From: s22
To: s22
Cc: s22
Subject: RE: MC21-016549 - Mallacoota Community Health [SEC=OFFICIAL]
Date: Friday, 11 June 2021 12:49:06 PM
Attachments: image001.png
image003.jpg
image004.png

Hi s22 ,
Apologies for the delay,
Please see director cleared input below from our Mental Health Access section.
The mention of ATAPS in the incoming corro is very brief, so I'm not sure it warrants mention in the response, as the writer is already aware ATAPS funding does not exist anymore (if we were leading this response, I don't think I'd mention anything about ATAPS). The only thing I could think of addressing relates to a potential misconception by the writer that ceasing ATAPS funding was a decision by GPHN individually, rather than a Government decision. The words below have been provided in case you would like to clarify this in your response and can be tailored for inclusion if you think necessary):

> Funding for the Access to Allied Psychological Services (ATAPS) program ceased on 1 July 2016 because the Government moved to a commissioning model for the delivery of mental health services. The funding and responsibility for managing services previously provided through ATAPS was then transferred to the Primary Health Networks.

Just call if you want to discuss further.
Thanks
s22

A/g Director – MBS and Access Policy Section

Mental Health Division| Mental Health Access Branch
Health Systems Policy & Primary Care Group | Australian Government Department of Health
T: s22 | E: s22 @health.gov.au
Thanks

s22

From: s22
Sent: Wednesday, 9 June 2021 12:02 PM
To: s22
Cc: s22
Subject: FW: MC21-016549 - Mallacoota Community Health [SEC=OFFICIAL]
Good afternoon
PHN Branch is seeking input for a response to the attached correspondence from s47F

Health Workforce Division

- Information on any support that the Rural Workforce Agency may be able to provide to s47F .

Mental Health Division

- Input in relation ATAPS funding in response to the following point in the letter:
  - *"Whilst we have the strong support of the Foundation for Regional and Rural*

Renewal (FRRR) whose visionary grant in 2018 allowed us to reintroduce a mental health program after GPHN removed Allied Psychological Services (ATAPS) funding at the end of 2016, Mallacoota's other medical services are now facing closure. Indeed GPHN's actions are a threat to the continued presence of the GP's in Mallacoota."

Please provide any input you may have by **10am Friday 11 June 2021** to s22 @health.gov.au.

Many thanks

s22

Assistant Director -- PHN Program Management Section

Primary Care Division | Primary and Community Care Group
PHN Branch
Australian Government Department of Health
T s22 | E: s22 @health.gov.au
Location: s22
GPO Box 9848, Canberra ACT 2601, Australia

100 years signature block (006)

From: Minister Hunt <Minister.Hunt@health.gov.au>
Sent: Tuesday, 1 June 2021 4:40 PM
To: s22 @health.gov.au>
Cc: s22 @health.gov.au>
Subject: MC21-016549 - Mallacoota Community Health

s22

s22 , for your visibility.

Thanks,

s22
Department Liaison Officer

Office of the Hon Greg Hunt MP
Minister for Health and Aged Care
T: s22 | M: s22
E: minister.hunt@health.gov.au
Suite M1.41, PO Box 6022, Parliament House, Canberra ACT 2600, Australia

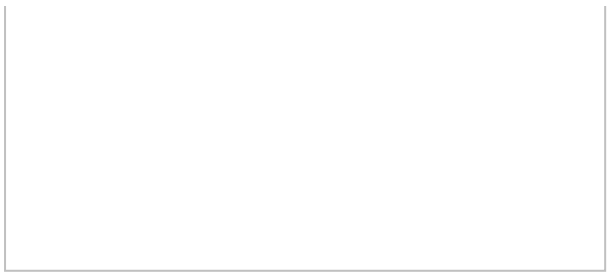
From: s47F
Sent: Monday, 31 May 2021 2:35 PM
To: Minister Hunt ; Minister Coulton ; Darren.Chester.MP@aph.gov.au
Cc: s47F
Subject: Complaint re GPHN s47F

Dear Minister please find attached a letter that draws your attention to a critical situation developing in Mallacoota due to GPHN withdrawing funding for critical services that

support the survival of the medical services.

Kind regards

s47F



From: s22
To: s22
Cc: s22
Subject: Copy of MC21-016549 [SEC=OFFICIAL]
Date: Thursday, 17 June 2021 3:40:00 PM
Attachments: MC21-016549.docx
MC21-016549 - Mallacoota Community Health.msg
image001.png
image002.jpg

Hi s22
David just cleared the attached mincorro. I will drop off a printout for you.
Kind regards
s22

Assistant Director -- PHN Program Management Section

Primary Care Division | Primary and Community Care Group
PHN Branch
Australian Government Department of Health
T: s22 | E: s22 @health.gov.au
Location: s22
GPO Box 9848, Canberra ACT 2601, Australia
100 years signature block (006)

The Hon Greg Hunt MP
Minister for Health and Aged Care

Ref No: MC21-016549

s47F

Dear s47F

I refer to your correspondence of 31 May 2021 concerning funding for s47F

As you are aware, Primary Health Networks (PHNs) commission activities in their region to meet the identified and prioritised needs of their local communities. In doing so, PHNs are required to achieve value for money, decisions must be made in an accountable manner and on a suitable evidence base. While my Department provides support and guidance to PHNs, it is integral to the success of the PHN Program that PHNs are the decision-making bodies for commissioning decisions.

I appreciate your concerns regarding s47G Central to the success and maturity of any service delivery model is its ability to be either self-funding or not overly dependent on one single source of funding. Going forward, I recommend that you register with GrantsConnect, Gippsland PHN's (GPHN) Tenderlink portal and the relevant Victorian grant website for further information on funding opportunities as they arise. I understand that GPHN has approached the s47G

The Australian Government is focused on improving the capacity, quality, and distribution of health services to meet the needs of rural families and communities. However, attracting health professionals into rural and remote areas remains a challenge. My Department uses the Distribution Priority Area (DPA) indicator to identify distribution challenges in Australia's medical workforce. DPA takes into account where patients access their services, and the services required by different age, gender and socio-economic groups. DPA classification provides medical practices with access to a greater pool of doctors from which to recruit including International Medical Graduates and Bonded Medical Program participants with return of service obligations. Mallacoota is classified as a DPA location.

While the Government does not fund private medical practices or play a direct role in employing health professionals, it does fund a number of targeted health workforce programs. Mallacoota is classified as Modified Monash Model (MMM) 6 and practices in the area are eligible for the following:

Parliament House Canberra ACT 2600 Telephone: (02) 6277 7220

Rural Bulk Billing Incentive

- Higher incentives are available to doctors in areas classified as regional, rural or remote (MM 2-7) who provide bulk billed services to vulnerable patient groups, such as people with concession cards and children under 16 years of age.
- From 1 January 2021, the rural bulk billing rate will increase to deliver higher incentives to doctors in regional, remote and rural areas in recognition of less competitive pressures but higher operating costs faced by doctors in these locations. The more remote the area according to the MMM, the greater the incentive payment doctors will receive per eligible consultation. As Mallacoota is classified as an MM6, doctors will receive an additional $11.70 for a standard consultation (up from $9.80).

Workforce Incentive Program (WIP)

- Practice stream - Practices can receive payments of up to $125,000 per year. Practices located in MM 3-7 locations can receive an additional rural loading of between 20 and 50 per cent, depending on their MMM classification. Mallacoota can have a loading of 50%.
- Doctor stream – Individual GPs who practice in rural and remote communities (MM 3-7 locations) can receive incentives of up to $60,000 a year, depending on their MMM classification. As Mallacoota is classified as an MM6, up to $35,000 per annum is available to doctors wishing to work in this location.

Practice Incentive Program (PIP)

- The PIP supports general practice activities that increase quality care, enhance capacity, and improve access and health outcomes for patients through eight different incentives. These include rural health, eHealth, teaching, Indigenous Health, GP aged care access, procedural services, after-hours access and quality improvement incentives.
- The PIP uses the Rural, Remote and Metropolitan Areas (RRMA) system to determine geographic eligibility. Practices in RRMA 3-7 locations can receive a rural loading of between 15 and 50 per cent. As Mallacoota is classified as an MM6, practices receive an additional 25 percent under this initiative.

More Doctors for Rural Australia Program (MDRAP)

- Supports non-fellowed doctors to deliver GP services in MM 2–7 locations which are also classified as DPA. As Mallacoota is an MM6, and is in a Distribution Priority Area (DPA), doctors who are subject to location restrictions, such as overseas trained doctors and Australian doctors on the Bonded Medical Program can work in Mallacoota. This means Mallacoota is able to recruit from a larger pool of doctors compared with other towns that are not classified as a DPA.

Rural Workforce Agencies

- The Government funds the Rural Workforce Agency Victoria (RWAV) to attract, recruit and support the health professionals needed in rural and remote communities. RWAV work directly with local practices, communities and other organisations to ensure that rural patients can access services through a skilled, well-supported health workforce. Practices in Mallacoota should continue working with the RWAV to address the local situation. They can be contacted on (03) 9349 7800 or via their website at: www.rwav.com.au for assistance recruiting or retaining health professionals.

