

Western Victoria - Primary Mental Health Care

2022/23 - 2025/26

Activity Summary View



MH - 1 - Low Intensity Mental Health.



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

1

Activity Title *

Low Intensity Mental Health.

Existing, Modified or New Activity *

Modified



Activity Priorities and Description

Program Key Priority Area *

Mental Health Priority Area 1: Low intensity mental health services

Other Program Key Priority Area Description

Aim of Activity *

Commissioning of Low Intensity Mental Health Services:

Western Victoria PHN will continue to deliver Low Intensity services across the entire Western Victorian region. The Low Intensity model responds to the local context of each sub-region by delivering a mixture of low intensity service approaches that integrates with the stepped continuum of care and is supported by the Initial Assessment and referral tool.

These services will supplement the role of the Digital Mental Health Gateway (Head to Health) in providing an initial service 'step' within a primary care stepped care framework. When established, it is anticipated that the Gateway will provide a central entry point for national low intensity telephone and web-based mental health services.

Description of Activity *

Low Intensity mental health services form an integrated part of a stepped care system and offer a lower intensity, easy to access option for those consumers who are at risk of mental illness or have mild mental illness and do not require more intensive psychological interventions. Low Intensity services complement digital services available through Head to Health to provide an initial service 'step' within a stepped care framework.

A redesigned service model for MH-1 Low Intensity care across western Victoria will commence from 1 July 2023. The new service model – referred to as Regional Care Partnerships (RCP), is a partnership-led service delivery model that brings together local health agencies to deliver integrated, outcomes focused MH and AOD services that are responsive to needs in local contexts. The current service provider will be decommissioned in some sub-regions and continue delivery in some sub-regions

RCP aligns to the extensive service redesign process undertaken throughout 2021 – 2022 as part of WVPHN's commitment to adopt a place based-commissioning strategy. It involved several steps including scan of current evaluations, literature and policy documents, co-design with stakeholders and health consumers and market soundings with current and potential service providers to redesign mental health (MH), AOD and chronic conditions programs.

The procurement process undertaken throughout 2021 – 2022 identified a lead agency within each of the four WVPHN subregions (Ballarat Goldfields, Geelong Otway, Great South Coast and Wimmera Grampians) representing formal partnerships to deliver RCP – AOD and MH for a three year period (July 2023 – June 2026). RCP encompasses the following four key services aligned with a stepped care approach, which can be delivered using a blended approach to address co-occurring AOD and MH support needs, or can be delivered to address independent needs across Western Victoria. The four key services are:

AOD Services (Drug and Alcohol Program (DAP) and Brief Interventions) [AOD 1 and AOD 3]

Low Intensity Mental Health Services [MH 1]

Structured Psychological Therapies [MH 5]

High Intensity Mental Health Treatment and Care Coordination [MH 6]

WVPHN will work with the commissioned organization to undertake the following activities:

- * Continue to deliver low intensity services across the western Victoria region and support the supplier to meet service requirements.
- * Referral pathway development and implementation.
- * Based on the findings of the Regional Mental Health and Suicide Prevention Plan (RMHSSP), evaluate the impact of low intensity service uptake in rural and regional areas that have significant difficulties accessing a credentialed mental health workforce.
- * Build and update existing mental health HealthPathways to guide general practice to low intensity services available and better align current mental health pages to the stepped care framework.
- * Workforce development - establish a sustainable system for multidisciplinary clinical specialists to conduct virtual case-based learning sessions with service providers in regional and remote areas to support the provision of services.
- * Undertake an evaluation of the Western Victoria PHN funded Low Intensity Activities implemented to determine if these should be continued and to provide recommendations and inform future activities and procurement
- * Utilising Practice Facilitators, Build the capability of general practitioners/practice nurses/health professionals in the utilisation of evidence based on-line self-help mental health services. This will enable GP's/GP Nurses 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. This activity will help supplement the Head to Health platform as a primary care resource across Western Victoria.
- * WVPHN is committed to ongoing monitoring and evaluation of RCP and will fund a comprehensive evaluation to track progress and performance and provide opportunities for quality improvements to be made within the service model across the three years and prior to contract extensions.

Needs Assessment Priorities *

Needs Assessment

Priorities

Priority	Page reference
Mental health - Ballarat Goldfields	21
Mental health - Great South Coast	27
Mental health - Geelong Otway	15
Mental health - Wimmera Grampians	34

**Activity Demographics****Target Population Cohort**

Low Intensity services are designed for people who are at risk of mental illness or have a mild mental illness and do not require more intensive psychological interventions. This cohort might seek self-help resources and/or guided self-help resources.

In Scope AOD Treatment Type ***Indigenous Specific ***

No

Indigenous Specific Comments**Coverage****Whole Region**

Yes

**Activity Consultation and Collaboration****Consultation**

Ongoing regional consultations to be held with:

- * General practices
- * Non-government organisations
- * Allied health providers
- * Carers Victoria
- * Aboriginal Community Controlled Health Organisations
- * Refugee & Culturally and linguistically diverse communities
- * LGBTIQ+ peak body
- * Suicide prevention networks
- * General practice nurses

- * The Royal Australian College of General Practitioners
- * Community groups
- * Peak bodies of vulnerable groups
- * Corrections Victoria
- * Family Violence organisations
- * Employment services

Use of Meeting Place – Western Victoria PHN’s online consultation and engagement platform.

Consultations will include face to face, via user experience surveys and online engagement platforms.

Collaboration

Collaboration will continue to be developed and maintained between all key stakeholders through:

- * Regional planning with Local Hospital Networks (LHNs) and stakeholders
- * Targeted collaboration and co-design with peak bodies of priority population groups
- * Utilisation of Practice Facilitators to engage General Practice.



Activity Milestone Details/Duration

Activity Start Date

29/06/2019

Activity End Date

28/06/2025

Service Delivery Start Date

01/11/2019

Service Delivery End Date

30/06/2025

Other Relevant Milestones



Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No

Continuing Service Provider / Contract Extension: No

Direct Engagement: No

Open Tender: Yes

Expression Of Interest (EOI): No

Other Approach (please provide details): No

Is this activity being co-designed?

No

Is this activity the result of a previous co-design process?

Yes

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

No

Decommissioning

Yes

Decommissioning details?

A redesigned service model for MH-1 Low Intensity care across western Victoria will commence from 1 July 2023. The new service model – referred to as Regional Care Partnerships (RCP), is a partnership-led service delivery model that brings together local health agencies to deliver integrated, outcomes focused MH and AOD services that are responsive to needs in local contexts.

RCP aligns to the extensive service redesign process undertaken throughout 2021 – 2022 as part of WVPHN's commitment to adopt a place based-commissioning strategy. It involved several steps including scan of current evaluations, literature and policy documents, co-design with stakeholders and health consumers and market soundings with current and potential service providers to redesign mental health (MH), AOD and chronic conditions programs.

The procurement process undertaken throughout 2021 – 2022 identified a lead agency within each of the four WVPHN subregions (Ballarat Goldfields, Geelong Otway, Great South Coast and Wimmera Grampians) representing formal partnerships to deliver RCP – AOD and MH for a three year period (July 2023 – June 2026). RCP encompasses the following four key services aligned with a stepped care approach, which can be delivered using a blended approach to address co-occurring AOD and MH support needs, or can be delivered to address independent needs across Western Victoria. The four key services are:

AOD Services (Drug and Alcohol Program (DAP) and Brief Interventions) [AOD 1 and AOD 3]

Low Intensity Mental Health Services [MH 1]

Structured Psychological Therapies [MH 5]

High Intensity Mental Health Treatment and Care Coordination [MH 6]

Co-design or co-commissioning comments

Is this activity in scope for data collection under the Mental Health National Minimum Dataset?

Yes



Activity Planned Expenditure

Planned Expenditure

Funding Stream	FY 22 23	FY 23 24	FY 24 25	FY 25 26	FY 26 27
Interest - Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Indigenous Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
headspace	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Way Back Support	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Initial Assessment and Referral	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mental Health Flexible	\$405,000.00	\$413,100.00	\$0.00	\$0.00	\$0.00

Totals

Funding Stream	FY 22 23	FY 23 24	FY 24 25	FY 25 26	FY 26 27	Total
Interest - Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Indigenous Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
headspace	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Way Back Support	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Initial Assessment and Referral	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mental Health Flexible	\$405,000.00	\$413,100.00	\$0.00	\$0.00	\$0.00	\$818,100.00
Total	\$405,000.00	\$413,100.00	\$0.00	\$0.00	\$0.00	\$818,100.00

Funding From Other Sources - Financial Details

Funding From Other Sources - Organisational Details



Summary of activity changes for Department

Activity Status

Ready for Submission

Subject	Description	Commented By	Date Created
Ready for finance review	Please add funding to 24/25 to align to new schedule	ANEILL KAMATH	30/07/2023
Ready for finance review	actually keep as this FY	ANEILL KAMATH	30/07/2023



MH - 1 - Care Support for People Affected by 2022 Flooding Events



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

1

Activity Title *

Care Support for People Affected by 2022 Flooding Events

Existing, Modified or New Activity *

New Activity



Activity Priorities and Description

Program Key Priority Area *

Mental Health

Other Program Key Priority Area Description**Aim of Activity ***

This activity aims to support communities who were most impacted by 2022 flood events through strengthening of targeted social connectedness activities and assistance with local recovery processes.

Description of Activity *

There are two activities planned to be delivered through this funding which are outlined below.

1. Emergency Response Coordinator

This activity will be integrated with MH -9 Regional Mental Health and Suicide Prevention by expanding the roles of Suicide Prevention Officers (SPOs) to incorporate the role and responsibility of emergency response coordinators.

WVPHN will recruit senior level SPOs to coordinate access to mental health services, improve integrated support with state and local government efforts and navigate the complex mental health system to reduce fragmentation as well as the burden on those in need of assistance. SPOs may also support the implementation and administration of the Wellbeing and Resilience Grants (information provided below) including reporting to the Department and sharing of information and lessons learned to other PHN Mental Health Emergency Response Coordinators.

Assigning the role and responsibility of emergency response coordinators to SPOs provides an ability for WVPHN to leverage off learnings and relationships gleaned from suicide prevention activities to better understand the mental health emergency response needs of target communities.

2. Wellbeing and Resilience Grants

WVPHN will commission targeted social connectedness activities to support communities most impacted by 2022 flood events through the provision of funding grant/s to eligible organisation/s.

Commissioned organisation/s are required to develop and implement locally tailored activities that:

- reduce mental health issues and support suicide prevention in flood impacted areas
- build resilience within the community, and/or
- provide social connectedness for communities.

Activities may include, but are not limited to:

- additional social workers.
- support for community events and activities that bring people together (virtually or in-person).
- local mental health professional attendance and engagement at community events.
- activities to engage priority population groups less likely to seek out traditional mental health services.
- expansion of existing and evidence-based low intensity services; and
- awareness raising activities regarding available services and how to access them.

Preference will be given to Local Government Areas (LGAs) in the WVPHN catchment that were impacted by the 2022 floods (Central Goldfields, Corangamite, Golden Plains, Hepburn, Northern Grampians, Pyrenees and Southern Grampians), and community groups residing in those areas who have been most impacted.

WVPHN recognise that impact of the floods is not confined to the LGAs directly affected by the inundation of flood waters and that additional social and emotional wellbeing factors need to be considered as an impact. Flexibility will be applied based on merit and benefit to the community.

Community groups can represent priority population groups, for example First Nations people, low-income earners, people with a disability, or target particular networks, for example farmers, local community associations and school affiliated groups.

Needs Assessment Priorities *

Needs Assessment

Western Victoria-NA-2022/23-2024/25 V1

Priorities

Priority	Page reference
Mental health - Ballarat Goldfields	21
Mental health - Great South Coast	27
Mental health - Geelong Otway	15
Mental health - Wimmera Grampians	34



Activity Demographics

Target Population Cohort

The Wellbeing and Resilience Grants target people in flood impacted areas who are socially isolated, socially disconnected and/or lonely. Subsets of the target population may include:

- *People living in regional, rural, and remote areas of Australia
- *People experiencing socioeconomic disadvantage
- *Culturally and linguistically diverse communities and refugees
- *First Nations people
- *People who have made a previous suicide attempt or who have been bereaved by suicide

*Farmers
*People with a disability

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

WVPHN will consult the market to gain valuable insights and feedback regarding key elements of the Wellbeing and Resilience Grants to support a successful commissioning outcomes. Potentially interested organisations may include:

- National Centre for Farmer Health
- Carers Victoria
- Non-government organisations
- Community groups
- Local Hospital networks
- Currently commissioned mental health service providers
- General practices
- Aboriginal Community Controlled Health Organisations

Collaboration

Collaboration

This activity will be integrated with MH -9 Regional Mental Health and Suicide Prevention to leverage off collaborations undertaken for suicide prevention activities with the following groups:

- * Victoria Department of Health and Human Services
- * National Disability Insurance Agency
- * People with lived experience
- * General practices
- * Mental health service providers
- * Peer workforce
- * non-government organisations
- * Local hospitals networks
- * Allied health providers



Activity Milestone Details/Duration

Activity Start Date

30/06/2022

Activity End Date

29/06/2024

Service Delivery Start Date

31/03/2023

Service Delivery End Date

30/06/2024

Other Relevant Milestones**Activity Commissioning**

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: Yes**Continuing Service Provider / Contract Extension:** No**Direct Engagement:** No**Open Tender:** No**Expression Of Interest (EOI):** No**Other Approach (please provide details):** No**Is this activity being co-designed?**

No

Is this activity the result of a previous co-design process?

No

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

No

Decommissioning

No

Decommissioning details?

n.a.

Co-design or co-commissioning comments

n.a.

Is this activity in scope for data collection under the Mental Health National Minimum Dataset?

