

Question	Response
<p>15 months is not a long time, particularly in relation to the last two outcome areas that you want to see around organisational, workforce and system changes. Getting hospitals to talk to you in three months is an achievement, so can you just give a bit more detail in terms of what your expectations would be in that space?</p>	<p>That time frame is tied to our funding agreement with the Commonwealth and also to arrangements with the State. We are unable to commit to ongoing funding until we have our deed in place with the Commonwealth. Expectations are that the service is established, that service delivery is occurring, that relationships are established and that work on pathways has commenced.</p> <p>The other thing to mention is that we are in the process of developing a Regional Integrated Mental Health, Alcohol and Other Drug (AOD) and Suicide Prevention Plan. As part of that, there have already been discussions with Local Hospital Networks (LHNs), with a focus on suicide prevention, so some of the groundwork for the provider/s has already been started. We see the work of the successful provider/s as feeding into that planning process. This gives us a great opportunity to have a more systematic response to Suicide Prevention across our catchment.</p>
<p>Curious to think about demand management in the regions other than the two that have a larger piece of the pie and how an organisation would respond to a demand that we weren't able to meet with the resource that's available during the 15 month period. It's just such a big catchment area and such a small amount of money to cover the rest of the regions.</p>	<p>We have asked that providers propose their strategies for managing the demand, and bear in mind that there are other services that work within the suicide prevention space as well. It will be about creating connections and linkages with stepped care model and other providers to manage the demand. We acknowledge that it is a large catchment for the available funding. There are however a lot of organisations funded to deliver different things within the suicide prevention space. We would see that the successful provider/s establish relationships with the current service sector for a more systematic response. The other thing to remember is that we have provided indicative numbers in the RFT and we will review these numbers on a regular basis. If you find that you have demand management issues, that's something that we can look at together and work through together. It's an emerging space and we can only start to put those processes and activities into place and work from there. The innovation creates the uncertainty but that's part of the process in itself.</p>
<p>You mentioned, obviously the integration with stepped care providers. There are three providers in three tranches. The InnoWell trial or project – is that in your thinking, about integrating that in here in any way?</p>	<p>We haven't progressed, in relation to this trial, to a point where it factors in this RFT.</p>
<p>Indigenous populations as you've highlighted have much higher levels of suicidality and self-harm. There's a fair bit of activity we're aware of that's going on in that space collectively with PHNs, VAHS and so on. Where does that sit here? Is that part and parcel or</p>	<p>PHNs receive a very small amount of funding that is directly allocated for work with Aboriginal and Torres Strait Islander population groups. We have continued to quarantine that funding for work that is specific to Aboriginal organisations and in the short term we would continue those arrangements. However, not all Aboriginal people will access services through</p>

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is it part of the understanding that we're not duplicating what's happening in that space?	<p>specific Aboriginal organisations so we need a cultural sensitivity lens across whatever is delivered.</p> <p>Note also that the place-based funding creates some opportunities. The City of Whittlesea has a high Aboriginal population so there is a possibility to target some innovation or strategies within that context, in that specific area.</p> <p>As part of that we would want to see a strong connection with Aboriginal communities and organisations in particular parts of the catchment.</p>