Country SA PHN

Primary Mental Health Care Activity Work Plan

2016-18

Updated February 2017

phn
COUNTRY SA

An Australian Government Initiative

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Strategic Vision

The National Mental Health Commission's Review of Mental Health Programmes and Services 'Contributing Lives, Thriving Communities', highlighted the existing 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.

Country SA PHN's (CSAPHN) approach to addressing the mental health and suicide prevention priorities lies within its mandate and objectives of:

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

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 flexibility to move across service levels to most effectively support recovery and facilitate receiving the right level of care in the right place at the right time.

To meet these key organizational and primary mental health care objectives CSAPHN utilises robust commissioning principles within the recommended PHN framework. These principles include the adoption of a continuous improvement cycle focussed on Strategic Planning, Appropriate Service Procurement and Monitoring and Evaluation.

Needs Assessment activity inclusive of key stakeholder consultation occurred throughout provides an important element toward assessing and prioritising need. It also provides the basis for evidence based annual planning and will flow into our regional mental health and suicide prevention planning. The completed plan will provide overarching collaborative leadership and guidance while identifying needs and gaps, reducing duplication of services and removing inefficiencies through encouraging innovation.

Country SA PHN approach and vision towards a joint Mental Health and Alcohol and Other Drugs (MHAOD) System Reform

Population estimates indicate that more than two thirds of individuals with an Alcohol and Other Drugs (AOD) use disorder have at least one comorbid mental health disorder; however, the rate is even higher among those in AOD treatment programs. Additionally, there are a large number of people who present to AOD treatment who display symptoms of disorders while not meeting criteria for a diagnosis of a disorder. These estimates can also apply for people presenting to mental health services with an AOD use disorder.

Because of this significant relationship between MH&AOD, CSAPHN is combining their reform and commissioning approach to encourage as much synergy as possible between the treatment models. By promoting a seamless system of care across both MH&AOD, CSAPHN aims to maximize commonalities and simplify system navigation and the patient journey.

In response to the Commonwealth MH&AOD reforms, the Country SA PHN invited MH&AOD service providers, consumers and other interested parties to actively contribute towards a co-design of a new and more effective primary MH&AOD treatment service system within a stepped care approach.

This invitation extended to providers across the continuum, including frontline service delivery, training, education, promotion, prevention and early intervention.

The Invitation to Apply (ITA) was released April 1st 2016 to test the market for new and innovative approaches providing the opportunity for intense collaboration and co-creation towards an integrated and coordinated stepped care model of care.

Information and content were derived from guidance material provided by the Department prior to a formal funding offer and schedule tabled in late April.

CSAPHN's approach allowed service providers in the region to:

- actively participate in MH&AOD treatment reform; identify hard to reach and vulnerable populations;
- contribute to the creation of a new system (over time) which is coordinated, integrated, provides quality effective and efficient services and is fair and equitable;
- ensure services are being delivered to the community where and when they need them;
- promote better collaboration, connection, partnership and coordination of care (across the stepped care approach).
- Manage stakeholder expectations throughout the staged reform process.

Applicants were asked to identify and apply for service streams of interest and provide a model of care within a stepped care framework.

The six priorities this process was guided by included:

1. Appropriately support people with, or at risk of, mild mental illness through development and/or commissioning of low intensity mental health services;

2. Support region-specific, cross sectoral approaches for children and young people with, or at risk of, mental illness, including those with severe mental illness being managed in primary care;

3. 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;

4. Support clinical care coordination for people with severe and complex mental illness;

5. Encourage and promote a regional approach to suicide prevention; and

6. Enhance and better integrate Aboriginal and Torres Strait Islander mental health services at a local level.

These six priorities form the basis of the five mental health service streams of activity (inclusive of Child and Youth mental health) applicants are able to apply for.

These include:

- Low Intensity services
- Psychological therapies for underserviced groups
- Severe mental illness
- Suicide prevention
- ATSI mental health services

The conclusion of the process has seen the commissioning and co design of services to meet the 8 priority areas under the Primary Mental Health Care Schedule and implementation of the stepped care reform. With the foundation established CSAPHN will now focus on linking and connecting the sector and reviewing progress of its providers through ongoing adherence to the commissioning cycle and diligent management through compliance and leadership in governance, quality and efficiency.

Planned activities funded under the Primary Mental Health Care Schedule

Proposed Activities	
Priority Area	**Priority Area 1: Low intensity mental health services**
Activity(ies) / Reference	**1.1 Integration of low intensity services within psychological therapies** **1.2 Promotion of e-mental health resources** **1.3 Commissioning and co design of a direct specific low intensity services**
Existing, Modified, or New Activity	**1.1** New/Modified Activity **1.2** New/Modified Activity **1.3** New
Description of Activity	**1.1 Integration of low intensity services within psychological therapies** **Aim of Activity** Develop and integrate low intensity services and referral pathways into psych therapy triage and allocation practices to assist with demand management and the progress towards regional stepped care reform. **How the activity will address the Needs Assessment Priority** • **MH-8 High waiting lists and need for 'no wrong door' approach** By promoting a 'no wrong door' approach to accessing low intensity services via psych therapy referral CSAPHN is enabling clients to enter the system and have their service level aligned to their requirements. **Results expected to be achieved within planning period** Low intensity service awareness, options and delivery to be ingrained within psych therapy service providers as part of an integrated regional stepped care approach.

	1.2 Promotion of e-mental health resources **Aim of Activity** Promote the appropriate use of evidenced based e-mental health resources to improve the knowledge of resources available to health practitioners including: GPs, practice nurses, community health workers, peer support workers, psychologists and other allied health workers. **How the activity will address the Needs Assessment Priority** • **MH-7 Community education and training opportunities for sector staff** By expanding GPs, local service providers and consumers' knowledge using existing resources to develop and implement timely low intensity service pathways. **Results expected to be achieved within planning period** Increase in accessing existing online and e-mental health related available resources, decrease in psych therapy wait times, improved awareness of alternative self-help options. **1.3 Commissioning and co design of a direct specific low intensity services** **Aim of Activity** Commission low intensity mental health services to improve the targeting of psychological interventions to most appropriately support people with, or at risk of, mild mental illness as part of a stepped care approach to mental health service delivery. **How the activity will address the Needs Assessment Priority** • **MH-2 Properly integrated and holistic service.** • **MH-11 Perinatal Mental Health** Address the low intensity service needs of the region, including those in underserviced population groups and enable effective stepped care reform through broadening available services. **Results expected to be achieved within planning period** Increase in available targeted low intensity options.

