

South Eastern Melbourne - Primary Mental Health Care

2022/23 - 2026/27

Activity Summary View



MH-H2H - 1 - 1 - H2H Intake and Assessment Phone Service



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH-H2H

Activity Number *

1

Activity Title *

1 - H2H Intake and Assessment Phone Service

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 Victorians experiencing moderate levels of, either an exacerbation of or a new, mental health issue resulting from the COVID-19 pandemic. A national H2H intake and assessment phone service was established in July 2022 to promote consistent triage and enable transfer and referral to the most appropriate services.

Description of Activity *

The national phone service provides a single entry point into and between community mental health services including H2H centres funded by SEMPHN. SEMPHN's Access and Referral team complete an initial assessment using the IAR-DST to determine the most suitable level of care for consumer, enabling referral into an appropriate service.

Needs Assessment Priorities *

Needs Assessment

South Eastern Melbourne PHN Needs Assessment 2022/23 – 2024/25 (2022)

Priorities

Priority	Page reference
Improve mental health service utilisation in LGAs with identified needs (e.g. Greater Dandenong and Casey) (MH)	160
Provide psychological therapies for priority populations and/or under-serviced groups in identified LGAs of high prevalence (e.g. Frankston) (MH)	158
Increase support for consumers in need of low-intensity mental health services (MH)	157
Provide better coordination/integration of mental health support services between health and non-health sectors (MH)	159



Activity Demographics

Target Population Cohort

Victorians experiencing new or an exacerbation of mental health issues, seeking an entry point into appropriate services.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

Given this funding was originally announced as a response to the COVID-19 pandemic, no formal community consultation was undertaken or required. The ongoing consultation with stakeholders and the local community that contributes to the established Mental Health programs provided background knowledge to the development of this national model.

Collaboration

SEMPHN is working in very close collaboration with PHNs nationally in the governance and delivery of this program.



Activity Milestone Details/Duration

Activity Start Date

30/06/2022

Activity End Date

29/06/2023

Service Delivery Start Date

1 July 2022

Service Delivery End Date

30 June 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: 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?

Co-design or co-commissioning comments





MH-AMHCT - 1 - 1 - H2H Adult Mental Health Services



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH-AMHCT

Activity Number *

1

Activity Title *

1 - H2H Adult Mental Health Services

Existing, Modified or New Activity *

Existing



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 ***

To support Victorians experiencing moderate levels of, either an exacerbation of or a new, mental health issue resulting from the COVID-19 pandemic.

Description of Activity *

Continuation of the Head to Health clinics until they are closed and/or transferred to the State. To support Victorians experiencing moderate levels of, either an exacerbation of or a new, mental health issue resulting from the COVID-19 pandemic.

Needs Assessment Priorities ***Needs Assessment**

South Eastern Melbourne PHN Needs Assessment 2022/23 – 2024/25 (2022)

Priorities

Priority	Page reference
Improve mental health service utilisation in LGAs with identified needs (e.g. Greater Dandenong and Casey) (MH)	160
Provide psychological therapies for priority populations and/or under-serviced groups in identified LGAs of high prevalence (e.g. Frankston) (MH)	158
Increase support for consumers in need of low-intensity mental health services (MH)	157
Provide better coordination/integration of mental health support services between health and non-health sectors (MH)	159



Activity Demographics

Target Population Cohort

Victorians experiencing new or an exacerbation of mental health issues resulting from the COVID-19 pandemic.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

Given this funding was originally announced as a response to the COVID-19 pandemic, no formal community consultation was undertaken or required. The ongoing consultation with stakeholders and the local community that contributes to the established Mental Health programs provided background knowledge to the development of this state-wide model.

Collaboration

SEMPHN is working in very close collaboration with all Victorian PHNs in the governance and delivery of this program.



Activity Milestone Details/Duration

Activity Start Date

12/09/2020

Activity End Date

27/06/2023

Service Delivery Start Date

13 September 2020

Service Delivery End Date

28 June 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: 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?

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?

Frankston H2H Hub is in the process of being decommissioned with service delivery ceasing on 30 June 2023. Remaining consumers will be transitioned to the Local Service.

Berwick Hub has ceased service delivery as of 28 February 2023, terminating their contract earlier than the expected 30 June

2023.

Officer Hub is expected to cease service delivery on 30 June 2023, pending confirmation from both levels of Government.

Co-design or co-commissioning comments

Given this funding was announced as a response to the COVID-19 pandemic, no formal community consultation was undertaken or required. The ongoing consultation with stakeholders and the local community that contributes to the established Mental Health programs provided background knowledge to the development of this state-wide model.



MH - 1 - MH1 - Low Intensity Services



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

1

Activity Title *

MH1 - Low Intensity Services

Existing, Modified or New Activity *

Existing



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 ***

SEMPHN has commissioned a range of low intensity services as part of the mental health stepped care model ensuring that they represent less costly models of care and are aligned to the needs of the community.

The aims of these activities are to provide evidence based psychological therapies via a range of modalities to suit consumer needs.

Given the demand in the catchment for clients with more severe and complex mental health issues, part funding from Priority areas 1 and 3 have been allocated to Priority area 4.

1.1 Accessible Psychological Interventions (API) - API services are flexible services that are intended to support consumers with a low to mild/moderate mental illness who will benefit from individual, family and/or group provision of psychological interventions from Allied Health professionals. They are designed to be flexible in their structure and delivery enabling them to be matched to each individual's needs.

1.2 Connect - the Connect activity provides accessible low-intensity peer support service for CALD adults in the Greater Dandenong region with, or at risk of, mild mental illness. This activity can be conducted via face to face, telephone and group sessions as well as access to online resources.

1.3 Low Intensity Pilot - GriefLine addresses the local needs of Culturally and Linguistically Diverse people, consumers with mental health illness, as well as emergency services and youth who have experienced loss and need support to understand and come to terms with their grief. The program offers early counselling through individual, and/or group provision of low intensity counselling.

Description of Activity *

Mental Health Priority Area 1: Low intensity mental health services

1.1 Accessible Psychological Interventions (API) - API will be delivered in the ten LGAs across the SEMPHN catchment. These evidence-based face to face sessions will be delivered via individual and/or group sessions.

API services are tailored to suit the needs of each individual consumer and are documented through a Psychological Treatment Plan (PTP) developed by the Service Provider. The PTP is time-bound, goal directed and developed at an initial consultation with each consumer, setting out the treatment goals, modality, and duration.

The range of interventions that can be delivered is consistent with those available under the Commonwealth Better Access to Mental Health Care program.

API Service Providers will determine the appropriate allocation of services (and therefore funding) to each consumer. This will require balancing the need to provide clinically appropriate services with the efficient management of limited resources in order to maximise program impact and achieve targets for overall program reach.

1.2 Connect - the Connect program employs a unique mix of Dual Peer Mentors with both lived experience of depression and anxiety, combined with culturally diverse backgrounds and multi-lingual skills. Peer Mentors support individuals to develop skills, confidence and knowledge to improve their social and emotional wellbeing and community connections. This occurs in one-on-one face-to-face sessions over the telephone, and in group programs. The Connect program is being delivered from Greater Dandenong; this LGA has high rates of socio-economic disadvantage and cultural diversity and a high level of mental health needs, yet lower than average levels of help-seeking and service utilisation. Consumers may also be linked to appropriate community networks and engage with other support service providers where required (e.g. employment, financial or housing assistance).

1.3 Griefline services support consumers, family members and carers who are experiencing loss and grief and demonstrate help seeking behaviour and who would benefit from individual, and/or group provision of low intensity counselling interventions within the SEMPHN catchment. These services will specifically address the local needs of Culturally and Linguistically Diverse people, consumers with mental health illness, as well as emergency services and youth.

The key objectives of this project include:

- to promote awareness of community resources and appropriate referral options for those who are experiencing loss and grief
- to provide information and education to individuals about loss and grief within a recovery orientated framework
- to provide low intensity counselling interventions.

Needs Assessment Priorities *

Needs Assessment

South Eastern Melbourne PHN Needs Assessment 2022/23 – 2024/25 (2022)

Priorities

Priority	Page reference
Increase support for consumers in need of low-intensity mental health services (MH)	157



Activity Demographics

Target Population Cohort

The low intensity services have a focus on particular population groups and characteristics of population groups that are recognised as having greater vulnerability in the context of mental health and drug and alcohol-related issues in the SEMPLHN region. These include:

- People from a low socio-economic status
- Aboriginal and Torres Strait Islanders
- Asylum seekers and refugees
- People of diverse ethnicity and language groups
- Culturally and linguistically diverse groups
- Older people residing in Residential Aged Care Facilities

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

SA3 Name	SA3 Code
Stonnington - East	20804
Stonnington - West	20606
Glen Eira	20802
Port Phillip	20605
Kingston	20803
Cardinia	21201
Bayside	20801
Frankston	21401
Mornington Peninsula	21402
Dandenong	21204
Casey - South	21203
Casey - North	21202



Activity Consultation and Collaboration

Consultation

SEMPHN continues to collaborate and consult with stakeholders, consumers and carers as an ongoing function.

A Mental Health Consumers, Carers and Consumer Advocates Forum and interviews were conducted in 2017 that informed the design of the mental health stepped care model service elements. Broader service providers and stakeholder forums (with LHN and DHHS representation) were also delivered.

Ongoing Communities of Practice Forums facilitate the sharing of learnings, outcomes and new processes across API, MHICC and low intensity providers.

Consultation included the Victorian Department of Health and LHN, as well as mental health agencies that deliver services across the SEMPHN catchment, consumers and carers. Identified service design elements are at the core of this activity where a Governance Group oversaw the establishment and implementation of Connect.

Collaboration

SEMPHN will investigate opportunities for partnering and/or commissioning not-for-profit organisations to assist in refining the design and application of appropriate models of care.

Central to SEMPHN's commissioning principles is the concept of co-design. Therefore, through the various stakeholder, consumer and carer consultations that SEMPHN has already undertaken and is planning to undertake in the future, will continue to inform the development of services.

The ongoing implementation of Communities of Practice that includes low intensity, API and MHICC providers promotes collaboration, the exchange of ideas, sharing and exploring new approaches while working within the same operational approach and outcomes in delivering mental health services within the SEMPHN catchment.

