**NPS1 – Implementation and Service Delivery of Psychosocial Support Services**

### Activity Metadata

<table>
<thead>
<tr>
<th>Applicable Schedule *</th>
<th>National Psychosocial Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activity Prefix *</td>
<td>NPS</td>
</tr>
<tr>
<td>Activity Number *</td>
<td>1</td>
</tr>
<tr>
<td>Activity Title *</td>
<td>NPS1 – Implementation and Service Delivery of Psychosocial Support Services.</td>
</tr>
<tr>
<td>Existing, Modified or New Activity *</td>
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</tr>
</tbody>
</table>

### Activity Priorities and Description

**Program Key Priority Area ***

Population Health

**Aim of Activity ***

This activity focuses on the roll-out of the PSS via successfully commissioning one provider. The implementation of the PSS nonclinical mental health services aims to assist people with severe mental illness resulting in reduced psychosocial functional capacity who are not more appropriately supported through the National Disability Insurance Scheme (NDIS). The activity aims to provide optimal support that enables people to effectively manage the impacts of mental illness and participate meaningfully in everyday life. Service delivery is less intense, short term and builds psychosocial functional capacity to address individual needs and complements clinical mental health and broader physical health and social support.

**Description of Activity ***

PSS will be delivered via three clusters across the SEMPHN catchment. Offering services and supports from a range of non-clinical community-based support to build an individual’s capacity to achieve their recovery goals in the community, rather than providing ongoing support.
The PSS model is designed to deliver a range of key service elements. These are:

- Psychosocial support interventions
- Group based psychosocial intervention programs
- Assertive Outreach and Specialist Psychosocial Interventions for hard to reach communities
- Support coordination and navigation
- Family and carer psychosocial supports
- Flexible Funding Brokerage

The model focuses on building ability and stability in one or more of the following areas:

- Social skills and friendships
- Family connections
- Managing daily living needs
- Financial management and budgeting
- Finding and maintaining a home
- Vocational skills and goals, including volunteering
- Education and training goals
- Building broader life skills including confidence and resilience
- Maintaining physical wellbeing, including exercise
- Managing drug and alcohol addictions, including tobacco

Complimentary to NPS is the Continuity of Support Service (COS). As of 1 July 2019 when the PIR, PHaMs and D2DL programs ceased, COS was implemented to ensure that no consumer goes without support. NOTE: There was no delivery of D2DL program within the SEMPHN catchment and therefore reference to D2DL will not continue throughout this document. COS funded services will be designed to align closely with NPS funded psychosocial support services and more broadly within the scope of the PSS. COS services will support individual’s ineligible for the NDIS.

Ongoing monitoring of service implementation has been established to collaboratively work with the successful provider to ensure a skilled, non-clinical mental health workforce is established to deliver these service elements. SEMPHN has commissioned this funding to be implemented in a flexible carefully planned way which complements the State funded psychosocial supports and does not duplicate support available from existing programs, including those transitioning to the NDIS.

Referrals will come from a variety of sources and the Provider will be expected to coordinate with a range of SEMPHN service providers within the LGA clusters. Including establishing pathways with other community services that are not directly involved with Mental Health. Services should 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. Assessment is informed through consumer led strengths-based assessment and recovery action planning.

The PSS will utilise the Life Skills Profile 16 (LSP-16) for assessment and identification of service element(s) for recovery action planning, reviews and outcomes. Additionally, the Service Provider(s) contracted for the psychosocial support services can use:

- Camberwell Assessment of Need (CAN-C)
- The Process of Recovery Questionnaire (QPR)

Ongoing collaborative work with the State Government funded services such as Early Intervention Psychologist Support Response (EIPSR) services and will inform service delivery ensuring alignment and avoiding duplication of service delivery.

