

Country SA - Primary Mental Health Care

2024/25 - 2027/28

Activity Summary View



MH-H2H - 1000 - H2H Intake and Assessment Phone Service



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH-H2H

Activity Number *

1000

Activity Title *

H2H Intake and Assessment Phone Service

Existing, Modified or New Activity *

Modified



Activity Priorities and Description

Program Key Priority Area *

Mental Health Priority Area 7: Stepped care approach

Aim of Activity *

The Medicare Mental Health Phone Service (formerly the Head to Health Assessment and Referral Phone Service) is designed to operate alongside Medicare Mental Health centres and satellites and the Medicare Mental Health digital platform to provide a suite of entry points to engagement, assessment and treatment for people with a range of mental health needs. Providing multiple entry pathways (website, phone, face-to-face) into mental health services under the consistent and trusted “Medicare Mental Health” brand allows consumers to access the services that best meet their needs through their preferred platform.

The intake service is intended to provide service navigation to connect people to the right mental health services to meet their identified needs. It is designed to complement, not replace or duplicate, mental health support lines and services already provided in the community, including crisis support lines and state-funded triage services facilitating intake into tertiary services.

Description of Activity *

The Medicare Mental Health Phone Service provides navigation to direct people to services to meet their individual mental health needs.

The Medicare Mental Health Phone Service seeks to provide the following:

- Provide a central point to connect people to other services in the region, including through offering information and advice about mental health and AOD use
- Holistic assessment of needs provided by a mental health professional using the Commonwealth’s Initial Assessment and Referral (IAR) tool
- Connect people seamlessly to the most appropriate local service to meet their identified needs
- Work with service providers to create seamless referral pathways into and out of the Medicare Mental Health Intake and Assessment Phone Service
- Collect data about the number of callers, the IAR level of care, referrals in source, referral out destination, and average wait time for a client to access services.

The Medicare Mental Health Phone Service will be one of the main sources of referrals for primary mental health care services by 31 March 2025. This includes the receipt and triage of MHTPs from GPs in country South Australia and enables a state-wide model of mental healthcare.

Continued collaboration and participation in the SA phone integration project with the SA Health Mental Health Strategy directorate, LHN's and relevant state government departments, commissioned service providers and general practice

Needs Assessment Priorities *

Needs Assessment

Country SA PHN-Needs Assessment 2025-2028 (Nov 2024)

Priorities

Priority	Page reference
Mental health services that are accessible to people living in rural and remote regions	187
Access to responsive and appropriate mental health services	188
Integrated mental health services and systems for coordinated care across the health and social sector	188



Activity Demographics

Target Population Cohort

People residing within the Country SA PHN region, the Medicare Mental Health phone line can be accessed by consumers, their families, carers, as well as GPs, service providers and other health professionals.

Country SA PHN’s consumer focus is translated through the experience and outcomes of consumers who live, work and play in communities across country South Australia. The consumer focus supports a holistic approach to services that takes consideration of multiple factors that may impact the ability of the individual, family or community to experience health optimisation and wellbeing as they go about their daily lives. Supporting all members of our community; across all age groups, cultural values, family groupings, ability or disability, advantage or disadvantage, and sexual orientation.

Country SA PHN is committed to working with lived experience representatives of mental ill-health and/or suicide, their families and carers, to embed lived experience knowledge as central to the design, planning, delivery and evaluation of services. Lived Experience Representatives are formally engaged to support the implementation of the Bilateral Schedule on Mental Health and Suicide Prevention: South Australia, and our broader mental health program activity.

Indigenous Specific *

No

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

Information sessions facilitated by Country SA PHN with Primary Mental Health Care commissioned service providers in early 2025, detailing the changes and improvements in streamlining referral pathways for providers and consumers via the Medicare Mental Health Intake and Assessment Phone Service.

Neami community engagement extended across general practice and commissioned service providers.

Continued engagement with tertiary referral and sector partners, GPs across planning, comprehensive mapping of the local service landscape to inform advice and referral pathways for consumers.

Country SA PHN are participating in a statewide phone integration project with the SA Health Mental Health Strategy directorate to ensure best possible experience for people living in Country SA.

Country SA PHN and Adelaide PHN continue to work collaboratively to deliver a state-wide integrated intake service working under a nationally consistent model to ensure better outcomes for all people accessing the phone service in South Australia.

Collaboration

Country SA PHN maintains a strong relationship with 6 regional LHN's and the local mental health teams within. The joint regional Mental Health and Suicide Prevention plan is currently being updated between the PHN and its six partner LHN's, it will have a focus on collaboratively working together across co commissioning opportunities, stepped care ideology and workforce retention.

Country SA PHN continues to support GPs and general practice to make referrals for primary mental healthcare services through the Medicare Mental Health Phone Service.

Country SA PHN is also a member of the SA Mental Health Phone Intake and Assessment Project Steering Committee.

Using the IAR levels of care approach Country SA PHN has directed all providers of Low Intensity psychological services to establish and formalise partnerships between organisations and services in their region to facilitate 'joined up' service provision, specifically between the:

- mental health sector
- alcohol and other drugs sector
- broader primary health care environment
- acute services
- community services
- aged care services
- child and youth services
- social services
- Aboriginal health services
- Local hospital networks



Activity Milestone Details/Duration

Activity Start Date

01/01/2022

Activity End Date

30/06/2026



Activity Commissioning

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

Not Yet Known: No

Continuing Service Provider / Contract Extension: No

Direct Engagement: Yes

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): No

Is this activity being co-designed?

Yes

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

No

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

No

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

No

Decommissioning

No

Decommissioning details?

Co-design or co-commissioning comments



MH - 8000 - MH - 8000 - Initial Assessment and Referral



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

8000

Activity Title *

MH - 8000 - Initial Assessment and Referral

Existing, Modified or New Activity *

Existing



Activity Priorities and Description

Program Key Priority Area *

Other (please provide details)

Other Program Key Priority Area Description

Initial Assessment and Referral Training and Support Officers

Aim of Activity *

Support General Practitioners (GPs) and clinicians in learning and implementing the Initial Assessment and Referral (IAR) tool into clinical practice and workflow. This will contribute to achieving nationally consistent levels of care for persons presenting with similar conditions.

Description of Activity *

Support GPs and clinicians in the primary care setting, use of the stepped care model to select the least intensive level of care, for a person presenting for mental health assistance by using the IAR tool.

Provide connection and access to IAR training, build strong relationships with and provide ongoing support to GPs, clinicians and key stakeholders (other health professionals, including as required in Local Hospital Networks/Districts) to encourage local adoption and implementation of the IAR tool in primary care settings.

- 2021/22 recruited an Initial Assessment and Referral Training and Support Officer position and provided training.
- 2022/23 activity commenced on scheduled training and meeting set targets. Country SA PHN has been allocated 2.2% share of GP workforce as at 31 December 2019, and this equates to a target of 442 over the four years, to 30 June 2025.
- 2025/26 activity is ongoing with hybrid face to face and on-line trainings supported.

Needs Assessment Priorities *

Needs Assessment

Country SA PHN-Needs Assessment 2025-2028 (Nov 2024)

Priorities

Priority	Page reference
Health service integration, coordination and information sharing across the health system	192
Access to responsive and appropriate mental health services	188



Activity Demographics

Target Population Cohort

GP's, commissioned service providers and clinicians in the primary health care setting in Country SA.

Country SA PHN's consumer focus is translated through the experience and outcomes of consumers who live, work and play in communities across country South Australia. The consumer focus supports a holistic approach to services that takes consideration of multiple factors that may impact the ability of the individual, family or community to experience health optimisation and wellbeing as they go about their daily lives. Supporting all members of our community; across all age groups, cultural values, family groupings, ability or disability, advantage or disadvantage, and sexual orientation.

Country SA PHN is committed to working with lived experience representatives of mental ill-health and/or suicide, their families and carers, to embed lived experience knowledge as central to the design, planning, delivery and evaluation of services. Lived Experience Representatives are formally engaged to support the implementation of our broader mental health program activity.

Indigenous Specific *

No

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

Country SA PHN will consult with Clinical Councils and local GPs to develop a plan for disseminating and implementing the National IAR Guidelines locally

Collaboration

Country SA PHN will implement this activity using the National IAR Guidelines and under the guidance of the Primary Health Network Initial Assessment and Referral Training and Support Officers document.

This will be further supported by Country SA PHN joint regional planning activity across jurisdictions.



Activity Milestone Details/Duration

Activity Start Date

31/12/2021

Activity End Date

30/06/2026



Activity Commissioning

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

Not Yet Known: No

Continuing Service Provider / Contract Extension: No

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): Yes

Is this activity being co-designed?

No

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

No

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

No

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

No

Decommissioning

No

Decommissioning details?