<table>
<tr><td>Target population cohort</td><td>People with or at risk of mild mental illness targeting but not limited to:
young people;
women with, or at risk of, perinatal depression; and
people at risk of suicide.</td></tr>
<tr><td>Consultation</td><td>Mental Health, Alcohol and Other Drug community consultations were conducted with both service providers and community members providing context to data already gathered through the literature. Between early April and mid-June 2016, a total of 409 participants attended 33 engagement forums across rural South Australia.

CSAPHN is also developing an evidence based Regional Mental Health and Suicide Prevention Plan with LHNs and other key stakeholders. Once completed it will provide a vital resource to the region to support the integrated delivery of mental health and suicide prevention services within the community. The Plan will identify needs and gaps, reduce duplication of services, remove inefficiencies and encourage innovation.</td></tr>
<tr><td>Collaboration</td><td>1.1 Collaborate closely with the regions 5 Psych Therapy providers

1.2, 1.3 In supporting the stepped care approach collaboration would occur across the sector, specifically between the:
mental health sector
alcohol and other drugs sector
broader primary health care environment
acute services
community services
aged care services
child and youth services
social services
Aboriginal health services</td></tr>
<tr><td>Duration</td><td>1.1, 1.2, 1.3 - 2017-18</td></tr>
<tr><td>Coverage</td><td>1.1, 1.2 – Across whole CSAPHN region (see appendix A)

1.3 - TBA</td></tr>
</table>

Commissioning method	**1.1** Continual engagement of successful current Psych Therapy providers as identified in MCP ITA process **1.2** Not Relevant **1.3** To be explored
Performance Indicator	**Priority Area 1 - Mandatory performance indicators:** • Proportion of regional population receiving PHN-commissioned mental health services – Low intensity services. • Average cost per PHN-commissioned mental health service – Low intensity services. • Clinical outcomes for people receiving PHN-commissioned low intensity mental health services.

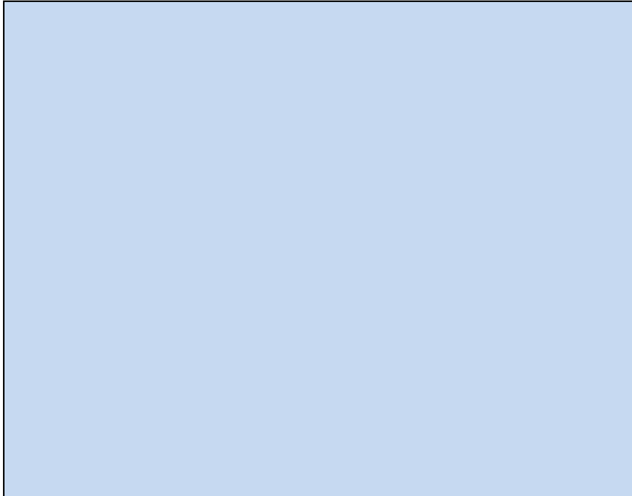
Proposed Activities	
Priority Area	**Priority Area 2: Youth mental health services**
Activity(ies) / Reference	**2.1 Continuation of funding to current regional headspace Centres** **2.2 Increase access to headspace services via extended hours** **2.3 Improve access to youth specific mental health care delivery in rural/remote locations particularly for young people requiring more complex care**
Existing, Modified, or New Activity	**2.1** Existing activity **2.2** New activity **2.3** New activity
Description of Activity	**2.1 Continuation of funding to current regional headspace Centres** **Aim of Activity** Continue to fund and maintain headspace Centres in our region in line with the service delivery model as directed by the Department. **How the activity will address the Needs Assessment Priority** • **MH-10 Lack of mental health support for young people** The activity will continue to provide early intervention services for young people with or at risk of mild mental illness as well as making it as easy as possible for a young person and their family to get the help they need for problems affecting their wellbeing. The provision of the early intervention services will assist in minimising the risk of both 'well' and 'at risk' young people from requiring higher level service through unmet lower level need. **Results expected to be achieved within planning period** Young people within key regional locations at Mt Gambier, Port Augusta, Murray Bridge and Berri will continue to access services within the headspace Centres. This includes accessing support for mental health, drug and alcohol, work and study and physical health needs across all centres.

	2.2 Increase access to headspace services via extended hours **Aim of Activity** To provide increased access to headspace services to young people through the provision of direct one on one clinical service provision and group programs within extended hours of operation. **How the activity will address the Needs Assessment Priority** • **GEN-7 Afterhours access to primary health care services** • **MH-8 High waiting lists and need for 'no wrong door' approach** Extended hours of operation ensure there are more appropriate times for young people to be able to access youth specific mental health programs and practitioners. **Results expected to be achieved within planning period** There is an increased number of young people accessing services from headspace Centres due to more accessible times and availability. **2.3 Improve access to youth specific mental health care delivery in rural/remote locations particularly for young people requiring more complex care** **Aim of Activity** To improve access to youth specific mental health care delivery (particularly for young people with more complex care needs) in high need locations through: • the extension of current headspace Centre support via outreach service delivery to other regional centres; • trialling of youth specific mental health service delivery in collaboration with General Practice in more rural, smaller locations based on the principles of headspace services; and • telehealth outreach from headspace Centres to more remote locations via secondary schools. **How the activity will address the Needs Assessment Priority** • **MH-5 Increased access to areas of high disadvantage** There are limited youth specific mental health programs and practitioners in reach throughout the CSAPHN region. These new models will extend access to locations that currently have minimal services

	including limited access to private practitioners (often with large gap payments) and long waiting times to access CAMHS and YMHS. **Results expected to be achieved within planning period** An increase of young people accessing mental health support in locations that are experiencing high needs, and/or have limited access to service.
Target population cohort	Children and young people aged 12-25 with, or at risk of mental illness (including those with severe mental illness who are being managed in primary care)
Consultation	**2.1** All of the headspace Centres are regularly visited, consulted and supported by CSAPHN. Ongoing monitoring and discussions are undertaken to ensure that the services remain effective and efficient. **2.2** All of the lead agencies and headspace Centres have been consulted in a co-design process to ensure extended hours meet local needs and requirements. **2.3** Relevant lead agencies and headspace Centres involved in outreach activities have been consulted with or are currently participating in a co-design process. The General Practice trial was co-designed between CSAPHN and the relevant General Practice. Relevant lead agencies and headspace Centres and School Principals and Wellness Coordinators have been consulted in the co-design of the telehealth outreach headspace service.
Collaboration	**2.1** CSAPHN will collaborate with headspace National Office as required. As the contracts manager, CSAPHN will continue to have a relationship with lead agencies at all four rural sites. By proxy of the consortia model, centres have a collaboration relationship with primary care, mental health, alcohol and drug and vocational services. **2.2** As the contracts manager, CSAPHN will continue to have a relationship with lead agencies at all four rural sites. By proxy of the consortia model, centres have a collaboration relationship with primary care, mental health, alcohol and drug and vocational services. **2.3** Within the stepped care approach, CSAPHN is seeking evidence of establishment and formalisation of partnerships between organisations and services in the region to facilitate 'joined up' service provision, specifically between the: • mental health sector

