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WESTERN QUEENSLAND

An Australian Government Initiative

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Activity Work Plan 2018-2019:

Primary Mental Health Care Funding

2018-19

WQPHN is continuing to commission current services and strategic activities in alignment with its Mental Health Suicide Prevention and Alcohol and Drug Regional Plan (Regional Plan). This plan is providing critical architecture to guide performance, engagement and design collaboration.

Figure 5: The Building Blocks of the new model of primary mental health and AOD service delivery in Western Queensland



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

Improve targeting of psychological interventions to most appropriately support people with or at risk of mild mental illness at the local level through the development.	
Priority Area 1	Priority Area 1: Low intensity mental health services
Activity(ies) / Reference (e.g. Activity 1.1, 1.2, etc)	<p>2018-19</p> <p>P1.1-Review the data and performance of <i>New Access</i> commissioned providers in SW, CW and NW</p> <p>P1.2-Integrate <i>New Access</i> within the stepped-care framework</p> <p>P1.3-Complete the CBTi training program for existing <i>New Access</i> coaches and review ongoing supervision arrangements with CBTi - November 18</p> <p>P1.4-Promote engagement with online low intensity services through the Digital Mental Health Gateway – www.headtohealth.gov.au</p>
Existing, Modified, or New Activity	<p>2018-19</p> <p>Modified and New</p>
Description of Activity	<p>2018-19</p> <p>P1.1</p> <ul style="list-style-type: none"> • New Access Activity data, including both referral data and outcome data, to be monitored and reviewed through the commissioned software referHealth on a monthly basis • Reports generated and distributed to commissioned providers monthly for performance monitoring • Beyondblue to benchmark data (nationally) and inform WQPHN Quality Framework <p>P1.2</p> <ul style="list-style-type: none"> • Ongoing collaboration with Beyondblue to ensure that national marketing strategies are targeted to meet the needs of the rural and remote population groups

	<ul style="list-style-type: none"> • Integrate the <i>New Access Service</i> through the P4 Mental Health Nurses/Coordinator as they undertake triage and care coordination within the stepped-care approach in General Practice • Promote <i>New Access</i> through Regional Clinical Chapters, My Community Directory Website and Consumer/Carer led forums • Extend the use of the web-based referral tool, refeRHEALTH to Hospital and Health Service Practices <p>P1.3</p> <ul style="list-style-type: none"> • Continue the ongoing supervision requirements of the <i>New Access Coaches</i> with the CBTi Institute • Ensure <i>New Access Coaches</i> complete their CBTi training requirements - Nov 18 <p>P1.4</p> <ul style="list-style-type: none"> • Promote access to the Digital Mental Health Gateway by providing a link on the WQPHN website and My Community Directory and General Practice • Collaborate with e-MHPrac to ensure that GP resources and training opportunities are maximised
Target population cohort	<p>2018-19</p> <p>Whole Population with emphasis on early intervention to mild mental illness</p>
Consultation	<p>2018-19</p> <ul style="list-style-type: none"> • Mental Health Alcohol & Other Drugs Planning Consortia • 3 x Clinical Chapters • Consumer Advisory Council • 3 x HHSs – Joint Protocol and the Maranoa Accord • Beyondblue • CBT Institute

	<ul style="list-style-type: none"> • RHealth • and other key stakeholders as identified
Collaboration	<p>2018-19</p> <p>Mental Health Alcohol & Other Drugs Planning Consortia</p> <p>3 x Clinical Chapters</p> <p>Consumer Advisory Council</p> <p>3 x HHSs – Joint Protocol and the Maranoa Accord</p> <p>Beyondblue</p> <p>CBT Institute</p> <p>RHealth</p> <p>and other key stakeholders as identified</p>
Duration	<p>2018/2019</p> <p>Ongoing</p>
Coverage	<p>2018/2019</p> <p>Whole of WQPHN</p>
Commissioning method (if relevant)	<p>2018-19</p> <p><i>Commissioning for Better Health: A Bushman’s Guide to Commissioning in Western Queensland</i> outlines the 10 principles for commissioning for better health in Western Queensland. It also demonstrates WQPHN’s commissioning principles and procurement decisions are linked to the WQPHN Strategic Plan 2016-2020</p>

Approach to market	<p>2018-19</p> <p>WQPHN is cognisant of fragmenting an already fragile market, acknowledging a stretched workforce working in rural and remote locations. In this environment, WQPHN has opted to use a variety of commissioning approaches including Direct Engagement; EOI and Open Tender where appropriate.</p>
Performance Indicator	<p>2018-19</p> <p>Priority Area 1 - Mandatory performance indicators:</p> <p>ACC-1 Proportion of regional population receiving PHN-commissioned mental health services – Low intensity services</p> <p>EFF-1 Average cost per PHN-commissioned mental health service – Low intensity services</p> <p>OUT-1 Clinical outcomes for people receiving PHN-commissioned low intensity mental health services</p>
Local Performance Indicator target (where possible)	<p>2018-19</p> <ul style="list-style-type: none"> • Number of low intensity referrals facilitated through the different Priority Areas within the Stepped Care approach • Number <i>New Access Coaches</i> successfully completed CBTi training to build capacity in the workforce
Local Performance Indicator Data source	<p>Data gathered by WQPHN:-</p> <ul style="list-style-type: none"> • WQPHN Data source - <i>Qlik Sense</i> • e-referral tool referHEALTH • Commissioned providers 6 & 12 month Reports • Beyondblue reports • CBTi Reports