These additional KPI identified in the Evaluation conducted in 2020 and introduced for FY 21/22 and 22/23 for commissioned providers, who successfully met the targets of sending care plans to GPs at the start of treatment has been a useful metric to promote and monitor collaborative care. This KPI was selected due to this being correlated with improved clinical outcomes, as per the API Evaluation.



Activity Milestone Details/Duration

Activity Start Date

29/06/2019

Activity End Date

28/06/2025

Service Delivery Start Date

30 June 2019

Service Delivery End Date

20 June 2023

Other Relevant Milestones

Depending on outcomes, SEMPHN will explore opportunities to refine service elements within the Mental Health Stepped Care Model. This will be undertaken via ongoing program review, reporting, submitted data and evaluation outcomes from existing commissioned providers, which will inform future decisions and directions.



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: Yes

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?

No

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

No

Decommissioning

No

Decommissioning details?

There will be no decommissioning in this Activity Work Plan, but all of our programs are subject to ongoing evaluation and review.

Co-design or co-commissioning comments

SEMPHN continues to collaborate and consult with stakeholders, consumers and carers as an ongoing function.

A Mental Health Consumers, Carers and Consumer Advocates Forum and interviews were conducted in 2017 that informed the design of the mental health stepped care model service elements. Broader service providers and stakeholder forums (with LHN and DHHS representation) were also delivered.

Ongoing Communities of Practice Forums facilitate the sharing of learnings, outcomes and new processes across API, MHICC and low intensity providers.

Consultation included DHHS and LHN, as well as mental health agencies that deliver services across the SEMPHN catchment, consumers and carers. Identified service design elements are at the core of this activity where a Governance Group oversaw the establishment and implementation of Connect.

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

Yes



MH-Op - 2 - MH-Op2 - Indigenous Mental Health Operational



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH-Op

Activity Number *

2

Activity Title *

MH-Op2 - Indigenous Mental Health Operational

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



MH-CV19 - 2 - 2 - COVID Mental Health - Headspace



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH-CV19

Activity Number *

2

Activity Title *

2 - COVID Mental Health - Headspace

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 ***

Mental health response to the COVID-19 pandemic. Tertiary surge teams to assist with critical demand for youth mental health services.

Description of Activity *

- Support vulnerable people impacted by the COVID-19 pandemic to access mental health services and supports.
- Operate mental health clinics in Victoria to provide on-site mental health support
- Support General Practitioners by providing access to multidisciplinary teams of mental health workers.
- Engage Child and Youth Mental Health Service/Child and Adolescent mental health services to provide a surge workforce in headspace services for 6 months.

Needs Assessment Priorities ***Needs Assessment**

South Eastern Melbourne PHN Needs Assessment 2022/23 – 2024/25 (2022)

Priorities

Priority	Page reference
Increase support for young people requiring low intensity and mild-to-moderate mental health support (MH)	158
Improve pathways for young people navigating the mental health system (MH)	163
Increase support for young people requiring mental health support for severe and complex mental illness (MH)	157
Support the local health system with impacts of COVID-19 pandemic (PH)	156



Activity Demographics

Target Population Cohort

Child and youth.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

With existing headspace centres and LHNs to deliver this service.

Collaboration

With existing headspace centres and LHNs to deliver this service.



Activity Milestone Details/Duration

Activity Start Date

14/12/2021

Activity End Date

29/11/2023

Service Delivery Start Date

1 January 2022

Service Delivery End Date

30 June 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: 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?

Co-design or co-commissioning comments



MH - 2 - MH2 - Low Intensity Service RACF



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

2

Activity Title *

MH2 - Low Intensity Service RACF

Existing, Modified or New Activity *

Existing



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 ***

SEMPHN has commissioned a range of low intensity services as part of the mental health stepped care model ensuring that they represent less costly models of care and are aligned to the needs of the community.

The aims of these activities are to provide evidence-based psychological therapies via a range of modalities to suit consumer needs.

1.4 Residential Aged Care Facilities (RACFs) - the low intensity In-Reach Mental Health Services for residents in Residential Aged Care Facilities (RACFs) activity will deliver evidence-based psychological services to residents with low to moderate mental illness and increase capacity within RACFs and knowledge of staff of mental illness.

Description of Activity *

Key Priority Area 1: Low intensity mental health services

1.4 Residential Aged Care Facilities (RACFs)

Low Intensity In-Reach Mental Health Services for Residents in RACFs. SEMPHN has commissioned two providers who are experienced in working with Older Persons in RACFs to deliver the following:

- Evidence based psychological services to residents with low to moderate mental illness

- Increase RACF staff knowledge of mental illness and raise Mental Health competency of staff
- Education and information sessions for residents on shared issues of concern such as coping with grief and loss
- Peer Workers to support a team approach to meeting the needs of older residents where appropriate (e.g. transition from home or supported accommodation to RACFs)
- Establishment of a student placement service offered in RACFs setting – this student-led wellness model aims to support the development of future workforce capacity in this space.

Needs Assessment Priorities *

Needs Assessment

South Eastern Melbourne PHN Needs Assessment 2022/23 – 2024/25 (2022)

Priorities

Priority	Page reference
Increase support for consumers in need of low-intensity mental health services (MH)	157



Activity Demographics

Target Population Cohort

The low intensity services have a focus on particular population groups and characteristics of population groups that are recognised as having greater vulnerability in the context of mental health and drug and alcohol-related issues in the SEMP HN region. These include:

- Older people residing in Residential Aged Care Facilities

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

SA3 Name	SA3 Code
Stonnington - East	20804
Stonnington - West	20606
Glen Eira	20802
Port Phillip	20605
Kingston	20803
Cardinia	21201
Bayside	20801
Frankston	21401
Mornington Peninsula	21402
Dandenong	21204
Casey - South	21203
Casey - North	21202



Activity Consultation and Collaboration

Consultation

SEMPHN continues to collaborate and consult with stakeholders, consumers and carers as an ongoing function.

A Mental Health Consumers, Carers and Consumer Advocates Forum and interviews were conducted in 2017 that informed the design of the mental health stepped care model service elements. Broader service providers and stakeholder forums (with LHN and DHHS representation) were also delivered.

Ongoing Communities of Practice Forums facilitate the sharing of learnings, outcomes and new processes across API, MHICC and low intensity providers.

Consultation included the Victorian Department of Health and LHN, as well as mental health agencies that deliver services across the SEMPHN catchment, consumers and carers. Identified service design elements are at the core of this activity where a Governance Group oversaw the establishment and implementation of Connect.

Collaboration

SEMPHN will investigate opportunities for partnering and/or commissioning not-for-profit organisations to assist in refining the design and application of appropriate models of care.

Central to SEMPHN's commissioning principles is the concept of co-design. Therefore, through the various stakeholder, consumer and carer consultations that SEMPHN has already undertaken and is planning to undertake in the future, will continue to inform the development of services.

The ongoing implementation of Communities of Practice that include low intensity, API and MHICC providers promotes collaboration, the exchange of ideas, sharing and exploring new approaches while working within the same operational approach and outcomes in delivering mental health services within the SEMPHN catchment.



Activity Milestone Details/Duration

Activity Start Date

29/06/2019

Activity End Date

28/06/2025

Service Delivery Start Date

1 January 2019

Service Delivery End Date

30 June 2023

Other Relevant Milestones

Depending on outcomes, SEMPHN will explore opportunities to refine service elements within the Mental Health Stepped Care Model. This will be undertaken via ongoing program review, reporting, submitted data and evaluation outcomes from existing commissioned providers, which will inform future decisions and directions.



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: Yes

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?

No

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

No

Decommissioning

No

Decommissioning details?

There will be no decommissioning in this Activity Work Plan, but all of our programs are subject to ongoing evaluation and review.

Co-design or co-commissioning comments

SEMPHN will continue to collaborate and consult with stakeholders, consumers and carers as an ongoing function.

A Mental Health Consumers, Carers and Consumer Advocates Forum and interviews were conducted in 2017 that informed the design of the Mental Health Stepped Care Model service elements. Broader service providers and stakeholder forums (with LHN and DHHS representation) were also delivered.

Ongoing Communities of Practice Forums facilitate the sharing of learnings, outcomes and new processes across API, MHICC and low intensity providers.

Consultation included DHHS and LHN, as well as mental health agencies that deliver services across the SEMPHN catchment, consumers and carers. Identified service design elements are at the core of this activity where a Governance Group oversaw the establishment and implementation of Connect.

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

Yes



MH - 3 - MH3 - 2.1 headspace



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

3

Activity Title *

MH3 - 2.1 headspace

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 ***

SEMPHN currently manages funding for headspace centres in Elsternwick/Bentleigh, Frankston, Rosebud, Pakenham, Dandenong and Narre Warren to provide a mild to moderate approach to young people's mental health as well as provide physical, AOD, vocational and educational services. In financial year 2020-21, a new centre, headspace Glen Iris, will be supposed to be established. However, due to the unsuccessful on-site inspection of a commercial real estate and ongoing challenges experienced by Access Health Community (the lead agency) in sourcing a fit-for-purpose site within the service specifications. After communicating with the Commonwealth, the original headspace site planned for Glen Iris is now to be located in Malvern. Due to the delay with finding a suitable site and COVID-19 restrictions (constructions). The headspace Malvern now is expecting to be officially launched in late March of early April 2022.

In addition, since 2020, SEMPHN manages headspace Satellite Services for Young People in Pakenham and Rosebud which will have delivered mental health services in alignment with model fidelity requirements as defined within the headspace Trademark Licensing Deed. The headspace Satellite Mental Health Services for Young People is located in Pakenham and Rosebud to support equitable and easy access for young people requiring early intervention mental health support.

SEMPHN also manages headspace Hastings which operate as an integrated youth mental health service based in Hastings, Victoria. The service will have leveraged on the headspace platform to provide mental health services to young people aged 12 – 25 years who are living, working and studying in Hastings in an outpost capacity. The service will have been overseen and governed by the

parent headspace Centre (Dandenong) and provided outpost mental health services to young people in alignment with model fidelity requirements. headspace Hastings will have operated in close collaboration with local General Practitioners and primary care providers to ensure a holistic model of care for young people since June 2020. The service will has also provided targeted mental health services to young people aged 12-25 years old experiencing complex and severe mental health issues in a primary care setting who may require more intensive support.