	• alcohol and other drugs sector • broader primary health care environment • acute services • community services • aged care services • child and youth services • social services • Aboriginal health services All of our providers must provide evidence how their service model: • incorporates and formalises effective mechanisms to enable appropriate clinical handover of an individual's care. • ensures an individual's transition through the steps of care are seamless and appropriate. • has systems in place to support the integration and coordination of services. • supports referrals and referrers to ensure individuals are appropriately triaged to the most suitable stepped level of treatment available. • interacts with the broader social services sector. • engages with the local health networks and acute sector. Ongoing collaboration with the Department of Education and Child Development is occurring to support the telehealth outreach service.
Duration	**2.1** 2016/17 – 18 (2 years) **2.2** 2016/17 + 1 year extension **2.3** 2016/17 +1 year extension Telehealth service - 2017/18
Coverage	**2.1** Current headspace sites across the CSAPHN region; • Berri • Mount Gambier • Murray Bridge

	• Port Augusta **2.2** Current headspace sites across the CSAPHN region; • Berri • Mount Gambier • Murray Bridge • Port Augusta **2.3** Additional youth mental health services in the following regions: • Mount Barker • Whyalla • Clare • Naracoorte • Lucindale • Bordertown • Keith
Commissioning method	**2.1** Contract for 2 years and maintain service delivery within headspace centres, in line with the existing headspace service delivery model. **2.2** Direct negotiation with headspace lead agencies. **2.3** Direct negotiation with headspace lead agencies. Clare Medical Centre was commissioned following the ITA process undertaken in 2016.
Performance Indicator	**Priority Area 2 - Mandatory performance indicator:** • 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.



2.1

- Maintain improvements in the K10 scores for young people accessing care from headspace Centres.
  This indicator is an outcome measure that is regularly collected and monitored through the HAPI system.

2.2

- Number of young people accessing after hours services via individual or group sessions.
  This is an output measure of activity.

2.3

- Number of young people accessing services via outreach models of delivery.
  This is an output measure of activity.

Proposed Activities	
Priority Area	**Priority Area 3: Psychological therapies for rural and remote, under-serviced and / or hard to reach groups**
Activity(ies) / Reference	**3.1 Continuation of existing psychological services arrangements**
Existing, Modified, or New Activity	Existing and modified activity (2016-17 Activity Work Plan) with the new activity flow through from previously logged 3.2 activity and the successful completion of Invitation To Apply (ITA) process to identify preferred providers across the CSAPHN region.
Description of Activity	**Description of Activity** The successful completion of the Invitation to Apply process (2016-17 annual work plan, 3.2) identified 5 preferred providers for psychological therapies across the CSAPHN region. Co-Design of activity with successful providers led to the execution of all contacts and the commissioning of service delivery of primary mental health care services for 2016/17. Psychological therapies service providers contacts were executed as a 1+1 year. duration pending review and approval of 2017/18 AWP to carryover service provision for a two year period. **Aim of Activity** This activity aims to 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 via service continuation and stability within regional areas. **How the activity will address the priority** • **MH-5 Increased access to areas of high disadvantage** It is a priority to develop appropriate primary mental health care service models for across the CSAPHN region that fall in line with regional plans and avoiding replication of service through currently funded activity whilst increasing access psychological therapy services for hard to reach populations. The activity aims to achieve more cost efficient and targeted service delivery through exploring different service delivery modalities including but not exclusive to video conferencing and telephone CBT and where appropriate referral of individuals to low intensity services for the target cohort population.

<table>
<tr><td></td><td>Results expected to be achieved within planning period
Continued access to psychological therapies and effective, low cost treatment for people with a mental illness who may not otherwise be able to access services across regional, rural and remote South Australia.</td></tr>
<tr><td>Target population cohort</td><td>Target population cohort
People in rural and remote areas and other under-serviced and/or hard to reach populations with a diagnosable mild, moderate, and in some cases severe mental illness, or to people who have attempted, or who are at risk of suicide or self-harm where access to other services is not appropriate.
In particular, population groups that may be underserviced include (but are not limited to):
people living in rural and remote communities;
children under the age of 12 years;
people experiencing, or at risk of, homelessness;
women experiencing perinatal depression;
people from culturally and linguistically diverse (CALD) backgrounds; and
Population groups that are the subject of separate guidance material (Aboriginal and Torres Strait Islander people, people at risk of suicide and young people).</td></tr>
<tr><td>Consultation</td><td>Mental Health, Alcohol and Other Drug community consultations were conducted with both service providers and community members providing context to data already gathered through the literature. Between early April and mid-June 2016, a total of 409 participants attended 33 engagement forums across rural South Australia.
CSAPHN is also developing an evidence based Regional Mental Health and Suicide Prevention Plan with LHNs and other key stakeholders. Once completed it will provide a vital resource to the region to support the integrated delivery of mental health and suicide prevention services within the community. The Plan will identify needs and gaps, reduce duplication, remove inefficiencies and encourage innovation</td></tr>
</table>

Collaboration	**3.1 Partnerships between organisations and services** Within the stepped care approach CSAPHN has directed all providers of psychological services to establish and formalize partnerships between organisations and services in their region to facilitate 'joined up' service provision, specifically between the: • mental health sector; • alcohol and other drugs sector; • broader primary health care environment; • acute services; • community services; • aged care services; • child and youth services; • social services; • Aboriginal health services; and • Local hospital networks.
Duration	Current contracts have been executed and services commenced as per appendix B All contracts are through to June 30 2018 with an option to renew for a further 12 months pending review and approval of 2017/18 AWP.
Coverage	Locations of psychological therapies services across CSAPHN region (see appendix A) • Barossa/Gawler region - Gawler and Nuriootpa; • Eyre and Flinders regional locations - Port Augusta, Whyalla, Port Lincoln; • Limestone Coast region - Keith, Bordertown, Kingston SE, Millicent, Naracoorte, Mount Gambier; • Murray Mallee region - Murray Bridge, Meningie, Tailem Bend, Karoonda; • Outback region - Coober Pedy, Roxby Downs; • Riverland region - Berri, Waikerie, Barmera, Pinnaroo; • Yorke and Northern region – Clare, Kadina, Port Pirie; • Hills-Fleurieu & Kangaroo Island region - Mount Barker, Gumeracha, Nairne, Stirling, Oakbank, Kangaroo Island; and • Far West region – Ceduna.