Support early intervention for children and young people with, or at risk of mental through an integrated approach to primary mental health services	
Priority Area 2	Priority Area 2: Youth mental health services
Activity(ies) / Reference (e.g. Activity 1.1, 1.2, etc)	<p>2018-19</p> <p>P2.1-Review and support <i>Gidgee Healing</i> systems for headspace Mount Isa (hMI) to ensure compliance with the headspace National Office (hNO) Model Integrity framework</p> <p>P2.2-Work with lead agency of <i>hMI</i>, <i>Gidgee Healing</i> and <i>hNO</i> around expanding service delivery</p> <p>P2.3-Partner with <i>Orygen</i>, hMI, and General Practice to explore models of care around early identification and support for youth severe mental illness (see also Priority Area 4)</p> <p>P2.4-Ensure opportunities are maximised for the <i>National Mental Health in Education Program</i> in collaboration with lead agency Beyondblue, Early Childhood Australia and <i>hNO</i></p> <p>P2.5-Ensure integration across all the Priority areas within the stepped care approach</p>
Existing, Modified, or New Activity	<p>2018-19</p> <p>Modified and New</p>
Description of Activity	<p>2018-19</p> <p>P2.1</p> <ul style="list-style-type: none"> Establish quarterly meetings with hMI and hNO to review and action identified improvements to achieve compliance with hNO Model Integrity Framework <p>P2.2</p> <ul style="list-style-type: none"> Develop a strategy with the lead agency <i>Gidgee Healing</i> to develop an outreach services to the Lower Gulf <p>P2.3</p> <ul style="list-style-type: none"> Complete an MOU with <i>Orygen</i> and other identified partners to develop an early intervention model of care that meets the identified needs of young people <i>at risk</i> of, or living with, severe mental illness in rural and remote locations. Support region-specific, cross sectoral approaches to early intervention for

	<p>children and young people with, or <i>at risk</i> of mental illness (including those with severe mental illness who are being managed in primary care) and implementation of an equitable and integrated approach to primary mental health services for this population group</p> <p>P2.4</p> <ul style="list-style-type: none"> • Collaboration with the lead agency Beyondblue, Early Childhood Australia, hNO and Regional Education Queensland to ensure opportunities are maximised through the roll out of the National Mental Health in Education Program
Target population cohort	<p>2018-19</p> <p>0-25 years (12-25 headspace) with 0-12 identified in PA3-Young people at risk of developing or developed a severe mental illness</p>
Consultation	<p>2018-19</p> <p>Mental Health Alcohol & Other Drugs Planning Consortia</p> <p>Education Queensland</p> <p>3 x Clinical Chapters</p> <p>Consumer Advisory Council</p> <p>3 x HHSs – Joint Protocol and the Maranoa Accord</p> <p>4 x AICCHSs</p> <p>Nukal Murra Alliance</p> <p>hMI Youth Advisory Group</p> <p>headspace National Office</p> <p>Orygen</p>

	<p>Early Psychosis Prevention and Intervention Centre</p> <p>and other key stakeholders as identified</p>
Collaboration	<p>2018-19</p> <p>Mental Health Alcohol & Other Drugs Planning Consortia</p> <p>Education Queensland</p> <p>3 x Clinical Chapters</p> <p>Consumer Advisory Council</p> <p>3 x HHSs – Joint Protocol and the Maranoa Accord</p> <p>4 x AICCHSs</p> <p>Nukal Murra Alliance</p> <p>hMI Youth Advisory Group</p> <p>headspace National Office</p> <p>Orygen</p> <p>Early Psychosis Prevention and Intervention Centre</p> <p>and other key stakeholders as identified</p>
Duration	<p>2018/2019</p> <p>Ongoing</p>
Coverage	<p>Whole of WQPHN</p>

	NW (Mount Isa)
Commissioning method (if relevant)	<p>2018-19</p> <p><i>Commissioning for Better Health: A Bushman's Guide to Commissioning in Western Queensland</i> outlines the 10 principles for commissioning for better health in Western Queensland. It also demonstrates WQPHN's commissioning principles and procurement decisions are linked to the WQPHN Strategic Plan 2016-2020</p>
Approach to market	<p>2018-19</p> <p>WQPHN is cognisant of fragmenting an already fragile market, acknowledging a stretched workforce working in rural and remote locations. In this environment, WQPHN has opted to use a variety of commissioning approaches including Direct Engagement; EOI and Open Tender where appropriate</p>
Performance Indicator	<p>2018-19</p> <p>Priority Area 2 - Mandatory performance indicator:</p> <p>APP-1 Proportion of regional youth population receiving youth-specific PHN-commissioned mental health services.</p> <p><i>Data Source Indicator C1: PMHC MDS ; headspace and EPYS National Minimum datasets</i></p>
Local Performance Indicator target (where possible)	<p>2018-19</p> <ul style="list-style-type: none"> • Commissioned provider achieved compliance with hNO Model Integrity Framework and HAPi data and PMHC MDS • MOU developed with <i>Orygen</i> and other partners, a model of care developed and implementation of a proof of concept • Partnerships developed with Key Stakeholders around the National Mental Health in Education Program exploring referral pathways within the stepped care framework
Local Performance Indicator Data source	<p>2018-19</p>

