



# Country WA PHN Activity Work Plan

## Commonwealth Psychosocial Support Program

**Summary View  
2020/2021 – 2023/24**

**Presented to the Australian Government Department of  
Health**

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## CoS 3000 – Psychosocial Support and Continuity of Support

### Activity Title

Psychosocial Support and Continuity of Support

### Activity Number

3000

### Existing, Modified or New Activity

Existing

### PHN Program Key Priority Area

Other - Psychosocial Support

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### Aim of Activity

To ensure availability and accessibility of psychosocial support services to people with a history of severe mental illness and associated psychosocial functional impairment who are:

- not eligible to receive support services through the National Disability Insurance Scheme (NDIS), and
- who were clients of Partner in Recovery (PIR), Personal Helpers and Mentors (PHaMs), and the Support for Day-to-Day Living (D2DL) programs on 30 June 2019

The Primary Health Network (PHN) will design, and contract services targeted to assist people with severe mental illness to:

- Reduce the avoidable need for more intensive and/or acute clinical services.

Enhance appropriate/optimal use of the mental health system for people with severe mental illness.

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### Description of Activity

Continuity of Support psychosocial support services provide ongoing support for clients who previously accessed supports through the PIR, PHaMs, and D2DL programs, and who were found to be ineligible to receive services under the NDIS. Continuity of Support (CoS) psychosocial support services will provide these clients with supports to achieve similar outcomes and continue to receive appropriate support using a recovery and strengths-based framework.

Commissioned CoS psychosocial support services may also play a role in improving effective utilisation of the mainstream mental health system. Improving the functional capacity and stability across people's domains of life will also be a focus of

service delivery. Commissioned services will have strong linkages to their local community and provide a person-centred service to individuals.

The PHN will commission and provide support to provider/s, via a contract manager, to:

- Provide funding for psychosocial support services targeted to support clients of the previous Commonwealth community mental health programs PIR, D2DL and PHaMs who are ineligible for the NDIS.
- Identify the existing Commonwealth client group who are eligible for this support type from 1 July 2019.
- Ensure services are aligned with the CoS program guidance.
- Ensure appropriate reporting and management processes are in place including monitoring client outcomes and experience through attendance rates, support plan reviews and feedback from clients and carers at close of service.

The outcomes that this activity is seeking to achieve are:

- Increase personal capacity, confidence and self-reliance.
- Increase social participation.
- Streamline access to appropriate services.
- Provide flexible and responsive support at times of increased need.

Cost effectiveness of service delivery will be monitored through unit cost information being collected and analysed in conjunction with the outcome indicators.

WAPHA's contracts management system will hold all relevant contract information.

The PHN will continue to monitor and assess the impact of COVID-19 on access to the primary health care services commissioned within this activity. Where required, the commissioned services may be modified and additional services commissioned to help the PHN to continue to meet the aims of the activity and the needs of the priority target groups.

WAPHA's new Performance Management Framework will be used to measure and track provider performance. The reporting domains for the Performance Management Framework are:

- Improved patient experience
- Improved health outcomes
- Improved cost efficiency
- Improve provider experience
- Improved health equity

Available data collection methods will be utilised, for example provider reports, referral agency feedback and participant feedback. Client data will be entered by the providers into the primary mental health care – national minimum data set (PMHC-

NMDS). The PMHC-NMDS data will be used to measure and track provider performance. Cost effectiveness of service delivery will be monitored through unit cost information being collected and analysed in conjunction with the outcome indicators. WA Primary Health Alliance's contracts management system will hold all relevant contract information.

The PHN will continue to monitor and assess the impact of COVID-19 on access to the primary health care services commissioned within this activity. Where required, the commissioned services may be modified, and additional services commissioned to help the PHN to continue to meet the aims of the activity and the needs of the priority target groups.

### **Commissioned service providers**

- 360 Health + Community
- Avivo
- Bay of Isles Community Outreach Incorporated
- Chorus Australia Limited
- Kaata-Koorliny Employment & Enterprise Development Aboriginal Corporation
- LAMP Incorporated
- Ngaanyatjarra Health Service Aboriginal Corporation
- Yura Yungi Aboriginal Medical Service
- Wirraka Maya Health Service Aboriginal Corporation

### **Specific support services commissioned**

A range of support services will be commissioned including:

- Social skills and connections, including family connections.
- Day to day living skills.
- Financial management and budgeting.
- Finding and maintaining a home.
- Vocational skills and goals.
- Maintaining physical wellbeing, including exercise.
- Building broader life skills including confidence and resilience.