Continuity of care	All providers engaged with CSAPHN to provide psychological therapies must deliver services that support partnerships, clinical handover and linkages. Including where applicable; • Incorporating and formalising effective mechanisms to enable appropriate clinical handover of an individual's care; • Ensuring an individual's transition through the steps of care are seamless and appropriate; • Have systems in place to support the integration and coordination of services; • Support referrers, in particular General Practice, to ensure individuals are appropriately triaged to the most suitable "stepped-level" of treatment available; • Support referrers, in particular General Practice, to ensure individuals are jointly monitored to determine the selected treatment effectiveness and further care decisions; • Interact with the broader social services sector; and • Engage with the local health networks and acute sector.
Commissioning method	Country SA PHN adopted a competitive Most Capable Provider (MCP) approach to the market as a tendering and contract mechanism for 2016/17. In rural and remote areas, we also have unique issues surrounding provider numbers and recruitment and retention of staff and a smaller pool of providers within some of our markets. The adopted MCP ITA process is designed to promote innovation and collaboration in developing service solutions to better address rural and remote needs and service gaps, specifically in the area of co-occurring mental health and drug and alcohol conditions There are a number of considerations that are taken into account when assessing an organisation's suitability for funding. These considerations are important as they help to ensure that: • Clients receive timely access to treatment where possible • Clients are safe when receiving treatment; • Clients with complex needs receive any broader support required; • Organisations are able to continue to learn and improve their service delivery; • Clients receive the best possible outcomes; and • Organisations do not seek to operate beyond their capacity.

	CSAPHN has also established an Independent Commissioning Committee (ICC) to assist in the commissioning process by providing independent expertise in the evaluation, review and approval of proposals for services and contracts valued at more than $200K arising from any tender process.
Performance Indicator	**Priority Area 3 - mandatory performance indicators:** • Proportion of regional population receiving PHN-commissioned mental health services – Psychological therapies delivered by mental health professionals. • Average cost per PHN-commissioned mental health service – Psychological therapies delivered by mental health professionals. • Clinical outcomes for people receiving PHN-commissioned Psychological therapies delivered by mental health professionals.

Proposed Activities - copy and complete the table as many times as necessary to report on each Priority Area	
Priority Area	**Priority Area 4: Mental health services for people with severe and complex mental illness including care packages**
Activity(ies) / Reference	**4.1 Ensure sustainability of service to MHNIP clients post program closure** **4.2 Commissioning and co design of targeted mental health services are provided within areas of high need to support people with severe and complex mental illness** **4.3 Support the Partners in Recovery (PIR) programs as they transition to the National Disability Insurance Scheme (NDIS)**
Existing, Modified, or New Activity	**4.1** Modified activity **4.2** New activity **4.3** Existing activity
Description of Activity	**4.1 Ensure sustainability of service to MHNIP clients post program closure** **Aim** Work with current MHNIP providers to refine current service delivery models to ensure continuity of support for current clients and improved service delivery outcomes.

	How the activity will address the Needs Assessment Priority • **MH-5 Increased access to areas of high disadvantage** • **MH-2 Properly integrated and holistic service.** Support the implementation of a stepped care model through mental health and alcohol and other drugs reform. **Results expected to be achieved within planning period** More targeted and appropriate mental health services are provided by the current MHNIP providers. **4.2 Commissioning and co design of targeted mental health services are provided within areas of high need to support people with severe and complex mental illness.** **Aim** Increase the distribution and access to mental health services for people with severe and complex mental illness within the primary care sector throughout CSAPHN regions. **How the activity will address the Needs Assessment Priority** • **MH-1 Appropriate prescription and use of medications** • **MH-9 Mental Health hospital separations and identification and diagnosis of severe mental illness** Increasing access to mental health services to areas of high disadvantage. Analysis of market for successful models and expansion through targeted commissioning to meet areas of need. **Results expected to be achieved within planning period** More targeted and appropriate services delivered within areas of high need throughout CSAPHN regions. **4.3 Support the Partners in Recovery (PIR) programs as they transition to the National Disability Insurance Scheme (NDIS).** **Aim** CSAPHN will work with the PIR program within the region to support a smooth transition to NDIS.

	How the activity will address the Needs Assessment Priority • **MH-2 Properly integrated and holistic service** Supporting a smooth transition will ensure a region-specific, cross sectoral approach is provided for people with severe mental illness being managed in primary care. **Results expected to be achieved within planning period** A smooth transition to NDIS with strong sectoral linkages that continues to support people experiencing severe and persistent mental illness.
Target population cohort	People with severe and complex mental illness
Consultation	**4.1** CSAPHN will convene a forum with existing MNHIP providers and other services that are supporting people with severe and persistent illness to co-design appropriate service models to meet local needs. **4.2** CSAPHN will convene localised regional forums with local providers that are supporting people with severe and persistent illness to discuss appropriate models to meet local needs. **4.3** CSAPHN will work closely with the PIR programs within the region to support ongoing linkages and networks as required.
Collaboration	**4.1** Collaboration will continue with Country Health SA, GP Shared Care providers and our current MNHIP providers that include: • Summit Health • Clare Medical Centre • Kapunda Medical Practice • The Medical Clinic Millicent • Country & Outback Health • Bordertown Medical Centre **4.2** Collaboration will occur at a regional level with a range of sectors to support the development of local primary mental health services to meet needs. This will particularly involve the state specialist mental health system and the non government sectors involved in mental health support. RFDS is also being engaged to explore outreach to our most rural remote areas of need.