Co-design or co-commissioning comments

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

No



MH - 1100 - Continuation of Integrated low intensity activity within psychological therapies



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

1100

Activity Title *

Continuation of Integrated low intensity activity within psychological therapies

Existing, Modified or New Activity *

Modified



Activity Priorities and Description

Program Key Priority Area *

Mental Health Priority Area 1: Low intensity mental health services

Aim of Activity *

1.1 Invigorate investment in low intensity workforce development and capacity building to remove barriers to access and lead to an increase in the number of clients accessing low intensity services, enabling clients to have their service level aligned to their requirements.

Establishing referral pathways into psychological therapy triage and allocation practices to assist with demand management, priority step up referrals as part of the integrated regional stepped care approach.

1.2 Continue to commission low intensity mental health services across the Country SA PHN region.

Increase delivery of low intensity psychological therapy sessions across Country SA PHN via increase in access and availability through a range of targeted, cost-effective service modalities.

Targeted low intensity services and psychological interventions to most appropriately support people with, or at risk of, mild mental illness as part of a stepped care approach to mental health service delivery.

Description of Activity *

1.1 Results expected to be achieved within planning period:

- Face to face and phone low intensity services and referral pathways embedded into psychological therapy triage and allocation practices.
- Workforce development and education of low intensity workers within 5 regional psychological therapies providers

1.2 Results expected to be achieved within planning period:

- 24/7 phone and online low intensity psychological therapies service, with priority referral to face to face high Intensity psychological therapies provider
- Face to face low intensity psychological therapies services in areas of need

Needs Assessment Priorities *

Needs Assessment

Country SA PHN-Needs Assessment 2025-2028 (Nov 2024)

Priorities

Priority	Page reference
Early intervention and prevention mental health services that are accessible for rural and remote populations	187



Activity Demographics

Target Population Cohort

People with or at risk of mild mental illness targeting but not limited to:

- young people;
- people living in rural and remote communities;
- people at risk of suicide.

Country SA PHN's consumer focus is translated through the experience and outcomes of consumers who live, work and play in communities across country South Australia. The consumer focus supports a holistic approach to services that takes consideration of multiple factors that may impact the ability of the individual, family or community to experience health optimisation and wellbeing as they go about their daily lives. Supporting all members of our community across all age groups, cultural values, family groupings, ability or disability, advantage or disadvantage, sexual orientation.

Indigenous Specific *

No

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

Country SA PHN has ongoing commitments to consultation through our established Primary Health Community Advisory Committees, which cover much of our regional catchment including:

- Barossa Local Health Cluster
- Far West Local Health Cluster
- Fleurieu Region Community Services Advisory Committee
- Limestone Coast Community Service Round Table (LCCSRT)

- Lower Eyre Local Health Cluster
- Mid North Local Health Cluster
- Riverland Community Services Alliance
- Roxby Downs Community Board Health Forum
- Upper Eyre Local Health Cluster
- Yorke Peninsula Local Health Cluster

These Committees are essential to provide the community perspective to Country SA PHN and ensure that decisions, investments and innovations are patient centred, cost-effective, locally relevant and aligned to local care experiences and expectations.

Mental Health, Alcohol and Other Drug community consultations were conducted with both service providers and community members providing context to data already gathered through the literature.

Country SA PHN continues to work collaboratively with six regional LHN's and conduct service mapping of core and commissioned services across both sectors utilising the stepped care model and held 6 jointly chaired forums focusing on the findings as well as key issues surrounding:

- local service gaps;
- pressure points;
- points of intersection; and
- areas of opportunity to further collaborate.

Country SA PHN is committed to working with lived experience representatives of mental ill-health and/or suicide, their families and carers, to embed lived experience knowledge as central to the design, planning, delivery and evaluation of services. Lived Experience Representatives are formally engaged to support the implementation of the Bilateral Schedule on Mental Health and Suicide Prevention: South Australia, and our broader mental health program activity.

Collaboration

1.1 Ongoing collaboration and operations strategies with the regions 5 Psychological Therapy providers for referral, step up and down of clients:

- Country and Outback Health
- Focus One Health
- Sonder
- Summit Health
- iREACH (formerly Murray Mallee General Practice Network)

and full-service integration with the Medicare Mental Health Phone Service (formally the Head to Health Assessment and Referral Phone Service).

1.2 Using the IAR levels of care approach Country SA PHN has directed all providers of psychological services to establish and formalise partnerships between organisations and services in their region to facilitate 'joined up' service provision, specifically between the:

- mental health sector
- alcohol and other drugs sector
- broader primary health care environment
- acute services
- community services
- aged care services
- child and youth services
- social services
- Aboriginal health services
- Local hospital networks



Activity Milestone Details/Duration

Activity Start Date

30/06/2019

Activity End Date

30/06/2026

**Activity Commissioning**

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

Not Yet Known: No

Continuing Service Provider / Contract Extension: Yes

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): No

Is this activity being co-designed?

No

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

Yes

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

No

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

No

Decommissioning

Yes

Decommissioning details?

It is proposed that from 1 January 2026, the Low Intensity service will be incorporated into Psychological Therapies which will be a combination of decommissioning and transitional service arrangement within psychological therapies.

Co-design or co-commissioning comments

Work towards remodelling of existing providers within a new service model against Performance Based Commissioning (PBC) model and principles.

Future commissioning Strategy to be informed by Performance Based Commissioning (PBC) for 2023/24 - 2025/26

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

Yes



MH - 2100 - Continuation of funding to current regional headspace Centres



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

2100

Activity Title *

Continuation of funding to current regional headspace Centres

Existing, Modified or New Activity *

Modified



Activity Priorities and Description

Program Key Priority Area *

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

Aim of Activity *

Continue to fund and maintain headspace Centres in our region in line with the service delivery model as directed by the Department. Extension of headspace Centres into new locations namely headspace Gawler will occur during this period.

Sustainable continuation and expansion of the Flying headspace, to support young people aged 12 to 25 years and their families who require mental health services in locations where access to services is limited.

Provision of the mental health services to young people in very remote South Australia in line with the headspace service model.

Description of Activity *

Results expected to be achieved within planning period

- Young people within key regional locations at Mt Gambier, Port Augusta, Murray Bridge, Whyalla, Gawler, Victor Harbor, Port Lincoln, Mount Barker, Port Lincoln, Gawler and Berri will continue to access services within the headspace Centres.
- Service access includes support for mental health, drug and alcohol, work and study and physical health needs across all centres.

Additionally Flying headspace

- Increase access to mental health supports for young people in very remote locations that have limited and/or no access to service
- Commission a range of outreach mental health services and supports, including assessment, intervention, referral, community engagement, community awareness, to remote South Australian communities, in line with the headspace model;
- Continue working with the Royal Flying Doctor Service to deliver this Activity in collaboration with headspace Port Augusta;

- Expand the existing Flying headspace initiative to service an additional 2 remote communities (resulting in 6 communities to be serviced) in South Australia;
- Deliver these services in partnership with community-based service providers, where possible, or coordinate telehealth arrangements to ensure patients receive culturally safe and ongoing support, where required;
- Focus on vulnerable youth population groups, including Aboriginal and Torres Strait Islander youth; and
- Consider and plan for the potential continuation and ongoing sustainability of this Activity after the conclusion of the funding period, using other funding available, such as Flexible funding, if in line with community need.

Needs Assessment Priorities *

Needs Assessment

Country SA PHN-Needs Assessment 2025-2028 (Nov 2024)

Priorities

Priority	Page reference
Mental health services that are accessible to people living in rural and remote regions	187
Mental health services are accessible to support the wellbeing of children and youth	187



Activity Demographics

Target Population Cohort

Children and young people aged 12-25 with, or at risk of mental illness (including those with severe mental illness who are being managed in primary care), particularly young people with more complex care needs, in high need locations.

Regional coverage:

LGA regions:

- Berri Barmera
- Mount Gambier
- Murray Bridge
- Port Augusta
- Whyalla
- Mount Barker
- Victor Harbor (satellite)
- Gawler
- Port Lincoln

Country SA PHN's consumer focus is translated through the experience and outcomes of consumers who live, work and play in communities across country South Australia. The consumer focus supports a holistic approach to services that takes consideration of multiple factors that may impact the ability of the individual, family or community to experience health optimisation and wellbeing as they go about their daily lives. Supporting all members of our community, across all age groups, cultural values, family groupings, ability or disability, advantage or disadvantage, sexual orientation.

Country SA PHN is committed to working with lived experience representatives of mental ill health and/or suicide, their families and carers to enable lived experience knowledge as central to the design, planning, delivery and evaluation of services. Lived Experience Representatives are formally engaged to support the implementation of the Bilateral Schedule on Mental Health and Suicide Prevention South Australia and our broader mental health program activity.

