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NORTHERN QUEENSLAND
An Australian Government Initiative

Northern Queensland Primary Health Network

Mental Health Stepped Care redesign: stakeholder summary report

Mental health stepped care services redesign

Northern Queensland Primary Health Network (NQPHN) is preparing to commission a range of mental health stepped care services. From September 2023 to February 2024, NQPHN will undertake a two-stage process to procure providers to deliver services across the greater Cairns, Townsville, and Mackay regions, including rural areas.

This Summary Report has been prepared to inform and update the community, service providers, and other stakeholders about the significant codesign journey completed by NQPHN that has directly informed this commissioning approach. The key findings and outcomes of the codesign process, the newly designed service offerings, and vision for the future stepped care model are detailed in this document.

There are three chapters in this report:

1. Our codesign journey
2. Our commissioning approach: Designing for need, not illness
3. Frequently asked questions

This report is intended to help guide service providers interested in delivering mental health stepped care services in North Queensland, and acts as information and awareness for other community members and stakeholders. The details of the future stepped care model will continue to evolve throughout the procurement process and the establishment of new service provider networks.

Stepped care procurement

Next steps – timeline 2023-2024

September

- Distribution of Mental Health Stepped Care redesign: stakeholder summary report
- Request for Information (RFI) opens

October - November

- Market Briefing sessions
- Successful applicants notified
- Collaborative Dialogue process

December - January

- Request for Tender (RFT) opens
- Market Briefing sessions

February – March

- Provider presentation process
- Successful applicants notified

April – June

- Establishment and transition period

NQPHN background

NQPHN is one of 31 PHNs established nationally by the Commonwealth Department of Health and Aged Care to provide local communities with better access to improved primary healthcare services. The NQPHN region is home to approximately 700,000 people, and extends from St Lawrence in the south coast, up to the Torres Strait in the north, and west to Croydon and Kowanyama.

Our vision is for northern Queenslanders to live happier, healthier, longer lives. We aim to improve health outcomes for all residents by supporting, investing in, and working collaboratively with other health organisations and the community to deliver better primary care. You can find more information about NQPHN here.

Improved access and coordination of mental health services is one of five priority areas highlighted in NQPHN's Strategic Plan.

As part of a commitment to deliver on actions within the Fifth National Mental Health and Suicide Prevention Plan, NQPHN worked in partnership with the Torres and Cape, Cairns and Hinterland, Townsville, and Mackay Hospital and Health Services (HHSs) partners to develop the foundation Joint Regional Wellbeing Plan.

NQPHN acknowledges the Aboriginal and Torres Strait Islander peoples as Australia's First Nation Peoples and the Traditional Custodians of this land. We respect their continued connection to land and sea, country, kin, and community. We also pay our respect to their Elders past, present, and emerging as the custodians of knowledge and lore.

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Chapter 1:
Our codesign journey: designing for need, not illness

Introduction

Between March and August 2023, Northern Queensland Primary Health Network (NQPHN) led a comprehensive codesign process, working with people with a lived experience of mental health challenges, a diverse range of service providers and primary care clinicians, and many other interested stakeholders to design a future primary mental health care service system.

The context for the metal health stepped care codesign process, the engagement approach, and the outcomes of this process are summarised in this chapter. NQPHN thanks those that participated in this process and seeks to share the findings and outcomes to continue to shape and inform the future service system.

Rationale for redesigning stepped care services

As part of the Australian Government's mental health reform agenda, PHNs are expected to develop and implement a stepped care approach to mental health service delivery.

A stepped care approach aims to provide a continuum of primary mental health services which, together with specialised and acute services provided by Hospital and Health Services (HHSs), ensures a range of service types and choices are available to community members. It involves moving from a provider-driven approach to a service system genuinely designed with, and for, service users and carers.

In 2017-18, NQPHN commissioned mental health stepped care services across the Cairns, Townsville, and Mackay regions. Since the implementation of these services, there have been wide ranging changes in the broader mental health system and policy context.

In addition, NQPHN has received feedback from some community members and service providers that there are barriers to access, and potential for improved integration between commissioned stepped care services, and between these services and the broader mental health service system.

In 2022, PwC Australia were engaged to undertake a comprehensive review of NQPHN's mental health stepped care services. This review identified several strengths of the current model, along with several opportunities for improvement.

You can read the PwC report here.

Engagement and codesign

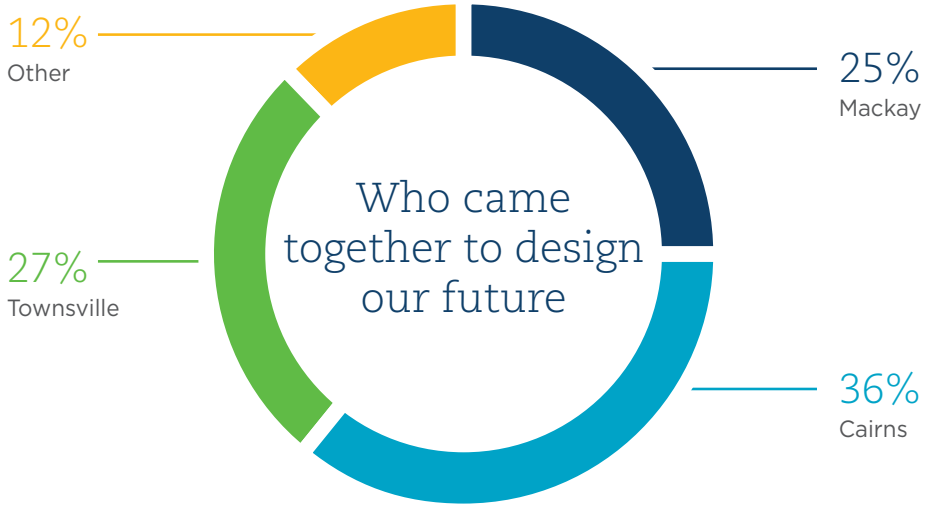
Over the course of six months, NQPHN undertook a far-reaching codesign process, inclusive of a range of health and social service professionals, people with lived experience of mental health challenges, and other interested community members. Throughout this process, NQPHN held a strong lens on designing services to match a person's needs, rather than their illness or diagnosis.