No



Activity Planned Expenditure

Planned Expenditure

Funding Stream	FY 22 23	FY 23 24	FY 24 25	FY 25 26	FY 26 27
Interest - Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Indigenous Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
headspace	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Way Back Support	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Initial Assessment and Referral	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mental Health Flexible	\$195,215.00	\$0.00	\$0.00	\$0.00	\$0.00

Totals

Funding Stream	FY 22 23	FY 23 24	FY 24 25	FY 25 26	FY 26 27	Total
Interest - Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Indigenous Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
headspace	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Way Back Support	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Initial Assessment and Referral	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mental Health Flexible	\$195,215.00	\$0.00	\$0.00	\$0.00	\$0.00	\$195,215.00
Total	\$195,215.00	\$0.00	\$0.00	\$0.00	\$0.00	\$195,215.00

Funding From Other Sources - Financial Details

Funding From Other Sources - Organisational Details



Summary of activity changes for Department

Activity Status

Ready for Submission



MH - 1 - Initial Assessment and Referral Training and Support Officers



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

1

Activity Title *

Initial Assessment and Referral Training and Support Officers

Existing, Modified or New Activity *

Existing



Activity Priorities and Description

Program Key Priority Area *

Mental Health Priority Area 7: Stepped care approach

Other Program Key Priority Area Description**Aim of Activity ***

To support GPs and clinicians in the primary care setting, using the stepped care model to select the appropriate level of care, for a person presenting for mental health assistance by using the Initial Assessment and Referral (IAR) tool.

Description of Activity *

- * Facilitate training, build relationships with and support for GPs and clinicians (range of delivery modes and afterhours availability)
- * Facilitate general practice staff awareness of IAR, to embed in local systems, processes and workflows
- * Promote online learning systems for GPs to access training sessions (or refresher training)
- * Provide training for clinicians in Adult Mental Health Centres, Child Head to Health Centres and AMS and commissioned providers within WVPNH region- including use, benefits, and limitations of the IAR guidance and decision support tool.
- * Provide training and support to other health professionals as services adopt the IAR tool
- * Evaluate training immediately and 3-6 months post training
- * Participate in external evaluation
- * Meet GP training target set for WVPNH
- * Reimburse GPs for completing training
- * Build relationships with Training and Support Officers in other PHNs for cross boundary learning and collaboration

- * Collect data and report on training activities quarterly
- * Provide progress summary on a 12month basis

Needs Assessment Priorities *

Needs Assessment

Western Victoria-NA-2022/23-2024/25 V1

Priorities

Priority	Page reference
Mental health - Ballarat Goldfields	21
Mental health - Great South Coast	27
Mental health - Geelong Otway	15
Mental health - Wimmera Grampians	34



Activity Demographics

Target Population Cohort

Consumers presenting to primary care for mental health assistance (whole of population). GPs and Clinicians.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

Internal- Mental health team.

External- GPs using tool to determine opportunities and barriers to using it, seek a GP champion.

Collaboration

Internal- practice support team, mental health team, workforce development team to plan approach and assist with primary care engagement.
External-Adult Mental Health Centres, Child Head to Health Centres, Aboriginal Medical Services, commissioned providers, general practices to assist with engagement and delivery of training.



Activity Milestone Details/Duration

Activity Start Date

30/06/2021

Activity End Date

29/06/2023

Service Delivery Start Date

26/04/2022

Service Delivery End Date

30/06/2023

Other Relevant Milestones



Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: Yes

Continuing Service Provider / Contract Extension: No

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): No

Is this activity being co-designed?

No

Is this activity the result of a previous co-design process?

No

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

No

Decommissioning

No

Decommissioning details?

N/A

Co-design or co-commissioning comments

N/A

Is this activity in scope for data collection under the Mental Health National Minimum Dataset?

No



Activity Planned Expenditure

Planned Expenditure

Funding Stream	FY 22 23	FY 23 24	FY 24 25	FY 25 26	FY 26 27
Interest - Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Indigenous Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
headspace	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Way Back Support	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mental Health Flexible	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Initial Assessment and Referral	\$343,375.63	\$89,400.00	\$89,400.00	\$0.00	\$0.00

Totals

Funding Stream	FY 22 23	FY 23 24	FY 24 25	FY 25 26	FY 26 27	Total
Interest - Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Indigenous Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
headspace	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Way Back Support	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mental Health Flexible	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Initial Assessment and Referral	\$343,375.63	\$89,400.00	\$89,400.00	\$0.00	\$0.00	\$522,175.63

Total	\$343,375.63	\$89,400.00	\$89,400.00	\$0.00	\$0.00	\$522,175.63
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Funding From Other Sources - Financial Details

Funding From Other Sources - Organisational Details



Summary of activity changes for Department

Activity Status

Ready for Submission



MH - 2 - headspace services



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

2

Activity Title *

headspace services

Existing, Modified or New Activity *

Existing



Activity Priorities and Description

Program Key Priority Area *

Mental Health Priority Area 2: Child and youth mental health services

Other Program Key Priority Area Description**Aim of Activity ***

Continue to commission and support headspace centres to provide a platform for youth health providing early intervention mental health services to youth, 12-25 years at five locations across the Western Victoria PHN catchment.

Re-emphasise all four pillars- mental health, physical health, work and vocation/occupation support and alcohol and other drug services – is delivered in partnership by local consortiums and utilising local General Practitioners and Allied Health Providers. This allows young people to access support regardless of the issue and be offered mental health intervention in a stepped care model with pathways back into local communities.

Continue to coordinate a stepped care model of mental health interventions to young people that includes health literacy, early screening, low intensity interventions using MBS, and outreach and case management strategies with referral into tertiary services if required.

Extend the capacity of stepped continuum of care from the headspace platform to identify young people most at risk to the onset or relapse of and complex illnesses and provide best evidenced treatment combinations to reduce the duration of untreated illness and potential disruption to leading contributing lives within their communities. Integrate opportunistic general health screening and preventative interventions, aligned with the equally well consensus, to reduce the risk developing chronic diseases

later in life that shorten the life expectancy of people that experience mental illness.

Continue to facilitate discussions and forums with commissioned organisations and other service providers to enhance referral pathways, implement shared cared arrangements and build relationships with general practice and other healthcare providers.

The headspace model integrity framework has been introduced by headspace National Office and will continue to be embedded into the headspace platform across Western Victoria PHN catchment.

Description of Activity *

Western Victoria PHN will undertake the following actions to support the delivery of the activities above:

Continue to support operations of headspace Centres in Colac, Horsham, Warrnambool, Ballarat and Geelong and the satellite sites at, Ocean Grove, Corio and Portland.

- * Support the establishment of headspace Hamilton, headspace Armstrong Creek and the headspace Corio Satellite site.
- * Based on the recommendations of the National headspace evaluation, review and consider recommendations.
- * Refine targets in accordance with available budgets, monitor and evaluate headspace performance against agreed deliverables.
- * Embed a continuous quality and safety improvement process utilising the outcomes framework developed and the headspace model integrity framework.
- * Co-design strategies for workforce attraction, development and retention where workforce availability is a barrier to service delivery.
- *Support discussions between ACCHOs and headspace centres on responding locally to the “embedding cultural practice and safety project report”
- * Workforce development in youth early psychosis services. This is to facilitate recognition of young people in the early stages of onset or relapse of severe and complex mental illnesses and facilitate early intervention and relapse prevention.
- * Implementation of the IAR tool to support whole WVPHN region stepped care model.

Needs Assessment Priorities *

Needs Assessment

Western Victoria-NA-2022/23-2024/25 V1

Priorities

Priority	Page reference
Mental health - Ballarat Goldfields	21
Mental health - Great South Coast	27
Mental health - Geelong Otway	15
Mental health - Wimmera Grampians	34



Activity Demographics

Target Population Cohort

Young people aged from 12-25 years who are: * at risk of developing mental or physical health and associated drug and alcohol problems; or * already showing early signs of mental or physical health problems or associated drug or alcohol problems

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

- * Department of Health and Aged Care regarding targets and deliverables.
- * headspace National, centres, youth reference groups and consortiums regarding integrated workforce and quality and safety outcomes.
- * Rural Workforce Agency Victoria (RWAV) and professional peak bodies regarding workforce.
- * Orygen, the National Centre of Excellence in Youth Mental Health, to support workforce development in youth early psychosis services.

Collaboration

The five headspace centres and three satellite centres are delivered via a consortium model that includes local Non-Government Organisations, health services and tertiary mental health.

Mental health interventions are co delivered with General Practitioners and Allied Health Providers.

The lead agencies for each headspace are:

- * Stride Mental Health Limited: headspace Geelong and satellites in Ocean Grove and Corio
- * Wimmera Uniting Care Vic Tas: headspace Horsham
- * Brophy Family and Youth Services: headspace Warrnambool, satellite in Portland , and upcoming headspace Hamilton
- * Ballarat Community Health: headspace Ballarat
- * Barwon Health: headspace Colac

Other stakeholders who will be collaborated with:

- * Aboriginal Community Controlled Health Organisations (ACCHOs).
- * General practices.
- * Employment agencies.
- * General practices.
- * Employment agencies.
- * Young people and their supports



Activity Milestone Details/Duration

Activity Start Date

29/06/2019

Activity End Date

29/06/2025

Service Delivery Start Date

Service Delivery End Date

Other Relevant Milestones



Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No

Continuing Service Provider / Contract Extension: Yes

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): No

Is this activity being co-designed?

No

Is this activity the result of a previous co-design process?

No

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

No

Decommissioning

Yes

Decommissioning details?

WVPHN plans to undertake decommissioning in the next 12 months

Co-design or co-commissioning comments

n.a.

Is this activity in scope for data collection under the Mental Health National Minimum Dataset?

No



Activity Planned Expenditure

Planned Expenditure

Funding Stream	FY 22 23	FY 23 24	FY 24 25	FY 25 26	FY 26 27
Interest - Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Indigenous Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Way Back Support	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Initial Assessment and Referral	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mental Health Flexible	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
headspace	\$7,217,720.88	\$8,109,811.00	\$8,646,739.00	\$0.00	\$0.00

Totals

Funding Stream	FY 22 23	FY 23 24	FY 24 25	FY 25 26	FY 26 27	Total
Interest - Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Indigenous Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Way Back Support	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Initial Assessment and Referral	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mental Health Flexible	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
headspace	\$7,217,720.88	\$8,109,811.00	\$8,646,739.00	\$0.00	\$0.00	\$23,974,270.88
Total	\$7,217,720.88	\$8,109,811.00	\$8,646,739.00	\$0.00	\$0.00	\$23,974,270.88

Funding From Other Sources - Financial Details

Funding From Other Sources - Organisational Details



Summary of activity changes for Department

Activity Status

Ready for Submission

Subject	Description	Commented By	Date Created
Ready for finance review	funding until 24/25 if in PPERS	ANEILL KAMATH	30/07/2023



MH - 3 - Youth Enhanced Services.



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

3

Activity Title *

Youth Enhanced Services.

Existing, Modified or New Activity *

Existing



Activity Priorities and Description

Program Key Priority Area *

Mental Health Priority Area 2: Child and youth mental health services

Other Program Key Priority Area Description**Aim of Activity ***

Extend the capacity of stepped continuum of care from the headspace platform to identify young people most at risk to the onset or relapse of severe and complex illnesses. These services aim to provide timely assessment and best evidenced treatment combinations to reduce the duration of untreated illness and potential disruption to young people leading contributing lives within their communities. Services will be informed through the Youth Enhanced Service Model developed by Orygen.

Description of Activity *

Western Victoria PHN will undertake the following Activities to support the delivery Youth Enhanced services:

- * Continue ongoing delivery of commissioned Youth Enhanced providers including supporting suppliers to meet service deliverables and work on improving outcome measure use and compliance by commissioned organisation .
- * Continue to support Youth Enhanced service operations in Geelong, Ballarat, Horsham, and Warrnambool headspace centre
- * Undertake an evaluation of headspace Youth Enhanced services once services have been established.
- * Based on the recommendations of the headspace and Youth Enhanced evaluation, review and consider recommendations.
- * Workforce development in youth early psychosis services using Orygen framework.
- * Utilise the outcomes framework and model integrity framework to target areas for improving performance in areas of need for each region.
- * Co-design strategies for workforce attraction, development and retention where workforce availability is a barrier to service

delivery.

* Refine service provision as informed through the regional mental health and suicide prevention plan.

Needs Assessment Priorities *

Needs Assessment

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Priorities

Priority	Page reference
Mental health - Ballarat Goldfields	21
Mental health - Great South Coast	27
Mental health - Geelong Otway	15
Mental health - Wimmera Grampians	34



Activity Demographics

Target Population Cohort

Young people aged from 12-25 years who are:

- * at risk of developing mental or physical health and associated drug and alcohol problems; or
- * already showing early signs of mental or physical health problems or associated drug or alcohol problems.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

- * Department of Health regarding targets and deliverables.
- * Headspace national, centres, youth reference groups and consortiums regarding integrated workforce and quality and safety outcomes.

* Rural Workforce Agency Victoria (RWAV) and professional peak bodies regarding workforce.
* Orygen, the National Centre of Excellence in Youth Mental Health, to support workforce development in youth early psychosis services.

Collaboration

The five headspace centres and three satellites are delivered via a consortium model that includes local Non-Government Organisations, health services and tertiary mental health.

Mental health interventions are co delivered with General Practitioners and Allied Health Providers.



Activity Milestone Details/Duration

Activity Start Date

29/06/2019

Activity End Date

29/06/2025

Service Delivery Start Date

01/07/2020

Service Delivery End Date

30/06/2025

Other Relevant Milestones



Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No

Continuing Service Provider / Contract Extension: Yes

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): No

Is this activity being co-designed?

No

Is this activity the result of a previous co-design process?

No

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

No

Decommissioning

Yes

Decommissioning details?

Carry forward funds were used to provide additional support to ACCHOs. These funds have now been fully utilised. Culturally appropriate pathways are being developed to headspace

Co-design or co-commissioning comments

Is this activity in scope for data collection under the Mental Health National Minimum Dataset?

