

# Eastern Melbourne - Primary Mental Health Care

## 2022/23 - 2026/27

### Activity Summary View



## MH-H2H - 1 - Head to Health: Intake and Assessment Phone Service FY22/23 - 25/26



### Activity Metadata

#### Applicable Schedule \*

Primary Mental Health Care

#### Activity Prefix \*

MH-H2H

#### Activity Number \*

1

#### Activity Title \*

Head to Health: Intake and Assessment Phone Service FY22/23 - 25/26

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

Existing



### Activity Priorities and Description

#### Program Key Priority Area \*

Mental Health Priority Area 7: Stepped care approach

#### Other Program Key Priority Area Description

#### Aim of Activity \*

- Improved health outcomes and experience for consumers and their families seeking to access mental health support
- Improvement in the health care system: Improved system efficiency, through improved access, integrated and collaborative care, and seeking to improved consumer experience.
- Improved referral pathways and consumer journeys, and through the use of the Intake Assessment & Referral – Decision & Support tool (IAR-DST) as an evidenced based, standardised too.

#### Description of Activity \*

The 'HeadtoHelp' Service was launched in Victoria in September 2020 at a time when Victoria was particularly impacted by the COVID-19 pandemic. In readiness for a national roll out- the Service was rebranded as Head to Health.

The Head to Health phone service, is free to all Victorians – and operates via a centralised free call 1800 number – the person is prompted to enter their state, and postcode, and they are then routed to their local PHN intake service.

EMPHN opted to keep this service in-house whilst establishing

The service provides:

A telephone service to assist in the support, navigation and understanding of the service system for consumers, carers, General Practitioners and other referrers in the community.

Centralised point of intake to EMPHN's commissioned MH & AOD services

The service is staffed with mental health clinicians and practitioners who are knowledgeable about the broader service system accessible within the catchment, and can support to navigate consumers to appropriate pathways based on their specific needs.

The service is enabled by establishing referral pathways with partner agencies to ensure a streamlined process for consumers being navigated to alternate services.

The introduction of the Head to Health service has allowed the PHN's to deliver on the Commonwealth's aim of the utilisation of the Initial Assessment and Referral- Decision Support Tool (IAR-DST) which will highlights presenting need, the level of people would be best suited to based on their need, acuity, risk and preferences.

## Needs Assessment Priorities \*

### Needs Assessment

EMPHN Health Needs Assessment 2021

#### Priorities

Priority	Page reference
Health outcomes for people who identify as Aboriginal and Torres Strait Islander peoples	p81
Addressing increasing prevalence of use of Alcohol and other drugs	p83
Increase uptake of digital health	p83
Declining workforce and increased pressures on workforce due to pandemic	p84
Addressing Mental Health and Suicide prevention challenges	p84



### Activity Demographics

#### Target Population Cohort

People of all ages who reside, work or study in the Catchment, who require support to access services for their mental health, or other community services that impact on improved mental health, such as housing or financial support.

#### In Scope AOD Treatment Type \*

**Indigenous Specific \***

No

**Indigenous Specific Comments****Coverage****Whole Region**

Yes

**Activity Consultation and Collaboration****Consultation**

has adopted the International Association for Public Participation (IAP2) framework to inform how consumers, clinicians, service providers, peak bodies and other interested parties can work together to inform PHN activities, including (but not limited to) commissioned services and other support activities. IAP2 methods legitimise differing levels of participation dependent on the goals, timeframes, resources and levels of concern in the decision to be made. At EMPHN consultation is the minimum threshold for engagement. This will occur via relevant committees, such as the Clinical Council and Consumer Advisory Committee, and through other groups and mechanisms as appropriate.

**Collaboration**

As noted, EMPHN has adopted the IAP2 framework to inform stakeholder participation. Wherever possible, EMPHN will attempt to work with consumers, clinicians and other stakeholders throughout more elaborate participation levels, such as involvement, collaboration and empowerment. EMPHN has mapped a range of workflows and processes that support bringing stakeholders into the processes of needs assessments, topic prioritisation, design, and evaluation planning. EMPHN consider that the shared construction and interpretation of complex health problems with stakeholders creates stronger and more effective interventions. Culturally informed consultation will be engaged to ensure that collaboration is culturally safe and trauma informed.

