



**Australian Government**

**Department of Health**



**North Coast Primary Health Network  
Primary Mental Health Care Funding  
Updated Activity Work Plan 2016-2019**

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# Introduction

## Strategic Vision

NCPHN's vision is "people and communities on the North Coast with mental health concerns are on a seamless journey of recovery, towards lives characterised by meaning, connection and contribution, served by a network of integrated and coordinated services."

NCPHN adopts a collaborative approach to work towards this vision. NCPHN will lead an inclusive process, engaging our partners in the sectors in regional mental health and suicide prevention planning and reform.

The vision for North Coast's stepped-care approach is that it will be a recovery-orientated, person-centred model. Key tenets of the model are:

- Services are both accessible and easily navigable for all - consumers, carers and clinicians
- Services are appropriate to each person's (changing) need and transition between these services is seamless allowing for continuity of care
- Services are integrated within the stepped-care model and encompass the complexity of a person with mental health needs
- Services are provided by an appropriately skilled workforce who understand their roles and responsibilities within the mental health system, and those of their colleagues.

NCPHN will engage people with a lived experience of mental illness, clinicians, Local Health Districts, Aboriginal services (both clinical and community services), youth organisations and other community partners to ensure planning meets the mental health priorities and the needs of the community.

A systems approach to suicide prevention will be adopted that incorporates the whole spectrum of intervention points - prevention, early intervention, treatment and continuing care. Postvention support will also be explored.

Efficient and effective reforms will be made possible through broad consultation and engagement. Appropriate data will be collected from all commissioned services to provide quality assurance, including ongoing monitoring and evaluation and to inform service planning. Additionally, commissioned services will have consumer feedback procedures to facilitate quality improvement and complaint management.

A Mental Health Clinical Expert Committee will be maintained with Terms of Reference consistent with Section 1.3 of Primary Health Network Guidelines. The Committee will be responsible for the safety and quality of commissioned services, including approving quality schedules and KPIs for procurement contracts, as provided by relevant commissioning groups. The Committee will receive reports and monitor the quality of services. The Committee will also advise NCPHN clinical councils, NCPHN community reference groups, mental health collaborative and consumer groups.

# Planned activities funded under the Primary Mental Health Care Schedule

Proposed Activities	
Priority Area	<b>Priority Area 1: Low intensity mental health services</b>
Activity(ies) / Reference	1.1 Ongoing delivery of established low intensity mental health service 1.2 Provide consumer and service provider (both clinical and non-clinical) education regarding low intensity services and the Digital Mental Health Gateway (when operational)
Existing, Modified, or New Activity	Modified Activity
Description of Activity	<p>The activities listed below are expected to improve access to mental health support and promote recovery for people with mild to moderate depression and anxiety.</p> <p>1.1 Low intensity mental health service is delivered to provide early intervention for anxiety and depression using low intensity CBT and guided self-help. Services can be accessed by self-referral. It aims to improve access to services and promote recovery for people experience mild symptoms. NCPHN has participated as a pilot site for the low intensity mental health service since early 2013. NCPHN has secured a continuation of the program through a contracted provider. The low intensity mental health service will continue to be available to North Coast residents until December 2018.</p> <p>1.2 Provide education on the availability and evidence for low intensity services, both delivered locally and online, and to encourage uptake and referral through a contracted provider</p> <p><b>2017 Needs Assessment Reference:</b>            MH_S(d) – 47.2% of service providers (n=866) who completed the 2016 Primary Health Needs Survey reported early intervention services for people with mental health issues are hard to access. The NewAccess program, through enabling self-referral and telephone support aims to address the difficulty accessing early intervention services.</p>
Target population cohort	1.1 People over 18 years of age experiencing mild to moderate anxiety and depression.

	1.2 Consumers (direct marketing) and service providers (both clinical and non-clinical) who have contact with people with mild to moderate anxiety and depression
Consultation	Nil
Collaboration	Nil
Duration	1.1 June 2016-July 2019 1.2 1.2 June 2016-ongoing
Coverage	Entire NCPHN region
Commissioning method	1.1 Contracted 1.2 Joint delivery - direct service delivery and contracted
Approach to market	Tender was conducted and co-design undertaken with the PHN-Commissioned provider
Decommissioning	NA
Performance Indicator	Mandatory performance indicators: <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	1.1 Output indicator: Services delivered in accordance with clinical best practice Outcome indicator: Recovery rates >80% using Patient Recorded Outcome Measure 1.2 Increase in low intensity services delivered in the region