	<p>Data gathered by:-</p> <ul style="list-style-type: none"> • WQPHN Data source - <i>Qlik Sense</i> • e-referral tool referHEALTH • Commissioned providers 6 & 12 month Reports • Headspace National • Orygen
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Enhance provider capability and coordination to better identify and support people at high risk of suicide and help ensure appropriate follow-up and support arrangements for individuals after a suicide attempt	
Priority Area 5	Priority Area 5: Community based suicide prevention
Activity(ies) / Reference (e.g. Activity 1.1, 1.2, etc)	<p>2018-19</p> <p>P5.1- Continue to work with the QMHC and other identified community stakeholders in rolling out the Maranoa Placed Based Suicide Prevention Project with the aim of replicating the framework across other regions</p> <p>P5.2- Continue to develop a universal clinical protocol, guiding discharge planning and optimising follow up arrangements in community, for those <i>at risk</i> or attempted suicide, with the SWHHS Mental Health Innovation Project</p> <p>P5.3- Collaborate with RAPAD (3 Regional Councils), CWHHS, (QMHC), NGO <i>Outback Futures</i> to develop a Well Being Hub in the Central West Region</p>
Existing, Modified, or New Activity	<p>2018-19</p> <p>Modified and new</p>
Description of Activity	<p>2018-19</p> <p>P5.1</p>

	<ul style="list-style-type: none"> Continue to work with the QMHC and other identified community stakeholders in rolling out the Maranoa Placed Based Suicide Prevention program with the aim of replicating the framework across other regions based around the <i>EveryMind Framework</i> <p>P5.2</p> <ul style="list-style-type: none"> Within the above Project, continue to develop a universal clinical protocol guiding discharge planning and optimising follow-up arrangements in community for those <i>at risk</i> utilising the referHEALTH tool <p>P5.3</p> <ul style="list-style-type: none"> Collaborate with RAPAD (3 Regional Councils), CWHHS, (QMHC), NGO <i>Outback Futures</i> to develop a Well Being Hub in the Central West Region and continue to work within the local partnership to ensure timely access to the commissioned services
<p>Target population cohort</p>	<p>Maranoa Regional LGA for the suicide prevention pilot</p> <p>Whole of population for the adoption of new clinical protocol</p> <p>2018-19</p> <p>Maranoa Regional LGA for the suicide prevention pilot</p> <p>Whole of population for the adoption of new clinical protocol</p> <p>Central West region for <i>Outback Futures</i> Wellbeing Hub Project</p>
<p>Consultation</p>	<p>2018-19</p> <p>Mental Health Alcohol & Other Drugs Planning Consortia</p> <p>3 x Clinical Chapters</p> <p>Consumer Advisory Council</p> <p>3 x HHSs – Joint Protocol and the Maranoa Accord</p>

	<p>4 x AICCHSs</p> <p>Nukal Murra Alliance</p> <p>Qld Mental Health Commission Beyondblue Wayback Maranoa Placed Based Suicide Prevention Steering Group SWHHS Integration Project Team, LGA RAPAD (3 LGAs) CWQ Wellbeing Reference Group EveryMind and Standby Suicide Response SWHHS Integration Project and other key stakeholders as identified</p>
<p>Collaboration</p>	<p>2018-19</p> <p>Mental Health Alcohol & Other Drugs Planning Consortia</p> <p>3 x Clinical Chapters</p> <p>Consumer Advisory Council</p> <p>3 x HHSs – Joint Protocol and the Maranoa Accord</p> <p>4 x AICCHSs</p> <p>Nukal Murra Alliance</p> <p>Qld Mental Health Commission Beyondblue Wayback Maranoa Placed Based Suicide Prevention Steering Group SWHHS Integration Project Team, LGA RAPAD (3 LGAs) CWQ Wellbeing Reference Group</p>

	EveryMind and Standby Suicide Response SWHHS Integration Project and other key stakeholders as identified
Duration	2018-19 Ongoing
Coverage	Whole of WQPHN
Commissioning method (if relevant)	2018-19 <i>Commissioning for Better Health: A Bushman's Guide to Commissioning in Western Queensland</i> outlines the 10 principles for commissioning for better health in Western Queensland. It also demonstrates WQPHN's commissioning principles and procurement decisions are linked to the WQPHN Strategic Plan 2016-2020
Approach to market	2018-19 WQPHN is cognisant of fragmenting an already fragile market, acknowledging a stretched workforce working in rural and remote locations. In this environment, WQPHN has opted to use a variety of commissioning approaches including Direct Engagement; EOI and Open Tender where appropriate
Performance Indicator	Priority Area 5 - Mandatory performance indicator: APP-3 Number of people who are followed up by PHN-commissioned services due a recent suicide attempt or because they were at risk of suicide followed up within 7 days of referral Data Sources: APP-2 and APP-3: PMHC_MDS
Local Performance Indicator target (where possible)	2018-19 5.1 <ul style="list-style-type: none"> Maranoa Place Based Suicide Prevention Program Plan implemented 5.2

	<ul style="list-style-type: none"> • Evidence of agreed referral pathways in the stepped care approach in collaboration with the SWHHS <p>5.3</p> <ul style="list-style-type: none"> • Commissioned provider meets objectives of the Wellbeing Hub
Local Performance Indicator Data source	<p>2018-19</p> <ul style="list-style-type: none"> • WQPHN QlickSense data • ReferRHEALTH data- collected through other Priority areas • Maranoa Placed Based Suicide Prevention Project KPIs • Well Being Hub Report Outback

Develop Indigenous-specific services in collaboration with AICCHSS (and QAIHC) to support greater companion social and emotional wellbeing services to support Aboriginal and Torres Strait Islander Patients with Mental Health illness	
Priority Area 6	Priority Area 6: Aboriginal and Torres Strait Islander mental health services
Activity(ies) / Reference (e.g. Activity 1.1, 1.2, etc)	<p>2018-19</p> <p>P6: Implement Indigenous-specific services in collaboration with AICCHSSs to support Social and Emotional Wellbeing (SEWB) Strategy and Mental Health to support Aboriginal and Torres Strait Islander Patients with Mental Health illness</p> <p>P6.1- Continue to monitor and engage with the <i>Nukal Murra Alliance</i> members (4 AICCHSSs) for the implementation of the SEWB services</p> <p>P6.2- Support the implementation, in collaboration e-MHPrac and Menzies institute, for the Stay Strong Application utilising the Stay Strong e-mental Health Support Program</p> <p>P6.3- Ensure providers have access to education and professional development opportunities around the</p>