	4.3 There are a number of sectors central to the success of the PIR initiative including: • Primary care (health and mental health) • State specialist mental health systems • The mental health and broader non-government sector • Alcohol and other drug treatment services • Income support services • Education, employment and housing supports CSAPHN will also collaborate with its service provider – Country and Outback health and NDIS.
Duration	**4.1** 2017/18 **4.2** 2017/18 **4.3** 2017/18 & 2018/19 (as per PIR contract)
Coverage	**4.1** • Adelaide hills • Clare • Kapunda • Millient • Yorke – Northern region • Bordertown **4.2** • Within each of our regional locations (see appendix B) **4.3** • Eyre Flinders region
Continuity of care	**4.1** There is a commitment from CSAPHN to continue to fund mental health services within the current locations via our providers. Changes in the type of delivery and level may be negotiated and some co-design will occur to ensure the services are meeting local need (see appendix B). **4.2** Not applicable

<table>
<tr><td></td><td>4.3 Not applicable</td></tr>
<tr><td>Commissioning method</td><td>Country SA PHN adopted a competitive Most Capable Provider (MCP) approach to the market as a tendering and contract mechanism for 2016/17.

In rural and remote areas, we also have unique issues surrounding provider numbers and recruitment and retention of staff and a smaller pool of providers within some of our markets.

The adopted MCP ITA process is designed to promote innovation and collaboration in developing service solutions to better address rural and remote needs and service gaps, specifically in the area of co-occurring mental health and drug and alcohol conditions

There are a number of considerations that are taken into account when assessing an organisation’s suitability for funding. These considerations are important as they help to ensure that:
• Clients receive timely access to treatment where possible
• Clients are safe when receiving treatment;
• Clients with complex needs receive any broader support required;
• Organisations are able to continue to learn and improve their service delivery;
• Clients receive the best possible outcomes; and
• Organisations do not seek to operate beyond their capacity.

CSAPHN has also established an Independent Commissioning Committee (ICC) to assist in the commissioning process by providing independent expertise in the evaluation, review and approval of proposals for services and contracts valued at more than $200K arising from any tender process.</td></tr>
<tr><td>Performance Indicator</td><td>Priority Area 4 - mandatory performance indicators:
• Proportion of regional population receiving PHN-commissioned mental health services – Clinical care coordination for people with severe and complex mental illness (including clinical care coordination by mental health nurses).
• Average cost per PHN-commissioned mental health service – Clinical care coordination for people with severe and complex mental illness.</td></tr>
</table>

Proposed Activities - copy and complete the table as many times as necessary to report on each Priority Area	
Priority Area	**Priority Area 5: Community based suicide prevention activities**
Activity(ies) / Reference	**5.1 Continuation of commissioned Aboriginal & Torres Strait Islander Suicide Prevention activities** **5.2 Commissioning and co design of a post suicide attempt discharge support model** **5.3 Improved support for individuals/communities who have been impacted by suicide, attempted suicide, self-harm or at high risk of suicide** **5.4 Support growth in male and youth specific suicide prevention services and activity in regional South Australia**
Existing, Modified, or New Activity	**5.1** Modified Activity **5.2** Modified Activity **5.3** Modified Activity **5.4** Modified Activity
Description of Activity	**5.1 Continuation of commissioned Aboriginal & Torres Strait Islander Suicide Prevention activities** **Aim of Activity** Continuation of currently commissioned Aboriginal specific suicide prevention activity and networks to improve suicide awareness and training amongst 'gatekeepers' and 'natural helpers' in communities effected by self-harm and or suicide. **How the activity will address the Needs Assessment Priority** • **SP -1 Suicide prevention: Aboriginal and Torres strait Islander specific prevention services and activity** Adoption and education of ATSIPEP recommendations will ensure best practise evidence based activity and culturally appropriate service delivery across all funded activity. Genuine engagement with Aboriginal and Torres Strait Islander peoples to allow ownership in developing local & regional specific community suicide prevention plans.

	Holistic activities with early intervention focus will identify and respond to those most at risk within our communities. **Results expected to be achieved within planning period** Better linked up and integrated suicide prevention services for Aboriginal & Torres Strait Islander peoples across regions. Increase awareness of suicide prevention strategies within Aboriginal & Torres Strait Islander communities. Increased connection of community to ACCHO's, AMS and local delivery of services. Local ownership of community mental health, growth in lived experience networks. **5.2 Commissioning and co design of a post suicide attempt discharge support model** **Aim of Activity** Commission community based suicide prevention activity through integrated and systems based approach in partnerships with LHNs and other local organisations, including arrangements for follow up care after suicide attempt. **How the activity will address the Needs Assessment Priority** • **MH-2 Properly integrated and holistic service** • **SP-3 Intentional self harm and hospital separations** The activity meets the need for service coordination and integration by creating a systems based regional approach which is inclusive of community based activities in suicide prevention. New service delivery models will extend access to locations that currently have minimal services, including the targeting of population groups for low intensity activity in suicide prevention. **Results expected to be achieved within planning period** Improved integration and patient journey through escalation and de-escalation of severity within the stepped care model. Improved followed up by PHN-commissioned services following a recent suicide attempt.

	5.3 Improved support for individuals/communities who have been impacted by suicide, attempted suicide, self-harm or at high risk of suicide. **Aim of Activity** To lead cross sector service integration and coordination in early intervention and postvention services for individuals / communities that that have been impacted by suicide via scoping and research in areas of needs to gain a clearer understanding of the scope of suicidal behaviour in rural SA and the associated risk factors. Will include mapping of current post suicide attempt discharge pathways with a view to commission effective low intensity post attempt discharge services. **How the activity will address the Needs Assessment Priority** • **SP-3 Intentional Self harm and hospital separations** Create appropriate follow up and support arrangements for individuals after a suicide attempt and for those at high risk of suicide, also a timely and specific postvention support for those individuals or communities impacted by suicide including Aboriginal communities. **Results expected to be achieved within planning period** Improved access and referral pathways within CSAPHN commissioned activity by attaching deliverables in cross sectoral integration and indicators for all suicide prevention services. **5.4 Support growth in male and youth specific suicide prevention services and activity in regional South Australia.** **Aim of Activity** Identify and support specific male and youth suicide prevention education including gender, age appropriate language & promotion activities in areas of need. **How the activity will address the Needs Assessment Priority** • **SP-2 Rural and male specific suicide prevention services and activity**