Proposed Activities	
Priority Area	<b>Priority Area 2: Youth mental health services</b>
Activity(ies) / Reference	<b>MH2 – Youth Mental Health</b> 2.1 Monitor and evaluate contracts for delivery of the Lismore, Tweed, Grafton, Coffs Harbour and Port Macquarie headspace centres 2.2 Work with Lismore, Tweed, Coffs Harbour and Port Macquarie headspace centres for the provision of outreach models of coordinated youth mental health to smaller towns on the North Coast

	2.3 Develop and implement solutions and/or services to improve outcomes for children (0-11) and young people (12-25) with (or at risk of) severe mental illness
Existing, Modified, or New Activity	Modified Activity
Description of Activity	<p>2.1 Monitor and evaluate contracts to ensure continuity of service provision and the ongoing collection of data for the purposes of quality improvement, monitoring and evaluation.</p> <p>2.2 The NCPHN Needs Assessment highlights the need for youth services in Kyogle, Casino, Byron Bay, Grafton, Ballina, Murwillumbah, Bellingen, Kempsey and Nambucca. Working with headspace lead agencies, roll-out a regionally consistent model service delivery for youth mental health in smaller towns. Service design principles will include ease of access and early intervention. Referral pathways will include self-referral, including referral facilitated via schools, and GP referral.</p> <p>2.3 Working with stakeholders and using the commissioning process, NCPHN will develop and implement models of care within Bellingen, Nambucca and Kempsey Local Government Areas for young people with (or at risk of) severe mental illness. Services to be inclusive, youth friendly and support early intervention. Commissioned services to include care coordination, psychological therapies (over and above what is available under Better Access), monitoring physical health and medication management. Services to integrate with LHD Youth and Family teams. Referral pathways will be via LHD, GPs and psychiatrists, with a requirement that all clients are connected with a supporting GP. Service development is with a view to expansion across the region.</p> <p><b>2017 Needs Assessment Reference</b></p> <ul style="list-style-type: none"> <li>• MH_D (g) High rates of self-harm hospitalisations, particularly among 15-24 year-olds</li> <li>• MH_D(c) Rates of child and youth mental disorders</li> <li>• MH_D(d) Estimates of the impact of mental disorders on children and young people</li> <li>• MH_D (b) High rates of dispensing ADHD, antipsychotic and antidepressant medicines to people aged 17 years and under</li> <li>• MH_D (a) Child and youth disadvantage across region is likely to increase prevalence of child mental health concerns</li> <li>• MH_S (e) Poor access to child psychological services</li> </ul>
Target population cohort	<p>2.1 12-25 year olds</p> <p>2.2 12-25 year olds</p> <p>2.3 0-11 years; -12-25 year olds</p>

Consultation	Youth Planning Forums with representation from young people, NGOs including headspace and NNSW LHD held 30 June 2016 Co-design forum for youth services on MNC planned for 2018
Collaboration	2.1 headspace National Office 2.2 Broad community consultation 2.3 Clinical Quality Committee, clinicians, consumers
Duration	2.1 Completed 31 December 2016 2.2 Commenced 1 January 2017 2.3 Co-design commenced April 2017; Model delivered. Implementation to commence in 2018.
Coverage	2.1 Tweed, Lismore, Grafton, Coffs Harbour and Port Macquarie Headspace locations 2.2 Kempsey, Richmond Valley, Nambucca 2.3 2Northern NSW Local Health District; Mid North Coast Local Health District
Commissioning method	Wholly commissioned
Approach to market	Depending on the outcomes of the co-design process, either a select or open tender process will be used to procure services.
Decommissioning	NA
Performance Indicator	Mandatory performance indicator: <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>
Local Performance Indicator target	2.1 Headspaces transitioned without disruption to service delivery 2.2 Volume and nature of services delivered to youth residing in Kempsey, Nambucca, Clarence Valley Richmond Valley, reported by post code and age; outcome measure of recovery 2.3 Volume and nature of PHN commission services delivered to children and young people, reported by post code and age; outcome measure of recovery; patient experience measures (Community YES Survey)