Indigenous Specific *

No

Coverage

Whole Region

No

SA3 Name	SA3 Code
Murray and Mallee	40703
Eyre Peninsula and South West	40601
Limestone Coast	40702
Outback - North and East	40602
Fleurieu - Kangaroo Island	40701
Adelaide Hills	40102



Activity Consultation and Collaboration

Consultation

All of the headspace Centres are regularly visited, consulted and supported by Country SA PHN.

Country SA PHN hosts an annual face to face headspace forum for all headspace centres in Country SA, the forum provides education, capacity building, strategic updates and networking opportunities. Guest speakers deliver sessions and updates on key areas of interest as identified by the headspace Centres in Country SA. The forum sees Centre managers, clinical leads and centre staff travel from across Country SA to attend the forum focusing on trends, innovation and opportunities in the delivery of youth mental health services.

Ongoing contract management and performance discussions are undertaken monthly to ensure that the services are effective and efficient and align with the headspace National service model.

Ongoing collaboration via quarterly meetings with the South Australian Department for Health and Wellbeing occurs under the Bilateral Agreement with a focus on improving integration of youth mental health services, and ensuring young people can access an appropriate level of support, wait times are minimised, and the transition between services is streamlined.

Flying headspace: Ongoing monitoring and discussions occur with the commissioned service provider, Royal Flying Doctor Service and key stakeholders in the remote locations to ensure the service meet local needs and requirements.

Placed based consultation in remote service locations with community, elders and ACCHO's by the commissioned service provider regarding any service expansion or enhancement to service delivery.

Collaboration

Country SA PHN collaborates with headspace National Office as required. Country SA PHN will continue to have a relationship with lead agencies at all nine rural sites. By proxy of the consortia model, centres have a collaboration relationship and service level agreements with primary care, mental health, alcohol and drug and vocational services.



Activity Milestone Details/Duration

Activity Start Date

30/06/2019

Activity End Date

30/06/2028

**Activity Commissioning**

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

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

Yes

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

Yes

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

No

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

No

Decommissioning

No

Decommissioning details?**Co-design or co-commissioning comments**

Contract and maintain service delivery within headspace centres, in line with the existing headspace service delivery model.

Work towards remodelling of existing providers within a new service model against Performance Based Commissioning (PBC) model and principles.

Future commissioning Strategy to be informed by Performance Based Commissioning (PBC) to be updated at next opportunity reflective of any changes to market approach and service provider landscape.

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

Yes



MH - 2300 - Continuation of the Youth Triple C program for young people requiring more complex care



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

2300

Activity Title *

Continuation of the Youth Triple C program for young people requiring more complex care

Existing, Modified or New Activity *

Modified



Activity Priorities and Description

Program Key Priority Area *

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

Aim of Activity *

Continuation of the Youth Triple C program through regional headspace centres and general practice, which supports young people with severe and complex mental illness in the primary care setting through Mental Health Nursing led clinical care coordination and integration with regional LHN acute services.

The primary goals of Youth Triple C is to:

- improve access to adequate level of primary mental health care intervention to maximise recovery and prevent escalation; and
- provide wrap-around coordinated care for young people with complex needs.

Description of Activity *

Results expected to be achieved within planning period

- Increase of young people accessing mental health support in locations that are experiencing high needs, and/or have limited access to service.

In order achieve the primary goals of the Youth Triple C program, providers must perform the following objectives of the program:

- Provide clinical mental health services to support the needs of young people with, or at risk of severe and complex mental illness who are best managed in primary health care
- Improve care by providing service coordination, regular follow up and review, access to support and compliance with treatment plans
- Promote the use of a single multiagency care plan to help link providers across multiple services involved in an individual's care
- Ensure that referral pathways are in place to enable and support clients to seamlessly transition between services as their needs change

- Contribute to addressing the physical health inequities of individuals with severe mental illness within the region
- Support GPs in their key role in assessment and support engagement between GPs and Psychiatrists where required
- Support step up/step down and post discharge activities with state funded Local Hospital Network (LHN) mental health services
- Coordinate support between GPs, state funded LHN and national NDIS assessment and referral to help match young people to the service pathway which best meets their needs
- Support clients to effectively manage their symptoms and avoid unnecessary hospitalisation
- Enable improved access and coordination across alcohol and other drug and mental health services where appropriate, for clients with comorbidities

A priority for Youth Triple C providers is planning for improving the physical health and wellbeing of young people living with mental illness. This should include:

- Promotion of the importance of early intervention and prevention activity to reduce the impact of mental illness on physical health (e.g. addressing lifestyle issues early in disease)
- Expectations of routine screening for physical health and regular medication review
- Promoting pathways to services for physical health needs, particularly through GPs.

Needs Assessment Priorities *

Needs Assessment

Country SA PHN-Needs Assessment 2025-2028 (Nov 2024)

Priorities

Priority	Page reference
Mental health services are accessible to support the wellbeing of children and youth	187
Integrated mental health services and systems for coordinated care across the health and social sector	188



Activity Demographics

Target Population Cohort

Children and young people aged 12-25 with, or at risk of mental illness (including those with severe mental illness who are being managed in primary care), particularly young people with more complex care needs, in high need locations.

Country SA PHN's consumer focus is translated through the experience and outcomes of consumers who live, work and play in communities across country South Australia. The consumer focus supports a holistic approach to services that takes consideration of multiple factors that may impact the ability of the individual, family or community to experience health optimisation and wellbeing as they go about their daily lives. Supporting all members of our community across all age groups, cultural values, family groupings, ability or disability, advantage or disadvantage, sexual orientation.

Indigenous Specific *

No

Coverage

Whole Region

No

SA3 Name	SA3 Code
Mid North	40503
Limestone Coast	40702
Outback - North and East	40602
Fleurieu - Kangaroo Island	40701



Activity Consultation and Collaboration

Consultation

Ongoing monitoring and discussions occur with commissioned agencies to meet set key performance indicators.

Collaboration with existing and new providers of the program will continue, these are:

- iREACH
- FocusOne Health
- Uniting Communities
- Barossa Hills Fleurieu Local Health Network

Country SA PHN has undertaken a wide range of stakeholder consultation and engagement activities to support the provision of mental health services for people with severe and complex mental illness in the Country SA across jurisdictions.

Country SA PHN's consumer focus is translated through the experience and outcomes of consumers who live, work and play in communities across country South Australia. The consumer focus supports a holistic approach to services that takes consideration of multiple factors that may impact the ability of the individual, family or community to experience health optimisation and wellbeing as they go about their daily lives. Supporting all members of our community; across all age groups, cultural values, family groupings, ability or disability, advantage or disadvantage, and sexual orientation.

Country SA PHN is committed to working with young people via the headspace youth advisory platform, ensuring those with a lived experience of mental ill-health and/or suicide, their families and carers, are able to provide their knowledge as central to the design, planning, delivery and evaluation of services

Collaboration

Using the IAR levels of care approach Country SA PHN has directed all providers of psychological services to establish and formalise partnerships between organisations and services in their region to facilitate 'joined up' service provision, specifically between the:

- mental health sector
- alcohol and other drugs sector
- broader primary health care environment
- acute services
- community services
- aged care services
- child and youth services
- social services
- Aboriginal health services

Country SA PHN is committed to working with lived experience representatives of mental ill-health and/or suicide, their families and carers, to embed lived experience knowledge as central to the design, planning, delivery and evaluation of services. Lived Experience Representatives are formally engaged to support the implementation of the Bilateral Schedule on Mental Health and Suicide Prevention: South Australia, and our broader mental health program activity

All of our providers must provide evidence how their service model:

- incorporates and formalises effective mechanisms to enable appropriate clinical handover of an individual's care.
- ensures an individual's transition through the steps of care are seamless and appropriate.
- has systems in place to support the integration and coordination of services.
- supports referrals and referrers to ensure individuals are appropriately triaged to the most suitable stepped level of treatment available.
- interacts with the broader social services sector.
- engages with the local health networks and acute sector.

Our providers must provide evidence how they are working collaboratively with consumers/clients of their service. Young people are to be an integral part of service design, implementation, governance and evaluation.



Activity Milestone Details/Duration

Activity Start Date

30/06/2019

Activity End Date

30/06/2027



Activity Commissioning

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

Not Yet Known: No

Continuing Service Provider / Contract Extension: Yes

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): No

Is this activity being co-designed?

Yes

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

Yes

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

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

Decommissioning

Yes

Decommissioning details?

Planned decommissioning of Commissioned Service Provider, Clare Medical Centre, who have subcontracted Country and Outback Health to provide YCCC in the Clare region. From 1 July 2025, following a direct approach with existing YCCC Providers, Barossa Hills Fleurieu Local Health Network was selected as the Commissioned Service Provider for YCCC in the Clare region. The service will be provided by a senior mental health clinician. CSAPHN will lead the transition for all key stakeholders over the coming months to ensure minimal disruption for existing clients and referring agencies.

Co-design or co-commissioning comments

Work towards remodelling of existing providers within a new service model against Performance Based Commissioning (PBC) model and principles.