	The activity will increase male help seeking behaviours and engagement with early intervention and low intensity mental health services. It will create greater community and service provider understanding of male suicide and appropriate service delivery modalities. **Results expected to be achieved within planning period** Improved understanding and access of both male and youth suicide and appropriate service delivery modalities, support online help seeking resources and e-help applications.
Target population cohort	Individuals and groups at risk of suicide targeting but not exclusive to: • Men aged 18-65+; • Aboriginal and Torres Strait communities that are at high risk of suicide; • Individuals after a suicide attempt.
Consultation	Mental Health, Alcohol and Other Drug community consultations were conducted with both service providers and community members providing context to data already gathered through the literature. Between early April and mid-June 2016, a total of 409 participants attended 33 engagement forums across rural South Australia. To investigate needs and service gaps specifically related to Suicide Prevention in regional SA, CSAPHN also formulated a targeted survey in April 2016, focusing on both service providers and consumers of suicide prevention services and activity. 168 Respondents, of which 15.6 % identified as Aboriginal and 20% as Lived Experience of suicide. The rurality of respondents was high at 75.4%, living in regional or remote and remote South Australia. CSAPHN continues to engage in ongoing consultations and collaborative practise workshops with Adelaide PHN, Office of the Chief Psychiatrist, Country Health SA, SA Health, SA suicide Prevention Networks, ACCHHO's and Suicide Prevention Australia. Meetings across CSAPHN with SA Suicide Prevention Networks and the support of the Networks strategic planning activity where appropriate
Collaboration	**5.1** Collaborate closely with the regions 2 current providers **5.2, 5.3** In supporting the stepped care approach collaboration would occur across the sector, specifically between the: • mental health sector

	• alcohol and other drugs sector • broader primary health care environment • acute services • community services • aged care services • child and youth services • social services • Aboriginal health services CSAPHN is also developing an evidence based Regional Mental Health and Suicide Prevention Plan with LHNs and other key stakeholders. Once completed it will provide a vital resource to the region to support the integrated delivery of mental health and suicide prevention services within the community. The Plan will identify needs and gaps, reduce duplication, remove inefficiencies and encourage innovation. Ongoing communication, evaluation and collaboration of 'The South Australian Suicide Prevention Strategy' 2012 - 2016, and the yet to be released 2017 – 2021 strategy, with the Office of the Chief Psychiatrist and SA Health CSAPHN will continue discussions with University of SA and Finders University in regards to various research and education opportunities across suicide prevention activities.
Duration	**5.1-5.4** - 2017-18
Coverage	**5.1** CSAPHN Region Outback (Coober Pedy) & North and West (Port Augusta) **5.2** CSAPHN Region North and West (Port Augusta) & Yorke and Northern (Port Pirie and surrounds) **5.3, 5.4** Across whole CSAPHN region (see appendix A)
Commissioning method	Country SA PHN adopted a competitive Most Capable Provider (MCP) approach to the market as a tendering and contract mechanism for 2016/17.

	In rural and remote areas, we also have unique issues surrounding provider numbers and recruitment and retention of staff and a smaller pool of providers within some of our markets. The adopted MCP ITA process is designed to promote innovation and collaboration in developing service solutions to better address rural and remote needs and service gaps, specifically in the area of co-occurring mental health and drug and alcohol conditions There are a number of considerations that are taken into account when assessing an organisation's suitability for funding. These considerations are important as they help to ensure that: • Clients receive timely access to treatment where possible • Clients are safe when receiving treatment; • Clients with complex needs receive any broader support required; • Organisations are able to continue to learn and improve their service delivery; • Clients receive the best possible outcomes; and • Organisations do not seek to operate beyond their capacity. CSAPHN has also established an Independent Commissioning Committee (ICC) to assist in the commissioning process by providing independent expertise in the evaluation, review and approval of proposals for services and contracts valued at more than $200K arising from any tender process.
Performance Indicator	**Priority Area 5 - Mandatory performance indicator:** • Number of people who are followed up by PHN-commissioned services following a recent suicide attempt.

Proposed Activities - copy and complete the table as many times as necessary to report on each Priority Area	
Priority Area	**Priority Area 6: Aboriginal and Torres Strait Islander mental health services**
Activity(ies) / Reference	**6.1 Building strengths, resilience, partnerships and capacity in mental health activities within Aboriginal and Torres Strait Islander communities.** **6.2 Commission a range of culturally appropriate evidence based service provision within Aboriginal and Torres Strait Islander communities.**
Existing, Modified, or New Activity	**6.1** Existing and advancing new activity area. **6.2** The progression of existing activity and successful commissioning of services as outlined in 2016-17 Activity Work Plan.
Description of Activity	**6.1 Building strengths, resilience, partnerships and capacity in mental health activities within Aboriginal and Torres Strait Islander communities.** **Aim of Activity** Working collaboratively with regional Aboriginal Community Controlled Organisations and communities to identify current shortcomings and develop potential strategies to better support local Aboriginal specific organisations to tender for commissioned services. **How the activity meets need assessment priority** • **GEN-1 Aboriginal Health** Established relationships and strong working connections through Aboriginal Community Controlled Organisations (ACCHO) across the region enables the most appropriate level of engagement to assist with the delivery of culturally appropriate services to each region. **Results expected to be achieved within planning period** There is genuine engagement and effort to work towards increasing a level of trust and reassurance with communities and key stakeholders that the local Aboriginal community is involved and their voice is heard during delivery and development of new services. It would therefore be expected that there will be evidence of improvements in connection of Aboriginal clients to all relevant service providers and services.

	6.2 Commission a range of culturally appropriate evidence based service provision within Aboriginal and Torres Strait Islander communities **Aim of activity** The Invitation to Apply process identified 5 key organisations as preferred providers to lead activity under this priority. To determine the most appropriate service modality for commissioning Aboriginal specific services, the co-design phase is and continues to be an essential aspect of this activity area. Services aim to provide Aboriginal and Torres Strait Islander people with access to effective high quality mental health care services in regional, rural and remote locations across CSAPHN. This includes through Aboriginal Controlled Health Services, wherever possible and appropriate, as well as main stream services delivering comprehensive, culturally appropriate primary health care. **How activity meets needs assessment priority** • **SP-1 Suicide Prevention: Aboriginal and Torres Strait Islander specific prevention services and activity** • **DA-5 Mental Health and Drug and Alcohol Comorbidity** The commissioning of culturally appropriate services to community by utilising and developing existing and established Aboriginal organisations. Organisations are contractually required to assist with the facilitation of stepped care and joined up service integration across all local Aboriginal specific health areas including suicide prevention and alcohol and other drug services. **Results expected to be achieved during planning period** By engaging culturally appropriate local organisations who understand the needs of their community and their people activity will be more effectively achieved. Relationships will be strengthened by empowering community to have input and help build capacity and current potential of services providers through access to culturally responsive and appropriate activity. Therefore there is an expectation that there will be improved integration and patient journey through escalation and de-escalation of severity of mental health within the stepped care model.
Target population cohort	Aboriginal and Torres Strait Islander people across the CSAPHN region
Consultation	Engaged ACCHOS were heavily involved in the co design phase as part of delivering a culturally safe and appropriate service to their local indigenous communities. A commitment to further consultation,