Clients will have an initial support of between three (3) to six (6) months, if they do not have severe and persistent mental illness, with additional support provided if deemed appropriate following a support plan review.

If a client cannot be reached after a period of three (3) months, with a minimum of three (3) contact attempts in this time, the client shall be exited from the service.

### **Specific service delivery models/formats**

Services are conducted by the following formats. The majority of contacts will be face to face with some telephone and videoconferencing support as required.

- Socially based, capacity building group activities, based on different needs and care:
  - Informal group activities; and
  - Structured group activities.
- Targeted individual client support.

### Target cohort and the process/tools used to determine eligibility

To be eligible to receive this service the individual must have been:

- A service recipient of Partner in Recovery (PIR), Personal Helpers and Mentors (PHaMs), and the Support for Day-to-Day Living (D2DL) programs on 30 June 2019 and already been assessed as not eligible to receive support services through the National Disability Insurance Scheme (NDIS), or,
- A service recipient of Transition Support service in the period between July 2019 to 30 June 2021 and been assessed as not eligible to receive support services through the National Disability Insurance Scheme (NDIS), or,
- A service recipient of Transition Support service on 30 June 2021 and not received an assessment outcome as to eligibility to receive support services through the National Disability Insurance Scheme (NDIS).

### How program/client outcomes will be measured/evaluated

Outcomes are measured through us of the K-10, K-5, or SDQ assessment tools as required by the reporting of program activities into the Primary Mental Health Care – Minimum Data Set (PMHC-MDS).

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### Target Population

Adults with a history of severe mental illness and associated psychosocial functional impairment.

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### Coverage

Country WA PHN region

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### Activity Duration

#### Activity Start Date

1 October 2018

#### Activity End Date

30 June 2022

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### Activity Planned Expenditure

Funding Stream	FY 21 22	FY 22 23	FY 23 24	Total
NPS-CoS	\$852,654.00	\$0.00	\$0.00	\$852,654.93

## CPS 4000 – Psychosocial Support Interface Role

### Activity Title

Psychosocial Support Interface Role

### Activity Number

4000

### Existing, Modified or New Activity

Existing

### PHN Program Key Priority Area

Other - Psychosocial Support

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### Aim of Activity

As outlined in the Primary Health Network (PHN) Psychosocial Support Interface Guidance documentation the aim of the interface role is to plan, fund, commission and establish services under the Continuity of Support (CoS) measure and the National Psychosocial Support (NPS) program and support Commonwealth community mental health clients of Partners in Recovery (PIR), Day to Day Living (D2DL) and Personal Helpers and Mentors (PHaMs) to transition to new arrangements with the roll-out of the National Disability Insurance Scheme (NDIS).

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### Description of Activity

The priority of the Psychosocial Support Interface funding is to ensure that psychosocial services are available for eligible people who require support.

The specific focus of the interface activities will be on supporting Commonwealth community mental health clients to test for eligibility under the NDIS, as well as plan, fund, commission and establish services under the CoS and NPS program.

Activities may include targeted projects to identify areas where service providers require extra support to assist their “hard-to-reach” clients to test NDIS eligibility. These targeted projects may identify areas of need that result in the commissioning of supplementary or additional transition support services with providers.

Through the Interface role the PHN may also promote amongst providers those activities and processes that are observed to be working well.

The PHN will continue to monitor and assess the impact of COVID-19 on access to the primary health care services commissioned within this activity. Where required, the commissioned services may be modified, and additional services commissioned

to help the PHN to continue to meet the aims of the activity and the needs of the priority target groups.

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**Target Population**

Adults with a history of severe mental illness and associated psychosocial functional impairment.