Through a series of workshops and one-on-one stakeholder meetings, NQPHN gained a deeper understanding of the current state of our service system for people with low, moderate, and high intensity needs, including what is working well, and challenges and pressure points.

Stakeholders were then asked to reimagine the service system and to describe their optimal service landscape and how we might achieve this. A series of principles and concepts for a new service model were developed and presented to stakeholders in June. Exploring the enablers and barriers to operationalising these with stakeholders has since enabled NQPHN to design the service offerings for a new stepped care model.

March - May	June - July	August
» 9 group workshops moderate + high intensity needs » 3 GP Focus groups	» 4 group workshops » Service principles + Concepts exploration	» 3 group workshops » New model + procurement approach

Who worked with us



>570 participant engagement points

21 group workshops

40 stakeholder meetings

6 PHNs consulted

- More than 570 stakeholders engaged through the facilitation of 21 group workshops, three GP focus groups, and 40 individual stakeholder meetings.
- Consultation with NQPHN's Clinical Council and Community Advisory Group occured in both March and July.
- Regular guidance and advice was received from the Project Advisory Group with membership including each of the HHS regions and people with a lived experience.

What we heard

Key themes	
The system is complex, for both service users and providers	» It's difficult to navigate available services and their referral processes and eligibility criteria. » The complexity of the system is overlaid with too much paperwork, multiple assessments, and a lack of clarity about why some steps are required. » There is a large amount of service information available, but it is unclear what information is up to date and what is actually delivered to the service user once they get to a service. » Transitioning between services or out of a service is challenging. There is often additional paperwork and assessment involved and it can be unclear who can make decisions and where to transition to. » Funding arrangements add to the complexity – constraints, short-term, not incentivising partnerships and integration. » There is a desire to better enable client choice and control of access and a person's own journey through the system, but eligibility criteria and capacity issues make this challenging.
The system is often inflexible	» There is a lack of holistic approaches to care, that enable services to work with all of a person's needs, often due to rigidity of eligibility or access criteria. » Service offerings are rarely able to come to you, but outreach is strongly desired by service users. » The rigidity of the system prevents services from providing timely and responsive access based on needs rather than a person's level of illness of crisis » There are challenges to supporting access and care for people with co-occurring mental health and AOD concerns.
There are access issues for a range of reasons	» There is limited access to telehealth in rural areas with poor or no reception. » GPs have long wait lists, accessing GPs is difficult in some areas, and the financial burden is a barrier for many people requiring GP access. » A lack of transport prevents access. » Housing insecurity is a huge challenge in the community and barrier for people accessing help. » There is a desire to focus more on prevention and early intervention.
The system requires enhanced information sharing	» There are information sharing challenges with limited systems to support one client record, and at times there is a lack of communication between providers about client or activity. » There is a need to increase service awareness, health literacy, and access to quality and up to date service information. » Meaningful collaboration and integration of systems and services is often dependent on people and can be limited in terms of sustainability.
The system experiences workforce challenges	» We have a committed and passionate workforce who work well together. » However, service users don't always experience a compassionate response from workers. » There are significant workforce challenges – attraction, retention, skills, development opportunities, capacity and high caseloads, and resources to support staff. » The wellbeing of our workforce is a concern. » Upskilling is required in some areas. » Support for the importance of peer and lived experience workforce. » Housing is also a challenge for attracting staff.

Our guiding principles

Underpinning the future stepped care model are five principles. These principles emerged from the codesign data and received strong endorsement when reviewed by stakeholders in June. They will now provide the foundations for the future system and will guide service delivery and the way service providers and NQPHN work together.

To enable these principles to be actioned, NQPHN understands there is a need to commission service provision in a different and new way. Enablers identified during codesign to support service delivery in alignment with these principles include:

- time spent networking, collaborating, coordinating care, and participating in shared training is recognised, as part of service delivery, and monitored and funded
- contracts having a level of flexibility so services can measure outcomes that matter to people (in addition to mandatory measures required by the Department of Health and Aged Care [DoHAC])
- building consistency, shared language, and understanding across the broader service system by supporting shared professional development opportunities
- service providers being supported to explore shared strategies to improve service user feedback
- service providers being supported to engage in strategic approaches to workforce development
- regional networks being supported to monitor and measure progress on improved integration.

Service offerings

In the new stepped care service model, NQPHN will fund the services listed below. These services will work as an interconnected system with the goal of feeling seamless for the person as they move through their journey. Detailed service descriptors can be found in Attachment A.

- Head to Health Phone Service
- Front Doors
- Journey Coordinator
- Regional Journey Coordinator Lead
- Psychological Therapies
- Clinical Care Coordination
- Suicide Prevention Response
- Service Hosts.

These service offerings represent a significant change in NQPHN's mental health stepped care service model and have been designed as a direct result of the codesign process. Some key changes are below.