### Needs Assessment Priorities

SEMPHN Needs Assessment 2019/20-2021/22

<table>
<thead>
<tr>
<th>Needs Assessment Priority</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Psychosocial Support (Ps)</td>
<td>Page 34</td>
</tr>
<tr>
<td>Support PIR and PHaM’s client’s transition to new services (Ps)</td>
<td>Page 35</td>
</tr>
<tr>
<td>Youth Mortality (Ps)</td>
<td>Page 34</td>
</tr>
</tbody>
</table>
Activity Demographics

Target Population Cohort

The PSS will support two cohorts of people.

COS: Participants of PIR or PHaMs programs as at 30 June 2019 in the SEMPHN catchment who are ineligible to receive services under the National Disability Insurance Scheme (NDIS) will receive access to long-term, responsive support.

NPS: People with severe mental illness who are not eligible for assistance through the NDIS and are not receiving psychosocial services through other programs will receive a less intense short term service to build psychosocial functional capacity to address individual needs and complement clinical mental health and broader physical health and social support.

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

A rapid scoping exercise and stakeholder engagement forums were conducted late 2018. Stakeholder feedback and outcomes from these activities have informed the commissioning approach and service model design elements. Feedback and findings were disseminated to stakeholders and providers.

NPS Plan was co-designed across three PHNs that included the scoping of key service elements for the Flexible Funding Brokerage model.

Several consultation activities included:

- Targeted scoping meetings with providers across the SEMPHN region.
- Delivery of extensive stakeholder consultation with MHCSS providers, consumer and carer groups, LHNs (AMHS, community health centres, etc.), NDIS and Local Area Coordinator (LAC) representatives, DOH and DHHS executives, VMIAC, Mental Health Victoria, Tandem (mental health carers), housing and SRS providers, youth services, AOD services, employment providers and subject matter experts (University of Melbourne).
- Stakeholder forum including providers, consumers and carers.
- Delivery of a joint PHN NPS forum on 4th of September comprising of 80 stakeholders participating in a range of Co Design activities.
- Rapid scoping exercise and stakeholder engagement conducted late 2018. Stakeholder feedback and outcomes from scoping exercise informed the commissioning approach, and service model design elements. Feedback and findings were disseminated to stakeholders and providers.
- Delivery of two SEMPHN stakeholder focus groups involving the following cohorts:
  - Partners in Recovery (PIR) Support Facilitators and Team Leaders
  - Personal Helpers and Mentor service (PHaMs)
  - Mental Health Community Support Services (MHCSS) providers
  - Respite services
  - Homelessness services
  - Employment services
  - AOD Services
  - SEMPHN Stepped Care Model providers
Collaboration

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

This will build from existing activities that have been delivered, such as:

- A joint PHN NPS forum delivered in September 2018 comprising of 80 stakeholders participating in a range of Co-Design activities.
- In addition, two SEMPHN stakeholder focus groups were coordinated involving the following cohorts, further defined elements of the service model design elements:
  - Partners In Recovery (PIR) Support Facilitators and Team Leaders
  - Personal Helpers and Mentor service (PHaMs)
  - Mental Health Community Support Services (MHCSS) providers
  - Respite services
  - Homelessness services
  - Employment services
  - AOD Services
  - SEMPHN Stepped Care Model providers

Focus Groups with SEMPHN Stepped Care Model providers was also conducted via the Communities of Practice, and feedback and collaboration will continue with existing funded agencies.

Discussions with EIPS funded providers has commenced and the PHN is key in bringing these services together with the PSS provider.

Activity Milestone Details/Duration

Depending on outcomes, SEMPHN will explore opportunities to refine service elements within the Mental Health stepped care model and link PSS efforts that will add value to programs such as the Mental Health Integrated Complex Care (MHICC) service. 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.
NPS - 2 - NPS2 – Psychosocial Transition Support Program (Extension Measure)

Activity Metadata

Applicable Schedule *
National Psychosocial Support

Activity Prefix *
NPS

Activity Number *
2

Activity Title *
NPS2 – Psychosocial Transition Support Program (Extension Measure)

Existing, Modified or New Activity *
Existing

Activity Priorities and Description

Program Key Priority Area *
Population Health

Aim of Activity *
This activity focuses on commencing the Psychosocial Transition Support Program via existing commissioned providers.