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**Coverage**

Country WA PHN region

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**Activity Duration**

**Activity Start Date**

**Activity End Date**

1 July 2019

31 December 2022

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**Activity Planned Expenditure**

<b>Funding Stream</b>	<b>FY 21 22</b>	<b>FY 22 23</b>	<b>FY 23 24</b>	<b>Total</b>
NPS-CoS	\$337,045.00	\$0.00	\$0.00	\$337,045.00



## PSD 1000 – Psychosocial Support: Program Service Delivery

### Activity Title

Psychosocial Support Services

### Activity Number

1000

### Existing, Modified or New Activity

Modified Activity

### PHN Program Key Priority Area

Mental Health

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### Aim of Activity

Psychosocial support services will be commissioned to support people with a history of severe mental illness and associated psychosocial functional impairment who are not receiving psychosocial support services funded through the National Disability Insurance Scheme (NDIS).

A primary aim of this service provision will be to reduce the avoidable need for more intensive and/or acute clinical services. Psychosocial support services provided will build psychosocial functional capacity to address individual needs and complement clinical mental health and physical health services.

To commission psychosocial support services to support new and existing eligible consumers under one consolidated program. Services provided under the Commonwealth Psychosocial Support (CPS) Program will be complementary to those available within the region through other government funded psychosocial initiatives and mental health programs, with a recovery and person-centred focus. These services will aim to:

- Increase functional capacity to live independently in the community
- Reduce the need for acute mental health services.
- Increase connection and reduce isolation.
- Increase knowledge and skills.
- Increase engagement in daily activities, relationships and the community.
- Improve or stabilise mental health and wellbeing.

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### Description of Activity

Commissioned psychosocial support services may play a role in improving effective utilisation of the mainstream mental and physical health services. Improving the functional capacity and stability across people's domains of life will be central to the recovery focused service delivery. Commissioned services will have strong linkages

to their local community, appropriate assessment processes, clear referral pathways (including to mainstream and clinical) and provide a person-centred service to individuals.

Services delivered will include a range of non-clinical supports which might be provided at an individual or a group level with a strong recovery focus, trauma-informed, and delivered in accordance with the National Standards for Mental Health Services 2010 and the National Practice Standards for the Mental Health Workforce 2013.

It is anticipated that the cohort being targeted through this initiative will generally require less intensive and possibly shorter-term psychosocial support than the service offer provided through programs transitioning to the NDIS. The support will be provided at times when it is most needed, rather than on an ongoing basis. Ideally services will be embedded within or linked to clinical services to support an integrated team approach to meeting the needs of people with severe mental illness, and form part of a multi-agency care plan.

The PHN will continue to consult with the WA Mental Health Commission, WA Country Health Service, National Disability Insurance Agency and the Aboriginal Community Controlled Organisations to ensure gaps between Commonwealth and State/Territory mental health systems are addressed in a flexible and carefully planned way. Activities will complement, and not duplicate, support available. This will also ensure eligible people receive support through the state specialised mental health system and, where appropriate, receive psychosocial support through Commonwealth Psychosocial Support or a complementary state support. This will occur as outlined in the Bilateral Agreement between the Commonwealth and Western Australia - National Psychosocial Support Measure (the Bilateral Agreement).

The PHN will ensure service providers are engaged with Local Health Networks to support localised strategies and ensure commissioned psychosocial support arrangements are embedded in local regional mental health and suicide prevention plans.

The PHN will commission and provide support to provider/s, via a contract manager, to:

- Implement appropriate entry and eligibility criteria, as aligned with the CPS guidance, to ensure national consistency and to contribute to nationally consistent data and reporting.
- Ensure appropriate referral pathways, reporting and management processes are in place.

The PHN will focus on the management of the performance of the contracted provider/s including reviewing, monitoring, and evaluating service provision.

Client data will be entered by the providers into the primary mental health care – national minimum data set (PMHC-NMDS). The PMHC-NMDS data will be used to measure and track provider performance. Cost effectiveness of service delivery will be monitored through unit cost information being collected and analysed in conjunction with the outcome indicators. WA Primary Health Alliance’s contracts management system will hold all relevant contract information.

The PHN will continue to monitor and assess the impact of COVID-19 on access to the primary health care services commissioned within this activity. Where required, the commissioned services may be modified, and additional services commissioned to help the PHN to continue to meet the aims of the activity and the needs of the priority target groups.