Future commissioning Strategy to be informed by Performance Based Commissioning (PBC) for 2023/24 - 2025/26.

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

Yes



MH - 2600 - Expansion of regional headspace services via establishment of three Satellite sites



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

2600

Activity Title *

Expansion of regional headspace services via establishment of three Satellite sites

Existing, Modified or New Activity *

Modified



Activity Priorities and Description

Program Key Priority Area *

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

Aim of Activity *

Improve access to youth specific mental health care delivery particularly for young people on the Fleurieu Peninsula, Adelaide Hills and Eyre Peninsula in line with headspace new service implementation guidelines.

Description of Activity *

Results expected to be achieved within planning period

- Young people in Victor Harbor, Mount Barker and Port Lincoln will be able to access headspace services with the addition of three new satellite sites (updated Mount Barker and Port Lincoln to transition to full centres in next 12-18 months.
- Service access includes support for mental health, drug and alcohol, work and study and physical health needs across all satellite services

Needs Assessment Priorities ***Needs Assessment**

Country SA PHN-Needs Assessment 2025-2028 (Nov 2024)

Priorities

Priority	Page reference
Mental health services that are accessible to people living in rural and remote regions	187
Mental health services are accessible to support the wellbeing of children and youth	187



Activity Demographics

Target Population Cohort

Children and young people aged 12-25 with, or at risk of mental illness (including those with severe mental illness who are being managed in primary care), particularly young people with more complex care needs, in high need locations.

Country SA PHN's consumer focus is translated through the experience and outcomes of consumers who live, work and play in communities across country South Australia. The consumer focus supports a holistic approach to services that takes consideration of multiple factors that may impact the ability of the individual, family or community to experience health optimisation and wellbeing as they go about their daily lives. Supporting all members of our community across all age groups, cultural values, family groupings, ability or disability, advantage or disadvantage, sexual orientation.

Indigenous Specific *

No

Coverage

Whole Region

No

SA3 Name	SA3 Code
Eyre Peninsula and South West	40601
Fleurieu - Kangaroo Island	40701
Adelaide Hills	40102



Activity Consultation and Collaboration

Consultation

All of the headspace satellites regularly visited, consulted and supported by Country SA PHN. Ongoing monitoring and discussions are undertaken to ensure that the services remain effective and efficient.

Country SA PHN is committed to working with lived experience representatives of mental ill-health and/or suicide, their families and carers, to embed lived experience knowledge as central to the design, planning, delivery and evaluation of services. Lived Experience Representatives are formally engaged to support the implementation of the Bilateral Schedule on Mental Health and Suicide Prevention: South Australia, and our broader mental health program activity.

Collaboration

Country SA PHN will collaborate with headspace National Office and Royal Flying Doctor Service as required. Country SA PHN will continue to have a relationship with lead agencies responsible for Flying headspace. By proxy of the consortia model, centres have a collaboration relationship with primary care, mental health, alcohol and drug and vocational services.



Activity Milestone Details/Duration

Activity Start Date

30/11/2019

Activity End Date

30/06/2025



Activity Commissioning

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

Not Yet Known: No

Continuing Service Provider / Contract Extension: Yes

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): No

Is this activity being co-designed?

Yes

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

Yes

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

No

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

No

Decommissioning

No

Decommissioning details?

Co-design or co-commissioning comments

Direct negotiation with current commissioned provider.

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

Yes



MH - 2700 - Expansion of regional headspace centres via upgrade of Port Lincoln Satellite to a full Centre



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

2700

Activity Title *

Expansion of regional headspace centres via upgrade of Port Lincoln Satellite to a full Centre

Existing, Modified or New Activity *

Modified



Activity Priorities and Description

Program Key Priority Area *

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

Aim of Activity *

Improve access to youth specific mental health care delivery particularly for young people on the Eyre Peninsula in line with headspace new service implementation guidelines.

Description of Activity *

Young people within Port Lincoln region will have enhanced access to headspace services with the upgrade to a full Centre.

Initial uplift within existing site to occur before December 2022 to meet 'full site' expectations with further activity to occur sourcing a new location for build or renovation longer term.

Needs Assessment Priorities ***Needs Assessment**

Country SA PHN-Needs Assessment 2025-2028 (Nov 2024)

Priorities

Priority	Page reference
Mental health services that are accessible to people living in rural and remote regions	187
Mental health services are accessible to support the wellbeing of children and youth	187



Activity Demographics

Target Population Cohort

Children and young people aged 12-25 with, or at risk of mental illness (including those with severe mental illness who are being managed in primary care), particularly young people requiring complex care in high need locations, such as rural South Australia.

Country SA PHN's consumer focus is translated through the experience and outcomes of consumers who live, work and play in communities across country South Australia. The consumer focus supports a holistic approach to services that takes consideration of multiple factors that may impact the ability of the individual, family or community to experience health optimisation and wellbeing as they go about their daily lives. Supporting all members of our community across all age groups, cultural values, family groupings, ability or disability, advantage or disadvantage, sexual orientation.

Country SA PHN is committed to working with lived experience representatives of mental ill-health and/or suicide, their families and carers, to embed lived experience knowledge as central to the design, planning, delivery and evaluation of services. Lived Experience Representatives are formally engaged to support the implementation of the Bilateral Schedule on Mental Health and Suicide Prevention: South Australia, and our broader mental health program activity.

Indigenous Specific *

No

Coverage

Whole Region

No

SA3 Name	SA3 Code
Eyre Peninsula and South West	40601



Activity Consultation and Collaboration

Consultation

Headspace Port Lincoln satellite site is regularly visited, consulted and supported by Country SA PHN. Ongoing monitoring and performance discussions are undertaken to ensure that the services remain effective and efficient, whilst meeting the need of the local area.

Collaboration

Country SA PHN will collaborate with headspace National and the lead agency in the establishment and implementation of this enhanced service, to ensure services meet the requirements of the headspace Trademark Licence Deed.

This Satellite is part of the Country SA PHN headspace network, along with 7 other headspace sites in the Country SA PHN region, the PHN facilitates 6 weekly community of practice and operations meetings.

By proxy of the consortia model, centres have a collaboration relationship with primary care, mental health, alcohol and drug and vocational services, this is further supported by Country SA PHN joint regional planning across these sectors.



Activity Milestone Details/Duration

Activity Start Date

01/07/2021

Activity End Date

30/06/2025



Activity Commissioning

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

Not Yet Known: No

Continuing Service Provider / Contract Extension: Yes

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): No

Is this activity being co-designed?

Yes

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

No

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

No

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

No

Decommissioning

No

Decommissioning details?

Co-design or co-commissioning comments

Work towards remodelling of existing providers within a new service model against Performance Based Commissioning (PBC) model and principles.

Future commissioning Strategy to be informed by Performance Based Commissioning (PBC) for 2023/24 - 2024/25 AWP to be updated at next opportunity reflective of any changes to market approach and service provider landscape

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

Yes



MH - 2800 - Flying headspace



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

2800

Activity Title *

Flying headspace

Existing, Modified or New Activity *

Existing



Activity Priorities and Description

Program Key Priority Area *

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

Aim of Activity *

Please note Flying headspace from 2025/26 is included within the overarching headspace AWP (MH 2100)

Sustainable continuation and expansion of the Flying headspace model beyond initial CHHP funding, to support young people aged 12 to 25 years and their families who require mental health services in locations where access to services is limited.

Provision of the mental health services to young people in very remote South Australia in line with the headspace service model.

Description of Activity *

Results expected to be achieved within planning period:

- Increase access to mental health supports for young people in very remote locations that have limited and/or no access to service
- Commission a range of outreach mental health services and supports, including assessment, intervention, referral, community engagement, community awareness, to remote South Australian communities, in line with the headspace model;
- Continue working with the Royal Flying Doctor Service to deliver this Activity in collaboration with headspace Port Augusta;
- Expand the existing Flying headspace initiative to service an additional 2 remote communities (resulting in 6 communities to be serviced) in South Australia;
- Deliver these services in partnership with community-based service providers, where possible, or coordinate telehealth arrangements to ensure patients receive culturally safe and ongoing support, where required;
- Focus on vulnerable youth population groups, including Aboriginal and Torres Strait Islander youth; and
- Consider and plan for the potential continuation and ongoing sustainability of this Activity after the conclusion of the funding period, using other funding available, such as Flexible funding, if in line with community need.

Needs Assessment Priorities *

Needs Assessment

Country SA PHN-Needs Assessment 2025-2028 (Nov 2024)

Priorities

Priority	Page reference
Mental health services that are accessible to people living in rural and remote regions	187
Mental health services are accessible to support the wellbeing of children and youth	187



Activity Demographics

Target Population Cohort

Children and young people aged 12-25 with, or at risk of mental illness (including those with severe mental illness who are being managed in primary care), particularly young people with more complex care needs, in high need locations.