	<p>Stepped Care Approach and in the Stay Strong App (P1 to P5)</p> <p>P6.4- Develop referral pathways for ATSI peoples accessing services through main stream GPs</p>
Existing, Modified, or New Activity	<p>2018-19</p> <p>Modified and New</p>
Description of Activity	<p>2018-19</p> <p>The Nukal Murra Social and Emotional Wellbeing Framework (the Framework) has been specifically designed to sustainably promote quality service provision in rural and remote Western Queensland (WQ).</p> <p><i>The Framework is a strengths-based solution tailored to meet the unique challenges in rural and remote Western Queensland (WQ). It promotes and enables Indigenous-led, culturally secure and evidence informed solutions to improving SEWB, mental health and wellbeing with and by Aboriginal and Torres Strait Islander communities across the region</i></p> <p>The <i>Nukal Murra</i> SEWB Framework accepts and adopts contemporary approaches to SEWB¹ by placing the person, family and community at the centre of the services provided and acknowledging the client and the communities' resilience/strengths as a vital asset.</p> <p>The Framework recognises and promotes Aboriginal and Torres Strait Islander social and emotional wellbeing (SEWB) across the region by:</p> <ul style="list-style-type: none"> • Supporting those <i>at risk</i> of mental and physical ill health including chronic disease to stay well or return to wellness as soon as possible • Reducing the incidence, severity and duration of mental illness

¹ Gee G, Dudgeon P, Schultz C, Hart A, Kelly K (2014) Aboriginal and Torres Strait Islander social and emotional wellbeing. In: Dudgeon P, Milroy H, Walker R, eds. Working together: Aboriginal and Torres Strait Islander mental health and wellbeing principles and practice. 2nd ed. Canberra: Department of The Prime Minister and Cabinet: 55-68

- Helping identify those at risk of suicide and intervening to reduce its impact and prevalence in our communities
- Preventing and minimising the adverse impact of alcohol and other drugs at individual, family and community levels
- Supporting multiple services working in health, health promotion, chronic disease prevention and management and wellbeing to work together by 'joining up'

The Framework is culturally informed and as such is designed to:

- equally support Aboriginal and Torres Strait Islander peoples in Western Queensland to stay well or return to wellness as soon as possible
- reduce the incidence, severity and duration of mental illness
- reduce suicide and its impact
- prevent and reduce the adverse impact of alcohol and other drugs at individual, family and community levels.

The Framework aims to:

- wrap relevant joined-up services around the client through the funding, training and promotion of SEWB Workers
- integrate specialist and cultural services or practices with 'main stream' service delivery options in recognition that no one worker or services can holistically meet a client's SEWB needs.

To achieve these objectives, the Framework outlines:

- a culturally appropriate, evidence-based model, and
- a referral pathway for SEWB services specifically for Western Queensland that accounts for its unique regional and sub-regional challenges, population needs and infrastructure.

	<p>2018-19</p> <p>P6.1- Continue to monitor and engage with the <i>Nukal Murra Alliance</i> members to implement agreed activities as outlined in the <i>Nukal Murra Agreement</i></p> <p>P6.2- Ensure compliance of the <i>Stay Strong</i> App with the Menzies Institute and e-MHPrac</p> <p>P6.3- SEWB workers trained in the use of e-referral tool referHealth and <i>My Community Directory</i> to ensure referrals are within the stepped care approach</p> <p>P6.4- Develop referral pathways in to and from main stream General Practices through the <i>Nukal Murra Alliance</i></p>
Target population cohort	Indigenous people of AICCHSs and mainstream general practice networks to maximise the opportunity for greater team-based care outcomes within a clinically integrated stepped care model of care.
Consultation	<p>2018-19</p> <p>The Framework was developed by the Western Queensland Primary Health Network (WQPHN) in mid-2017 in close collaboration with a range of key stakeholders, including members of the</p> <p>Nukal Murra Alliance, Menzies School of Research, representatives from South West, Central West, North West Hospital Health Services, Queensland Users and Injector Health Network (QuiHN), Queensland Aboriginal and Islander Health Council (QAIHC), Queensland Forensic Mental Health (QFMH). The Framework is also informed by consultation findings underpinning the Queensland Mental Health Commissions Social and Emotional Wellbeing Action Plan.</p> <p>The Nukal Murra Alliance includes the four Aboriginal and Torres Strait Islander Community Controlled Health</p>

	<p>Services (AICCHSs) that provide comprehensive primary health care across many parts of the WQ region and other government and non-government stakeholders such as:</p> <p>Mental Health Alcohol & Other Drugs Planning Consortia</p> <p>3 x Clinical Chapters</p> <p>Consumer Advisory Council</p> <p>3 x HHSs – Joint Protocol and the Maranoa Accord</p> <p>4 x AICCHSs</p> <p>QAIHC</p> <p>Nukal Murra Alliance</p> <p>Qld Mental Health Commission</p> <p>SWHHS Integration Project</p> <p>other QPHNs</p> <p>and other key stakeholders as identified</p>
<p>Collaboration</p>	<p>2018-19</p> <p>WQPHN will continue to work with the four Aboriginal and Islander Community Controlled Health Services (AICCHSs) under the <i>Nukal Murra Alliance</i> to implement the Social and Emotional Wellbeing Framework. In addition to the AICCHSs, WQPHN has established a collaborative relationship with Menzies School of Research (Menzies) and Queensland University of Technology (QUT) to ensure that the framework is consistent with national mental health reform and activity specifically e-mental health initiatives. The SEWB Framework will be socialised with Hospital and Health Services, mental health services providers and allied health services within the WQPHN to ensure collaboration and integration of services in order to manage duplication and silo of services.</p>