**Activity Milestone Details/Duration****Activity Start Date**

30/07/2020

**Activity End Date**

29/06/2023

**Service Delivery Start Date**

09/2020

**Service Delivery End Date**

30/06/2023 with indication of ongoing funding

**Other Relevant Milestones**



## 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



## Activity Planned Expenditure

### Planned Expenditure

Funding Stream	FY 22 23	FY 23 24	FY 24 25	FY 25 26	FY 26 27
H2H Intake and Assessment Phone Service	\$635,600.00	\$0.00	\$0.00	\$0.00	\$0.00

### Totals

Funding Stream	FY 22 23	FY 23 24	FY 24 25	FY 25 26	FY 26 27	Total
H2H Intake and Assessment Phone Service	\$635,600.00	\$0.00	\$0.00	\$0.00	\$0.00	\$635,600.00
Total	\$635,600.00	\$0.00	\$0.00	\$0.00	\$0.00	\$635,600.00

### Funding From Other Sources - Financial Details

### Funding From Other Sources - Organisational Details



### Summary of activity changes for Department

### Activity Status

Ready for Submission



## MH - 1 - Headspace FY22/23 - 25/26



### Activity Metadata

**Applicable Schedule \***

Primary Mental Health Care

**Activity Prefix \***

MH

**Activity Number \***

1

**Activity Title \***

Headspace FY22/23 - 25/26

**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

**Other Program Key Priority Area Description****Aim of Activity \***

The aim of this activity is to provide early identification and intervention and holistic care for young people aged 12 to 25 years, including improving care pathways and service integration for young people and their families.

**Description of Activity \***

1. Provision of brief intervention, holistic support to young people across the region out of service centres in Greensborough, Knox, Hawthorn, and Syndal, with satellites in Plenty Valley and Lilydale. In addition, outreach and collaborative arrangements (with local services) are provided to other and harder to reach areas of the catchment.
2. Therapeutic support is offered through a range of tailored service offerings including single session, family therapy, group work, peer work and up to 20 individual sessions of psychological intervention. Face to face and online/telehealth options are available.
3. Service delivery occurs within an integrated, care team approach with co-located allied health, secondary and tertiary services, stepped care and youth hubs.
4. Commissioning and implementation of a new headspace centre in Box Hill will also occur in 22-23, with the intention for service delivery (as above) to commence in July 2023.

**Needs Assessment Priorities \*****Needs Assessment**

**Priorities**

Priority	Page reference
Pandemic Response	p86
Large and growing CALD population	p86
Health outcomes for people who identify as Aboriginal and Torres Strait Islander peoples	p81
Increase uptake of digital health	p83
Declining workforce and increased pressures on workforce due to pandemic	p84
Addressing Mental Health and Suicide prevention challenges	p84

**Activity Demographics****Target Population Cohort**

Young people aged 12-25 experiencing sub-clinical forms of serious mental illness, or who experience symptoms which place them at risk of developing such an illness, requiring early intervention, short-medium term support.

**In Scope AOD Treatment Type \*****Indigenous Specific \***

No

**Indigenous Specific Comments****Coverage****Whole Region**

Yes

**Activity Consultation and Collaboration****Consultation**

has adopted the International Association for Public Participation (IAP2) framework to inform how consumers, clinicians, service providers, peak bodies and other interested parties can work together to inform PHN activities, including (but not limited to) commissioned services and other support activities. IAP2 methods legitimise differing levels of participation dependent on the goals, timeframes, resources and levels of concern in the decision to be made. At EMPHN consultation is the minimum threshold for engagement. This will occur via relevant committees, such as the Clinical Council and Consumer Advisory Committee, and

through other groups and mechanisms as appropriate.

### Collaboration

As noted, EMPHN has adopted the IAP2 framework to inform stakeholder participation. Wherever possible, EMPHN will attempt to work with consumers, clinicians and other stakeholders throughout more elaborate participation levels, such as involvement, collaboration and empowerment. EMPHN has mapped a range of workflows and processes that support bringing stakeholders into the processes of needs assessments, topic prioritisation, design, and evaluation planning. EMPHN consider that the shared construction and interpretation of complex health problems with stakeholders creates stronger and more effective interventions. Culturally informed consultation will be engaged to ensure that collaboration is culturally safe and trauma informed.