No



Activity Planned Expenditure

Planned Expenditure

Funding Stream	FY 22 23	FY 23 24	FY 24 25	FY 25 26	FY 26 27
Interest - Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Indigenous Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
headspace	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Way Back Support	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Initial Assessment and Referral	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mental Health Flexible	\$1,320,574.00	\$1,328,498.00	\$1,349,754.00	\$0.00	\$0.00

Totals

Funding Stream	FY 22 23	FY 23 24	FY 24 25	FY 25 26	FY 26 27	Total
Interest - Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Indigenous Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
headspace	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Way Back Support	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Initial Assessment and Referral	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mental Health Flexible	\$1,320,574.00	\$1,328,498.00	\$1,349,754.00	\$0.00	\$0.00	\$3,998,826.00
Total	\$1,320,574.00	\$1,328,498.00	\$1,349,754.00	\$0.00	\$0.00	\$3,998,826.00

Funding From Other Sources - Financial Details

Funding From Other Sources - Organisational Details



Summary of activity changes for Department

Activity Status

Ready for Submission

Subject	Description	Commented By	Date Created
Ready for finance review	add funding til 24/25	ANEILL KAMATH	30/07/2023



MH - 5 - Psychological Therapy Services.



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

5

Activity Title *

Psychological Therapy Services.

Existing, Modified or New Activity *

Modified



Activity Priorities and Description

Program Key Priority Area *

Mental Health Priority Area 3: Psychological therapies for rural and remote, under-serviced and / or hard to reach groups

Other Program Key Priority Area Description**Aim of Activity ***

To continue 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, making optimal use of the available service infrastructure and workforce.

To continue to work closely with commissioned organisations, providers and General Practitioners about the intended target population, focus of treatment and expected outcomes of services to reinforce appropriate referral and treatment for those people most in need. In doing so, Western Victoria PHN will work towards orientating and informing referrers about other services within the stepped care model.

Continue to provide evidence based psychologically focused treatments for people experiencing mild to moderate mental illness who live in isolated areas where there is limited access to services.

Description of Activity *

PTS provides evidence based, short term focused psychological intervention to people with a diagnosable mild, moderate, or in some cases severe mental illness, or to people who have attempted, or are at risk of, suicide or self-harm where access to other services is not appropriate. The service is aimed at hard to reach groups including, but not limited to, children, people living in rural and remote communities, people on low income, people from culturally and linguistically diverse backgrounds and more.

There are four streams within the WVPHN PTS program, these are; PTS general, PTS suicide prevention, PTS children and PTS in Residential Aged Care Facilities (RACF).

A redesigned service model for MH 5 Psychological Therapy Services across western Victoria will commence from 1 July 2023. The new service model – referred to as Regional Care Partnerships (RCP), is a partnership-led service delivery model that brings together local health agencies to deliver integrated, outcomes focused MH and AOD services that are responsive to needs in local contexts.

RCP aligns to the extensive service redesign process undertaken throughout 2021 – 2022 as part of WVPHN's commitment to adopt a place based-commissioning strategy. It involved several steps including scan of current evaluations, literature and policy documents, co-design with stakeholders and health consumers and market soundings with current and potential service providers to redesign mental health (MH), AOD and chronic conditions programs.

The procurement process undertaken throughout 2021 – 2022 identified a lead agency within each of the four WVPHN subregions (Ballarat Goldfields, Geelong Otway, Great South Coast and Wimmera Grampians) representing formal partnerships to deliver RCP – AOD and MH for a three year period (July 2023 – June 2026). Whereas in the past WVPHN has funded and procured AOD and MH services separately, RCP encompasses the following four key services aligned with a stepped care approach, which can be delivered using a blended approach to address co-occurring AOD and MH support needs, or can be delivered to address independent needs across western Victoria. The four key services are:

- *AOD Services (Drug and Alcohol Program (DAP) and Brief Interventions) [AOD 1 and AOD 3]
- *Low Intensity Mental Health Services [MH 1]
- *Structured Psychological Therapies [MH 5]
- *High Intensity Mental Health Treatment and Care Coordination [MH 6]

WVPHN will work with commissioned organisations to undertake the following activities:

- * Continue to address service gaps in the provision of psychological therapies for people in rural and remote areas and other under-served and/or hard to reach populations, making optimal use of the available service infrastructure and workforce
- * Continue supporting suppliers to meet service deliverables and work on improving outcome measure use and compliance by commissioned organisations.
- * Continue to work closely with commissioned organisations, providers and General Practitioners about the intended target population, focus of treatment and expected outcomes of services to reinforce appropriate referral and treatment for those people most in need.
- * Continue to provide evidence based psychologically focused treatments for people experiencing mild to moderate mental illness who live in isolated areas where there is limited access to services.
- * Review the referral type, service demand and available workforce to respond to rural and remote community needs resulting from the PTS evaluation and the development of the regional plan.
- * Ensure continuity of care for patients by continuing to ensure General Practitioners are embedded as the central coordination role for referral, review and completion of treatment for individuals within a stepped care model.
- * Support General Practice to incorporate, and use, the Intake Assessment and Referral Tool (IAR Tool) into their practice management software
- * Continue to deliver intervention to reduce current risk of suicide/self-harm by resilience building, increasing self-awareness and solution focused work
- * Monitor contracted psychological intervention services for children with mental, emotional or behavioural issues who are being managed by their General Practitioner.
- * Build the capability of general practice and other primary care providers to identify and respond to children and young people experiencing mental illness
- * Continue to deliver, monitor and evaluate existing psychological services commissioned for children experiencing mental illness currently being managed in primary care without timely access to specialist services
- * Continue to provide and expand in-reach evidence based, short-term psychological intervention to people living in Residential Aged Care Facilities (RACFs)
- * Ensure services are equitable and efficient and are provided within a stepped care framework and are implemented collaboratively, in close communication with RACFs and other key stakeholders, including consumers and family members
- * Continue ongoing delivery of commissioned PTS RACF providers across the whole WVPHN region including supporting suppliers to meet service deliverables and work on improving outcome measure use and compliance by commissioned organisations

- * Ensure continuity of care for patients by continuing to ensure GP's are embedded as the central coordination role for referral, review and completion of treatment for individuals within a stepped care model.
- * Engage and support Practice Facilitators to consult and review periodic reports on referral allocation and outcome reporting with RACF's.
- * Within the context of RCP – AOD and MH, AOD services will complement and support the mental health sector in caring for people with co-occurring AOD and MH support needs through the lens of the stepped care framework.
- * Referral pathway development and implementation.
- * WVPHN is committed to ongoing monitoring and evaluation of RCP and will fund a comprehensive evaluation to track progress and performance and provide opportunities for quality improvements to be made within the service model across the three years and prior to contract extensions.

Needs Assessment Priorities *

Needs Assessment

Western Victoria-NA-2022/23-2024/25 V1

Priorities

Priority	Page reference
Mental health - Ballarat Goldfields	21
Mental health - Great South Coast	27
Mental health - Geelong Otway	15
Mental health - Wimmera Grampians	34



Activity Demographics

Target Population Cohort

People in rural and remote areas and other under-served and/or hard to reach populations requiring access to psychological therapy services.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

Ongoing regional consultations to be held with:

- * General practice
- * Non-government organisations
- * Allied health providers
- * Carers Victoria
- * Aboriginal Community Controlled Health Organisations
- * Refugee & Culturally and linguistically diverse communities
- * LGBTIQ+ peak body
- * Suicide prevention networks
- * General practice nurses
- * The Royal Australian College of General Practitioners
- * Community groups
- * Peak bodies of vulnerable groups

Use of Meeting Place – Western Victoria PHN's online consultation and engagement platform.

Consultations will include face to face, via user experience surveys and online engagement platforms.

Collaboration

Collaboration will continue to be developed and maintained between all key stakeholders through:

- * Regional planning with Local Hospital Networks (LHNs) and stakeholders
- * Targeted collaboration and co-design with peak bodies of priority population groups
- * Utilisation of Practice Facilitators to engage General Practice.



Activity Milestone Details/Duration

Activity Start Date

29/06/2019

Activity End Date

29/06/2025

Service Delivery Start Date

30/06/2019

Service Delivery End Date

30/06/2025

Other Relevant Milestones



Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No

Continuing Service Provider / Contract Extension: No

Direct Engagement: No

Open Tender: Yes

Expression Of Interest (EOI): No

Other Approach (please provide details): No

Is this activity being co-designed?

No

Is this activity the result of a previous co-design process?

Yes

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

No

Decommissioning

Yes

Decommissioning details?

A redesigned service model for MH-5 PTS across western Victoria will commence from 1 July 2023. The new service model – referred to as Regional Care Partnerships (RCP), is a partnership-led service delivery model that brings together local health agencies to deliver integrated, outcomes focused MH and AOD services that are responsive to needs in local contexts. 6 organisations are being decommissioned in this process

RCP aligns to the extensive service redesign process undertaken throughout 2021 – 2022 as part of WVPHN's commitment to adopt a place based-commissioning strategy. It involved several steps including scan of current evaluations, literature and policy documents, co-design with stakeholders and health consumers and market soundings with current and potential service providers to redesign mental health (MH), AOD and chronic conditions programs.

The procurement process undertaken throughout 2021 – 2022 identified a lead agency within each of the four WVPHN subregions (Ballarat Goldfields, Geelong Otway, Great South Coast and Wimmera Grampians) representing formal partnerships to deliver RCP – AOD and MH for a three year period (July 2023 – June 2026). RCP encompasses the following four key services aligned with a stepped care approach, which can be delivered using a blended approach to address co-occurring AOD and MH support needs, or can be delivered to address independent needs across Western Victoria. The four key services are:

3. AOD Services (Drug and Alcohol Program (DAP) and Brief Interventions) [AOD 1 and AOD 3]

4. Low Intensity Mental Health Services [MH 1]

5. Structured Psychological Therapies [MH 5]

6. High Intensity Mental Health Treatment and Care Coordination [MH 6]

Co-design or co-commissioning comments

N/A

Is this activity in scope for data collection under the Mental Health National Minimum Dataset?

Yes



Activity Planned Expenditure

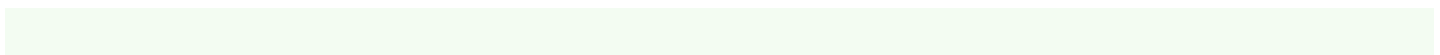
Planned Expenditure

Funding Stream	FY 22 23	FY 23 24	FY 24 25	FY 25 26	FY 26 27
Interest - Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Indigenous Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
headspace	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Way Back Support	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Initial Assessment and Referral	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mental Health Flexible	\$2,986,654.16	\$2,985,370.00	\$3,033,136.00	\$0.00	\$0.00

Totals

Funding Stream	FY 22 23	FY 23 24	FY 24 25	FY 25 26	FY 26 27	Total
Interest - Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Indigenous Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
headspace	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Way Back Support	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Initial Assessment and Referral	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mental Health Flexible	\$2,986,654.16	\$2,985,370.00	\$3,033,136.00	\$0.00	\$0.00	\$9,005,160.16
Total	\$2,986,654.16	\$2,985,370.00	\$3,033,136.00	\$0.00	\$0.00	\$9,005,160.16

Funding From Other Sources - Financial Details



Funding From Other Sources - Organisational Details



Summary of activity changes for Department

Activity Status

Ready for Submission

Subject	Description	Commented By	Date Created
Ready for finance review	add funding til 24/25	ANEILL KAMATH	30/07/2023



MH - 6 - Severe and Complex



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

6

Activity Title *

Severe and complex

Existing, Modified or New Activity *

Modified



Activity Priorities and Description

Program Key Priority Area *

Mental Health Priority Area 4: Mental health services for people with severe and complex mental illness including care packages

Other Program Key Priority Area Description**Aim of Activity ***

Services and Treatment for People with Enduring and Persistent Mental Illness focuses on provision of primary care led treatment combinations to people with enduring and persistent Serious Mental Illness in the community. This program is intended to deliver equitable access to appropriate services that facilitate the coordinated and efficient provision of person-centred treatment and care, including services for members of vulnerable cohorts experiencing severe and complex mental illness.

The model is an outcomes focused model, with measurable impacts expected in three key areas:

- positive experience of care for consumers and their natural supports;
- improvement in clinical and quality of life outcomes;
- deliver system efficiencies by reducing acute system utilisation;
- establish pathways and resources that enable smooth transition between primary care and acute mental health services for people with severe and complex mental illness;
- embed physical health care into the treatment of people with severe and complex mental illness in accordance with the 'Equally Well Consensus'.

Description of Activity *

Services and Treatment for People with Enduring and Persistent Mental Illness focuses on provision of primary care led treatment combinations to people with enduring and persistent Serious Mental Illness in the community. This program is intended to deliver equitable access to appropriate services that facilitate the coordinated and efficient provision of person-centred treatment and care, including services for members of vulnerable cohorts experiencing severe and complex mental illness.

A redesigned service model for severe and complex mental health care across western Victoria will commence from 1 July 2023. The new service model – referred to as Regional Care Partnerships (RCP), is a partnership-led service delivery model that brings together local health agencies to deliver integrated, outcomes focused MH and AOD services that are responsive to needs in local contexts.

RCP aligns to the extensive service redesign process undertaken throughout 2021 – 2022 as part of WVPHN's commitment to adopt a place based-commissioning strategy. It involved several steps including scan of current evaluations, literature and policy documents, co-design with stakeholders and health consumers and market soundings with current and potential service providers to redesign mental health (MH), AOD and chronic conditions programs.