In your letter, you state that GPHN removed funding for the Access to Allied Psychological Services (ATAPS) program. The Government ceased funding for the ATAPS program on 1 July 2016. The funding and responsibility for managing services previously provided through ATAPS was then transferred to PHNs.

Your concerns relating to Victorian State Government mental health funding should be directed to the Victorian Minister for Health, the Hon Martin Foley MP who can be contacted via email at: Martin.Foley@parliament.gov.au.

I encourage s47F to continue to work constructively with GPHN, the local community and other local service providers to ensure ongoing access to primary health services in Mallacoota.

Thank you for writing on this matter.

Yours sincerely

Greg Hunt

Minister	**Minister Hunt**
PDR Number	**MC21-016549**
Subject	Gippsland Primary Health Network withdrawing funding for critical services that support the survival of the medical services in Mallacoota
Initiator	s47F
Quality Assurance Check (completed by line area)	s22
Contact Officer	David Ness s22 s22
Clearance Officer	David Ness s22 s22
Division/Branch	Primary Care Division / PHN Branch

Adviser/DLO Comments:

Return to Dept for:

Redraft ☐

NFA ☐

From:	Minister Hunt
To:	MPS
Cc:	s22
Subject:	MC21-016549 - Mallacoota Community Health
Date:	Tuesday, 1 June 2021 4:40:30 PM
Attachments:	Dear Minister Hunt complaint re GPHN from Mallacoota .docx image001.png image002.png

M response – HWD

s22 , for your visibility.

Thanks,

s22

Department Liaison Officer

Office of the Hon Greg Hunt MP
Minister for Health and Aged Care
T: s22 | M: s22
E: minister.hunt@health.gov.au
Suite M1.41, PO Box 6022, Parliament House, Canberra ACT 2600, Australia

From: s47F

Sent: Monday, 31 May 2021 2:35 PM

To: Minister Hunt ; Minister Coulton ; Darren.Chester.MP@aph.gov.au

Cc: s47F

Subject: Complaint re GPHN from Mallacoota s47F

Dear Minister please find attached a letter that draws your attention to a critical situation developing in Mallacoota due to GPHN withdrawing funding for critical services that support the survival of the medical services.

Kind regards

s47F

s47G

s47G

s22

From: s22 @Health.gov.au>
Sent: Friday, 9 July 2021 11:54 AM
To: s47F @gphn.org.au>
Cc: s22 @health.gov.au>
Subject: RE: Low intensity services outcome measurement [SEC=OFFICIAL]

Thanks s47F.
I will send through a calendar invite shortly for the Department to give you a call on Tuesday to provide you with advice.
It will be myself and our consultant s47F .

Thanks,

s22
Assistant Director - Mental Health Data & Analysis Section
Mental Health Division | Health Systems Policy and Primary Care Group
Mental Health Services and Evidence Branch
Australian Government Department of Health
T: s22 | E: s22 @health.gov.au
PO Box 9848, Canberra ACT 2601, Australia
Location: s22

The Department of Health acknowledges the traditional owners of country throughout Australia, and their continuing connection to land, sea and community. We pay our respects to them and their cultures, and to elders both past and present.

From: s47F @gphn.org.au>
Sent: Thursday, 8 July 2021 4:56 PM
To: s22 @Health.gov.au>
Cc: s22 @health.gov.au>
Subject: RE: Low intensity services outcome measurement [SEC=OFFICIAL]

Thanks s22 , happy to discuss.
The program is a funded bushfire response outreach program for young people.
My understanding is that it would need to be reported to PMHC MDS with tagged episode as 'bushfire'.

However, I don't believe it meets the requirements for reporting to PMHC MDS, given definitions in the data model.
So we have a dilemma – do we need to be true to funding requirement for PMHC MDS reporting, or can we collect and report this program data separately to PMHC MDS?
I have a bit of time Monday and Tuesday next week, preferably between 2-5pm either day.
Thanks, s47F

s47F
Senior Manager Health Planning, Research and Evaluation

m s47F
p s47F
f s47F
e s47F @gphn.org.au
w www.gphn.org.au
a 11 Seymour Street, Traralgon, Victoria, 3844
abn 52 155 514 702

From: s22 @Health.gov.au>
Sent: Thursday, 8 July 2021 9:42 AM
To: s47F @gphn.org.au>
Cc: s22 @health.gov.au>
Subject: Low intensity services outcome measurement [SEC=OFFICIAL]

Good morning s47F,
I have been forwarded your contact details from Strategic Data in order to answer your question regarding outcome measurement for low intensity services and reporting to the Primary Mental Health Care Minimum Data Set.

In order to answer your question, it would be helpful to understand a little bit more about the service you are providing that only takes one session to complete. This will help me determine whether or not it needs to be reported to the data set and how you can collect outcomes.

If it suits you, I am happy to set up a quick chat on Monday 9 July or Tuesday 10 July so that we can assist you with this enquiry.

Kind regards,

s22
Assistant Director - Mental Health Data & Analysis Section
Mental Health Division | Health Systems Policy and Primary Care Group
Mental Health Services and Evidence Branch
Australian Government Department of Health
T: s22 | E: s22 @health.gov.au
PO Box 9848, Canberra ACT 2601, Australia
Location: s22

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The Hon Greg Hunt MP
Minister for Health and Aged Care

Ref No: MC21-016549

s47F

22 JUL 2021

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s47F

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s47G

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Your concerns relating to Victorian Government mental health funding should be directed to the Victorian Minister for Health, the Hon Martin Foley MP, who can be contacted via email at: Martin.Foley@parliament.gov.au.

I encourage s47F to continue to work constructively with GPHN, the local community and other local service providers to ensure ongoing access to primary health services in Mallacoota.

Thank you for writing on this matter.

Yours sincerely,

Greg Hunt

From:	SHORT, Matthew
To:	s22
Cc:	s22
Subject:	FW: Approval to operate outside of the CGRGs [SEC=OFFICIAL]
Date:	Monday, 23 August 2021 10:02:40 AM
Attachments:	image002.png image003.png

From: RISHNIW, Tania
Sent: Monday, 23 August 2021 9:32 AM
To: RODDAM, Mark
Cc: RAVEN, Anthea ; s22 ; SHORT, Matthew ; BEDFORD, Chris ; HERMANN, Ariane ; s22

Subject: RE: Approval to operate outside of the CGRGs [SEC=OFFICIAL]

Thanks Mark

I am comfortable in approving this approach given the risk to service continuity and the established systems and performance of organisations on the list. I also note that all of the organisations funded were contemplated and articulated in the government's decision on this funding.

Thank you to you and your team for all the work in getting these funding arrangements in place.

Tania

Tania Rishniw
Deputy Secretary
Primary and Community Care
Australian Government Department of Health
s22 | E: tania.rishniw@health.gov.au
Location: s22
s22

From: RODDAM, Mark <Mark.Roddam@health.gov.au>
Sent: Saturday, 21 August 2021 5:48 PM
To: RISHNIW, Tania <Tania.Rishniw@health.gov.au>
Cc: RAVEN, Anthea <Anthea.Raven@health.gov.au>; s22 @Health.gov.au>; s22 @health.gov.au>; s22 @health.gov.au>; SHORT, Matthew <Matthew.Short@health.gov.au>; BEDFORD, Chris <Chris.Bedford@health.gov.au>; HERMANN, Ariane <Ariane.HERMANN@Health.gov.au>; s22 @Health.gov.au>; s22 @Health.gov.au>; s22 .OBST@Health.gov.au>; s22 @health.gov.au>

Subject: Approval to operate outside of the CGRGs [SEC=OFFICIAL]

Hi Tania

As you are aware, the 2021-22 Budget saw a substantial investment from Government in mental health support and treatment for Australians. My Division has been working hard since Budget to implement funding arrangements for each of the measures announced, through the various internal and external grant processes.

A number of funding recipients, particularly Primary Health Networks (PHNs), are raising concerns about significant risks to service continuity if funding is not provided within the next month.

To mitigate this, I am seeking your approval to operate outside of the *Commonwealth Grants Rules and Guidelines 2017 (CGRGs)* by issuing funding agreements and/or variations to the organisations listed in the table below prior to Grant Opportunity Guidelines (GOGs) being agreed and published. It is taking on average three or more months to get GOGs approved and

published, and the risks associated with further delaying funding far outweigh the risks of providing funding to these organisations ahead of the GOGs.
My Division will document and report any breaches, and ensure GOGs are finalised as quickly as possible to rectify these.