### **Commissioned service providers**

- Black Swan Health Limited
- Chorus Australia Limited
- HelpingMinds Limited
- Neami Limited
- Richmond Wellbeing Incorporated
- Ruah Community Services

### **Specific support services commissioned**

A range of support services will be commissioned, including:

- Social skills and connections, including family connections.
- Day to day living skills.
- Financial management and budgeting.
- Finding and maintaining a home.
- Vocational skills and goals.
- Maintaining physical wellbeing, including exercise.
- Building broader life skills including confidence and resilience.

Clients will have an initial support period of between three (3) to six (6) months, if they do not have severe and persistent mental illness, with additional support provided if deemed appropriate following a support plan review.

If a client cannot be reached after a period of three (3) months, with a minimum of three (3) contact attempts in this time, the client shall be exited from the service.

### **Specific service delivery models/formats**

Services will be conducted by the following formats. The majority of contacts will be fact to face with some telephone and videoconferencing support as required.

- Socially based, capacity building group activities, based on different needs and care:
  - Informal group activities; and
  - Structured group activities.
- Targeted individual client support.

### **Targeted cohort and the process/tools used to determine eligibility**

To be eligible to receive this service the individual must

- reside in the coverage area of the PHN where they are seeking support,
- have a severe mental illness
- have a reduced psychosocial functional capacity as a result
- not more appropriately supported through the NDIS
- aged 18-65 years
- not be restricted in their ability to fully and actively participate in the community because of their residential settings (e.g., prison or a psychiatric facility)

Commissioned service providers will use a range of assessment tools to determine eligibility to the program and to inform planning. These may include CANSAS, WHODAS 2.0, and Star Outcomes for example.

### **How program / client outcomes will be measured/evaluated**

Outcomes will be managed through use of the K-10, K-5, or SDQ assessment tools as required by the reporting of program activities into the Primary Mental Health Care-Minimum Data Set (PMHC-MDS).

### **Primary Health Network Operational Activity**

The PHN Contracts team managing the service agreements has a generalised skill set across the community services commissioning arena. All contracts staff are required to have skills or experience in the following areas:

- experience of contract management principles including complex and high-risk negotiation, financial management and contract preparation
- experience in procurement processes
- knowledge and experience in healthcare and human services sector
- ability to build relationships and collaborative partnerships with stakeholders both internally and externally
- experience working with culturally diverse groups, particularly Aboriginal and Torres Strait Islander people.

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## **Country WA PHN Needs Assessment Priorities**

<b>Priorities</b>	<b>Page reference</b>
Improve coordinated and integrated care for people	20

experiencing complex and severe mental health who can be managed in within primary care settings.	
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### Target Population

Adults with a history of severe mental illness and resultant psychosocial disability who are not receiving psychosocial support through the NDIS.

### Consultation

Consultation will be undertaken when needed with stakeholders at the regional level including but not limited to:

- Non-Government Organisations
- WA Department of Health, Health Service Providers
- Carers and Consumers
- General practitioners

WAPHA online engagement platform - Primary Health Exchange - will also be used to engage with communities as required.

### Collaboration

The PHN will continue to build on established relations with the WA Mental Health Commission and the WA Health Department to ensure that the services funded through the CPS activity complement the psychosocial support services available through the state government as outlined in the Bilateral Agreement and to facilitate the establishment of appropriate information sharing and reporting protocols to support reporting on the effectiveness and impact of the CPS activity.

### Coverage

Country WA PHN region

### Activity Duration

#### Activity Start Date

#### Activity End Date

1 July 2021

30 June 2023

### Activity Planned Expenditure

Funding Stream	FY 21 22	FY 22 23	FY 23 24	Total
CPS-PSD	\$2,518,257.00	\$3,715,899.00	\$0.00	\$6,234,156.00

## **PAE 2000 – Psychosocial Support: Access Enablers**

### **Activity Title**

Psychosocial Support: Access Enablers

### **Activity Number**

2000

### **Existing, Modified or New Activity**

New Activity

### **PHN Program Key Priority Area**

Mental Health

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### **Aim of Activity**

To commission psychosocial support services to support new and existing eligible consumers under one consolidated program. Services provided under the CPS Program will be complementary to those available within the region through other government funded psychosocial initiatives and mental health programs, with a recovery and person-centred focus. These services will aim to:

- Increase functional capacity to live independently in the community.
- Reduce the need for acute mental health services.
- Increase connection and reduce isolation.
- Increase knowledge and skills.
- Increase engagement in daily activities, relationships and the community.
- Improve or stabilise mental health and wellbeing.
- Improve self-confidence and independence.
- Move towards personal recovery goals.
- Support access to appropriate supports, including the NDIS where appropriate.