The procurement process undertaken throughout 2021 – 2022 identified a lead agency within each of the four WVPHN subregions (Ballarat Goldfields, Geelong Otway, Great South Coast and Wimmera Grampians) representing formal partnerships to deliver RCP – AOD and MH for a three year period (July 2023 – June 2026). Whereas in the past WVPHN has funded and procured AOD and MH services separately, RCP encompasses the following four key services aligned with a stepped care approach, which can be delivered using a blended approach to address co-occurring AOD and MH support needs, or can be delivered to address independent needs across Western Victoria. The four key services are:

AOD Services (Drug and Alcohol Program (DAP) and Brief Interventions) [AOD 1 and AOD 3]

Low Intensity Mental Health Services [MH 1]

Structured Psychological Therapies [MH 5]

High Intensity Mental Health Treatment and Care Coordination [MH 6]

WVPHN will work with commissioned organizations to undertake the following activities:

- *Continue the delivery of severe and complex MH services through the four RCP Lead Agencies and their Partners
- *Continue supporting suppliers to meet service deliverables, monitoring progress and work on improving outcome measure use and compliance by commissioned organisation
- * Review service provision and consider improved referral and intake pathways for clients of the program.
- * Consider service refinement following the development of the regional mental health plan within a stepped care framework.
- * Ensure continuity of care for patients by continuing to ensure GP's are embedded as the central coordination role for referral, review and completion of treatment for individuals within a stepped care model.
- * Support Practice Facilitators to consult and review periodic reports on referral allocation and outcome reporting with General Practice.
- * Refine and further develop service based on the completion of the mental health and suicide prevention regional plan and program evaluation
- * Transition to the Regional Care Partnerships service model for the delivery of Severe and Complex services during the period 1 March 2023 -30 June 2023 with successful suppliers commencing on 1 July 2023.
- * Within the context of RCP – AOD and MH, AOD services will complement and support the mental health sector in caring for people with co-occurring AOD and MH support needs through the lens of the stepped care framework.
- * Referral pathway development and implementation.
- * WVPHN is committed to ongoing monitoring and evaluation of RCP and will fund a comprehensive evaluation to track progress and performance and provide opportunities for quality improvements to be made within the service model across the three years and prior to contract extensions.

Needs Assessment Priorities *

Needs Assessment

Western Victoria-NA-2022/23-2024/25 V1

Priorities

Priority	Page reference
Mental health - Ballarat Goldfields	21
Mental health - Great South Coast	27
Mental health - Geelong Otway	15
Mental health - Wimmera Grampians	34



Activity Demographics

Target Population Cohort

People with or at risk of persistent and enduring mental illness and most complex mental health needs.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

Ongoing regional consultations to be held with:

- General practices
- Non-government organisations
- Allied health providers
- Carers Victoria
- Aboriginal Community Controlled Health Organisations
- Refugee & Culturally and linguistically diverse communities

- LGBTIQ+ peak body
- Suicide prevention networks
- General practice nurses
- The Royal Australian College of General Practitioners
- Community groups
- Peak bodies of vulnerable groups

Use of Meeting Place – Western Victoria PHN’s online consultation and engagement platform.

Consultations will include face to face, via user experience surveys and online engagement platforms.

Collaboration

Collaboration will continue to be developed and maintained between all key stakeholders through:

- Regional planning with Local Hospital Networks (LHNs) and stakeholders
- Targeted collaboration and co-design with peak bodies of priority population groups
- Utilisation of Practice Facilitators to engage General Practice.
- Pharmacy
- National Disability Insurance Agency



Activity Milestone Details/Duration

Activity Start Date

28/06/2019

Activity End Date

29/06/2025

Service Delivery Start Date

30/06/2019

Service Delivery End Date

30/06/2025

Other Relevant Milestones

Transition to RCP - 30/07/2023



Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No

Continuing Service Provider / Contract Extension: Yes

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): No

Is this activity being co-designed?

No

Is this activity the result of a previous co-design process?

Yes

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

No

Decommissioning

Yes

Decommissioning details?

A redesigned service model for MH-6 severe and complex1 Low Intensity care across western Victoria will commence from 1 July 2023. The new service model – referred to as Regional Care Partnerships (RCP), is a partnership-led service delivery model that brings together local health agencies to deliver integrated, outcomes focused MH and AOD services that are responsive to needs in local contexts. 2 services were decommissioned in this process

RCP aligns to the extensive service redesign process undertaken throughout 2021 – 2022 as part of WVPHN's commitment to adopt a place based-commissioning strategy. It involved several steps including scan of current evaluations, literature and policy documents, co-design with stakeholders and health consumers and market soundings with current and potential service providers to redesign mental health (MH), AOD and chronic conditions programs.

The procurement process undertaken throughout 2021 – 2022 identified a lead agency within each of the four WVPHN subregions (Ballarat Goldfields, Geelong Otway, Great South Coast and Wimmera Grampians) representing formal partnerships to deliver RCP – AOD and MH for a three year period (July 2023 – June 2026). RCP encompasses the following four key services aligned with a stepped care approach, which can be delivered using a blended approach to address co-occurring AOD and MH support needs, or can be delivered to address independent needs across Western Victoria. The four key services are:

AOD Services (Drug and Alcohol Program (DAP) and Brief Interventions) [AOD 1 and AOD 3]

Low Intensity Mental Health Services [MH 1]

Structured Psychological Therapies [MH 5]

High Intensity Mental Health Treatment and Care Coordination [MH 6]

Co-design or co-commissioning comments

N/A

Is this activity in scope for data collection under the Mental Health National Minimum Dataset?

Yes



Activity Planned Expenditure

Planned Expenditure

Funding Stream	FY 22 23	FY 23 24	FY 24 25	FY 25 26	FY 26 27
Interest - Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Indigenous Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
headspace	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Way Back Support	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Initial Assessment and Referral	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mental Health Flexible	\$2,167,511.41	\$1,069,026.00	\$1,505,840.00	\$0.00	\$0.00

Totals

Funding Stream	FY 22 23	FY 23 24	FY 24 25	FY 25 26	FY 26 27	Total
Interest - Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Indigenous Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
headspace	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Way Back Support	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Initial Assessment and Referral	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mental Health Flexible	\$2,167,511.41	\$1,069,026.00	\$1,505,840.00	\$0.00	\$0.00	\$4,742,377.41
Total	\$2,167,511.41	\$1,069,026.00	\$1,505,840.00	\$0.00	\$0.00	\$4,742,377.41

Funding From Other Sources - Financial Details

Funding From Other Sources - Organisational Details



Summary of activity changes for Department

Activity Status

Ready for Submission

Subject	Description	Commented By	Date Created
Ready for finance review	add funding til 24/25	ANEILL KAMATH	30/07/2023



MH - 7 - Suicide Prevention. The Way Back Support Services



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

7

Activity Title *

Suicide Prevention. The Way Back Support Services

Existing, Modified or New Activity *

Existing



Activity Priorities and Description

Program Key Priority Area *

Mental Health Priority Area 5: Community based suicide prevention activities

Other Program Key Priority Area Description**Aim of Activity ***

The objectives of the service are to:

- Improve access to high-quality aftercare to support at individuals at risk of suicide to stay safe;
- Connect individuals to community-based services;
- Connect individuals with support networks including families, friends and careers; and
- Reduce distress and improve wellbeing.

Description of Activity *

Ultimately, the above objectives are intended to contribute to reducing the risk of suicide (re)attempts for individuals experiencing a suicidal crisis or who have made a suicide attempt.

Support is provided for up to three months and targets those at high risk through referrals, following hospital presentations.

Eligibility criteria applies for individuals to be accepted into the program.

The Way Back is underpinned by four guiding principles.

Promotes strengths and resilience: The objective of The Way Back is to support persons at risk of suicide to (re)connect with community-based services and supportive social and family networks that will provide long term positive support beyond the duration of the Service. For this reason, support provided through The Way Back must be strengths-based and empower its clients to seek, engage, connect and participate in community-based supports outside of the Service to build resilience and ensure a

sustained reduction in risk of suicide.

Psychosocial and clinical needs are complementary: The psychological distress associated with a suicide attempt or suicidal crisis undoubtedly requires therapeutic intervention from relevant clinical experts. This support however cannot be to the exclusion of considering and understanding the impact and implications of psychosocial issues on an individual's mental health and risk of suicide. As such, support for persons following a suicide attempt or experiencing a suicidal crisis requires an integrated approach where psychosocial support and therapeutic support are seen as interdependent. The Way Back therefore aims to complement clinical care provided by mental health professionals by providing practical, everyday support that helps the person maintain safe, connected living.

Support must be responsive to individual needs: Each individual who has attempted suicide or is experiencing a suicidal crisis has a unique set of circumstances and complexity of issues, such as family, work, physical, psychological or financial circumstances among others. Supporting individuals following a distressing experience must be tailored to their individual needs, triggers, motivations, abilities and, most significantly, their strengths.

Timely support is critical to managing risk: Risk of suicide or escalation of suicidal crisis can be unpredictable. Providing individuals with support at times when they are most vulnerable is critical to ensuring that support is effective in achieving safety. Presenting at and/or being admitted to hospital following a suicide attempt or suicidal crisis is a time of heightened risk. Tailored support on discharge from hospital through The Way Back provides the opportunity to intervene with an individual to manage their risk, safety and vulnerability at this particularly acute time.

- WVPHN commissioned a provider to deliver TWBSS in the Great South Coast region
- WVPHN supports the establishment and implementation of TWBSS in the Great South Coast region

The blended HOPE and The Way Back model:

Following the preliminary findings of the Royal Commission into Victoria's Mental Health System, The Commonwealth and Victorian governments agreed to jointly fund eight additional aftercare services in Victoria (four funded by the Victorian Government and four funded by the Commonwealth) that blend The Way Back and HOPE models, described as the blended HOPE and The Way Back model.

HOPE and The Way Back Support Service share many similarities which enable the integration of the two models of care. Both models are designed to support individuals following a suicide attempt or at risk of suicide/ intentional self-harm.

The Way Back Support Service (The Way Back) is a non-clinical support service developed by Beyond Blue, which focuses on providing practical psychosocial support to people experiencing a suicidal crisis or who have attempted suicide. The HOPE program is a psychosocial and clinical support service that delivers assertive outreach to individuals who are at significant risk of suicide following discharge from hospital after presenting for a suicide attempt or serious planning or intent. Eligibility criteria also applies for this program.

The objectives of the HOPE and The Way Back Blended model are to:

- * improve recovery outcomes for the target cohort through strengthening connection to carers, family, community and support services
- * build capacity of individuals to self-manage distress and improve mental wellbeing;
- * provide practical (psycho)social support and psychological treatment that enables individuals within the target cohort to build self-resilience and capacity to self-manage social, economic, and environmental factors that can contribute to suicidality
- * provide access to peer support to harnesses the lived experience of someone who can draw upon their own experience to build a mutual relationship that fosters hope and optimism
- * improve access to high-quality aftercare to support at risk individuals to stay safe;
- * improve links to clinical and community-based support for the target cohort that is tailored, timely and responsive to the unique needs and circumstances of individuals
- * improve the capacity and capability of the workforce at selected hospital sites to identify and support individuals within the target cohort
- * improve the capacity and capability of the service workforce to support at risk individuals.

Ultimately, the objectives are intended to contribute to reducing the risk of suicide (re)attempts for individuals who have made suicide attempt or are at risk of suicide or intentional self-harm. Like the standalone TWBSS model, support is provided for up to three months and targets those at high risk through referrals, following hospital presentations.

WVPHN executed a Schedule to provide direction to the LHN for monitoring deliverables of the psychosocial aspects for The HOPE

and The Way Back blended model in the Wimmera Grampians region. This includes the collection of the PHMC-MDS and The Way Back minimum dataset.

WVPHN supports the establishment and implementation of The HOPE and The Way Back blended model in the Wimmera Grampians region through data and progress monitoring.

Needs Assessment Priorities *

Needs Assessment

WVPHN 2021-24 Needs Assessment

Priorities

Priority	Page reference
Mental health treatment rates - Geelong Otway	17
Mental Health Treatment - Ballarat Goldfields	22
Mental Health and treatment rates - Wimmera Grampians	33
Mental Health treatment rates - Great South Coast	28



Activity Demographics

Target Population Cohort

Targets individuals following a suicide attempt or those identified as experiencing a suicidal crisis.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

No

SA3 Name	SA3 Code
Warrnambool	21704
Grampians	21501



Activity Consultation and Collaboration

Consultation

Western Victoria PHN will continue to consult with key stakeholders (service providers, government, community organisations, people with lived experience) identified across the Lifespan Model and key stakeholders identified in each place-based mapping and gap analysis work (including existing suicide prevention community groups) that can contribute to reducing suicides rates. Consultations will include face to face, via user experience surveys and online engagement platforms.

Collaboration

Collaboration will continue to be developed and maintained between all key stakeholders through:

- * Collaboration underpinned by the joint work with local hospital networks for mental health and suicide prevention planning.
- * The Great South Coast Place Based Trial Leadership group.
- * The Mental Health and Suicide Prevention Regional Plan Implementation Committee and Working Groups.
- * Collective Impact approaches at a place-based level with stakeholders including health services, schools, emergency services and community members to develop and deliver a local suicide prevention activity plan.
- * Targeted collaboration and design with peak bodies such as RACGP, Suicide Prevention Australian, Roses in the Ocean (people with lived experience) and Victorian Aboriginal Community Controlled Health Organisation.
- * Co-design with vulnerable groups and ensuring their representation in governance structures.



Activity Milestone Details/Duration

Activity Start Date

29/06/2019

Activity End Date

29/06/2023

Service Delivery Start Date

01/01/2020

Service Delivery End Date

30/06/2023 (Great South Coast-Warrnambool) and 30/06/2023 (Wimmera Grampians)

Other Relevant Milestones



Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No

Continuing Service Provider / Contract Extension: Yes

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): No

Is this activity being co-designed?

Yes

Is this activity the result of a previous co-design process?

Yes

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

Yes

Has this activity previously been co-commissioned or joint-commissioned?

Yes

Decommissioning

No

Decommissioning details?

Co-design or co-commissioning comments

N/A

Is this activity in scope for data collection under the Mental Health National Minimum Dataset?

