



**Australian Government**

**Department of Health**

**phn**

An Australian Government Initiative

## **Primary Health Networks: Primary Mental Health Care Funding**

### **Updated Activity Work Plan 2016-2018:**

- **Primary Mental Health Care Funding**

***Adelaide PHN***

*This Activity Work Plan is an update to the 2016-17 Activity Work Plan submitted to the Department in May 2016.*

*This Updated Activity Work Plan has been endorsed by the CEO.*

*Submitted on 17 February 2017.*

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# Introduction

## Overview

In the 2017-18 financial year, PHNs are required (through the recent mental health Schedule which provided operational funding to PHNs this financial year) to prepare a Mental Health Activity Work Plan by February 2017. This Plan is to cover activities funded under two sources:

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

This is to be distinguished from the *Regional Mental Health and Suicide Prevention Plan* to be developed in consultation with Local Hospital Networks (LHNs) and other regional stakeholders which was due in 2017. In February 2017, the Department of Health notified all PHNs that this milestone in relation to the delivery of the regional plan was to be extended to the last quarter of 2018. Please note that this updated Activity Work Plan reflects the previous milestone.

## Objectives

The objectives of the PHN mental health funding are to:

- improve targeting of psychological interventions to most appropriately support people with or at risk of mild mental illness at the local level through the development and/or commissioning of **low intensity mental health services**;
- support region-specific, cross sectoral approaches to early intervention for **children and young people** with, or at risk of mental illness (including those with severe mental illness who are being managed in primary care) and implementation of an equitable and integrated approach to primary mental health services for this population group;
- address service gaps in the provision of psychological therapies for people in **rural and remote areas and other under-serviced and/or hard to reach populations**, making optimal use of the available service infrastructure and workforce;
- commission primary mental health care services for people with severe mental illness being managed in primary care, including clinical care coordination for people with **severe and complex mental illness** who are being managed in primary care including through the phased implementation of primary mental health care packages and the use of mental health nurses;

- encourage and promote a systems based regional approach to **suicide prevention** including community based activities and liaising with Local Hospital Networks (LHNs) and other providers to help ensure appropriate follow-up and support arrangements are in place at a regional level for individuals after a suicide attempt and for other people at high risk of suicide, including Aboriginal and Torres Strait Islander people; and
- enhance access to and better integrate **Aboriginal and Torres Strait Islander mental health** services at a local level facilitating a joined up approach with other closely connected services including social and emotional wellbeing, suicide prevention and alcohol and other drug services.

Objectives 1-6 will be underpinned by:

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

#### **Activities eligible for funding**

- commission evidence-based clinical primary mental health care services in line with a best practice stepped care approach;
- develop and commission cost effective low intensity psychological interventions for people with mild mental illness, making optimal use of the available workforce and technology;
- the phased implementation of approaches to provide primary mental health care to people with severe and complex mental illness which offer clinical support and care coordination, including services provided by mental health nurses;
- establish joined up assessment processes and referral pathways to enable people with mental illness, particularly those people with severe and complex mental illness, to receive the clinical and other related services they need. This will include provision of support to GPs in undertaking assessment to ensure people are referred to the service which best targets their need;
- develop and commission region-specific services, utilising existing providers, as necessary, to provide early intervention to support children and young people with, or at risk of, mental illness. This should include support for young people with mild to moderate forms of common mental illness as well as early intervention support for young people with moderate to severe mental illness, including emerging psychosis and severe forms of other types of mental illness;

- develop and commission strategies to target the needs of people living in rural and remote areas and other under-serviced populations; and
- develop evidence based regional suicide prevention plans and commission activity consistent with the plans to facilitate a planned and agile approach to suicide prevention. This should include liaison with LHNs and other organisations to ensure arrangements are in place to provide follow-up care to people after a suicide attempt.

Each PHN must make informed choices about how best to use its resources to address the objectives of the PHN mental health funding. To aid their informed choices, PHNs have thus far completed two Needs Assessments for Mental Health – the Baseline Needs Assessment (BNA), completed in March 2016 and an update to the BNA was completed in November 2016.

**This document, the updated Mental Health Activity Work Plan template, captures those (existing, modified and new) activities addressing needs identified in the updated BNA.**

This updated Mental Health Activity Work Plan will help guide activity to June 2018 and outline the planned mental health services to be commissioned for the period from 1 July 2017 to 30 June 2018.

This updated Mental Health Activity Work Plan template has two parts:

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

## 1. (a) Strategic Vision

The National Mental Health Commission's Review of Mental Health Programs and Services: 'Contributing Lives, Thriving Communities', highlighted the complexity, inefficiency and fragmentation of the mental health system. The Review further highlighted problems with the current targeting of mental health resources and pointed to the need for efficiencies to prevent both under-servicing and over-servicing across regions.

The stepped-care model of service delivery, along with more sophisticated triangulation of quantitative and qualitative data inputs, provides the Adelaide PHN with a framework and approach to adequately match services (both Adelaide PHN commissioned and non-commissioned) to the needs of the region's population. With the assistance and input of consumers, carers, providers, professional bodies, State Government departments/services and stakeholders across the region, the Adelaide PHN aims to leverage its role as a commissioner, facilitator and collaborator to address the priorities in this plan.

The Adelaide PHN will build on its strong relationships with the primary health sector, both through its robust and extensive membership structure, representation on key committees across the region and high-level contact with SA Health and Local Health Network(s) representatives to encourage collaboration across the mental health care sector. The process underway to develop the National mental health plan, the SA mental health plan and the PHN regional mental health and suicide prevention plan has resulted in an opportunity to parallel and integrate the planning of primary and tertiary mental health services in metropolitan Adelaide. The Adelaide PHN will take advantage of this opportunity through its various functions and promote its role as an emerging source of knowledge and current trends about the region's primary mental health care and suicide prevention sector.

As a commissioner of services, the Adelaide PHN will support providers through innovative approaches to demonstrate best-practice, high quality primary mental health care that is integrated, joined-up, targeted and person-centred. In addition, the Adelaide PHN will utilise commissioned resources to maximise coordination of services, better integrate and target established non-commissioned services in the region and introduce processes at the service delivery level to ensure individuals seeking support are getting the right care, at the right time. Also, as a result of the well evidenced relationship between mental health and alcohol and other drugs Adelaide PHN seeks to encourage as much synergy as possible between treatment models and to promote a seamless system of care across both MH & AOD system to maximize commonalities and simplify system navigation and the patient journey.

The stepped-care approach is a central reform priority, with a focus on service delivery matching the needs of individuals and with a particular emphasis on early intervention and self-care. The approach promotes person centred care which targets the needs of the individual. It recognises individual needs can change and allows for flexibility to move across service levels to most effectively support recovery.

The Needs Assessment process provides an important ongoing opportunity to assess and prioritise needs through the triangulation of stakeholder and community consultations, datasets and other reliable sources. This evidence based planning provides overarching collaborative leadership and

guidance while identifying needs and gaps, reducing duplication, removing inefficiencies and encouraging innovation in regional mental health and suicide prevention planning.

The Adelaide PHN will seek to participate and utilise existing advisory and representative structures, both Government and Non-Government, to guide its approach regarding reform and changes in the sector. The Adelaide PHN acknowledges the importance of community controlled and culturally appropriate approaches to the provision and oversight of health services for Aboriginal and Torres Strait Islander people in the region. The Adelaide PHN, where appropriate, will seek to maximise existing advisory and representative functions in this area.

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

<b>Proposed Activities – Priority Area 1</b>	
Priority Area	<b>Priority Area 1: Low intensity mental health services</b>
Activity(ies) / Reference (e.g. Activity 1.1, 1.2, etc)	<p>A1.1 Target commissioning of accessible, low intensity mental health services, as a prevention approach for the ‘well population’ and people with or at risk of mild mental illness</p> <p>A1.2 Establish referral pathways and ‘joined-up’ processes between commissioned low intensity services and other appropriate mental health services, along the stepped-care continuum of primary mental health services</p> <p>A1.3 Support referrers, specifically General Practice, in assessing individual’s suitability for low intensity mental health services and monitoring outcomes of selected interventions for further care planning</p> <p>A1.4 Promote the availability and where appropriate, utilisation of established Commonwealth funded online and telephone based mental health intervention services for people at risk of mild mental illness</p> <p>A1.5 Implement consistent data collection and reporting systems across all commissioned services</p>
Existing, Modified, or New Activity	<p>Indicate if this is an existing activity, modified activity (2016-17 Activity Work Plan), or a new activity.</p> <p>A1.1 Modified (Description)</p> <p>A1.2 Modified (Description)</p> <p>A1.3 Existing (Title/Description)</p> <p>A1.4 Existing (Title/Description)</p> <p>A1.5 Existing (Title/Description)</p>
Description of Activity	<p>A1.1 This activity aims to target the commissioning of low intensity mental health services, as an early intervention approach for the ‘well-population’ and people with or at risk of mild mental illness across the region. Commissioned providers will a) ensure low intensity mental health services are available</p>

and delivered to people and families identified at risk and/or whom would benefit from a low-intensity intervention, and b) utilise a variety of low intensity mental health services (either established and/or requiring development) to target under-served populations and/or populations that would benefit from low intensity mental health intervention. In regards to b) commissioned providers may target the delivery of these services to specific groups and/or in geographical areas of need.

A1.2 This activity aims to establish a) pathways in to low intensity mental health services, and b) processes between low intensity mental health services and other mental health services within the stepped-care continuum of primary mental health services. The Adelaide PHN will work with commissioned services to ensure they are 'joined-up' and operating within a stepped-care continuum. The activity will involve the use of Information and Communication Technology (ICT) approaches to provide commissioned and non-commissioned primary mental health care providers with up-to-date information on low intensity services across the Adelaide PHN region.

A1.3 This activity aims to support referrers, specifically General Practice, to assess people appropriate for low intensity mental health interventions and monitor outcomes of selected interventions for further care planning. The activity will involve, where appropriate, skills training and promotion for referrers as well as establish processes to jointly monitor outcomes and care decisions for people seeking and receiving treatment. The activity will target referrers, specifically General Practice, working with population groups with or at risk of mild mental illness, however may focus on populations/hard to reach groups referred from sources other than General Practice. The activity seeks to increase availability, awareness and the appropriate use of low intensity mental health services amongst referrers, service providers and/or organisations that may be in contact with people who would benefit from such services.

A1.4 This activity aims to promote the availability and where appropriate, utilisation of established Commonwealth funded online and telephone based mental health intervention services for people at risk of mental illness. This activity will seek to focus on health promotion and prevention by providing access to information advice and self-help resources. The Adelaide PHN will seek to a) broadly promote these established services through appropriate networks, promotional material, General Practice and commissioned providers, b) target promotion of established services to populations and/or areas of need that could benefit from these services and c) promote the Digital Mental Health Gateway once established.

