychological Services (0-12 years)
Existing, Modified, or New Activity	<p>Indicate if this is an existing activity, modified activity, or a new activity.</p> <p>Existing Activity MH2.1, 2.2, 2.3, 2.4, 2.5</p> <p>If activity is existing or modified, provide the relevant reference/s from previous Activity Work Plan/s where possible</p> <p>Activity 2.1 and 2.2 (AWP 2016-2018)</p>
PHN Program Key Priority Area	Mental Health Priority Area 2: Child and youth mental health services
Needs Assessment Priority	<p>Gold Coast PHN Needs Assessment 2019, Page P1 in the Mental Health – Children and Youth Needs Assessment Summary (page 266 of 359 in Needs Assessment documentation as submitted to DoH).</p> <ul style="list-style-type: none"> • Wrap around support for youth through outreach opportunities and flexible service entry points • Early intervention and therapeutic services for children aged 0 to 14 • Limited services in the northern part of the region where there are large child and youth populations and significant demand for Mental Health (MH) services for this cohort, including services for Aboriginal and Torres Strait Islander Children • Education, training and support to engage schools and broader education workforce in early identification and intervention • Children in care have significant mental health needs, often associated with traumatic experiences and complicated by other complex health needs. Addressing these issues is hampered by: <ul style="list-style-type: none"> ○ Long wait times for assessment and treatment in the public system ○ Costs of private services ○ Issues with transfer of information ○ Limited knowledge and adherence to guidelines /frameworks by health care providers
Aim of Activity	<p>This activity aims to support region-specific, cross sectoral approaches to early intervention for children and/or young people with, or at risk of mental illness (including those with severe mental illness who are being managed in primary care).</p> <p>The activities aim to increase overall community access to evidence-based early intervention to reduce the prevalence and impact of mental illness for the child and youth population</p>

Description of Activity

MH2.1 headspace Primary – (12-25 years)

MH2.11 Continue to commission **headspace Southport** for the headspace Primary service in consultation and collaboration with headspace National Office (hNO). Work with headspace Southport to enhance integration with the broader service system on the Gold Coast, including General Practice.

MH2.12 head space Upper Coomera centre.

Continue to commission headspace Upper Coomera for the headspace Primary service in consultation and collaboration with headspace National Office (hNO). Work with headspace Upper Coomera to enhance integration with the broader service system on the Gold Coast, including General Practice, AOD and Aboriginal and Torres Strait Islander providers.

More broadly, the GCPHN activity through the period of the AWP will focus on:

- Collaborating with the lead agency to identify continuous improvement opportunities to enhance or adjust service delivery for greater client access and outcomes with a focus on hard to reach populations.
- Contract management and performance monitoring activities including risk management, relationship management and data analysis
- Working with the provider to:
 - Identify gaps and areas for improvement
 - Identifying good practice
 - Identifying challenges to service delivery and the model; and
 - Providing evidence to advocate on behalf of the network of headspace Centres
- Working with the broader youth sector to identify opportunities to improve coordination and to increase early intervention and case detection in primary care and the youth services.

MH2.2 headspace Youth Early Psychosis Program (hYEPP) (12-25years)

Continue to commission hYEPP with fidelity to the EPPIC model integrity in collaboration with Orygen. Improve integration of hYEPP with the Gold Coast Health Service youth early psychosis unit to further define and enhance referral pathways and transition of care for clients. Increase collaboration with General Practice to improve case detection, referrals to the service, and shared care arrangements for clients.

More broadly, the GCPHN activity through the period of the AWP will focus on:

- Strengthen the partnership between GCPHN, BSPHN and the two lead agencies across the SEQ Cluster to operate as “one service”.
- Collaboration between the lead agencies and PHN to implement continuous improvement plan to enhance or adjust service delivery for greater client access and outcomes with a focus on hard to reach populations.
- Contract management and performance monitoring activities including risk management, relationship management, data analysis of both Primary and hYEPP hAPI data
- Working with the providers to fulfil the required evaluation activities for hYEPP and integrated with local services i.e. Gold Coast Health
- Working with the broader youth sector to identify opportunities to improve coordination and to increase early intervention and case detection in primary care and the youth services.

	<ul style="list-style-type: none"> Maintain a focus on meeting the targets for client numbers in line with the national average for headspace Early Psychosis services comparable to the funding allocation. <p>MH2.3 Gold Coast Youth Severe (12 – 18 years) Commission the provision youth severe and complex services, targeting the 12 – 18 years. Increase and enhance assertive outreach service delivery to ensure services to young people that are hard to reach and are not engaged with the service system and providing clinical care coordination.</p> <p>MH2.4 Gold Coast Youth Severe (18-25 years) This activity is a component of the service delivery outlined in priority area 4: Please see activity MH-4 Services for people with severe and complex mental illness for details.</p> <p>MH2.5 Child Psychological Services (0-12 years) Continue to commission psychological services for children (0-12) described under Priority area 3. Additionally, GCPHN will undertake further work to better understand the current service delivery environment to more accurately identify needs, challenges, intervention opportunities and models of care for this vulnerable group. GCPHN is working collaboratively with BSPHN to participate in a project: Strengthening the Health Response for Children and Young People in Alternate Care. This project is supporting the identified need of children in care. The above activities and any new activities will be aligned to the outputs from the Joint Regional Planning process due to be published by June, 2020.</p>
Target population cohort	Children and young people aged 0-25 with, or at risk of mental illness across all the activities listed above.
Indigenous specific	<p>Is this activity targeted to, or predominantly supporting, Aboriginal and Torres Strait Islander people?</p> <p>No</p> <p>If yes, briefly describe how this activity will engage with the Indigenous sector.</p>
Coverage	Gold Coast PHN Region (Gold Coast SA4)
Consultation	Since services have been commissioned, consultation will focus on the service provider, lead agency, referrers and clients through a review to inform future service delivery.
Collaboration	<p>The stakeholders that will be involved in implementing the activities and their roles are as follows:</p> <p>Stakeholder-Role</p> <ol style="list-style-type: none"> BSPHN-Joint Commissioners headspace early psychosis Lives Lived Well & After Care -Lead Agencies – headspace early psychosis Headspace National Orygen -Expert advice, procurement panel representation Primary Care providers -Referrals and partners in client care Mental health service providers-Referral between services, cross promotion of activity, shared care arrangements Youth service providers, including schools, Department of Child Safety, Department of Education, NGOS-Referrals and partners in improving service integration, regional planning

	<p>7. Gold Coast Health – Child and Youth Services</p> <p>8. Partner in client care and regional integration and service planning</p> <p>9. Queensland Health-Partner and Commissioner of Services</p>
Activity milestone details/ Duration	<p>Provide the anticipated activity start and completion dates (including the planning and procurement cycle):</p> <p>Activity start date: 1/07/2020</p> <p>Activity end date: 30/06/2021</p> <p>If applicable, provide anticipated service delivery start and completion dates (excluding the planning and procurement cycle):</p> <p>Activity MH2.12: headspace Upper Coomera</p> <p>Service delivery start date: July 2020</p> <p>Service delivery end date: June 2022</p>
Commissioning method and approach to market	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <p><input type="checkbox"/> Not yet known</p> <p><input checked="" type="checkbox"/> Continuing service provider / contract extension</p> <p>2a. Is this activity being co-designed?</p> <p>No</p> <p>2b. Is this activity this result of a previous co-design process?</p> <p>Yes</p> <p>The Severe and Complex component was co-designed with service providers, community members, consumers and carers.</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements?</p> <p>Yes MH2.2 headspace Youth Early Psychosis Program (hYEPP) (12-25years)</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned?</p> <p>No</p> <p>4a. Co-design or Co-commissioning details</p> <p>The newly commissioned Light House service was co-design with all stakeholders. These programs are ongoing and continue to be informed by key stakeholders through the lead agency governance structures.</p>
Decommissioning	<p>1a. Does this activity include any decommissioning of services?</p> <p>No</p> <p>1b. If yes, provide a description of the proposed decommissioning process and any potential implications.</p> <p>N/A</p>
Data collection	<p>Is this activity in scope for data collection under the Mental Health National Minimum Dataset?</p> <p>Yes</p> <p>MH2.3: Southern Gold Coast Youth Severe</p> <p>MH2.4: Northern Gold Coast Youth Severe</p> <p>MH2.5: Child mental health services</p> <p>No</p>

	MH2.1: headspace Headspace MDS MH2.2: hYEPP				
Total Planned Expenditure	Enter the planned expenditure for this Activity in the following table. Include commissioned service expenditure only.				
Funding Source		2019-2020	2020-2021	2021-2022	Total
Planned Commonwealth Expenditure – Mental Health and Suicide Prevention Funding	2.11	\$1,175,237	\$1,194,041	\$1,211,951	\$3,581,229
	2.12	\$761,250	\$926,592	\$940,491	\$2,628,333
	2.2	\$5,487,787	\$5,487,787	\$0	\$10,975,574
	2.3 & 2.4	\$949,790	07,787	\$979,461	11,195,574
			\$964,986		\$2,894,237
Planned Commonwealth Expenditure – Indigenous Mental Health Funding					
Total Planned Commonwealth Expenditure		\$8,374,064	\$8,793,406	\$3,131,903	\$20,299,373
Funding from other sources					
Funding from other sources	If applicable, name other organisations contributing funding to the activity (i.e. state/territory government, Local Hospital Network, non-profit organisation).				