Proposed Activities	
Priority Area	<b>Priority Area 3: Psychological therapies for rural and remote, under-serviced and / or hard to reach groups</b>
Activity(ies) / Reference	3.1 Service continuity for Healthy Minds which provides services to hard-to-reach groups 3.2 Priority access to psychological services for people at risk of suicide
Existing, Modified, or New Activity	Modified Activity
Description of Activity	<p>3.1 Service continuity for NCPHN's Healthy Minds program. Healthy Minds facilitates the delivery of psychological services to under-serviced and hard-to-reach groups including using co-location with community organisations; facilitating providers to deliver psychological therapies in under-service areas (rural and remote regions); use of home visits; use of telephone CBT. NCPHN will continue to focus on improving service continuity.</p> <p>3.2 An incentive system will be developed to encourage mental health clinicians to provide priority access to people at risk of suicide. Service design will include defining eligibility criteria and modelling to consider demand within budget constraints. This activity aims to provide timely access to psychological services for people at risk of suicide. The model will be developed and trialled in Port Macquarie and Kempsey with a view to expansion across the region.</p> <p><b>2017 Needs Assessment Reference</b></p> <ul style="list-style-type: none"> <li>• MH_D (e) High rates of high or very high psychological distress, anxiety and depression</li> <li>• MH_D (i) Higher rates of suicide</li> <li>• MH_S (f) Poor access to community-based mental health programs</li> </ul>
Target population cohort	3.1 People at risk of suicide, Aboriginal people, children, people at risk of homeless 3.2 People at risk of suicide and people with need for psychological therapies
Consultation	<ul style="list-style-type: none"> <li>• Our Healthy Clarence Steering Committee meetings: ongoing</li> <li>• Solution Brokerage Bowraville: ongoing</li> <li>• Consultations will be held with the LHDs, Healthy Minds providers and referrers, NGOs where existing co-location arrangements are in place ; Clinical Councils, Consumers and Clinical Quality Committee</li> </ul>
Collaboration	3.1 Organisations supporting hard-to-reach populations where existing Healthy Minds co-location arrangements are in place 3.2 NA

Duration	3.1 Until 1 July 2019. 3.2 Until 1 July 2019
Coverage	3.1 Entire NCPHN region 3.2 Port Macquarie and Kempsey, initially
Continuity of care	<ul style="list-style-type: none"> <li>• Healthy Minds to be blended into alternative models of delivery for psychological services</li> <li>• Timing to be managed to ensure service continuity. Services to be modified (and where necessary reduced) as new service models are introduced.</li> </ul>
Commissioning method	3.1-3.2 Contracted service delivery
Approach to market	3.1 Expressions of Interest (EOIs) 3.2 Depending on the outcomes of the co-design process, either a select or open tender process will be used to procure services
Decommissioning	See continuity of care
Performance Indicator	<p><b>Mandatory performance indicators:</b></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>

Proposed Activities	
Priority Area	<b>Priority Area 4: Mental health services for people with severe and complex mental illness including care packages</b>
Activity(ies) / Reference	4.1 Service continuity for exiting mental health nursing services 4.2 Develop and implement models of care (including care packages) within Lismore, Richmond Valley, Clarence, Coffs Harbour and Nambucca LGAs for adults with severe and complex mental illness who

	<p>can be safely managed in the primary care setting, and refine the intervention/s with a view to expansion across the region.</p> <p>4.3 Develop and trial approaches to delivering psychological services to underserved groups (people at risk of suicide and people with a mental illness for whom the 10 Better Access sessions is inadequate) in Kempsey and Port Macquarie LGAs, and refine the intervention with a view to expansion across the region.</p> <p>4.4 Regional NDIS readiness for people with psychosocial disability.</p>
Existing, Modified, or New Activity	Modified Activity
Description of Activity	<p>4.1 Liaise with providers of mental health nursing services to (a) ensure quality of services provided, (b) understand models of care, approach to care coordination and risk management and (c) identify quality improvement opportunities, including any barriers to delivering best practice. This quality assurance process will inform broader severe and complex mental health reform work.</p> <p>4.2 Implement models of care for the delivery of mental health services to people with severe and complex mental illness in the primary care setting with provision for funding care coordination and monitoring physical health and medication management. Activity includes;</p> <ul style="list-style-type: none"> <li>• identify the optimal clinicians to deliver services</li> <li>• identify criteria for when people can be safely managed in the primary care setting</li> <li>• develop infrastructure for the provision of packages of care</li> <li>• Models of care to be initially trialled in the Richmond Valley, Clarence Valley and Coffs Harbour LGAs with a view for expansion across the regions.</li> </ul> <p>4.3 Within the packages of care, develop a model of service delivery for people whose need for psychological therapies exceeds what Better Access can deliver to ensure services are commensurate with an individual's need. Service development to include defining eligibility and modelling to consider demand within the constraints of the budget. The models will be developed and trialled in Port Macquarie and Kempsey with a view to expansion across the region.</p> <p>4.4 NCPHN will work with stakeholders, including Family and Community Services and Mission Australia (PIR), Social Futures and GPs, to prepare for the roll-out of the NDIS to eligible individuals with psychosocial disability from July 2017.</p> <p><b>Needs Assessment Reference</b></p> <ul style="list-style-type: none"> <li>• MH_D (h) Severe mental illness: high rates of hospitalisation for mental health disorders</li> <li>• MH_S (b) Poor access to psychiatry</li> </ul>