- SEMPHN will review the local effectiveness of the model to:
- Identify opportunities for better integration of the existing model with other youth mental health services in the region
 - Identify how this model integrates within a stepped model of care for people with mental ill-health
 - Identify opportunity for service demand management across the region

SEMPHN will continue to monitor the local effectiveness of the model and provide guidance to General Practice on effective engagement of young people presenting with mental health issues.

Description of Activity *

Establish and operate a new headspace centre in Malvern in accordance with the requirements specified in the Trademark Licence Deed and headspace Operating Guidelines.

SEMPHN will continue to work with the lead agencies and headspace National to ensure fidelity to the model and that quality improvement activities are undertaken.

The PHN will attend consortium meetings and planning days with the Centres to ensure activities are aligned with PHN priorities as identified in the Needs Assessment.

SEMPHN, with input from the Clinical Advisory Group, will provide guidance to service providers as we transition to the Stepped Care Model and seek to integrate the headspace model with other mental health services in the region.

Needs Assessment Priorities *

Needs Assessment

South Eastern Melbourne PHN Needs Assessment 2022/23 – 2024/25 (2022)

Priorities

Priority	Page reference
Increase support for young people requiring low intensity and mild-to-moderate mental health support (MH)	158
Improve pathways for young people navigating the mental health system (MH)	163



Activity Demographics

Target Population Cohort

Young people aged 12-25.

In Scope AOD Treatment Type *

Indigenous Specific *

Yes

Indigenous Specific Comments

Each headspace centre has specific strategies to engage with the local Indigenous young people which may include Indigenous specific groups or activities.

Coverage

Whole Region

Yes

SA3 Name	SA3 Code
Stonnington - East	20804
Stonnington - West	20606
Glen Eira	20802
Port Phillip	20605
Kingston	20803
Cardinia	21201
Bayside	20801
Frankston	21401
Mornington Peninsula	21402
Dandenong	21204
Casey - South	21203
Casey - North	21202



Activity Consultation and Collaboration

Consultation

Each lead agency will continue to hold quarterly consortium meetings which include young people and family representation. The consortium members provide strategic and operational input to the service delivery at the headspace centre. SEMPHN is a member of the headspace consortiums.

Centres have youth advisory and family participation programs as part of the core component of the model which ensure lived experience expertise is integral.

SEMPHN will continue to hold quarterly meetings with the lead agencies of the headspace centres to share clinical practice and quality improvement strategies, as well as ways to improve integration within a stepped model of care for young people in the catchment.

SEMPHN will continue to engage with a range of key stakeholders, consortium partners, General Practice and community based primary health care organisations to improve integration between the headspace model and the broader primary mental health care services.

SEMPHN will continue to work with the lead agencies and headspace National to ensure fidelity to the model and that quality improvement activities are undertaken.

The PHN will attend consortium meetings and planning days with the Centres to ensure activities are aligned with PHN priorities as

identified in the Needs Assessment.

SEMPHN, with input from the Clinical Advisory Group, will provide guidance to service providers as we transition to the Stepped Care Model and seek to integrate the headspace model with other mental health services in the region.

Collaboration

- Access Health Community - Lead Agency
- EACH - Lead Agency
- YSAS - Lead Agency
- Alfred Health - Lead Agency and LHN
- Monash Health - LHN
- Peninsula Health - LHN
- Consortium partners - broad range of community health care organisations who provide (in-kind) support and referral. Representation from young people and families provide their lived experience expertise
- Be You (including former headspace school support) - provide mental health, suicide prevention and postvention and recovery support services
- General Practice - assessment and referral - care coordination
- headspace National Office - model fidelity and procurement guidance and advice, and data support services



Activity Milestone Details/Duration

Activity Start Date

29/06/2019

Activity End Date

29/06/2025

Service Delivery Start Date

1 February 2020

Service Delivery End Date

30 June 2025

Other Relevant Milestones

Annual hMIF review process with all Centres.



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?

There will be no decommissioning in this Activity Work Plan, but all of our programs are subject to ongoing evaluation and review.

Co-design or co-commissioning comments

Each lead agency will continue to hold quarterly consortium meetings which include young people and family representation. The consortium members provide strategic and operational input to the service delivery at the headspace centre. SEMPHN is a member of the headspace consortiums.

Centres have youth advisory and family participation programs as part of the core component of the model which ensure lived experience expertise is integral.

SEMPHN will continue to hold quarterly meetings with the lead agencies of the headspace centres to share clinical practice and quality improvement strategies, as well as ways to improve integration within a stepped model of care for young people in the catchment.

SEMPHN will continue to engage with a range of key stakeholders, consortium partners, General Practice and community based primary health care organisations to improve integration between the headspace model and the broader primary mental health care services.

The PHN will attend consortium meetings and planning days with the Centres to ensure activities are aligned with PHN priorities as identified in the Needs Assessment.

SEMPHN, with input from the Clinical Advisory Group, will provide guidance to service providers as we transition to the Stepped Care Model and seek to integrate the headspace model with other mental health services in the region.

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

Yes



MH - 4 - MH4 – 2.2 headspace Youth Early Psychosis Program (hYEPP)



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

4

Activity Title *

MH4 – 2.2 headspace Youth Early Psychosis Program (hYEPP)

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 ***

hYEPP provides an intensive, multidisciplinary, wrap-around service for young people who are at ultra-high risk of or experiencing first episode psychosis. This service is operated by Alfred Health using a hub and spoke model across four headspace centres, namely Elsternwick/Bentleigh, Frankston, Dandenong and Narre Warren.

SEMPHN will continue to work with Alfred Health to build workforce capacity and increase referral pathways to services across the catchment.

SEMPHN will continue to review the local effectiveness of the model to: i) identify opportunities for better integration of the existing model with other youth mental health and general mental health services in the region; and ii) identify how this model integrates within a stepped model of care for people with mental ill-health.

Description of Activity *

SEMPHN will monitor performance to ensure the service continues to meet the needs of young people who are at ultra-high risk of or experiencing first episode psychosis.

In addition, the service provider will focus on activities that achieve the following objectives:

- Incrementally increase the FEP client numbers above the case load cap
- Improve data collection and ensure compliance with HAPI

- Increase referral pathways and access to hYEPP services
- Ensure high model fidelity continues to be achieved with ongoing reviews with OYH and quality improvement activities are undertaken
- Ensure young people are receiving the recommended tenure of care for FEP and UHR
- Improve relationships with Monash and Peninsula Health
- Build workforce capacity and improve the quality of services
- Target a reduction in the duration of undiagnosed psychosis (DUPs)
- Increase the knowledge and capacity of GPs in working with young people with UHR and FEP
- Develop a shared care framework for hYEPP and GPs to enhance the support and treatment of shared clients

Needs Assessment Priorities *

Needs Assessment

South Eastern Melbourne PHN Needs Assessment 2022/23 – 2024/25 (2022)

Priorities

Priority	Page reference
Improve pathways for young people navigating the mental health system (MH)	163
Increase support for young people requiring mental health support for severe and complex mental illness (MH)	157



Activity Demographics

Target Population Cohort

Young people aged 12-25.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

SA3 Name	SA3 Code
Stonnington - East	20804
Stonnington - West	20606
Glen Eira	20802
Port Phillip	20605
Kingston	20803
Cardinia	21201
Bayside	20801
Frankston	21401
Mornington Peninsula	21402
Dandenong	21204
Casey - South	21203
Casey - North	21202



Activity Consultation and Collaboration

Consultation

SEMPHN will continue to hold regular meetings with Alfred Health regarding service delivery, quality improvement activities, data, evaluation, reporting and budgets.

SEMPHN will continue to attend OYH quarterly forums for ongoing hYEPP service development and improvement initiatives. Participation and input at these forums are provided by various stakeholders including service providers, partners, PHNs, DOH, researchers, academics, and young people and families with lived experience expertise.

SEMPHN hosted a forum in October 2020, with a focus on collaboration and cross-sectoral responses to young peoples' current and future needs due to COVID-19 related factors. This included needs of young people, families and friends at ultra-high-risk of psychosis or experienced a first episode of psychosis.

SEMPHN will continue to work collaboratively with Alfred Health and Orygen to ensure the EY evaluation team have the support they need during the evaluation period. SEMPHN will support the implementation of recommendations within hYEPP to improve the effectiveness and quality of services being provided.

Alfred Health have youth and family participation programs as part of the core components of the model in which lived experience expertise is integral.

SEMPHN will work with Alfred Health as a key stakeholder, the community and consumers in the future development of models of care in both early psychosis and more broadly the wider reform affecting youth mental health and alcohol and other drugs over the coming years.

Collaboration

The following stakeholders are involved in ongoing engagement and input into service delivery of hYEPP services across SEMPHN catchment:

- Alfred Health - Lead Agency and LHN
- EACH – headspace primary Lead Agency (spoke)
- YSAS - headspace primary Lead Agency (spoke)
- Monash Health – LHN

- Peninsula Health – LHN
 - YSAS – youth AOD provider
 - TaskForce - youth AOD provider
 - Consortium partners - broad range of community and health care organisations who provide support and referral.
- Representation from young people and families provide their lived experience expertise.



Activity Milestone Details/Duration

Activity Start Date

31/12/2016

Activity End Date

29/06/2025

Service Delivery Start Date

1 July 2017

Service Delivery End Date

30 June 2025

Other Relevant Milestones

Ongoing bi-annual model fidelity reviews conducted by OYH, ongoing evaluation by EY, and ongoing quarterly forums hosted by OYH.



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?

There will be no decommissioning in this Activity Work Plan, but all of our programs are subject to ongoing evaluation and review.

Co-design or co-commissioning comments

SEMPHN will continue to hold regular meetings with Alfred Health regarding service delivery, quality improvement activities, data, evaluation, reporting and budgets.

SEMPHN will continue to attend OYH quarterly forums for ongoing hYEPP service development and improvement initiatives. Participation and input at these forums are provided by various stakeholders including service providers, partners, PHNs, DOH, researchers, academics, and young people and families with lived experience expertise.