DoH fully approved 10/9/2022 Do Not Edit

Mental Health Priority Area	Priority area 3: Psychological therapies for rural and remote, under-serviced and / or hard to reach groups
ACTIVITY TITLE	MH3: Psychological Services for hard to reach groups (PSP) MH3.1 – Psychological Services Program *Note: This activity relates to activity MH2.5: Child Psychological Services.
Existing, Modified, or New Activity	MH3.1: Existing Activity Activity 3.1 (AWP 2016-2018)
PHN Program Key Priority Area	Mental Health Priority Area 3: Psychological therapies for rural and remote, under-serviced and/or hard to reach groups
Needs Assessment Priority	Gold Coast PHN Needs Assessment 2019, Page P1 in the Mental Health: Hard to Reach Groups Needs Assessment Summary (page 252 of 359 in Needs Assessment documentation as submitted to DoH). <ul style="list-style-type: none"> • Access to Psychological Services for: <ul style="list-style-type: none"> • Children (aged 0-12) • Women experiencing perinatal depression • People who are at risk of suicide • People who are, or are at risk of becoming, homeless • People who are Culturally and Linguistically Diverse (CALD) • People who identify as lesbian, gay, bisexual, transgender, intersex, queer, asexual, pansexual and others (LGBTIQAP+) • Aboriginal and Torres Strait Islanders.
Aim of Activity	This activity aims to provide psychological services for hard to reach groups to achieve improvement in their capacity to manage their own mental health and wellbeing. This includes. <ul style="list-style-type: none"> • Ensure referral pathways are in place to enable and support patients to seamlessly transition between services as their needs change. • Ensure most efficient use of resources and high level of service quality. • Contribute to the improvement of service users mental health and capacity to manage periods of distress
Description of Activity	To ensure continuity of care for service users the Gold Coast PHN will continue to commission the psychological services program under the current program structure until the 30 June 2021. This includes a focus on the specific hard to reach groups: <ul style="list-style-type: none"> - Aboriginal and Torres Strait Islander peoples: - Children – <i>links to activity MH2.5</i> - Suicide prevention, and - LGBTIQAP+ - Perinatal - CALD - Homeless In 2020/2021 GCPHN will focus on: <ul style="list-style-type: none"> • Quality Improvement with the Providers and Intake & Triage for the current service model <ul style="list-style-type: none"> ○ Performance data – ensuring all Providers understand the KPI's and how the data management system feeds into these KPI's.

	<ul style="list-style-type: none"> ○ Workforce – to ensure Providers are informing GCPHN of staff changes including AHPRA numbers and target groups. ○ Client Journeys – Ensuring intake are triaging appropriately and clients are accessing the correct service. ○ Suicide Prevention – Intake to be more diligent when accepting Suicide Prevention referrals and to ensure they meet eligibility criteria. ○ Continue quarterly meetings with providers to assist with ongoing co-design collaboration, partnering across the sector and provides them the opportunity to discuss any specific issues/opportunities. <ul style="list-style-type: none"> ● An evaluation and review of the PSP program which will include the following: <ul style="list-style-type: none"> ○ An evaluation of the current service including the target population, the quality of the service, the pathways and cultural competency. This will be assisted by current data and performance of the program over recent years. This evaluation will be coordinated by the GCPHN with external consultants engaged to assist with identified pieces of work. ○ Needs analysis. As part of the regional planning process identify the needs (target groups) of the Gold Coast community that can be addressed. ○ Suicide Prevention and how it fits into the wider service delivery for the Gold Coast. ○ Review of different service models and updating of market analysis ○ Analysis of commissioning models from other PHN’s which will include: <ul style="list-style-type: none"> ○ Block funding vs fee for service models. ○ Low Intensity and PSP alignment within the stepped care continuum. ● November 2020 Commissioning Plan for 2021/22 to the Board for Approval ● January 2021 Implementation of Commissioning Plan approved by Board. Plan will include decommissioning and communication plan <p style="text-align: center;">February 2021 Revised AWP submitted to DOH for approval.</p> <ul style="list-style-type: none"> ● July 2021 New Service Delivery Model and providers in place to commence Service Delivery.
Target population cohort	<p>People with moderate mental illness who are financially disadvantaged (Health Card required) and are not clinically suited to lower intensity levels of intervention from the following target groups:</p> <ul style="list-style-type: none"> ● Children (aged 0-12) ● Women experiencing perinatal depression ● People who are at risk of suicide ● People who are, or are at risk of becoming, homeless ● People who are Culturally and Linguistically Diverse (CALD) ● People who identify as lesbian, gay, bisexual, transgender, intersex, queer, asexual, pansexual and others (LGBTIQAP+)

	<ul style="list-style-type: none"> Aboriginal and Torres Strait Islanders.
Indigenous specific	<p>Is this activity targeted to, or predominantly supporting, Aboriginal and Torres Strait Islander people?</p> <p>Yes but targeted as a hard to reach and high-risk group</p>
Coverage	Gold Coast PHN Region (Gold Coast SA4)
Consultation	<p>As part of the Joint Regional Plan, consultation to prioritise opportunities and actions has been occurring with a broad range of stakeholders including Gold Coast Health, Gold Coast AOD and mental health service providers, primary care providers, consumers, carers and family members. To assist in determining what changes may be required for the activities funded, the needs and opportunities identified through the Joint Regional Planning process will be considered.</p> <p>Continuous quality improvement will be a focus with Intake and Triage team to ensure referral pathways and engagement with General Practice is effective.</p> <p>It is important that the review of the activity occurs in partnership with not only the Joint Regional Plan, but to also include referrers and other Primary Health Networks to help identify the new service delivery model going forward.</p> <p>Quarterly provider meetings and regular advice on adjustment to program guidelines from Clinical Council.</p>
Collaboration	<p>The stakeholders that will be involved in implementing Activity 3 and their roles are as follows:</p> <ol style="list-style-type: none"> 1. Consumers- planning, co-design, implementation, monitoring 2. Psychological Service Providers – planning, co-design, procurement, implementation, monitoring 3. Primary Care Providers- planning, co-design, procurement, monitoring 4. Hospital and Health Service- planning, co-design, procurement 5. Education Services- planning, co-design 6. Professional Bodies Australian Psychological Society, Mental Health Nurses, Occupational Therapy and Social Workers. – planning, co-design, procurement, implementation 7. Queensland Primary Health Networks (PHN’s)- planning 8. GCPHN Primary Health Care Improvement Committee, Clinical Council, Consumer Advisory Council, Joint Regional Plan Governance.
Activity milestone details/ Duration	<p>Provide the anticipated activity start and completion dates (including the planning and procurement cycle):</p> <p>Activity start date: 1/07/2020 Activity end date: 30/06/2022</p>

	<p>If applicable, provide anticipated service delivery start and completion dates (excluding the planning and procurement cycle): Service delivery start date: July 2019 Service delivery end date: June 2022</p> <p>Any other relevant milestones?</p> <ul style="list-style-type: none"> • July 2020 – December 2020 <ul style="list-style-type: none"> • Evaluation and Review of the PSP program. • As part of the regional planning process identify the needs of the Gold Coast community that can be addressed through the psychological services program. • Analysis of service models • Analysis of Stepped Care Framework • July 2020 – December 2020 – Quality Improvement – <ul style="list-style-type: none"> ○ Performance data ○ Workforce ○ Client groups ○ Suicide Prevention • December 2020 – Decision about the review for funding 21/22 • January 2021 – June 2021 – Complete a re-commissioning process for the psychological services program in line with the review outcomes. • July 2021 – June 2022 <ul style="list-style-type: none"> ○ Have a stable PSP program ○ Program in alignment to new guidance ○ The program built on the review of the needs <p>Linked AWP's</p> <ul style="list-style-type: none"> • Priority Area 1: Low Intensity • Priority Area 7: Stepped Care • Priority Area 2: Child & Youth Mental Health Services • Priority Area 6: Aboriginal and Torres Strait Islander
<p>Commissioning method and approach to market</p>	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <p><input type="checkbox"/> Not yet known (will know once the evaluation is complete) <input checked="" type="checkbox"/> Continuing service provider / contract extension (until June 2021) <input type="checkbox"/> Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date. <input type="checkbox"/> Open tender: <input type="checkbox"/> Expression of Interest (EOI) <input type="checkbox"/> Other approach (please provide details)</p> <p>2a. Is this activity being co-designed? No</p> <p>2b. Is this activity this result of a previous co-design process? Yes</p>

	<p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements?</p> <p>Yes Should the opportunity arise during the review and Co-design with other funders of similar service.</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned?</p> <p>No</p> <p>4a. Co-design or Co-commissioning details</p>			
Decommissioning	<p>1a. Does this activity include any decommissioning of services?</p> <p>Yes (drop-down menu) Possibly if the service reviews determine significant changes to the model of delivery.</p> <p>1b. If yes, provide a description of the proposed decommissioning process and any potential implications.</p> <p>Existing providers will be a key stakeholder in the review and co-design of the most effective model for psychological services for the hard to reach groups into the future. The procurement plan would include a full decommissioning plan, giving providers plenty of notice that their contracts would not be extended and assisting with client transfer to new providers if necessary. A full communication plan would be implemented.</p>			
Data collection	<p>Is this activity in scope for data collection under the Mental Health National Minimum Dataset?</p> <p>Yes</p>			
Total Planned Expenditure	<p>Enter the planned expenditure for this Activity in the following table. Include commissioned service expenditure only.</p>			
Funding Source	2019-2020	2020-2021	2021-2022	Total
Planned Commonwealth Expenditure – Mental Health and Suicide Prevention Funding – psychological services	\$1,075,978	\$1,224,403	\$1,097,077	\$3,397,458
Planned Commonwealth Expenditure – Indigenous Mental Health Funding				
Planned Commonwealth Expenditure – Response to PFAS Funding				
Total Planned Commonwealth Expenditure	\$1,075,978	\$1,224,403	\$1,097,077	\$3,397,458
Funding from other sources				
Funding from other sources				

Mental Health Priority Area	<p>Indicate the mental health priority area this activity falls under.</p> <p>Priority area 4: Mental health services for people with severe and complex mental illness including care packages</p>
ACTIVITY TITLE	<p>MH4 Services for people with severe and complex mental illness</p> <p>Includes MH: 4.1 Clinical care coordination service for severe and complex presentations</p> <p><i>*Note: This priority area has been addressed through commissioning the program PlusSocial. A component of the clinical care coordination component of this service is targeted to youth aged 18-25 years and is addressed separately against priority area 2 – Activity 2.4</i></p> <p><i>*Note: This priority area has been addressed through commissioning the program PlusSocial. As part of this commissioned service is linked with priority area 7 – Activity MH7.2 - Intake, Referral and Information Service.</i></p> <p><i>*Note: This priority area has been addressed through commissioning the program PlusSocial. As part of this commissioned service is linked with the Core Deed – Activity AH2 After Hours Mental Health Safe Space</i></p> <p><i>*Note: This priority area has been addressed through commissioning the program PlusSocial. As part of this commissioned service is linked with the National Psychosocial Support Measure and is addressed in the AWP.</i></p>
Existing, Modified, or New Activity	<p>Indicate if this is an existing activity, modified activity, or a new activity.</p> <p>Existing Activity</p> <p>If activity is existing or modified, provide the relevant reference/s from previous Activity Work Plan/s where possible.</p>
PHN Program Key Priority Area	Mental Health Priority Area 4: Mental health services for people with severe and complex mental illness including care packages
Needs Assessment Priority	<p>Gold Coast PHN Needs Assessment 2019, Severe and Complex Needs Assessment Summary (page 281 of 359 in Needs Assessment documentation as submitted to DoH).</p> <ul style="list-style-type: none"> • Coordinated shared care planning that is available across primary care, community and the hospital and health service (Severe and Complex Needs Assessment, pg. 1). • Education and training for General Practice to better support severe and complex patients, including physical health and referral pathways (Severe and Complex Needs Assessment, pg. 1). • Increased opportunities to support greater engagement in service delivery by peer workers and people with a lived experience (Severe and Complex Needs Assessment, pg. 1). • Centralised intake across the stepped care model to ensure people receive the appropriate support and referral based on their needs (Severe and Complex Needs Assessment, pg. 1). • Develop efficient pathways to support person centred transfer of care between acute and primary services (general practice, allied health and community services) (Severe and Complex Needs Assessment, pg. 1).