A1.5 This activity aims to implement consistent data collection and reporting systems across

	<p>commissioned services. The activity will ensure commissioned services are reporting activity, outcomes and relevant service related measurements in a consistent and comparable way. The Adelaide PHN will support commissioned providers with appropriate ICT systems. The activity will ensure commissioned services are appropriately monitored and service delivery arrangements are adjusted to reflect changes in population needs.</p>
Target population cohort	<p>These activities will aim to target the general population across the Adelaide PHN region in contact with general practitioners, commissioned services and education events. The Adelaide PHN will also target children and their families, as well as young people through joint initiatives with Headspace and youth orientated organisations.</p>
Consultation	<p>The Adelaide PHN has consulted widely with stakeholders, representative bodies, professional and community organisations, providers, membership groups, consumers and carers regarding primary mental health and alcohol and other drug reform. The Adelaide PHN has consulted specifically with Aboriginal and Torres Strait Islander communities regarding wider reforms to primary mental health care services. These consultations have provided strategic input in to the activity planning process, forming an important collaborative role with the Adelaide PHN. The Adelaide PHN will continue to collaborate with Aboriginal Community Controlled Health Organisation(s) (ACCHO) and Aboriginal specific reference groups to support culturally appropriate services for Aboriginal and Torres Strait Islander people. For a comprehensive summary of this engagement please refer to the relevant document on our website: <a href="http://adelaidephn.com.au/publications-resources/consultation-findings-mhaod/">http://adelaidephn.com.au/publications-resources/consultation-findings-mhaod/</a></p> <p>The Adelaide PHN has and will continue to engage with commissioned providers and specialised organisations regarding evidence-based approaches to low-intensity services and interventions. Key Adelaide PHN staff have also participated in workshops and seminars on low intensity interventions through established Government and Non-Government funded initiatives.</p>
Collaboration	<ul style="list-style-type: none"> <li>• The Adelaide PHN will be responsible for the commissioning and fund distribution for successful service providers for the activity. The Adelaide PHN utilised an external expert panel to provide recommendation(s) regarding submitted proposals and commissioning decisions. The Adelaide PHN is collaborating with Country SA PHN to ensure cross-boundary coverage for similar commissioned activities in South Australia.</li> <li>• The Adelaide PHN will collaborate with commissioned service providers, relevant peak bodies, stakeholders and State and Commonwealth funded providers to seek agreement regarding</li> </ul>

	<p>processes for this activity.</p> <ul style="list-style-type: none"> <li>• The Adelaide PHN will collaborate with commissioned service providers to target General Practice and where necessary, other sectors who potentially refer to primary mental health services for this activity. The Adelaide PHN will collaborate with organisations specialised in the delivery of training in General Practice and low-intensity interventions.</li> <li>• The Adelaide PHN will collaborate with commissioned service providers, General Practice, relevant stakeholders and organisations to assist in carrying out the components of this activity.</li> <li>• The Adelaide PHN will collaborate with a suitable software developer to provide appropriate and tailored ICT systems for commissioned service providers.</li> <li>• The Adelaide PHN will collaborate with a suitable software developer to collect and measurement of Patient Reported Outcome/Experience Measures (PREMS/PROMS) and parallel therapeutic support tools/resources.</li> </ul>
Duration	A1.1 – 1.4 One year period (2016-2017) from July 2016 (with a 12 month evaluation and review process).
Coverage	Entire Adelaide PHN region with child/family focus in the outer Southern, Northern, Western and Eastern metropolitan areas.
Commissioning method (if relevant)	Open approach to market; Expression of Interest then Request for Proposal; Commissioned in whole.
Approach to market	Open approach to market; Expression of Interest then Request for Proposal.
Decommissioning	There is no decommissioning commenced or planned regarding this priority.
Performance Indicator	<p>Priority Area 1 - Mandatory performance indicators:</p> <ul style="list-style-type: none"> <li>• Proportion of regional population receiving PHN-commissioned mental health services – Low intensity services.</li> <li>• Average cost per PHN-commissioned mental health service – Low intensity services.</li> <li>• Clinical outcomes for people receiving PHN-commissioned low intensity mental health services.</li> </ul>
Local Performance Indicator target (where possible)	<p>The Adelaide PHN will work with contracted service providers to:</p> <ul style="list-style-type: none"> <li>• Increase in uptake of low intensity mental health interventions including Commonwealth</li> </ul>

funded online and telephone based mental health intervention services for people at risk of mental illness, and

- Improved functionality and wellbeing of target populations accessing Adelaide PHN-commissioned low intensity mental health services.

This will be achieved by establishing baselines and targets of the following indicator targets (all contracted mental health services report to the following Key Performance Indicators (KPI) which are based on the Primary Mental Health Care (PMHC) Funding Agreement Schedule Performance Indicators):

KPI 1: Report the percentage of client, sessional and outcome data (minimum data set (MDS)), entered into the MasterCare system (Target: 100% of client, sessional and outcome data (MDS data) is entered into MasterCare).

KPI 2: Provide evidence of governance processes and the measures taken to ensure these processes comply with national, state and local standards, including the National Standards for Mental Health Services 2010.

KPI 3: Report the percentage of clients (directly referred) who were clinically triaged within <24 hours> or <one week> (depending on service) (Target 100% of clients).

KPI 4: Report clients who were transitioned from the Contractor:

- % of clients transitioned to an Adelaide PHN commissioned specialised service provider
- % of clients transitioned to a non-Adelaide PHN commissioned and non-state operated service provider
- % of clients transitioned to state operated service provider

KPI 5: Describe all culturally appropriate mental health services provided and how these programs have been tailored to ensure the needs of the Aboriginal and Torres Strait Islander and/or Culturally and Linguistically Diverse populations are met.

KPI 6: Describe the frequency and methods of communication used to work with referring general practitioners to ensure the minimum standard of communication is met as defined in subsection

	<p>KPI 7: Describe formalised partnerships with other regional service providers to support integrated regional planning and service delivery to that have enabled successful delivery of subsections</p> <p><i>Optional KPIs below, based on contracted service requirements:</i></p> <p><i>KPI A: Report the total number of after-hours sessions provided.</i></p> <p><i>KPI B: Describe the processes your organisation has developed to ensure that access and services specifically target the &lt;target population&gt;:</i></p> <ul style="list-style-type: none"> <li>• <i>Population using mental health services by service type by</i> <ul style="list-style-type: none"> <li>○ <i>Gender</i></li> <li>○ <i>Age group</i></li> <li>○ <i>Indigenous status</i></li> <li>○ <i>Geographic location</i></li> </ul> </li> <li>• <i>Services distribution</i></li> <li>• <i>Accessibility of services</i></li> <li>• <i>Coordination of services</i></li> <li>• <i>Appropriateness of services</i></li> <li>• <i>Workforce capacity</i></li> <li>• <i>Linkages/partnership between services</i></li> <li>• <i>Quality of services</i></li> <li>• <i>Efficiency and Effectiveness of services</i></li> </ul> <p>Note: The PHN to retrieve reports from the MasterCare system to monitor proportions and number of sessions delivered within the steps of care, by provider and by geographic region. Session numbers and service expectations are defined within the individual provider contract agreements and monitored through this system.</p>
Local Performance Indicator Data source	<ul style="list-style-type: none"> <li>• Baseline data for output indicators and targets – Adelaide PHN compliance &amp; reporting process</li> <li>• Clinical and quality improvement outcomes – Adelaide PHN compliance &amp; reporting process</li> </ul>

## Proposed Activities - Priority Area 2

Priority Area	Priority Area 2: Youth mental health services
Activity(ies) / Reference (e.g. Activity 1.1, 1.2, etc)	<p>A2.1 Formalise referral arrangements and care pathways between youth mental health services, specifically established headspace centres, and referrers in areas of need</p> <p>A2.2 Establish and commission an agreed mental health service model for Youth with Complex Needs (Severe Mental Illness) in collaboration and partnership with Local Health Networks, stakeholders and established Headspace centres</p> <p>A2.3 Facilitate agreement and care pathways between child and youth primary mental health services, State-funded child and youth mental health services and the existing Headspace Youth Early Psychosis Program (HYEPP)</p> <p>A2.4 Support the promotion and availability of youth mental health services, including online and telephone based services, through established youth mental health service providers, specifically established Headspace centres</p>
Existing, Modified, or New Activity	<p>Indicate if this is an existing activity, modified activity (2016-17 Activity Work Plan), or a new activity.</p> <p>A2.1 Existing (Title/Description)</p> <p>A2.2 Modified (Title/Description)</p> <p>A2.3 Modified (Title/Description)</p> <p>A2.4 Existing (Title/Description)</p>
Description of Activity	<p>A2.1 This activity aims to formalise the referral and care pathways between child and youth mental health services, specifically headspace centres, and referrers to these services in areas of need. The activity will seek to maximise the opportunity for families and young people seeking mental health support to connect with the appropriate level of intervention in their area. The Adelaide PHN will seek to formalise referral and care pathway arrangements between headspace centres, commissioned and established psychological therapeutic support service for children and the referrers to these services, specifically General Practice.</p> <p>A2.2 This activity aims to work in collaboration and partnership with Local Health Networks, established Headspace Centres and other relevant stakeholders to establish and commission an agreed service model for Youth with Complex Needs. The activity will require the engagement of suitable</p>

	<p>expertise and consumer/client input in meeting the needs of young people presenting with severe mental illness. The Adelaide PHN will collaborate closely with State-funded mental health services (specifically the Child and Adolescent Mental Health Services and youth specific services), as well as the HYEPP's lead agency across the region to minimise duplication and ensure the seamless and appropriate support for young people managed in primary care.</p> <p>A2.3 This activity aims to facilitate agreement regarding referral and care pathway arrangements between child and youth primary mental health services and State funded child and youth mental health services. The activity will ensure children and young people a) are connected with the most appropriate level of care and treatment for their mental illness, b) can seamlessly transition between State funded mental health services, primary mental health services (including newly commissioned services) and the HYEPP. The Adelaide PHN will aim to establish and formalise the sharing of clinical information between services where appropriate, particularly for young people with severe mental illness.</p> <p>A2.4 This activity aims to support the promotion and availability of youth mental health services, including online and telephone based services, through established youth mental health service providers, specifically established headspace centres. This activity will align with activities under Priority Area 1: low intensity mental health services. The Adelaide PHN will work with Headspace centres and their lead agencies, State funded child and youth mental health services and programs and other child/youth specific services to develop collaborative approaches to the promotion and availability of a) youth mental health services in areas of need, and b) youth specific self-help services, including online and telephone based services.</p>
Target population cohort	These activities will aim to target children, young people and their families (where appropriate).
Consultation	The Adelaide PHN has consulted widely with stakeholders, representative bodies, professional and community organisations, providers, membership groups, consumers and carers regarding primary mental health and alcohol and other drug reform. The Adelaide PHN has consulted specifically with Aboriginal and Torres Strait Islander communities regarding wider reforms to primary mental health care services. These consultations have provided strategic input in to the activity planning process, forming an important collaborative role with the Adelaide PHN. The Adelaide PHN will continue to collaborate with Aboriginal Community Controlled Health Organisation(s) (ACCHO) and Aboriginal specific reference groups to support culturally appropriate services for Aboriginal and Torres Strait Islander people. For a comprehensive summary of this engagement please refer to the relevant