Measure/Program	**Total Value**	**Grant Recipients**	**Risk of Delaying**
Commonwealth Psychosocial Support (CPS) program – combination of a 2021 Budget Measure ($171.3m) *Prioritising Mental Health Suicide Prevention (Pillar 3) – Treatment* and Continuity of Service funding ($29.18m) previously appropriated by government.	$200.48 million over the period 2021-22 to 2022-23	All 31 PHNs	Funding of $171.3 million over two years from 1 July 2021 to 30 June 2023 was announced in the 2021-22 Budget for the CPS program. Funding schedule variations need to be urgently executed to ensure that services can continue to be provided to clients with severe mental illness and associated reduced psychosocial functional capacity, as previous psychosocial funding arrangements concluded on 30 June 2021. PHNs are currently utilising unspent psychosocial funding from previous years to continue service delivery, however the Department has received advice from PHNs that this funding is reaching an end. PHNs and commissioned serviced providers are facing the prospect of having to let experienced staff go, which is an significant issue in some jurisdictions where mental health support workers are in short supply. To address this issue, the Department proposes to issue funding schedule variations and seek the publication of the Grant Opportunity Guidelines simultaneously. Funding agreements will likely be offered and/or executed before the Grant Opportunity Guidelines are published, which would put the Department in breach of the CGRGs until the Grant Opportunity Guidelines are published.
Digital Mental Health	$64.96	In excess of 16	Funding agreements need to be

Services - 2021 Budget Measure – *Prioritising Mental Health Suicide Prevention (Pillars 1 and 5) – Prevention and early intervention*	million over the period 2021-22 to 2024-25	service providers	urgently executed to ensure services can maintain operation and deliver services to the community, and also to commence implementation of the Government's mental health agenda. To achieve this timing, the Department will undertake drafting of grant documents and seeking the publication of the Grant Opportunity Guidelines in tandem. There is a risk that funding agreements will be offered or executed before the Grant Opportunity Guidelines are published. This would put the Department in breach of the CGRGs until the Grant Opportunity Guidelines are published. However the recommended funding applicants are well respected organisations delivering important and in-demand services to the community, and the majority of which are considered low risk.
Digital Mental Health Services - 2021 Budget Measure – *Prioritising Mental Health (Pillar 4) – Supporting vulnerable Australians*	$24.83 million over the period 2021-22 to 2023-24	2 service providers - Lifeline Indigenous crisis phone service, SANE Australia – pilot for people with complex needs	
Coronavirus Mental Wellbeing Support Service 2021-22 - 2021 Budget Measures – Prioritising Mental Health – COVID-19 Response Beyond Blue support and Prioritising Mental Health Suicide Prevention (Pillar 1) - Prevention and early intervention	$8.48 million in 2021-22	1 service provider – Beyond Blue	
Bushfire PHN Immediate distress and trauma counselling	$4.0 million in 2021-22	NBMPHN, SWSPHN, SESPHN, HNECCPHN, North Coast PHN, Murrumbidgee PHN, Gippsland PHN, Murray PHN, Country SA PHN	Risk of delayed service provision in time of need. This funding is intended to support the continuation of free trauma and distress counselling sessions for an additional 12 months to 30 June 2022 to aid recovery from the bushfires for the nine of the most severely bushfire affected PHNs.

Happy to discuss.
Thanks
Mark

Mark Roddam
First Assistant Secretary – Mental Health Division

Primary and Community Care Group
Australian Government Department of Health
T: s22 | E: mark.roddam@health.gov.au
Location: s22
GPO Box 9848, Canberra ACT 2601, Australia

Executive Assistant s22

The Department of Health acknowledges the Traditional Custodians of Australia and their continued connection to land, sea and community. We pay our respects to all Elders past and present.

s22
A/g Director – Psychosocial Support Section
Mental Health Access Branch
Mental Health Division | Primary and Community Care Group
Australian Government Department of Health
s22 | E:s22 @health.gov.au
Location: s22
GPO Box 9848, Canberra ACT 2601, Australia

From:	s22
To:	s22
Cc:	s22 BEDFORD, Chris; RODDAM, Mark
Subject:	RE: $4m bushfire distress and trauma counselling - Commitment Approval for FAS approval [SEC=OFFICIAL]
Date:	Tuesday, 31 August 2021 1:12:12 PM
Attachments:	$4m distress and trauma counselling - Commitment Approval Administered Funds.pdf image001.png

Hi s22 ,
Please see PDF version with Marks signature and dated.
Thanks,

s22
Executive Assistant to Mark Roddam | First Assistant Secretary | Mental Health Division
Executive Assistant to Dr Ruth Vine | Deputy Chief Medical Officer | Mental Health

Primary and Community Care Group
Australian Government Department of Health
T: s22 | E: s22 @health.gov.au
GPO Box 9848, Canberra ACT 2601, Australia
The Department of Health acknowledges the Traditional Custodians of Australia and their continued connection to land, sea and community. We pay our respects to all Elders past and present.
EO to the First Assistant Secretary: s22 | s22 @health.gov.au

From: RODDAM, Mark
Sent: Tuesday, 31 August 2021 12:58 PM
To: s22
Cc: s22 ; BEDFORD, Chris
Subject: RE: $4m bushfire distress and trauma counselling - Commitment Approval for FAS approval [SEC=OFFICIAL]
Thanks for this s22 . This is good to go.
s22 – can you please put in my electronic signature on this, date and pdf and send back to s22 .
Thanks heaps

From: s22 @Health.gov.au>
Sent: Tuesday, 31 August 2021 12:27 PM
To: RODDAM, Mark <Mark.Roddam@health.gov.au>
Cc: s22 @health.gov.au>; s22 @health.gov.au>; s22 @Health.gov.au>; BEDFORD, Chris <Chris.Bedford@health.gov.au>
Subject: FW: $4m bushfire distress and trauma counselling - Commitment Approval for FAS approval [SEC=OFFICIAL]
Hi Mark
Grateful for your sign off on the $4M bushfire funding Commitment Approval with draft GOGs. The GOGs are with DoF for clearance before progressing for Finance Minister approval.
Following your approval of the CA we will progress the schedule variations with PHNs to distribute the Governments Budget commitment of $4M to provide MH supports in bushfire impacted areas. Delaying distribution of these funds will risk delays to service provision in time of need. This funding is intended to support the continuation of free trauma and distress counselling sessions for an additional 12 months to 30 June 2022 to aid recovery from the bushfires for the nine of the most severely bushfire affected PHNs.
Following your sign off on the CA Chris will send the below email to relevant PHNs notifying them

of the funding commitment.
****

Dear

I am writing to confirm the allocation of Mental Health Support for Bushfire Affected Australian's Program funding for your PHN.

The 2021-22 Budget announced on the 11 May 2021 included $4M in funding to PHNs to provide mental health support for individuals impacted by the 2019-20 bushfires to meet the needs of local regions. I am writing to advise this package included funding of $349,800 (GST inclusive) for Nepean Blue Mountain PHN for the 2021–22 financial year. This funding is intended to support the continuation of free trauma and distress counselling sessions for an additional 12 months to 30 June 2022 to aid recovery from the bushfires.

The Department will provide this funding through a closed grant funding opportunity and vary existing funding arrangements with your PHN. Further details on the scheduled updates and payment timings will follow in due course however the Department will progress this funding as a matter of urgency.

Kind regards,

Chris Bedford

TO: Mark Roddam, First Assistant Secretary, Mental Health Division

SUBJECT: COMMITMENT APPROVAL VARIATION FOR PRIMARY HEALTH NETWORKS TO PROVIDE FREE TRAUMA AND DISTRESS COUNSELLING FOLLOWING THE 2019-2020 BUSHFIRES

Recommendation

As the Commitment Approver, under the *Public Governance, Performance and Accountability Act 2013* (PGPA Act) that you:

Approve:

- separately each of the variations listed in **Attachment A** under s23(3) of the PGPA Act, increasing the total value by $4,372,500.00 (GST inclusive) from $38,313,385.96 (GST inclusive) to $42,685,885.96 (GST inclusive); and
- the timeframe to be extended from 1 July 2021 to 30 June 2022 for the nine Primary Health Networks (PHNs) funded under the Mental Health Support for Bushfire Affected Australian's Program.

And **Note:**

- The PHN Program Mental Health Support for Bushfire Affected Australians grant opportunity guidelines **(Attachment B)** will be published following the Finance Minister's agreement.
- The Primary Care Services Branch will sign deeds of variation upon completion of negotiations on the draft grant agreement schedules.
- The proposed activity(s) is a grant, for the purposes the Commonwealth Grants Rules and Guidelines (CGRGs) and in accordance with Department of Finance guidance.
- The Deputy Secretary, Primary and Community Care, approved the variation of funding agreements for these activities prior to Grant Opportunity Guidelines (GOGs) being agreed and published to ensure vulnerable people can continue to access free trauma and distress counselling sessions.
- The GOGs will be finalised and published as quickly as possible.
- The legislative authority for the grant is Section 32B of the *Financial Framework (Supplementary Powers) Act 1997* and the *Financial Framework (Supplementary Powers) Regulation 1997*, Schedule 1AB, under Item number 392 – Supporting the mental health of Australians affected by bushfires.

And **Sign:**

- This Commitment Approval

Approval Timing

Approval is required as soon as possible to enable the Department to offer grant agreements to identified PHNs for services design and delivery to begin immediately.