<p>Aim of Activity</p>	<p>The aim and needs will be met through the following activity:</p> <ul style="list-style-type: none"> Continuing to enhance the commissioned service to deliver clinical care coordination services focussed on people with severe and complex mental health being managed in primary care who have been identified by their GP or private Psychiatrist as requiring greater coordination and access to the range of clinical services required to meet their physical and mental health needs. <p>The commissioned service will:</p> <ul style="list-style-type: none"> Provide comprehensive multidisciplinary assessment and care planning. Support GPs and consumers to implement care plans ensuring access to clinical and non-clinical services Support consumers and their carer's/family have improved health literacy and increased confidence and skills to effectively manage their mental health, avoiding escalation of distress and unnecessary hospitalisations. Support GPs and private Psychiatrists to be confident to manage the mental and physical health of their patients in a team approach with the clinical care coordinator. Support consumers to access the service where they need it and in the way that suits their circumstances
<p>Description of Activity</p>	<p>Describe the activity, including what work will be undertaken, and how the activity and/or services will be delivered.</p> <p>This activity will:</p> <ul style="list-style-type: none"> Continue to commission the PlusSocial program to provide clinical care-coordination service for people presenting with severe and complex needs (inclusive of activity MH2.4). PlusSocial will support GP's to continue to manage the mental health and physical health needs of the consumers by providing education and training for General Practice to better support severe and complex presentations Increase the capacity of the current intake and triage and referral service to support easy access - Links to activities to develop central intake as described in Stepped Care AWP (Priority Area 7: Stepped Care Approach – Activity 7.2 Assessment and Referral) <p>In addition to this activity the commissioned service also addresses three additional priority areas – Activity AH2 After Hours Safe Space, MH7.2 and the National Psychosocial Measure AWP.</p> <p>These activities will specifically address the needs of people living with severe and complex needs accessing care in the primary health sector who cannot have their needs appropriately met by a sole treatment provider.</p> <p>The commissioned service will continue to be developed through a co-production process over the next 12 months. The GCPHN will:</p> <ul style="list-style-type: none"> Conduct a 12-month review of the commissioned service against the agreed commissioned model of service

	<ul style="list-style-type: none"> • Work with the commissioned provider to enhance the data reporting and monitoring suite to support the development of outcomes-based evaluation of the service. • Work with the commissioned provider and community to continue to guide the development of the services in line with the community need and expectations. <p>The commissioned service will provide ongoing care as per the commissioned model of service. Changes to the model of service will be implemented within a change management approach that includes service users to ensure that continuity of care is maintained. This commissioned service is commissioned until 30/6/2021.</p> <p>All evaluation and continuous quality improvement activities will be aligned to the outputs and activities identified in in the Joint Regional Plan.</p>
Target population cohort	<p>Describe the cohort that this activity will target.</p> <ul style="list-style-type: none"> • Individuals aged over 25 with a mental health condition which is severe and either episodic or persistent in nature. • Individuals that cannot have their needs met solely by a primary care provider and do not meet the clinical thresholds for the acute sector. <p>*Note: See activity title for other cohorts that are supported through the commissioned service for this activity.</p>
Indigenous specific	<p>Is this activity targeted to, or predominantly supporting, Aboriginal and Torres Strait Islander people?</p> <p>No</p> <p>If yes, briefly describe how this activity will engage with the Indigenous sector.</p>
Coverage	<p>Outline coverage of the activity. Where area covered is not the whole PHN region, provide the statistical area as defined in the Australian Bureau of Statistics (ABS), or LGA.</p> <p>This activity will provide support across the Gold Coast region</p>
Consultation	<p>Please provide details of stakeholder engagement and consultation activities undertaken or to be undertaken to support this activity.</p> <p>In the design of this activity a comprehensive round of consultations occurred in 2017 and involved a wide range of committees, groups and workshops that were held to ensure advice and input from all key stakeholders including consumers, partners, Gold Coast Health, government departments, Mental Health Nurses and service providers.</p> <p>As part of the quality assurance process GCPHN will engage with service users and providers to monitor the quality and development of the commissioned services.</p>
Collaboration	<p>List and describe the role of each stakeholder that will be involved in designing and/or implementing the activity, including stakeholders such as Local Health Networks, state/territory governments, or other relevant support services.</p>

	<p>The stakeholders that will be involved in ongoing collaboration are implementing activity MH4 and their roles are as follows:</p> <ul style="list-style-type: none"> Consumers-Completed (planning, co-design, procurement), implementation, monitoring, evaluation • Non-government organisations- (planning, co-design, procurement), implementation, monitoring, evaluation • Mental health and AOD Multidisciplinary Advisory Group - (planning, co-design, procurement), implementation • Hospital and Health Service- (planning, co-design, procurement), implementation, evaluation • Primary Care Providers – General Practitioners--(planning, co-design, procurement), implementation, evaluation • 6. Primary Care Providers – Psychological Service Providers— implementation, evaluation
Activity milestone details/ Duration	<p>Provide the anticipated activity start and completion dates (including the planning and procurement cycle):</p> <p>Activity start date: 1/07/2019 Activity end date: 30/06/2022</p> <p>If applicable, provide anticipated service delivery start and completion dates (excluding the planning and procurement cycle):</p> <p>Service delivery start date: July 2019 Service delivery end date: June 2022</p> <p>Any other relevant milestones? None</p>
Commissioning method and approach to market	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not yet known <input checked="" type="checkbox"/> Continuing service provider / contract extension <input type="checkbox"/> Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date. <input type="checkbox"/> Open tender <input type="checkbox"/> Expression of Interest (EOI) <input type="checkbox"/> Other approach (please provide details) <p>2a. Is this activity being co-designed? No</p> <p>2b. Is this activity this result of a previous co-design process? Yes</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? No</p> <p>4a. Co-design or Co-commissioning details</p>
Decommissioning	<p>1a. Does this activity include any decommissioning of services? No (drop-down menu)</p>

	1b. If yes, provide a description of the proposed decommissioning process and any potential implications.			
Data collection	Is this activity in scope for data collection under the Mental Health National Minimum Dataset? Yes			
Total Planned Expenditure	Enter the planned expenditure for this Activity in the following table. Include commissioned service expenditure only.			
Funding Source	2019-2020	2020-2021	2021-2022	Total
Planned Commonwealth Expenditure – Mental Health and Suicide Prevention Funding	\$1,525,268	\$1,642,841	\$1,525,268	\$4,693,377
Planned Commonwealth Expenditure – Indigenous Mental Health Funding				
Planned Commonwealth Expenditure – Response to PFAS Funding				
Total Planned Commonwealth Expenditure	\$1,525,268	\$1,642,841	\$1,525,268	\$4,693,377
Funding from other sources				
Funding from other sources	If applicable, name other organisations contributing funding to the activity (i.e. state/territory government, Local Hospital Network, non-profit organisation).			

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

Mental Health Priority Area	Indicate the mental health priority area this activity falls under. Priority area 5: Community based suicide prevention activities
ACTIVITY TITLE	<p>MH5 Community Based Suicide Prevention Services</p> <ul style="list-style-type: none"> • MH 5.1: Community based support for people in distress • MH 5.2: The Way Back Support Service • MH 5.3: Psychological Services Program (Suicide Prevention Stream) • MH 5.4: Joint Regional Planning for Suicide Prevention • MH 5.5: Workforce and community development • MH 5.6: Carer's Support Program • MH 5.7: Suicide Prevention Indigenous
Existing, Modified, or New Activity	<p>Indicate if this is an existing activity, modified activity, or a new activity.</p> <p>MH 5.1 New Activity</p> <p>MH5.2 New Activity Activity 5 AWP (2016-2018)</p> <p>MH 5.3 Existing Activity Commissioned under the Hard to Reach response Activity 3 AWP (2016-2018)</p> <p>MH 5.4 Existing Activity Activity 5 AWP (2016-2018)</p> <p>MH 5.5 New Activity</p> <p>MH 5.6 New Activity</p> <p>MH 5.7 Existing Activity</p> <p>If activity is existing or modified, provide the relevant reference/s from previous Activity Work Plan/s where possible.</p>
PHN Program Key Priority Area	Mental Health Priority Area 5: Community based suicide prevention activities
Needs Assessment Priority	<p>Gold Coast PHN Needs Assessment 2019, Page P1 in the Mental Health: Suicide Prevention Needs Assessment Summary (page 179 of 271 in Needs Assessment documentation as submitted to DoH).</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>To address the imperative of the Australian Government and Fifth Plan for consistent follow-up care, additional funding for coordinated aftercare services to individuals who have attempted suicide has been provided to GCPHN through expansion of The Way Back Support Service, developed by Beyond Blue. This service supports people over the first three months after an attempted suicide.</p>
Aim of Activity	5.1 Provide community-based support for people in distress (New Activity)