An increased focus on low intensity mental health services through the introduction of the Journey Coordinator service. This change better aligns with DoHAC's direction for PHNs to appropriately support people with or at risk of mild mental illness through commissioning low intensity services. It also reflects a strong message heard throughout the codesign process for an increased focus on early intervention, and options for people to access support without the need for a referral or lengthy assessment.

The Suicide Prevention Response has been developed to provide NQPHN's funded stepped care providers with additional support when people are experiencing an elevated risk of suicide. This support aims to help people stay with their trusted provider, rather than be transferred to an acute service. This is a new service for the region and is part of a broader system response to suicide.

The newly designed Front Doors and Service Hosts offerings will improve access to support by increasing access points at known locations, that are trusted places for people in our communities. These services will engage a broad range of stakeholders and sectors, not just mental health providers and work in collaboration with other stepped care services.

Increased flexibility and minimising strict criteria, so that people can access multiple options at the same time, based on their needs, and the option to stay with the same provider as their needs change.

Chapter 2:
Our commissioning approach

The future mental health stepped care model for the greater Cairns, Townsville, and Mackay regions and rural areas

Northern Queensland Primary Health Network (NQPHN) is responsible for commissioning stepped care services that make the best possible use of available services and resources, work effectively across the various levels of need, and address service gaps. This work is intended to provide northern Queensland primary healthcare providers with an integrated and cohesive approach to mental healthcare and suicide prevention.

Core services PHNs must procure within mental health stepped care

- Head to Health Phone Service
- Low intensity mental health services
- Psychological therapies for people with moderate and high intensity needs
- Clinical care coordination for people with high intensity needs

Other elements of responsibility for PHNs in stepped care

- Service provision for First Nations peoples
- Embedding of suicide prevention in all services
- Regional and rural access
- Embedding of alcohol and other drug (AOD) capability within mental health services
- Use of the Initial Assessment and Referral Decision Support Tool (IAR-DST)
- Integration between psychosocial supports and stepped care services
- Integration and work to commission a single interconnected and integrated system of services

One service, many providers: NQPHN's approach to regional service provider networks

Throughout the codesign process, there emerged a strong desire for service providers to work in a more cohesive and consistent way to improve the experience of service users.

In response to this, NQPHN will establish three service provider networks across the greater Cairns, Townsville, and Mackay regions. This approach will help to ensure regionally appropriate service arrangements are in place and there is a structure to support partnering and integration of service delivery. The objective is to have 'One service, many providers'. That is, whilst there will be a range of service providers delivering stepped care, for those using the services, it will feel like one service.

NQPHN recognises there will be significant developmental work to support this approach. Accordingly, in the future stepped care model, NQPHN will undertake a dedicated role to provide backbone support to these regional networks. Activities that will be part of this role include planning and facilitating meetings, providing communications support, analysing data, developing documentation, and identifying shared training opportunities for the networks.

Collaboration and coordination with the broader service system

Coordination between NQPHN stepped care services and the broader service system is essential. In addition to the regional networks of commissioned stepped care service providers, NQPHN will work to develop and maintain relationships between stepped care service provider networks and other parts of the service sector.

NQPHN will work with existing contracted providers (outside of this procurement process and utilising other mental health funding, such as the Commonwealth Psychosocial Support Program) to ensure they are informed and included in the journey towards an integrated service model across the NQPHN catchment, and within each region. It is an expectation for all NQPHN-funded services that over time they work to ensure their service delivery models align to the principles and participate in networking and shared governance arrangements. Communications material and engagement with these providers will occur during the procurement and establishment phases.

NQPHN has strong existing partnerships with each of the four Hospital and Health Services (HHSs) in the region – Torres and Cape, Cairns and Hinterland, Townsville, and Mackay. Senior leaders, clinicians, and other staff from each HHS have participated in redesign workshops and meetings. In addition, each HHS has provided representation on a Project Advisory Group through the life of this work. Overall, there is strong support from our HHS colleagues for the approach and vision of a new model of mental health stepped care services in northern Queensland.

More broadly, partnerships between NQPHN and each HHS are supported through the Northern Queensland Joint Regional Plan Steering Committee (see here) and funding made available for new services through the Bilateral Agreement between the State and Commonwealth governments. Through this Agreement, NQPHN will be working in partnership with the HHSs to commission new universal aftercare, Head to Health, and Distress Brief Support services.

It is anticipated that by working in a way that focuses on connecting the system and supporting collaboration, that fragmentation and duplication can be avoided, and the diversity of needs are met across the community.

Future service offerings

In the new stepped care service model, NQPHN will fund the services listed below, which have been informed and developed as a direct outcome of the codesign process. Detailed service descriptors can be found in the Service Guide at Attachment A. This Service Guide outlines the range of service offerings that will be available in NQPHN's new model of mental health stepped care services.

- Head to Health Phone Service
- Front Doors
- Journey Coordinator
- Regional Journey Coordinator Lead
- Psychological Therapies
- Clinical Care Coordination
- Suicide Prevention Response
- Service Hosts

NQPHN will undertake a process from September 2023 to approximately February 2024 to procure providers to deliver these service offerings across the greater Cairns, Townsville, and Mackay regions, including rural areas. It is important to note that the service descriptors may be altered and adjusted based on the outcomes of the Request for Information (RFI) process.

NQPHN understands that transitioning to the future stepped care model represents a significant change to service models and ways of working. NQPHN will work with providers throughout the procurement process, contract negotiations, and service establishment to continue to codesign the new model and service offerings. It is important that service providers understand this progressive approach, and the intention for NQPHN and service providers to continue to learn and make adaptations to the new service model and service offerings over time.