	<p>Mental Health Alcohol & Other Drugs Planning Consortia</p> <p>3 x Clinical Chapters</p> <p>Consumer Advisory Council</p> <p>3 x HHSs – Joint Protocol and the Maranoa Accord</p> <p>4 x AICCHSs</p> <p>QAIHC</p> <p>Nukal Murra Alliance</p> <p>Qld Mental Health Commission</p> <p>SWHHS Integration Project</p> <p>other QPHNs</p> <p>The Menzies Institute and e-MHprac</p> <p>and other key stakeholders as identified</p>
<p>Duration</p>	<p>2018-19</p> <p>The implementation of the <i>Nukal Murra</i> Social Emotional Wellbeing Framework will be in line with the MHSP&AOD Regional Plan with all AICCHSs implementing the model of care from March 2018.</p>
<p>Coverage</p>	<p>2018-19</p> <p>Whole of WQPHN</p>
<p>Commissioning method (if relevant)</p>	<p>2018-19</p> <p>The <i>Nukal Murra Alliance</i> outlines the WQPHN’s commissioning approach for Aboriginal and Torres Strait Islander specific programmes and funding packages. The <i>Nukal Murra Alliance</i> together with the Commissioning for Better Health: A Bushman’s Guide to Commissioning in Western Queensland outlines the 10 principles for</p>

	commissioning for better health in Western Queensland. It also demonstrates WQPHN's commissioning principles and procurement decisions are linked to the WQPHN Strategic Plan 2016-2020.
Approach to market	<p>2018-19</p> <p>WQPHN is cognisant of fragmenting an already fragile market, acknowledging a stretched workforce working in rural and remote locations. In this environment, WQPHN has opted to use a variety of commissioning approaches including Direct Engagement; EOI and Open Tender where appropriate.</p>
Performance Indicator	<p>2018-19</p> <p>Priority Area 6 - Mandatory performance indicator:</p> <p>APP-2 Proportion of Indigenous population receiving PHN-commissioned mental health services where the services were culturally appropriate</p> <p>Activity B.4.3 Performance Reporting p14</p> <p>The Key Performance Service Delivery Indicators for this Activity are:</p> <p>a. Indicator: Number of Aboriginal or Torres Strait Islander people that received mental health services in PHN region through this funding. Data source: PHN Six Month and Twelve Month reports.</p> <p>b. Indicator: Types of mental health services that has been provided to clients? Data source: PHN Six Month and Twelve Month reports.</p> <p>c. Indicator: Average length of each episode of care? Data source: PHN Six Month and Twelve Month reports.</p> <p>d. Indicator: Average number of services that clients received? Data source: PHN Six Month and Twelve Month reports.</p> <p>e. Indicator: Number of referrals made to other complementary services?</p>
Local Performance Indicator target (where possible)	<p>2018-19</p> <p>P6.1- Numbers of ATSI peoples managed through the SEWB Care Coordination model</p>

	P6.2- Numbers of ATSI peoples referred from 'main stream' General Practices to the <i>Stay Strong</i> SEWB program
Local Performance Indicator Data source	2018-19 <ul style="list-style-type: none"> • WQPHN Data sources Qlik Sense • PENCAT practice data • Stay Strong care planning data

Development and adoption of a regional framework to guide an integrated model of care to enable the adoption of greater stepped care approaches for people experiencing mental problems, especially people with moderate to severe illness	
Priority Area 7	Priority Area 7: Stepped care approach
Activity(ies) / Reference (e.g. Activity 1.1, 1.2, etc)	2018-19 <p>P7: Continue to implement the strategies for the stepped-care approach as outlined in the <i>Mental Health, Suicide Prevention, Alcohol and Other Drug Services Regional Plan 2017-2020</i> (pps 23-25) to improve access to specialised services across the continuum of Primary Mental Health.</p> <p>P7.1- Implement the stepped care model for WQPHN as outlined in Clinical Care Building Block 7: Clinical Governance NMHSP stepped care model for Mental Health p23 consistent with the the 9 Building Blocks as outlined in the WQPHN MHSP&AOD Strategic Plan Pages 23-30</p> <p>P7.2 Establish mental health specific clinical governance arrangements</p>
Existing, Modified, or New Activity	2018-19 <p>Existing and new</p>

Description of Activity	<p>2018-19</p> <p>P7.1 Refer to the WQPHN MHSP&AOD Regional Plan 2017-2020 as the strategic direction</p> <p>P7.2 WQPHN will work with the Consortium, Clinical Council and Consumer Advisory Council to develop and implement a shared clinical framework to support stepped care and ensure patient participation in their health care journey. Refer Building Block 7 Clinical Governance.</p>
Target population cohort	<p>2018-19</p> <p>Whole of population</p>
Consultation	<p>2018-19</p> <p>Mental Health Alcohol & Other Drugs Planning Consortia</p> <p>3 x Clinical Chapters</p> <p>Consumer Advisory Council</p> <p>3 x HHSs – Joint Protocol and the Maranoa Accord</p> <p>4 x AICCHSs</p> <p>Nukal Murra Alliance</p> <p>General Practice</p> <p>Please see page 46 of the WQPHN MHSP&AOD Strategic Plan 2017-2020 to identify the 21 members of the Mental Health Planning Consortia</p>
Collaboration	<p>2018-19</p> <p>Mental Health Alcohol & Other Drugs Planning Consortia</p> <p>3 x Clinical Chapters</p>