	<p>document on our website: <a href="http://adelaidephn.com.au/publications-resources/consultation-findings-mhaod/">http://adelaidephn.com.au/publications-resources/consultation-findings-mhaod/</a></p> <p>The Adelaide PHN has and will continue to engage with commissioned providers, specialist mental health services, relevant stakeholders and client/consumer representatives in the region regarding the mental health needs of children and young people. The APHN has employed staff with specialist skills in tertiary models of care to assist with these activities (particularly A2.2).</p>
Collaboration	<ul style="list-style-type: none"> <li>• The Adelaide PHN will collaborate with Headspace centres lead agencies and primary child mental health services in the region to carry out this activity. Adelaide PHN envisions a joint approach to this activity between key individuals in Headspace centres and their lead agencies (incl. HYEPP), and established relationships the Adelaide PHN has formed with State-funded mental health services, specifically in the South Australian Child and Adolescent Mental Health Service (CAMHS).</li> <li>• The Adelaide PHN will work with Headspace centres and their lead agencies (incl. HYEPP), State funded child and youth mental health services, and other child/youth specific services to develop collaborative approaches to the promotion and availability of a) youth mental health services in areas of need, and b) youth specific self-help services, including online and telephone based services. Where appropriate, the Adelaide PHN will engage commissioned providers to take a lead role in this activity within their locality.</li> <li>• The Adelaide PHN will collaborate with Aboriginal Community Controlled Health Organisation(s) (ACCHO) to support culturally appropriate services for Aboriginal and Torres Strait Islander people.</li> </ul>
Duration	Planning, needs and engagement outlined in the descriptions have commenced from 01 July 2016. The commissioning of services, where described, will occur concurrently and in collaboration with reform and service level changes in State-funded mental health services.
Coverage	Entire Adelaide PHN region.
Commissioning method (if relevant)	The Adelaide PHN will ensure continuation of existing funding arrangements in the 16/17 and 17/18 financial years, with lead agencies of the Headspace centres across the Adelaide PHN region.
Approach to market	Direct approach.
Decommissioning	There is no decommissioning commenced or planned regarding this priority.

<p>Performance Indicator</p>	<p>Priority Area 2 - Mandatory performance indicator:</p> <ul style="list-style-type: none"> <li>• support region-specific, cross sectoral approaches to early intervention for <b>children and young people</b> with, or at risk of mental illness (including those with severe mental illness who are being managed in primary care) and implementation of an equitable and integrated approach to primary mental health services for this population group.</li> </ul>
<p>Local Performance Indicator target (where possible)</p>	<p>The Adelaide PHN will work with contracted service providers to:</p> <ul style="list-style-type: none"> <li>• Improve functionality and wellbeing of target populations accessing Adelaide PHN-commissioned youth mental health services.</li> </ul> <p>This will be achieved by establishing baselines and targets of the following indicator targets (all contracted mental health services report to the following KPIs which are based on the PMHC Funding Agreement Schedule Performance Indicators):</p> <p>KPI 1: Report the percentage of client, sessional and outcome data (MDS), entered into the MasterCare system (Target: 100% of client, sessional and outcome data (MDS data) is entered into MasterCare).</p> <p>KPI 2: Provide evidence of governance processes and the measures taken to ensure these processes comply with national, state and local standards, including the National Standards for Mental Health Services 2010.</p> <p>KPI 3: Report the percentage of clients (directly referred) who were clinically triaged within &lt;24 hours&gt; or &lt;one week&gt; (depending on service) (Target 100% of clients).</p> <p>KPI 4: Report clients who were transitioned from the Contractor:</p> <ul style="list-style-type: none"> <li>• % of clients transitioned to an Adelaide PHN commissioned specialised service provider</li> <li>• % of clients transitioned to a non-Adelaide PHN commissioned and non-state operated service provider</li> <li>• % of clients transitioned to state operated service provider</li> </ul> <p>KPI 5: Describe all culturally appropriate mental health services provided and how these programs have been tailored to ensure the needs of the Aboriginal and Torres Strait Islander and/or Culturally and Linguistically Diverse populations are met.</p>

	<p>KPI 6: Describe the frequency and methods of communication used to work with referring general practitioners to ensure the minimum standard of communication is met as defined in subsection</p> <p>KPI 7: Describe formalised partnerships with other regional service providers to support integrated regional planning and service delivery to that have enabled successful delivery of subsections</p> <p><i>Optional KPIs below, based on contracted service requirements:</i></p> <p><i>KPI A: Report the total number of after-hours sessions provided.</i></p> <p><i>KPI B: Describe the processes your organisation has developed to ensure that access and services specifically target the &lt;target population&gt;:</i></p> <ul style="list-style-type: none"> <li>• <i>Population using mental health services by service type by</i> <ul style="list-style-type: none"> <li>○ <i>Gender</i></li> <li>○ <i>Age group</i></li> <li>○ <i>Indigenous status</i></li> <li>○ <i>Geographic location</i></li> </ul> </li> <li>• <i>Services distribution</i></li> <li>• <i>Accessibility of services</i></li> <li>• <i>Coordination of services</i></li> <li>• <i>Appropriateness of services</i></li> <li>• <i>Workforce capacity</i></li> <li>• <i>Linkages/partnership between services</i></li> <li>• <i>Quality of services</i></li> <li>• <i>Efficiency and Effectiveness of services</i></li> </ul> <p>Note: The PHN to retrieve reports from the MasterCare system to monitor proportions and number of sessions delivered within the steps of care, by provider and by geographic region. Session numbers and service expectations are defined within the individual provider contract agreements and monitored through this system.</p>
Local Performance Indicator Data source	Baseline data for output indicators and targets – Adelaide PHN compliance & reporting process

**Proposed Activities – Priority Area 5**

Priority Area	<b>Priority Area 5: Community based suicide prevention activities</b>
Activity(ies) / Reference (e.g. Activity 1.1, 1.2, etc)	<p>A5.1 Formalise arrangements with relevant collaborators in the Adelaide PHN region, concerning care pathways, clinical responsibility and follow up support for people who are at risk of suicide and/or who have recently attempted suicide, specifically with State funded mental health services and services related to suicide prevention across the four Local Health Networks and other relevant State Government departments across the region</p> <p>A5.2 Target commissioning of community based suicide prevention activities, specifically for Aboriginal and Torres Strait Islander people</p> <p>A5.3 Target and where appropriate, commission, the training and education of evidence-based, suicide prevention approaches (e.g. gate-keeper training) in collaboration with State-funded services, relevant APHN-commissioned services and other identified organisations/individuals</p>
Existing, Modified, or New Activity	<p>Indicate if this is an existing activity, modified activity (2016-17 Activity Work Plan), or a new activity.</p> <p>A5.1 Modified (Title/Description)</p> <p>A5.2 Existing (Title)/Modified (Description)</p> <p>A5.3 Modified (Title/Description)</p>
Description of Activity	<p>A5.1 This activity aims to formalise arrangements between State-funded mental health services and primary mental health services concerning the care pathways, clinical responsibility and follow-up support for people who are at risk of suicide and/or who have recently attempted suicide. The Adelaide PHN will collaborate with State-funded mental health services to develop clear referral and care pathways in to the most appropriate services for people at risk and/or who have recently attempted suicide across the region. The Adelaide PHN will seek to interface commissioned primary mental health services appropriate for this level of support with State-funded mental health and emergency services. In addition, the Adelaide PHN will seek to collaborate with General Practice as part of this activity, to establish clinical information sharing and other appropriate mechanisms regarding clinical decisions for people seeking support at risk and/or who have recently attempted suicide. In addition, the Adelaide PHN will seek to collaborate and formalise arrangements with other State-funded services delivering first-response interventions post-suicide attempts in schools and</p>

	<p>other settings.</p> <p>A5.2 The Adelaide PHN will commission appropriate providers to deliver community based suicide prevention activities, with particular regard to cultural appropriateness for the Adelaide PHN Aboriginal and Torres Strait Islander population and the National Aboriginal and Torres Strait Islander Suicide Prevention Strategy recommendations. The Adelaide PHN will collaborate with appropriate Aboriginal and Torres Strait Islander health services, established primary mental health treatment services, advisory and membership groups to ensure the appropriateness and effectiveness of commissioned activities. The Adelaide PHN will ensure commissioned community based suicide prevention activities are aligned with need and reflect current best-practiced evidence-based approaches as outlined in the <i>Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Report</i> (ATSIPEP) and other related sources.</p> <p>A5.3 This activity aims to support commissioned service providers and other identified organisations/individuals with training and education regarding suicide prevention and post-vention. The Adelaide PHN will work with commissioned providers to establish and deliver training informed by best-practice suicide prevention/post-vention knowledge and practices for mental health services.</p>
Target population cohort	People identified in populations at risk of suicide, people who have recently attempted suicide and young people.
Consultation	<p>The Adelaide PHN has consulted widely with stakeholders, representative bodies, professional and community organisations, providers, membership groups, consumers and carers regarding primary mental health and alcohol and other drug reform. The Adelaide PHN has consulted specifically with Aboriginal and Torres Strait Islander communities regarding wider reforms to primary mental health care services. These consultations have provided strategic input in to the activity planning process, forming an important collaborative role with the Adelaide PHN. The Adelaide PHN will continue to collaborate with Aboriginal Community Controlled Health Organisation(s) (ACCHO) and Aboriginal specific reference groups to support culturally appropriate services for Aboriginal and Torres Strait Islander people. For a comprehensive summary of this engagement please refer to the relevant document on our website: <a href="http://adelaidephn.com.au/publications-resources/consultation-findings-mhaod/">http://adelaidephn.com.au/publications-resources/consultation-findings-mhaod/</a></p> <p>Adelaide PHN representatives participate in regular State Government department advisory and membership group meetings, suicide prevention network(s) and other peak body workshops regarding current trends in suicide, best-practice approaches and community-based suicide prevention activity</p>

	across the region.
Collaboration	<p>The following collaborations will address activities A5.1 – 5.3:</p> <ul style="list-style-type: none"> <li>• The activities will be jointly implemented with commissioned providers to provide (culturally) appropriate suicide prevention services (including to Aboriginal and Torres Strait Islander people). The Adelaide PHN will collaborate with Country SA PHN to ensure cross-boundary coverage for similar commissioned activities in South Australia.</li> <li>• The Adelaide PHN will collaborate with Aboriginal Community Controlled Health Organisation(s) (ACCHO) to support culturally appropriate services for Aboriginal and Torres Strait Islander people.</li> <li>• The Adelaide PHN will collaborate with specific Local Health Networks (LHNs) to coordinate referral pathways of identified population groups presenting at Emergency and/or Outpatient Departments and discharge summaries (after hospitalisation) in target areas. In addition, the Adelaide PHN will support commissioned service providers to join up services between tertiary and primary care sectors.</li> <li>• The Adelaide PHN will seek to collaborate with established organisations funded through Commonwealth and State Government initiatives where appropriate.</li> </ul> <p>The Adelaide PHN collaborates with relevant State bodies in education, training and workforce development, specifically the SA Office of the Chief Psychiatrist, SA Mental Health Directorates and SA Department of Education and Child Development.</p>
Duration	A5.1 – 5.3 One year period (2016-2017) from July 2016 (with a 12 month evaluation and review process).
Coverage	Entire Adelaide PHN region with specific focus on Public Health Information Development Unit (PHIDU) Population Health Areas (based on ABS Statistical Area Level 2) with high suicide prevalence: Elizabeth East, Elizabeth/ Smithfield - Elizabeth North, Adelaide, Christie Downs/ Hackham West - Huntfield Heights and West Lakes.
Commissioning method (if relevant)	<p>Commissioned primary mental health services to interface with state mental health services were selected using:</p> <p>Open approach to market; Expression of Interest then Request for Proposal; Commissioned in whole.</p> <p>Activities related to community-based approaches to suicide prevention use:</p>