For all service offerings:

- there will be a focus on person-centred care that prioritises self-determination and choice
- a key imperative will be ensuring a culturally safe response for First Nations peoples
- blended care approaches will be encouraged, where more than one provider may be working with a person at the same time, in a collaborative way, to best meet their needs
- providers will operate as part of a multi-disciplinary care team, including liaising with GPs, other service providers, and a person's chosen significant others
- providers will work within the stepped care model to step people up to more intensive services and supports, or down to less intensive services and supports, as their needs change
- providers and workers involved in direct service provision will be required to undertake training on the IAR-DST as this will be utilised within the stepped care model to understand a person's needs and plan their care
- providers and workers will be required to have appropriate supervision and support structures in place
- to support flexible access and choice, providers will give consideration to the needs of those requiring a service in relation to the hours of operation, delivery location, and geographical reach.

Available funding

NQPHN has approximately $11M available to commissioning mental health stepped care services. Detailed funding levels for mental health stepped care service will be made available as part of the procurement process to support appropriateness and scale of submissions. A resource allocation model based on population data and indicators of need has been utilised to make tentative allocations across regions and service offerings. It is reasonable for service providers to consider how these allocations may be further split within the regions, based on population.

It is important to note that these splits are subject to change. Final funding allocations will be based on further analysis of needs and mapping of other services available outside of mental health stepped care, as well as being dependent on the range of responses received through the procurement process.

Indicative funding by region

The following table provides indicative funding split between the greater regions of Cairns and Hinterland, Townsville, and Mackay, including rural areas.

Greater region	Proportion of total funding
Cairns and Hinterland	38-43%
Townsville	33-38%
Mackay	24-29%

Indicative funding by service type

The following table provides indicative funding splits between service offerings for different intensities of need.

Step	Proportion of total funding
Access points – Head to Health Phone Service and Front Doors	10-15%
Low intensity – Journey Coordinators and Regional Journey Coordination Lead	22-28%
Moderate intensity – Psychological Therapies	35-40%
High Intensity – Psychological Therapies, Clinical Care Coordination, and Suicide Prevention Response	24-29%

The procurement approach

NQPHN will undertake a procurement process to identify a network of mental health stepped care service providers across the greater Cairns, Townsville, and Mackay regions, including rural areas. The procurement approach has been informed by the codesign process, as well as independent advice from procurement and probity specialists.

NQPHN is taking a strengths-based approach to procuring services and encourages service providers, individual clinicians, and community agencies to consider what they already do well that could be leveraged and enhanced through this procurement activity.

NQPHN is interested in a diverse range of service providers participating in this procurement process, from sole clinicians to large service providers, and everything in between. The procurement documentation will be developed to ensure the size and scale of submission is reflective of the number and scope of the service offering/s chosen. i.e. applicants that choose the whole of region across many service offerings will be required to provide a lengthier submission, compared to a sole provider choosing one option.

The procurement process will be managed through eTenderBox. We encourage you to register in the portal so that you will receive notification when new tenders are released. Stakeholders will also be notified via email and through NQPHN publication channels when the Request for Information (RFI) becomes live.

Stage 1: Request for Information (RFI) – Open and competitive	
RFI period	» Late September through to October 2023.
Applications are open to	» Any service provider interested in being part of NQPHN's future stepped care model.
Application process	» There will be a separate RFI and application form for each service offering. » Applicants will be required to: ◦ nominate the location/s they wish to deliver the service offering/s in (this can be either the entirety of a HHS region, or within a specific LGA or suburb) ◦ fill in an application form for each of the service offering/s they wish to deliver ◦ respond to the eight written assessment questions against each of the evaluation criteria. » Applicants will be required to address the same evaluation criteria, regardless of the service offering/s they are applying for. » Where an applicant is applying to deliver a service offering in multiple locations, the word limit will be higher so that the response can be reflective of each region. » The different service offerings necessitate an approach that allows for different prioritisation of the five assessment criteria. Accordingly, there will be different word limits to reflect the level of detail expected for the assessment criteria/s that are most important for that service.
Market Briefing sessions	» Three online market briefing sessions will be held to brief potential applicants and enable them to seek clarification on the RFI process and evaluation criteria. » Market briefings are voluntary to attend. Potential applicants only need to attend one session. » Tentative dates: ◦ Thursday 28 September from 12pm – 1.30pm ◦ Wednesday 4 October from 5pm – 6.30pm ◦ Friday 6 October from 8am – 9.30am
Collaborative dialogue process	» Applicants will be required to participate in collaborative dialogue meetings. Meetings could be held between applicants where there are potential opportunities for formal partnerships or alignment of models, or as a collective to discuss how regional networks could operate. » The collaborative dialogue period has been tentatively scheduled for the last three weeks in November. » As part of the RFI application process, applicants will be asked to state Yes/No to participate in the collaborative dialogue process. By confirming Yes, applicants acknowledge that by participating in the RFI process, they agree to share details such as their name and information on their service offering with other applicants to enable a collaborative dialogue to take place.
Questions throughout the RFI process	» Throughout the RFI process, questions from potential applicants will need to be submitted via an online portal and will be published for all interested parties to see. » The exception to this will be questions raised in the market briefing sessions. These questions and answers will also be published for all interested parties to see.