Yes



Activity Planned Expenditure

Planned Expenditure

Funding Stream	FY 22 23	FY 23 24	FY 24 25	FY 25 26	FY 26 27
Interest - Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Indigenous Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
headspace	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Initial Assessment and Referral	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mental Health Flexible	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Way Back Support	\$1,292,073.32	\$0.00	\$0.00	\$0.00	\$0.00

Totals

Funding Stream	FY 22 23	FY 23 24	FY 24 25	FY 25 26	FY 26 27	Total
Interest - Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Indigenous Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
headspace	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Initial Assessment and Referral	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mental Health Flexible	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Way Back Support	\$1,292,073.32	\$0.00	\$0.00	\$0.00	\$0.00	\$1,292,073.32
Total	\$1,292,073.32	\$0.00	\$0.00	\$0.00	\$0.00	\$1,292,073.32

Funding From Other Sources - Financial Details

Funding From Other Sources - Organisational Details



Summary of activity changes for Department

Activity Status

Ready for Submission

Subject	Description	Commented By	Date Created
Ready for finance review	funding finishes 22/23	ANEILL KAMATH	30/07/2023



MH - 8 - Aboriginal and Torres Strait Islander Mental Health.



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

8

Activity Title *

Aboriginal and Torres Strait Islander Mental Health.

Existing, Modified or New Activity *

Existing



Activity Priorities and Description

Program Key Priority Area *

Mental Health Priority Area 6: Aboriginal and Torres Strait Islander mental health services

Other Program Key Priority Area Description**Aim of Activity ***

Enhance access to and better integrate Aboriginal and Torres Strait Islander mental health services at a local level facilitating a joined-up approach with other closely connected services including social and emotional wellbeing, suicide prevention and alcohol and other drug services.

Description of Activity *

- * Continue delivery of existing Brief Intervention Aboriginal and Torres Strait Islander Mental Health Services. Brief interventions will continue to enable;
- * Detailed assessment and screening for those most at risk of mental illness
- * Family inclusive practice
- * Timely access to a coordinated continuum of interdisciplinary care within a stepped care system
- * Continue to work collaboratively on implementing recommendations from the evaluation conducted, while monitoring progress of these recommendations.

Needs Assessment Priorities ***Needs Assessment**

Priorities

Priority	Page reference
First Nations communities – Mental health	41



Activity Demographics

Target Population Cohort

Aboriginal and Torres Strait Islander people accessing mental health services and organisations providing mental health services to Aboriginal and Torres Strait Islander people.

In Scope AOD Treatment Type *

Indigenous Specific *

Yes

Indigenous Specific Comments

Aboriginal Community Controlled Health Organisations are currently commissioned, they will continue to be engaged regularly to review and ensure services being provided are meeting the community needs.

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

Ongoing regional consultations to be held.

Use of Meeting Place – Western Victoria PHN's online consultation and engagement platform.

Consultations will include face to face, via user experience surveys and online engagement platforms.

Collaboration

Collaboration with the following stakeholders will continue, which will include the continuation of co-design and refinement of these activities, as well as being involved in the regional mental health and suicide prevention plan:

- * Aboriginal Community Controlled Health Organisations
- * Victorian Aboriginal Community Controlled Health Organisation
- * External consultants that specialise in SEWB



Activity Milestone Details/Duration

Activity Start Date

29/06/2022

Activity End Date

29/06/2024

Service Delivery Start Date

01/07/2020

Service Delivery End Date

30/06/2024

Other Relevant Milestones



Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No

Continuing Service Provider / Contract Extension: Yes

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): No

Is this activity being co-designed?

No

Is this activity the result of a previous co-design process?

No

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

No

Decommissioning

No

Decommissioning details?

N/A

Co-design or co-commissioning comments

N/A

Is this activity in scope for data collection under the Mental Health National Minimum Dataset?

Yes



Activity Planned Expenditure

Planned Expenditure

Funding Stream	FY 22 23	FY 23 24	FY 24 25	FY 25 26	FY 26 27
Interest - Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
headspace	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Way Back Support	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Initial Assessment and Referral	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mental Health Flexible	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Indigenous Mental Health	\$401,339.16	\$319,470.00	\$0.00	\$0.00	\$0.00

Totals

Funding Stream	FY 22 23	FY 23 24	FY 24 25	FY 25 26	FY 26 27	Total
Interest - Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
headspace	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Way Back Support	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Initial Assessment and Referral	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mental Health Flexible	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Indigenous Mental Health	\$401,339.16	\$319,470.00	\$0.00	\$0.00	\$0.00	\$720,809.16
Total	\$401,339.16	\$319,470.00	\$0.00	\$0.00	\$0.00	\$720,809.16

Funding From Other Sources - Financial Details

Funding From Other Sources - Organisational Details



Summary of activity changes for Department

Activity Status

Ready for Submission

Subject	Description	Commented By	Date Created
Ready for finance review	Add funding until 23/24	ANEILL KAMATH	30/07/2023



MH - 10 - Targeted Regional Initiatives for Suicide Prevention



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

10

Activity Title *

Targeted Regional Initiatives for Suicide Prevention

Existing, Modified or New Activity *

Existing



Activity Priorities and Description

Program Key Priority Area *

Mental Health Priority Area 5: Community based suicide prevention activities

Other Program Key Priority Area Description**Aim of Activity ***

The National Mental Health and Suicide Prevention Strategy sits within a commitment by all Governments to work together to:

- *Reduce system fragmentation through improved integration between Commonwealth, State and Territory funded services;
- *Address gaps in the system by ensuring community based mental health and suicide prevention services are effective, accessible and affordable; and
- *Prioritise investment in prevention and early intervention.

Governments have also committed to consider and support the mental health and wellbeing of the specific priority populations groups.

Best evidenced system based approaches are complex and multifactorial requiring local adaptations, strong local partnerships and community buy-in for successful implementation of systems-based suicide prevention.

This proposal aims to leverage from the learnings of the Suicide Prevention Place Based Trials in the Great South Coast and Ballarat, and the Geelong Suicide Prevention Initiative by:

- *the appointment of Suicide Prevention Officers (SPOs) to lead and coordinate the collective efforts within a regional strategy and lead the implementation of primary care suicide prevention activities,

- *the provision and application of local data relevant to each sub-region of western Victoria
- *embedding skilled local personnel into existing WVPHN commissioned services to enhance service responsiveness and capability in all four regions of western Victoria
- *establishing of a community of practice of the skilled personnel across the region to report on strategy implementation
- *establishment and coordination of lived experience consultation groups in each sub-region of western Victoria
- *reconvening or establishing local suicide prevention leadership group panels
- *monitoring and reporting on local initiatives, system pathways and identification of systemic challenges or barriers to well-coordinated and integrated care for people at risk of suicide
- *coordinating communication and feedback through WVPHN commissioned service providers, service improvement initiatives and local networks of service providers
- *monitoring the coordination of postvention and aftercare activities within the regional suicide prevention strategy

Description of Activity *

WVPHN will recruit senior level suicide prevention officers to lead initiatives and activities aimed to improve the coordination and integration of the system of care for people at risk of suicide across western Victoria.

By applying a systems based approach and informed through Coronial Court suicide data for each sub-region of western Victoria, the SPO will leverage off WVPHN needs analysis, learnings gleaned from the Suicide Prevention Place Based Trials in the Great South Coast and Ballarat, and the Geelong Suicide Prevention Initiative to ensure community based mental health and suicide prevention services are effective, accessible and affordable; and prioritise investment in prevention and early intervention activities that aim to reduce deliberate self-harm and death by suicide across all age groups.

The SPO's will:

- *Organise and formulate combinations of information sources to understand place-based needs and priority groups,
- *engage local partners and communities to establish regional objectives, co-design local strategies and coordinate the collective efforts across each sub-region
- *reconvene or establish local suicide prevention leadership group panels in each region
- *lead, establish coordinate and support a suicide prevention community of practice comprised of key personnel that monitor and report on the implementation of their place based strategies
- *coordinate, monitor and report on the implementation of suicide prevention activities and initiatives planned collaboratively in each part of the region.
- *Monitor systemic performance relating to referrals, service access, navigation, transition and consumer experience of care and service outcomes, detailing and reporting opportunities for improvement gaps or barriers in collaboration with stakeholders
- *Supporting CoP members in their understanding and implementation of local strategies and initiatives that enables system improvements with a focus on broader regional objectives.

Service delivery funds will be directed to the four (4) successful applicants of the recently tendered Regional Care Partnerships (RCP) services in the Great South Coast, Geelong Otway, Ballarat Goldfields and Wimmera Grampians regions.

It is proposed that the full funding is distributed consistently with the financial modelling applied for the allocation of funding for the provision of the RCP in each sub-region. This additional funding is intended to;

- *Enhance service capacity to attract skilled personnel in suicide assessment and treatment/management
- *Enhance service capacity to support priority responses to people identified at risk of suicide within the primary care scope of work and prevent time delays to assessment for people seeking help
- *Provide local supervision to and support for colleagues and service partners consistent with best practice standards in suicide assessment, safety planning, treatment and recovery
- *Lead place-based collaborations for local service pathway development/refinement, application of the IAR to determine levels of care, advocate for consistent standards and local agreements that elevate the experience of care for consumers and inform the innovative design of a place based shared clinical governance process that enables care transition and information flow between system interfaces without unnecessary duplication of activities for consumers.
- *Elevate responsibility for local system monitoring regarding service access, co-design local pathway development and coordinate the collective efforts across each sub-region
- *Participate as a lead member in a regional community of practice for suicide prevention for each sub-region
- *Oversee, monitor and report on place based strategy implementation regarding suicide prevention services and initiatives
- *Participate with local suicide prevention leadership group panels in the sub-region
- *Monitor and report on service gaps, barriers and opportunities in each sub-region.

*Engage with and support local General Practitioners to support referral pathways, service responses and collaborative shared care for people at risk of suicide in each sub-region.

Needs Assessment Priorities *

Needs Assessment

Western Victoria-NA-2022/23-2024/25 V1

Priorities

Priority	Page reference
Mental health - Ballarat Goldfields	21
Mental health - Great South Coast	27
Mental health - Geelong Otway	15
Mental health - Wimmera Grampians	34



Activity Demographics

Target Population Cohort

- LGBTQIA+SB people
- Children and young people, including those in out-of-home care
- People living in regional, rural and remote areas of Australia
- People experiencing socioeconomic disadvantage
- Culturally and linguistically diverse communities and refugees
- First Nations people
- People with complex mental health needs, including people with co-occurring mental health and cognitive disability and/or autism.
- People with harmful use of alcohol or other drugs, or people with substance use disorders
- People who have made a previous suicide attempt or who have been bereaved by suicide

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

Ongoing regional consultations to be held with:

- * Local hospital networks
- * General practices
- * Non-government organisations
- * Allied health providers
- * Carers Victoria
- * Aboriginal Community Controlled Health Organisations
- * Refugee & Culturally and linguistically diverse communities
- * LGBTIQ+ peak body
- * Suicide prevention networks
- * General practice nurses
- * The Royal Australian College of General Practitioners
- * Community groups
- * Peak bodies of vulnerable groups
- * Commissioned providers

Collaboration

This programme of activity will be undertaken alongside our key stakeholders to ensure that we are able to participate fully in a co-design process in the implementation of activities. These include:

- * Victoria Department of Health and Human Services
- * National Disability Insurance Agency
- * People with lived experience
- * General practices
- * Mental health service providers
- * Peer workforce
- * Non-government organisations
- * Local hospitals networks
- * Allied health providers



Activity Milestone Details/Duration

Activity Start Date

29/06/2019

Activity End Date

28/06/2025

Service Delivery Start Date

01/04/2023

Service Delivery End Date

30/06/2025

Other Relevant Milestones



Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No

Continuing Service Provider / Contract Extension: No

Direct Engagement: Yes

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): No

Is this activity being co-designed?

Yes

Is this activity the result of a previous co-design process?

No

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

No

Decommissioning

No

Decommissioning details?

Co-design or co-commissioning comments

Is this activity in scope for data collection under the Mental Health National Minimum Dataset?

No



Activity Planned Expenditure

Planned Expenditure

Funding Stream	FY 22 23	FY 23 24	FY 24 25	FY 25 26	FY 26 27
Interest - Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Indigenous Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
headspace	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Way Back Support	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Initial Assessment and Referral	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mental Health Flexible	\$896,934.00	\$792,383.00	\$442,740.00	\$0.00	\$0.00

Totals

Funding Stream	FY 22 23	FY 23 24	FY 24 25	FY 25 26	FY 26 27	Total
Interest - Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Indigenous Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
headspace	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Way Back Support	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Initial Assessment and Referral	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mental Health Flexible	\$896,934.00	\$792,383.00	\$442,740.00	\$0.00	\$0.00	\$2,132,057.00
Total	\$896,934.00	\$792,383.00	\$442,740.00	\$0.00	\$0.00	\$2,132,057.00

Funding From Other Sources - Financial Details

Funding From Other Sources - Organisational Details



Summary of activity changes for Department

Activity Status

Ready for Submission

Subject	Description	Commented By	Date Created
Ready for finance review	required as activity but there is not funding available	ANEILL KAMATH	30/07/2023



MH - 11 - Stepped Care Approach



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

11

Activity Title *

Stepped Care Approach

Existing, Modified or New Activity *

Modified



Activity Priorities and Description

Program Key Priority Area *

Mental Health Priority Area 7: Stepped care approach

Other Program Key Priority Area Description**Aim of Activity ***

To refine the established continuum of primary mental health services through the implementation of recommendations derived from program evaluations completed in 2021/22. The implementation of the Initial Assessment and Referral – Decision Support Tool (IAR-DST) will help elevate the experience of care by involving help seekers in collaborative decision making regarding appropriate levels of care required and engaging in shared care planning.

Further co-design with stakeholders and Market Sounding activities will help refine systemic design for service integration and promote the natural flow of care based on the persons needs and choices. Service access and flow will be coordinated by supported navigation to service offerings.

The stepped care implementation strategy will also continue to introduce a primary mental health outcomes framework to facilitate outcome focused commissioning activities for the future.

The Regional Care Partnership (RCP) – Mental Health and Alcohol and Other Drugs (AOD) model is a partnership-led service delivery model intended to address co-occurring AOD and mental health support needs, as well as independent AOD and mental health support needs across western Victoria.