### Activity Milestone Details/Duration

#### Activity Start Date

13/06/2016

#### Activity End Date

29/06/2025

#### Service Delivery Start Date

01/07/2016

#### Service Delivery End Date

30/06/2025

#### Other Relevant Milestones



### 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?

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**



**Activity Planned Expenditure**

**Planned Expenditure**

Funding Stream	FY 22 23	FY 23 24	FY 24 25	FY 25 26	FY 26 27
Interest - Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Indigenous Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Way Back Support	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Initial Assessment and Referral	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mental Health Flexible	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
headspace	\$6,070,109.47	\$8,560,393.83	\$6,229,725.72	\$0.00	\$0.00

**Totals**

Funding Stream	FY 22 23	FY 23 24	FY 24 25	FY 25 26	FY 26 27	Total
Interest - Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Indigenous Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Way Back Support	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Initial Assessment and Referral	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mental Health Flexible	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

headspace	\$6,070,109.47	\$8,560,393.83	\$6,229,725.72	\$0.00	\$0.00	\$20,860,229.02
Total	\$6,070,109.47	\$8,560,393.83	\$6,229,725.72	\$0.00	\$0.00	\$20,860,229.02

**Funding From Other Sources - Financial Details**

**Funding From Other Sources - Organisational Details**



**Summary of activity changes for Department**

**Activity Status**

Ready for Submission



## MH - 2 - Youth Severe/ Youth Enhanced Services (YES) Program FY22/23 - 25/26



### Activity Metadata

#### Applicable Schedule \*

Primary Mental Health Care

#### Activity Prefix \*

MH

#### Activity Number \*

2

#### Activity Title \*

Youth Severe/ Youth Enhanced Services (YES) Program FY22/23 - 25/26

#### 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

#### Other Program Key Priority Area Description

#### Aim of Activity \*

- Provide evidence-informed and tailored mental health services for children and young people
- Improve care pathways and service integration for young people and their families
- Align existing child and youth services to the mental health stepped care model, ensuring a continuum of service delivery options for this population cohort
- Improve physical health needs by connecting consumers with their General Practitioner and other professionals as part of their care team to address and monitor physical health and wellbeing
- Undertake planning and collaborate with local youth service providers and other stakeholders
- Identify service gaps and barriers to access, targeting underserved areas of the catchment and hard to reach target groups and support service responses and solutions to address these identified needs

#### Description of Activity \*

EMPHN will:

- Execute the continuation of current commissioned Youth Enhanced services (2017/18 to 2023/24).
- Continue to work with local service providers, including GP's and local youth services to improve access to service.
- Execute the continuation of Youth Enhanced services during 2023-2024, following the completion of a tender process to contract providers to deliver this program during this period.

## Needs Assessment Priorities \*

### Needs Assessment

EMPHN Health Needs Assessment 2022

#### Priorities

Priority	Page reference
Health outcomes for people who identify as Aboriginal and Torres Strait Islander peoples	p81
Declining workforce and increased pressures on workforce due to pandemic	p84
Addressing Mental Health and Suicide prevention challenges	p84



### Activity Demographics

#### Target Population Cohort

Young people aged 12-25 who are experiencing sub-clinical forms of serious mental illness, or who are experiencing symptoms which place them at ultra-high risk of developing such an illness.

#### In Scope AOD Treatment Type \*

#### Indigenous Specific \*

No

#### Indigenous Specific Comments

#### Coverage

#### Whole Region

Yes



### Activity Consultation and Collaboration

#### Consultation

EMPHN has adopted the International Association for Public Participation (IAP2) framework to inform how consumers, clinicians, service providers, peak bodies and other interested parties can work together to inform PHN activities, including (but not limited to) commissioned services and other support activities. IAP2 methods legitimise differing levels of participation dependent on the goals, timeframes, resources and levels of concern in the decision to be made. At EMPHN consultation is the minimum threshold for engagement. This will occur via relevant committees, such as the Clinical Council and Consumer Advisory Committee, and through other groups and mechanisms as appropriate.

## Collaboration

As noted, EMPHN has adopted the IAP2 framework to inform stakeholder participation. Wherever possible, EMPHN will attempt to work with consumers, clinicians and other stakeholders throughout more elaborate participation levels, such as involvement, collaboration and empowerment. EMPHN has mapped a range of workflows and processes that support bringing stakeholders into the processes of needs assessments, topic prioritisation, design, and evaluation planning. EMPHN consider that the shared construction and interpretation of complex health problems with stakeholders creates stronger and more effective interventions. Culturally informed consultation will be engaged to ensure that collaboration is culturally safe and trauma informed.