Stage 2: Request for Tender (RFT) – Select	
RFT period	» A RFT process will be undertaken following the completion of Stage 1 (RFI). » It is anticipated the RFT will be released in early December 2023 and open through to the end of January 2024.
Applications are open to	» Applicants who were successful in Stage 1. » Applications from providers who did not participate in Stage 1 will not be accepted. » However, if there are insufficient submissions or market failure in Stage 1, NQPHN may directly approach organisations for Stage 2 to, where possible, mitigate gaps in service delivery.
Application process	» Successful applicants in the RFI stage would be notified of any requirements in formal notification communication. » The RFT process will require applicants to respond to scenarios and provide detail in relation to: o model of service delivery and specifications for each of the service offerings including workforce and budgets o how they will achieve the outcomes required o clinical governance arrangements for the model specified o relevant partnerships and integration required to effectively deliver the model of service o information on ability to transition or establish services.
Market briefing sessions	» To be advised on release of the RFT.
Collaborative Dialogue process	» Stage 2 may require shortlisted applicants to participate in presentations and collaborative meetings prior to finalising the tender process.
Questions throughout the RFT process	» Throughout the RFT process, questions from potential applicants will need to be submitted via an online portal and will be published for all RFT participants to see. » The exception to this will be questions raised in the market briefing sessions. These questions and answers will also be published for all RFT participants to see.

Anticipated transition and implementation approach

NQPHN acknowledges the significance of the transition and establishment required in the journey ahead. It will take time to embed the new services and stepped care model across the region and NQPHN anticipates an evolution of service delivery across the levels of need.

A phased approach to resourcing may occur based on the outcomes of the procurement process, and market capacity and capability, meaning some service offerings could commence more rapidly than others, with a longer establishment phase required for new services or where workforce challenges exist.

It is likely that there will be elements of the model and networks that will continue to be designed throughout the transition and establishment periods. This will help ensure they are fit for purpose and reflect the outcomes of the redesign and procurement processes. The transition and establishment phase will occur from February 2024 to June 2025.

As mentioned above, NQPHN will undertake comprehensive transition planning with existing and new stepped care service providers, including developing a communications strategy for existing clients, and other stakeholders including GPs.

NQPHN will also work in partnership with the new service provider networks to codesign reporting requirements, deliverables and other KPIs for future service agreements.

Chapter 3:

Frequently asked questions

In response to queries raised from stakeholders about different aspects of the new service model, some additional and high-level information and considerations for the future stepped care model is detailed below. As the procurement process proceeds, further questions will continue to be added to this list.

The new stepped care services

What will be the process to access mental health stepped care services?

- GPs will remain an access point for mental health stepped care services. Connect to Wellbeing will cease and GP referrals will be directed to the Head to Health Phone Service.
- In addition, service users will be able to gain direct access to stepped care services via the Head to Health Phone Service and Front Doors that have been funded as part of the new service model. Existing services including Head to Health centres will also be able to provide access.
- The Head to Health Phone Service and Front Doors will utilise the Initial Assessment and Referral Decision Support Tool (IAR-DST) to understand a person's needs and assist them gain access to the most appropriate service, which may be a funded stepped care service, or another service or support within the community.

What will be the role of the GP?

- GPs will remain an important access point for people to access stepped care services. GPs will continue to be able to send a referral to the Head to Health Phone Service for their patient to access services. This referral form will be codesigned with GPs, service providers, and service users. GPs will be able to choose whether to include a GP Mental Health Treatment Plan with their referral.
- GPs will receive communication when their referral is actioned, and further communication whilst their patient is accessing services. The format of these communications will be codesigned with GPs, service providers, and service users.
- With the introduction of additional direct access points for stepped care services (i.e. Head to Health and Front Doors) processes will be established to seek consent from service users to communicate with their GP about their service access and care. The format of these communications will be codesigned with GPs, service providers, and service users.

What is the geographical coverage of the new stepped care model?

- The greater Cairns, Townsville, and Mackay regions, including rural areas, are in scope for the new stepped care model.
- Services will not cover the Torres and Cape region, where NQPHN currently funds placed-based service provision.
- Northern Queensland is a geographically diverse region, with large urban centres and many regional and remote areas. There is an expectation that mental health stepped care services are accessible no matter where a person lives, however, how easily this can be operationalised will be dependent on the response to the procurement process. Where service gaps emerge through the procurement process, NQPHN may directly approach organisations to, where possible, mitigate gaps in service delivery.
- NQPHN encourages service providers to consider how they might promote access across the region through placed-based approaches, outreach, and telehealth.

What will be the approach to demand management?

- It is difficult to anticipate the demand for services in the new stepped care model given the change in access points and new service offerings. The allocation of funding to increase support and a response at access points and through low intensity supports, rather than having a focus on assessments, may assist in meeting demand.
- NQPHN will work closely with access points (i.e. Head to Health Phone Service and Front Doors) to monitor demand and understand trends. It is important to acknowledge that these access points will be required to navigate people to funded stepped care services as well as the range of other appropriate services and supports available in the community.
- NQPHN will also work with the regional service provider networks to collectively review and discuss demand management approaches across the entire service model.

What will the contract period be for successful providers?

NQPHN understands that short-term contract arrangements present challenges for service providers in attracting and retaining staff, as well as for service users in feeling confident in their continuity of care.

However, NQPHN is only able to offer contract periods in line with our Funding Agreement with the Australian Government.

NQPHN anticipates ongoing funding from the Australian Government so PHNs can continue to fund stepped care services. NQPHN is committed to communicating about funding as soon as it receives funding advice from the Government, and providing for multi-year contracts that align with the Government term of funding.

How will the new model be communicated to service users, GPs, and other stakeholders?