Indigenous Specific *

No

Coverage

Whole Region

No

SA3 Name	SA3 Code
Outback - North and East	40602



Activity Consultation and Collaboration

Consultation

Ongoing monitoring and discussions occur with the commissioned service provider, Royal Flying Doctor Service and key stakeholders in the remote locations to ensure the service meet local needs and requirements.

Placed based consultation in remote service locations with community, elders and ACCHO's by the commissioned service provider regarding any service expansion or enhancement to service delivery.

Collaboration

Country SA PHN will collaborate with headspace National Office as required. Country SA PHN will continue to have a relationship with the lead agency responsible for this bespoke and remote service which is delivered in collaboration with transport partner Royal Flying Doctor Service. By proxy of the consortia model, centres have a collaboration relationship with primary care, mental health, alcohol and drug and vocational services in their service delivery locations.



Activity Milestone Details/Duration

Activity Start Date

01/07/2022

Activity End Date

30/06/2025



Activity Commissioning

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

Not Yet Known: No

Continuing Service Provider / Contract Extension: Yes

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): No

Is this activity being co-designed?

Yes

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

Yes

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

No

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

No

Decommissioning

No

Decommissioning details?

Co-design or co-commissioning comments

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

Yes



MH - 3100 - Continuation of commissioned activity for Psychological Therapy Services (PTS)



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

3100

Activity Title *

Continuation of commissioned activity for Psychological Therapy Services (PTS)

Existing, Modified or New Activity *

Modified



Activity Priorities and Description

Program Key Priority Area *

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

Aim of Activity *

This activity aims to address service gaps in the provision of psychological therapies (PTS) for people in rural and remote areas and other under-serviced and/or hard to reach populations via service continuation and stability within regional areas.

The 5 current providers of regional mental health services will continue to be commissioned to deliver PTS across the Country SA PHN region into the next reporting period pending review and approval of AWP.

Description of Activity *

Results expected to be achieved within planning period:

Continued access to short-term, structured psychological therapies and effective, low-no cost treatment for people across the spectrum of low, moderate, to severe mental health concerns who may not otherwise be able to access services across regional, rural and remote South Australia.

Needs Assessment Priorities ***Needs Assessment**

Country SA PHN-Needs Assessment 2025-2028 (Nov 2024)

Priorities

Priority	Page reference
Mental health services that are accessible to people living in rural and remote regions	187



Activity Demographics

Target Population Cohort

People in rural and remote areas and other under-serviced and/or hard to reach populations with mild, moderate, and in some cases severe mental health concerns, or to people who have attempted, or who are at risk of suicide or self-harm where access to other services is not appropriate.

In particular, population groups that may be underserved include (but are not limited to):

- People who are not able to access Medicare funded mental health services;
- People who are less able to pay fees;
- Carers with a diagnosis of mental illness;
- Culturally and linguistically diverse (CALD) communities;
- Aboriginal and Torres Strait Islander people;
- People who are experiencing, or are at risk of, homelessness;
- Children with or at risk of developing a mental disorder;
- People in remote locations;
- People who have self-harmed or attempted suicide or are at risk of suicide; and
- Women with perinatal depression.

Indigenous Specific *

No

Coverage

Whole Region

No

SA3 Name	SA3 Code
Gawler - Two Wells	40201
Lower North	40502
Yorke Peninsula	40504
Mid North	40503
Barossa	40501
Murray and Mallee	40703
Eyre Peninsula and South West	40601
Limestone Coast	40702
Outback - North and East	40602
Adelaide Hills	40102



Activity Consultation and Collaboration

Consultation

Country SA PHN commenced a review of its PTS program in early 2025 in consultation with its commissioned service providers and the update of the PTS Program Guideline, to promote accessibility and equity, best practice, and development of a multi-disciplinary clinical workforce.

The Medicare Mental Health Phone Service (formerly the Head to Health Assessment and Referral Phone Service) will be the main source of all referrals for PTS by 31 March 2025. This includes receipt and triage of MHTPs from GPs in country South Australia. Online information sessions facilitated by Country SA PHN with PTS commissioned service providers occurred in early 2025, detailing the changes and improvements in streamlining referral pathways for providers and consumers.

Development of waitlist management guideline underway in consultation with PTS commissioned service providers to promote consistency and in fostering a best-practice approach to demand management in PTS.

Country SA PHN continues to work collaboratively with six regional LHN's and conduct service mapping of core and commissioned services across both sectors utilising the IAR levels of care. Two service mapping roundtables were held in 2024 with Barossa Hills and Fleurieu LHN and Yorke and Northern LHN to identify:

- local service gaps;
- pressure points;
- points of intersection; and
- areas of opportunity to further collaborate.

Collaboration

Country SA PHN has ongoing commitments to consultation through our established Primary Health Network Community Advisory Committees, which cover much of our regional catchment including:

- Barossa Local Health Cluster
- Far West Local Health Cluster
- Fleurieu Region Community Services Advisory Committee
- Limestone Coast Community Service Round Table (LCCSRT)
- Lower Eyre Local Health Cluster
- Mid North Local Health Cluster
- Riverland Community Services Alliance
- Roxby Downs Community Board Health Forum
- Upper Eyre Local Health Cluster
- Yorke Peninsula Local Health Cluster

These Committees are essential to provide the community perspective to Country SA PHN and ensure that decisions, investments are innovations are patient centred, cost-effective, locally relevant and aligned to local care experiences and expectations.

Mental Health, Alcohol and Other Drug community consultations were conducted with both service providers and community members providing context to data already gathered through the literature.

Using the IAR levels of care approach Country SA PHN has directed all providers of psychological services to establish and formalise partnerships between organisations and services in their region to facilitate 'joined up' service provision, specifically between the:

- mental health sector;
- alcohol and other drugs sector;
- broader primary health care environment;
- acute services;
- community services;
- aged care services;
- child and youth services;
- social services;
- residential aged care facilities
- Aboriginal health services; and
- Local hospital networks.

The Medicare Mental Health Phone Service is a key stakeholder for implementing this activity and as the main source of referrals for all Country SA PHN primary mental healthcare services.

Country SA PHN continues to support GPs and general practice to employ the above strategy to support timely access and coordinated care.



Activity Milestone Details/Duration

Activity Start Date

30/06/2019

Activity End Date

30/06/2027



Activity Commissioning

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

Not Yet Known: No

Continuing Service Provider / Contract Extension: Yes

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): No

Is this activity being co-designed?

No

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

Yes

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

No

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

No

Decommissioning

No

Decommissioning details?

Co-design or co-commissioning comments

Commission Method:

3.1 - Contract and maintain service delivery with current PTS providers

3.2 – Direct approach to suitable provider

Work towards remodelling of existing providers within a new service model against Performance Based Commissioning (PBC) model and principles.

Future commissioning Strategy to be informed by Performance Based Commissioning (PBC) for 2023/24 - 2025/26 AWP to be updated at next opportunity reflective of any changes to market approach and service provider landscape.

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

Yes



MH - 3120 - Continuation of commissioned activity for Services for older people in RACFs



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

3120

Activity Title *

Continuation of commissioned activity for Services for older people in RACFs

Existing, Modified or New Activity *

Modified



Activity Priorities and Description

Program Key Priority Area *

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

Aim of Activity *

Commission evidence-based low and high intensity psychological therapy services (PTS) appropriate to the needs of older people within a stepped care approach, in partnership with RACFs, for residents with a diagnosed mental illness.

Description of Activity *

Continued delivery of PTS in RACFs across: Barossa & Gawler, Lower Fleurieu, Adelaide Hills, Upper Yorke Peninsula and Lower South East regions during 2024 - 2027 activity period.

Needs Assessment Priorities ***Needs Assessment**

Country SA PHN-Needs Assessment 2025-2028 (Nov 2024)

Priorities

Priority	Page reference
Mental health services that are accessible to people living in rural and remote regions	187



Activity Demographics

Target Population Cohort

People with a diagnosed mental illness who are residents of residential aged care. Services are expected to primarily target residents with mild to moderate symptoms of common mental illness. However, residents with severe mental illness who are not more appropriately managed by a State or Territory Government Older Persons Mental Health Service, and who would benefit from psychological therapy are not excluded from the measure and may be a target group.

Services may also target people who are assessed as at risk of mental illness. The 'at risk' group is defined for this measure as individuals who are experiencing early symptoms and are assessed as at risk of developing a diagnosable mental illness over the following 12 months if they do not receive appropriate and timely services.