Target population cohort	People with severe mental illness and complex needs who can be safely managed in the primary care setting
Consultation	<p>Consultations will be held with the LHDs, Healthy Minds providers and referrers, NGOs where existing co-location arrangements are in place ; Clinical Councils, Consumers and Clinical Quality Committee</p> <p>NCPHN intends to consult with the Royal Australian and New Zealand College of Psychiatry, Rural Doctors Network, NSW Health Agency for Clinical Innovation (Mental Health Group), and Consumer Reference Groups (Mental Health Forum and Consumer Reference Group), College of Mental Health Nurses, Australian Psychological Society and Family and Community Services.</p>
Collaboration	Nil identified at present
Duration	<p>4.1 1 July 2016 – ongoing</p> <p>4.2 1 October 2017- ongoing</p> <p>4.3 1 January 2018 – ongoing</p> <p>4.4 1 July 2016 – ongoing</p>
Coverage	<p>4.1 Region wide</p> <p>4.2 Lismore, Richmond Valley, Coffs Harbour and Nambucca</p> <p>4.3 Lismore, Richmond Valley, Coffs Harbour and Nambucca</p> <p>4.4 Region wide</p>
Continuity of care	NA
Commissioning method	<p>4.1 Contracted Service Delivery</p> <p>4.2 Contracted Service Delivery</p> <p>4.3 Contracted Service Delivery</p> <p>4.4 Direct Service Delivery</p>
Approach to market	<p>4.1 N/A for existing services; open tender for any expanded services</p> <p>4.2 Select tender (Prime Contractor)</p> <p>4.3 Select tender (Prime Contractor)</p> <p>4.4 N/A</p>
Decommissioning	NA
Performance Indicator	Mandatory performance indicators:

	<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>
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Proposed Activities	
Priority Area	Priority Area 5: Community based suicide prevention activities
Activity(ies) / Reference	<p>5.1 Using the LifeSpan model, implement a region wide approach to suicide in Clarence Valley, Tweed/Byron, Lismore and Kempsey</p> <p>5.2 Using the Lifespan model, build capacity within the communities and the health system to effectively support people at risk of suicide</p> <p>5.3 Build capacity among Aboriginal communities and within the mental health system to deliver culturally appropriate, evidence based suicide prevention services (using the Lifespan model where applicable)</p> <p>5.4 Commission culturally appropriate suicide prevention services for Aboriginal people</p>
Existing, Modified, or New Activity	Modified Activity
Description of Activity	<p>5.1 Implement the LifeSpan approach to suicide prevention in Clarence Valley, Lismore, Tweed, Byron and Kempsey LGAs, including the development of local suicide prevention plans.</p> <ul style="list-style-type: none"> <li>• In response to recent suicides in Grafton, NCPHN will prioritise the implementation of a regional wide approach to suicide prevention in the Clarence Valley in line with Our Healthy Clarence Plan. Activity will include:</li> <li>• Development of local postvention plans and guidelines, including communication protocols for the community following a suicide or major suicide attempt</li> <li>• Development of local resource packs / information that can be provided to families</li> <li>• Improving access to psychiatry (see Priority Area 4)</li> <li>• Improving access to psychological therapies (see Priority Area 3)</li> </ul> <p>Additionally, implementation will commence in Lismore, Tweed, Byron and Kempsey LGAs - LGAs with some of the highest suicide rates in our region. Local Steering Groups will oversee locally responsive plans to suicide prevention. Local services to provide secretariat support to steering</p>