NQPHN is undertaking comprehensive transition planning, including developing a communications strategy.

NQPHN will work closely with current and new stepped care service providers to manage the transition period and ensure effective communication about the new stepped care model.

What about workforce?

Throughout the codesign process, it was clear that the northern Queensland region has a skilled, passionate, and diverse workforce. It is exciting that there are a range of opportunities for non-clinical workforce in the new stepped care model.

Whilst the new stepped care model represents a substantial change to service offerings, it is anticipated that many people currently delivering stepped care services will also be delivering services in the new model. We understand such a significant change can represent uncertainty for workers and have thus built in a significant transition period through early to mid-2024 to enable successful transition of service users, as well as workers.

Attachment A:

Mental Health Stepped Care: Service Guide

Version 1.0

September 2023

1. Access Points

a. Head to Health Phone Service

Relationship to the current stepped care service model

- The current Head to Health Phone Service will cease and be replaced by the service offering outlined below

Service description

- The Head to Health Phone Service will be a funded access point for community members, GPs, other primary care clinicians, and other health and social sector stakeholders.
- The service will be available between 8.30am and 5pm weekdays (at a minimum) with consideration of extended hours to meet community needs

Who is the service for?

- Any person residing in the North Queensland region can call the Head to Health Phone Service.

How will people reach the service?

- Community members can call directly and receive mental health advice and support, and navigation to an appropriate service where required.
- No referral is required. Community members can call directly and receive mental health advice and support, and navigation to an appropriate service where required.
- GPs and other service providers can send referrals (with or without a Mental Health Treatment Plan) and the Head to Health Phone Service will engage with the person and connect them to the most appropriate service or support.

What will the service do?

- Community members and people referred by GPs, primary care clinicians, and other service providers may be navigated to a service funded by NQPHN, or another appropriate service or support within the community, such as alcohol and other drug (AOD) services, low intensity and digital mental health supports, or social services or supports.
- The service will engage with the person to support linkage for them to the service that will best meet their needs. This may include use of Initial Assessment and Referral Decision Support Tool (IAR-DST) if required. This process will be codesigned with service providers and lived experience representatives.
- To facilitate the best possible response for every person who calls the Head to Health Phone Service, this service will have, or develop, a very strong understanding of, and connections to, the local service landscape.
- The service will collaborate and integrate with other funded services to ensure there is a coordinated and seamless response and/or transition for the service user.

Who will deliver the service?

- This service will be staffed by mental health professionals including peer workers.
- This service will be delivered by a maximum of one provider in each of the greater Cairns, Townsville, and Mackay regions. One provider may deliver this service in more than one region. This may be a standalone service or delivered as an adjunct to another service offering.

What else?

- This service will complement, not replace or duplicate, mental health support lines already available to the community, including crisis support lines, phone lines for children and young people, and state-funded services facilitating intake into tertiary services.

b. Front Doors

Relationship to the current stepped care service model

- This is a new service offering

Service description

- Front Doors will be funded access points for community members.
- Consideration will be given for Front Doors being accessible outside of business hours, based on community need.

Who is the service for?

- Any person residing in the greater Cairns, Townsville, and Mackay regions, including rural areas, can access a Front Door

How will people reach the service?

- Front Doors will be existing physical spaces within the community, such as neighbourhood centres, community centres, service centres or other community gathering places. Funding is not available to establish new centres or spaces or for capital works.
- No referral is required.

What will the service do?

- Front Doors will provide immediate support, information, and navigation for people with mental health, AOD, or social support needs.
- In addition to existing staff, all Front Doors will also have a Journey Coordinator/s funded through NQPHN's stepped care model (see below).
- The service will collaborate and integrate with other funded services to ensure there is a coordinated and seamless response and/or transition for the service user.

Who will deliver the service?

- Staff of the Front Door, in conjunction with the Journey Coordinator/s.

What else?

- Front Doors are not intended to be access points for people experiencing distress or crisis. Where this does occur, Front Doors will be supported by the broader mental health stepped care service offerings or other crisis support services.
- It is anticipated there will be a number of Front Doors in each of the greater Cairns, Townsville, and Mackay regions, including rural areas. This may be a standalone service (with a Journey Coordinator) or delivered as an adjunct to another service offering.
- This service will complement, not duplicate, Head to Health centres in the central Townsville and Cairns areas.
- Given that there is no Head to Health centre in Mackay at present, it is anticipated that a dedicated Front Door will be funded in the central Mackay area.

2. Low intensity mental health services

a. Journey Coordinator

Relationship to the current stepped care service model

- This is a new service offering.

Service description

- The Journey Coordinator is a dedicated position within the stepped care service system that operates as an independent partner in a person's care journey. The journey coordinator will be required to act in a person's best interests to connect them to the range of services and supports they require, rather than having a focus on only connecting them to their own organisation, or organisations they know well.

Who is the service for?

- Any person residing in the greater Cairns, Townsville, and Mackay regions, including rural areas, who is accessing services through NQPHN's stepped care model.

How will people reach the service?

- Front Doors, the Head to Health Phone Service, and other funded stepped care services can refer a person to a Journey Coordinator. The referral process will be codesigned with service providers and lived experience representatives and be based on a person-centred utilisation of the Initial Assessment and Referral Decision Support Tool (IAR-DST).

What will the service do?