Indigenous Specific *

No

Coverage

Whole Region

No

SA3 Name	SA3 Code
Barossa	40501
Murray and Mallee	40703
Limestone Coast	40702
Adelaide Hills	40102



Activity Consultation and Collaboration

Consultation

Country SA PHN has ongoing commitments to consultation through our established Primary Health Network Community Advisory Committees, which cover much of our regional catchment including:

- Barossa Local Health Cluster
- Far West Local Health Cluster
- Fleurieu Region Community Services Advisory Committee
- Limestone Coast Community Service Round Table
- Lower Eyre Local Health Cluster
- Mid North Local Health Cluster
- Riverland Community Services Alliance
- Roxby Downs Community Board Health Forum
- Upper Eyre Local Health Cluster
- Yorke Peninsula Local Health Cluster

These Committees are essential to provide the community perspective to Country SA PHN and ensure that decisions, investments are innovations are patient centred, cost-effective, locally relevant and aligned to local care experiences and expectations.

Mental Health, Alcohol and Other Drug community consultations were conducted with both service providers and community members providing context to data already gathered through the literature.

Country SA PHN continues to work collaboratively with six regional LHN's and conduct service mapping of core and commissioned services across both sectors utilising the IAR levels of care.

Two service mapping roundtables were held in 2023 with BHFLHN and YNLHN to identify:

- local service gaps;
- pressure points;
- points of intersection; and
- areas of opportunity to further collaborate.

Collaboration

Using the IAR levels of care approach Country SA PHN has directed all providers of psychological services to establish and formalise partnerships between organisations and services in their region to facilitate 'joined up' service provision, specifically between the:

- mental health sector;
- alcohol and other drugs sector;
- broader primary health care environment;
- acute services;
- community services;
- aged care services;
- child and youth services;
- social services;
- residential aged care facilities
- Aboriginal health services; and
- Local hospital networks.

The Medicare Mental Health Phone Service (formerly the Head to Health Assessment and Referral Phone Service) will be the main source of all referrals for PTS by 31 March 2025. This includes receipt and triage of MHTPs from GPs in country South Australia. Online information sessions facilitated by Country SA PHN with PTS commissioned service providers occurred in early 2025, detailing the changes and improvements in streamlining referral pathways for providers and consumers.

Development of waitlist management guideline underway and currently consultation with PTS commissioned service providers to promote consistency and in fostering a best-practice approach to demand management in PTS.



Activity Milestone Details/Duration

Activity Start Date

30/06/2019

Activity End Date

30/06/2027



Activity Commissioning

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

Not Yet Known: No

Continuing Service Provider / Contract Extension: No

Direct Engagement: Yes

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): No

Is this activity being co-designed?

No

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

Yes

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

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

No

Decommissioning

No

Decommissioning details?

Co-design or co-commissioning comments

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

Yes



MH - 4100 - Continuation of commissioned activity for Triple C



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

4100

Activity Title *

Continuation of commissioned activity for Triple C

Existing, Modified or New Activity *

Existing



Activity Priorities and Description

Program Key Priority Area *

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

Aim of Activity *

Country SA PHN will continue the commissioning of the Triple C (Clinical Care and Coordination) Program that provides mental health services and support to people with severe and complex mental illness across multiple locations in Country SA with an aim of:

- improve access to adequate level of primary mental health care intervention to maximise recovery and prevent escalation; and
- provide wrap-around coordinated care for people with complex needs.

Description of Activity *

Results expected to be achieved within planning period Targeted and appropriate mental health services continue to be provided to support people with severe and complex mental illness across Country SA

In order achieve the primary goals of the Triple C program, providers must perform the following objectives of the program:

- Provide clinical mental health services to support the needs of people with severe and complex mental illness who are best managed in primary health care
- Improve care by providing service coordination, regular follow up and review, access to support and compliance with treatment plans
- Promote the use of a single multiagency care plan to help link providers across multiple services involved in an individual's care
- Ensure that referral pathways are in place to enable and support clients to seamlessly transition between services as their needs change
- Contribute to addressing the physical health inequities of individuals with severe mental illness within the region
- Support GPs in their key role in assessment and support engagement between GPs and Psychiatrists where required

- Support step up/step down and post discharge activities with state funded Local Hospital Network (LHN) mental health services
- Coordinate support between GPs, state funded LHN and national NDIS assessment and referral to help match people to the service pathway which best meets their needs
- Support clients to effectively manage their symptoms and avoid unnecessary hospitalisation
- Support general practitioners and their patients with severe mental illness who can most appropriately be managed in primary care settings (i.e., individuals who do not require more specialised and intensive service delivery within the state and territory managed specialised mental health system).

Needs Assessment Priorities *

Needs Assessment

Country SA PHN-Needs Assessment 2025-2028 (Nov 2024)

Priorities

Priority	Page reference
Access to psychosocial support services for people with severe and complex mental health needs	187
Integrated mental health services and systems for coordinated care across the health and social sector	188



Activity Demographics

Target Population Cohort

People 18-65 years with severe and complex mental illness who can most appropriately be managed in primary care settings and are residing in the following LGA regions:

- Barossa
- Berri
- Barmera
- Clare and Gilbert Valleys
- Copper Coast
- Lower Eyre
- Mount Barker
- Mount Gambier
- Naracoorte
- Lucindale
- Port Lincoln
- Outback Areas

Indigenous Specific *

No

Coverage

Whole Region

No

SA3 Name	SA3 Code
Lower North	40502
Yorke Peninsula	40504
Barossa	40501
Murray and Mallee	40703
Eyre Peninsula and South West	40601
Limestone Coast	40702
Outback - North and East	40602
Adelaide Hills	40102



Activity Consultation and Collaboration

Consultation

Collaboration with existing and new providers of the program will continue, these are:

- Sonder Care
- Murray Mallee GP Network
- FocusOne Health
- Neami

Country SA PHN has undertaken a wide range of stakeholder consultation and engagement activities to support the provision of mental health services for people with severe and complex mental illness in the Country SA across jurisdictions.

Country SA PHN's consumer focus is translated through the experience and outcomes of consumers who live, work and play in communities across country South Australia. The consumer focus supports a holistic approach to services that takes consideration of multiple factors that may impact the ability of the individual, family or community to experience health optimisation and wellbeing as they go about their daily lives. Supporting all members of our community; across all age groups, cultural values, family groupings, ability or disability, advantage or disadvantage, and sexual orientation.

Country SA PHN is committed to working with lived experience representatives of mental ill-health and/or suicide, their families and carers, to embed lived experience knowledge as central to the design, planning, delivery and evaluation of services. Lived Experience Representatives are formally engaged to support the implementation of the Bilateral Schedule on Mental Health and Suicide Prevention: South Australia, and our broader mental health program activity.

Collaboration

Country SA PHN maintains a strong relationship with 6 regional LHN's and the local mental health teams within. Established goals between the PHN and LHN's to collaboratively work together regarding co commissioning opportunities, stepped carer ideology and workforce retention.

Continued engagement with key primary care services, public and private hospitals, General Practitioner clinics, Aboriginal Community Controlled Health Services and non-Government and community organisations including consumer and carer representative groups or lived experience representatives.

Key Stakeholders, include but not limited to:

6 X Regional LHN's
 Mental Health Coalition of SA
 10 x ACCHO's
 SA Dept for Health and Wellbeing
 Office of the Chief Psychiatrist



Activity Milestone Details/Duration

Activity Start Date

01/07/2021

Activity End Date

30/06/2027



Activity Commissioning

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

Not Yet Known: No

Continuing Service Provider / Contract Extension: No

Direct Engagement: No

Open Tender: Yes

Expression Of Interest (EOI): No

Other Approach (please provide details): No

Is this activity being co-designed?

Yes

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

Yes

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

No

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

No

Decommissioning

No

Decommissioning details?

Co-design or co-commissioning comments

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

Yes



MH - 5100 - Continuation of commissioned activity for Aboriginal & Torres Strait Islander SP



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

5100

Activity Title *

Continuation of commissioned activity for Aboriginal & Torres Strait Islander SP

Existing, Modified or New Activity *

Existing



Activity Priorities and Description

Program Key Priority Area *

Mental Health Priority Area 5: Community based suicide prevention activities

Aim of Activity *

5.1 Increase the number of at risk Aboriginal and Torres Strait Islander clients accessing linked up and integrated services.

Increase the number of suicide prevention education and community activities

5.2 Continue to fund community-based suicide prevention activities inclusive of post suicide attempt discharge support services.

Maintain service delivery through integrated and systems-based approach in partnerships with LHNs, key stakeholders and local organisations.

Increased access to services for individuals following a recent suicide attempt inclusive of coordinated discharge planning and care coordination.

Description of Activity *

5.1 Results expected to be achieved within planning period

- Culturally appropriate face to face support for those at risk of or impacted by suicide or suicide attempt.
- Community capacity building and evidence based suicide prevention training
- Creating systems based on regional approaches inclusive of community based and led activities in suicide prevention.

5.2 Results expected to be achieved within planning period

- Aftercare service delivery, rapid and assertive support for people post discharge following a suicide attempt
- Face to face support and brief intervention therapy for up to 3 months after a suicide attempt

- Improved patient journey through escalation and de-escalation of severity within the stepped care model, especially within the context of a recent suicide attempt and joined up services with coordinated discharge planning.