	Direct approach; Commissioned in whole.
Approach to market	Combination. See above 'Commissioning method'.
Decommissioning	N/A
Performance Indicator	<p>Priority Area 5 - Mandatory performance indicator:</p> <ul style="list-style-type: none"> <li>Number of people who are followed up by PHN-commissioned services following a recent suicide attempt.</li> </ul>
Local Performance Indicator target (where possible)	<p>The Adelaide PHN will work with contracted service providers to establish baselines and targets of the following indicator targets (all contracted MH services report to the following KPIs which are based on the PMHC Funding Agreement Schedule Performance Indicators):</p> <p>KPI 1: Report the percentage of client, sessional and outcome data (MDS), entered into the MasterCare system (Target: 100% of client, sessional and outcome data (MDS data) is entered into MasterCare).</p> <p>KPI 2: Provide evidence of governance processes and the measures taken to ensure these processes comply with national, state and local standards, including the National Standards for Mental Health Services 2010.</p> <p>KPI 3: Report the percentage of clients (directly referred) who were clinically triaged within &lt;24 hours&gt; or &lt;one week&gt; (depending on service) (Target 100% of clients).</p> <p>KPI 4: Report clients who were transitioned from the Contractor:</p> <ul style="list-style-type: none"> <li>% of clients transitioned to an Adelaide PHN commissioned specialised service provider</li> <li>% of clients transitioned to a non-Adelaide PHN commissioned and non-state operated service provider</li> <li>% of clients transitioned to state operated service provider</li> </ul> <p>KPI 5: Describe all culturally appropriate mental health services provided and how these programs have been tailored to ensure the needs of the Aboriginal and Torres Strait Islander and/or Culturally and Linguistically Diverse populations are met.</p> <p>KPI 6: Describe the frequency and methods of communication used to work with referring general</p>

	<p>practitioners to ensure the minimum standard of communication is met as defined in subsection</p> <p>KPI 7: Describe formalised partnerships with other regional service providers to support integrated regional planning and service delivery to that have enabled successful delivery of subsections</p> <p><i>Optional KPIs below, based on contracted service requirements:</i></p> <p><i>KPI A: Report the total number of after-hours sessions provided.</i></p> <p><i>KPI B: Describe the processes your organisation has developed to ensure that access and services specifically target the &lt;target population&gt;:</i></p> <ul style="list-style-type: none"> <li>• <i>Population using mental health services by service type by</i> <ul style="list-style-type: none"> <li>○ <i>Gender</i></li> <li>○ <i>Age group</i></li> <li>○ <i>Indigenous status</i></li> <li>○ <i>Geographic location</i></li> </ul> </li> <li>• <i>Services distribution</i></li> <li>• <i>Accessibility of services</i></li> <li>• <i>Coordination of services</i></li> <li>• <i>Appropriateness of services</i></li> <li>• <i>Workforce capacity</i></li> <li>• <i>Linkages/partnership between services</i></li> <li>• <i>Quality of services</i></li> <li>• <i>Efficiency and Effectiveness of services</i></li> </ul> <p>Note: The PHN to retrieve reports from the MasterCare system to monitor proportions and number of sessions delivered within the steps of care, by provider and by geographic region. Session numbers and service expectations are defined within the individual provider contract agreements and monitored through this system.</p>
Local Performance Indicator Data source	Baseline data for output indicators and targets – Adelaide PHN compliance & reporting process

**Proposed Activities - Priority Area 6**

Priority Area	<b>Priority Area 6: Aboriginal and Torres Strait Islander mental health services</b>
Activity(ies) / Reference (e.g. Activity 1.1, 1.2, etc)	<p>A6.1 Target commissioning of culturally appropriate, flexible, evidence based mental health services for Aboriginal and Torres Strait Islander people in areas of need</p> <p>A6.2 Establish referral pathways and ‘joined-up’ processes in to and between Aboriginal and Torres Strait Islander mental health and connected services, including Alcohol and Other Drug (AOD) and social services</p> <p>A6.3 Identify and address workforce and provider capacity concerns specific for Aboriginal and Torres Strait Islander mental health services in areas of need</p>
Existing, Modified, or New Activity	<p>Indicate if this is an existing activity, modified activity (2016-17 Activity Work Plan), or a new activity.</p> <p>A6.1 Modified (Description)</p> <p>A6.2 Modified (Title/Description)</p> <p>A6.3 Modified (Description)</p>
Description of Activity	<p>A6.1 This activity aims to target the commissioning of culturally appropriate, flexible, evidence based mental health services for Aboriginal and Torres Strait Islander people. Commissioned providers will ensure primary mental health services are culturally appropriate and meet the needs of people seeking treatment and/or support for their mental illness. The Adelaide PHN will commission services that are flexible in their delivery and tailored to the individual needs of the region’s Aboriginal and Torres Strait Islander people.</p> <p>A6.2 The Adelaide PHN will collaborate with established Aboriginal and Torres Strait Islander specific services, including AOD services, to more effectively match individuals and families seeking assistance with treatment and support. The Adelaide PHN will seek to develop and formalise partnerships with State-funded mental health and other services to support integration of commissioned Aboriginal and Torres Strait Islander specific mental health services with existing systems. This activity will align with Priority Area 5: Community based suicide prevention, particularly activities A5.1 and A5.2 regarding the formalised arrangement of follow-up and care for people who have self-harmed and/or attempted suicide.</p> <p>A6.3 This activity will aim to a) identify the workforce and capacity gaps in Aboriginal and Torres Strait</p>

	<p>Islander specific mental health services, and b) address these gaps through capacity building and workforce development, particularly in regards to the peer workforce. The Adelaide PHN consultation with Aboriginal and Torres Strait Islander reference groups has identified concerns regarding an absence of Aboriginal specific mental health workers in the region. The Adelaide PHN will identify and seek to address this gap in areas of need, in collaboration with commissioned providers. Depending on the identified need, the Adelaide PHN will utilise a variety of strategies and partnerships to undertake this activity.</p>
Target population cohort	Aboriginal and Torres Strait Islander people
Consultation	<p>The Adelaide PHN has and continues to consult widely with stakeholders, state peak bodies, professional and community organisations, providers, membership groups, consumers and carers regarding primary mental health and alcohol and other drug reform. The Adelaide PHN has consulted specifically with Aboriginal and Torres Strait Islander communities regarding these reforms. These consultations have provided strategic and consumer input in to the activity planning process, forming an important collaborative role with the Adelaide PHN. The Adelaide PHN will continue to collaborate with Aboriginal Community Controlled Health Organisation(s) (ACCHO) and Aboriginal specific reference groups to support culturally appropriate services for Aboriginal and Torres Strait Islander people. For a comprehensive summary of this engagement, including Aboriginal and Torres Strait Islander specific consultation/engagement, please refer to the relevant document on our website: <a href="http://adelaidephn.com.au/publications-resources/consultation-findings-mhaod/">http://adelaidephn.com.au/publications-resources/consultation-findings-mhaod/</a></p>
Collaboration	<p>The following collaborations will address activities A6.1 – 6.3:</p> <ul style="list-style-type: none"> <li>• The activities will be jointly implemented with commissioned providers to provide cultural appropriate services for Aboriginal and Torres Strait Islander people. The Adelaide PHN will collaborate with Country SA PHN to ensure cross-boundary coverage for similar commissioned activities in South Australia.</li> <li>• The APHN have established formal partnerships and will collaborate with Aboriginal Community Controlled Health Organisation(s) (ACCHO) to support cultural appropriate services for Aboriginal and Torres Strait Islander people.</li> <li>• The APHN will collaborate and support integration with specific Local Health Networks (LHNs) to coordinate referral pathways for Aboriginal and Torres Strait Islander people presenting at Emergency and/or Outpatient Departments and discharge summaries (after hospitalisation) in target areas.</li> </ul>

	The Adelaide PHN will collaborate with health services and representative bodies for the Aboriginal and Torres Strait Islander population across the region for strategic input and guidance regarding workforce development and capacity building. Specifically, the Adelaide PHN will utilise existing advisory functions and reference groups across the region, where appropriate, in collaboration with State Government structures and Aboriginal community controlled health organisations.
Duration	A6.1 – 6.3 One year period (2016-2017) from July 2016 (with a 12 month evaluation and review process).
Coverage	Entire Adelaide PHN region with specific focus on Public Health Information Development Unit (PHIDU) Population Health Areas (based on ABS Statistical Area Level 2) with high proportion of Aboriginal and Torres Strait Islander people: Davoren Park, Elizabeth East, Elizabeth/ Smithfield - Elizabeth North, Adelaide, Christie Downs/ Hackham West - Huntfield Heights.
Commissioning method (if relevant)	Open approach to market; Expression of Interest then Request for Proposal; Commissioned in whole.
Approach to market	Open approach to market; Expression of Interest then Request for Proposal.
Decommissioning	There is no decommissioning commenced or planned regarding this activity.
Performance Indicator	Priority Area 6 - Mandatory performance indicator: <ul style="list-style-type: none"> <li>Proportion of Indigenous population receiving PHN-commissioned mental health services where the services were culturally appropriate.</li> </ul>
Local Performance Indicator target (where possible)	The Adelaide PHN will work with contracted service providers to: <ul style="list-style-type: none"> <li>Increase the number of mental health clinicians who have received training in delivering culturally appropriate services to the Aboriginal and Torres Strait Islander population.</li> </ul> This will be achieved by establishing baselines and targets of the following indicator targets (all contracted MH services report to the following KPIs which are based on the PMHC Funding Agreement Schedule Performance Indicators): <p>KPI 1: Report the percentage of client, sessional and outcome data (MDS), entered into the MasterCare system (Target: 100% of client, sessional and outcome data (MDS data) is entered into MasterCare).</p> <p>KPI 2: Provide evidence of governance processes and the measures taken to ensure these processes comply with national, state and local standards, including the National Standards for Mental Health</p>

Services 2010.

KPI 3: Report the percentage of clients (directly referred) who were clinically triaged within <24 hours> or <one week> (depending on service) (Target 100% of clients).

KPI 4: Report clients who were transitioned from the Contractor:

- % of clients transitioned to an Adelaide PHN commissioned specialised service provider
- % of clients transitioned to a non-Adelaide PHN commissioned and non-state operated service provider
- % of clients transitioned to state operated service provider

KPI 5: Describe all culturally appropriate mental health services provided and how these programs have been tailored to ensure the needs of the Aboriginal and Torres Strait Islander and/or Culturally and Linguistically Diverse populations are met.