	<p>groups with NCPHN funding support. A Follow-up service for people after a suicide attempt is funded through our National Suicide Prevention Trail.</p> <p>The approach will then be refined with a view to later expansion across the region.</p> <p>5.2 Using the Lifespan model, commission evidenced-based training to build workforce capacity to support people at risk of suicide and community capacity to support people at risk of suicide.</p> <p>5.3 Build capacity within the mental health system to deliver culturally appropriate, evidence based mental health services for Aboriginal and Torres Strait Islander people, thereby improving access, and complementing/linking to existing services including suicide prevention. Additionally, build capacity among Aboriginal communities to support Aboriginal people at risk of suicide.</p> <p>5.4 Co-design Aboriginal and Torres Strait Islander suicide prevention activities targeted to populations and regions with the greatest need.</p> <p><b>2017 Needs Assessment Reference</b> MH_D (i) Higher rates of suicide</p>
Target population cohort	<p>5.1 Whole of community</p> <p>5.2 Clinicians and community gatekeepers</p> <p>5.3 Clinicians working with Aboriginal people and Aboriginal community gatekeepers</p> <p>5.4 Aboriginal people</p>
Consultation	<p>5.1 Multi-agency suicide Prevention Steering Committees, including Our Healthy Clarence</p> <p>5.2 A discussion paper was shared widely throughout the sector and input invited</p> <p>5.3 A discussion paper was shared widely throughout the sector and input invited</p> <p>5.4 Meeting with Aboriginal Community Controlled Organisations (14 February 2017)</p>
Collaboration	<p>Members of local Steering Groups: development of local suicide prevention plans beyondblue: expert input in the development and implementation of local follow-up service</p>
Duration	<p>5.1 June 2016 – ongoing</p> <p>5.2 January 2017 – March 2018</p> <p>5.3 January 2017 – March 2018</p> <p>5.4 1 July 2017 – 30 June 2018</p>
Coverage	<p>5.1 Communities in the LGAs of Clarence Valley, Lismore, Tweed, Byron and Kempsey</p> <p>5.2 Entire NCPHN region</p>

	5.3 Entire NCPHN region 5.4 Entire NCPHN region
Commissioning method	5.1 Partly commissioned (secretariat support) 5.2 Wholly commissioned 5.3 Wholly commissioned 5.4 Wholly commissioned
Approach to market	5.1 Direct service delivery and select tender 5.2 Open tender 5.3 Open tender 5.4 Depending on the outcomes of the co-design process, either a select or open tender process will be used to procure services
Decommissioning	NA
Performance Indicator	Mandatory performance indicator: <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	5.1 Development of LifeSpan informed suicide plans for communities of focus; Operational suicide prevention steering committees for communities of focus 5.2 Number of people who have received PHN-commissioned training 5.3 Number of Aboriginal and Torres Strait Islander people who have received PHN-commissioned suicide prevention services 5.4 The co-design process will identify targets for number of people accessing the service and outcome measure

Proposed Activities	
Priority Area	<b>Priority 6: Aboriginal and Torres Strait Islander mental health services</b>
Activity(ies) / Reference	6.1 Following on from stakeholder consultation, build capacity within the mental health system to deliver culturally appropriate, evidence based mental health services for Aboriginal and Torres Strait Islander people, thereby improving access, and complementing/linking to existing services including drug and alcohol services, social and emotional wellbeing services and mainstream services