Needs Assessment Priorities *

Needs Assessment

Country SA PHN-Needs Assessment 2025-2028 (Nov 2024)

Priorities

Priority	Page reference
Access to suicide prevention services and support for people experiencing suicidal distress and or crisis.	189
Access to responsive and appropriate mental health services	188



Activity Demographics

Target Population Cohort

Individuals and groups at risk of suicide targeting but not exclusive to:

- Aboriginal and Torres Strait Islander communities that are at high risk of suicide;
- Individuals after a suicide attempt.

Regional coverage:

5.1 LGA regions - Port Augusta and Whyalla

5.2 LGA regions - Mount Barker and Strathalbyn

Indigenous Specific *

Yes

Indigenous Specific Comments

Indigenous specific:

Activity 5.1: Yes; Service provider will deliver a service high in both cultural competencies and clinical governance. They will develop and or support an Aboriginal and Torres Strait Islander lived experience reference group, whom will advise the provider.

Activity 5.2: No

Coverage

Whole Region

No

SA3 Name	SA3 Code
Eyre Peninsula and South West	40601
Outback - North and East	40602
Fleurieu - Kangaroo Island	40701
Adelaide Hills	40102



Activity Consultation and Collaboration

Consultation

Country SA PHN has engaged with over 500 individuals face to face from regional and rural communities, undertook the largest placed based regional consultation across 2019 - 2022 gathering information to support implementation of a systems approach to suicide in regional SA. Additionally, Country SA PHN lead and or funded 78 community events and approx. 4563 people attended evidenced based training and capacity building opportunities. We continue to build on these regional consultations, which continues to inform Country SA PHN's suicide prevention initiatives.

Country SA PHN continues to engage in ongoing consultations and collaborative practice workshops with Adelaide PHN, Country Health SA, SA Health, ACCHO's, SA Suicide Prevention Networks, SA Department of Health and Wellbeing and SA Healths Preventive Health SA, The Office of the Chief Psychiatrist and Suicide Prevention Australia.

Country SA PHN collaborates with regional Suicide Prevention Networks and supports the work of the Networks strategic planning activity where appropriate.

Country SA PHN has ongoing commitments to consultation through our established Primary Health Network Community Advisory Committees, which cover much of our regional catchment including:

- Barossa Local Health Cluster
- Far West Local Health Cluster
- Fleurieu Region Community Services Advisory Committee
- Limestone Coast Community Service Round Table
- Lower Eyre Local Health Cluster
- Mid North Local Health Cluster
- Riverland Community Services Alliance
- Roxby Downs Community Board Health Forum
- Upper Eyre Local Health Cluster
- Yorke Peninsula Local Health Cluster

These Committees are essential to provide the community perspective to Country SA PHN and ensure that decisions, investments are innovations are client centred, cost-effective, locally relevant and aligned to local care experiences and expectations.

These Committees are essential to provide the community perspective to Country SA PHN and ensure that decisions, investments are innovations are client centred, cost-effective, locally relevant and aligned to local care experiences and expectations. The Suicide Prevention Regional Response Coordinator has engaged with a number of these committees during 2023/24.

In addition, Country SA PHN collaborates and connects with:

- Lived experienced representatives
- the National Aboriginal Community Controlled Health Organisation's Culture Care Connect Program
- regional Suicide Prevention Networks and community of practice events, and participates in the suicide prevention capacity building program, which provides expert research, evidence, and implementation support to communities across Australia
- local Government to support the operationalisation of their Public Health Plans that relate to Mental Health and Suicide Prevention and State Government Agencies in the development of their Suicide Prevention Plans prescribed by the Suicide Prevention Act 2021
- non-government organisations that support groups identified at greater risk of suicide and/or provide services that support psychosocial risk factors that are evidenced in the ABS Cause of Death Data release

Collaboration

Collaborate closely with current commissioned service providers, ACCHO's and their communities.

Using the IAR levels of care approach Country SA PHN has directed all providers of suicide prevention services to establish and formalise partnerships between organisations and services in their region to facilitate 'joined up' service provision, specifically between the:

- mental health sector;
- alcohol and other drugs sector;
- broader primary health care environment;
- acute services;
- community services;
- aged care services;
- child and youth services;
- social services;
- residential aged care facilities
- Aboriginal health services; and
- Local hospital networks.

Country SA PHN has representation on state and national advisory groups such as:

- The Council on Suicide Prevention, SA Government, as prescribed in the SA Suicide Prevention Act 2021
- SA Postvention Advisory group – StandBy Response
- Everymind - Life in Mind National Communications Charter
- SA Department of Health and Wellbeing - Aboriginal and Torres Strait Islander Mental Health and Suicide Prevention Committee

Maintain ongoing formal communication and collaboration with the Office of the Chief Psychiatrist, SA Health and Preventative Health SA to support the operationalisation of the Suicide Prevention Act 2021.

Country SA PHN commissioning activity will support the integrity and priority areas of the South Australian Suicide Prevention Plan 2023 – 2026, Local Regional Public Health Plans that relate to Suicide Prevention and State Government Agency Suicide Prevention Plans developed as prescribed in the Suicide Prevention Act 2021.



Activity Milestone Details/Duration

Activity Start Date

30/06/2019

Activity End Date

30/06/2027



Activity Commissioning

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

Not Yet Known: No

Continuing Service Provider / Contract Extension: Yes

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): No

Is this activity being co-designed?

No

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

Yes

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

No

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

No

Decommissioning

No

Decommissioning details?

Co-design or co-commissioning comments

Work towards remodelling of existing providers within a new service model against Performance Based Commissioning (PBC) model and principles.

Future commissioning Strategy to be informed by Performance Based Commissioning (PBC) for 2023/24 - 2025/26

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

Yes



MH - 5200 - Targeted Regional Initiatives for Suicide Prevention



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

5200

Activity Title *

Targeted Regional Initiatives for Suicide Prevention

Existing, Modified or New Activity *

Existing



Activity Priorities and Description

Program Key Priority Area *

Mental Health Priority Area 5: Community based suicide prevention activities

Aim of Activity *

Commission Targeted Regional Initiatives for Suicide Prevention adopting a community-led and systems-based approach to suicide prevention targeting populations identified at risk of suicide or suicidal distress.

Description of Activity *

Commission and/or adapt services, activities and education/training packages to build capacity and reduce stigma for at-risk cohorts in the community to identify and respond early to suicide distress inclusive of:

- Offering support via multiple channels including online, telephone, videoconference and face to face to meet community needs.
- Peer support and mentorship programs for people at risk or impacted by suicide.
- Improve care coordination and service pathways for people at risk of and/or bereaved by suicide.
- Engaging a full-time equivalent Suicide Prevention Regional Response Coordinator who will take primary responsibility for engagement, coordination and integration of early intervention and suicide prevention activities across regional stakeholders and service providers.

Targeted Regional Initiatives for Suicide Prevention commenced in 2023/24 and is extending service delivery into 2025/26 with activity funds that remain unexpended as part of a financial year operations 2024/25 streamlined carryover.

Targeted Regional Initiatives for Suicide Prevention service delivery will be reviewed during 2025/26 and decommissioning will occur where required, due to this ceasing funding source.

Needs Assessment Priorities *

Needs Assessment

Country SA PHN-Needs Assessment 2025-2028 (Nov 2024)

Priorities

Priority	Page reference
Early intervention and prevention mental health services that are accessible for rural and remote populations	187
Access to suicide prevention services and support for people experiencing suicidal distress and or crisis.	189



Activity Demographics

Target Population Cohort

Individuals and groups at risk of suicide targeting but not exclusive to:

- Aboriginal and Torres Strait Islander communities that are at high risk of suicide;
- Individuals after a suicide attempt.

Indigenous Specific *

No

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

Country SA PHN has engaged with over 500 individuals face to face from regional and rural communities, undertook the largest placed based regional consultation across 2019 - 2022 gathering information to support implementation of a systems approach to suicide in regional SA. Additionally, Country SA PHN lead and or funded 78 community events and approx. 4563 people attended evidenced based training and capacity building opportunities. We continue to build on these regional consultations, which continues to inform Country SA PHN's suicide prevention initiatives.

Country SA PHN continues to engage in ongoing consultations and collaborative practice workshops with Adelaide PHN, ACCHO's, SA Suicide Prevention Networks, SA Department of Health and Wellbeing and Preventive Health SA, The Office of the Chief Psychiatrist, Suicide Prevention Australia and Standby Support After Suicide.

Country SA PHN collaborates with regional Suicide Prevention Networks and supports the work of the Networks strategic planning activity where appropriate.