- Have a strong focus on building rapport and a trusting relationship with the person.
- Walk alongside the person for as long as they wish.
- Understand the person's story and support them to document or share this with other services as required, including through sharing of an IAR-DST.
- Refer the person directly to PHN-funded services and connect them with non PHN-funded services and supports, based on their needs.
- Be a consistent point of contact and ensure the person's engagement with other services and supports are meeting their needs.
- Focus on capacity building.
- Deliver psychoeducation.
- Support self-management approaches including access to digital mental health services (this may be standalone or as a complement to treatment provided by a GP or mental health clinician).
- Support a person to navigate the mental health and broader service system.
- Coordinate referrals to other services and support, and advocate for access where required.
- Provide education and information on what a person can expect from services.
- Support a person's transitions between services.
- Optional delivery of low intensity group programs.

Who will deliver the service?

- Journey Coordinators will comprise a mixed workforce including peer workers. .

What else?

- There may be one or a number of agencies employing Journey Coordinators in each of the greater Cairns, Townsville, and Mackay regions, including rural areas.
- This may be a standalone service, delivered within a Front Door, or delivered as an adjunct to another service offering.
- The service will collaborate and integrate with other funded services to ensure there is a coordinated and seamless response and/or transition for the service user.
- This service will not duplicate other available services and supports such as Head to Health centres, NDIS, or funded psychosocial supports, or other community supports.

b. Regional Journey Coordinator Lead

Relationship to the current stepped care service model

- This is a new aspect of the stepped care model but will not involve direct service provision.

Lead description

- The Regional Journey Coordinator Lead will provide practice leadership for the workforce employed as Journey Coordinators, regardless of which agency employs them.
- The role of the lead is pivotal given the Journey Coordinator is a new role within mental health stepped care services, and the strong call out from stepped care codesign activities that there should be consistency in the practice of Journey Coordinators, regardless of which agency employs them.

What will the lead do?

- The role of the Lead is to:
  - Establish and maintain effective governance structures and processes to support the role of the Journey Coordinators
  - Develop resources to support the role of Journey Coordinators
  - Coordinate and/or deliver training, professional development, and supervision for Journey Coordinators
  - Ensure there is consistency in the practice of Journey Coordinators
  - Ensure there is a shared understanding of the Journey Coordinator role within the stepped care model and the broader sector

Who will deliver this role?

- An agency with suitable experience in practice development and governance of peer work and low intensity mental health services.

What else?

- There will be a maximum of one Regional Journey Coordinator Lead in each of the greater Cairns, Townsville, and Mackay regions. One provider may deliver be the Lead in more than one region. This may be a standalone service or delivered as an adjunct to another service offering.
- Where there is more than one provider commissioned, there will be a requirement for collaboration and partnering across Regional Journey Coordinator Leads to ensure consistency in practice and provide for shared learning opportunities.
- The Lead is not responsible for the individual work of the Journey Coordinators not employed by them.

3. Moderate and high intensity mental health services

a. Psychological Therapies

Relationship to the current stepped care service model

- The current Psychological Therapies program will cease and be replaced by the service offering outlined below.

Service description

- Evidence-based psychological therapy for people with moderate and high intensity levels of need.
- Psychological therapies will be delivered across the lifespan, including children.
- To support people remaining with their existing provider as their needs change, psychological services can flex and respond across the moderate and high intensity levels of need.
- There will be greater flexibility and provider management to determine longer periods of engagement for those who have more severe issues or need more treatment to recover (and to stay recovered). The number of sessions could be based on markers of severity (impact on day-to-day life and symptoms), complexity (duration of illness, presence of several disorders), and individual circumstances.
- Psychological services are to be provided as part of a wider range of wrap-around services that support the whole person including clinical care coordination.

Who is the service for?

- People with moderate intensity or high intensity mental health needs who are experiencing genuine financial disadvantage and are unable to access another suitable service.
- The referral process will include an assessment of readiness to engage in this service offering and ensure appropriate other supports are in place to address a person's psychosocial needs where required.

How will people reach the service?

- Front Doors, the Head to Health Phone Service, and other funded stepped care services can refer a person to Psychological Therapies. The referral process will be codesigned with service providers and lived experience representatives and be based on a person-centred utilisation of the Initial Assessment and Referral Decision Support Tool (IAR-DST).

What will the service do?

- Provide rapid access to Psychological Therapies (i.e. offer an appointment within two weeks of referral).
- Deliver psychological therapies for people requiring a moderate or high intensity response, that could include:
  - single session interventions
  - moderate intensity individual psychological therapies (i.e. structured, reasonable frequent, and intensive interventions).
  - high intensity individual psychological therapies

  moderate or high intensity group programs.
- Provide face-to-face and telehealth options.
- Work in collaboration with other providers within and outside of stepped care to ensure a person's psychosocial needs are met.

Who will deliver the service?

- Psychological Therapies will be delivered by mental health clinicians with appropriate skills, experience, and training, including provisional psychologists, psychologists, accredited mental health nurses, mental health social workers, and mental health occupational therapists.

What else?

- It is anticipated there will be a range of Psychological Therapy providers in each of the greater Cairns, Townsville, and Mackay regions, including rural areas. This may be a standalone service or delivered as an adjunct to another service offering.
- In addition to delivering Psychological Therapies from their own practice or service location, providers can partner with a Service Host to deliver services from other locations.
- The ability to provide services for moderate and high intensity needs is desirable, so that service users can remain with the same provider regardless of level of need or intensity of services required.
- The service will collaborate and integrate with other funded services to ensure there is a coordinated and seamless response and/or transition for the service user.

4. High intensity mental health services

a. Clinical Care Coordination

Relationship to the current stepped care service model

- The current Mental Health Integrated Clinical Care (MHICC) program will cease and be replaced by the service offering outlined below.