SEMPHN will continue to work collaboratively with Alfred Health and Orygen to ensure the EY evaluation team have the support they need during the evaluation period.

SEMPHN hosted a forum in October 2020, with a focus on collaboration and cross-sectoral responses to young peoples' current and future needs due to COVID-19 related factors. Local young people participated and led the process to identify findings from all key stakeholders.

Alfred Health have youth and family participation programs as part of the core components of the model in which lived experience expertise is integral.

SEMPHN will work with Alfred Health as a key stakeholder, the community and consumers in the future development of models of care in both early psychosis and more broadly the wider reform affecting youth mental health and alcohol and other drugs over the coming years.

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

Yes



MH - 5 - MH5 - 2.3 Youth Severe and Complex (BounceBack)



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

5

Activity Title *

MH5 - 2.3 Youth Severe and Complex (BounceBack)

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 main objective of the BounceBack (Youth Severe) service is to support young people (aged between 12-25) with a severe mental illness who have complex needs and will benefit from outreach, case management and coordination of their care over an extended period of time (6 to 12 months).

These specialist services are provided by a multi-disciplinary team including specialist mental health clinicians, psychiatry, and peer and family workers.

The services support young people and their families to achieve outcomes related to their mental and physical health, family and social relationships, and education and employment. As part of the Stepped Model of Care, BounceBack Services are designed to be highly flexible in their structure and delivery, enabling them to be matched to an individual's needs.

The RISE (recovery, improve, support, empower) Model of Care within the BounceBack Services aims to effectively treat young people aged 12-16 who have a diagnosed severe anxiety and depressive disorder so that the young person can resume or increase participation in secondary school or appropriate training course.

In late 2021, based the SEMPHN Regional Planning and consultation with providers, SEMPHN recognised there is a lack of service provision to young people between 12 and 25, including dual diagnosis services especially in Casey and Cardinia regions. A

proposal has been approved to utilise uncommitted funds from AOD (150,000) and Youth Enhanced (\$50,000) to implement a Pilot of AOD BounceBack Service stream in Casey Cardinia regions for an 18month period.

Currently, SEMPHN is scoping the referral pathways for Indigenous community to BounceBack program.

Description of Activity *

Key components of service delivery include:

- Comprehensive biopsychosocial assessment to determine severity and complexity of needs
- Active engagement, intensive mobile outreach, with location-based option
- Multi-disciplinary team providing intensive case management
- Psychological clinical interventions
- Family work and liaison
- Medical care and linkages with GPs
- Functional recovery
- Peer support
- Small caseloads
- Duration of service 6-12 months

RISE will be funded to operate a staffing profile within the existing BounceBack Services in order to build an evidence base.

The more specific objectives of the program include:

- To improve family capacity to support young people diagnosed with severe anxiety and depression to participate in secondary school education or training course
- To reduce anxiety and depression symptoms for young people
- To increase the number of day’s a young person attends secondary school
- To improve overall quality of life of a young person diagnosed with severe anxiety and depression in RISE program

Needs Assessment Priorities *

Needs Assessment

South Eastern Melbourne PHN Needs Assessment 2022/23 – 2024/25 (2022)

Priorities

Priority	Page reference
Improve pathways for young people navigating the mental health system (MH)	163
Increase support for young people requiring mental health support for severe and complex mental illness (MH)	157



Activity Demographics

Target Population Cohort

Young people aged 12-25.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

No

SA3 Name	SA3 Code
Kingston	20803
Cardinia	21201
Frankston	21401
Mornington Peninsula	21402
Dandenong	21204
Casey - South	21203
Casey - North	21202



Activity Consultation and Collaboration

Consultation

SEMPHN engaged with Orygen and key stakeholders, including consumers and young people to inform and shape the model of care for young people with severe and complex ill health.

SEMPHN hosted a forum in early March 2018, with a focus on collaboration and with a particular focus on models of care for young people experiencing severe and complex mental ill health in South Eastern Melbourne. Additionally, SEMPHN hosted a forum in October 2020, with a focus on collaboration and cross-sectoral responses to young peoples' current and future needs due to COVID-19 related factors.

SEMPHN has established a Governance Group for the BounceBack Service to provide advice and direction to the service providers and their partners in relation to the effective delivery of the service. Membership includes the service providers and their partners, the local LHNs, youth and family representation.

Consultation would be aligned to that of BounceBack services.

Collaboration

- Orygen Youth Health – Consultant for Youth Mental Health Services
- EACH – Service Provider
- YSAS - Service Provider
- Alfred Health – Service Delivery Partner and LHN
- Monash Health - LHN
- Peninsula Health - Service Delivery Partner and LHN
- Wellways - Service Delivery Partner
- Enliven - Service Delivery Partner



Activity Milestone Details/Duration

Activity Start Date

04/01/2019

Activity End Date

28/06/2025

Service Delivery Start Date

1 January 2019

Service Delivery End Date

30 June 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

No

Decommissioning details?

There will be no decommissioning in this Activity Work Plan, but all of our programs are subject to ongoing evaluation and review.

Co-design or co-commissioning comments

SEMPHN engaged with Orygen and key stakeholders, including consumers and young people to inform and shape the model of care for young people with severe and complex ill health.

SEMPHN hosted a forum in early March 2018, with a focus on collaboration and with a particular focus on models of care for young people experiencing severe and complex mental ill health in South Eastern Melbourne. Additionally, SEMPHN hosted a forum in October 2020, with a focus on collaboration and cross-sectoral responses to young peoples’ current and future needs due to COVID-19 related factors. Local young people participated and led the process to identify findings from all key stakeholders.

SEMPHN has established a Governance Group for the BounceBack Service to provide advice and direction to the service providers and their partners in relation to the effective delivery of the service. Membership includes the service providers and their partners, the local LHNs, youth and family representation.

SEMPHN will undertake a formal evaluation of the program which will include young people, families and friends within the process. With a view to strengthen the model of care following two years of operations.

Consultation would be aligned to that of BounceBack services.

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

Yes



MH - 6 - MH6 - MH Accessible Psychological Interventions (API+) Complex



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

6

Activity Title *

MH6 - MH Accessible Psychological Interventions (API+) Complex

Existing, Modified or New Activity *

Existing



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 ***

Existing API services have been further refined and to support the service element which was based on feedback and evaluated outcomes. API+ is a revised service element in the Stepped Care Model that ensures that evidence based psychological interventions adequately 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.

Description of Activity *

Outcomes from lead site activities, data from reported commissioned providers, formal evaluations, needs analysis and service mapping exercises have informed enhancements to the API service. API+ is designed to target members of the community that are hard to reach and/or under-served.

As a key service element of the Stepped Care Model, API+ services are flexible services that are intended to support consumers with a mental illness who will benefit from individual, family and/or group provision of psychological interventions from Allied Health professionals. This also includes the use of the eAPI platform that provides consumers with a choice of receiving psychological interventions via the use of an electronic platform.

API+ will be delivered across the SEMPHN catchment by existing API providers, and available for population groups that are harder to reach or are under-served and cannot currently access Better Access or private psychological services.

API providers are required to work within the context of the SEMPHN Stepped Care Model. Within this model, referrals are received, acknowledged and processed by the centralised Access and Referral Service and forwarded to the API Service Provider. Service Providers ensure the consumer is provided with a relevant service that includes interventions that match the consumer's presenting needs. Where Service Providers identify needs that are best addressed by other components of the stepped model, operational processes are in place to refer consumers to these services with the support of the Access and Referral Service. This allows SEMPHN to monitor quality, uptake and movement across the Stepped Care Model and access to these services.

The Access and Referral Service facilitates referrals to the right providers across the SEMPHN catchment including the use of an electronic platform for delivering eAPI services. This approach ensures demand is appropriately managed, with different modalities for delivering psychological services offered to consumers to choose from (e.g., eAPI). The eAPI platform is a new service modality that is being offered via the existing API service and will connect consumers with psychological therapies that they would otherwise not be able to receive.

Continuity of Care - this is not a new service and continuity of care will be accessed by:

- Ongoing monitoring and reporting (to monitor model fidelity and service delivery)
- Contractual data, formal evaluation and financial reporting
- Formal feedback sessions on program outcome measures
- Effective and efficient contact management
- Attendances at Communities of Practice and other forums
- Liaison with Access and Referral Service

Needs Assessment Priorities *

Needs Assessment

South Eastern Melbourne PHN Needs Assessment 2022/23 – 2024/25 (2022)

Priorities

Priority	Page reference
Provide psychological therapies for priority populations and/or under-serviced groups in identified LGAs of high prevalence (e.g. Frankston) (MH)	158



Activity Demographics

Target Population Cohort

API+ has a focus on particular population groups and characteristics of population groups that are recognised as having greater vulnerability in the context of mental health and drug and alcohol-related issues in the SEMPHN region. These include:

- People from a low socio-economic status
- Aboriginal and Torres Strait Islanders
- Asylum seekers and refugees
- People of diverse ethnicity and language groups
- Children and adolescents
- LGBT community
- People who are homeless or at risk of homelessness
- Women experiencing perinatal depression
- People aged over 65 years
- People with a dual diagnosis of mental illness and alcohol and other drug abuse issues
- Culturally and linguistically diverse groups

- People experiencing family violence

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

SA3 Name	SA3 Code
Stonnington - East	20804
Stonnington - West	20606
Glen Eira	20802
Port Phillip	20605
Kingston	20803
Cardinia	21201
Bayside	20801
Frankston	21401
Mornington Peninsula	21402
Dandenong	21204
Casey - South	21203
Casey - North	21202



Activity Consultation and Collaboration

Consultation

SEMPHN continues to collaborate and consult with stakeholders, consumers and carers as an ongoing function.

The current model is based on a recommendation from the Mental Health Consumers, Carers and Consumer Advocates Forum and interviews that informed the design of the mental health stepped care model service elements. Broader service providers and stakeholder forums (with LHN and DHHS representation) were also delivered.

Ongoing monthly Communities of Practice Forums facilitate the sharing of learnings, outcomes and new processes across API, MHICC and low intensity providers.