The objectives of the WVPHN Place-Based commissioned RCP services are to:

- *Deliver person-centred services for people who have AOD and/or mental health support needs by providing accessible and appropriate care to meet the diverse needs of consumers, natural supporters, and the community
- *Deliver AOD and mental health services across a stepped care framework, with low to high intensity services with an emphasis on supporting priority populations
- *Deliver partnership approaches with a focus on service integration across sectors that promotes better care-coordination
- *Support the development of a multidisciplinary collaborative care workforce to better support consumers with complex AOD and/or mental health support needs to improve health outcomes and;
- *Ensure maximum value is delivered within the available budget.

Description of Activity *

The new Regional Care Partnerships (RCP) – Mental Health and AOD service takes a stepped care approach to service delivery, where a person presenting to the service is matched to the least intensive level of care that most suits their current treatment need, considering the balance between intended benefits and potential risks. RCP will include four of the five Levels of Care, which ranges from Low Intensity (Level 1) to High Intensity services (Level 4). However, as PHNs commission primary health services, Level 5 services are considered outside the scope of the RCP model, in which case there would be warm transfer to external Level 5 services.

Individuals may ‘step up’ or ‘step down’ between Levels of Care where eligible and appropriate. Care may be provided by the same clinician throughout the care journey and across Levels of Care if it is within the scope of their practice and as long as services are not duplicative. For example, a consumer will not be eligible to receive more than one level of mental health care within the ‘Working Together’ model simultaneously as this would be considered duplicative. However, consumers can receive AOD and mental health services concurrently within the RCP service.

Western Victoria PHN has translated the stepped care model into the next stage of the comprehensive mental health and suicide prevention regional plan. This blueprint will complement the further co-design of service coordination and incorporate the recommendations from the mental health program evaluations completed in 2021/22. The following activities will continue without the need for additional funding be allocated:

- * Completion of the comprehensive mental health and suicide prevention regional plan.
- * Continue to facilitate the IAR-DST to support service access, navigation and the natural flow of care according to the needs of people
- * Continue to target specific workforce development activities through the Continuing Professional Development programme of Western Victoria PHN to support the implementation of a stepped care approach.
- * Continue to align all new commissioning activities to stepped care blueprint.

The priority activities better direct people that experience mental health problems relevant to complexity, and involves their families, professionals, organisations and systems of care. The stepped care plan includes activities to promote the flexible transition to interventions within a continuum of care to ensure timely access to appropriate services for the right person at the right time in the right place using best available evidence to support their needs.

By providing a stepped care service model the least intensive intervention can be prioritised first with the flexibility and responsiveness to allow the delivery of care to be stepped up or down along the mental health care pathway according to changing needs and in response to treatment and intervention.

Logical and sequential planning and implementation will assist in prioritising the coordination and integration of co-design and commissioning mental health activities in Western Victoria PHN catchment.

Needs Assessment Priorities *

Needs Assessment

Western Victoria-NA-2022/23-2024/25 V1

Priorities

Priority	Page reference
Mental health - Ballarat Goldfields	21
Mental health - Great South Coast	27
Mental health - Geelong Otway	15
Mental health - Wimmera Grampians	34



Activity Demographics

Target Population Cohort

- * People with high levels of psychological distress.
- * People at risk of suicide.
- * Prodrome or ultra-high risk of low prevalence mental illness.
- * People that experience complex, persistent and enduring mental illness and at high risk of relapse.
- * GP prescribing of psychotropic medicine for mental illness.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

Ongoing regional consultations to be held with:

- * General practices
- * Non-government organisations

- * Allied health providers
- * Carers Victoria
- * Aboriginal Community Controlled Health Organisations
- * Refugee & Culturally and linguistically diverse communities
- * LGBTIQ+ peak body
- * Suicide prevention networks
- * General practice nurses
- * The Royal Australian College of General Practitioners
- * Community groups
- * Peak bodies of vulnerable groups

Use of Meeting Place – Western Victoria PHN’s online consultation and engagement platform.

Consultations will include face to face, via user experience surveys and online engagement platforms.

Collaboration

This programme of activity will be undertaken alongside our key stakeholders to ensure that we are able to participate fully in a co-design and co-commissioning process in the implementation of recommendations over the coming years. These include:

- * Victoria Department of Health and Human Services
- * National Disability Insurance Agency
- * Consumers, carers, families and communities
- * General practices
- * Non-government organisations
- * Mental health service providers
- * Local hospital networks
- * Allied health providers



Activity Milestone Details/Duration

Activity Start Date

29/06/2019

Activity End Date

28/06/2025

Service Delivery Start Date

01/07/2023

Service Delivery End Date

30/06/2024

Other Relevant Milestones



Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: Yes
Continuing Service Provider / Contract Extension: No
Direct Engagement: No
Open Tender: No
Expression Of Interest (EOI): No
Other Approach (please provide details): No

Is this activity being co-designed?

No

Is this activity the result of a previous co-design process?

Yes

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

No

Decommissioning

No

Decommissioning details?

N/A

Co-design or co-commissioning comments

N/A

Is this activity in scope for data collection under the Mental Health National Minimum Dataset?

No



Activity Planned Expenditure

Planned Expenditure

Funding Stream	FY 22 23	FY 23 24	FY 24 25	FY 25 26	FY 26 27
Interest - Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Indigenous Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
headspace	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Way Back Support	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Initial Assessment and Referral	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mental Health Flexible	\$1,697,428.10	\$0.00	\$0.00	\$0.00	\$0.00

Totals

Funding Stream	FY 22 23	FY 23 24	FY 24 25	FY 25 26	FY 26 27	Total
Interest - Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Indigenous Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
headspace	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Way Back Support	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Initial Assessment and Referral	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mental Health Flexible	\$1,697,428.10	\$0.00	\$0.00	\$0.00	\$0.00	\$1,697,428.10
Total	\$1,697,428.10	\$0.00	\$0.00	\$0.00	\$0.00	\$1,697,428.10

Funding From Other Sources - Financial Details

Funding From Other Sources - Organisational Details



Summary of activity changes for Department

Activity Status

Ready for Submission

Subject	Description	Commented By	Date Created
Ready for finance review	Note: required to submit but we receive no funding for this area	ANEILL KAMATH	30/07/2023



MH - 13 - Support After Suicide



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

13

Activity Title *

Support After Suicide

Existing, Modified or New Activity *

Existing



Activity Priorities and Description

Program Key Priority Area *

Mental Health

Other Program Key Priority Area Description**Aim of Activity ***

To support people bereaved from suicide from across the WVPHN region to access the right support, at the right time, in a location convenient to them

Description of Activity *

Service objectives are as follows.

1. To enable access for people bereaved by suicide to postvention services and support initial
2. transition points.
3. To support people bereaved by suicide through the provision of timely information, resources
4. and effective direct support.
5. Service transition.
6. Service improvement.
7. To track the service system experience of people from the Western Victoria PHN region bereaved by suicide.
8. To build capacity of local postvention protocol teams, local service providers and people bereaved by suicide.

Needs Assessment Priorities *

Needs Assessment

Western Victoria-NA-2022/23-2024/25 V1

Priorities

Priority	Page reference
Mental health - Ballarat Goldfields	21
Mental health - Great South Coast	27
Mental health - Geelong Otway	15
Mental health - Wimmera Grampians	34



Activity Demographics

Target Population Cohort

People bereaved by suicide in the Western Victoria region

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

- The Jesuits suicide support program
- *HOPE Bereavement Care
- Thrilli (Aboriginal and Torres Strait Islander specific postvention support)
- StandBy (Wellways)
- Suicide prevention networks
- Victoria Police
- General Practitioners and community service organisations
- Peak bodies of vulnerable groups
- Program Volunteers

Collaboration

Collaboration will continue to be developed and maintained between all key stakeholders through:

- Postvention Protocols
- Engagement with postvention colleagues such as HOPE Bereavement Care, Thrilli and StandBy



Activity Milestone Details/Duration

Activity Start Date

30/06/2019

Activity End Date

29/06/2024

Service Delivery Start Date

Service Delivery End Date

30/06/2024

Other Relevant Milestones



Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No

Continuing Service Provider / Contract Extension: Yes

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): No

Is this activity being co-designed?

No

Is this activity the result of a previous co-design process?

Yes

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

No

Decommissioning

Yes

Decommissioning details?

WVPHN have designed new models of care that will commence in 23-24. These are called regional partnerships (RCP). They are a combined mental health and AOD model. This activity will move into the once they are established

Co-design or co-commissioning comments



Activity Planned Expenditure

Planned Expenditure

Funding Stream	FY 22 23	FY 23 24	FY 24 25	FY 25 26	FY 26 27
Interest - Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Indigenous Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
headspace	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Way Back Support	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Initial Assessment and Referral	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mental Health Flexible	\$73,088.00	\$0.00	\$0.00	\$0.00	\$0.00

Totals

Funding Stream	FY 22 23	FY 23 24	FY 24 25	FY 25 26	FY 26 27	Total
Interest - Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Indigenous Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
headspace	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Way Back Support	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Initial Assessment and Referral	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mental Health Flexible	\$73,088.00	\$0.00	\$0.00	\$0.00	\$0.00	\$73,088.00

Total	\$73,088.00	\$0.00	\$0.00	\$0.00	\$0.00	\$73,088.00
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Funding From Other Sources - Financial Details

Funding From Other Sources - Organisational Details



Summary of activity changes for Department

Activity Status

Ready for Submission

Subject	Description	Commented By	Date Created
Ready for finance review		ANEILL KAMATH	30/07/2023



MH - 14 - Regional Mental Health and Suicide Prevention Plan



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

14

Activity Title *

Regional mental health and suicide prevention plan

Existing, Modified or New Activity *

Existing



Activity Priorities and Description

Program Key Priority Area *

Mental Health Priority Area 8: Regional mental health and suicide prevention plan

Other Program Key Priority Area Description**Aim of Activity ***

In partnership with Local Hospital Networks and the Victorian Department of Health, prepare for the development of an evidence based regional mental health and suicide prevention plan incorporating service mapping to identify needs and gaps, reduce duplication, remove inefficiencies and encourage integration of mental health services across the Western Victoria PHN catchment. This preparation will support the transition of this activity into the Regional Planning, Commissioning and Governance activity as part of the National Mental Health and Suicide Prevention Agreement and Bilateral PHN Program (NAB programs).

Description of Activity *

Western Victoria PHN will undertake the following actions to support the delivery of the activities above:

- Secure the ongoing commitment of the Local Hospital Networks in joint responsibility for planning and development of local and Victoria wide plan as the region transitions to the NAP program
- Complete a mental health and suicide prevention Foundation Plan to share with all relevant stakeholders
- Utilise Western Victoria PHN's 'meeting place', a regional engagement, communications and consultation platform to support planning consultations, communications and coordination of activities
- Action mental health and suicide prevention foundation plan into PHN commissioned activities and to support the NAB program
- Support the development of comprehensive three-year mental health and suicide prevention plan as part of the NAB program

Needs Assessment Priorities *

Needs Assessment

Western Victoria-NA-2022/23-2024/25 V1

Priorities

Priority	Page reference
Mental health - Ballarat Goldfields	21
Mental health - Great South Coast	27
Mental health - Geelong Otway	15
Mental health - Wimmera Grampians	34



Activity Demographics

Target Population Cohort

This is a joint responsibility between the Victorian Government, local hospital networks and Western Victoria PHN which will have a tiered approach to include all relevant stakeholders across Western Victoria PHN catchment. Including those listed below under "Consultation".

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

SA3 Name	SA3 Code
Surf Coast - Bellarine Peninsula	20303
Warrnambool	21704
Colac - Corangamite	21703
Glenelg - Southern Grampians	21701
Geelong	20302
Creswick - Daylesford - Ballan	20102
Maryborough - Pyrenees	20103
Grampians	21501
Barwon - West	20301

Ballarat	20101
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Activity Consultation and Collaboration

Consultation

Ongoing regional consultations to be held with:

- Local hospital networks
- General practices
- Non-government organisations
- Allied health providers
- Carers Victoria
- Aboriginal Community Controlled Health Organisations
- Refugee & Culturally and linguistically diverse communities
- LGBTIQ+ peak body
- Suicide prevention networks
- General practice nurses
- The Royal Australian College of General Practitioners
- Community groups
- Peak bodies of vulnerable groups

Use of Meeting Place – Western Victoria PHN's online consultation and engagement platform.

Consultations will include face to face, via user experience surveys and online engagement platforms.

Collaboration

This programme of activity will be undertaken alongside our key stakeholders to ensure that we are able to participate fully in a co-design and co-commissioning process in the implementation of recommendations over the coming years. These include:

- Victoria Department of Health and Human Services
- National Disability Insurance Agency
- People with lived experience
- General practices
- Mental health service providers
- Peer workforce
- Non-government organisations
- Local hospitals networks
- Allied health providers



Activity Milestone Details/Duration

Activity Start Date

30/06/2019

Activity End Date

29/06/2023

Service Delivery Start Date

01/07/2019

Service Delivery End Date

30/06/2023

Other Relevant Milestones

The activities of this program will transition into the activities of the Regional Planning, Commissioning and Governance (NAB Program)



Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: Yes

Continuing Service Provider / Contract Extension: No

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): No

Is this activity being co-designed?

Yes

Is this activity the result of a previous co-design process?

No

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

Yes

Has this activity previously been co-commissioned or joint-commissioned?

No

Decommissioning

No

Decommissioning details?

Co-design or co-commissioning comments

Is this activity in scope for data collection under the Mental Health National Minimum Dataset?