	6.2 Approaches to support mental wellbeing of Aboriginal people with a particular focus on programs that work within an Aboriginal cultural framework, including holistic service delivery
Existing, Modified, or New Activity	Modified Activity
Description of Activity	<p>These activities will deliver culturally appropriate and culturally safe mental health services that address health needs and service gaps for Aboriginal people. A focus will be on developing Aboriginal models of care that support:</p> <ul style="list-style-type: none"> <li>• the delivery of holistic care</li> <li>• the integration of mental health services with social and emotional wellbeing, drug and alcohol and suicide prevention services</li> <li>• the implementation of stepped care that meets the needs of Aboriginal people</li> </ul> <p><b>2017 Needs Assessment Reference</b></p> <ul style="list-style-type: none"> <li>• MH_D (h) High rates of hospitalisation for mental health disorders and disproportionately high rates of hospitalisation among Aboriginal and/or Torres Strait Islander people</li> <li>• MH_D (f) Lower rates of social and emotional wellbeing among Aboriginal and/or Torres Strait Islander people</li> </ul>
Target population cohort	Aboriginal people
Consultation	<p>Consultations are ongoing with the Northern NSW and Mid North Coast LHDs, Black Dog Institute, Non-Government Organisations focused on Aboriginal mental health; the Many Rivers Alliance (representing AMS from across NCPHN region: Bulgarr Ngaru MAC (Grafton, Casino, and Bugalwena/Tweed Heads) , Bullinah AMS (Ballina), Jullums Rekindling the Spirit (Lismore), Galambila AMS (Coffs Harbour), Durri AMS (Kempsey &amp; Nambucca Heads), Werin AMS (Port Macquarie)), Aboriginal Health Authority (representing AMSs in Mid North Coast: Galambila AMS (Coffs Harbour), Durri AMS (Kempsey &amp; Nambucca Heads), Werin AMS (Port Macquarie)) and the Ngayundi Executive Committee.</p> <p>NCPHN Clinical Councils will advise on the development and implementation of these initiatives.</p>
Collaboration	NA
Duration	Ongoing
Coverage	Entire NCPHN region
Commissioning method	Wholly commissioned
Approach to market	Open tender with a possibility of select tender for 6.2 in 2017-18

Decommissioning	NA
Performance Indicator	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	<ul style="list-style-type: none"> <li>Number of local Aboriginal Community-Controlled Health Organisations with strategies in place to deliver culturally appropriate mental health services</li> </ul>

Proposed Activities	
Priority Area	<b>Priority Area 7: Stepped care approach</b>
Activity(ies) / Reference	Develop the framework for the implementation of stepped care in mental health services on the North Coast
Existing, Modified, or New Activity	Modified Activity
Description of Activity	<p>7.1 Maintain Clinical Expert Committee to support the development of eligibility criteria for different steps based on functional assessment and motivation (stages of change).</p> <p>7.2 NA</p> <p>7.3 As outlined in other priority areas, develop and implement the service models of the various 'steps' of a stepped care model, in order to develop a menu of options for referring clinicians, consumers and carers.</p> <p><b>2017 Needs Assessment Reference</b> MH_S (i) Lack of navigable stepped care mental health services</p>
Target population cohort	NA
Consultation	Clinical Councils, community reference groups, mental health collaboratives
Collaboration	NA
Duration	Ongoing
Coverage	Region wide
Commissioning method	7.1 Direct service delivery (in-house consultation and expert reference group)

	7.2 NA 7.3 Various, as described above
Approach to market	7.1 NA 7.2 NA 7.3 Various, as described above
Decommissioning	NA
Performance Indicator	Mandatory performance indicator: <ul style="list-style-type: none"> <li>Proportion of PHN flexible mental health funding allocated to low intensity services, psychological therapies and for clinical care coordination for those with severe and complex mental illness.</li> </ul>
Local Performance Indicator target	<ul style="list-style-type: none"> <li>Number of clients receiving services at appropriate 'step' as classified by assessment tool</li> </ul>
Local Performance Indicator Data source	PMHC-MDS

Proposed Activities	
Priority Area	<b>Priority Area 8: Regional mental health and suicide prevention plan</b>
Activity(ies) / Reference	Collaborate with Local Health Districts for implementation of Regional Mental Health Plan/s
Existing, Modified, or New Activity	Modified Activity
Description of Activity	NCPHN will collaborate with the Northern NSW and Mid North Coast Local Health Districts to implement regional mental health and suicide prevention plan/s
Target population cohort	Whole regional population, with a focus on organisations delivering mental health services or connecting with mental health services
Consultation	See below
Collaboration	Mental health collaboratives in NNSW and Mid North Coast  NCPHN will work collaboratively with: the Northern NSW and Mid North Coast LHDs, Aboriginal Medical Services, NNSW Mental Health and Wellbeing Collaboration, IMHpact MNC, NNSW Mental Health Forum, MNC Consumer Reference Group, NCPHN Clinical Councils and Community Reference Groups, Suicide Prevention Australia, Black Dog Institute.

	NCPHN Clinical Councils will advise on the development and implementation of these initiatives.
Duration	July 2016 - September 2017
Coverage	Entire NCPHN region
Commissioning method	Partly commissioned
Approach to market	TBC
Decommissioning	NA
Performance Indicator	Mandatory performance indicators: Evidence of formalised partnerships with other regional service providers to support integrated regional planning and service delivery.
Local Performance Indicator target	Nil
Local Performance Indicator Data source	Nil