	<p>Consumer Advisory Council</p> <p>3 x HHSs – Joint Protocol and the Maranoa Accord</p> <p>4 x AICCHSs</p> <p>Nukal Murra Alliance</p> <p>General Practice</p>
Duration	<p>P7.1. Ongoing as part of the Commissioning of MHS services.</p> <p>P7.2. Planning commenced in 2016 with implementation schedule for 2017.</p> <p>2018-19</p> <p>Ongoing</p>
Coverage	<p>2018-19</p> <p>Entire WQPHN region</p>
Commissioning method (if relevant)	<p>2018-19</p> <p><i>Commissioning for Better Health: A Bushman’s Guide to Commissioning in Western Queensland</i> outlines the 10 principles for commissioning for better health in Western Queensland. It also demonstrates WQPHN’s commissioning principles and procurement decisions are linked to the WQPHN Strategic Plan 2016-2020</p>
Approach to market	<p>2018-19</p> <p>WQPHN is cognisant of fragmenting an already fragile market, acknowledging a stretched workforce working in rural and remote locations. In this environment, WQPHN has opted to use a variety of commissioning approaches including Direct Engagement; EOI and Open Tender where appropriate.</p>

<p>Performance Indicator</p>	<p>2018-19</p> <p>Priority Area 7 - Mandatory performance indicator:</p> <p><i>Establishment and transition expectations</i></p> <p>Indicator: Extent to which establishment and transition expectations as set out in Item B.3 subsection 3.1 have been met.</p> <p>Target: 100% according to the timetable outlined in section B.3, subsection 3.1 of this Schedule.</p> <p><i>Data source: PHN Six Month and Twelve Month reports</i></p> <p><i>Stepped Care implementation</i></p> <p>Indicator: Proportion of PHN annual flexible mental health funding allocated to low intensity services, psychological therapies and for clinical care coordination for those with severe and complex mental illness.</p> <p>Target: Specific targets have not been set but will be developed over the longer term progressively on the basis of evidence.</p> <p>Data Source: PHN Six and Twelve Month Reports</p>
<p>Local Performance Indicator target (where possible)</p>	<p>2018-19</p> <p>Taken from Schedule: PHN PMHC Program p9-10</p> <p><i>7.1 c. Regional integration</i></p> <ul style="list-style-type: none"> • Indicator: Evidence of partnerships with other regional service providers to support integrated regional planning and service delivery. • Target: Completed by March 2018. <p><i>Data source: PHN Six Month and Twelve Month reports.</i></p> <p><i>7.2 d. Timely reporting of PMHC MDS</i></p>

	<ul style="list-style-type: none"> • Indicator: Extent to which client and sessional data, including client outcome measures has been reported to the PMHC MDS. • Target: Following establishment of the PMHC MDS, 100% reporting of all mandatory data within 3 months of each service delivery event within the reporting period. <p>Data source: PMHC MDS; PHN Six Month and Twelve Month reports.</p> <p>7.3 e. Quality and standards</p> <ul style="list-style-type: none"> • Indicator: Extent to which governance processes are in place and being managed according to national, state and local standards, including the National Standards for Mental Health Services 2010. • Target: 100% achieved by 30 June 2017. <p>Data source: PHN Six Month and Twelve Monthly reports</p> <p>7.4 f. Financial management</p> <ul style="list-style-type: none"> • Indicator: Extent to which income and expenditure is managed in a financially appropriate manner that aligns with the Guidelines. • Target: 100% compliance for each reporting period. <p>Data source: PHN Six Month and Twelve Month reports</p>
Local Performance Indicator Data source	<p>2018-19</p> <ul style="list-style-type: none"> • WQPHN Six and Twelve-Month Reports • referHEALTH Reports

Development and adoption of a Regional Mental Health and Suicide Regional Plan	
Priority Area 8	Priority Area 8: Regional mental health and suicide prevention plan
Activity(ies) / Reference (e.g. Activity 1.1, 1.2, etc)	<p>2018-19</p> <p>P8: Promote the Western Queensland Mental Health and Suicide Prevention Regional Plan 2017-20 to key stakeholders and communities</p> <p>8.1 Review the WQPHN Mental Health, Suicide Prevention and AOD Regional Plan, 2017-2020</p> <p>8.2 Maintain the MHAOD Consortia for dedicated tasks in the WQPHN Mental Health, Suicide Prevention and AOD Regional Plan, 2017-2020</p>
Existing, Modified, or New Activity	Existing
Description of Activity	<p>2018-19</p> <p>8.1 The Review the WQPHN Mental Health, Suicide Prevention and AOD Regional Plan, 2017-2020</p> <p>8.2 Maintain the MHAOD Consortia for dedicated task in the WQPHN Mental Health, Suicide Prevention and AOD Regional Plan, 2017-2020</p>
Target population cohort	<p>2018-19</p> <p>Whole population</p>
Consultation	<p>2018-19</p> <p>3 x Clinical Chapters</p> <p>Consumer Advisory Council</p> <p>3 x HHSs – Joint Protocol and the Maranoa Accord</p>