KPI 6: Describe the frequency and methods of communication used to work with referring general practitioners to ensure the minimum standard of communication is met as defined in subsection

KPI 7: Describe formalised partnerships with other regional service providers to support integrated regional planning and service delivery to that have enabled successful delivery of subsections

*Optional KPIs below, based on contracted service requirements:*

*KPI A: Report the total number of after-hours sessions provided.*

*KPI B: Describe the processes your organisation has developed to ensure that access and services specifically target the <target population>:*

- *Population using mental health services by service type by*
  - *Gender*
  - *Age group*
  - *Indigenous status*
  - *Geographic location*
- *Services distribution*
- *Accessibility of services*
- *Coordination of services*

	<ul style="list-style-type: none"> <li>• <i>Appropriateness of services</i></li> <li>• <i>Workforce capacity</i></li> <li>• <i>Linkages/partnership between services</i></li> <li>• <i>Quality of services</i></li> <li>• <i>Efficiency and Effectiveness of services</i></li> </ul> <p>Note: The PHN to retrieve reports from the MasterCare system to monitor proportions and number of sessions delivered within the steps of care, by provider and by geographic region. Session numbers and service expectations are defined within the individual provider contract agreements and monitored through this system.</p>
Local Performance Indicator Data source	<ul style="list-style-type: none"> <li>• Baseline data for output indicators and targets – Adelaide PHN compliance &amp; reporting process</li> </ul>

**Proposed Activities - Priority Area 7**

Priority Area	<b>Priority Area 7: Stepped care approach</b>
Activity(ies) / Reference (e.g. Activity 1.1, 1.2, etc)	<p>These activities below will align with Priority Areas 1-6 above and their respective activities.</p> <p>A7.1 Target commissioning of primary mental health treatment services in areas of need within a stepped-care approach</p> <p>A7.2 Support referrers, particularly General Practice, to assess and appropriately refer people to the most appropriate level of intervention/care along the stepped-care continuum of primary mental health services</p>
Existing, Modified, or New Activity	<p>Indicate if this is an existing activity, modified activity (2016-17 Activity Work Plan), or a new activity.</p> <p>A7.1 Existing (Title/Description)</p> <p>A7.2 Existing (Title/Description)</p>
Description of Activity	<p>A7.1 This activity will commission service providers in the region to begin providing mental health treatment services along the stepped-care continuum of service delivery. Commissioned providers will</p> <ol style="list-style-type: none"> <li>target population groups with high prevalence of mental health/behavioural issues and psychological distress in selected areas across the region,</li> <li>provide services in areas of need,</li> <li>deliver mental health treatment services along the stepped-care continuum of service delivery,</li> <li>ensure 'joined-up' processes within and between services along the continuum to maximise outcomes and improve care pathways/decisions, and</li> <li>establish consistent and consumer friendly access points in to services specific to need.</li> </ol> <p>The activity will ensure primary mental health services in the region:</p> <ul style="list-style-type: none"> <li>complement and enhance existing General Practice, Psychiatrist and allied mental health services,</li> <li>are targeted to areas and populations where there is demonstrable need and/or an absence of suitable services identified through quantitative and qualitative needs assessment planning,</li> <li>mobilise existing resources, in particular Commonwealth funded online and telephone based mental health services along with established psychological services funded through the Medicare Benefits Schedule (MBS),</li> <li>coordinate with other health and support services for targeted group(s),</li> </ul>

	<ul style="list-style-type: none"> <li>• promote recovery and wellbeing,</li> <li>• develop linkages and partnerships with and between relevant services and supports to ensure the individual has access to the right care, in the right place and at the right time,</li> <li>• ensure the workforce is appropriately trained and qualified, and</li> <li>• incorporate a multidisciplinary team approach to primary mental health care.</li> </ul> <p>A7.2 This activity will aim to ensure referrers at various access points to primary mental health services have the capacity and skills to appropriately assess and refer people to the most appropriate level of intervention/care along the stepped-care continuum of primary mental health services. The Adelaide PHN will work with commissioned providers to ensure referrers in their locality, particularly General Practice, have the tools and capacity to effectively assess and refer people to the most appropriate level of intervention/care. This activity will include ensuring appropriate linkages and referral pathways exist with State funded mental health services, particularly into commissioned mental health services for people seeking treatment for low prevalent, complex mental illness.</p>
Target population cohort	<p>Targeting people at risk of and/or experiencing a mental health concern that would otherwise experience barriers to access for example:</p> <ul style="list-style-type: none"> <li>• People living in the South, West and North of Adelaide (where there are less services, more socio economic disadvantage and higher rates of multimorbidity)</li> <li>• Aboriginal and Torres Strait Islander people</li> <li>• People from Culturally and Linguistically Diverse background</li> <li>• Children and young people</li> <li>• Transgender and gender diverse people</li> <li>• Women in the peri-natal period</li> </ul>
Consultation	<p>The Adelaide PHN has consulted widely with stakeholders, representative bodies, professional and community organisations, providers, membership groups, consumers and carers regarding primary mental health and alcohol and other drug reform. The Adelaide PHN has consulted specifically with Aboriginal and Torres Strait Islander people regarding these reforms. These consultations have provided strategic input in to the activity planning process, forming an important collaborative role with the Adelaide PHN. For a comprehensive summary of this engagement, including Aboriginal and Torres Strait Islander specific consultation/engagement, please refer to the relevant document on our website: <a href="http://adelaidephn.com.au/publications-resources/consultation-findings-mhaod/">http://adelaidephn.com.au/publications-resources/consultation-findings-mhaod/</a></p>

Collaboration	<p>The following collaborations will address activities A7.1 – 7.2:</p> <ul style="list-style-type: none"> <li>• The activities will be jointly implemented with commissioned providers to provide appropriate services along the stepped-care continuum. The Adelaide PHN will collaborate with Country SA PHN to ensure cross-boundary coverage for similar commissioned activities in South Australia.</li> <li>• The APHN will collaborate with Aboriginal Community Controlled Health Organisation(s) (ACCHO) to support cultural appropriate services for Aboriginal and Torres Strait Islander people.</li> <li>• The APHN will collaborate with a suitable software developer to provide appropriate and tailored Information and Communication Technology (ICT) systems for commissioned service providers to ensure consistent data collection and reporting system across commissioned services,</li> <li>• The Adelaide PHN will collaborate with organisations specialised in the delivery of education and training to General Practice.</li> </ul> <p>The Adelaide PHN will collaborate with specific Local Health Networks (LHNs) to coordinate referral pathways of identified population groups presenting at Emergency and/or Outpatient Departments and discharge summaries (after hospitalisation) in target areas. The Adelaide PHN will collaborate with relevant State bodies in education, training and workforce development, specifically the SA Office of the Chief Psychiatrist, SA Mental Health Directorates and SA Department of Education and Child Development.</p>
Duration	A7.1 & 7.2 One year period (2016-2017) from July 2016 (with a 12 month evaluation and review process).
Coverage	Entire Adelaide PHN region.
Commissioning method (if relevant)	Open approach to market; Expression of Interest then Request for Proposal; Commissioned in whole.
Approach to market	Open approach to market; Expression of Interest then Request for Proposal.
Decommissioning	There is no decommissioning commenced or planned regarding this activity.
Performance Indicator	<p>Priority Area 7 - Mandatory performance indicator:</p> <ul style="list-style-type: none"> <li>• Proportion of PHN flexible mental health funding allocated to low intensity services, psychological therapies and for clinical care coordination for those with severe and complex</li> </ul>

	<p>mental illness.</p>
<p>Local Performance Indicator target (where possible)</p>	<p>The Adelaide PHN will work with contracted service providers to:</p> <ul style="list-style-type: none"> <li>• Increased number of health service providers in target areas have the capacity and skills to assess and refer people to the most appropriate level of intervention/care along the stepped-care continuum of primary mental health services, and</li> <li>• Enhanced links between general practice and mental health services to support coordination of care along the stepped-care continuum of primary mental health services.</li> </ul> <p>This will be achieved by establishing baselines and targets of the following indicator targets (all contracted MH services report to the following KPIs which are based on the PMHC Funding Agreement Schedule Performance Indicators):</p> <p>KPI 1: Report the percentage of client, sessional and outcome data (MDS), entered into the MasterCare system (Target: 100% of client, sessional and outcome data (MDS data) is entered into MasterCare).</p> <p>KPI 2: Provide evidence of governance processes and the measures taken to ensure these processes comply with national, state and local standards, including the National Standards for Mental Health Services 2010.</p> <p>KPI 3: Report the percentage of clients (directly referred) who were clinically triaged within &lt;24 hours&gt; or &lt;one week&gt; (depending on service) (Target 100% of clients).</p> <p>KPI 4: Report clients who were transitioned from the Contractor:</p> <ul style="list-style-type: none"> <li>• % of clients transitioned to an Adelaide PHN commissioned specialised service provider</li> <li>• % of clients transitioned to a non-Adelaide PHN commissioned and non-state operated service provider</li> <li>• % of clients transitioned to state operated service provider</li> </ul> <p>KPI 5: Describe all culturally appropriate mental health services provided and how these programs have been tailored to ensure the needs of the Aboriginal and Torres Strait Islander and/or Culturally and Linguistically Diverse populations are met.</p>

	<p>KPI 6: Describe the frequency and methods of communication used to work with referring general practitioners to ensure the minimum standard of communication is met as defined in subsection</p> <p>KPI 7: Describe formalised partnerships with other regional service providers to support integrated regional planning and service delivery to that have enabled successful delivery of subsections</p> <p><i>Optional KPIs below, based on contracted service requirements:</i></p> <p><i>KPI A: Report the total number of after-hours sessions provided.</i></p> <p><i>KPI B: Describe the processes your organisation has developed to ensure that access and services specifically target the &lt;target population&gt;:</i></p> <ul style="list-style-type: none"> <li>• <i>Population using mental health services by service type by</i> <ul style="list-style-type: none"> <li>○ <i>Gender</i></li> <li>○ <i>Age group</i></li> <li>○ <i>Indigenous status</i></li> <li>○ <i>Geographic location</i></li> </ul> </li> <li>• <i>Stepped care model interventions</i></li> <li>• <i>Services distribution</i></li> <li>• <i>Accessibility of services</i></li> <li>• <i>Coordination of services</i></li> <li>• <i>Appropriateness of services</i></li> <li>• <i>Workforce capacity</i></li> <li>• <i>Linkages/partnership between services</i></li> <li>• <i>Quality of services</i></li> <li>• <i>Efficiency and Effectiveness of services</i></li> </ul> <p>Note: The PHN to retrieve reports from the MasterCare system to monitor proportions and number of sessions delivered within the steps of care, by provider and by geographic region. Session numbers and service expectations are defined within the individual provider contract agreements and monitored through this system.</p>
Local Performance Indicator Data source	<ul style="list-style-type: none"> <li>• Baseline data for output indicators and targets – Adelaide PHN compliance &amp; reporting process</li> </ul>