Transition support processes have been established to support the activities being undertaken to transition people with severe mental illness resulting in reduced psychosocial functional capacity, and were participants of PIR, PhaMs to continue to test for eligibility for the NDIS or South Eastern Melbourne PHN’s funded Psychosocial Support Services (PSS); ensuring there are no gaps in service delivery for existing participants.

The activity aims to support people to test eligibility for the NDIS whilst continuing to receive psychosocial support that enables people to effectively manage the impacts of mental illness and participate meaningfully in everyday life. Service delivery is time-limited to assist with the transition and complements clinical mental health and broader physical health and social support.

Description of Activity *

The Transition Support program is being delivered across the SEMPHN catchment via previous PIR and PHaMs providers and offering services to help people test eligibility for NDIS or South Eastern Melbourne PHN’s funded PSS program and supports from a range of non-clinical community-based supports to help maintain an individual’s capacity to achieve their recovery goals in the community.

The Transition Support program is designed to deliver a range of activities that will support the following:

- Test eligibility to NDIS and other transition options including assisting consumers with gathering evidence required for establishing functional/permanent disability for their NDIS application. This activity may be focused particularly on those consumers who have ‘declined to apply’ or are stalled in the application process.
- Support consumers to re-test their eligibility with the NDIS if they are unhappy with their access decision or their circumstances have changed.
• Working closely with current service providers of PIR and PHaMs to support clients to continue to receive supports and to transition to new arrangements for which they are eligible.
• Targeted individual support for consumers at times of increased need.
• Collecting and managing consumer data received from current PIR, and PHaMs service providers to ensure a smooth transition for consumers to new arrangements.

Ongoing monitoring of service implementation and transition plans are embedded that supports the collaborative work with the existing providers to ensure a skilled, non-clinical mental health workforce is established to deliver these activities.

Transition Support Services are provided to existing participants of PIR and PHaMs who have not transitioned into NDIS or who were not successful in their application to NDIA as at 30 June 2019.

Needs Assessment Priorities

SEMPHN Needs Assessment 2019/20-2021/22

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Activity Demographics

Target Population Cohort

Participants of PIR or PhaMs programs as at 30 June 2019 in the SEMPHN catchment who were awaiting to test for NDIS eligibility, awaiting an access decision, awaiting their NDIS plan, or awaiting their transition to South Eastern Melbourne PHN’s funded Continuity of Support.

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

A number of consultation activities have been coordinated including:

• Targeted scoping meetings with PIR and PHaMs providers across the SEMPHN region (this engagement continues and is ongoing).
• Consultation with the Victorian PIR and NPSM network.
• Delivery of extensive stakeholder consultation with MHCSS providers, consumer and carer groups, LHNs (AMHS, community health centres, etc.), NDIS and Local Area Coordinator (LAC) representatives, DOH and DHHS executives.
• Stakeholder forum including providers, consumers and carers.

A rapid scoping exercise and stakeholder engagement forums were conducted in early 2019. Stakeholder feedback and outcomes from these activities have informed the commissioning approach and service model design elements. Feedback and findings were disseminated to stakeholders and providers.
Collaboration*

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

This will build from existing activities that have been delivered, such as:

- SEMPHN stakeholder focus groups involving the following cohorts, further defined elements of the service model design elements:
  - Partners In Recovery (PIR) Support Facilitators and Team Leaders
  - Personal Helpers and Mentor service (PHaMs)
  - Mental Health Community Support Services (MHCSS) providers
  - SEMPHN Stepped Care Model providers

Focus Groups with SEMPHN Stepped Care Model providers was also conducted via the Communities of Practice, and feedback and collaboration will continue with existing funded agencies.
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<tr>
<td><strong>Activity Number</strong></td>
<td>3</td>
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<tr>
<td><strong>Activity Title</strong></td>
<td>NPS3 – Psychosocial Interface</td>
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<tr>
<td><strong>Existing, Modified or New Activity</strong></td>
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### Activity Priorities and Description