## Activity Milestone Details/Duration

### Activity Start Date

14/06/2016

### Activity End Date

29/06/2025

### Service Delivery Start Date

06/2017

### Service Delivery End Date

30/06/2025

### Other Relevant Milestones



## 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?

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****Activity Planned Expenditure****Planned Expenditure**

Funding Stream	FY 22 23	FY 23 24	FY 24 25	FY 25 26	FY 26 27
Interest - Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Indigenous Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
headspace	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Way Back Support	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Initial Assessment and Referral	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mental Health Flexible	\$2,381,847.00	\$3,509,530.23	\$2,434,476.00	\$0.00	\$0.00

**Totals**

Funding Stream	FY 22 23	FY 23 24	FY 24 25	FY 25 26	FY 26 27	Total
Interest - Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Indigenous Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
headspace	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Way Back Support	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Initial Assessment and Referral	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mental Health Flexible	\$2,381,847.00	\$3,509,530.23	\$2,434,476.00	\$0.00	\$0.00	\$8,325,853.23

Total	\$2,381,847.00	\$3,509,530.23	\$2,434,476.00	\$0.00	\$0.00	\$8,325,853.23
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**Funding From Other Sources - Financial Details**

**Funding From Other Sources - Organisational Details**



**Summary of activity changes for Department**

**Activity Status**

Ready for Submission



## MH - 3 - Suicide Prevention FY22/23 - 25/26



### Activity Metadata

**Applicable Schedule \***

Primary Mental Health Care

**Activity Prefix \***

MH

**Activity Number \***

3

**Activity Title \***

Suicide Prevention FY22/23 - 25/26

**Existing, Modified or New Activity \***

Existing



### Activity Priorities and Description

**Program Key Priority Area \***

Mental Health Priority Area 5: Community based suicide prevention activities

**Other Program Key Priority Area Description****Aim of Activity \***

A coordinated region wide approach to suicide prevention by increasing capacity of communities, health workers and health service partners in identification of suicide risk and access to appropriate support services.

**Description of Activity \***

- Community activities that focus on wellbeing, resilience, skills development, and help-seeking.
- Media communications to promote help-seeking and reduce stigma related to mental health and suicide.
- Delivering community capacity building and training.
- Development of processes with hospitals and other health services or community groups to help people get the support they need Workforce training, to skill a range of workers in identifying and managing suicide risk.
- Evaluation of the program to help inform next steps for future design.

**Needs Assessment Priorities \*****Needs Assessment**

EMPHN Health Needs Assessment 2021

**Priorities**



Priority	Page reference
Responding to Chronic and Complex Delayed Care	p85
Large and growing CALD population	p86
Health outcomes for people who identify as Aboriginal and Torres Strait Islander peoples	p81
Addressing increasing prevalence of use of Alcohol and other drugs	p83
Addressing needs of Ageing Population	p82
Addressing Mental Health and Suicide prevention challenges	p84



## Activity Demographics

### Target Population Cohort

Whole of population. A focus on promotion and support for hard-to-reach populations and those experiencing complex needs.

### In Scope AOD Treatment Type \*

### Indigenous Specific \*

Yes

### Indigenous Specific Comments

Working collaboratively with other Victorian PHNs and the local community to deliver a culturally sensitive approach on Aboriginal and Torres Strait Islander suicide prevention response and capacity building training program.

### Coverage

#### Whole Region

Yes



## Activity Consultation and Collaboration

### Consultation

EMPHN has adopted the International Association for Public Participation (IAP2) framework to inform how consumers, clinicians, service providers, peak bodies and other interested parties can work together to inform PHN activities, including (but not limited to) commissioned services and other support activities. IAP2 methods legitimise differing levels of participation dependent on the goals, timeframes, resources and levels of concern in the decision to be made. At EMPHN consultation is the minimum threshold for engagement. This will occur via relevant committees, such as the Clinical Council and Consumer Advisory Committee, and through other groups and mechanisms as appropriate.

### Collaboration

As noted, EMPHN has adopted the IAP2 framework to inform stakeholder participation. Wherever possible, EMPHN will attempt to work with consumers, clinicians and other stakeholders throughout more elaborate participation levels, such as involvement, collaboration and empowerment. EMPHN has mapped a range of workflows and processes that support bringing stakeholders into the processes of needs assessments, topic prioritisation, design, and evaluation planning. EMPHN consider that the shared construction and interpretation of complex health problems with stakeholders creates stronger and more effective interventions. Culturally informed consultation will be engaged to ensure that collaboration is culturally safe and trauma informed.



## Activity Milestone Details/Duration

### Activity Start Date

31/07/2018

### Activity End Date

29/06/2024

### Service Delivery Start Date

### Service Delivery End Date

### Other Relevant Milestones



## 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?

Yes

### Decommissioning

Yes

#### Decommissioning details?

EMPHN will be reviewing the gaps in market for suicide prevention and postvention services within the catchment. Funding for these gaps will be for targeted populations based on evidence-based initiatives through the National Bilateral Agreement.