Background/Context

Division: Mental Health Division

Program area contact and extension: Matthew Short, s22

Finance Business Partner and extension: s22

Source of Funds / Outcome / Appropriation Bill: Administered, Outcome 1 – Health Policy, Access and Support, Appropriation Bill 1
Program Group: Program 1.2 Mental Health
TRIM File Number: E21-101122

Description

PHNs have a significant role in the commissioning of mental health services to bushfire affected regions, including to commission initial trauma and grief counselling, extend existing services, employ bushfire mental health response coordinatotrs, extend headspace services and provide community grants.

The 2021-22 Budget included $3,975,000 (GST exclusive) in funding to nine PHNs to provide mental health support for individuals impacted by the 2019-20 bushfires. Ministerial approval (MS20-000751)was provided on the 7 July 2020 by Minister Hunt to provide additional expenditure to nine of the most severely bushfire affected PHNs to provide community wellbeing and participation.

This variation will provide funding intended to support the continuation of free trauma and distress counselling sessions for an additional 12 months to 30 June 2022 to aid recovery from the bushfires.

Background

As a part of the $76.1 million Supporting the mental health of Australians affected by the 2019-20 bushfire package announced on the 11 May 2021, the Australian Government funded 12 PHNs which were impacted by the bushfires to deliver mental health services to meet the needs of the local region. This included funding in 2019-20 and 2020-21 for nine PHNs to commission services to provide up to 10 free distress and trauma counselling sessions for individuals affected by the 2019-20 bushfires.

Grant Opportunity Guidelines Status

This is an existing grant activity (including grant programs) and the Grant Opportunity Guidelines will be made publicly available, including on the GrantConnect website. The Primary Health Networks Program Mental Health Support for Bushfire Affected Australians Grant Opportunity Guidelines are at **Attachment B** have been developed in consultation with Grant Advice. The GOGs will be published as soon as possible following approval by the Department of Finance. These grant opportunity guidelines cover the funding opportunities in this commitment approval.

The grant opportunity guidelines have a medium risk rating due to the assessment of constitutional and legislative risk. The Department is seeking Finance Minister approval before publishing.

Recommended Applicant/s

The recommended applicant(s) are listed in attachment A.

Proposal Timeframe

The activity will commence upon execution and will conclude on 30 June 2022.

Grant Agreement Variation

The Mental Health Supports for Bushfire Affected Australian's Schedule will be varied.
This variation will:

- Increase the value of the grant agreement by $4,372,500 (GST inclusive) from $38,313,385.96 (GST inclusive) to a new total of $42,288,385.96 (GST inclusive); and

- Allow for the timeframe to be extended from 30 June 2021 to 30 June 2022.

This variation will be undertaken using the Department's deed of variation for Standard Grant Agreement.

Variation of the grant agreement, as opposed to seeking a new grant application, is justifiable on the grounds that the Supporting the mental health of Australians affected by the 201-20 bushfires package is already funding bushfire impacted PHNs to deliver mental health services to meet the needs of the local regions. The additional $4,372,500 (GST inclusive) funding is intended to support the continuation of free trauma and distress counselling sessions to the 30 June 2022.

Funds Availability

Funds are available through Outcome 1, under Program 1.2 Mental Health and the cost centre is 7110. The relevant Finance Officer has confirmed that funds are available from the nominated outcome number in 2021-22.

Assessment of Value with Relevant Money

The application has been assessed in relation to the risk of the program, meeting the objectives of the program and government policy, innovation and potential performance. The proposal also achieves value with relevant money on the basis that it will deliver outcomes that would not occur without this grant.

Risk Assessment

Risks will be mitigated by ensuring regular communication and close monitoring of deliverables. Risks are also minimised as these PHNs already receive funding for similar activities.

Grant Agreement Evaluation

At the end of the project period a financial acquittal will be completed by Primary Care Network Branch and recorded in GPS. A Grant Agreement Evaluation Report will be prepared once the financial acquittal has been completed.

External Reporting Requirements

The grant agreement execution will be reported no later than 21 calendar days after the deed of variation takes effect, which is in line with the mandatory reporting requirements in the Commonwealth Grants Rules and Guidelines (CGRGs) and will be included in the Department's response to Senate Order 95 (Minchin Motion). The grant agreement will be reported on GrantConnect in accordance with the Senate Order requirements of July 2001 (Murray Motion).

Once executed, the activity will be registered on GPS by the Program Manager.

Documentation

All relevant documentation pertaining to the grant agreement including this Commitment Approval will be filed (in accordance with Corporate Business Rule 2: Records Management) on TRIM E21-101122.

Value of Commitment Proposal

The total value of the commitment proposal does not exceed $100 million.

Approvals

Beyond Forward Estimates Approval

As the duration of the expenditure proposal does not extend beyond the forward estimates period, Beyond Forward Estimates approval has not been obtained.

Contingent Liability Approval

This commitment proposal does not contain contingent liabilities and therefore does not require s60 of the PGPA Act approval.

Commitment Approval Recommendation

As the Commitment Approver, under the PGPA Act that you:

Approve:

- separately each of the variations listed in **Attachment A** under s23(3) of the PGPA Act, increasing the total value by $4,372,500.00 (GST inclusive) from $38,313,385.96 (GST inclusive) to $42,685,885.96 (GST inclusive); and
- the timeframe to be extended from 1 July 2021 to 30 June 2022 for the nine PHNs funded under the Mental Health Support for Bushfire Affected Australian's Program.

And **Note:**

- The PHN Program Mental Health Support for Bushfire Affected Australians grant opportunity guidelines **(Attachment B)** will be published following the Finance Minister's agreement.
- The Primary Care Services Branch will sign deeds of variation upon completion of negotiations on the draft grant agreement schedules.
- The proposed activity(s) is a grant, for the purposes the Commonwealth Grants Rules and Guidelines (CGRGs) and in accordance with Department of Finance guidance.
- The Deputy Secretary, Primary and Community Care, approved the variation of funding agreements for these activities prior to Grant Opportunity Guidelines (GOGs) being agreed and published to ensure vulnerable people can continue to access free trauma and distress counselling sessions.
- The GOGs will be finalised and published as quickly as possible.
- The legislative authority for the grant is Section 32B of the *Financial Framework (Supplementary Powers) Act 1997* and the *Financial Framework (Supplementary Powers) Regulation 1997*, Schedule 1AB, under Item number 392 – Supporting the mental health of Australians affected by bushfires.

And **Sign:**

- Commitment Approval declaration

Commitment Approval Declaration

I APPROVE:

- separately each of the commitment proposals listed in Attachment A under s23(3) of the PGPA Act. These approvals total $42,685,885.96 (GST inclusive)

I declare that I have made all reasonable enquiries and as a result I am satisfied that:

- I am an authorised delegate for this commitment proposal and this approval is within the limits of my delegation as specified in the Financial Delegations;
- This proposal is consistent with the policies of the Australian Government;
- This proposal is an efficient, effective, economical and ethical use of relevant money;
- Beyond Forward Estimates approval (where required) has been obtained; and
- There is sufficient funding available to meet the commitment proposal.

s22

Signature: Date: 31/8/21

Mark Roddam
First Assistant Secretary
Mental Health Division

Attachments:

Attachment A List of separate commitment/spending proposals that are the subject of this Minute
Attachment B Primary Health Networks Program Mental Health Support for Bushfire Affected Australians Grant Opportunity Guidelines

Contact officer:	Matthew Short
Phone:	s22
EA Corro Ref:	
TRIM ref:	**E21-101122**

Attachment A

Variations to PHN Current and Proposed Funding – Mental Health Support for Bushfire Affected Australian's Program

PHN		Current funding		Proposed additional		New total agreement	
		2019-20 to 2021-22 $		2021 to 2022 $		2019 to 2022 $	
PHN Code	Primary Health Network	GST exclusive	GST inclusive	GST exclusive	GST inclusive	GST exclusive	GST inclusive
s22							
PHN204	Gippsland	$ 5,304,227.37	$ 5,834,650.11	$ 596,250.00	$ 655,875.00	$ 5,900,477.37	$ 6,490,525.11
s22							
	Total	$ 34,830,350.88	$ 38,313,385.96	$3,975,000.00	$ 4,372,500.00	$ 38,805,350.88	$ 42,685,885.96

s22

Attachment B

Primary Health Networks Program Mental Health Support for Bushfire Affected Australians Grant Opportunity Guidelines

The Hon Greg Hunt MP
Minister for Health and Aged Care

Ref No: MC21-015900

The Hon Darren Chester MP
Member for Gippsland
PO Box 486
SALE VIC 3853

3 SEP 2021

Dear Mr Chester Darren

I refer to your correspondence on behalf of s47F concerning the recruitment of additional mental health nurses and support staff. I regret the delay in responding.

I am pleased the HeadtoHelp clinic in Sale is effectively supporting the mental health of members of the community. I understand that funding certainty is critical for staff retention and is of great importance to service providers.