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<thead>
<tr>
<th><strong>Program Key Priority Area</strong></th>
<th>Population Health</th>
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</thead>
<tbody>
<tr>
<td><strong>Aim of Activity</strong></td>
<td>This activity focuses on the establishment of the Transition Support Team who support referrals and consultation arrangements of transition plans for community mental health clients in the SEMPHN catchment.</td>
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<td></td>
<td>The Transition Support Team support the activities being undertaken to transition people with a severe mental illness resulting in reduced psychosocial functional capacity who are not eligible for the NDIS, as well as those who were participants of PIR, PhaMs as at 30 June 2019 to continue to test for eligibility for the NDIS or South Eastern Melbourne PHN’s (SEMPHN) funded Psychosocial Support Service (PSS).</td>
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<td></td>
<td>The Transition Support Team supports SEMPHN PSS activities to ensure there are no gaps in service delivery for clients.</td>
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<td></td>
<td>In addition to that, we will commission an organisation to support consumers test for eligibility for the NDIS.</td>
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<tr>
<th><strong>Description of Activity</strong></th>
<th>The Psychosocial Interface involves the following services:</th>
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<td>• Providing information and advice to all stakeholders on the psychosocial supports and programs available and establishing clear referral processes to ensure smooth transition arrangements are in place including the safe transfer of consumer across PHN boundaries.</td>
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<td></td>
<td>• Developing referral pathways for clinicians, community mental health providers and State Government funded clinical mental health services to enable people within the community to access PHN funded psychosocial supports.</td>
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<td></td>
<td>• Link where possible with clinical services and care coordination and support a multi-agency care plan approach for identified participants.</td>
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<td></td>
<td>• Provision of digital and eHealth resources.</td>
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</table>
The Transition Support Team liaises with a range of SEMPHN service providers within the catchment. Services should 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.

### Needs Assessment Priorities *

SEMPHN Needs Assessment 2019/20-2021/22

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### Activity Demographics

#### Target Population Cohort *

People with a severe mental illness resulting in reduced psychosocial functional capacity who are not eligible for the NDIS, as well as those who were participants of PIR, PHaMs as at 30 June 2019 to continue to support testing for eligibility for the NDIS or South Eastern Melbourne PHN’s funded Psychosocial Support Services (PSS).

#### Coverage *

**Whole Region**

Yes

### Activity Consultation and Collaboration

#### Consultation *

A number of consultation activities have been coordinated including:

- Targeted scoping meetings with PIR and PHaMs providers across the SEMPHN region (this engagement continues and is ongoing).
- Consultation with the Victorian PIR and NPSM network.
- Delivery of extensive stakeholder consultation with MHCSS providers, consumer and carer groups, LHNs (AMHS, community health centres, etc.), NDIS and Local Area Coordinator (LAC) representatives, DOH and DHHS executives.
- Stakeholder forum including providers, consumers and carers.

A rapid scoping exercise and stakeholder engagement forums were conducted in early 2019. Stakeholder feedback and outcomes from these activities have informed the service model design elements. Feedback and findings were disseminated to stakeholders and providers.
SEMPHN will investigate opportunities for partnering with not-for-profit organisations to assist to refine the design and application of appropriate models of care. This will build from existing activities that have been delivered, such as:

- SEMPHN stakeholder focus groups involving the following cohorts, further defined elements of the service model design elements:
  - Partners In Recovery (PIR) Support Facilitators and Team Leaders
  - Personal Helpers and Mentor service (PHaMs)
  - Mental Health Community Support Services (MHCSS) providers
  - SEMPHN Stepped Care Model providers

Focus Groups with SEMPHN Stepped Care Model providers was also conducted via the Communities of Practice, and feedback and collaboration will continue with existing funded agencies.