Consultation included the Victorian Department of Health and LHN, as well as mental health agencies that deliver services across the SEMPHN catchment, consumers and carers. Identified service design elements are at the core of this activity where a Governance Group oversaw the establishment and implementation of Connect.

Collaboration

SEMPHN will investigate opportunities for partnering and/or commissioning not-for-profit organisations to assist in refining the design and application of appropriate models of care.

Central to SEMPHN's commissioning principles is the concept of co-design. Therefore, through the various stakeholder, consumer and carer consultations that SEMPHN has already undertaken and is planning to undertake in the future, will continue to inform the development of services.

The establishment of a Communities of Practice that includes low intensity, API and MHICC providers, promotes collaboration, the exchange of ideas, sharing and exploring new approaches while working within the same operational approach and outcomes in delivering mental health services within the SEMPHN catchment.

Consultations were conducted with commissioned providers in 2020 to further understand the service delivery model and the challenges presenting in the service. Findings from a recent SEMPHN Evaluation of the API program was also shared with providers which highlighted strengths and challenges in areas of the service.

These findings allowed for the introduction of an additional KPI that was introduced for FY 21/22 and 22/23 for commissioned providers, who successfully met the targets of sending care plans to GPs at the start of treatment. This KPI was selected due to this being correlated with improved clinical outcomes, as per the API Evaluation.



Activity Milestone Details/Duration

Activity Start Date

29/06/2019

Activity End Date

29/06/2025

Service Delivery Start Date

30 June 2019

Service Delivery End Date

30 June 2025

Other Relevant Milestones

Depending on outcomes, SEMPHN will explore opportunities to refine service elements within the Mental Health Stepped Care Model. This will be undertaken via ongoing program review, reporting, submitted data and evaluation outcomes from existing commissioned providers which will inform future decisions and directions.



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?

No

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

No

Decommissioning

No

Decommissioning details?

There will be no decommissioning in this Activity Work Plan, but all of our programs are subject to ongoing evaluation and review.

Co-design or co-commissioning comments

SEMPHN will continue to collaborate and consult with stakeholders, consumers and carers as an ongoing function.

A Mental Health Consumers, Carers and Consumer Advocates Forum and interviews were conducted in 2017 that informed the design of the Mental Health Stepped Care Model service elements. Broader service providers and stakeholder forums (with LHN and DHHS representation) were also delivered.

SEMPHN conducted consumer, carer and stakeholder consultations during the design and development of the Mental Health Stepped Care Model (representatives included DHHS and LHN as well as mental health agencies that deliver services across the SEMPHN catchment, consumers and carers). Identified service design elements are at the core of this activity.

Ongoing Communities of Practice forums facilitate the sharing of learnings, outcomes and new processes across API, MHICC and low intensity providers.

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

Yes



MH - 7 - MH7 - Mental Health Integrated Complex Care (MHICC)



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

7

Activity Title *

MH7 - Mental Health Integrated Complex Care (MHICC)

Existing, Modified or New Activity *

Existing



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 ***

SEMPHN commissioned mental health services for people with severe and complex mental illness. MHICC was developed following the evaluation of previous programs and services (MHNIP), detailed service mapping and needs analysis were undertaken as well as consumer, carer and community co-design efforts.

The model was designed to support people with severe and complex mental illness and now MHICC is one of the key service elements that make up the SEMPHN Mental Health Stepped Care Model.

Given the demand in the catchment for clients with more severe and complex mental health issues, part funding from Priority areas 1 and 3 have been allocated to Priority area 4.

MHICC services will continue to be delivered across the SEMPHN catchment and are intended to support consumers with a severe mental illness who have complex needs and will benefit from improved coordination of their care over an extended period.

Description of Activity *

MHICC services consist of a package of four core service elements and are designed to be highly flexible in their structure and delivery, enabling them to be matched to each individual's needs.

The four core elements are:

- Clinical nursing services
- Family support and liaison
- Care coordination and liaison (clinical and non-clinical services)
- Improving access to psychiatrist and psychological care

MHICC services are focused on enabling, facilitating and coordinating delivery of the Consumer Care Plan. MHICC services are delivered by mental health nurses, psychologists, psychiatrists, and eligible mental health workers, social workers and occupational therapists.

MHICC providers are required to work within the context of the SEMPHN Stepped Care Model. Within this model, referrals are received, acknowledged and processed by the centralised Access and Referral Service and forwarded to the MHICC Service Provider. Service Providers ensure the consumer is provided with a relevant service that includes interventions that match the consumers presenting needs. Where Service Providers identify needs that are best addressed by other components of the Stepped Care Model, operational processes are in place to refer consumers to these services with the support of the Access and Referral Service. This allows SEMPHN to monitor quality, uptake and movement across the Stepped Care Model and access to these services.

Continuity of Care - SEMPHN will facilitate Communities of Practice with Low Intensity, API and MHICC providers as well as link with psychosocial support services, with the aim to continuously improve services as well as access to services for this cohort. Communities of Practice will focus on delivering services within the context of the Stepped Care Model. This will ensure consumers continue to receive service elements that are matched to meet their needs.

Continuity of care will be assured through a number of ways such as:

- Ongoing monitoring and reporting (to monitor model fidelity and service delivery)
- Contractual data, formal evaluation and financial reporting
- Formal feedback sessions on program outcome measures
- Effective and efficient contact management
- Attendances at Communities of Practice and other forums
- Liaison with Access and Referral Service

Needs Assessment Priorities *

Needs Assessment

South Eastern Melbourne PHN Needs Assessment 2022/23 – 2024/25 (2022)

Priorities

Priority	Page reference
Improve mental health services for people with severe and complex mental health needs (MH)	158



Activity Demographics

Target Population Cohort

The MHICC target population cohort is for consumers who:

- Are diagnosed with a mental disorder
- Where the mental disorder significantly impacts the persons social, personal and work life functioning
- Are at risk of needing hospitalisation in the future if appropriate treatment and care is not provided or have been to hospital at least once for treatment of their mental illness
- Have complex needs

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

No

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

Yes

SA3 Name	SA3 Code
Stonnington - East	20804
Stonnington - West	20606
Glen Eira	20802
Port Phillip	20605
Kingston	20803
Cardinia	21201
Bayside	20801
Frankston	21401
Mornington Peninsula	21402
Dandenong	21204
Casey - South	21203
Casey - North	21202

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

SEMPHN continues to collaborate and consult with stakeholders, consumers and carers as an ongoing function.

The current model is based recommendations from a Mental Health Consumers, Carers and Consumer Advocates Forum and from interviews that informed the design of the mental health stepped care model service elements. Broader service providers and stakeholder forums (with LHN and DHHS representation) were also delivered.

Ongoing monthly Communities of Practice Forums facilitate the sharing of learnings, outcomes and new processes across API, MHICC and low intensity providers.

Consultation included the Victorian Department of Health and LHN, as well as mental health agencies that deliver services across the SEMPHN catchment, consumers and carers. Identified service design elements are at the core of this activity where a Governance Group oversaw the establishment and implementation of Connect.

Collaboration

SEMPHN will investigate opportunities for partnering and/or commissioning not-for-profit organisations to assist in refining the design and application of appropriate models of care.

Central to SEMPHN's commissioning principles is the concept of co-design. Therefore, through the various stakeholder, consumer and carer consultations that SEMPHN has already undertaken and is planning to undertake in the future, will continue to inform the development of services.

The establishment of a Communities of Practice that includes low intensity, API and MHICC providers, promotes collaboration, the exchange of ideas, sharing and exploring new approaches while working within the same operational approach and outcomes in delivering mental health services within the SEMPHN catchment.



Activity Milestone Details/Duration

Activity Start Date

29/06/2019

Activity End Date

28/06/2025

Service Delivery Start Date

1 November 2017

Service Delivery End Date

30 June 2025

Other Relevant Milestones

Depending on outcomes, SEMPHN will explore opportunities to refine service elements within the Mental Health Stepped Care Model. This will be undertaken via ongoing program review, reporting, and submitted data and evaluation outcomes from existing commissioned providers which will inform future decisions and directions.



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?

There will be no decommissioning in this Activity Work Plan, but all of our programs are subject to ongoing evaluation and review.

Co-design or co-commissioning comments

SEMPHN will continue to collaborate and consult with stakeholders, consumers and carers as an ongoing function.

A Mental Health Consumers, Carers and Consumer Advocates Forum and interviews were conducted in 2017 that informed the design of the Mental Health Stepped Care Model service elements. Broader service providers and stakeholder forums (with LHN and DHHS representation) were also delivered.

Ongoing Communities of Practice Forums facilitate the sharing of learnings, outcomes and new processes across API, MHICC and low intensity providers.

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

Yes



MH - 8 - MH8 - 5.1 Community-based Suicide Prevention Activities



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

8

Activity Title *

MH8 - 5.1 Community-based Suicide Prevention Activities

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 aim is to:

- support After Suicide (Jesuit Social Services) is to provide timely, appropriate and effective support to people of all ages who are bereaved by suicide in order to reduce adverse outcomes and reduce the risk of suicide.
- engage with and adopt The LivingWorks Education model within this initiative. The aim for this model is to train new trainers within the community and encourages organisations to embed suicide prevention training into their practice.

Description of Activity *

The services provided by Support After Suicide include:

- Counselling and group programs to people bereaved by suicide including children, young people, men and families
- Promoting awareness, understanding and knowledge about suicide prevention and suicide bereavement to the community, professionals and the bereaved

Services provided by LivingWorks include:

- Increase capacity of the community to be alert and intervene with those thinking of suicide by teaching skills in preventing suicide
- Training new trainers within the community and to embed suicide prevention training into their practice

- Increase awareness of the link between personal stressors and mental ill-health and suicide risk
- Educate participants around support options regarding situational stressors, mental health and suicide risk and to access support
- Enhance ability to recognise those in need of help and to respond appropriately
- Improve participants ability to notice signs of distress, mental ill-health and suicide risk in self and others

Needs Assessment Priorities *

Needs Assessment

South Eastern Melbourne PHN Needs Assessment 2022/23 – 2024/25 (2022)

Priorities

Priority	Page reference
Improve knowledge and capacity of service providers and consumers to engage with and navigate the service system Implement the regional plan for mental health and suicide prevention (MH)	159



Activity Demographics

Target Population Cohort

People bereaved by suicide.