Victorians continue to experience high levels of distress and mental ill health, with crisis lines and other support services reporting unprecedented levels of demand due to the ongoing COVID-19 situation. In light of this, the Australian Government has committed a further $7.1 million to extend the operation of HeadtoHelp clinics until 30 June 2022. My Department is liaising with Victorian Primary Health Networks (PHNs), including Gippsland PHN, to expedite this funding.

The Government announced $487.2 million in the 2021–22 Budget to establish new adult mental health centres and satellites across Australia, branded 'Head to Health'. This network of services will be commissioned from this financial year.

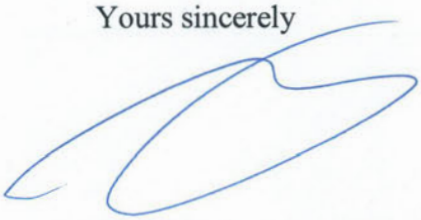
Programs to support people with severe and complex mental health needs in primary care are generally funded through flexible funding provided to PHNs. The Government has provided Gippsland PHN with $32 million from 2020–21 to 2022–23 to plan and commission regionally appropriate mental health services. PHNs have significant autonomy and flexibility to use this funding to decide which services should be provided for the region. I encourage s47F to engage with Gippsland PHN directly to discuss the need for additional mental health nurses and psychologists to support GPs in the region.

I am pleased to advise that the Government has made telehealth arrangements for video and phone consultations permanent. A number of GP attendances were successfully replicated for telephone delivery in response to the pandemic. From 1 July 2021, they were replaced by a reduced number of GP telehealth and phone items. These mimic existing GP consultation items (Levels A and B), including a short consultation item of less than six minutes duration for straightforward care (e.g. repeat prescriptions and diagnostic referrals) and a longer consultation lasting over six minutes, intended for more complex attendances.

Based on expert advice from the Medicare Benefits Schedule Review Taskforce, video services remain the preferred approach for substituting face-to-face consultation as video offers richer information transfer. Video consultations will be available for those substituting face-to-face consultations whilst telephone consultation will be able to be used for people experiencing barriers to accessing video-based services to ensure continued access to timely and appropriate mental health care.

Thank you for writing on this matter.

Yours sincerely



Greg Hunt

From:	s47F
To:	s22
Cc:	s47F
Subject:	FW: FOR INFORMATION: PHN IAR Training and Support Officers Program Guidance [SEC=OFFICIAL]
Date:	Thursday, 28 October 2021 9:16:38 AM
Attachments:	image001.png image002.png image003.gif image004.gif image005.gif image006.jpg FINAL Program Guidance - IAR training and support officer 14102021.DOCX

Good morning IAR Project Team
Feedback as requested from the team at Gippsland PHN

- **IAR TSO at a glance**
  - The document suggests the TSO will be skilled in both delivering adult learning packages AND sufficient knowledge/skill to handle questions related to mental health screening/assessment.
  - Unless covered in the package, there will also be questions about MBS items and how GPs will be paid to use the IAR – current MBS item (Mental Health Treatment Plan development) won't cover it.
    - How will this be managed?
  - Later in document it suggests clinical background is preferable, with $125,000 total funding.
    - It is unlikely a rural PHN will be able to recruit to this position at the level of funding being provided who has both clinical (or a sub-clinical) and training skills.
    - The funding appears inadequate for both rural PHNs and larger PHNs and the rationale for the funding envelope appears to be flawed.

- **Target of 65% GPs trained**
  - Perhaps if target not achieved, the PHN could provide sufficient evidence that all channels exhausted to attempt to reach target?
    - The PHN cannot be responsible for the choice a GP makes to undertake training.

- **Evaluation**
  - Preferable if PHNs were consulted early to help develop evaluation questions, or provide information in advance to assist evaluator prepare the evaluation plan

Thank you
Kind regards
s47F

m s47F
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w www.gphn.org.au
a 11 Seymour Street, Traralgon, Victoria, 3844
Gunaikurnai Country
abn 52 155 514 702

Gippsland PHN is committed to providing inclusive services and work environments where people of all backgrounds, sexualities, genders, cultures, spiritual beliefs, age, bodies and abilities are valued, supported and celebrated.
Gippsland PHN acknowledges Aboriginal and Torres Strait Islander peoples as the traditional owners of country throughout Gippsland, and their continuing connection to land, sea and community. We pay our respects to them and their cultures, and to elders both past and present.
We also recognise, respect and affirm the central role played in our work by people with lived experience, their families and/or carers.

From: s22 @Health.gov.au>
Sent: Friday, 22 October 2021 4:04 PM
To: s47F @cesphn.com.au>; s47F @snhn.org.au>; s47 @wentwest.com.au>; s47F @nbmphn.com.au>; s47F @swsphn.com.au>; s47F @coordinare.org.au>; s47F @wnswphn.org.au>; s47F @wnswphn.org.au>; s47F @ncphn.org.au>; s47F @mphn.org.au>; s47F @mphn.org.au>; s47F @nwmphn.org.au>; s47F @emphn.org.au>; s47F @semphn.org.au>; s47F @gphn.org.au>; s47F @murrayphn.org.au>; s47F @westvicphn.com.au>; s47F @brisbanenorthphn.org.au>; s47F @bsphn.org.au>; s47F @gcphn.com.au>; s47F

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@chnact.org.au>; s47F @thephn.com.au'; s47 @wqphn.com.au'
Cc: s22 @Health.gov.au>; s47F
@outlook.com>

Subject: FOR INFORMATION: PHN IAR Training and Support Officers Program Guidance [SEC=OFFICIAL]

Dear PHN CEOs

You will all be aware that as part of the 2021-22 Budget, the Australian Government announced $34.2 million to expand and implement the Initial Assessment and Referral (IAR) tool into primary care settings to support General Practitioners, allied health professionals and referrers to determine a consistent and appropriate level of care for a consumer presenting with mental health assistance, using a holistic decision support tool.

To support the expansion, each PHN will be receiving funding in the next round of Deeds of Variation offered to engage a full time PHN IAR Training and Support Officer (TSOs). The attached Program Guidance has been developed in conjunction with the IAR's National Project Manager, s47F , as well as staff from Murrumbidgee PHN, Nepean Blue Mountains PHN, North Brisbane PHN and Central and Eastern Sydney PHN. The Department would like to thank those officers for their time and expertise in the co-design process.

The Program Guidance details the aims, objectives and requirements of, and for, the IAR TSOs to support you in preparing to recruit for this position.

Once you have had a chance to review the Program Guidance, we would welcome any feedback that you may have. A Frequently Asked Questions document will be compiled and responses sent to the Network on a regular basis.

We look forward to working with you in delivering this important Government initiative.

Kind regards

The IAR Project Team

Mental Health Division | Mental Health Access Branch

Health Systems Policy and Primary Care Group | Department of Health

PO Box 9848, Canberra ACT 2601, Australia

The Department of Health acknowledges the traditional owners of country throughout Australia, and their continuing connection to land, sea and community. We pay our respects to them and their cultures, and to elders both past and present.

Program Guidance for Primary Health Network Initial Assessment and Referral Training and Support Officers

1. Introduction

In the 2021-22 Budget, the Australian Government announced a $2.3 billion investment in mental health through the National Mental Health and Suicide Prevention Plan (the Plan) to lead landmark reform.

The Plan includes $34.2 million to expand and implement the Initial Assessment and Referral (IAR) tool in primary care settings. As part of this funding, Primary Health Networks (PHNs) will each receive funding for an IAR Training and Support Officer (IAR TSO) to support General Practitioners (GPs) and staff in their network to learn about, use and embed the IAR in clinical practice.

IAR TSOs will be trained on a 'train the trainer' basis and will be supported by the National Project Manager to ensure competency in both the use of, and training in, the IAR.

IAR TSO requirements at a glance:

- Must attend all 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.
- Will become familiar with both the Guidance document, Implementation Toolkit and the Decision Support Tool (DST) and be able to assist clinicians and professionals to navigate and use these resources.
- The NPM will develop a standardised suite of training materials to support the IAR TSOs. IAR TSOs will contribute to the ongoing development and improvement of the suite of training materials.
- Attend meetings to provide reporting updates on training numbers for all staff trained, share enablers and discuss any barriers encountered through the role monthly (or more frequently if required) with the Department of Health (the Department) and, if required, the NPM.
- Provide training to GPs and other clinicians in Adult Mental Health Centres, Child Hubs, General Practices, and Aboriginal Medical Services, and commissioned providers, and in the future Kids Mental Health Centres, Residential Aged Care Facilities and Local Hospital Networks.
- Offer training and ongoing support via multiple channels – online, telephone, videoconference and on-site to meet practitioner needs.
- Meet the GP training target set for the PHN noting that it is expected that 65% of the overall general practitioner target will be trained within the first 2 years.
- Keep records of GPs and all staff trained and the method used – e.g., face to face or through digital means such as Zoom.
- Provide GPs and other clinicians with a link to a standard survey at the end of training to record levels of satisfaction and seek feedback on ways to improve training and information.