	<p>Life events frequently precipitate a suicidal crisis. This includes relationship problems, financial problems, conflict, bereavement, pending unemployment or legal issues and work or school problems. This activity aims to intervene early by providing assistance to identify and support people in situational distress by linking them with other services and social supports and increasing suicide prevention literacy.</p> <p>5.2 - Support and transition following a suicide attempt or suicidal crisis New Activity)Activity 5 AWP (2016-2018)</p> <p>A previous suicide attempt is one of the strongest predictors of future suicide attempts. This activity aims to ensure appropriate follow-up and support arrangements are in place at a regional level for individuals after a suicide attempt or suicidal crisis and provides assistance to link in with other services such as GP, psychologist, and to engage with the community supports.</p> <p>5.3 - Support for hard to reach populations with suicidal ideation</p> <p><i>Refer to MH Activity 3</i></p> <p>5.4 – Coordinate an integrated systems-based approach to suicide prevention</p> <p>The response to suicide in the community is frequently fragmented, and people often fall through the gaps in the system. The aim of regional planning activities for suicide prevention is to build a safety net for the community by connecting and coordinating new and existing interventions and programs and building the capacity of the community to better support people facing a suicide crisis.</p> <p>5.5 – Coordinate shared learning opportunities about suicide prevention to build regional confidence and capacity in suicide prevention</p> <p>Many people lack the confidence and skills to address suicidality and do not know what the latest evidence and best practice care options are which services to go to. This activity aims to develop regional confidence and capacity in suicide prevention, knowledge about latest evidence and best practice care options, and local services and to facilitate improved information sharing and connections between providers and other community supports.</p> <p>5.6 – Develop a proof of concept model to support people caring for individuals in suicidal crisis.</p> <p>There is a gap in services for carer’s supporting individuals in suicidal crisis. As a member of the Steering Group for this Queensland Health funded project, GCPHN will support the co-design, trial and evaluation of a Carer’s Support Program which is being funded by Queensland Health.</p> <p>5.7 – Indigenous Suicide Prevention</p> <p>This activity is incorporated in priority area 6 - MH6: Aboriginal and Torres Strait Islander mental health services. Please see description of activities for further details.</p>
Description of Activity	<p>This activity addresses the priorities identified in the needs assessment for suicide prevention:</p> <p>5.1 Community based support for people in distress</p>

As informed by priorities and outcomes identified in the Joint Regional Plan, GCPHN will co-design and commission a new service to address people in distress in the community. Activities will include:

- Procurement of a provider/consortia to lead this work
- Desktop review of evidence-based/best practice distress models
- Co-design service delivery model
- Establishment and implementation
- Evaluation

MH5.2 The Way Back Support Service

Queensland Health, Beyond Blue and GCPHN have jointly agreed that GCPHN will commission The Way Back Support Service through a direct approach to the Provider. It is expected that the service will be fully operational by 1st July 2020 pending the signing of the relevant bilateral agreement. GCPHN will implement the service with Beyond Blue guidelines.

The Service will be implemented and governed in partnership with Queensland Health, Gold Coast Health and Beyond Blue

The activities will focus on relationship management, partnership development, data collection and analysis, performance management, continuous improvement and service evaluations.

The expected results are:

- 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 future risk of hospitalisation and/or further attempts.

MH5.3: Psychological Services Program (Suicide Prevention Stream)

- Ongoing commissioning of psychological services through the Hard to Reach response in Activity 3 above and the exploration of alternative or more effective models.

MH5.4: Joint Regional Planning for Suicide Prevention

Implementation of a Gold Coast Suicide Prevention Plan as part of the Gold Coast Mental Health Regional Plan. This plan will complement the Gold Coast Health Zero Suicide Framework by building a community-based systems approach to Suicide using the LifeSpan framework developed by the Black Dog Institute. Activities will include:

- Coordination and implementation of agreed elements of the plan
- Development and maintenance of governance structure(s) to maintain oversight, coordination and implementation of the or implementation group for suicide prevention
- Planning and coordination of meetings to implement and monitor progress the plan
- Ongoing maintenance of stakeholder relationships and community engagement.
- Review and commissioning of suicide prevention activity aligned to outcomes of the Joint Regional Plan for Suicide Prevention.

MH 5.5: Workforce and community development

	<p>As informed by outcomes of the Joint Regional Plan, this activity may include the following activities:</p> <ul style="list-style-type: none"> • Coordination of shared learning opportunities • Suicide prevention training • Provision of information about the latest evidence and best practice care options • Sharing information about local services and suicide prevention initiatives and referral pathways • Inclusion of other sectors and community members as appropriate to facilitate connections and communication. <p>MH 5.6: Carer’s Support Program</p> <p>As a member of the Steering Group for this Queensland Health funded project, GCPHN will support the co-design, trial and evaluation of a Carer’s Support Program which is being funded by Queensland Health. This will include:</p> <ul style="list-style-type: none"> • Attendance at Steering group meetings and co-design workshops • Coordination of room bookings and facilities/supports required for meetings at GCPHN premises • Use knowledge of region and providers to identify key contacts for consultation <p>5.7 – Indigenous Suicide Prevention</p> <p>This activity is incorporated in priority area 6 - MH6: Aboriginal and Torres Strait Islander mental health services. Please see description of activities for further details.</p>
<p>Target population cohort</p>	<p>5.1 Provide community-based support for people in distress: People in distress as identified through the co-design process.</p> <p>5.2 The Way Back Support Service: People (of any age) who have recently attempted suicide and are at high risk of suicide who present at the Gold Coast University or Robina Hospitals Emergency Departments and are on the Gold Coast Suicide Prevention Pathway.</p> <p>5.3 Psychological Services Program (Suicide Prevention Stream): <i>Refer to Activity MH3</i></p> <p>5.4 Joint Regional Planning for Suicide Prevention: Influential champions across multiple sectors who are able to be agents of change in the Gold Coast region.</p> <p>5.5 Workforce and community development: Service providers, community organisations and non-government organisations, community gatekeepers and family/carers.</p> <p>5.6 Carer’s Support Program: Carers of people experiencing a suicidal crisis (18 years and above).</p> <p>5.7 Indigenous Suicide Prevention</p> <p>This activity is incorporated in priority area 6 - MH6: Aboriginal and Torres Strait Islander mental health services. Please see description of activities for further details.</p>

Indigenous specific	<p>Is this activity targeted to, or predominantly supporting, Aboriginal and Torres Strait Islander people?</p> <p>None of the above activities listed above are Indigenous specific.</p> <p>If yes, briefly describe how this activity will engage with the Indigenous sector.</p>
Coverage	Gold Coast PHN Region (Gold Coast SA4)
Consultation	<p>Since services have been commissioned, ongoing consultation continues to focus on the provision of services complementary to the Gold Coast Health Zero Suicide Framework through a review of activities and regional planning to inform future service delivery. This includes:</p> <ul style="list-style-type: none"> • Continued consultation with GCPHN Board, Clinical and Community Councils, and Mental Health expert advisory groups. • Ongoing consultation with the Suicide Prevention Leadership Group • Targeted consultation to inform the Gold Coast Suicide Prevention Plan and its implementation as a subset of the Gold Coast Mental Health Regional Plan.
Collaboration	<p>The stakeholders that will be involved in implementing Suicide prevention activity and their roles are as follows:</p> <p>5.1 Provide community-based support for people in distress:</p> <ul style="list-style-type: none"> • Gold Coast Health – planning, procurement, co-design, referrals, monitoring • Consumers (Lived experience) – planning, co-design, implementation, monitoring, evaluation • Primary care provider - service provider/consortia – planning, co-design, implementation, monitoring, evaluation • Primary care providers – General Practitioners – planning, co-design, referrals, continuity of care • Aboriginal Medical Centre – planning, co-design • Community and non-government organisations and social supports – partnership and liaison, referrals <p>5.2 The Way Back Support Service:</p> <ul style="list-style-type: none"> • Queensland Health – commissioner of service, planning, procurement, governance • Beyond Blue – expert advice, planning, procurement, co-design, monitoring, evaluation and governance • Gold Coast Health and Acute Care Team– key partner, planning, procurement, referrals to service and step up option for service, governance • Consumers (Lived experience) – planning, co-design, implementation, monitoring, evaluation • Wesley Mission Queensland – service provider – planning, implementation, monitoring, evaluation • Primary care providers – General Practitioners – referrals, continuity of care

	<ul style="list-style-type: none"> Community service providers and non-government organisations and social groups/supports – referrals, continuity of care, partnership and liaison <p>5.3 Psychological Services Program (Suicide Prevention Stream): <i>Refer to Activity MH3</i></p> <p>5.4 Joint Regional Planning for Suicide Prevention:</p> <ul style="list-style-type: none"> Gold Coast Primary Health Network – project partner delivering coordination, engagement, data and planning expertise Gold Coast Health – project partner contributing clinical, data, operational and planning expertise Consumers and carers, NGO service providers, general practice and other mental health service providers will continue to be engaged to progress specific coordination and integration regional priorities jointly agreed upon in the Plan <p>5.5 Workforce and community development:</p> <ul style="list-style-type: none"> Gold Coast Primary Health Network – planning, mapping, procurement, coordination, stakeholder engagement, facilitation Gold Coast Health – planning, procurement, coordination, clinical expertise, facilitation Primary Care providers – engagement, participation, feedback Community services, non-government organisations and social groups/supports – Engagement, participation, feedback Training providers/packages – content specialists <p>5.6 Carer’s Support Program:</p> <ul style="list-style-type: none"> Queensland Health – Program Commissioner, procurement, co-design, governance Wesley Mission/Roses in the Ocean/Beacon – Planning, co-design, implementation, monitoring, evaluation Consumers and carers (HHS) – Project steering group member contributing engagement, consumer knowledge and expertise, liaison with consumers, co-design, and governance Carers and consumers (community) – co-design and consultation Service providers and non-government organisations – co-design and consultation Gold Coast Primary Health Network – project steering group member contributing, engagement, regional and sector knowledge, data and planning expertise, co-design, governance Gold Coast Health – project steering group member contributing engagement, data, operational and planning expertise, co-design, governance <p>5.7 – Indigenous Suicide Prevention <i>Refer to Activity MH6</i></p>
Activity milestone details/ Duration	<p>Provide the anticipated activity start and completion dates (including the planning and procurement cycle):</p> <p>5.1 Provide community-based support for people in distress</p> <p>Activity start date: 1/07/2020</p> <p>Activity end date: 30/06/2022</p>

If applicable, provide anticipated service delivery start and completion dates **(excluding** the planning and procurement cycle):

Service delivery start date: October 2020

Service delivery end date: June 2022

Any other relevant milestones?