No



Activity Planned Expenditure

Planned Expenditure

Funding Stream	FY 22 23	FY 23 24	FY 24 25	FY 25 26	FY 26 27
Interest - Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Indigenous Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
headspace	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Way Back Support	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Initial Assessment and Referral	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mental Health Flexible	\$460,000.00	\$0.00	\$0.00	\$0.00	\$0.00

Totals

Funding Stream	FY 22 23	FY 23 24	FY 24 25	FY 25 26	FY 26 27	Total
Interest - Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Indigenous Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
headspace	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Way Back Support	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Initial Assessment and Referral	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mental Health Flexible	\$460,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$460,000.00
Total	\$460,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$460,000.00

Funding From Other Sources - Financial Details

Funding From Other Sources - Organisational Details



Summary of activity changes for Department

Activity Status

Ready for Submission

Subject	Description	Commented By	Date Created
Ready for finance review	As per VicPHN (Peter Marin) advice this activity will be included for 22-23 FY. Then superseded by the Regional Planning, Commissioning and Governance - NAB schedule My updates have mentioned the transition into NAB	ANEILL KAMATH	30/07/2023



MH - 182 - MH - 182 - Psychological Therapy Services in RACF



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

182

Activity Title *

MH - 182 - Psychological Therapy Services in RACF

Existing, Modified or New Activity *

Modified



Activity Priorities and Description

Program Key Priority Area *

Mental Health

Other Program Key Priority Area Description**Aim of Activity ***

To continue to address service gaps in the provision of psychological therapies for people living in residential aged care facilities particularly those in rural and remote areas, making optimal use of the available service infrastructure and workforce.

To continue to work closely with commissioned organisations, providers and General Practitioners about the intended target population, focus of treatment and expected outcomes of services to reinforce appropriate referral and treatment for those people most in need. In doing so, Western Victoria PHN will work towards orientating and informing referrers about other services within the stepped care model.

Continue to provide evidence based psychologically focused treatments for people experiencing mild to moderate mental illness who live in residential aged care facilities where there is limited access to services.

Description of Activity *

Psychological Therapy Services (PTS) for Older Australians residing in Residential Aged Care Facilities (RACF) provide evidence based in-reach services, short term focused psychological intervention to people with a diagnosable mild, moderate, or in some cases severe mental illness, or to people who have attempted, or are at risk of, suicide or self-harm where access to other services is not appropriate.

WVPHN will work with commissioned organisations to undertake the following activities:

- * Continue to address service gaps in the provision of psychological therapies for people living in residential aged care facilities (RACFs) in all areas with a focus on rural and remote areas, making optimal use of the available service infrastructure and workforce
- * Continue to work closely with commissioned organisations, providers and General Practitioners about the intended target population, focus of treatment and expected outcomes of services to reinforce appropriate referral and treatment for those people most in need
- * Continue to provide evidence based psychologically focused treatments for people experiencing mild to moderate mental illness who live in RACFs where there is limited access to services.
- * Ensure continuity of care for patients by continuing to ensure General Practitioners are embedded as the central coordination role for referral, review and completion of treatment for individuals within a stepped care model.
- * Continue to provide and expand in-reach evidence based, short-term psychological intervention to people living in RACFs
- * Ensure services are equitable and efficient and are provided within a stepped care framework and are implemented collaboratively, in close communication with RACFs and other key stakeholders, including consumers and family members
- * Continue ongoing delivery of commissioned PTS RACF providers across the whole WVPHN region including supporting suppliers to meet service deliverables and work on improving outcome measure use and compliance by commissioned organisations
- * Engage and support Practice Facilitators to consult and review periodic reports on referral allocation and outcome reporting with RACF's.

Needs Assessment Priorities *

Needs Assessment

Western Victoria-NA-2022/23-2024/25 V1

Priorities

Priority	Page reference
Mental health - Ballarat Goldfields	21
Mental health - Great South Coast	27
Mental health - Geelong Otway	15
Mental health - Wimmera Grampians	34



Activity Demographics

Target Population Cohort

People living in residential aged care facilities particularly those in rural and remote areas requiring access to psychological therapy services.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

Consultation:

Ongoing regional consultations to be held with:

- * General practice
- * Non-government organisations
- * Allied health providers
- * Carers Victoria
- * Aboriginal Community Controlled Health Organisations
- * Refugee & Culturally and linguistically diverse communities
- * LGBTIQ+ peak body
- * Suicide prevention networks
- * General practice nurses
- * The Royal Australian College of General Practitioners
- * Community groups
- * Peak bodies of vulnerable groups

Use of Meeting Place – Western Victoria PHN's online consultation and engagement platform.

Consultations will include face to face, via user experience surveys and online engagement platforms.

Collaboration

Collaboration will continue to be developed and maintained between all key stakeholders through:

- * Regional planning with Local Hospital Networks (LHNs) and stakeholders
- * Targeted collaboration and co-design with peak bodies of priority population groups
- * Utilisation of Practice Facilitators to engage General Practice.



Activity Milestone Details/Duration

Activity Start Date

30/06/2022

Activity End Date

30/12/2023

Service Delivery Start Date

Service Delivery End Date

31/12/2023

Other Relevant Milestones



Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No

Continuing Service Provider / Contract Extension: No

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): Yes

Is this activity being co-designed?

No

Is this activity the result of a previous co-design process?

No

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

No

Decommissioning

No

Decommissioning details?

n.a.

Co-design or co-commissioning comments

n.a.

Is this activity in scope for data collection under the Mental Health National Minimum Dataset?

No



Activity Planned Expenditure

Planned Expenditure

Funding Stream	FY 22 23	FY 23 24	FY 24 25	FY 25 26	FY 26 27
Interest - Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Indigenous Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
headspace	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Way Back Support	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Initial Assessment and Referral	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mental Health Flexible	\$82,520.00	\$0.00	\$0.00	\$0.00	\$0.00

Totals

Funding Stream	FY 22 23	FY 23 24	FY 24 25	FY 25 26	FY 26 27	Total
Interest - Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Indigenous Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
headspace	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Way Back Support	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Initial Assessment and Referral	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mental Health Flexible	\$82,520.00	\$0.00	\$0.00	\$0.00	\$0.00	\$82,520.00
Total	\$82,520.00	\$0.00	\$0.00	\$0.00	\$0.00	\$82,520.00

Funding From Other Sources - Financial Details

Funding From Other Sources - Organisational Details



Summary of activity changes for Department

Activity Status

Ready for Submission



MH-Op - 1 - Operational Costs



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH-Op

Activity Number *

1

Activity Title *

Operational costs

Existing, Modified or New Activity *

Existing



Activity Priorities and Description

Program Key Priority Area ***Other Program Key Priority Area Description****Aim of Activity *****Description of Activity *****Needs Assessment Priorities *****Needs Assessment****Priorities**



Activity Demographics

Target Population Cohort

In Scope AOD Treatment Type *

Indigenous Specific *

Indigenous Specific Comments

Coverage

Whole Region



Activity Consultation and Collaboration

Consultation

Collaboration



Activity Milestone Details/Duration

Activity Start Date

Activity End Date

Service Delivery Start Date

Service Delivery End Date

Other Relevant Milestones



Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No
Continuing Service Provider / Contract Extension: No
Direct Engagement: No
Open Tender: No
Expression Of Interest (EOI): No
Other Approach (please provide details): No

Is this activity being co-designed?

Is this activity the result of a previous co-design process?

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

Has this activity previously been co-commissioned or joint-commissioned?

Decommissioning

Decommissioning details?

Co-design or co-commissioning comments



Activity Planned Expenditure

Planned Expenditure

Funding Stream	FY 22 23	FY 23 24	FY 24 25	FY 25 26	FY 26 27
Mental Health Operational	\$2,038,180.00	\$1,747,420.00	\$1,597,646.00	\$0.00	\$0.00

Interest - Mental Health	\$131,394.00	\$130,000.00	\$0.00	\$0.00	\$0.00
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Totals

Funding Stream	FY 22 23	FY 23 24	FY 24 25	FY 25 26	FY 26 27	Total
Mental Health Operational	\$2,038,180.00	\$1,747,420.00	\$1,597,646.00	\$0.00	\$0.00	\$5,383,246.00
Interest - Mental Health	\$131,394.00	\$130,000.00	\$0.00	\$0.00	\$0.00	\$261,394.00
Total	\$2,169,574.00	\$1,877,420.00	\$1,597,646.00	\$0.00	\$0.00	\$5,644,640.00

Funding From Other Sources - Financial Details

Funding From Other Sources - Organisational Details



Summary of activity changes for Department

Activity Status

Ready for Submission



MH-H2H - 2 - Head to Health central intake: Single access point phone line



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH-H2H

Activity Number *

2

Activity Title *

Head to Health central intake: Single access point phone line

Existing, Modified or New Activity *

Existing



Activity Priorities and Description

Program Key Priority Area *

Mental Health

Other Program Key Priority Area Description**Aim of Activity ***

This activity aims to increase consumer access to the right care at the right time for their mental health needs as part of the Head to Health (H2H) central intake national strategy and phone line. It will ensure there is a single access point where there is no wrong door for the consumer and the referrer for all PHN mental health services (included expanded services during COVID 19) , MBS services, and tertiary/not for profit (NFP) services . It aims to ensure consumers receive a full intake and assessment (using the IAR TOOL) and directed to the right service and not get lost in the gaps. It also aims to support the primary care referrer to access care for their patient in a streamlined process and provide information to the referrer to support the coordination of the consumer needs.

Learnings during COVID 19 have further highlighted the need to support communities by removing barriers to access mental health care

Description of Activity *

This activity sees Victorian PHN Alliance central intake processes set up for Head to Help (now Head to Health) continue as the new norm in implementing the National H2H central intake strategy

In addition, over the 22/23 FY, the Victorian PHN Alliance has scoped will scope for a future H2H central intake option to that will learn from the current process to adapt and best meet the needs of Victorian PHNs

Scoping will be based around a model that will

- accept all mental health referrals from general practice in any format
- be person centered
- be clinician led and utilise the Intake Assessment and Referral tool (IAR)
- ensure a non-biased referral onward to the relevant service in a stepped care model. This may include PHN commissioned service, tertiary/public service, NFP, and private mental health services
- ensure consumer notes and IAR findings are provided back to the referrer clinician
- capture all relevant data to inform the PHN and Commonwealth planning
- decrease consumers getting 'lost' in the system
- provide a central point for all of WVPHN

This HtH central intake model is being used to support the new Regional Care Partnership

Post scoping the updated model will be implemented

Needs Assessment Priorities *

Needs Assessment

Western Victoria-NA-2022/23-2024/25 V1

Priorities

Priority	Page reference
Mental health - Geelong Otway	15
Access to services - Geelong Otway	16



Activity Demographics

Target Population Cohort

All consumer seeking access to mental health services

GP referring clients to mental health services

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

No

SA3 Name	SA3 Code
Barwon - West	20301



Activity Consultation and Collaboration

Consultation

Consultation with primary care has occurred via evaluation of PHN Mental health services. As has PHN commissioned mental health providers.

Evaluation show this activity to be of high value

Consultation has also occurred with general service providers, community and lived experience consumers via PHNs work in the Mental Health and Suicide Prevention Planning process

Vic PHN Alliance will do further internal and external consultation in 22/23 in reviewing and refining the model

Collaboration

VIC PHN Alliance members: shared planning and designing and implementation

General practice: designing and testing the model

Service provider: designing and testing the model

Lived experience consumers, carers, family, vulnerable and community: co designing the flow and experience through the Single access point via H2H central intake



Activity Milestone Details/Duration

Activity Start Date

30/06/2022

Activity End Date

29/06/2024

Service Delivery Start Date

01/07/2022

Service Delivery End Date

30/06/2024

Other Relevant Milestones



Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No

Continuing Service Provider / Contract Extension: Yes

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): No

Is this activity being co-designed?

Yes

Is this activity the result of a previous co-design process?

Yes

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

Yes

Has this activity previously been co-commissioned or joint-commissioned?

Yes

Decommissioning

No

Decommissioning details?

Co-design or co-commissioning comments

This is part of the Vic PHN Alliance COVID 19 central intake work that is being extended as part of the national H2H central intake national strategy. Vic PHN Alliance have previously designed and co invested in this activity



Activity Planned Expenditure

Planned Expenditure

Funding Stream	FY 22 23	FY 23 24	FY 24 25	FY 25 26	FY 26 27
H2H Intake and Assessment Phone Service	\$501,609.00	\$0.00	\$0.00	\$0.00	\$0.00

Totals

Funding Stream	FY 22 23	FY 23 24	FY 24 25	FY 25 26	FY 26 27	Total
H2H Intake and Assessment Phone Service	\$501,609.00	\$0.00	\$0.00	\$0.00	\$0.00	\$501,609.00
Total	\$501,609.00	\$0.00	\$0.00	\$0.00	\$0.00	\$501,609.00

Funding From Other Sources - Financial Details



Summary of activity changes for Department

Activity Status

Ready for Submission



MH-CV19 - 13 - Head to Health: Ballarat



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH-CV19

Activity Number *

13

Activity Title *

Head to Health: Ballarat

Existing, Modified or New Activity *

Existing



Activity Priorities and Description

Program Key Priority Area *

Mental Health

Other Program Key Priority Area Description**Aim of Activity ***

The aim is to provide a mental health service, in collaborative effort with Victoria PHNs, until Feb 2023 with:

- Highly visible and accessible entry
- A no wrong door approach.
- standardised state-wide referral form and intake process
- 'whole of person' assessment
- Navigating timely access and warm transfers
- Develop and maintain effective relationships with stakeholders
- Cooperate with other providers of similar and related programs
- Develop and maintain strong connection, liaison, procedures and protocols with other health services
- Adhere to the principles of the Gayaa Dhuwi (Proud Spirit) Declaration

Description of Activity *

Continue with state wide intake process and continue to oversee Head to Health in Ballarat with:

- State-wide 1800 number ensuring an accessible, single point of entry system.