#### Co-design or co-commissioning comments

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

No



### Activity Planned Expenditure

#### Planned Expenditure

Funding Stream	FY 22 23	FY 23 24	FY 24 25	FY 25 26	FY 26 27
Interest - Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Indigenous Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
headspace	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Way Back Support	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Initial Assessment and Referral	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mental Health Flexible	\$666,642.00	\$792,849.86	\$681,372.00	\$0.00	\$0.00

#### Totals

Funding Stream	FY 22 23	FY 23 24	FY 24 25	FY 25 26	FY 26 27	Total
Interest - Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Indigenous Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
headspace	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Way Back Support	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Initial Assessment and Referral	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mental Health Flexible	\$666,642.00	\$792,849.86	\$681,372.00	\$0.00	\$0.00	\$2,140,863.86

Total	\$666,642.00	\$792,849.86	\$681,372.00	\$0.00	\$0.00	\$2,140,863.86
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**Funding From Other Sources - Financial Details**

**Funding From Other Sources - Organisational Details**



**Summary of activity changes for Department**

**Activity Status**

Ready for Submission



## MH - 4 - Indigenous Mental Health FY22/23 - 25/26



### Activity Metadata

**Applicable Schedule \***

Primary Mental Health Care

**Activity Prefix \***

MH

**Activity Number \***

4

**Activity Title \***

Indigenous Mental Health FY22/23 - 25/26

**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

**Other Program Key Priority Area Description****Aim of Activity \***

Delivery of integrated Aboriginal social and emotional health and wellbeing services, in partnership with Aboriginal communities.

**Description of Activity \***

1. Supporting Aboriginal and/or Torres Strait Islander people to access mental health stepped care
2. Continuation of existing Aboriginal and/or Torres Strait Islander commissioned services, including supporting communities to build their capacity to improve social and emotional wellbeing, suicide prevention and alcohol and other drugs support. This activity links with Integrated Team Care and Alcohol and Other Drug (AOD) activities (AOD AWP Activity 3)
3. Continuing to build the capacity of Aboriginal and/or Torres Strait Islander organisations in line with our commitment to self-determination
4. Continuation of EMPHN Referral, Access and Navigation Team

**Needs Assessment Priorities \*****Needs Assessment**

EMPHN Health Needs Assessment 2021

**Priorities**

Priority	Page reference
Health outcomes for people who identify as Aboriginal and Torres Strait Islander peoples	p81
Addressing increasing prevalence of use of Alcohol and other drugs	p83
Addressing Mental Health and Suicide prevention challenges	p84



## Activity Demographics

### Target Population Cohort

Aboriginal and Torres Strait Islander

### In Scope AOD Treatment Type \*

### Indigenous Specific \*

Yes

### Indigenous Specific Comments

The programs at Bubup Wilam and Oonah have been developed out of community driven initiatives developed by community controlled organisations. These programs engage directly with the Aboriginal Communities in their regions with outreach and in-reach models of support and receive referrals directly from the community. The program at Banyule Community Health is integrated into an Aboriginal specific team within their organisation, and engage directly with Aboriginal Communities. Relationships are built through participation in community activities, collaborating with other Aboriginal programs and networking across the region.

### Coverage

#### Whole Region

Yes



## Activity Consultation and Collaboration

### Consultation

has adopted the International Association for Public Participation (IAP2) framework to inform how consumers, clinicians, service providers, peak bodies and other interested parties can work together to inform PHN activities, including (but not limited to) commissioned services and other support activities. IAP2 methods legitimise differing levels of participation dependent on the goals, timeframes, resources and levels of concern in the decision to be made. At EMPHN consultation is the minimum threshold for engagement. This will occur via relevant committees, such as the Clinical Council and Consumer Advisory Committee, and through other groups and mechanisms as appropriate.

### Collaboration

As noted, EMPHN has adopted the IAP2 framework to inform stakeholder participation. Wherever possible, EMPHN will attempt

to work with consumers, clinicians and other stakeholders throughout more elaborate participation levels, such as involvement, collaboration and empowerment. EMPHN has mapped a range of workflows and processes that support bringing stakeholders into the processes of needs assessments, topic prioritisation, design, and evaluation planning. EMPHN consider that the shared construction and interpretation of complex health problems with stakeholders creates stronger and more effective interventions. Culturally informed consultation will be engaged to ensure that collaboration is culturally safe and trauma informed.