## Proposed Activities - Priority Area 8

Priority Area	<p><b>Priority Area 8: Regional mental health and suicide prevention plan</b></p> <p><i>Note: In February 2017, the Department of Health notified all PHNs that the milestone in relation to the delivery of the regional plan was to be extended to the last quarter of 2018. Please note that this updated Activity Work Plan reflects the previous milestone (2017).</i></p>
Activity(ies) / Reference (e.g. Activity 1.1, 1.2, etc)	<p>These activities below will align with Priority Areas 1-6 above and their respective activities. In reference to the mandatory indicator regarding the establishment of formalised partnerships with other regional service providers, the activities below will align with activities A2.1, A2.2, A4.3, A5.1 and A6.2 above.</p> <p>A8.1 Establish mechanisms to centralise, collate and analyse data regarding the prevalence of mental ill-health and illness, support seeking behaviour, treatment provision/outcomes and self-harm/suicide in the Adelaide Primary Health Network region.</p> <p>A8.2 Engage and consult with relevant stakeholders, representative bodies, professional organisations, providers, Adelaide PHN Membership Groups, consumers and carers regarding need and service provision across the region.</p> <p>A8.3 Participate in cross-sectoral collaborative networks and lead discussions concerning mental health and the incidence of suicide across the region.</p>
Existing, Modified, or New Activity	<p>Indicate if this is an existing activity, modified activity (2016-17 Activity Work Plan), or a new activity.</p> <p>A8.1 Modified (Description)</p> <p>A8.2 Existing (Title/Description)</p> <p>A8.3 Existing (Title/Description)</p>
Description of Activity	<p>A8.1 This activity will aim to establish mechanisms to centralise the collation and analysis of data regarding the prevalence of mental ill-health and illness, support seeking behaviour, treatment provision/outcomes and self-harm/suicide in the Adelaide Primary Health Network region. The Adelaide PHN has commenced and will continue to prioritise the establishment of a centralised evidence base regarding mental ill-health, illness and suicidality that is region wide, to assist in discussion and collaboration with relevant stakeholders towards the creation of a regional mental health and suicide prevention plan. The Adelaide PHN will a) ensure existing and established</p>

	<p>reporting systems in commissioned services capture data regarding treatment provision/outcomes and support seeking behaviour to inform planning processes, b) utilise arrangements with State funded mental health and alcohol and other drug services to triangulate relevant data with primary sources, including the mapping of care and referral pathways, c) continue to gather and share qualitative data regarding needs and gaps from targeted consultation to inform planning processes across the region, d) participate, where appropriate, in established mental health/suicide prevention networks and/or State funded planning processes to increase understanding of the needs/gaps and concerns across the region, and e) utilise the National Mental Health Services Planning Framework to assist in service planning processes.</p> <p>A8.2 This activity aims to strategically consult with relevant stakeholders, professional organisations, memberships groups, consumers and carers in regard to mental health and suicide prevention across the region. The Adelaide PHN is committed to community engagement and values the strategic input and local level experience of our region’s people, groups, organisations and representative bodies. The Adelaide PHN has undertaken, to date, extensive and broad level consultation with these groups concerning mental health and AOD reform specifically in the region including Aboriginal and Torres Strait Islander groups; informing our initial needs based assessments and operational activities. The Adelaide PHN is committed to developing a strategic approach to on-going consultation and communication with the abovementioned groups towards the development of a regional mental health and suicide prevention plan. The Adelaide PHN envisions this activity will lead to a more comprehensive understanding of needs, gaps and inefficiencies/concerns across the region to complement other data sources, parallel to A8.1.</p> <p>A8.3 This activity seeks to ensure the Adelaide PHN is connected to and participates in existing and newly established mental health and suicide prevention networks across the region. The Adelaide PHN, either directly and/or through commissioned providers, is engaging with these networks, particularly in areas of need and/or population groups at risk of suicide. These networks provide valuable input into the needs and ‘local’ experience of hard-to-reach population groups, as well as opportunity for the Adelaide PHN to promote existing and/or newly established services relevant to need; engaging and involving organisations and networks in the planning process and the outcomes of the plan. The intelligence gathered through these mechanisms will enhance understanding and inform the regional mental health and suicide prevention plan.</p>
Target population cohort	Entire Adelaide PHN Population.

<p>Consultation</p>	<p>The Adelaide PHN has consulted widely with stakeholders, representative bodies, professional and community organisations, providers, membership groups, consumers and carers regarding primary mental health and alcohol and other drug reform. The Adelaide PHN has consulted specifically with Aboriginal and Torres Strait Islander people regarding these reforms. These consultations have provided strategic input in to the activity planning process, forming an important collaborative role with the Adelaide PHN. For a comprehensive summary of this engagement, including Aboriginal and Torres Strait Islander specific consultation/engagement, please refer to the relevant document on our website: <a href="http://adelaidephn.com.au/publications-resources/consultation-findings-mhaod/">http://adelaidephn.com.au/publications-resources/consultation-findings-mhaod/</a></p>
<p>Collaboration</p>	<p>The Adelaide PHN is actively building connections and partnerships at a strategic level in regards to mental health, suicide prevention and alcohol and other drug services. The Adelaide PHN region contains four Local Health Networks (LHNs) and one Aboriginal Community Controlled Health Service, specialising in the delivery of region and/or population specific health services. The Adelaide PHN has leveraged existing connections and partnerships with the LHNs, either directly and/or through commissioned providers, to strategically partner around primary mental health and alcohol and other drug reform in the region. Regular meetings and reciprocal communication pathways have now been established with high-level representatives in the South Australian State Government and newly established South Australian Mental Health Commission.</p> <p>The Adelaide PHN is cognisant of existing and current South Australian Government strategies, plans and/or policies that inform LHNs and their respective activities, specifically:</p> <ul style="list-style-type: none"> <li>- SA Mental Health and Wellbeing Policy 2010-2015,</li> <li>- SA Suicide Prevention Strategy 2012-2016,</li> <li>- Aboriginal and Torres Strait Islander specific policies,</li> <li>- Transforming Health: SA Health,</li> <li>- SA Strategic Plan – OUR HEALTH.</li> </ul> <p>The Adelaide PHN has identified opportunities to align internal planning processes and activities with these strategies, plans and/or policies. The Adelaide PHN will seek to leverage shared desired outcomes with LHNs and the South Australian Government specific to this priority area. The Adelaide PHN aims to use current reforms in SA Health, in addition to the expiry of a number of high-level Government strategies and policies pertaining to mental health and suicide prevention, to invite the joint participation in a regional mental health and suicide prevention plan. The Adelaide PHN envisions jointly facilitating the responsibility regarding the creation of this plan with relevant State</p>

	<p>Government departments, key representatives, LHN representation and the SA Mental Health Commission. In addition, the Adelaide PHN will collaborate with relevant State Government mental health directorates to utilise the National Mental Health Services Planning Framework in these processes.</p> <p>The Adelaide PHN will undertake activities described in A8.1, A8.2 and A8.3 to enhance its role in the region as a repository of data regarding needs, gaps and services in primary mental health. The Adelaide PHN will utilise this knowledge to inform strategic connections and partnerships with representative organisations, professional bodies and Aboriginal and Torres Strait Islander specific health services. The Adelaide PHN, where necessary and relevant, will enable and facilitate the participation of these organisations in planning processes.</p> <p>The Adelaide PHN will capitalise on its role as a commissioner of primary mental health and suicide prevention services to engage existing and newly engaged providers to participate in planning processes across the region. The Adelaide PHN will encourage commissioned providers to utilise, participate in and/or establish local networks, determined by areas and/or populations in need. The Adelaide PHN will establish processes through its Community Collaboration portfolio and broad level reporting/data systems, including consumer feedback, to strategically capture this local level information.</p> <p>The Adelaide PHN will seek to collaborate with Country SA PHN to ensure alignment of regional planning in mental health and suicide prevention across South Australia.</p>
Duration	NP 8.1 – 8.3 One year period (2016-2017) from July 2016 (with a 12 month evaluation and review process).
Coverage	Entire Adelaide PHN region.
Commissioning method (if relevant)	Not relevant
Approach to market	Not relevant
Decommissioning	There is no decommissioning commenced or planned regarding this activity.
Performance Indicator	<p>Priority Area 8 - Mandatory performance indicators:</p> <ul style="list-style-type: none"> <li>Evidence of formalised partnerships with other regional service providers to support integrated regional planning and service delivery.</li> </ul>

Local Performance Indicator target (where possible)	<p>Performance Indicator: Development and implementation of the Adelaide PHN Regional Mental Health and Suicide Prevention Plan.</p> <p>Performance Indicator: An implemented centralised patient management system for Adelaide PHN commissioned service providers capturing PMHC Minimum Data Set indicators.</p>
Local Performance Indicator Data source	<p>The PHN to retrieve reports from the MasterCare system to monitor proportions and number of sessions delivered within the steps of care, by provider and by geographic region. Session numbers and service expectations are defined within the individual provider contract agreements and monitored through this system.</p>

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

For Priority Areas 3 and 4

<b>Proposed Activities - Priority Area 3</b>	
Priority Area	<b>Priority Area 3: Psychological therapies for rural and remote, under-serviced and / or hard to reach groups</b>
Activity(ies) / Reference (e.g. Activity 1.1, 1.2, etc)	<p>A3.1 Target commissioning of psychological therapeutic services in areas of need and to under-serviced, hard to reach populations and/or Aboriginal and Torres Strait Islander people</p> <p>A3.2 Develop clinical governance and workforce credentialing standards, appropriate for commissioned psychological therapeutic services</p> <p>A3.3 Establish referral pathways and ‘joined-up’ processes between commissioned psychological therapeutic services and other appropriate mental health services, along the stepped-care continuum of primary mental health services</p> <p>A3.4 Implement consistent data collection and reporting systems across all commissioned services</p> <p>A3.5 Support referrers, where appropriate, to build linkages and pathways to psychological therapeutic services in areas where there is established service infrastructure and workforce</p>
Existing, Modified, or New Activity	<p>Indicate if this is an existing activity, modified activity (2016-17 Activity Work Plan), or a new activity.</p> <p>A3.1 Existing (Title/Description)</p> <p>A3.2 Existing (Title/Description)</p> <p>A3.3 Modified (Description)</p> <p>A3.4 Existing (Title/Description)</p> <p>A3.5 Existing (Title/Description)</p>
Description of Activity	A3.1 This activity aims to target the commissioning of appropriate psychological therapeutic services,

to under-serviced/hard to reach populations and in areas of need (as identified in the needs assessment). Commissioned providers will a) target population groups with high prevalence of mental health/behavioural issues and psychological distress in identified areas across the region, b) provide therapeutic psychological services to people who are not able to access Medicare funded psychological therapeutic services, c) ensure psychological therapeutic services are targeted and appropriate to Aboriginal and Torres Strait Islander people (including ACCHO and mainstream providers of commissioned psychological services), and d) psychological therapeutic services are provided to people at risk of self-harm and/or suicide. In addition, the Adelaide PHN will ensure there is no cost to individuals accessing services.