Organisations within SE Catchment area.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

SA3 Name	SA3 Code
Stonnington - East	20804
Stonnington - West	20606
Glen Eira	20802
Port Phillip	20605
Kingston	20803
Cardinia	21201
Bayside	20801
Frankston	21401
Mornington Peninsula	21402
Dandenong	21204
Casey - South	21203
Casey - North	21202



Activity Consultation and Collaboration

Consultation

Support After Suicide is a member of Postvention Protocol Response Teams in Frankston and Mornington Peninsula, and Dandenong which have multi-sectorial representation of local organisations and services.

Collaboration

- Referrals for the services come from Victoria Police as well as self-referrals and other referral sources
- Ongoing collaboration with the local organisations and services involved in the Postvention Protocol teams



Activity Milestone Details/Duration

Activity Start Date

30/06/2019

Activity End Date

28/06/2025

Service Delivery Start Date

1 July 2019

Service Delivery End Date

30 June 2024

Other Relevant Milestones

Note Services are available to the entire SEMPHN catchment with targeted activity to individuals in areas of high need in Port Phillip, Frankston, Dandenong and Cardinia.



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?

There will be no decommissioning in this Activity Work Plan, but all of our programs are subject to ongoing evaluation and review.

Co-design or co-commissioning comments

Support After Suicide is a member of Postvention Protocol Response Teams in Frankston and Dandenong (each led by the respective headspace centre) which have multi-sectorial representation of local organisations and services.

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

No



MH - 9 - MH9 - 5.2 The Way Back



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

9

Activity Title *

MH9 - 5.2 The Way Back

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 Way Back Support Service is a low-cost, low-stigma suicide prevention model that delivers person-centred, non-clinical care and practical support in the critical three months after a suicide attempt through assertive outreach. The service aims to prevent repeat suicide attempts and suicide deaths. The service adopts a culturally sensitive, strengths-based and collaborative approach to care.

Description of Activity *

The WayBack Support Service is being delivered by Better Place in collaboration with Monash Health.

Following a referral to the Support Service, Support Coordinators contact the client within 24-48 hours and work with them to:

- Develop a safety plan
- Set goals
- Provide support, coaching and motivation to encourage individuals to build skills and motivation to stay alive
- Stay connected to informal and formal supports that strengthen their mental health and promote recovery
- These services may include clinical care, safe and secure housing, financial or relationship counselling, getting back to study or work or keeping in touch with family and friends

Needs Assessment Priorities *

Needs Assessment

South Eastern Melbourne PHN Needs Assessment 2022/23 – 2024/25 (2022)

Priorities

Priority	Page reference
Improve knowledge and capacity of service providers and consumers to engage with and navigate the service system Implement the regional plan for mental health and suicide prevention (MH)	159



Activity Demographics

Target Population Cohort

People who present to Casey or Dandenong hospital having attempted suicide or experiencing a suicidal crisis.

In Scope AOD Treatment Type *

Indigenous Specific *

Yes

Indigenous Specific Comments

The service provider will consult with Indigenous community and have a targeted approach for working with them.

Coverage

Whole Region

No

SA3 Name	SA3 Code
Cardinia	21201
Dandenong	21204
Casey - South	21203
Casey - North	21202



Activity Consultation and Collaboration

Consultation

A Governance Group is established for The Way Back Support Service to provide advice and direction to the Operations Group in relation to overseeing the effective delivery of the service. All stakeholders (below) are members of the group which meet

monthly to quarterly (depending on phase of service development). The service is being delivered in partnership with Monash Health.

Collaboration

- Beyond Blue – service delivery partner, provision of license and model
- Neami – service provider
- Monash Health - service delivery partner
- Lived experience representation



Activity Milestone Details/Duration

Activity Start Date

30/04/2019

Activity End Date

29/06/2023

Service Delivery Start Date

30 May 2020

Service Delivery End Date

30 June 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: Yes

Direct Engagement: No

Open Tender: Yes

Expression Of Interest (EOI): No

Other Approach (please provide details): Yes

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?

There will be no decommissioning in this Activity Work Plan, but all of our programs are subject to ongoing evaluation and review.

Co-design or co-commissioning comments

A Governance Group is established for The Way Back Support Service to provide advice and direction to the Operations Group in relation to overseeing the effective delivery of the service. All stakeholders (below) are members of the group which meet monthly to quarterly (depending on phase of service development). The service is being delivered in partnership with Monash Health.

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

No



MH - 11 - MH11 - MH Aboriginal and Torres Strait Islander Mental Health Services



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

11

Activity Title *

MH11 - MH Aboriginal and Torres Strait Islander Mental Health Services

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 ***

This activity aims to enhance access and better integrate Aboriginal and Torres Strait Islander mental health services at a local level facilitating a joint approach with other closely connected services including social and emotional wellbeing, suicide prevention and alcohol and other drug services.

SEMPHN aims to develop a service model that extends across the youth and adult lifespan with a focus on the mental health of the Aboriginal and Torres Strait Islander cohort.

Youth - existing specific activities are commissioned and will continue to be delivered with a focus on Aboriginal and Torres Strait Islander youth with the aim to improve access to integrated pathways and provide assertive outreach for socially isolated and disengaged youth.

The next phase of this activity is to engage a provider(s) who will work with the Aboriginal and Torres Strait Islander community to deliver integrated, culturally appropriate and safe mental health services across the varying intensities of needs for both men, women and children. The service will holistically address the mental health and wellbeing needs of Aboriginal and Torres Strait Islander people at the local level.

Description of Activity *

Youth - Improving access to existing services, particularly for Indigenous youth, and strengthening pathways through the mental health system are the key needs identified in the SEMPHN catchment. As such, the activities have been designed to strengthen these links and further integrate services. SEMPHN will also work to ensure that existing commissioned services apply flexible models of care and culturally safe practices to ensure they are appropriate and effective for the Aboriginal community living within the catchment.

The following two currently commissioned activities are focused on youth:

- Improving access to integrated pathways
- Assertive outreach for socially isolated and disengaged youth

The integrated pathways activity expands on the successful pathways model piloted initially in Frankston Mornington Peninsula area. This model reflects the mental health and cultural healing needs of the local Aboriginal community and applies flexible models of care that aim to strengthen the cultural identity and wellbeing of youth.

The assertive outreach model for socially isolated and disengaged youth facilitates proactive engagement with this cohort through assertive outreach and support navigating through the local service system. This includes headspace, the ITC program, and ensuring integration with LHNs and AOD providers. There is also a focus on reducing self-harm, emergency department attendances, and hospital admissions.

Both activities are commissioned to the Dandenong & District Aborigines Co-operative Limited (DDACL), leading both contracts with local mainstream mental health and youth services.

Once commissioned, the new service model elements will include options such as trauma informed care, psychological/nursing services, low intensity services, social and emotional wellbeing support and targeted mental health support. There will be an element of care coordination which will support individual needs, enable links and referral pathways, work within current governance arrangements and partnerships and support change at a systems level.

Needs Assessment Priorities *

Needs Assessment

South Eastern Melbourne PHN Needs Assessment 2022/23 – 2024/25 (2022)

Priorities

Priority	Page reference
Deliver First Nations mental health services (MH)	159



Activity Demographics

Target Population Cohort

Aboriginal and Torres Strait Islander youth, men and women’s cohorts within the SEMPHN catchment.

In Scope AOD Treatment Type *

Indigenous Specific *

Yes

Indigenous Specific Comments

The first two activities are ongoing and being delivered by existing commissioned provider, DDACL. The new service element of a mental health service will leverage off the ITC program. It is proposed that a provider will be commissioned to lead this work and co-design the service with Aboriginal and Torres Strait Islander people.

Coverage

Whole Region

No

SA3 Name	SA3 Code
Frankston	21401
Mornington Peninsula	21402
Casey - South	21203
Casey - North	21202



Activity Consultation and Collaboration

Consultation

SEMPHN will continue to collaborate and consult as an ongoing function and will consult with the following:

- Aboriginal and Torres Strait Islander cohort
- Aboriginal and Torres Strait Islander agencies that currently deliver community and health services within the SEMPHN catchment
- ACCHOS
- LHNs
- PCPs
- General Practice

Collaboration

SEMPHN will investigate opportunities for partnering and/or commissioning not-for-profit organisations to assist in refining the design and application of appropriate models of care that are delivered in a culturally safe way and environment.

Central to SEMPHN's commissioning principles is the concept of co-design. Therefore, through the various stakeholder, consumer and carer consultations that SEMPHN has already undertaken and is planning to undertake in the future, will continue to inform the development of services.



Activity Milestone Details/Duration

Activity Start Date

30/06/2019

Activity End Date

28/06/2025

Service Delivery Start Date

1 July 2020

Service Delivery End Date

30 June 2024

Other Relevant Milestones

Depending on outcomes, SEMPHN will explore opportunities to refine service elements within the Mental Health Stepped Care Model. This will be undertaken via ongoing program review, reporting, submitted data and evaluation outcomes from existing commissioned providers which will inform future decisions and directions.

Note Coverage for activities includes:

- Frankston
- Mornington Peninsula
- Casey



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: Yes

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?

No

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

No

Decommissioning

No

Decommissioning details?

There will be no decommissioning in this Activity Work Plan, but all of our programs are subject to ongoing evaluation and review.

Co-design or co-commissioning comments

SEMPHN will continue to collaborate and consult as an ongoing function and will consult with the following:

- Aboriginal and Torres Strait Islander cohort
- Aboriginal and Torres Strait Islander agencies that currently deliver community and health services within the SEMPHN catchment
- ACCHOS
- LHNs
- PCPs
- General Practice

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

Yes



MH - 12 - MH12 - MH System Integration



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

12

Activity Title *

MH12 - MH System Integration

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 ***

Ongoing monitoring, reporting and evaluation is a critical feature of SEMPLHN's commissioning efforts. This will apply to all SEMPLHN funded commissioned activities that interact with the Access and Referral team.

Description of Activity *

Key Priority Area 7: Stepped Care Approach

The Access and Referral Service facilitates referrals to the right providers across the SEMPLHN catchment including the use of an electronic platform for delivering eAPI services. This approach ensures demand is appropriately managed while different modalities for delivering psychological services are offered to consumers to choose from.