## Activity Milestone Details/Duration

### Activity Start Date

31/05/2017

### Activity End Date

29/06/2024

### Service Delivery Start Date

13/05/2017

### Service Delivery End Date

30/06/2024

### Other Relevant Milestones



## 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): No

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



## Activity Planned Expenditure

### Planned Expenditure

Funding Stream	FY 22 23	FY 23 24	FY 24 25	FY 25 26	FY 26 27
Interest - Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
headspace	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Way Back Support	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Initial Assessment and Referral	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Indigenous Mental Health	\$285,944.00	\$305,805.00	\$0.00	\$0.00	\$0.00
Mental Health Flexible	\$216,837.80	\$0.00	\$0.00	\$0.00	\$0.00

### Totals

Funding Stream	FY 22 23	FY 23 24	FY 24 25	FY 25 26	FY 26 27	Total
Interest - Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
headspace	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Way Back Support	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Initial Assessment and Referral	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Indigenous Mental Health	\$285,944.00	\$305,805.00	\$0.00	\$0.00	\$0.00	\$591,749.00
Mental Health Flexible	\$216,837.80	\$0.00	\$0.00	\$0.00	\$0.00	\$216,837.80



Total	\$502,781.80	\$305,805.00	\$0.00	\$0.00	\$0.00	\$808,586.80
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**Funding From Other Sources - Financial Details**

**Funding From Other Sources - Organisational Details**



**Summary of activity changes for Department**

**Activity Status**

Ready for Submission



## MH - 5 - Mental Health Stepped Care Approach FY 22/23 - 25/25



### Activity Metadata

#### Applicable Schedule \*

Primary Mental Health Care

#### Activity Prefix \*

MH

#### Activity Number \*

5

#### Activity Title \*

Mental Health Stepped Care Approach FY 22/23 - 25/25

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

Existing



### Activity Priorities and Description

#### Program Key Priority Area \*

Mental Health Priority Area 7: Stepped care approach

#### Other Program Key Priority Area Description

#### Aim of Activity \*

The aim of this activity is to provide a continuum of services to improve mental health outcomes and experience for consumers and their families by:

- Providing, evidence-informed, integrated and collaborative care
- Improving mental health care system integration, referral pathways and consumer journeys
- Providing evidence-informed services delivered with cost effective use of resources
- Improving practitioner experience

#### Description of Activity \*

##### 5.1. Mental Health Stepped Care

EMPHN commissions a Mental Health Stepped Care Model (MHSCM) which is delivered across the whole of the EMPHN catchment. Mental health Stepped Care provides evidence-based interventions across the continuum of care needs for under-served populations. This incorporates low-, moderate- and high- levels of care that are matched to people's needs. The MHSCM emphasises collaborative, recovery focused care, working with the consumer and those who care for them, their general practitioner, care team and specialist mental health service providers when appropriate. The model addresses care needs holistically, and includes the person's mental and physical health, education and employment, alcohol and other drug concerns, family and social functioning, and suicide and self-harm care and support needs.

The major features of the MHSCM are:

- a. Integrated person centred care on basis of need
- b. Utilisation of a range of intervention and treatment modalities including eHealth; low intensity psychological interventions; group therapy; moderate intensity psychological interventions; care coordination/clinical care coordination; and dual diagnosis support
- c. Screening for physical health needs and connecting consumers with their General Practitioner and other professionals as part of their care team to address and monitor physical health and wellbeing
- d. Multi-disciplinary mental health team containing a combination of clinical and non-clinical staff, including peer support workers
- e. Defined care pathways and linkages to other social care support as required

New contracts to implement EMPHN's revised MHSCM commenced in January 2023, based on redesign and quality improvement activities undertaken. The redesign and new contracts have responded to:

- An evaluation of the model completed in December 2020
- Interdependencies with the State and Commonwealth reforms
- The continued impact of the COVID-19 pandemic

The implementation of the EMPHN's new MHSCM will be monitored throughout 2023-24 using a range of strategies, including formal contract management meetings, a qualitative audit, and a 6-month evaluation.

#### 5.2. Psychiatric Advice and Consultation Service (PACs)

PACS was a secondary consultation service that supported the stepped care model in the previous model of care and is no longer part of the redesigned stepped care model.

#### 5.3. Implementation of System Integration and Capacity Building Strategy

EMPHN commissions collaboration and alliance activities through two networks within the catchment is currently under review. The networks are funded to strengthen local relationships and establish ways of working that foster partnerships and integration of services.