- Desktop review of evidence-based/best practice distress models
- Co-design service delivery model
- Develop evaluation framework
- Procurement of a provider/consortia to lead this work
- Establishment and implementation
- Commence Evaluation

5.2 The Way Back Support Service

Activity start date: 1/07/2019

Activity end date: 30/06/2022

If applicable, provide anticipated service delivery start and completion dates **(excluding** the planning and procurement cycle):

Service delivery start date: June 2020

Service delivery end date: June 2022

Any other relevant milestones? Timeframes to be determined pending signing of bilateral agreement.

- Stage 1: Signing of bilateral agreement between governments
- Stage 2: Procurement, contracting and licensing
- Stage 3: Service re-design (current LOTUS program to transition to Way Back) and transition planning
- Stage 4: Commencement of service delivery and ongoing contract management for Business as usual.
- Stage 5: Lotus decommissioning plan

5.3 Psychological Service Providers (Suicide Prevention Stream)

Refer to Activity MH3

5.4 Implementation of Joint Regional Planning for Suicide Prevention

Service delivery start date: July 2020

Service delivery end date: June 2022

If applicable, provide anticipated service delivery start and completion dates **(excluding** the planning and procurement cycle):

Service delivery start date: July 2020

Service delivery end date: June 2022

Any other relevant milestones?

5.5 Workforce and community development

Activity start date: 1/07/2020

Activity end date: 30/06/2022

5.6 Carer's Support Program

Activity start date: 1/01/2020

Activity end date: 30/06/2021

	<p>If applicable, provide anticipated service delivery start and completion dates (excluding the planning and procurement cycle): Service delivery start date: May 2020 Service delivery end date: June 2021 (potentially ongoing)</p> <p>Any other relevant milestones? 5.7 Suicide Prevention Indigenous <i>Refer to Activity MH6</i></p>
<p>Commissioning method and approach to market</p>	<p>5.1 Community based support for people in distress</p> <p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Not yet known <input type="checkbox"/> Continuing service provider / contract extension <input type="checkbox"/> Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date. <input type="checkbox"/> Open tender <input type="checkbox"/> Expression of Interest (EOI) <input type="checkbox"/> Other approach (please provide details) <p>2a. Is this activity being co-designed? Yes</p> <p>2b. Is this activity this result of a previous co-design process? No</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? No</p> <p>4a. Co-design or Co-commissioning details The co-design approach is currently being worked through. GCPHN will engage with the Gold Coast Mental Health and Specialist Services, the identified provider and key stakeholder groups such as General Practitioners, Care For Life and identified NGO's to collaborate on the most appropriate response for the Gold Coast region.</p> <p>5.2 The Way Back Support Service</p> <p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not yet known <input type="checkbox"/> Continuing service provider / contract extension <input checked="" type="checkbox"/> Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date. The identified provider was chosen in a joint decision between Queensland Health, Gold Coast Mental Health and Specialist Services and GCPHN as they currently provide a similar service and have consistently performed to a high level. <p>2a. Is this activity being co-designed? No</p> <p>2b. Is this activity this result of a previous co-design process? No</p>

3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements?

Yes In partnership with Queensland Health

3b. Has this activity previously been co-commissioned or joint-commissioned?

No

4a. Co-design or Co-commissioning details

At initial discussion with all key stakeholders (GCPHN, Queensland Health, Beyond Blue and Gold Coast Health) in August 2019, it was agreed that a Direct Market Approach to Wesley Mission Queensland, who currently hold the contract with GCPHN for Lotus Program would be appropriate.

The rationale for this was based on the following key points:

- The Lotus program is a very similar model to Way Back except for the timeframe clients are enrolled in the program (Lotus 4 week – The Way Back is 3 months)
- The Lotus program was co-designed locally with GCPHN, GCH and providers and consumers and was contracted via a competitive request for proposal
- The Lotus program staff are co-located at GCH and have built strong and trusting relationships with the GCH staff, and it would be important to retain this
- Continuity of care for clients would be sustained throughout the implementation to The Way Back
- Beyond Blue agree the Lotus program could be easily adapted to meet the fidelity of The Way Back model.

5.3 Psychological Service Providers (Suicide Prevention Stream)

Refer to MH Activity 3

5.4: Implementation Joint Regional Suicide Prevention Plan

- Not yet known
- Continuing service provider / contract extension
- Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date.
- Open tender
- Expression of Interest (EOI)
- Other approach (please provide details)

2a. Is this activity being co-designed?

Yes

2b. Is this activity this result of a previous co-design process?

Yes

3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements?

Yes

3b. Has this activity previously been co-commissioned or joint-commissioned?

No

4a. Co-design or Co-commissioning details

As agreed in the Joint Regional Plan

5.5. Workforce and community development

- Not yet known

	<p> <input type="checkbox"/> Continuing service provider / contract extension <input type="checkbox"/> Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date. <input type="checkbox"/> Open tender <input checked="" type="checkbox"/> Expression of Interest (EOI) <input type="checkbox"/> Other approach (please provide details) </p> <p>2a. Is this activity being co-designed? Yes</p> <p>2b. Is this activity this result of a previous co-design process? Yes</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? Yes</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? No</p> <p>4a. Co-design or Co-commissioning details Currently unknown but will be informed by outcomes of the Joint Regional Plan.</p> <p>5.6 Carer's Support Program <i>NA – this is an external project that GCPHN is supporting.</i></p>
Decommissioning	<p>1a. Does this activity include any decommissioning of services? Yes (drop-down menu)</p> <p>1b. If yes, provide a description of the proposed decommissioning process and any potential implications. The Lotus service will transition to The Way Back Support Service by 31 June 2020, this has the potential to create confusion or the perception that this funding for this activity will cease to continue. A comprehensive communication plan will be developed to support the transition in branding and marketing of the service. Lotus funds (Activity 1 AWP (2016-2018)) will be reallocated to support a community based support for people in distress (5.1) and workforce and community development activities (5.5).</p>
Data collection	<p>5.1 Community based support for people in distress Is this activity in scope for data collection under the Mental Health National Minimum Dataset? Yes</p> <p>5.2 The Way Back Support Service Is this activity in scope for data collection under the Mental Health National Minimum Dataset? Yes</p> <p>5.3 Psychological Services Program (Suicide Prevention Stream) Yes <i>Refer to MH Activity 3</i></p> <p>5.4 Joint Regional Planning for Suicide Prevention Is this activity in scope for data collection under the Mental Health National Minimum Dataset? No</p> <p>5.5 Workforce and community development Is this activity in scope for data collection under the Mental Health National Minimum Dataset? No</p>

	<p>5.6 Carer's Support Program</p> <p>Is this activity in scope for data collection under the Mental Health National Minimum Dataset?</p> <p>No (Note: Unknown: This is an external project that GCPHN is supporting, at this stage the model is unknown)</p>			
Total Planned Expenditure	Enter the planned expenditure for this Activity in the following table. Include commissioned service expenditure only.			
Funding Source	2019-2020	2020-2021	2021-2022	Total
Planned Commonwealth Expenditure – Mental Health and Suicide Prevention Funding (General) <i>5.1 Community based support for people in distress</i> <i>5.5 Workforce and community development</i>	\$261,099	\$261,099	\$261,099	\$783,297
Planned Commonwealth Expenditure – Mental Health and Suicide Prevention Funding (Way Back Support) <i>5.2 The Way Back support</i>	\$232,068	\$360,996	\$360,996	\$954,060
Planned Commonwealth Expenditure – Mental Health and Suicide Prevention Funding (Psych therapies for hard to reach) <i>5.3 Psychological Service Providers (Suicide Prevention Stream)</i>	Refer to Activity 3.			Refer to Activity 3.
Planned Commonwealth Expenditure - Core Health Systems	\$102,490	\$103,640		\$206,130

Improvement Funding <i>5.4 Joint Regional Planning for suicide prevention</i>				
Total Planned Commonwealth Expenditure	\$595,657	\$725,735	\$622,095	\$1,943,487
Funding from Queensland Health <i>5.2 The Way Back Support Service</i>	\$tbc	\$309,425	\$309,425	\$tbc
Funding from Beyond Blue <i>5.2 The Way Back Support Service</i>	\$100,000			\$100,000
Funding from other sources	If applicable, name other organisations contributing funding to the activity (i.e. state/territory government, Local Hospital Network, non-profit organisation).			