- Routing to established PHN intake teams.
- Standardised intake process state-wide
- Consumer ability to self-refer online, with minimal data requirement.
- Use of the Initial Assessment and Referral Decisional Support Tool
- Feedback loop to referrers on the outcome of their referral.
- Obtain and document informed consent to receive the agreed care and share information.
- Consumers with needs matching Level 3 and Level 4 will be prioritised Hub service intervention
- Participate in regular state-wide intake meetings

Needs Assessment Priorities *

Needs Assessment

WVPHN 2021-24 Needs Assessment

Priorities

Priority	Page reference
First Nations - access to services	40
Access to services - Ballarat Goldfields	23
Mental Health Treatment - Ballarat Goldfields	22



Activity Demographics

Target Population Cohort

All consumer with mental health concerns in Ballarat

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

No

SA3 Name	SA3 Code
Ballarat	20101



Activity Consultation and Collaboration

Consultation

Commonwealth, Victorian PHN lived experience consumers, family and carers, community (including vulnerable groups) ACCHO, peak bodies, Vic Department of Health and service providers

Collaboration

Victorian PHN, lived experience consumers, family and carers, community (including vulnerable groups); Commonwealth



Activity Milestone Details/Duration

Activity Start Date

30/07/2020

Activity End Date

27/02/2023

Service Delivery Start Date

September 2020

Service Delivery End Date

Feb 23

Other Relevant Milestones



Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No

Continuing Service Provider / Contract Extension: Yes

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): No

Is this activity being co-designed?

No

Is this activity the result of a previous co-design process?

Yes

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

Yes

Has this activity previously been co-commissioned or joint-commissioned?

No

Decommissioning

No

Decommissioning details?

Co-design or co-commissioning comments



Activity Planned Expenditure

Planned Expenditure

Funding Stream	FY 22 23	FY 23 24	FY 24 25	FY 25 26	FY 26 27
COVID-19	\$256,635.15	\$0.00	\$0.00	\$0.00	\$0.00

Totals

Funding Stream	FY 22 23	FY 23 24	FY 24 25	FY 25 26	FY 26 27	Total
COVID-19	\$256,635.15	\$0.00	\$0.00	\$0.00	\$0.00	\$256,635.15
Total	\$256,635.15	\$0.00	\$0.00	\$0.00	\$0.00	\$256,635.15

Funding From Other Sources - Financial Details

Funding From Other Sources - Organisational Details



Summary of activity changes for Department

Activity Status

Ready for Submission



MH-AMHCT - 9 - Head to Health : Geelong



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH-AMHCT

Activity Number *

9

Activity Title *

Head to Health : Geelong

Existing, Modified or New Activity *

Existing



Activity Priorities and Description

Program Key Priority Area *

Other (please provide details)

Other Program Key Priority Area Description

Adult Mental Health Centre

Aim of Activity *

The model of service aims to address key gaps in the system by:

- * Providing a highly visible and accessible entry point to services for people experiencing psychological distress, where all feel safe and welcomed;
- * Offering assessment using the Initial Assessment and Referral (IAR) decision support tool to match people to the services they need;
- * Providing on the spot support, care, and advice without needing referral, prior appointments or out of pocket cost. Every interaction should be with the intention of therapeutic benefit; and
- * Offering an episode of care model based on short to medium term multidisciplinary care, aimed at improving psychological wellbeing for people with moderate to high levels of mental health need, whose needs are not being met through other services.

Description of Activity *

The Head to Health Centre is intended offer, short- and medium-term episodes of care and service navigation to connect people to ongoing Mental Health services, with the inclusion of integrated Alcohol and Other Drug (AOD) services where needed.

WVPHN will work with the commissioned organization to undertake the following activities:

- * Continue ongoing delivery of commissioned the Health to Health Centre including supporting supplier to meet service

deliverables, monitoring progress within the Outcomes Framework and work on improving outcome measure use and compliance by commissioned organisation.

- * Provide a highly visible and accessible entry point to services for people experiencing psychological distress, where all feel safe and welcomed;
- * Undertake assessment using the Initial Assessment and Referral (IAR) decision support tool to match people to the services they need;
- * Provision of on the spot support, care, and advice without needing referral, prior appointments or out of pocket cost. Every interaction should be with the intention of therapeutic benefit; and
- * Offer an episode of care model based on short to medium term multidisciplinary care, aimed at improving psychological wellbeing for people with moderate to high levels of mental health need, whose needs are not being met through other services.
- * Feedback loop to referrers on the outcome of their referral
- * Integrate this service within a stepped care model in the Corio region to support clients easily seek the help required and not got lost in the system
- * Build upon and align with the work being done for the Joint Regional Mental Health and Suicide Prevention Plan, the Geelong Suicide Prevention Initiative and the Head to Help Hub

Needs Assessment Priorities *

Needs Assessment

Western Victoria-NA-2022/23-2024/25 V1

Priorities

Priority	Page reference
Alcohol and other drugs - Geelong Otway	14
Mental health - Geelong Otway	15



Activity Demographics

Target Population Cohort

Adults (25+) in the Geelong region with primary mental health concerns, including urgent mental health care requirements.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

No

SA3 Name	SA3 Code
Geelong	20302



Activity Consultation and Collaboration

Consultation

Ongoing regional consultations to be held with:

- * General practices
- * Non-government organisations
- * Allied health providers
- * Carers Victoria
- * Aboriginal Community Controlled Health Organisations
- * Refugee & Culturally and linguistically diverse communities
- * LGBTIQ+ peak body
- * Suicide prevention networks
- * General practice nurses
- * The Royal Australian College of General Practitioners
- * Community groups
- * Peak bodies of vulnerable groups

Collaboration

Collaboration will continue to be developed and maintained between all key stakeholders through:

- * Regional planning with Local Hospital Networks (LHNs) and stakeholders
- * Targeted collaboration and co-design with peak bodies of priority population groups
- * Utilisation of Practice Facilitators to engage General Practice.



Activity Milestone Details/Duration

Activity Start Date

31/10/2020

Activity End Date

29/06/2025

Service Delivery Start Date

20/12/2021

Service Delivery End Date

30/06/2025

Other Relevant Milestones



Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No
Continuing Service Provider / Contract Extension: Yes
Direct Engagement: No
Open Tender: No
Expression Of Interest (EOI): No
Other Approach (please provide details): No

Is this activity being co-designed?

No

Is this activity the result of a previous co-design process?

Yes

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

No

Decommissioning

No

Decommissioning details?

N/A

Co-design or co-commissioning comments

N/A



Activity Planned Expenditure

Planned Expenditure

Funding Stream	FY 22 23	FY 23 24	FY 24 25	FY 25 26	FY 26 27
H2H Adult Mental Health Services	\$7,309,144.78	\$3,838,333.00	\$3,894,810.00	\$0.00	\$0.00

Totals

Funding Stream	FY 22 23	FY 23 24	FY 24 25	FY 25 26	FY 26 27	Total
H2H Adult Mental Health Services	\$7,309,144.78	\$3,838,333.00	\$3,894,810.00	\$0.00	\$0.00	\$15,042,287.78
Total	\$7,309,144.78	\$3,838,333.00	\$3,894,810.00	\$0.00	\$0.00	\$15,042,287.78

Funding From Other Sources - Financial Details

Funding From Other Sources - Organisational Details



Summary of activity changes for Department

Activity Status

Ready for Submission

Subject	Description	Commented By	Date Created
Ready for finance review	Add funding until 24/25	ANEILL KAMATH	30/07/2023



CHHP - 4 - Headspace Demand Management and Enhancements



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

CHHP

Activity Number *

4

Activity Title *

Headspace Demand Management and Enhancements

Existing, Modified or New Activity *

Existing



Activity Priorities and Description

Program Key Priority Area *

Mental Health Priority Area 2: Child and youth mental health services

Other Program Key Priority Area Description**Aim of Activity ***

The Wait Reduction Program is transitioning to the Demand Management and Enhancement Program competitive grant process. There are two funding streams available under this grant opportunity:

* Stream 1 – Wait Time Reduction: the purpose of this stream is to address demand and wait list management at headspace services identified as highest need;

* Stream 2 - Capital Enhancement and Infrastructure: the purpose of this stream is to enhance the quality of service, improve access to services and support headspace services by appropriately accommodating current and future staffing needs at headspace sites identified as highest need.

Description of Activity *

Western Victoria PHN will support headspace centres to apply for the competitive Demand Management and Enhancement Grant opportunities. Grant opportunities are available each year and funding rounds are scheduled to finish in 24/25 FY.

The following Demand Management activities will be delivered within the 23/24 FY.

Headspace Warrnambool will implement the following strategies:

* deliver services to young people across the stepped model of care from low intensity mental health needs to more complex

needs;

- * In consultation with headspace National, implement a peer support model at headspace Warrnambool;
- * Undertake an evaluation of the Brief Intervention Clinic model in reducing wait times.

Headspace Geelong will implement the following strategies:

- * Increase existing staffing, IT infrastructure and web based pathways for service referral, intake, assessment and brief intervention responses.
- * Implement peer led group work and psychoeducation response
- * Implement more group work
- * Provide clinical supervision for psychology masters, 5+1 clinical placements, and MBS funded subcontracting staff

Activities approved include:

Wait time reduction - Increase staffing profile to:

- enhance capacity for phone triage and face to face intake appointments with an additional Mental Health Clinician
- expand access to low intensity brief interventions, with additional FTE for Brief Interventions to sustain previous demand management activities
- provide a leadership function in the Brief Interventions team through a Senior Brief Intervention Clinician role. This role will provide additional support to Brief Interventions Clinicians and will also provide support and supervision to Psychology and Social Work students
- provide extra support for referrals and the flow of young people within the services through an additional Administration Support role.

Capital enhancements - to enhance the engagement of young people through:

- updated branding and signage
- new artwork (cultural artwork and mural)
- furniture upgrades
- a refresh of internal painting and;
- installation of a bike rack.

Needs Assessment Priorities *

Needs Assessment

Western Victoria-NA-2022/23-2024/25 V1

Priorities

Priority	Page reference
Mental health - Ballarat Goldfields	21
Mental health - Great South Coast	27
Mental health - Geelong Otway	15
Mental health - Wimmera Grampians	34



Activity Demographics

Target Population Cohort

Young people aged from 12-25 years who are:

- * at risk of developing mental or physical health and associated drug and alcohol problems; or
- * already showing early signs of mental or physical health problems or associated drug or alcohol problems.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

The Western Victoria PHN will undertake a consultation session with headspace lead agencies in order to understand the current challenges in relation to headspace service wait times for each centre and to identify potential solutions and strategies to reduce wait times.

Findings from this consultation, together with the available wait time data and the Western Victoria PHN Needs Assessment, will be used to support the headspace Centres applications for the Demand Management and Enhancement grant Applications.

Collaboration

The five headspace centres and three satellite centres are delivered via a consortium model that includes local Non-Government Organisations, health services and tertiary mental health.

The lead agencies for each headspace are:

- * Stride Mental Health Limited
- * Wimmera Uniting Care Vic Tas.
- * Brophy Family and Youth Services (Warrnambool & Portland).
- * Ballarat Community Health.
- * Barwon Health.

There is also ongoing collaboration with the headspace Geelong Youth Reference Groups in the implementation of headspace contracts including the Demand Management and Enhancement Program.



Activity Milestone Details/Duration

Activity Start Date

29/06/2020

Activity End Date

29/06/2025

Service Delivery Start Date

31/07/2020

Service Delivery End Date

30/06/2025

Other Relevant Milestones



Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No

Continuing Service Provider / Contract Extension: Yes

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): No

Is this activity being co-designed?

Yes

Is this activity the result of a previous co-design process?

No

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

No

Decommissioning

No

Decommissioning details?

N/A

Co-design or co-commissioning comments

N/A



Activity Planned Expenditure

Planned Expenditure

Funding Stream	FY 22 23	FY 23 24	FY 24 25	FY 25 26	FY 26 27
CHHP – headspace Wait Time Reduction Program	\$1,704,602.83	\$909,563.60	\$359,564.34	\$0.00	\$0.00

Totals

Funding Stream	FY 22 23	FY 23 24	FY 24 25	FY 25 26	FY 26 27	Total
CHHP – headspace Wait Time Reduction Program	\$1,704,602.83	\$909,563.60	\$359,564.34	\$0.00	\$0.00	\$2,973,730.77
Total	\$1,704,602.83	\$909,563.60	\$359,564.34	\$0.00	\$0.00	\$2,973,730.77

Funding From Other Sources - Financial Details

Funding From Other Sources - Organisational Details

Western Victoria PHN applied, and was approved for, 'Youth Mental Health: headspace Demand Management and Enhancement Program' grants through the Australian Government Department of Health and Aged Care (headspace Geelong and headspace Warrnambool).



Summary of activity changes for Department

Activity Status

Ready for Submission



CHHP-Op - 1000 - headspace Wait time Reduction



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

CHHP-Op

Activity Number *

1000

Activity Title *

headspace Wait Time Reduction

Existing, Modified or New Activity *

Existing



Activity Priorities and Description

Program Key Priority Area ***Other Program Key Priority Area Description****Aim of Activity *****Description of Activity *****Needs Assessment Priorities *****Needs Assessment****Priorities**



Activity Demographics

Target Population Cohort

In Scope AOD Treatment Type *

Indigenous Specific *

Indigenous Specific Comments

Coverage

Whole Region



Activity Consultation and Collaboration

Consultation

Collaboration



Activity Milestone Details/Duration

Activity Start Date

Activity End Date

Service Delivery Start Date

Service Delivery End Date

Other Relevant Milestones



Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No

Continuing Service Provider / Contract Extension: No

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): No

Is this activity being co-designed?

Is this activity the result of a previous co-design process?

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

Has this activity previously been co-commissioned or joint-commissioned?

Decommissioning

Decommissioning details?

Co-design or co-commissioning comments



Activity Planned Expenditure

Planned Expenditure

Funding Stream	FY 22 23	FY 23 24	FY 24 25	FY 25 26	FY 26 27
CHHP - headspace Wait Time	\$99,688.11	\$87,764.90	\$34,694.80	\$0.00	\$0.00

Reduction Operational					
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Totals

Funding Stream	FY 22 23	FY 23 24	FY 24 25	FY 25 26	FY 26 27	Total
CHHP - headspace Wait Time Reduction Operational	\$99,688.11	\$87,764.90	\$34,694.80	\$0.00	\$0.00	\$222,147.81
Total	\$99,688.11	\$87,764.90	\$34,694.80	\$0.00	\$0.00	\$222,147.81

Funding From Other Sources - Financial Details

Funding From Other Sources - Organisational Details



Summary of activity changes for Department

Activity Status

Ready for Submission