A core function of this service is to liaise with commissioned providers to support consumers through their recovery journey as they need to step-up or down, depending on their mental ill-health, as well as re-enter the service system that is aligned to their individual needs.

In addition, Access and Referral will continue to play an important role in ensuring consumers and stakeholders navigate pathways through the service system. This service is person-centred adopting a 'no-wrong door approach' with multiple possible entry points, is coordinated and offers linkage to a range of service elements of different intensities over a person's recovery journey.

This supports consumers to access appropriate services in a timely and efficient way, while minimising duplicative contact.

Needs Assessment Priorities *

Needs Assessment

South Eastern Melbourne PHN Needs Assessment 2022/23 – 2024/25 (2022)

Priorities

Priority	Page reference
Improve coordination/integration of psychosocial support services (MH)	162



Activity Demographics

Target Population Cohort

People with mental illness and their natural supports.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

SA3 Name	SA3 Code
Stonnington - East	20804
Stonnington - West	20606
Glen Eira	20802
Port Phillip	20605
Kingston	20803
Cardinia	21201
Bayside	20801
Frankston	21401
Mornington Peninsula	21402
Dandenong	21204
Casey - South	21203
Casey - North	21202



Activity Consultation and Collaboration

Consultation

SEMPHN will continue to collaborate and consult with stakeholders, consumers and carers as an ongoing function.

A Mental Health Consumers, Carers and Consumer Advocates Forum was conducted in 2017 and interviews are done annually with the Needs Assessment that informed the design and improvements to the Mental Health Stepped Care Model service elements. Broader service providers and stakeholder forums (with LHN and DHHS representation) were also delivered.

Ongoing Communities of Practice forums facilitate the sharing of learnings, outcomes and new processes across Head to Health, API, MHICC and low intensity providers.

Collaboration

SEMPHN will investigate opportunities for partnering and/or commissioning not-for-profit organisations to assist in refining the design and application of appropriate models of care.

Central to SEMPHN's commissioning principles is the concept of co-design. Therefore, through the various stakeholder, consumer and carer consultations that SEMPHN has already undertaken and is planning to undertake in the future, will continue to inform the development of services.

The establishment of a Communities of Practice that includes low intensity, API and MHICC providers, promotes collaboration, the exchange of ideas, sharing and exploring new approaches while working within the same operational approach and outcomes in delivering mental health services within the SEMPHN catchment.

SEMPHN will work with the VTPHNA Design and Discovery Project team to collaborate on a shared vision and possible redesign of the Victorian Service Navigation System service model.



Activity Milestone Details/Duration

Activity Start Date

30/06/2019

Activity End Date

28/06/2025

Service Delivery Start Date

1 July 2019

Service Delivery End Date

30 June 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: 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?

Not applicable.

Co-design or co-commissioning comments

SEMPHN will continue to collaborate and consult with stakeholders, consumers and carers as an ongoing function.

A Mental Health Consumers, Carers and Consumer Advocates Forum was conducted in 2017 and interviews are done annually with the Needs Assessment that informed the design and improvements to the Mental Health Stepped Care Model service elements. Broader service providers and stakeholder forums (with LHN and DHHS representation) were also delivered.

Ongoing Communities of Practice forums facilitate the sharing of learnings, outcomes and new processes across Head to Health, API, MHICC and low intensity providers.

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

Yes



MH - 21 - MH21 - Assessment & Referral (IAR) Training and Support Officer



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

21

Activity Title *

MH21 - Assessment & Referral (IAR) Training and Support Officer

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 ***

The IAR is an initiative of the Australian Department of Health and brings together information from a range of sources including Australian and international evidence and advice from a range of leading experts. The IAR is a tool to assist general practitioners and clinicians to recommend the most appropriate level of care for a person seeking mental health support. The IAR is designed to assist the various parties involved in the assessment and referral process, including:

General Practitioners (GP) and other clinicians seeking to determine the most appropriate care type and intensity for individuals.

Commissioned providers, intake teams and PHNs (Primary Health Networks) responsible for undertaking initial assessments which may involve making recommendations on the level of care required.

Description of Activity *

People seeking mental health support may present with a range of interrelated factors that can make it challenging to determine the most appropriate level of stepped care. The Initial IAR tool provides a standardised, evidence-based, and objective approach to assist with mental health care recommendations.

IAR is focused on guiding initial assessment and supporting informed decisions about suitable and appropriate treatment choices/options (finding the right service type and intensity).

To engage a Training Support Officer to train GP's in the use of the IAR DST to enable a common referral tool to be used in the primary care setting.

TSO and PHN will:

- To attend training with the National Project Manager (NPM) to build capability and confidence in using the IAR, facilitating training and supporting GPs to implement the IAR.
- Become familiar with the IAR suite that includes the Guidance document, Implementation Toolkit and the Decision Support Tool (DST) and be able to assist clinicians to navigate and use these resources in practice.
- Contribute to the ongoing development and improvement of the suite of training materials developed by the NPM.
- Attend monthly meetings with the Department and/or the NPM to provide reporting updates on numbers trained, share enablers and discuss any barriers encountered.
- Provide training to GPs and other clinicians in Adult Mental Health Centres, General Practices, and Aboriginal Medical Services, and commissioned providers, and in the future Child Head to Health Centres, Residential Aged Care Facilities and Local Hospital Networks.
- Offer training and ongoing support via multiple channels including online, telephone, videoconference and on-site as required to meet practitioner needs.
- Work toward training the target number of GPs allocated by the Department for the PHN. PHNs will be notified of their target number that is a component of the national GP target number for this initiative.

Needs Assessment Priorities *

Needs Assessment

South Eastern Melbourne PHN Needs Assessment 2022/23 – 2024/25 (2022)

Priorities

Priority	Page reference
Improve mental health service utilisation in LGAs with identified needs (e.g. Greater Dandenong and Casey) (MH)	160
Increase support for consumers in need of low-intensity mental health services (MH)	157
Provide better coordination/integration of mental health support services between health and non-health sectors (MH)	159



Activity Demographics

Target Population Cohort

GP's and clinicians in their networks who need to refer into mental health services.

Funded mental health providers.

Adult Mental Health Centres.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

Collaboration

SEMPHN is working in very close collaboration with a PHNs in the governance and delivery of this new role to ensure knowledge sharing and consistency in the training delivered as well as ensuring relevant linkages and relationship with the National Project Manager.

SEMPHN is providing training to the new State-funded Local Services teams, to ensure the system of care is connected and cohesive.



Activity Milestone Details/Duration

Activity Start Date

20/03/2022

Activity End Date

29/06/2025

Service Delivery Start Date

March 2022

Service Delivery End Date

June 2023

Other Relevant Milestones

21 March 2022 – commencement of TSO with SEMPHN.



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?

Co-design or co-commissioning comments

SEMPHN has been collaborating and knowledge sharing with other PHN's about the implementation of the TSO role. This is expected to be an ongoing process to enable the newly employed TSO's across the PHN's to network together and build capacity.

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

No



MH - 22 - MH22 - Assessment & Referral (IAR) GP Payments



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

22

Activity Title *

MH22 - Assessment & Referral (IAR) GP Payments

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 ***

The IAR is an initiative of the Australian Department of Health and brings together information from a range of sources including Australian and international evidence and advice from a range of leading experts. The IAR is a tool to assist general practitioners and clinicians to recommend the most appropriate level of care for a person seeking mental health support. The IAR is designed to assist the various parties involved in the assessment and referral process, including:

General Practitioners (GP) and other clinicians seeking to determine the most appropriate care type and intensity for individuals.

Commissioned providers, intake teams and PHNs (Primary Health Networks) responsible for undertaking initial assessments which may involve making recommendations on the level of care required.

GPs are eligible to be reimbursed for their attendance at this training.

Description of Activity *

People seeking mental health support may present with a range of interrelated factors that can make it challenging to determine the most appropriate level of stepped care. The Initial IAR tool provides a standardised, evidence-based, and objective approach to assist with mental health care recommendations.

IAR is focused on guiding initial assessment and supporting informed decisions about suitable and appropriate treatment

choices/options (finding the right service type and intensity).

To engage a Training Support Officer to train GP's in the use of the IAR DST to enable a common referral tool to be used in the primary care setting.

TSO and PHN will:

- To attend training with the National Project Manager (NPM) to build capability and confidence in using the IAR, facilitating training and supporting GPs to implement the IAR.
- Become familiar with the IAR suite that includes the Guidance document, Implementation Toolkit and the Decision Support Tool (DST) and be able to assist clinicians to navigate and use these resources in practice.
- Contribute to the ongoing development and improvement of the suite of training materials developed by the NPM.
- Attend monthly meetings with the Department and/or the NPM to provide reporting updates on numbers trained, share enablers and discuss any barriers encountered.
- Provide training to GPs and other clinicians in Adult Mental Health Centres, General Practices, and Aboriginal Medical Services, and commissioned providers, and in the future Child Head to Health Centres, Residential Aged Care Facilities and Local Hospital Networks.
- Offer training and ongoing support via multiple channels including online, telephone, videoconference and on-site as required to meet practitioner needs.
- Work toward training the target number of GPs allocated by the Department for the PHN. PHNs will be notified of their target number that is a component of the national GP target number for this initiative.

This activity will provide reimbursement for GPs attending the above training sessions with the SEMPHN IAR TSO.

Needs Assessment Priorities *

Needs Assessment

South Eastern Melbourne PHN Needs Assessment 2022/23 – 2024/25 (2022)

Priorities

Priority	Page reference
Improve mental health service utilisation in LGAs with identified needs (e.g. Greater Dandenong and Casey) (MH)	160
Increase support for consumers in need of low-intensity mental health services (MH)	157
Provide better coordination/integration of mental health support services between health and non-health sectors (MH)	159



Activity Demographics

Target Population Cohort

GP's and clinicians in their networks who need to refer into mental health services.

Funded mental health providers.