	<p>4 x AICCHSs</p> <p>Nukal Murra Alliance</p> <p>General Practice</p> <p>Please see page 46 of the WQPHN <i>MHSP&AOD Regional Plan 2017-2020</i> to identify the 21 members of the Mental Health Planning Consortia</p>
Collaboration	<p>The WQPHN MHSP and AOD planning consortia provides a key contact point to guide the development and implementation (and evaluation) of mental health services. The Consortia has delivered a highly collaborative expert groups through which to monitor the implementation of the 2017-2020 <i>Regional Plan</i>.</p> <p>This collaboration draws on the strengths of the unique WQPHN governance model (and joint protocol) in which the 3 Hospital and Health Services in the WQPHN are the members of the WQPHN company.</p>
Duration	2017-2020
Coverage	Whole of WQPHN
Commissioning method (if relevant)	<p>A highly collaborative approach has been undertaken inclusive of key stakeholders (HHS, QAIHC, AICCHSS's and Q Health) to initiate joint planning and development activities.</p> <p>A Terms of Reference will guide the form and function of the Consortia, including membership which will assemble a wide set of skills and representation from across the HHS, professional institutions, General Practice, academic, and indigenous networks to guide the plans critique and development. The Consortia will facilitate shared health intelligence and guide a localised strategy to enable a stepped care approach to mental health service provision across the WQPHN catchment population.</p> <p>The Planning Consortia will remain an enduring overarching feature to guide the implementation and evaluation of the <i>MHSP & AOD Regional Plan</i>.</p>

Approach to market	<p>2018-19</p> <p><i>Commissioning for Better Health: A Bushman’s Guide to Commissioning in Western Queensland</i> outlines the 10 principles for commissioning for better health in Western Queensland. It also demonstrates WQPHN’s commissioning principles and procurement decisions are linked to the WQPHN Strategic Plan 2016-2020</p>
Performance Indicator	<p>2018-19</p> <p>Priority Area 8 - Mandatory performance indicators:</p> <ul style="list-style-type: none"> • Evidence of partnerships with other regional service providers to support integrated regional planning and service delivery. • <i>Target: Completed by March 2018</i> <p>Target source: WQPHN Six and Twelve month Report</p>
Local Performance Indicator target (where possible)	<p>2018-19</p> <p>Number of consortia meetings and outcomes achieved</p>
Local Performance Indicator Data source	<p>2018-19</p> <p>WQPHN Six and Twelve-Month Report</p>

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

Use this template table for Priority Areas 3 and 4

Proposed Activities - copy and complete the table as many times as necessary to report on each Priority Area	
Priority Area	Priority Area 3: Psychological therapies for rural and remote, under-serviced and / or hard to reach groups
Activity(ies) / Reference (e.g. Activity 1.1, 1.2, etc)	2018-19 P3.1- Commission Psychological Services in collaboration with a lead agency in (SW, CW, and NW) consistent with <i>Commissioning for Better Health: A Bushman’s Guide to Commissioning in Western Queensland</i> that outlines the 10 principles for commissioning for better health in Western Queensland. It also demonstrates WQPHN’s commissioning principles and procurement decisions are linked to the WQPHN Strategic Plan 2016-2020
Existing, Modified, or New Activity	2018-19 Modified
Description of Activity	2018-19 P3.1 <ul style="list-style-type: none"> • Continue to collaborate with RHealth and Key Stakeholders to ensure that the <i>referHealth</i> system is providing an efficient platform promoting the Stepped Care Approach • When re-commissioning P3 providers explore the options of funding attendance at GP Case Conferencing opportunities and other patient centred Multi-disciplinary forums ensuring the <i>One Care Plan</i> approach is supported • Ensure providers access to education and professional development opportunities around the Stepped Care Approach

Target population cohort	<p>2018-19</p> <p>Moderate to Severe Mental Illness across the WQPHN region</p>
Consultation	<p>2018-19</p> <p>Mental Health Alcohol & Other Drugs Planning Consortia</p> <p>3 x Clinical Chapters</p> <p>Consumer Advisory Council</p> <p>3 x HHSs – Joint Protocol and the Maranoa Accord</p> <p>4 x AICCHSs</p> <p>Nukal Murra Alliance</p> <p>General Practice</p> <p>and other key stakeholders as identified</p>
Collaboration	<p>2018-19</p> <p>Mental Health Alcohol & Other Drugs Planning Consortia</p> <p>3 x Clinical Chapters</p> <p>Consumer Advisory Council</p> <p>3 x HHSs – Joint Protocol and the Maranoa Accord</p> <p>4 x AICCHSs</p> <p>Nukal Murra Alliance</p>

	General Practice and other key stakeholders as identified
Duration	2018-19 Ongoing
Coverage	2018-19 All WQPHN communities are classified 'remote' or 'very remote'. All WQPHN mental health activities address this priority area. The Matilda program covers the LGAs of Barcoo, Boulia, Barcaldine, Blackall-Tambo, Diamantina, Longreach, and Winton NWRH covers the LGAs of Mt Isa, Cloncurry, McKinlay, Carpentaria, Burke, Doomadgee, and Mornington Southwest service providers cover the LGAs of Maranoa, Balonne, Paroo, Bulloo, Quilpie and Murweh
Continuity of care	2018-19 Under the WQPHN Commissioning and Development Framework, service providers are being orientated toward greater team-based care outcomes and less emphasis on self-referred low intensity services. The implementation of the <i>MHSP & AOD Regional Plan</i> will systematically move all commissioned providers within this new stepped care framework which will be more patient centred and ensure greater continuity of care, including greater uptake and utilisation of digital health.
Commissioning method (if relevant)	2018-19 <i>Commissioning for Better Health: A Bushman's Guide to Commissioning in Western Queensland</i> outlines the 10 principles for commissioning for better health in Western Queensland. It also demonstrates WQPHN's commissioning principles and procurement decisions are linked to the WQPHN Strategic Plan 2016-2020