Mental Health Priority Area	Indicate the mental health priority area this activity falls under. Priority area 6: Aboriginal and Torres Strait Islander mental health services
ACTIVITY TITLE	MH6: Aboriginal and Torres Strait Islander mental health services
Existing, Modified, or New Activity	Indicate if this is an existing activity, modified activity, or a new activity. Existing Activity If activity is existing or modified, provide the relevant reference/s from previous Activity Work Plan/s where possible.
PHN Program Key Priority Area	Mental Health Priority Area 6: Aboriginal and Torres Strait Islander mental health services
Needs Assessment Priority	Gold Coast PHN Needs Assessment 2019, Page P1 in the Aboriginal and Torres Strait Islander Health Mental Health and Suicide Needs Assessment Summary (page 237 of 271 in Needs Assessment documentation as submitted to DoH). <ul style="list-style-type: none"> • Access and awareness of appropriate services • Mainstream services that are culturally appropriate and safe • Limited Australian and Torres Strait Islander workforce in specialist mental health services including suicide support
Aim of Activity	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. This addresses the priorities identified in the needs assessment for Indigenous mental health: <ul style="list-style-type: none"> • Enhance the Indigenous workforce to enable workers to provide clinical care coordination and specialist mental health services, including suicide support. • Increase coordination of services using well-developed trusted pathways to support client referrals to culturally appropriate services. • Increase the cultural competency of mainstream services to safely and effectively work with Aboriginal and Torres Strait Islander clients.
Description of Activity	The aim and needs will be met through the activities as follows. <ul style="list-style-type: none"> • Continuing to commission an Aboriginal and Torres Strait Islander medical Centre (AMS) to provide an integrated clinical mental health service, alcohol and other drug and community suicide prevention activities. • Commission an Aboriginal and Torres Strait Islander Medical Centre (AMS) to provide navigation support for first nations people to mainstream services where appropriate. • Integrated service components include: <ul style="list-style-type: none"> - Enhancing existing primary care services by optimising the use of a mental health nurses and access to psychological services - Early intervention and care coordination <ul style="list-style-type: none"> - 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>Through the life of this activity plan there will be an ongoing focus on relationship management, data collection and analysis, performance management, continuous improvement and service evaluations.</p> <p>The expected results are:</p> <ul style="list-style-type: none"> • Patient access to mental health supports within the one a comprehensive primary health care model • Improved access for first nations people to mainstream commissioned services • Establish strong working relationships between the first nations community and suicide prevention services.
Target population cohort	<p>Describe the cohort that this activity will target.</p> <p>Aboriginal and Torres Strait islander Population and those accessing the Aboriginal Medical Centres and mainstream services seeking cultural specific services within Gold Coast region.</p>
Indigenous specific	<p>Is this activity targeted to, or predominantly supporting, Aboriginal and Torres Strait Islander people?</p> <p>Yes</p> <p>If yes, briefly describe how this activity will engage with the Indigenous sector.</p>
Coverage	Gold Coast Regional area.
Consultation	Since services have been commissioned, consultation will focus on the service provider and to provide a new model of service to include AOD services.
Collaboration	<p>List and describe the role of each stakeholder that will be involved in designing and/or implementing the activity, including stakeholders such as Local Health Networks, state/territory governments, or other relevant support services.</p> <ul style="list-style-type: none"> • Local Mental Health and AOD Service Provider, co-design, referral, provider of services • Primary CARE Providers, advisor, referees, provision of feedback on services • Aboriginal Medical Centre, provider, co-design • Aboriginal Community – Karulbo Network, advisors, co-design, feedback • Gold Coast Health - <p>1. - planning, co-design, evaluation 2. – planning, co-design, implementation, evaluation 3. - planning, co-design, implementation, evaluation 4. – planning, co-design, implementation, evaluation 5.- planning, co-design, implementation, monitoring, evaluation</p> <p>6. –planning, co-design, implementation, monitoring, evaluation</p>
Activity milestone details/ Duration	<p>Provide the anticipated activity start and completion dates (including the planning and procurement cycle):</p> <p>Activity start date: 1/07/2020 Activity end date: 30/06/2022</p> <p>If applicable, provide anticipated service delivery start and completion dates (excluding the planning and procurement cycle):</p> <p>Service delivery start date: July 2020 Service delivery end date: June 2022</p>

	Any other relevant milestones?			
Commissioning method and approach to market	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <p><input type="checkbox"/> Not yet known</p> <p><input checked="" type="checkbox"/> Continuing service provider / contract extension</p> <p><input type="checkbox"/> Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date.</p> <p><input type="checkbox"/> Open tender</p> <p><input type="checkbox"/> Expression of Interest (EOI)</p> <p><input type="checkbox"/> Other approach (please provide details)</p> <p>2a. Is this activity being co-designed? No</p> <p>2b. Is this activity this result of a previous co-design process? Yes</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? No</p> <p>4a. Co-design or Co-commissioning details</p>			
Decommissioning	<p>1a. Does this activity include any decommissioning of services? No (drop-down menu)</p> <p>1b. If yes, provide a description of the proposed decommissioning process and any potential implications.</p>			
Data collection	<p>Is this activity in scope for data collection under the Mental Health National Minimum Dataset? Yes</p>			
Total Planned Expenditure	Enter the planned expenditure for this Activity in the following table. Include commissioned service expenditure only.			
Funding Source	2019-2020	2020-2021	2021-2022	Total
Planned Commonwealth Expenditure – Mental Health and Suicide Prevention Funding	\$351,957	\$357,902	\$363,590	\$1,073,449
Planned Commonwealth Expenditure – Indigenous Mental Health Funding				
Planned Commonwealth Expenditure – Response to PFAS Funding				

Total Planned Commonwealth Expenditure	\$351,957	\$357,902	\$363,590	\$1,073,449
Funding from other sources				
Funding from other sources	If applicable, name other organisations contributing funding to the activity (i.e. state/territory government, Local Hospital Network, non-profit organisation).			

DoH fully approved 10/9/2020. Do Not Edit.

Mental Health Priority Area	Indicate the mental health priority area this activity falls under. Priority area 7: Stepped care approach
ACTIVITY TITLE	MH7 Stepped Care Approach MH7.1 Continue to Commission a continuum of primary mental health services in a stepped care model MH7.2: Assessment and Referral (links with Priority Area 4, Activity MH-4.1, Priority Area 8) MH7.3 Stepped Care Communications Plan (links with Priority 8) MH-7.4 Safety and Quality of Commissioned Services MH7.5 Regional Workforce Development MH 7.6 Mental Health shared care frameworks and pathways
MH	Indicate if this is an existing activity, modified activity, or a new activity. Existing Activity If activity is existing or modified, provide the relevant reference/s from previous Activity Work Plan/s where possible.
PHN Program Key Priority Area	Mental Health Priority Area 7. Stepped care approach
Needs Assessment Priority	Gold Coast PHN Needs Assessment 2019, Page P1 in the Mental Health: Suicide Prevention Needs Assessment Summary. <ul style="list-style-type: none"> • Work in partnership with Gold Coast Health to ensure care planning and discharge processes are inclusive for all participants. • Develop clear referral pathways and supported connections to appropriate community supports Gold Coast PHN Needs Assessment 2019, Page P1 in the Primary Mental Health Care (including Suicide Prevention) Needs Assessment Summary. <ul style="list-style-type: none"> • Develop effective pathways to increase accessibility to evidence based electronic (digital) mental health services Gold Coast PHN Needs Assessment 2019, Page P1 in the Severe and Complex Needs Assessment Summary. <ul style="list-style-type: none"> • Centralised intake across the stepped care model to ensure people receive the appropriate support and referral based on their needs. • Develop efficient pathways to support person centred transfer of care between acute and primary services (general practice, allied health and community services). • Centralised intake across the stepped care model to ensure people receive the appropriate support and referral based on their needs. • Develop efficient pathways to support person centred transfer of care between acute and primary services (general practice, allied health and community services).
Aim of Activity	Describe what this activity will aim to achieve, and how it will address the identified need.

	<p>MH7.1 Continue to commission a continuum of primary mental health services in a stepped care model: This activity aims to build on the commissioned services that address the 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>MH7.2 Assessment and Referral: This activity will continue to build the development of assessment and referral pathways and infrastructure i.e. Central Referral and Triage service to support access and delivery of services that provide the least intensive care and most appropriate option of support service to meet individuals needs and preferences.</p> <p>MH7.3 Stepped Care Communication Plan: This activity will support the education and awareness raising of stepped care continuum (MBS, digital and PHN commissioned services) and promote referral pathways across all stakeholders in the region inclusive of: GP's, Mental Health Providers, other service providers, community members etc.</p> <p>MH7.4 Safety and Quality of Commissioned Services: Continue to support the development and maintenance of robust safety and quality of commissioned stepped care mental health services by adherence to the endorsed Service Delivery Quality Performance Framework and promotion of opportunities for consumer involvement in service design, implementation and review at all levels.</p> <p>MH7.5 Regional Workforce Development: To provide consistent training for key skill areas across the mental health workforce by leveraging standardised training packages (online and/or established agencies) such as suicide prevention and response, mental health assessment and trauma informed care.</p> <p>MH7.6 The aim is to clearly identify the needs of the local community in relation to mental health and through co-design with consumers, providers and the broader community, translate these into an agreed shared care model and pathway hosted on an electronic platform. This will complement the palliative care shared care model that has been developed by GCPHN as a part of the <i>Greater Choice for At Home Palliative Care</i> project, as an exemplar shared care and pathways model. Critically it will fund the infrastructure on which to host both the palliative care and mental health shared care model and pathways.</p>
<p>Description of Activity</p>	<p>Describe the activity, including what work will be undertaken, and how the activity and/or services will be delivered.</p> <p>7.1 Continue to commission a continuum of primary mental health services in a stepped care model:</p> <p>A range of services have been commissioned to support people living with mental health issues and illnesses across the stepped care continuum. These services support people from no mental illness through to severe and complex health needs. The aim of these commissioned services is to ensure that people in the Gold Coast community are able to access the right support at the right time to meet their health and social support needs. In the next AWP phase, the focus will be on continuous quality improvement.</p> <p>During this phase the GCPHN will continue to work in partnership with the service providers and key partners to:</p>

- Continue to evolve the model of service to more effectively meet the needs of the target population
- Manage commissioned services in line with the performance and monitoring framework to ensure that services are provided achieving the desired outcomes and are of a high quality (see Activity 7.4)
- Build a regional approach to support collaborative working and partnerships where appropriate between health providers across the region.
- Enhance the communications and marketing approach for digital health services and linkages with non-mental health services to provide greater reach and robustness to the stepped care continuum (see activity 7.4).

7.2 Assessment and Referral

Continue to commission and develop the central intake, referral and information service. During this AWP phase the GCPHN will work with the provider (PCCS) to:

- Continue to develop the model of service to meet the needs of primary care providers and the community as a single access point for all commissioned services
- Determine demand and scope of resourcing of the central intake, referral and information service function within existing resources and determine long term strategy where resources may limit scope.
- Implement the Intake, Assessment and Referral Guidelines through:
 - o Updating the Universal GP Referral Form and implementation of this in all GP electronic medical record systems
 - o Ensuring all service providers have the capability to accept and send referrals using a secure messaging service preferably linked to an electronic medical record
 - o Implement training for service delivery and General Practitioners in the Intake, Assessment and Referral Guidelines
- Develop and implement a continuous quality Improvement plan to establish a community advisory group to inform the work of the intake, referral and information service.
- Continue to commission the Hub2 facility that provides colocation of non-mental health services with the central intake, assessment and information service (links to Priority Area 4).
- Continue to commission the Community Pathway Connector Service that supports early identification and engagement of people to mental health and non-mental health services (links to Core Funding AWP – Activity CF3 Health Services for Hard to Reach Population (Community Connectors))

Over the next AWP period the GCPHN will work with the commissioned provider to:

- Explore the opportunity to expand the referral in pathways to the intake, referral and information service to include other mental services such as the Gold Coast Hospital and Health Service, non-government agencies and community members
- Continue to develop the performance and monitoring framework for the intake assessment and referral service in line with model enhancements.