A3.2 This activity aims to develop appropriate clinical governance and workforce credentialing standards, appropriate to commissioned psychological therapeutic services and consistent with the National Standards for Mental Health Services and National Practice Standards for the Mental Health Workforce. The Adelaide PHN intends to provide Mental Health accreditation grants to commissioned providers, ensuring best-practice quality assurance standards are met. The activity will ensure commissioned providers are supported in delivering high-quality, effective services that maximise the outcome(s) of people requiring psychological therapeutic intervention. In addition, the Adelaide PHN will collaborate with commissioned providers to ensure best practice demand management strategies are utilised, suitable to their service.

A3.3 This activity aims to establish a) referral pathways in to commissioned psychological therapeutic services, and b) processes between commissioned psychological therapeutic services and other mental health services within the stepped-care continuum of primary mental health services. The Adelaide PHN will work with commissioned services to ensure they are 'joined-up' and operating within a stepped-care continuum. In addition, the Adelaide PHN and commissioned providers will work with referrers to ensure pathways in to psychological therapeutic services are seamless, meet individual needs and provide support to referrers. The activity will apply to all commissioned services, however pathways and processes may differ depending on the targeted population and/or area in which commissioned services are operating.

A3.4 This activity aims to implement consistent data collection and reporting systems across commissioned services. The activity will ensure commissioned services are reporting activity, outcomes and relevant service related measurements in a consistent and comparable way. The Adelaide PHN will support commissioned providers with appropriate Information and Communication Technology (ICT) systems. The activity will ensure commissioned services are appropriately monitored, particularly

	<p>around demand and waitlist management, with service delivery arrangements adjusted to reflect changes in population needs. The Adelaide PHN will provide the clinical database used for reporting for the region and warehouse the data to accurately report baseline data and local indicators.</p> <p>A3.5 This activity aims to support referrers to utilise, where they exist, established psychological therapeutic services in their area. Additionally, the activity aims to mobilise where appropriate, existing resources, in particular Commonwealth funded online and telephone based mental health services along with established psychological services funded through the Medicare Benefits Schedule (MBS). The activity will ensure optimal use of the available service infrastructure and workforce as well as equip referrers, particularly General Practice, with knowledge of psychological services appropriate for individuals seeking mental health treatment. The activity will target areas within the Adelaide PHN region identified in the needs assessment, however may focus on populations/hard to reach groups referred from sources other than General Practice.</p>
Target population cohort	People currently in populations that are under-serviced and/or hard to reach and in need of such services (as identified in the needs assessment)
Consultation	<p>The Adelaide PHN has consulted widely with stakeholders, representative bodies, professional and community organisations, providers, membership groups, consumers and carers regarding primary mental health and alcohol and other drug reform. The Adelaide PHN has consulted specifically with Aboriginal and Torres Strait Islander communities regarding wider reforms to primary mental health care services. These consultations have provided strategic input in to the activity planning process, forming an important collaborative role with the Adelaide PHN. The Adelaide PHN will continue to collaborate with Aboriginal Community Controlled Health Organisation(s) (ACCHO) and Aboriginal specific reference groups to support culturally appropriate services for Aboriginal and Torres Strait Islander people. For a comprehensive summary of this engagement please refer to the relevant document on our website: <a href="http://adelaidephn.com.au/publications-resources/consultation-findings-mhaod/">http://adelaidephn.com.au/publications-resources/consultation-findings-mhaod/</a></p>
Collaboration	<ul style="list-style-type: none"> <li>• The activities will be jointly implemented with commissioned providers to provide appropriate services for people needing psychological therapeutic interventions. The Adelaide PHN will collaborate with Country SA PHN to ensure cross-boundary coverage for similar commissioned activities in South Australia.</li> <li>• The activities will collaborate with commissioned service providers to develop appropriate clinical governance and workforce credentialing standards, appropriate to commissioned</li> </ul>

	<p>psychological therapeutic services and consistent with the National Standards for Mental Health Services and National Practice Standards for the Mental Health Workforce.</p> <ul style="list-style-type: none"> <li>• The Adelaide PHN will collaborate with a suitable software developer to provide appropriate and tailored Information and Communication Technology (ICT) systems for commissioned service providers to ensure consistent data collection and reporting system across commissioned services.</li> <li>• The Adelaide PHN will collaborate with Aboriginal Community Controlled Health Organisation(s) (ACCHO) to support culturally appropriate services for Aboriginal and Torres Strait Islander people.</li> <li>• The Adelaide PHN has begun and will continue to work closely with the SA Mental Health Directorate, SA Mental Health Commission, membership groups, relevant Aboriginal and Torres Strait Islander health services, stakeholders/providers and the community, specifically consumers/carers. These groups will provide strategic input and guidance in to service planning. The Adelaide PHN envisions establishing formalised arrangements regarding referral pathways and the sharing of clinical information with State funded mental health services as part of these activities.</li> <li>• The Adelaide PHN will collaborate with a suitable software developer to collect and measurement of Patient Reported Outcome/Experience Measures (PREMS/PROMS) and parallel therapeutic support tools/resources.</li> </ul>
Duration	One year period (2016-2017) from July 2016 (with a 12 month evaluation and review process).
Coverage	Entire Adelaide PHN region with focus on the following Local Government Areas (LGAs) with high prevalence of need and people who are not able to access Medicare funded mental health services: Playford, Salisbury, Port Adelaide-Enfield and Onkaparinga.
Continuity of care	The Adelaide PHN has worked closely with newly commissioned PMHC service providers to ensure existing clients of these services are transitioned seamlessly in to new services. In particular, the Adelaide PHN has supported the continuity of service delivery to clients in decommissioned services by extending funding with existing contracted Allied Health Professionals up to and including the 30 <sup>th</sup> September 2016. The Adelaide PHN, where necessary, has provided support and guidance to commissioned providers regarding the transition of care for clients seen in the former ATAPS funded services. As a result of the commissioning approach taken by the Adelaide PHN, there was minimal disruption to clients requiring continuing care in to newly commissioned services.

Commissioning method (if relevant)	<p>Open approach to market; Expression of Interest then Request for Proposal</p> <p>Direct engagement for some activities based on providers identified through RFP</p> <p>Expression of Interest / Direct approach to market for activities to support A3.5</p>
Approach to market	<p>Open approach to market; Expression of Interest then Request for Proposal</p> <p>Direct engagement for some activities based on providers identified through RFP</p> <p>Expression of Interest / Direct approach to market for activities to support A3.5</p>
Decommissioning	<p>GP Partners/Healthfirst, 2015-16 ATAPS, transitioned to Northern Health Network and Links to Wellbeing (LtW) Consortia.</p> <p>Following an extensive RFP process, commissioned providers NHN and the Links to Wellbeing (LtW) Consortia were selected to deliver psychological therapeutic services under this activity to a newly divided North/West and Centre/South metropolitan Adelaide region (in comparison to the three former Medicare Local regions). To maintain continuity of service delivery in to the new reporting period, the APHN transitioned 25 former GP Partners/Healthfirst contracted AHPs to continue providing ATAPS to existing clients, up to and including the 30<sup>th</sup> September 2016, with some variation due to exceptional clinical circumstances beyond this date. All former contracted ATAPS providers and AHPs have been informed of new referral pathways and arrangements in this region.</p>
Performance Indicator	<p>Priority Area 3 - mandatory performance indicators:</p> <ul style="list-style-type: none"> <li>• Proportion of regional population receiving PHN-commissioned mental health services – Psychological therapies delivered by mental health professionals.</li> <li>• Average cost per PHN-commissioned mental health service – Psychological therapies delivered by mental health professionals.</li> <li>• Clinical outcomes for people receiving PHN-commissioned Psychological therapies delivered by mental health professionals.</li> </ul>
Local Performance Indicator target (where possible)	<p>The Adelaide PHN will work with contracted service providers to:</p> <ul style="list-style-type: none"> <li>• Increase the number of psychological therapeutic services who have developed appropriate clinical governance and workforce credentialing standards, and</li> <li>• Improved functionality and wellbeing of target populations accessing APHN-commissioned</li> </ul>

psychological therapies.

This will be achieved by establishing baselines and targets of the following indicator targets (all contracted MH services report to the following KPIs which are based on the PMHC Funding Agreement Schedule Performance Indicators):

KPI 1: Report the percentage of client, sessional and outcome data (MDS), entered into the MasterCare system (Target: 100% of client, sessional and outcome data (MDS data) is entered into MasterCare).

KPI 2: Provide evidence of your organisation's governance processes and the measures taken to ensure these processes comply with national, state and local standards, including the National Standards for Mental Health Services 2010.

KPI 3: Report the percentage of clients (directly referred) who were clinically triaged within <24 hours> or <one week> (depending on service) (Target 100% of clients).

KPI 4: Report clients who were transitioned from the Contractor:

- % of clients transitioned to an Adelaide PHN commissioned specialised service provider
- % of clients transitioned to a non-Adelaide PHN commissioned and non-state operated service provider
- % of clients transitioned to state operated service provider

KPI 5: Describe all culturally appropriate mental health services that your organisation provides and how these programs have been tailored to ensure the needs of the Aboriginal and Torres Strait Islander and/or Culturally and Linguistically Diverse populations are met.

KPI 6: Describe the frequency and methods of communication used to work with referring GPs to ensure the minimum standard of communication is met as defined in subsection

KPI 7: Describe with whom and how your organisation has formalised partnerships with other regional service providers to support integrated regional planning and service delivery to that have enabled successful delivery of subsections

*Optional KPIs below, based on contracted service requirements:*

	<p><i>KPI A: Report the total number of after-hours sessions provided.</i></p> <p><i>KPI B: Describe the processes your organisation has developed to ensure that access and services specifically target the &lt;target population&gt;:</i></p> <ul style="list-style-type: none"> <li>• <i>Population using mental health services by service type by</i> <ul style="list-style-type: none"> <li>○ <i>Gender</i></li> <li>○ <i>Age group</i></li> <li>○ <i>Indigenous status</i></li> <li>○ <i>Geographic location</i></li> </ul> </li> <li>• <i>Stepped care model interventions</i></li> <li>• <i>Services distribution</i></li> <li>• <i>Accessibility of services</i></li> <li>• <i>Coordination of services</i></li> <li>• <i>Appropriateness of services</i></li> <li>• <i>Workforce capacity</i></li> <li>• <i>Linkages/partnership between services</i></li> <li>• <i>Quality of services</i></li> <li>• <i>Efficiency and Effectiveness of services</i></li> </ul> <p>Note: The PHN to retrieve reports from the MasterCare system to monitor proportions and number of sessions delivered within the steps of care, by provider and by geographic region. Session numbers and service expectations are defined within the individual provider contract agreements and monitored through this system.</p>
Local Performance Indicator Data source	<ul style="list-style-type: none"> <li>• Clinical outcome data – captured and monitored using identified clinical software(s) from July 2016 onwards</li> <li>• Baseline data for output indicators and targets - APHN compliance &amp; reporting process</li> </ul>