Approach to market	<p>2018-19</p> <p>WQPHN is cognisant of fragmenting an already fragile market, acknowledging a stretched workforce working in rural and remote locations. In this environment, WQPHN has opted to use a variety of commissioning approaches including Direct Engagement; EOI and Open Tender where appropriate.</p>
Performance Indicator	<p>2018-19</p> <p>ACC-2 Proportion of regional population receiving PHN-commissioned mental health services – Psychological therapies delivered by mental health professionals</p> <p>EFF-2 Average cost per PHN-commissioned mental health service – Psychological therapies delivered by mental health professionals</p> <p>OUT-2 Clinical outcomes for people receiving PHN-commissioned Psychological therapies delivered by mental health professionals</p>
Local Performance Indicator target (where possible)	<p>2018-19</p> <ul style="list-style-type: none"> • Number of psychological therapies referrals facilitated through the different Priority Areas within the Stepped Care approach
Local Performance Indicator Data source	<ul style="list-style-type: none"> • WQPHN Data Sets (Qlik Sense) • MBS • MDS • referRHEALTH data

WQPHN Mental Health Nursing in General Practice (MHNiGP) initiative	
Priority Area 4	Priority Area 4: Mental health services for people with severe and complex mental illness including care packages
Activity(ies) / Reference (e.g. Activity 1.1, 1.2, etc)	<p>2018-19</p> <p>WQPHN Proof of Concept Mental Health Nurse Coordinators in GP (7 sites)</p> <p>P4.1- Continue to review and develop the established Mental Health Nurse clinical care coordination as Proof of Concept sites in 7 General Practices</p> <p>P4.2- Partner with <i>Orygen</i>, and the 7 Proof of Concept General Practice sites to explore models of care around early identification and support for youth severe mental illness (see also Priority Area 2)</p>
Existing, Modified, or New Activity	<p>2018-19</p> <p>Modified</p>
Description of Activity	<p>2018-19</p> <p>P4.1</p> <ul style="list-style-type: none"> • Where Credentialed Mental Health Nurses could not be recruited continue to provide supervision through a Credentialed Mental Health Nurse • Continue to develop the GP based Mental Health Patient register that underpins holistic Multi-disciplinary care ensuring Bio-psycho-social needs are met through one care planning process • Continue to develop referral pathways to specialist mental health services utilising telehealth options in rural and remote locations <p>P4.2</p> <ul style="list-style-type: none"> • Complete a MOU with <i>Orygen</i> and other identified partners to develop a early intervention model of care that meets the identified needs of young people at risk of or living with severe mental illness in rural and remote locations

<p>Target population cohort</p>	<p>General Practice populations within Roma (x2) St George, Cunnamulla, Longreach, Mt Isa and Cloncurry.</p> <p>General Practice populations within Roma (x2) St George, Cunnamulla, Longreach, Mt Isa and Cloncurry within private General Practice and across the entire district for HHS managed practices- targeting people with severe and persistent mental illness with complex care needs</p>
<p>Consultation</p>	<p>2018-19</p> <p>Mental Health Alcohol & Other Drugs Planning Consortia</p> <p>3 x Clinical Chapters</p> <p>Consumer Advisory Council</p> <p>3 x HHSs – Joint Protocol and the Maranoa Accord</p> <p>CACH</p> <p>General Practice</p> <p>and other key stakeholders as identified</p>
<p>Collaboration</p>	<p>2018-19</p> <p>Mental Health Alcohol & Other Drugs Planning Consortia</p> <p>3 x Clinical Chapters</p> <p>Consumer Advisory Council</p> <p>3 x HHSs – Joint Protocol and the Maranoa Accord</p> <p>CACH</p> <p>General Practice</p>

	and other key stakeholders as identified
Duration	2018-19
Coverage	General Practice populations within Flinders Medical Centre (Cloncurry), Maranoa Medical and Roma Clinic (Roma, Longreach Family Medical Practice (Longreach, Cunnamulla Aboriginal Health Centre (Cunnamulla), Gidgee Healing (Mount Isa) and St George Medical Centre (St George). The Practice population is estimated to be approx. 18,000 – 20,000 active patients or 28% of the total WQPHN population
Continuity of care	Continuity of care will be managed through contemporary practice management and recall systems. The Clinical Care Coordinators will be integral in ensuring continuity of care across all priority areas
Commissioning method (if relevant)	2018-19 <i>Commissioning for Better Health: A Bushman's Guide to Commissioning in Western Queensland</i> outlines the 10 principles for commissioning for better health in Western Queensland. It also demonstrates WQPHN's commissioning principles and procurement decisions are linked to the WQPHN Strategic Plan 2016-2020
Approach to market	2018-19 WQPHN is cognisant of fragmenting an already fragile market, acknowledging a stretched workforce working in rural and remote locations. In this environment, WQPHN has opted to use a variety of commissioning approaches including Direct Engagement; EOI and Open Tender where appropriate.
Decommissioning	N/A
Performance Indicator	2018-19 Priority Area 4 - mandatory performance indicators: ACC- 3: Proportion of regional population receiving PHN-commissioned mental health services – Clinical care coordination services for people with severe and complex mental illness Data Sources for Indicators: ACC-1 to ACC-3 PMHC MDS EFF -3: Average cost of PHN-commissioned mental health service – Clinical care coordination services for people

	with severe and complex mental illness.
Local Performance Indicator target (where possible)	<p>2018-19</p> <p>P4.1</p> <ul style="list-style-type: none"> Evidence of improvements from baseline data 2017-18 across the Mental Health Nurse in General Practice 7 proof of concept sites <p>P4.2</p> <ul style="list-style-type: none"> MOU developed between <i>Orygen</i> and other identified partners Evidenced based model of service delivery identified and establish that is suitable to the needs of young people living in rural and remote locations
Local Performance Indicator Data source	<p>2018-19</p> <ul style="list-style-type: none"> WQPHN Data sources (Qlik Sense) PENCAT PATCAT data MBS Data referRHealth data My Community Directory Data hMI and HAPi data NMHSPF data