- Provide GPs and other clinicians with a link to a standard survey at 3 – 6 months post-training to explore uptake and meaningful use of the IAR DST.
- Arrange for reimbursement of GPs through the PHN who attend training with a set fee of $300 and maintain appropriate records to evidence this.
- Maintain a record of Frequently Asked Questions, hosted on PHN Sharepoint, that are not already answered and support continuous improvement to education and training.
- Build relationships with and maintain regular contact with General Practices, Adult Mental Health Centres, Child Hubs (as they are established) and Aboriginal Medical Services in their PHN region to promote use and maintain open lines of communication for queries.
- Build strong relationships with IAR TSOs across the PHN network, exploring opportunities for cross-boundary learning and collaboration.
- Facilitate regional activities deemed important and valuable by local GPs (e.g., peer-led learning groups or communities of practice).
- Identify potential obstacles to implementation and tailor implementation strategies to the local contexts.

2. Broader PHN responsibilities

In consultation with Clinical Councils and local GPs, PHNs (led by IAR TSOs) will develop a plan for disseminating and implementing the National IAR Guidelines locally. This plan will define the activities that will encourage local adoption and implementation - forecasting anticipated challenges and developing strategies to address these challenges.

For maximum effectiveness, the plan will include strategies for integration with broader general practice support activities led by the PHN— e.g., continuing education and quality assurance, performance monitoring and accreditation activities.

PHNs are encouraged to consider strategies that allow for effective embedment of the IAR TSO within both the mental health and provider engagement teams of the PHN.

The plan should provide details on:

- clinical leadership supports to be made available to the IAR TSO,
- how the IAR TSO will leverage the mental health and provider engagement teams.

It is an operational decision for PHNs where they place the IAR TSO position. It is not necessarily a position that will sit under the Mental Health program. While the position could be situated in the provider engagement team, as funding is provided under primary mental health, it will be expected that the mental health team is involved in the IAR TSO work and will report accordingly.

3. What is the intent?

Stepped Care

The intent of stepped care is that a person presenting to the health system will be matched to the least intensive level of care that most suits their current treatment need. A secondary and key feature of stepped care is ongoing outcome and experience measurement to provide close to real-time feedback on outcomes allowing treatment intensity to be adjusted (stepping up or stepping down) as necessary. This approach is intended to:

- have less burden on the consumer,
- prevent over servicing, and
- place less pressure on the existing mental health system.

To achieve this, an initial assessment is required. This is undertaken in partnership with the individual to determine suitable and appropriate treatment choices/options.

The IAR Guidance and DST toolkit was developed to provide PHNs, referrers, and commissioned providers with guidance on the different levels of care and criteria to assist in determining an appropriate level of care using a holistic decision support tool to implement the least intensive level of appropriate care for consumers.

Encouraging stepped care in primary care settings

The Government recognises that people presenting for mental health assistance are receiving different levels of care depending on where they present. Often GPs are the front door for many people presenting for mental health care. Therefore, a key focus of IAR implementation is on general practice. Individuals seeking mental health assistance through their GP will have their experiences understood in the context of holistic assessment domains. Using IAR, individual treatment needs are understood and matched to a suitable service type and intensity (level of care).

4. Who is eligible for training?

The IAR is undertaken by a clinician who is suitably qualified and experienced to perform a mental health assessment. The IAR DST generates a recommended level of care. This recommendation, combined with clinician knowledge, professional judgement and supported consumer decision-making guides the decision about a referral to a service that is most likely to provide the right type and intensity of treatment. Professionals are also expected to apply their knowledge of local resources and services (e.g., waiting lists and service availability) when making referrals (highlighting the importance of IAR implementation connected to other initiatives like service mapping and health service pathways).

In well supervised environments, it may be appropriate to engage non-clinical staff (eg peer workers, youth workers, workers trained in the delivery of low intensity services) in undertaking components of the initial assessment. For more information, please refer to the National IAR Guidance.

The IAR TSOs will be expected to:

- facilitate or provide training for GPs,
- provide training for staff in Adult Mental Health Centres, Child Hubs and Aboriginal Medical Services and commissioned providers within their region. This will include the use, and benefits and limitations, of the Initial Assessment and Referral Guidance and DST.

An allowance of $300 each has been calculated for a percentage of GPs within each PHN region. These funds will be over four years, with the majority (approx. 65%) of the GPs in the PHN's target allocation expected to be trained within the first two years. This allowance is a one-off payment as a contribution towards reimbursement for the time, approximately 2 hours, for GPs to complete the training. Other medical staff are not eligible and GPs working in Adult Mental Health Centres or Aboriginal Medical Services already funded by the Government are not eligible for this one-off payment.

States and territories may wish to use the IAR to inform decisions about referrals to primary mental healthcare. The Department is aware of some PHNs already engaging with state and territory partners to discuss suitability and uptake. It may be that as more states and territories become engaged with the IAR, the IAR TSOs could be required to work with jurisdictions to support training and use of the IAR in their clinical settings. The Department strongly supports and encourages this engagement.

5. Who can be an IAR TSO?

An IAR TSO does not need to have a clinical background, but it is strongly encouraged. They must be able to work with existing PHN staff who frequent GPs in the region to build relationships and trust. This is so that GPs will continue to engage to resolve any issues and will undertake new training as necessary including for the adaptations for the vulnerable cohorts.

While it is not essential that an IAR TSO has a clinical background, it would be extremely beneficial if they have, or are able to quickly build, an understanding of the workflow of general practice to assist the general practice to seamlessly embed IAR into routine practice.

Flexibility for PHNs is available to decide whether the IAR TSO is one full-time position or split across part-time IAR TSOs, e.g., across particular regions within a PHN, with a minimum total of one full-time FTE. If the PHN does split the position, it is a requirement that each part-time IAR TSO has the skills and builds the relationships required to fulfil the role. Consideration in the initial planning must also be given to how this will work in the last two years of the initiative when the IAR TSO funding decreases to part time.

6. How will training and support be provided?

Training must be offered in ways that will support the GPs and clinicians of the region. To overcome distance barriers, digital video conferencing could be offered. Noting that some practitioners may not be adept or comfortable with digital presentations, onsite visits should be offered where feasible and must comply with any COVID-19 restrictions or health orders that may be in place.

IAR TSOs should expect to make training available in the evenings and on weekends to accommodate the availability of GPs. The formalised training module currently runs for 2 hours; however, this can be broken down into shorter sessions to gain maximum attendance.

Follow up support may require onsite visits particularly for any additional calibrations for vulnerable cohorts. For practical reasons, such as distance or health orders that may be in place, telephone or video calling may occur.

IAR TSOs may be responsible for applying for CPD recognition locally. Support from the Department and the National Project Manager will be provided for the application process.

7. What training will the IAR TSO receive to support them in their role?

The National Project Manager (NPM) will provide standardised 'train the trainer' training for IAR TSOs. It is expected that PHNs will recruit the IAR TSO over a short timeframe following receipt of funding. Recognising that not all IAR TSOs will be onboarded by PHNs at the same time, the NPM will provide a number of training sessions. The 'train the trainer' course is expected to be 8 hours in duration, with the course split over 2-3 sessions.

To further support the IAR TSOs, monthly meetings will be set up for IAR TSOs, the NPM and the Department's IAR project team. These meetings will provide opportunity to share information, updates including informal reporting, discuss any barriers and enabling solutions.

Resources and standardised training materials for primary care and commissioned services will also be provided.

8. How will the Department help IAR TSOs engage with GPs in primary care?

Encouraging GPs to attend the training and then meaningfully use the IAR Guidance and DST is a priority for the Department. Remunerating GPs to attend the training is the first step to encourage uptake and providing recognition through peak bodies for Continuing Professional Development (CPD) points or hours of training taken is another initiative that we are working towards.

Ease of use and integration into current clinical practice will be essential in boosting GPs to meaningfully use the IAR. The Department is working toward integration of clinical software solutions so GPs can incorporate the IAR easily into their clinical practice. It is noted that some PHNs will have worked on developing or implemented local solutions for the IAR. The standardised training provided will inform on the standard tool, and IAR TSOs will have the opportunity to train and inform GPs in their region about the localised adaptations.

The Department will also be working with GP peak bodies to promote the benefits of using the IAR in primary care.

9. Who is the IAR suitable for?

The IAR has been developed for the general adult population (18 years and over) noting that the process to ensure the appropriateness for some population groups is planned over the next four years. This includes Aboriginal and Torres Strait Islander Peoples, people from culturally and linguistically diverse backgrounds, Older Australians and people with co-occurring conditions including disability. Work on adapting the IAR for children and adolescents is currently underway and anticipated to be completed by February 2022.

Some Aboriginal Medical Services (AMS) are already planning to use the IAR. However, adaptations may be necessary for Aboriginal and Torres Strait Islander Peoples. IAR TSOs will need to work with their local AMS' to determine the cultural appropriateness and safety of using the IAR until adaptations have been explored and calibrated into the Guidance and DST.