Service description

- Evidence-based treatment and clinical care coordination for people with high intensity needs, including those who live with severe and persistent mental illness.
- Including comprehensive mental health assessment (including risk and physical health).

Who is the service for?

- People with high intensity mental health needs who are experiencing genuine financial disadvantage and are unable to access another suitable service.
- The referral process will include an assessment of readiness to engage in this service offering and ensure appropriate other supports are in place to address a person's psychosocial needs.

How will people reach the service?

- Front Doors, the Head to Health Phone Service, and other funded stepped care services can refer a person to Clinical Care Coordination. The referral process will be codesigned with service providers and lived experience representatives and be based on a person-centred utilisation of the Initial Assessment and Referral Decision Support Tool (IAR-DST).

What will the service do?

- Coordinate the person's multi-disciplinary team including a GP, and where required manage case conferencing and care planning meetings.
- Coordinate the person gaining access to the range of service offerings they need, including but not limited to, psychosocial supports and psychological therapies.
- Provide clinical care and treatment within the clinician's scope of practice. This may include mental state monitoring, administering and monitoring medication, and metabolic monitoring.
- Provide psychoeducation, with a focus on both mental health and physical health.

Who will deliver the service?

- Clinical Care Coordination will be delivered by mental health clinicians with appropriate skills, experience, and training, including psychologists, accredited mental health nurses, mental health social workers, and mental health occupational therapists. .

What else?

- Clinical Care Coordination providers may also be Psychological Therapies providers and may deliver the two service offerings to the same people.
- In addition to delivering Clinical Care Coordination from their own practice or service location, providers can partner with a Service Host to deliver services from other locations.
- The service will collaborate and integrate with other funded services to ensure there is a coordinated and seamless response and/or transition for the service user.

b. Suicide Prevention Response

Relationship to the current stepped care service model

- This is a new service offering.

Service description

- A team of skilled and experienced mental health clinicians who are available to provide timely support to people accessing other funded stepped care services who are experiencing an elevated risk of suicide, and their care team.

Who is the service for?

- The service is designed to support NQPHN's funded stepped care providers, rather than be a service open to all providers or to the public.

How will people reach the service?

- Other funded stepped care services can refer a person to the Suicide Prevention Response. The referral process will be codesigned with service providers and lived experience representatives.

What will the service do?

- Provide services within business hours, and outside of business hours, as agreed with NQPHN.
- Provide a rapid response to referrals, with contact made with the referrer within one hour.
- Deliver evidence based clinical services, including risk assessment and safety planning, for people experiencing an elevated risk of suicide.
- Services will be provided in person, and via phone and telehealth.
- Assist in facilitating access to any further required services or resources/support for the provider.
- Establish strong relationships with Hospital and Health Service (HHS) Acute Care Teams to facilitate step up to the acute services if deemed necessary.
- It is anticipated that incidental upskilling of staff in the NQPHN service network will occur due to the transference of knowledge and direct support for clients. The service may be required to provide more formal upskilling to staff if required.

Who will deliver the service?

- The Suicide Prevention Response will be delivered by registered mental health clinicians with appropriate senior experience and training in clinical risk assessment, including psychologists, accredited mental health nurses, mental health social workers, and mental health occupational therapists.
- This service will be delivered by a maximum of one provider in each of the greater Cairns, Townsville, and Mackay regions. One provider may deliver this service in more than one region. This may be a standalone service or delivered as an adjunct to another service offering.

What else?

- This service is not intended to duplicate state-funded acute services or Acute Care Teams. NQPHN will support the development of formal arrangements with the relevant Acute Care Team/s and streamlined referral of individuals who require a tertiary response.
- This service is part of a broader system response to suicide. The regional networks facilitated by NQPHN will work to ensure clarity of roles, scope of services and optimal consumer pathways.
- The service will collaborate and integrate with other funded services to ensure there is a coordinated and seamless response and/or transition for the service user.
- It is not the responsibility of this service to liaise with other care providers such as the GP or follow up with the Acute Care Team/s. This will be the responsibility of the service provider who referred the person to the Suicide Prevention Response.

5. Service Hosts

Relationship to the current stepped care service model
» This is a new aspect of stepped care, but not considered direct service provision.
Host description
» Service Hosts will be existing physical spaces within the community, such as neighbourhood centres, community centres, service centres or other community gathering places. Funding is not available to establish new centres or spaces or for capital works. » Service Hosts will host a Journey Coordinator, Psychological Therapies Provider, and/or a Clinical Care Coordination provider.
How will people reach the Service Host?
» Front Doors, the Head to Health Phone Service, and other funded stepped care services can refer a person to a hosted service. The referral process will be codesigned with service providers and lived experience representatives and be based on a person-centred utilisation of the Initial Assessment and Referral Decision Support Tool (IAR-DST).
What will the Host do?
» Service Hosts are responding to a need to provide access to services closer to where people reside, in locations that are already utilised in the community. » There are two categories of Service Hosts, outlined below. ◦ Unfunded: Provides access to a confidential space suitable for a Journey Coordinator, Psychological Therapies provider, or Clinical Care Coordination provider to regularly deliver services. ◦ Provides access to basic kitchen facilities for the service provider and people accessing the service. ◦ Promotes availability of the hosted service. ◦ Funded: In addition to the abo
Who will deliver the service?
» Existing services and spaces within the community.
What else?
» The service will collaborate and integrate with other funded services to ensure there is a coordinated and seamless response and/or transition for the service user.

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