<table>
<tr><td></td><td>co-design and collaboration with peak bodies Aboriginal Drug and Alcohol Council (SA) Aboriginal Corporation (ADAC) and Aboriginal Health Council of South Australia (AHCSA) are also part of ongoing activities.</td></tr>
<tr><td>Collaboration</td><td>6.1 & 6.2

All preferred providers for Aboriginal mental health service delivery activity have been issued with contracts that outline the stepped care approach and are required to establish and formalise partnerships between organisations and services in the region to facilitate ‘joined up’ service provision, specifically between the:

• mental health sector
• alcohol and other drugs sector
• broader primary health care environment
• acute services
• community services
• aged care services
• child and youth services
• social services
• Aboriginal health services

All service providers commissioned must develop and enhance their service delivery models that:

• Incorporate and formalise effective mechanisms to enable appropriate clinical handover of an individual’s care.
• Ensure an individual’s transition through the steps of care are seamless and appropriate.
• Have systems in place to support the integration and coordination of services.
• Support referrers, in particular General Practice, to ensure individuals are appropriately triaged to the most suitable “stepped-level” of treatment available.
• Support referrers, in particular General Practice, to ensure individuals are jointly monitored to determine the selected treatment effectiveness and further care decisions.
• Interact with the broader social services sector.
• Engage with the local health networks and acute sector.</td></tr>
</table>

Duration	Current contracts have been executed and services commenced as per appendix A All contracts are through to June 30 2018 with an option to renew for a further 12 months pending review and approval of 2017/18 AWP.
Coverage	**6.1** Across all CSAPHN region (refer appendix A) **6.2** Organisations commissioned specifically for new activity within Aboriginal mental health service provision cover the Riverland, Eyre and Flinders, APY Lands, Outback regions, Limestone Coast.
Commissioning method	Country SA PHN adopted a competitive Most Capable Provider (MCP) approach to the market as a tendering and contract mechanism for 2016/17. In rural and remote areas, we also have unique issues surrounding provider numbers and recruitment and retention of staff and a smaller pool of providers within some of our markets. The adopted MCP ITA process is designed to promote innovation and collaboration in developing service solutions to better address rural and remote needs and service gaps, specifically in the area of co-occurring mental health and drug and alcohol conditions There are a number of considerations that are taken into account when assessing an organisation's suitability for funding. These considerations are important as they help to ensure that: • Clients receive timely access to treatment where possible • Clients are safe when receiving treatment; • Clients with complex needs receive any broader support required; • Organisations are able to continue to learn and improve their service delivery; • Clients receive the best possible outcomes; and • Organisations do not seek to operate beyond their capacity. CSAPHN has also established an Independent Commissioning Committee (ICC) to assist in the commissioning process by providing independent expertise in the evaluation, review and approval of proposals for services and contracts valued at more than $200K arising from any tender process.

Performance Indicator	**Priority Area 6 - Mandatory performance indicator:** • Proportion of Indigenous population receiving PHN-commissioned mental health services where the services were culturally appropriate.

Proposed Activities - copy and complete the table as many times as necessary to report on each Priority Area	
Priority Area	**Priority Area 7: Stepped care approach**
Activity(ies) / Reference	**7.1 Service Planning, Integration and Quality Assurance** **7.2 Regional Stepped Care Forums** **7.3 Increased commissioning of Low Intensity and Severe and Complex Mental Illness services**
Existing, Modified, or New Activity	**7.1** Modified **7.2** New **7.3** New
Description of Activity	**7.1 Service Planning, Integration and Quality Assurance** **Aim of Activity** To support and champion the stepped care approach across mental health and Alcohol and Other Drugs through co design, promotion and commissioning of primary mental health services within a person-centred stepped care approach. **How the activity will address the Needs Assessment Priority** • **DA-5 Mental Health & Drug and Alcohol Comorbidity** • **MH-2 Properly integrated and holistic service.** Through strategic activity planning based on community need and engagement the MH&AOD operational team creates and co-designs appropriate services across mental health suicide prevention and drug and alcohol.

	The portfolio is also tasked with championing and initiating system reform through integrated stepped and coordinated care models, National Strategies and State based joint planning and collaboration and promotion of technology and workforce strategy. **Results expected to be achieved within planning period** Continued implementation of the stepped care reform through service design, contract management and stakeholder education. **7.2 Regional Stepped Care Forums** **Aim of Activity** To facilitate the implementation of the stepped care approach through stakeholder education via promotion of core elements of the reform. **How the activity will address the Needs Assessment Priority** • **DA-5 Mental Health & Drug and Alcohol Comorbidity** • **MH-2 Properly integrated and holistic service.** Through conducting rural forums to local stakeholders and in partnership with our regional preferred providers, CSAPHN will seek to promote and champion the stepped care approach ensuring a properly integrated and holistic service across the primary mental health sector inclusive of the drug and alcohol sector. **Results expected to be achieved within planning period** Progression towards de siloing of the regional service provider sectors across primary mental health and drug and alcohol **7.3 Increased commissioning of Low Intensity and Severe and Complex Mental Illness services** **Aim of Activity** An increase of commissioned targeted Low Intensity and Severe and Complex Mental Illness services to assist in building the suite of available regional services to progress stepped care reform. **How the activity will address the Needs Assessment Priority** • **MH-5 Increased access to areas of high disadvantage**