The Department will, through the regular meetings with the IAR TSO and the NPM, provide updates on the progress of adapting the IAR for these cohorts, including engagement with each of the relevant sectors.

10. Funding

Each PHN will receive funding of $125,000 (GST excl) to engage one full time IAR TSO in 2021-22 and 2022-23. This funding, which will be shown as operational funding in PHN agreements, is for one PHN FTE and includes all oncosts. In the following 2 years each PHN will receive the equivalent of 0.5 of an IAR TSO. Remuneration payments that have been calculated at $300 per GP, on a ratio basis for each PHN region, will also be provided to allow PHNs to pay GPs who have trained in the IAR.

11. Data capture

Records detailing persons attending the full training session – either in person or via digital means – must be kept. If a GP can only attend part of a training session, they should be encouraged to join an alternate training session to complete the training. Only GPs who attend the full training session are eligible for the remuneration payment, no pro rata payments can be made.

As records must be kept on GP remuneration payments, it is expected that the IAR TSO will provide these to the Department on a quarterly basis, with details on how many GPs and other staff have been trained, and remunerated where appropriate, and what numbers are booked in for future training.

12. Annual reporting

PHNs are required to supply the Department with an IAR progress summary on a 12-monthly basis in line with existing PHN mental health reporting timeframes.

The progress summary will detail information such as:

- The number of GPs and other clinicians participating in training and the proportionate progress towards the overall target.

- The number of training activities facilitated for commissioned providers, GPs and Aboriginal Community Controlled Health Organisations.
- A summary of data relating to training satisfaction.
- Data and an overview of regional implementation progress relating to use of the IAR by the PHN, commissioned providers, GPs and Aboriginal Community Controlled Health Organisations. This information may be sourced directly from the provider(s) if required.
- An overview of challenges encountered during implementation, and strategies developed to address and overcome these challenges.

13. Why do each of the PHNs have different GP numbers to support?

While PHNs will receive the same FTE, they will have different numbers of GPs to train and support. The number of GPs to train has been calculated on the number of GPs based in each of the PHNs on a proportional scale. It is recognised that there can be economies of scale that the PHNs with larger numbers of GPs in general practices can achieve. Those based in the cities with more GPs working in each practice are likely to achieve greater training numbers and provide on-site support without a great deal of travel between practices involved. Less GPs, with fewer working in the smaller practices, across a larger geographical area will likely require equal effort to achieve the number of GPs trained and supported, particularly where on-site support is required.

While digital training and support such as video conferences and telephone follow up is acceptable, it is expected that the IAR TSOs will also build relationships through face to face contact with GPs where possible. Without established rapport and trust, GPs are less likely to call for non-clinical advice with a query or problem using the IAR.

14. Expected Outcomes

The focus of this initiative is to improve stepped care access to mental health services and remove the unnecessary burden on consumers, and the mental healthcare system, for unnecessary referrals for higher levels of service than may be required. It is expected that with greater uptake in primary care settings, this objective will be achieved.

The anticipated outcome of the expansion of IAR into primary care settings will be that people presenting with similar mental health needs are referred for a consistent level of service, that is the least intensive required to assist those patients.

More primary healthcare settings are required to uptake the IAR and use the DST to support consistent patient referrals across all regions for consumers presenting with mental ill health. To obtain the consistency of referrals for people presenting regardless of where they present, a GP training target will be set for each PHN to maximise access and uptake of the tool.

Using the IAR for consistency in referrals to a level of service across the regions for consumers presenting with mental ill health will also engage consumers to be more involved in the decision of services provided.

15. Evaluation

An external evaluator will be engaged by the Department to determine the effectiveness for both consumer and referrer for the calibration of the IAR following adaptation for vulnerable cohorts.

PHNs will be required to provide data, and participate in evaluation activities, as specified by the Department.

Contractual arrangements with service providers must include a requirement to participate in the evaluation of the measure.

An outline of the evaluation questions will be developed and shared with PHNs to:

- allow for early data capture and
- create a baseline for the evaluation.

Glossary of Acronyms

AMHC	Adult Mental Health Centre
AMS	Aboriginal Medical Service
CPD	Continuing Professional Development
DST	Decision Support Tool
FTE	Full Time Equivalent position
GP	General Practitioner
IAR	Initial Assessment and Referral
NPM	National Project Manager
PHN	Primary Health Network
TSO	Training and Support Officer

From: s22
To: s22
Subject: FW: For response by Thursday: Query re bushfire recovery mental health program [SEC=OFFICIAL]
Date: Thursday, 11 November 2021 2:55:43 PM
Attachments: image001.png

FYI – final version for our records. Thanks

From: MH Inputs
Sent: Thursday, 11 November 2021 2:24 PM
To: News
Cc: s22 ; MH Inputs
Subject: FW: For response by Thursday: Query re bushfire recovery mental health program [SEC=OFFICIAL]

Hi s22,

Please see FAS cleared response below.

*****

MHD Response

The department does not comment on individuals employed under commissioning service provided by Primary Health Networks (PHNs) however, we can confirm the following:

- 12 Primary Health Networks (PHN), including Gippsland PHN, in bushfire affected areas received funding under the $76.1m *Mental Health Support for Bushfire Affected Australians* measure, with nine of the most severely affected receiving additional funding under the $13.4m *Community Wellbeing and Participation* measure.
- PHN activities under the *Supporting the Mental Health of Australians Affected by Bushfires* package have been extended to 30 June 2022 to align with the *Community Wellbeing and Participation* measure. Some PHNs have sought, and have been granted, an extension until 31 December 2022, due to delays because of the COVID-19 pandemic.
- The 2021-22 Budget included an additional $4m to extend immediate distress counselling to bushfire impacted regions to 31 December 2022. Gippsland PHN received additional funding under this measure.
- Gippsland PHN has commissioned Orbost Regional Health to deliver services under *the Mental Health Support for Bushfire Affected Australians*:
    - Service delivery is provided in accordance with geography; a wide loop of service is provided encompassing Bonang, Orbost, Goongerah, Bendoc and Tubbut.
    - There has recently been additional counselling support funded by Bushfire Recovery Victoria (provided by Catholic Care).
    - At present, funding under this program in the Gippsland PHN concludes at the end of the year.
- The purpose of this outreach mental health program was to provide low-intensity, short to medium term mental health support to individuals impacted by the 2019/20 bushfires.
- The Gippsland PHN was funded over 18 months (1 July 2020-31 December 2021) through the Australian Government's emergency bushfire funding allocation with the intent of providing services for a set period in the aftermath of the bushfires and also to complement existing Australian Government and Victorian Government initiatives.

- The primary locations of service delivery were Orbost and Bonang, with a focus on adult and elderly populations in both areas.

- Other mental health services in place for East Gippsland include the free counselling program

delivered in partnership by the Royal Flying Doctor Service (RFDS) and Relationships Australia Victoria (RAV).

- Services are provided either face-to-face (in Bushfire Recovery Hubs or Quantum Bairnsdale) or via a secure telehealth platform to improve accessibility. It provides provide 10 free evidence-based counselling sessions to individuals and/or families who have also been impacted by the 2019-20 bushfires in East Gippsland.

---end---
Kind Regards,
s22

Divisional Policy and Coordination Officer
Ministerial and Divisional Engagement Section
Mental Health Reform Branch
Mental Health Division | Primary and Community Care Group
Australian Government Department of Health
E: s22 @health.gov.au Ph: s22
Location: s22
GPO Box 9848, Canberra ACT 2601, Australia
The Department of Health acknowledges the traditional owners of country throughout Australia and their continuing connection to land, sea and community. We pay our respects to them and their cultures, and to elders both past and present.

From: News <News@health.gov.au>
Sent: Wednesday, 10 November 2021 1:56 PM
To: s22 @health.gov.au>
Cc: s22 @health.gov.au>
Subject: For response by Thursday: Query re bushfire recovery mental health program
[SEC=OFFICIAL]
Hi MH team,
Please see below. If we're able to get a response tomorrow please that'd be wonderful.
Thanks,
s22

Media Unit
Department of Health
T: s22 **Mobile:** s22
s22 **@health.gov.au**
Unless stated otherwise, this information is provided on a background basis and should not be attributed.