7.3 Stepped Care Communication Plan:

An annual Stepped Care Communication Plan will be developed to structure the communication and marketing requirements of stepped care to the Gold Coast region. This will include but not be limited to:

- Information about stepped care
- Service availability and referral pathways for all mental health services inclusive of MBS services, digital health services in addition to PHN commissioned services.
- Where appropriate provide awareness of the National Mental Health Service Planning Framework terminology to support consistent use of language across the region.

This strategy is achieved and supported through a range of mechanisms including:

- Formal partnership meetings – Gold Coast Psychosocial Alliance (see National Psychosocial Support AWP), Psychological Services Program quarterly meeting.
- Regular communication updates: Mental Health, Alcohol and Other Drug Snapshot, General Practitioner Communications, Regional Plan Communications
- Regional Workforce Development events

7.4 Safety and Quality of Commissioned Services

Continue to mature the implementation of the Service Delivery Quality Performance Framework to provide confidence to the Gold Coast region of the high quality and consistency of commissioned services. This is inclusive of the publication and assessment of services against:

- An agreed set of Safety and Quality standards
- The development and achievement of an annual continuous quality improvement plan
- Continued alignment of language between commissioned services and the National Mental Health Service Planning Framework
- Review of the service performance each quarter against the agreed key performance indicators.

7.5 Regional Workforce Development

Aligned with the outputs and actions from the Joint Regional Plan GCPHN will collaborate with the Gold Coast region to standardise core training requirements for the MH workforce. This will be achieved by leveraging existing training platforms where available. This activity will be a key activity of the Joint Regional Plan supporting the maturing of the stepped care framework.

7.6 Enhanced support for General Practice to deliver mental Health through an evidence based, locally relevant and user friendly “shared care” framework including:

- review, prioritisation and localisation of existing appropriate guidelines, tools and resources
- define and document clinical support and pathways with Gold Coast Health
- protocols agreed and documented
- embedded within usual general practice business processes
- document published in appropriate online and hard copy formats
- general practice user acceptance testing

	<ul style="list-style-type: none"> o awareness, training and support for use of framework
Target population cohort	<p>Describe the cohort that this activity will target.</p> <p>People with, or at risk of, mental illness</p>
Indigenous specific	<p>Is this activity targeted to, or predominantly supporting, Aboriginal and Torres Strait Islander people?</p> <p>No</p> <p>If yes, briefly describe how this activity will engage with the Indigenous sector.</p>
Coverage	<p>Outline coverage of the activity. Where area covered is not the whole PHN region, provide the statistical area as defined in the Australian Bureau of Statistics (ABS), or LGA.</p> <p>This activity will provide support across the Gold Coast region</p>
Consultation	<p>Please provide details of stakeholder engagement and consultation activities undertaken or to be undertaken to support this activity.</p> <p>GCPHN has engaged broadly with the whole sector as part of this activity. All activities in each priority area including the work of the Joint Regional Plan have supported the work in the stepped care activity.</p> <p>In particular GCPHN maintains regular contact with all commissioned providers and HHS colleagues as well as drawing on the specialist advice of a range of community members for specific activities eg. GP's to support the development and roll out of new referral forms.</p>
Collaboration	<p>List and describe the role of each stakeholder that will be involved in designing and/or implementing the activity, including stakeholders such as Local Health Networks, state/territory governments, or other relevant support services.</p> <ul style="list-style-type: none"> • Consumers- co-design, implementation, monitoring, evaluation • Non-government organisations- co-design, implementation, monitoring, evaluation • Mental health and AOD Multidisciplinary Advisory Group- co-design, implementation, evaluation • Hospital and Health Service- co-design, implementation, evaluation • Primary Care Providers – co-design, implementation, evaluation • Child and Youth Service Providers- co-design, implementation, evaluation • Indigenous Health Services- co-design, implementation, evaluation • EMHPrac – co-design
Activity milestone details/ Duration	<p>Provide the anticipated activity start and completion dates (including the planning and procurement cycle):</p> <p>Activity start date: 1/03/2019</p> <p>Activity end date: 30/06/2022</p> <p>If applicable, provide anticipated service delivery start and completion dates (excluding the planning and procurement cycle):</p> <p>Service delivery start date: Month. Year.</p> <p>Service delivery end date: Month. Year.</p> <p>Any other relevant milestones?</p> <p>July to September 20:</p>

	<ul style="list-style-type: none"> • Update referral systems to central intake, triage and referral service to incorporate National Intake Assessment and Referral domains. • Explore opportunities to engage state-wide provider for workforce development activities <p>September to December 20:</p> <ul style="list-style-type: none"> • Develop communication plan for stepped care services with key message to support treatment matching for client need to intensity of service • Maintain commissioning of services across the stepped care continuum • Where opportunities exist continue to build capacity of central intake. <p>Jan – July 21:</p> <ul style="list-style-type: none"> • Review and adjust commissioning approach to stepped care services as required. • Plan activity 7.3, 7.4,7.5,7.6 commitments for 20/21 financial year <p>July 21 – June 22:</p> <ul style="list-style-type: none"> • Maintain commissioning across all levels of the stepped care continuum. • Activity commitments to be developed aligned with the outputs of the joint regional planning process.
Commissioning method and approach to market	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <p><input type="checkbox"/> Not yet known</p> <p><input checked="" type="checkbox"/> Continuing service provider / contract extension</p> <p><input type="checkbox"/> Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date.</p> <p><input type="checkbox"/> Open tender</p> <p><input type="checkbox"/> Expression of Interest (EOI)</p> <p><input type="checkbox"/> Other approach (please provide details)</p> <p>2a. Is this activity being co-designed? No</p> <p>2b. Is this activity this result of a previous co-design process? Yes</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? No</p> <p>4a. Co-design or Co-commissioning details</p>
Decommissioning	<p>1a. Does this activity include any decommissioning of services? No (drop-down menu)</p> <p>1b. If yes, provide a description of the proposed decommissioning process and any potential implications.</p>

Data collection	<p>Is this activity in scope for data collection under the Mental Health National Minimum Dataset?</p> <p>Yes</p> <p>Individual activities related to this priority area 7 will submit data in line with the Mental Health National Minimum Dataset. These items are listed as separate activities.</p>			
Total Planned Expenditure	Enter the planned expenditure for this Activity in the following table. Include commissioned service expenditure only.			
Funding Source	2019-2020	2020-2021	2021-2022	Total
Planned Commonwealth Expenditure – Mental Health and Suicide Prevention Funding	\$	\$50,000	\$0	\$50,000
Planned Commonwealth Expenditure – Indigenous Mental Health Funding				
Planned Commonwealth Expenditure – Response to PFAS Funding				
Total Planned Commonwealth Expenditure	\$0	\$50,000	\$0	\$50,000
Funding from other sources				
Funding from other sources	If applicable, name other organisations contributing funding to the activity (i.e. state/territory government, Local Hospital Network, non-profit organisation).			

DoH fully approved

ACTIVITY TITLE	<i>MH 8 Regional mental health and suicide prevention plan</i>
Existing, Modified, or New Activity	Modified Activity Primary Mental Health Care 2016-2019 8.1 Development of regional mental health and suicide prevention plan
Program Key Priority Area	Mental Health Priority Area 8. Regional mental health and suicide prevention plan
Needs Assessment Priority	Department of Health requirement in Deed and in COAG Agreement Mental Health Overarching stepped care approach – Development of a Joint Regional Plan for Mental Health, Suicide Prevention, Alcohol and Other Drugs Services in the Gold Coast region (p. 21 of Opportunities, priorities and options, page 353 of Full Needs Assessment submitted) Mental Health- Suicide Prevention– Development of a Joint Regional Plan for Mental Health, Suicide Prevention, Alcohol and Other Drugs Services in the Gold Coast region (p. 17 of Opportunities, priorities and options, page 353 of Full Needs Assessment submitted)
Aim of Activity	<p>People with lived experience of mental illness, suicide, misuse of alcohol and other drugs as well as their carers face a wide range of issues when trying to access treatment and support. This includes fragmentation of services and pathways, gaps, duplication and inefficiencies in service provision, and a lack of person-centred care. The mental health, suicide prevention and alcohol and other drugs sector is in the midst of significant reform with new policy directions introduced at national and state levels. While there is broad strategic alignment at a National and State level, the multiple layers of responsibility, funding and regulation create a complex environment and there is a need for a regional platform to lead this reform at a local level.</p> <p>This activity aims to progress the implementation of the Foundational Joint Regional Mental Health and Suicide Prevention Plan (the Plan) by providing oversight for regional sector collaboration. This includes, supporting the sector to work better together towards shared priorities and more effectively use available resources to meet regional needs in the short term.</p> <p>The Plan will also drive evidence-based service development to address identified gaps and deliver on regional priorities which have been developed and delivered in partnership with local communities.</p> <p>Building on the foundational plan, the activity will contribute to a more detailed joint planning, including a comprehensive service development plan.</p>
Description of Activity	<p>Building on previous collaboration, the foundational planning process established joint governance structures between GCPHN and Gold Coast Health and delivered a Plan with shared priorities. GCPHN will dedicate a project position to coordinate and progress the implementation of this Plan. Activity will include review and modification of joint governance structures to support implementation and oversee accountability to the Plan.</p> <p>Additionally, GCPHN will work in collaboration with Gold Coast Health to use the NMHSPF to undertake further mapping of existing services as part of the commitment and expectation of more detailed service planning.</p>