Adult Mental Health Centres.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

Collaboration

SEMPHN is working in very close collaboration with a PHNs in the governance and delivery of this new role to ensure knowledge sharing and consistency in the training delivered as well as ensuring relevant linkages and relationship with the National Project Manager. This is expected to be an ongoing process to enable the newly employed TSO's across the PHN's to network together and build capacity.

SEMPHN is sharing learnings from the establishment of the payment procedures with other IAR TSOs.



Activity Milestone Details/Duration

Activity Start Date

20/03/2022

Activity End Date

29/06/2025

Service Delivery Start Date

1 March 2022

Service Delivery End Date

30 June 2023

Other Relevant Milestones

21 March 2022 – commencement of TSO with SEMPHN.



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?

Co-design or co-commissioning comments

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

Yes



MH - 23 - MH23 - Targeted Regional Initiatives for Suicide Prevention



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

23

Activity Title *

MH23 - 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 ***

First component of this activity is to adopt a community-led and systems-based approach to suicide prevention targeting populations identified at risk of suicide or suicidal distress, and to recruit to a Regional Suicide Prevention Response Coordinator (RSPRC). The aim is to:

- Improve care coordination and service pathways for people at risk of or bereaved by suicide.
- Commission and/or adapt services, activities and training packages for at-risk cohorts in the community. This is inclusive via multiple channels such as online, telephone, videoconference and face to face.
- Build the capacity and capability of the local workforce to respond to suicide and commission peer support.
- Be a key contact for the National Aboriginal Community Controlled Health Organisation's Culture Care Connect Program, which is a first of its kind Aboriginal and Torres Strait Islander community-controlled approach to suicide prevention service coordination, aftercare services and training in alignment with the National Agreement on Closing the Gap.
- Engage with the Suicide Prevention Network and community of practice events, and participate in the suicide prevention capacity building program, which provides expert research, evidence, and implementation support to communities across Australia.

Description of Activity *

The RSPRC commenced in February 2023, as one FTE Their initial aim was to scope the role, set up relationships with other PHNs

and enrol in the Black Dog Institute (BDI) Suicide Prevention Capacity Building Program for Suicide Prevention regional leads. Training is expected to be completed in October 2023. As part of collaboration and networking, the RSPRC attended the Suicide Prevention Australia - National Suicide Prevention Conference in May 2023.

For the next 12 months, the RSPRCs aim is on broadening SEMPHN's early intervention and suicide prevention activities through continued engagement, coordination, and integration of these activities. A regional collective committee is expected to be in place by October 2023. The committee will develop a regional action plan and work towards a collective multi-component systemic approach to suicide prevention, that implements strategies simultaneously and in an integrated way. Training will be provided to the committee by BDI, a Capacity Building Program, which has been booked to commence in/around October 2023.

The RSPRC will also evaluate existing commissioned programs to ensure they are supported to reach maximum impact and identify new programs that address regional arising needs from within priority population groups. SEMPHN has already leveraged off its participation in the Place-Based Suicide Prevention Trial and commissioned additional programs to address the needs of two identified 'at risk' groups:

- additional support to men by providing funding for additional Men's Tables; and
- SEMPHN is currently in discussion around a co-design program with men from the Aboriginal and Torres Strait Islander community.

Needs Assessment Priorities *

Needs Assessment

South Eastern Melbourne PHN Needs Assessment 2022/23 – 2024/25 (2022)

Priorities

Priority	Page reference
Implement the regional plan for mental health and suicide prevention (MH)	160
Improve knowledge and capacity of service providers and consumers to engage with and navigate the service system Implement the regional plan for mental health and suicide prevention (MH)	159



Activity Demographics

Target Population Cohort

People affected by suicide.

In Scope AOD Treatment Type *

Indigenous Specific *

Yes

Indigenous Specific Comments

Working with Indigenous providers to ensure culturally safe programs are established.

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

Collaboration



Activity Milestone Details/Duration

Activity Start Date

14/06/2016

Activity End Date

30/12/2025

Service Delivery Start Date

TBC

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: 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?

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?

Yes



MH-Op - 1 - MH-Op1 - Mental Health Operational



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH-Op

Activity Number *

1

Activity Title *

MH-Op1 - Mental Health Operational

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



MH-Op - 3 - MH-Op3 - Targeted Suicide Prevention Operational



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH-Op

Activity Number *

3

Activity Title *

MH-Op3 - Targeted Suicide Prevention Operational

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



CHHP - 1 - CHHP1 – Hope Assistance Local Tradies (HALT) Program



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

CHHP

Activity Number *

1

Activity Title *

CHHP1 – Hope Assistance Local Tradies (HALT) Program

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 ***

This Activity aims to prevent suicide and breakdown the stigma surrounding mental health issues like suicide, depression and anxiety.

Description of Activity *

The Activity will facilitate targeted outreach services through the Hope Assistance Local Tradies (HALT) Program. The Activity will contribute to enhanced health and well-being outcomes for adults and a reduction in the risk of suicide, absenteeism from work and social isolation.

The Activity will assist people who might find challenges in accessing and interacting with mental health services. The Activity will include a whole-of-community approach by engaging, where possible, with businesses, clubs, men's sheds, trade schools and community groups. This work will be undertaken within the context of the identified risk factors for death by suicide for people of working age in these regions.

This Activity will undertake outreach services targeting workers to contribute to enhanced health and well-being outcomes and a reduction in the risk of suicide, including through:

- Stigma reduction activities;
- Whole of community engagement; and

- Events, e.g., 'Save your Bacon'.

Needs Assessment Priorities *

Needs Assessment

South Eastern Melbourne PHN Needs Assessment 2022/23 – 2024/25 (2022)

Priorities

Priority	Page reference
Increase support for consumers in need of low-intensity mental health services (MH)	157



Activity Demographics

Target Population Cohort

Focus on vulnerable population groups, and 'at risk' population groups, working as tradespeople.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

Given this funding was announced under the CHHP funding stream, no community consultation was required. SEMPHN, North Western Melbourne PHN and HALT consulted on the activities to be funded under this agreement.

Collaboration

SEMPHN will work in collaboration with North Western Melbourne PHN to ensure equitable implementation of the Activity across both catchments.



Activity Milestone Details/Duration

Activity Start Date

17/11/2019

Activity End Date

30/12/2023

Service Delivery Start Date

1 December 2019

Service Delivery End Date

30 June 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?

Yes

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

No

Decommissioning

No

Decommissioning details?

There will be no decommissioning in this Activity Work Plan, but all our programs are subject to ongoing evaluations and review.

Co-design or co-commissioning comments

SEMPHN will work in collaboration with North Western Melbourne PHN to ensure equitable implementation of the Activity across both catchments.





CHHP - 2 - CHHP2 - headspace Demand Management and Enhancement Program



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

CHHP

Activity Number *

2

Activity Title *

CHHP2 - headspace Demand Management and Enhancement Program

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 ***

In 2021, SEMPLHN was awarded funding through the Youth Mental Health: headspace Demand Management and Enhancement Program. The funding has been secured for the establishment and implementation of the headspace Regional Allied Health Graduate Program to be delivered through headspace Frankston, Dandenong, Narre Warren, and Elsternwick/Bentleigh.

The Demand Management and Enhancement Program identifies the need to reduce high wait times, supports the long-term sustainability of headspace programs, increases access to clinical support for young people and their families, and enhances and modernises headspace centres via capital enhancements by either upgrading or relocating services and/or equipment and furnishings.

Description of Activity *

The allocated funding is proposed for both Demand Management and Capital Enhancement. Pakenham funding will be utilised for Capital Enhancement. Pakenham are currently in the process of co-locating to a new multidiscipline purpose council building. Relocation to this new building should take place by the end of 2023.

Sites which have been approved for Capital Improvement include:

- Narre Warren – undertake various building works.
- Pakenham – currently relocating to a multipurpose council building within Cardinia-Casey shire. Anticipated move date is by the

end of 2023.,

- Dandenong – currently relocating to a building which is centrally located and easily accessible to young people and their families. Site to be larger and will undertake building works to accommodate young people, their families and staff members.
- Frankston – undertake minor infrastructure updates.
- Elsternwick/Bentleigh – currently sourcing new location within the Port Phillip area. Activity is to relocate service to a larger site and undertake fit-out of the new premises, furniture and IT infrastructure and equipment.

Demand Management approval:

- Elsternwick/Bentleigh – funds to be utilised to employ a clinical team to provide interventions to young people and their families building on headspace's Session-by-Session model. This will reduce demand on Access as it will provide a service which will be offered within a timely and youth friendly environment.

Needs Assessment Priorities *

Needs Assessment

South Eastern Melbourne PHN Needs Assessment 2022/23 – 2024/25 (2022)

Priorities

Priority	Page reference
Increase support for young people requiring low intensity and mild-to-moderate mental health support (MH)	158
Deliver First Nations mental health services (MH)	159



Activity Demographics

Target Population Cohort

12-25 age group

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

No

SA3 Name	SA3 Code
Glen Eira	20802
Frankston	21401
Dandenong	21204
Casey - South	21203
Casey - North	21202



Activity Consultation and Collaboration

Consultation

SEMPHN continues to collaborate and consult with key stakeholders (headspace National and listed headspace centres) as an ongoing function.

A co-design workshop was conducted in September 2021 that informed the re-design of the Reginal Graduate Program.

Ongoing communications conduct between headspace National and SEMPHN regarding resources and support available and to ensure there is no duplication of activities with the headspace Early Career Program

Collaboration

Ongoing communications will be conducted between the listed headspace centres and SEMPHN to monitor program delivery.



Activity Milestone Details/Duration

Activity Start Date

30/06/2021

Activity End Date

29/06/2025

Service Delivery Start Date

15 February 2022

Service Delivery End Date

30 June 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?

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?

Co-design or co-commissioning comments

SEMPHN continues to collaborate and consult with stakeholders as an ongoing function.



CHHP-Op - 1 - 1 - CHHP Suicide Prevention Community Workers Operational



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

CHHP-Op

Activity Number *

1

Activity Title *

1 - CHHP Suicide Prevention Community Workers Operational

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



CHHP-Op - 2 - 2 - CHHP Headspace Demand Management and Enhancement Program Operational



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

CHHP-Op

Activity Number *

2

Activity Title *

2 - CHHP Headspace Demand Management and Enhancement Program Operational

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