From: s47F
Sent: Wednesday, 10 November 2021 1:34 PM
To: s22 @health.gov.au>
Subject: Query re bushfire recovery mental health program
REMINDER: Think before you click! This email originated from outside our organisation. Only click links or open attachments if you recognise the sender and know the content is safe.
Hi there
Thanks for your time.
As discussed with s22 on the phone just now, I'm trying to establish whether the work of s47F in the Orbost and Bonang communities in Victoria is partly funded through this

program: https://www.health.gov.au/health-topics/emergency-health-management/bushfire-information-and-support/australian-government-mental-health-response-to-bushfire-trauma
I believe this funding expires at the end of the year, but I'm having trouble confirming it / where the money comes from.
Could you please confirm?
Also, I'm guessing this is not a one-off case. Which other communities will lose their extra mental health services at the end of the year?
Not looking for a comment necessarily. Just confirmation of a few details. If you could please come back to me tomorrow.
Thanks
s47F
s47F

Australian Government

Department of Health

Ref No: MC21-037843

s47F

Gippsland PHN
Victorian and Tasmanian PHN Alliance
To: s47F @gphn.org.au
Cc: s47F @vtphna.org.au

Dear s47F

Thank you for your correspondence of 3 November 2021 to the Assistant Minister for Mental Health and Suicide Prevention, the Hon David Coleman MP, concerning the *HeadtoHelp* and Connecting Mental Health Paediatric Specialists and Community Services (COMPASS) initiatives. The Assistant Minister has asked me to reply.

Thank you for your ongoing commitment to improving the mental health and wellbeing of Australians throughout the COVID-19 pandemic and for sharing learnings from the *HeadtoHelp* and COMPASS initiatives. The Department of Health (Department) values the Victorian and Tasmanian Primary Health Network Alliance's (VTPHNA) insights and are committed to our continued collaboration to progress mental health initiatives in Victoria and Tasmania.

The Department will continue to work with the Alliance to incorporate learnings from the *HeadtoHelp* and COMPASS initiatives and progress next steps, including the roll-out of the Head to Health Centre and Satellite Network announced through the 2021-22 Budget.

Yours sincerely

s22

Matthew Short
Acting Assistant Secretary
Mental Health Services Branch

21 December 2021

For internal use only – do not dispatch this page

s22

From: s22
To: s22
Cc: s22
Subject: MC21-037843 - VTPHNA thankyou and follow up - mental health integrated initiatives [SEC=OFFICIAL]
Date: Wednesday, 10 November 2021 11:22:17 AM
Attachments: image001.png
VTPHNA Chair response to Hon D Coleman MP Nov 2021.pdf
Mental Health integrated intake model - Coleman Nov 2021.docx

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MC21-037843

D response - MHD

s22 | Departmental Liaison Officer

Office of the Hon David Coleman MP

Assistant Minister to the Prime Minister for Mental Health and Suicide Prevention

p. s22 | m. s22

e. s22 @health.gov.au

From: s22 @aph.gov.au>

Sent: Tuesday, 9 November 2021 2:49 PM

To: s22 @Health.gov.au>

Subject: FW: VTPHNA thankyou and follow up - mental health integrated initiatives

From: s22

Sent: Monday, 8 November 2021 3:02 PM

To: s47F @vtphna.org.au

Subject: FW: VTPHNA thankyou and follow up - mental health integrated initiatives

Dear s47F ,

Thank you for your email dated 3rd November and the information you have provided and please thank s47F for her letter with a request to meet.

Assistant Minister Coleman receives many requests and unfortunately is unable to meet with each and every one.

We thank you for taking time to write to us, but kindly advise Assistant Minister Coleman is unavailable to meet this time.

Your correspondence has been provided to the Department of Health for a response to the issues raised.

Thank you for your understanding.

Kind regards,

s22

OFFICE OF THE HON. DAVID COLEMAN MP

Federal Member for Banks

Assistant Minister to the Prime Minister for Mental Health and Suicide Prevention

s22 | 22 Revesby Place, REVESBY NSW 2212

From: s47F @vtphna.org.au>
Sent: Wednesday, November 3, 2021 4:04:39 PM
To: Coleman, David (MP) <David.Coleman.MP@aph.gov.au>
Cc: s47F @gphn.org.au>
Subject: VTPHNA thankyou and follow up - mental health integrated initiatives

Hello Minister Coleman

Please find attached correspondence from the Victorian Tasmanian PHNs Chair; s47F Gippsland PHN) who you met with recently to discuss mental health initiatives.

Look forward to your response.

s47F

General Manager (VTPHNA)

M: s47F *E:* s47F *@vtphna.org.au*

phn VICTORIAN-TASMANIAN ALLIANCE
An Australian Government Initiative

The Hon. Minister David Coleman MP
Assistant Minister to the Prime Minister
for Mental Health and Suicide Prevention
PO Box 564
Revesby NSW 2212

Dear Minister Coleman,

On behalf of the Victorian and Tasmanian Primary Health Network Alliance (Alliance), the collective platform for the one Tasmanian and six Victorian Primary Health Networks (PHNs), I would like to thank you and Dr Katie Allen MP for inviting the PHNs to be part of the October 15, 2021 stakeholder consultation in the electorate of Higgins.

The meeting provided the Alliance the opportunity to discuss the 15 HeadtoHelp mental health hubs, part of $31.9 million federal government mental health package to support Victorians during the COVID-19 pandemic.

HeadtoHelp's integrated intake and service delivery model, developed through co-design and collaboration, successfully addressed the significant challenges within Victoria's mental health system by leveraging capacity and capability across federal and state services.

The HeadtoHelp model's scalability and transferability were demonstrated with the rapid establishment of the 10 Head to Health pop up mental health clinics in NSW, and one in the ACT. The Victorian PHNs provided significant support to their PHN colleagues in NSW and ACT, sharing expertise and learnings including the value of an integrated intake data ecosystem to provide insights about consumers, their pathways and experiences of care.

Critical to the success of the HeadtoHelp is the mix of clinical and non-clinical workforce competently delivering the appropriate service response across the stepped continuum of care.

Addressing an identified need for workforce skilled in paediatric mental health care, the COMPASS (COnnecting Mental-health PAediatric Specialists and community Services) project developed through a North Western Melbourne PHN (NWMPHN) and Royal Children's Hospital (RCH) partnership, supported HeadtoHelp clinicians via primary and secondary consultation, supervision, and education sessions and training. The COMPASS project, recognised by paediatricians such as Professor Harriet Hiscock of the Murdoch Children's Research Institute, builds on other PHN initiatives in support 'Skilled workforce', one of the objectives in the recently launched National Children's Mental Health and Wellbeing Strategy.

The attached information on HeadtoHelp further explains how our PHN Alliance delivered a timely, innovative and responsive service to improve outcomes for consumers, carers and communities.

The Alliance looks forward to the opportunity to meet with you to discuss how the insights and learnings of HeadtoHelp, COMPASS project and other mental health and suicide prevention initiatives can assist your office in support of healthy and resilient communities.

Yours sincerely

s47F

Gippsland PHN

Victorian and Tasmanian PHN Alliance

Date: 3 November 2021

The HeadtoHelp hubs

Announced on 17 August 2020 as part of a $31.9 million federal government mental health package to support Victorians during the COVID-19 pandemic, 15 dedicated mental health clinics called HeadtoHelp (H2H) hubs were implemented by the six Victorian PHNs.

HeadtoHelp (H2H) provided fast and effective access to local support for consumers using:

- A single point of access
- A tailored intake system, connected consumers to the right level of care available locally, and
- Local workforce and services so people can access, the support they need when they need it.

The key factors to the success of H2H:

Single access point	• Use of a central intake point using 1800 595 212 that can be accessed by consumers, family members, and health providers such as general practitioners (GPs) and community services.
Standardised initial assessment	• Standardised initial assessment process across all points of intake enable consistency in determining levels of need and recommended care. • The Initial Assessment and Referral Decision Support Tool (IAR-DST) drives the comprehensive assessment, capturing demographics, risk and through eight key IAR domains, context that help align intensity levels of care that resonate.
Skilled multidisciplinary intake workforce with local knowledge	• Skilled and multidisciplinary intake teams, comprising a broad set of mental health clinicians enable holistic assessments validation and outcomes. • Local knowledge enhances the personal experience of care and builds trust in cohorts that are typically more hesitant to engage in help seeking behaviours.
Consistency and continuity of care through system-agnostic referrals and guaranteed follow up	• People are supported to access information, resources and/or services that meet their treatment needs and recovery goals. • The IAR and intimate local knowledge, of the integrated intake teams ensure that people seeking help are linked to the right care pathway. • Continuity of care is provided through a guaranteed follow up process and check-ins which ensure that people feel acknowledged, validated, and supported to receive care that resonates with them, further strengthening the team's local understanding about the personal experience.
Data ecosystem that provide insights about consumers, their pathway, and their experiences	• Data is collected and reported using a centralised intake system (secure web application), shared data analytics workspace and a consumer experience survey platform. • This enhances the understanding of service needs within local communities and supports decision making and promotes continuous quality improvement. • People provide feedback about their experience of intake, and about their experience of Hub services, making their voices feel valued and heard.

H2H initiative has been replicated in other states and territories from September 2021. (NSW, ACT and NT), with the learnings and outcomes informing other national mental health system reforms.

Fast Facts:

- H2H has taken over 15,300 calls and completed over 7,500 referrals in the 12 months to October 2021
- Self-referral accounts for 44 per cent of consumers accessing intake
- GP referrals account for 22 per cent of total referrals
- 79 per cent of consumers surveyed (April to Sept 2021) agreed their contact with H2H was worthwhile.