#### 5.4. Priority populations

EMPHN supports services to provide specialist care to under-served populations. This includes additional funding for Residential aged care, Culturally safe Aboriginal and Torres Strait Islander services.

### Needs Assessment Priorities \*

#### Needs Assessment

EMPHN Health Needs Assessment 2021

##### Priorities

Priority	Page reference
Responding to Chronic and Complex Delayed Care	p85
Large and growing CALD population	p86
Health outcomes for people who identify as Aboriginal and Torres Strait Islander peoples	p81
Addressing increasing prevalence of use of Alcohol and other drugs	p83
Increase uptake of digital health	p83
Addressing needs of Ageing Population	p82
Declining workforce and increased pressures on workforce due to pandemic	p84
Addressing Mental Health and Suicide prevention	p84

challenges	
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## Activity Demographics

### Target Population Cohort

Whole of population. A focus on promotion and support for hard-to-reach populations and those experiencing complex needs.

### In Scope AOD Treatment Type \*

### Indigenous Specific \*

No

### Indigenous Specific Comments

### Coverage

#### Whole Region

Yes



## Activity Consultation and Collaboration

### Consultation

EMPHN has adopted the International Association for Public Participation (IAP2) framework to inform how consumers, clinicians, service providers, peak bodies and other interested parties can work together to inform PHN activities, including (but not limited to) commissioned services and other support activities. IAP2 methods legitimise differing levels of participation dependent on the goals, timeframes, resources and levels of concern in the decision to be made. At EMPHN consultation is the minimum threshold for engagement. This will occur via relevant committees, such as the Clinical Council and Consumer Advisory Committee, and through other groups and mechanisms as appropriate.

### Collaboration

As noted, EMPHN has adopted the IAP2 framework to inform stakeholder participation. Wherever possible, EMPHN will attempt to work with consumers, clinicians and other stakeholders throughout more elaborate participation levels, such as involvement,

collaboration and empowerment. EMPHN has mapped a range of workflows and processes that support bringing stakeholders into the processes of needs assessments, topic prioritisation, design, and evaluation planning. EMPHN consider that the shared construction and interpretation of complex health problems with stakeholders creates stronger and more effective interventions. Culturally informed consultation will be engaged to ensure that collaboration is culturally safe and trauma informed.



## Activity Milestone Details/Duration

### Activity Start Date

29/12/2017

### Activity End Date

29/06/2025

### Service Delivery Start Date

### Service Delivery End Date

### Other Relevant Milestones



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

No

**Activity Planned Expenditure****Planned Expenditure**

Funding Stream	FY 22 23	FY 23 24	FY 24 25	FY 25 26	FY 26 27
Interest - Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Indigenous Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
headspace	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Way Back Support	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Initial Assessment and Referral	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mental Health Flexible	\$6,347,137.72	\$8,960,742.27	\$7,219,052.00	\$0.00	\$0.00

**Totals**

Funding Stream	FY 22 23	FY 23 24	FY 24 25	FY 25 26	FY 26 27	Total
Interest - Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Indigenous Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
headspace	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Way Back Support	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Initial Assessment and Referral	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mental Health Flexible	\$6,347,137.72	\$8,960,742.27	\$7,219,052.00	\$0.00	\$0.00	\$22,526,931.99
Total	\$6,347,137.72	\$8,960,742.27	\$7,219,052.00	\$0.00	\$0.00	\$22,526,931.99

Funding From Other Sources - Financial Details

Funding From Other Sources - Organisational Details



Summary of activity changes for Department

Activity Status

Ready for Submission

Approved by DOHAC



## MH - 6 - Residential Aged Care: Healthy Ageing FY22/23 - 25/26



### Activity Metadata

#### Applicable Schedule \*

Primary Mental Health Care

#### Activity Prefix \*

MH

#### Activity Number \*

6

#### Activity Title \*

Residential Aged Care: Healthy Ageing FY22/23 - 25/26

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

Existing



### 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

#### Other Program Key Priority Area Description

#### Aim of Activity \*

The Healthy Ageing Service Response provides access to mental health services for individuals aged over 65 who have (or at risk of developing) mild to moderate mental health issues. The service delivers primary consultations or brief interventions for older people residing in the community and RACFs and addresses the mental health needs of the client, as well as broader health and social needs. The service is delivered as part of a coordinated care team approach with General Practitioners (GPs), general practice staff and/or RACFs staff. GPs, general practice staff and RACFs staff have access to telephone/telehealth-based advice and referral and navigation support, and capacity building activities, such as education and training, to enable them to better support the older people they work with. The service also offers a secondary consultation service which is available to GPs and RACFs across the catchment.