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### **Description of Activity**

#### **Service navigation (including housing connections)**

The PHN will commission service providers to deliver service navigation in the PHN region that will deliver:

- Consumers, families and carers having a better understanding of the service options available across a range of service domains
- Consumers having increased choice in accessing a broader range of relevant health and support services to achieve recovery goals and manage their conditions on a day-to-day basis in the community
- Support for consumers to access and engage with dedicated and specialised support services to meet their social needs, particularly access to safe and

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appropriate housing

- General Practitioners (GPs), program managers and service provider staff having a better understanding of services available in their regions to support the social, mental and physical health needs of with severe mental illness and promote effective multi-disciplinary care
- PHNs, Local Hospital Networks and Local Area Coordinators develop a joint understanding of psychosocial consumer referral pathways, available supports, service gaps and emerging issues. Where there is capacity, strategies are implemented to mitigate identified barriers to this objective
- Help for consumers, together with their families and carers, to access the supports needed to promote mental and physical health; and
- Consumers being assisted with accessing stable, safe and appropriate housing, given the strong link between stable housing and positive mental health outcomes.

The service navigation activity will aim to improve integration of local health services, promote multi-disciplinary care, and make the health system more accessible to people with severe mental illness and associated psychosocial disorders.

Providers will receive further Access Enabler funding as a package of Remote Loading funding, NDIS Testing Support funding, and Capacity Assessment funding to use according to local need.

### **Regional loading**

Regional loading of funding levels will be applied in relation to consumers living in outer regional, remote and very remote Australia. This is in recognition of the higher costs of delivering services in these areas and is intended to improve service availability for people with severe mental illness in those communities.

### **NDIS testing support**

The PHN will provide NDIS testing support funding to test the eligibility of participants who appear to meet NDIS eligibility guidelines. This support assists consumers with collecting the evidence to submit an access request and to 'walk with consumers' while they take part in this process.

### **Capacity and strengths-based assessments**

The PHN will provide Capacity and Strengths-based assessment funding to assist with assessing capacity and strengths-based program planning for participants. This support assists consumers with identifying individual goals and the supports required.

## Primary Health Network Operational Activity

The PHN Contracts team managing the service agreements has a generalised skill set across the community services commissioning arena. All contracts staff are required to have skills or experience in the following areas:

- experience of contract management principles including complex and high-risk negotiation, financial management and contract preparation
- experience in procurement processes
- knowledge and experience in healthcare and human services sector
- ability to build relationships and collaborative partnerships with stakeholders both internally and externally
- experience working with culturally diverse groups, particularly Aboriginal and Torres Strait Islander people.

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## Country WA PHN Needs Assessment Priorities

Priorities	Page reference
Improve coordinated and integrated care for people experiencing complex and severe mental health who can be managed in within primary care settings.	20

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## Target Population

Adults with a history of severe mental illness and resultant psychosocial disability who are not receiving psychosocial support through the NDIS.

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## Consultation

Consultation will be undertaken when needed with stakeholders at the regional level including but not limited to:

- Non-Government Organisations
- WA Department of Health, Health Service Providers
- Carers and Consumers
- General practitioners

WAPHA online engagement platform - Primary Health Exchange - will also be used to engage with communities as required.

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## Collaboration

The PHN will continue to build on established relations with the WA Mental Health Commission and the WA Health Department to ensure the services funded through the CPS activity complement the psychosocial support services available through the state government as outlined in the Bilateral Agreement and to facilitate the



establishment of appropriate information sharing and reporting protocols to support reporting on the effectiveness and impact of the CPS activity.

## Coverage

Country WA PHN region

## Activity Duration

**Activity Start Date**

**Activity End Date**

1 July 2021	30 June 2023
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## Activity Planned Expenditure

<b>Funding Stream</b>	<b>FY 21 22</b>	<b>FY 22 23</b>	<b>FY 23 24</b>	<b>Total</b>
CPS-PAE	\$1,592,702.00	\$2,244,558.00	\$0.00	\$3,837,260.00