	<p>Consumers and carers, NGO service providers, general practice and other mental health service providers will continue to be engaged to progress specific coordination and integration regional priorities jointly agreed upon in the Plan.</p> <p>This activity links closely to the activity in Mental Health Priority Area: Regional mental health and suicide prevention plan</p>
Associated Flexible Activity/ies:	MH1, MH2, MH3, MH4, MH5, MH7, MH8, MH9; AOD1, AOD2, AOD3
Target population cohort	GCPHN population with mental health needs, with a particular focus on a number of population cohorts including children and young people, adults, older people, Aboriginal and Torres Strait Islander people, people with drug and alcohol issues and people at risk of suicide.
Indigenous specific	<p>Is this activity targeted to, or predominantly supporting, Aboriginal and Torres Strait Islander people?</p> <p>No</p> <p>While not predominantly supporting the Aboriginal and Torres Strait Islander community, the Gold Coast AMS and more broadly the Aboriginal and Torres Strait Islander Partnership group Karulbo will be actively engaged in the implementation of the Plan.</p>
Coverage	Whole of Gold Coast PHN Region (Gold Coast SA4)
Consultation	In addition to the joint governance arrangements, a number of specific working groups will be established to progress key pieces of work in the plan. Existing groups will be actively engaged including mental health consumer and carer groups and panels, the local Aboriginal and Torres Strait Islander Partnership Group, local Mental Health and Drug and Alcohol sector at multiple times during the process.
Collaboration	<ol style="list-style-type: none"> 1. Gold Coast Primary Health Network – Project partner delivering coordination, engagement, data and planning expertise 2. Gold Coast Health – project partner contributing clinical, data, operational and planning expertise
Activity milestone details/ Duration	<p>Provide the anticipated activity start and completion dates (including the planning and procurement cycle):</p> <p>Activity start date: 1/07/2019</p> <p>Activity end date: 30/06/2022</p> <p>If applicable, provide anticipated service delivery start and completion dates (excluding the planning and procurement cycle):</p> <p>Service delivery start date: Month. Year.</p> <p>Service delivery end date: Month. Year.</p> <p>Any other relevant milestones?</p>
Commissioning method and approach to market	<p>This project will be delivered by GCPHN and Gold Coast Health staff</p> <p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <p><input checked="" type="checkbox"/> Not yet known</p> <p><input type="checkbox"/> Continuing service provider / contract extension</p> <p><input type="checkbox"/> Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date.</p> <p><input type="checkbox"/> Open tender</p> <p><input type="checkbox"/> Expression of Interest (EOI)</p>

	<input type="checkbox"/> Other approach (please provide details) 2a. Is this activity being co-designed? Yes 2b. Is this activity this result of a previous co-design process? Yes 3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? Yes 3b. Has this activity previously been co-commissioned or joint-commissioned? Yes 4a. Co-design or Co-commissioning details Activity was undertaken as a Joint development project between Gold Coast Health (HHS) and GCPHN			
Decommissioning	1a. Does this activity include any decommissioning of services? No 1b. If yes, provide a description of the proposed decommissioning process and any potential implications			
Total Planned Expenditure	Enter the planned expenditure for this Activity in the following table.			
Funding Source	2019-2020	2020-2021	2021-2022	Total
Planned Commonwealth Expenditure - Core Health Systems Improvement Funding	\$102,490	\$103,640		\$206,130
Planned Commonwealth Expenditure – General Practice Support Funding				
Total Planned Commonwealth Expenditure	\$102,490	\$103,640		\$206,130
Funding from other sources				
Funding from other sources	In kind support from Gold Coast Health			

Mental Health Priority Area	Indicate the mental health priority area this activity falls under. Priority area 3: Psychological therapies for rural and remote, under-serviced and / or hard to reach groups
ACTIVITY TITLE	<i>MH9: Psychological Services for hard to reach groups (RACFs)</i> <i>MH9- Psychological Treatment Services for People with Mental Illness Living in Residential Aged Care Facilities (RACFs)</i>
Existing, Modified, or New Activity	Indicate if this is an existing activity, modified activity, or a new activity. MH3.2: Modified Activity Activity 3.2 (AWP 2019-2022)
PHN Program Key Priority Area	Mental Health Priority Area 3: Psychological therapies for rural and remote, under-serviced and/or hard to reach groups
Needs Assessment Priority	Gold Coast PHN Needs Assessment 2019, Page P1 in Older People with a focus on Residential Aged Care Facilities (RACFs) and After-hours Services Health Needs Assessment Summary. <ul style="list-style-type: none"> Residents in residential aged care presenting with increasing complexity of care, including dementia behaviour management, mental health, palliative and end of life care.
Aim of Activity	This activity aims to: <ul style="list-style-type: none"> Improve access to psychological services for people with mental health disorders and illness in residential aged care Provide evidence based psychological and behavioral therapy, including low intensity options if appropriate Provide a responsive and flexible service within a stepped care approach, matching service option to need Build capacity of RACF and their staff through education, training and liaison to enable: <ul style="list-style-type: none"> Early identification, response and referral Support to attend therapy, undertake self-help and follow interventions Provide an environment and lifestyle options to support mental wellbeing Support GPs to identify and refer residents requiring psychological support Provide equitable access for all residents across the Gold Coast region.
Description of Activity	In 2020/21 and 2021/22 GCPHN will focus on: <ul style="list-style-type: none"> Continuing to commission the provider for the provision of psychological services for people with mental health conditions living in residential aged care facilities, both through individual and group interventions. Key activities in the period include: <ul style="list-style-type: none"> Engagement across GCPHN Aged and Palliative Care activities to coordinate promotional activity, RACF engagement and education opportunities regarding mental health Working with Gold Coast Health Older Persons Mental Health to support effective referral pathways and 'step up' options Working with the provider to introduce a Memorandum of Understanding with the RACFs that will help to support embedding the program as 'business as usual' within the facility operations

	<ul style="list-style-type: none"> Supporting the provider to 'scale up' during the period to increase access of psychological services to all residential aged care facilities in the Gold Coast region Implement quality improvement plan with the provider to enhance or adjust service delivery for greater client access and outcomes Progressing actions where relevant and appropriate identified in the Gold Coast Health and Gold Coast PHN Joint Regional Plan for Mental Health, Suicide Prevention and AOD.
Target population cohort	<ul style="list-style-type: none"> Individuals living in a Commonwealth funded RACF within the Gold Coast PHN area who: <ul style="list-style-type: none"> Has a non-acute, non-chronic, mild to moderate mental health condition that can benefit from short term intervention Is identified as being 'at risk' of mental illness, defined as individuals who are experiencing early symptoms and are assessed as at risk of developing a diagnosable mental illness over the following 12 months if they do not receive appropriate and timely services Present as mildly depressed or anxious, or experiencing grief and loss, but do not have a diagnosis Present with Dual diagnosis of mental health disorder and dementia or neurocognitive disorder (including brain injury/developmental disability) where behaviours are identified as mental health related
Indigenous specific	<p><i>Is this activity targeted to, or predominantly supporting, Aboriginal and Torres Strait Islander people?</i></p> <p>No</p> <p>If yes, briefly describe how this activity will engage with the Indigenous sector.</p>
Coverage	Gold Coast PHN Region (Gold Coast SA4)
Consultation	<p>Consultation to inform the commissioned service model was held with a range of stakeholders including:</p> <ul style="list-style-type: none"> GCPHN Psychological Services Program Providers and New Access program GCPHN Palliative Care Leadership Group Beyond Blue New Access team Gold Coast Health Older Persons Mental Health service Aged and Community Services Australia (ACSA) Gold Coast Residential Aged Care Facilities Brisbane South PHN Brisbane North PHN General Practitioners Psychogeriatric Nurses Association
Collaboration	<p>Stakeholder-Role</p> <p>Commissioners of Same provider Brisbane North PHN, Brisbane South PHN and North Coast PHN</p> <ul style="list-style-type: none"> General Practitioners working with RACFs-Partner, promoting availability, referring residents and supporting access to services. Gold Coast Primary Health Network -Palliative Care Leadership Group Primary Care providers Referrals and partners in client care Primary and Community Care Services (PCCS)-Provide information and referrals through central intake function Gold Coast Hospital Older Person's mental health Service-Referrals and step up option for service

	<ul style="list-style-type: none"> • Mental Health and AOD Multidisciplinary Advisory Group-Advice and linkages to primary care and clinical services • Residents and staff of RACFs-Participation in program Residential Advisory Groups • RACFs-Referrals and partners in client care
Activity milestone details/ Duration	<p>Provide the anticipated activity start and completion dates (including the planning and procurement cycle):</p> <p style="padding-left: 40px;">Activity start date: 1/07/2020</p> <p style="padding-left: 40px;">Activity end date: 30/06/2022</p> <p>If applicable, provide anticipated service delivery start and completion dates (excluding the planning and procurement cycle):</p> <p>NA</p>
Commissioning method and approach to market	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <p><input type="checkbox"/> Not yet known</p> <p><input checked="" type="checkbox"/> Continuing service provider / contract extension</p> <p><input type="checkbox"/> Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date.</p> <p><input type="checkbox"/> Open tender</p> <p><input type="checkbox"/> Expression of Interest (EOI)</p> <p><input type="checkbox"/> Other approach (please provide details)</p> <p>2a. Is this activity being co-designed? No</p> <p>2b. Is this activity a result of a previous co-design process? Yes</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No - As the provider is currently engaged by 4 PHN's with adjoining geographical boundaries opportunities for aligning commissioning approach will be explored in 2020.</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? No</p> <p>4a. Co-design or Co-commissioning details</p>
Decommissioning	<p>1a. Does this activity include any decommissioning of services? No (drop-down menu)</p> <p>1b. If yes, provide a description of the proposed decommissioning process and any potential implications.</p>
Data collection	<p>Is this activity in scope for data collection under the Mental Health National Minimum Dataset?</p> <p>Yes</p>

Total Planned Expenditure	Enter the planned expenditure for this Activity in the following table. Include commissioned service expenditure only.			
Funding Source	2019-2020	2020-2021	2021-2022	Total
Planned Commonwealth Expenditure – Mental Health and Suicide Prevention Funding	\$405,177	\$551,697	\$661,858	\$1,618,732
Total Planned Commonwealth Expenditure	\$405,177	\$551,697	\$661,858	\$1,618,732
Funding from other sources				
Funding from other sources	If applicable, name other organisations contributing funding to the activity (i.e. state/territory government, Local Hospital Network, non-profit organisation).			

DoH fully approved 10/9/2020. Do Not Edit