**Proposed Activities - Priority Area 4**

Priority Area	<b>Priority Area 4: Mental health services for people with severe and complex mental illness including care packages</b>
Activity(ies) / Reference (e.g. Activity 1.1, 1.2, etc)	<p>A4.1 Target commissioning of primary mental health care services for people with severe and complex mental illness, in areas of need</p> <p>A4.2 Develop clinical governance and workforce credentialing standards, appropriate for commissioned primary mental health services for people with severe and complex mental illness</p> <p>A4.3 Establish referral pathways and ‘joined-up’ processes between commissioned services and other appropriate services, along the stepped-care continuum of primary mental health services, particularly with State funded treatment services</p> <p>A4.4 Implement consistent data collection and reporting systems across all commissioned services</p>
Existing, Modified, or New Activity	<p>Indicate if this is an existing activity, modified activity (2016-17 Activity Work Plan), or a new activity.</p> <p>A4.1 Modified (Description)</p> <p>A4.2 Existing (Title/Description)</p> <p>A4.3 Existing (Title/Description)</p> <p>A4.4 Existing (Title/Description)</p>
Description of Activity	<p>A4.1 This activity aims to target the commissioning of appropriate primary mental health services for people with severe and complex mental illness. Commissioned providers will a) incorporate clinical care coordination complementing and enhancing existing GP, Psychiatrist and allied mental health services, and b) develop linkages with and between relevant non-clinical services. The Adelaide PHN will encourage the use and integration of existing service infrastructure and workforce/provider mix in commissioning these services, including mental health nurses under the Mental Health Nurse Incentive Program (MHNIP) for the PMHC AWP period.</p> <p>A4.2 This activity aims to develop appropriate clinical governance and workforce credentialing standards, appropriate to commissioned services and consistent with the National Standards for Mental Health Services and National Practice Standards for the Mental Health Workforce. The Adelaide PHN intends to provide Mental Health accreditation grants to commissioned providers, ensuring best-practice quality assurance standards are met. The activity will ensure commissioned providers are</p>

	<p>supported in delivering high-quality, effective services that maximise the outcome(s) of people seeking support and treatment for severe and complex mental illness.</p> <p>A4.3 This activity aims to establish a) referral pathways in to commissioned primary mental health services for people with severe and complex mental illness, and b) processes between commissioned services and other services within the stepped-care continuum of primary mental health services. The Adelaide PHN will work with commissioned services to ensure they are ‘joined-up’ and operating within a stepped-care continuum. In addition, the Adelaide PHN will work with referrers, specifically General Practice, to ensure pathways in to these services are appropriate and tailored to the needs of the individual. The Adelaide PHN will seek to establish and formalise referral arrangements and care pathways with State funded mental health services, to ensure people a) are connected with the most appropriate level of care and treatment for their mental illness, and b) can seamlessly transition between State funded mental health services and primary mental health services. In addition, the Adelaide PHN will seek to formalise the sharing of clinical care information and data where appropriate, to maximise the outcomes for people seeking support in the community. The activity will apply to all commissioned services, however pathways and processes may differ depending on the targeted population and/or area in which commissioned services are operating.</p> <p>A4.4 This activity aims to implement consistent data collection and reporting systems across commissioned services. The activity will ensure commissioned services are reporting activity, outcomes and relevant service related measurements in a consistent and comparable way. The Adelaide PHN will support commissioned providers with appropriate Information and Communication Technology (ICT) systems. The activity will ensure commissioned services are appropriately monitored and service delivery arrangements are adjusted to reflect changes in population needs. The Adelaide PHN will provide the clinical database used for reporting for the region and warehouse the data to accurately report baseline data and local indicators.</p>
Target population cohort	People with severe and complex mental illness appropriate for management in primary care
Consultation	The Adelaide PHN has consulted widely with stakeholders, representative bodies, professional and community organisations, providers, membership groups, consumers and carers regarding primary mental health and alcohol and other drug reform. The Adelaide PHN has consulted specifically with Aboriginal and Torres Strait Islander communities regarding wider reforms to primary mental health care services. These consultations have provided strategic input in to the activity planning process, forming an important collaborative role with the Adelaide PHN. The Adelaide PHN will continue to

	<p>collaborate with Aboriginal Community Controlled Health Organisation(s) (ACCHO) and Aboriginal specific reference groups to support culturally appropriate services for Aboriginal and Torres Strait Islander people. For a comprehensive summary of this engagement please refer to the relevant document on our website: <a href="http://adelaidephn.com.au/publications-resources/consultation-findings-mhaod/">http://adelaidephn.com.au/publications-resources/consultation-findings-mhaod/</a></p> <p>The Adelaide PHN envisions utilising established and future consultative mechanisms to encourage agreement across the sector regarding the approach to care for people with severe and complex mental illness being managed in primary care.</p>
Collaboration	<ul style="list-style-type: none"> <li>• The activities will be jointly implemented with commissioned providers to provide appropriate services for people with severe and complex mental illness. The Adelaide PHN will collaborate with Country SA PHN to ensure cross-boundary coverage for similar commissioned activities in South Australia.</li> <li>• The Adelaide PHN will collaborate with Aboriginal Community Controlled Health Organisation(s) (ACCHO) to support culturally appropriate services for Aboriginal and Torres Strait Islander people.</li> <li>• The Adelaide PHN will collaborate with a suitable software developer to provide appropriate and tailored Information and Communication Technology (ICT) systems for commissioned service providers to ensure consistent data collection and reporting systems across commissioned services.</li> <li>• The Adelaide PHN will collaborate with specific Local Health Networks (LHNs) to coordinate referral pathways of identified population groups presenting at Emergency and/or Outpatient Departments and discharge summaries (after hospitalisation) in target areas.</li> </ul>
Duration	A4.1 – 4.4 One-year period (2016-2017) from July 2016 (with a 12-month evaluation and review process).
Coverage	Entire Adelaide PHN region with focus on the following Local Government Areas (LGAs) with high prevalence of need and people who are not able to access Medicare funded mental health services: Playford, Salisbury, Port Adelaide-Enfield and Onkaparinga.
Continuity of care	The Adelaide PHN has worked closely with newly commissioned PMHC service providers to ensure existing clients of these services are transitioned seamlessly in to the new services. In particular, the Adelaide PHN has supported the continuity of service delivery to clients in decommissioned services by extending funding with existing contracted AHPs up to and including the 30 <sup>th</sup> September 2016. The

	<p>Adelaide PHN, where necessary, has provided support and guidance to commissioned providers regarding the transition of care for clients seen in the former ATAPS funded services. As a result of the commissioning approach taken by the Adelaide PHN, there was minimal disruption to clients requiring continuing care in to newly commissioned services.</p> <p>In addition to the above, the Adelaide PHN has initiated targeted consultation with stakeholders, specifically mental health nurses currently under the Mental Health Nurse Incentive Program (MHNIP) to ensure continuity of existing contracts in to the 2016-17 period. The engagement and extension of these contracts has ensured clients receiving care under this program can adequately be transitioned and managed in to newly commissioned services when appropriate.</p>
Commissioning method (if relevant)	<p>A Request for Proposal (RFP) was released by the APHN on 01 April 2016 for interested mental health service providers to submit proposals to provide mental health treatment services for ATSI people. The Adelaide PHN will engage and negotiate with successful provider(s) to ensure the identified priority areas are addressed. Direct procurement of ICT support, specifically software for the collection and measurement of Patient Reported Outcome/Experience Measures (PREMS/PROMS) and parallel therapeutic support tools/resources.</p> <p>Commissioned services will have specific outcomes and compliance aspects developed into contract(s). The Adelaide PHN has designated staff; research and evaluation, contract and compliance, outcomes and compliance, officers and capacity building coordinators, to monitor and evaluate contracted services accordingly.</p>
Approach to market	Direct engagement
Decommissioning	No decommissioning planned for this period
Performance Indicator	<p>Priority Area 4 - mandatory performance indicators:</p> <ul style="list-style-type: none"> <li>• Proportion of regional population receiving PHN-commissioned mental health services – Clinical care coordination for people with severe and complex mental illness (including clinical care coordination by mental health nurses).</li> <li>• Average cost per PHN-commissioned mental health service – Clinical care coordination for people with severe and complex mental illness.</li> </ul>
Local Performance Indicator target (where possible)	The Adelaide PHN will work with contracted service providers to:

- Increase the number of psychological therapeutic services who have developed appropriate clinical governance and workforce credentialing standards.

This will be achieved by establishing baselines and targets of the following indicator targets (all contracted MH services report to the following KPIs which are based on the PMHC Funding Agreement Schedule Performance Indicators):

KPI 1: Report the percentage of client, sessional and outcome data (MDS), entered into the MasterCare system (Target: 100% of client, sessional and outcome data (MDS data) is entered into MasterCare).

KPI 2: Provide evidence of your organisation's governance processes and the measures taken to ensure these processes comply with national, state and local standards, including the National Standards for Mental Health Services 2010.

KPI 3: Report the percentage of clients (directly referred) who were clinically triaged within <24 hours> or <one week> (depending on service) (Target 100% of clients).

KPI 4: Report clients who were transitioned from the Contractor:

- % of clients transitioned to an Adelaide PHN commissioned specialised service provider
- % of clients transitioned to a non-Adelaide PHN commissioned and non-state operated service provider
- % of clients transitioned to state operated service provider

KPI 5: Describe all culturally appropriate mental health services that your organisation provides and how these programs have been tailored to ensure the needs of the Aboriginal and Torres Strait Islander and/or Culturally and Linguistically Diverse populations are met.

KPI 6: Describe the frequency and methods of communication used to work with referring GPs to ensure the minimum standard of communication is met as defined in subsection

KPI 7: Describe with whom and how your organisation has formalised partnerships with other regional service providers to support integrated regional planning and service delivery to that have enabled successful delivery of subsections

	<p><i>Optional KPIs below, based on contracted service requirements:</i></p> <p><i>KPI A: Report the total number of after-hours sessions provided.</i></p> <p><i>KPI B: Describe the processes your organisation has developed to ensure that access and services specifically target the &lt;target population&gt;:</i></p> <ul style="list-style-type: none"> <li>• <i>Population using mental health services by service type by</i> <ul style="list-style-type: none"> <li>○ <i>Gender</i></li> <li>○ <i>Age group</i></li> <li>○ <i>Indigenous status</i></li> <li>○ <i>Geographic location</i></li> </ul> </li> <li>• <i>Stepped care model interventions</i></li> <li>• <i>Services distribution</i></li> <li>• <i>Accessibility of services</i></li> <li>• <i>Coordination of services</i></li> <li>• <i>Appropriateness of services</i></li> <li>• <i>Workforce capacity</i></li> <li>• <i>Linkages/partnership between services</i></li> <li>• <i>Quality of services</i></li> <li>• <i>Efficiency and Effectiveness of services</i></li> </ul> <p>Note: The PHN to retrieve reports from the MasterCare system to monitor proportions and number of sessions delivered within the steps of care, by provider and by geographic region. Session numbers and service expectations are defined within the individual provider contract agreements and monitored through this system.</p>
Local Performance Indicator Data source	Baseline data for output indicators and targets - APHN compliance & reporting process