	• **MH-2 Properly integrated and holistic service.** Increasing targeted services to regions of need will increase access to of high disadvantage. Roll out of the stepped care approach promotes integration and appropriate holistic care across the acuity spectrum. **Results expected to be achieved within planning period** An increase of available Low intensity and Severe and Complex Mental Illness services across CSAPHN service provider regions.
Target population cohort	Identified CSAPHN regions that have a lack of Low Intensity and Severe and Complex Mental Illness services.
Consultation	Mental Health, Alcohol and Other Drug community consultations were conducted with both service providers and community members providing context to data already gathered through the literature. Between early April and mid-June 2016 a total of 409 participants attended 33 engagement forums across rural South Australia. CSAPHN is also developing an evidence based Regional Mental Health and Suicide Prevention Plan with LHNs and other key stakeholders. Once completed it will provide a vital resource to the region to support the integrated delivery of mental health and suicide prevention services within the community. The Plan will identify needs and gaps, reduce duplication, remove inefficiencies and encourage innovation
Collaboration	**7.1 Partnerships between organisations and services** Within the stepped care approach CSAPHN has directed all providers to establish and formalize partnerships between organisations and services in their region to facilitate ‘joined up’ service provision, specifically between the: • mental health sector; • alcohol and other drugs sector; • broader primary health care environment; • acute services; • community services; • aged care services; • child and youth services;

	• social services; • Aboriginal health services; and • Local hospital networks.
Duration	**7.1-7.3** – 2017/18
Coverage	**7.1-7.3 -** Across all CSAPHN region (refer appendix A)
Commissioning method	**7.3** To be explored
Performance Indicator	**Priority Area 7 - Mandatory performance indicator:** • 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.

Proposed Activities - copy and complete the table as many times as necessary to report on each Priority Area	
Priority Area	**Priority Area 8: Regional mental health and suicide prevention plan**
Activity(ies) / Reference	**8.1 Collaborate with state LHNs towards joint planning and service mapping to identify needs and gaps, reduce duplication, remove inefficiencies and encourage integration** **8.2 Collaboration and consultation on yet to be released 2017 – 2021 South Australian Suicide Prevention Strategy to create overarching strategy that aligns with both state and federal reform initiatives** **8.3 Development and finalisation of Regional mental health and suicide prevention plan**
Existing, Modified, or New Activity	**8.1** New **8.2** New **8.3** New
Description of Activity	**8.1 Collaborate with state LHNs towards joint planning and service mapping to identify needs and gaps, reduce duplication, remove inefficiencies and encourage integration.**

	Through involvement with the SA Mental Health Clinical Services Plan Project (SAMHCSP) at a steering committee and Expert Advisory Group level, CSAPHN will assist with ascertaining use and context of data from the National Mental Health Services Planning Framework for inclusion in the next state mental health plan. CSAPH is also involved across other strategic planning activities inclusive of: DASSA, Chief Psychiatrist office, SA Health principle suicide prevention officer and University of SA. **How the activity will address the Needs Assessment Priority** • **MH-2 Properly integrated and holistic service.** Through joint complimentary planning, a primary health focus input and sector wide service mapping, CSAPHN can better implement the core elements of the stepped care reform and produce a more informed regional mental health and suicide prevention plan. **Results expected to be achieved within planning period** Stronger more formalised relationships with the LHNs in order to create a more cyclic, consistent service planning framework for the future. **8.2 Collaboration and consultation on yet to be released 2017 – 2021 South Australian Suicide Prevention Strategy to create overarching strategy that aligns with both state and federal reform initiatives.** Active collaboration, support and input with SA Health via the Office of the Chief Psychiatrist in development of the 2017 – 2021 South Australian Suicide Prevention Strategy, to promote and advocate a sustainable, coordinated approach in suicide prevention including service delivery, resources and information to assist regional communities. **How the activity will address the Needs Assessment Priority** • **MH-2 Properly integrated and holistic service.** Improved coordination, integration and joined up servicing across the spectrum of state and federally funded suicide prevention services and activity. Create opportunities for support and engagement between commissioned CSAPHN services and the existing 26 State and Federally funded suicide prevention networks.

<table>
<tr><td></td><td>Results expected to be achieved within planning period

Active participation in consultation forums, meetings in development of the draft and final versions of the 2017-2021 South Australian Suicide Prevention Strategy.

Opportunities for CSAPHN commissioned services to provide feedback and participate in consultation forums in the development of the 2017-2021 South Australian Suicide Prevention Strategy.

Increased collaboration with South Australian Suicide Prevention Networks by attaching deliverables in cross sectoral integration and indicators for all CSAPHN commissioned suicide prevention services.

8.3 Development of Regional mental health and suicide prevention plan

Creation of a comprehensive regional plan including a specific focus on Indigenous mental health, to support integrated delivery of mental health and suicide prevention services developed in consultation with and endorsed by, LHNs and other regional stakeholders

How the activity will address the Needs Assessment Priority

• All MH & SP needs identified as Needs Assessment Priority

Implementation of the plan will enable better targeting, integration and access within the region, specifically where Aboriginal and Torres Strait Islander people access mental health care. It will also highlight priorities and pathways for suicide prevention in the region, and include considerations of the needs of other priority groups such as children, youth, people in rural and remote areas or hard to reach groups.

Results expected to be achieved within planning period

Progression of the plan and endorsement and support will be obtained via collaboration with state LHNs and other key regional stakeholders.

The finalised plan is due with the Department on 30 September 2017.</td></tr>
<tr><td>Target population cohort</td><td>LHNs and other key regional stakeholders</td></tr>
<tr><td>Consultation</td><td>Consultation would be inclusive of but not exclusive to:

• mental health sector
• broader primary health care environment</td></tr>
</table>

	• acute services • community services • health advisory councils • Aboriginal health services • suicide prevention networks • child and youth services • social services • current postvention service providers: StandBy Response Service, Living Beyond Suicide & headspace school support • LHN's • Media monitoring & reporting organisations: Mindframe • mental health & suicide prevention education & training providers • Partners in Recovery (PIR) and National Disability Insurance Scheme (NDIS)
Collaboration	Membership and involvement in the following key planning committees and groups: • SA Mental Health Clinical Services Plan Project (SAMHCSP); • Country SA PHN and Country Health SA LHN bi monthly Strategic Meetings; • CHSA Community Mental Health Model of Care reference group; • Drug and Alcohol Services Planning Working Group; • Combined SA PHN Management Meetings; • Office of the Chief Psychiatrist.
Duration	**8.1 – 8.2** 2017/18 **8.3** 2017/18 and ongoing (The finalised plan is due with the Department on 30 September 2017).
Coverage	**8.1 - 8.3** - Across all CSAPHN region (refer appendix A)
Performance Indicator	**Priority Area 8 - Mandatory performance indicators:** • Evidence of formalised partnerships with other regional service providers to support integrated regional planning and service delivery.

APPENDIX A