Country SA PHN has ongoing commitments to consultation through our established Primary Health Network Community Advisory Committees, which cover much of our regional catchment including:

- Barossa Local Health Cluster
- Far West Local Health Cluster
- Fleurieu Region Community Services Advisory Committee

- Limestone Coast Community Service Round Table
- Lower Eyre Local Health Cluster
- Mid North Local Health Cluster
- Riverland Community Services Alliance
- Roxby Downs Community Board Health Forum
- Upper Eyre Local Health Cluster
- Yorke Peninsula Local Health Cluster

These Committees are essential to provide the community perspective to Country SA PHN and ensure that decisions, investments and innovations are client centred, cost-effective, locally relevant and aligned to local care experiences and expectations. The Suicide Prevention Regional Response Coordinator has engaged with a number of these committees during 2023/24.

In addition, Country SA PHN collaborates and connects with:

- Lived experienced representatives
- the National Aboriginal Community Controlled Health Organisation's Culture Care Connect Program
- regional Suicide Prevention Networks and community of practice events, and participates in the suicide prevention capacity building program, which provides expert research, evidence, and implementation support to communities across Australia
- local Government to support the operationalisation of their Public Health Plans that relate to Mental Health and Suicide Prevention and State Government Agencies in the development of their Suicide Prevention Plans prescribed by the Suicide Prevention Act 2021
- non-government organisations that support groups identified at greater risk of suicide and/or provide services that support psychosocial risk factors that are evidenced in the ABS Cause of Death Data release

Collaboration

Using the IAR levels of care approach Country SA PHN has directed all providers of suicide prevention services to establish and formalise partnerships between organisations and services in their region to facilitate 'joined up' service provision, specifically between the:

- mental health sector;
- alcohol and other drugs sector;
- broader primary health care environment;
- acute services;
- community services;
- aged care services;
- child and youth services;
- social services;
- residential aged care facilities
- Aboriginal health services; and
- Local hospital networks.

Country SA PHN has representation on state and national advisory groups such as:

- SA Postvention Advisory group – StandBy Response
- Everymind - Life in Mind National Communications Charter
- Suicide Prevention Australia, State Committee
- Council on Suicide Prevention, SA Government, as prescribed under the SA Suicide Prevention Act 2021

Maintain ongoing formal communication and collaboration with the Office of the Chief Psychiatrist, SA Health and Preventative Health SA to support the operationalisation of the Suicide Prevention Act 2021.

Country SA PHN commissioning activity will support the integrity and priority areas of the South Australian Suicide Prevention Plan 2023 – 2026, Local Regional Public Health Plans that relate to Suicide Prevention and State Government Agency Suicide Prevention Plans developed as prescribed in the Suicide Prevention Act 2021.



Activity Milestone Details/Duration

Activity Start Date

01/07/2022

Activity End Date

30/06/2026

Service Delivery Start Date

1/07/2023

Service Delivery End Date

30/06/2026



Activity Commissioning

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

Not Yet Known: Yes

Continuing Service Provider / Contract Extension: Yes

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): No

Is this activity being co-designed?

Yes

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

Yes

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

No

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

No

Decommissioning

No

Decommissioning details?

Co-design or co-commissioning comments

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

Yes



MH - 6100 - Continuation of commissioned activity for Aboriginal and Torres Strait Islander MH



Activity Metadata

Applicable Schedule *

Primary Mental Health Care

Activity Prefix *

MH

Activity Number *

6100

Activity Title *

Continuation of commissioned activity for Aboriginal and Torres Strait Islander MH

Existing, Modified or New Activity *

Existing



Activity Priorities and Description

Program Key Priority Area *

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

Aim of Activity *

6.1 Work collaboratively with regional Aboriginal Community Controlled Organisations and communities to identify shortcomings and develop potential strategies to better support local Aboriginal specific organisations to tender and provide commissioned services to communities across the region.

6.2 Continuation of ACCHO commissioned dual focussed Mental Health and Drug and Alcohol Comorbidity programs ensuring clients with mental illness and substance abuse disorders presenting with co-morbidities receive a culturally appropriate integrated and coordinated service for their needs.

Description of Activity *

Describe the activity, including what work will be undertaken, and how the activity and/or services will be delivered.

6.1 Results expected to be achieved within planning period

- Continue to work towards increasing a level of trust and reassurance with communities and key stakeholders local Aboriginal communities have a voice during delivery and development of new and existing services.
- Evidence of improvements in connection of Aboriginal clients to all relevant service providers and services.

6.2 Results expected to be achieved within planning period

- Service continuation and stability while ongoing federal funding is debated.

Needs Assessment Priorities *

Needs Assessment

Country SA PHN-Needs Assessment 2025-2028 (Nov 2024)

Priorities

Priority	Page reference
Mental health services that are accessible to people living in rural and remote regions	187
Culturally appropriate health services	183



Activity Demographics

Target Population Cohort

Aboriginal and Torres Strait Islander people across the CSAPHN region

- Regional coverage:
- LGA Regions -
 - Berri - Berri Barmera
 - Cooper Pedy
 - Elliston
 - Lower Eyre
 - Mount Gambier
 - Outback Areas
 - Port Augusta
 - Streaky Bay
 - Whyalla

Country SA PHN's consumer focus is translated through the experience and outcomes of consumers who live, work and play in communities across country South Australia. The consumer focus supports a holistic approach to services that takes consideration of multiple factors that may impact the ability of the individual, family or community to experience health optimisation and wellbeing as they go about their daily lives. Supporting all members of our community across all age groups, cultural values, family groupings, ability or disability, advantage or disadvantage, sexual orientation.

Indigenous Specific *

Yes

Indigenous Specific Comments

6.1 Engagement with Aboriginal & Torres Strait Islander service providers is often face to face and following a direct invitation to the organisation or community.

Coverage

Whole Region

No

SA3 Name	SA3 Code
Murray and Mallee	40703
Limestone Coast	40702
Outback - North and East	40602



Activity Consultation and Collaboration

Consultation

Consultation with ACCHOS enables the delivering a culturally safe and appropriate services to their local indigenous communities. A commitment to further consultation, co-design and collaboration with peak bodies Aboriginal Drug and Alcohol Council (SA) Aboriginal Corporation (ADAC) and Aboriginal Health Council of South Australia (AHCSA) are part of ongoing activities.

CSAPHN abides to the following principles when engaging with Aboriginal and Torres Strait Islander peoples:

- Recognition and regard for Aboriginal and Torres Strait Islander peoples' rights
- Respect for Aboriginal and Torres Strait Islander peoples culture and difference, particularly decision-making processes
- Ensure Aboriginal and Torres Strait Islander peoples' free, prior and informed consent.

CSAPHN has ongoing commitments to consultation through our established Primary Health Care Committees, which cover much of our regional catchment including:

- Barossa Local Health Cluster
- Far West Local Health Cluster
- Fleurieu Region Community Services Advisory Committee
- Limestone Coast Community Service Round Table (LCCSRT)
- Lower Eyre Local Health Cluster
- Mid North Local Health Cluster
- Riverland Community Services Alliance
- Roxby Downs Community Board Health Forum
- Upper Eyre Local Health Cluster
- Yorke Peninsula Local Health Cluster

These Committees are essential to provide the community perspective to Country SA PHN and ensure that decisions, investments are innovations are patient centred, cost-effective, locally relevant and aligned to local care experiences and expectations.

Collaboration

6.1 & 6.2

Using the IAR levels of care approach Country SA PHN has directed all providers of psychological services to establish and formalise partnerships between organisations and services in their region to facilitate 'joined up' service provision, specifically between the:

- mental health sector
- alcohol and other drugs sector
- broader primary health care environment
- acute services
- community services
- aged care services
- child and youth services
- social services
- Aboriginal health services

All service providers commissioned must develop and enhance their service delivery models that:

- Incorporate and formalise effective mechanisms to enable appropriate clinical handover of an individual's care.
- Ensure an individual's transition through the steps of care are seamless and appropriate.
- Have systems in place to support the integration and coordination of services.
- Support referrers, in particular General Practice, to ensure individuals are appropriately triaged to the most suitable "stepped-level" of treatment available.
- Support referrers, in particular General Practice, to ensure individuals are jointly monitored to determine the selected treatment effectiveness and further care decisions.
- Interact with the broader social services sector.
- Engage with the local health networks and acute sector.



Activity Milestone Details/Duration

Activity Start Date

30/06/2019

Activity End Date

30/06/2026



Activity Commissioning

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

Not Yet Known: No

Continuing Service Provider / Contract Extension: Yes

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): No

Is this activity being co-designed?

Yes

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

Yes

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

No

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

No

Decommissioning

No

Co-design or co-commissioning comments

Work towards remodelling of existing providers within a new service model against Performance Based Commissioning (PBC) model and principles.

Future commissioning Strategy to be informed by Performance Based Commissioning (PBC) for 2023/24 - 2024/25 AWP to be updated at next opportunity reflective of any changes to market approach and service provider landscape.

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

Yes