#### Description of Activity \*

Continuation of Healthy Ageing Service Response – Continuation of Older Persons Community and Residential Aged Care Service (RACFs) and Capacity Building Strategy. Comprehensive co-design and the learnings from previous pilots/trials have informed a catchment-wide model providing support to GPs and RACFs staff and older adults living in the community and in RACFs.

This program is currently being externally evaluated. As part of the evaluation EMPHN will undertake comprehensive consultation with both the service users, clinicians and RACFs participating. Evaluation framework will focus on whether the Healthy Ageing Service Response has met its objectives, whether any improvements can be made to the program and determine the benefits of



the program to both the community and RACFs.

The evaluation will also determine whether it has:

- Reached its intended consumers (general practice staff, RACF staff, patients)
- Been adopted by general practices and RACFs
- Been implemented as planned

The result from the evaluation will also form the continuous improvement and potential redesign of the program pending funding confirmation.

## Needs Assessment Priorities \*

### Needs Assessment

EMPHN Health Needs Assessment 2022

#### Priorities

Priority	Page reference
Addressing needs of Ageing Population	p82
Pandemic Response	p86
Addressing Mental Health and Suicide prevention challenges	p84



## Activity Demographics

### Target Population Cohort

Older people residing in the community and RACFs

### In Scope AOD Treatment Type \*

### Indigenous Specific \*

No

### Indigenous Specific Comments

### Coverage

Whole Region

Yes



## Activity Consultation and Collaboration

## Consultation

EMPHN has adopted the International Association for Public Participation (IAP2) framework to inform how consumers, clinicians, service providers, peak bodies and other interested parties can work together to inform PHN activities, including (but not limited to) commissioned services and other support activities. IAP2 methods legitimise differing levels of participation dependent on the goals, timeframes, resources and levels of concern in the decision to be made. At EMPHN consultation is the minimum threshold for engagement. This will occur via relevant committees, such as the Clinical Council and Consumer Advisory Committee, and through other groups and mechanisms as appropriate.

## Collaboration

As noted, EMPHN has adopted the IAP2 framework to inform stakeholder participation. Wherever possible, EMPHN will attempt to work with consumers, clinicians and other stakeholders throughout more elaborate participation levels, such as involvement, collaboration and empowerment. EMPHN has mapped a range of workflows and processes that support bringing stakeholders into the processes of needs assessments, topic prioritisation, design, and evaluation planning. EMPHN consider that the shared construction and interpretation of complex health problems with stakeholders creates stronger and more effective interventions. Culturally informed consultation will be engaged to ensure that collaboration is culturally safe and trauma informed.



## Activity Milestone Details/Duration

### Activity Start Date

29/06/2020

### Activity End Date

14/12/2023

### Service Delivery Start Date

07/09/2020

### Service Delivery End Date

30/06/2023

### Other Relevant Milestones



## 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



## Activity Planned Expenditure

### Planned Expenditure

Funding Stream	FY 22 23	FY 23 24	FY 24 25	FY 25 26	FY 26 27
Interest - Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Indigenous Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
headspace	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Way Back Support	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Initial Assessment and Referral	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mental Health Flexible	\$2,056,759.92	\$2,871,681.00	\$0.00	\$0.00	\$0.00

**Totals**

Funding Stream	FY 22 23	FY 23 24	FY 24 25	FY 25 26	FY 26 27	Total
Interest - Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Indigenous Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
headspace	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Way Back Support	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Initial Assessment and Referral	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mental Health Flexible	\$2,056,759.92	\$2,871,681.00	\$0.00	\$0.00	\$0.00	\$4,928,440.92
Total	\$2,056,759.92	\$2,871,681.00	\$0.00	\$0.00	\$0.00	\$4,928,440.92

#### Funding From Other Sources - Financial Details

#### Funding From Other Sources - Organisational Details



#### Summary of activity changes for Department

#### Activity Status

Ready for Submission



## MH - 7 - Initial Assessment and Referral – Training Support Officer (IAR-TSO) FY22/23 - 25/26



### Activity Metadata

**Applicable Schedule \***

Primary Mental Health Care

**Activity Prefix \***

MH

**Activity Number \***

7

**Activity Title \***

Initial Assessment and Referral – Training Support Officer (IAR-TSO) FY22/23 - 25/26

**Existing, Modified or New Activity \***

Existing



### Activity Priorities and Description

**Program Key Priority Area \***

Mental Health Priority Area 7: Stepped care approach

**Other Program Key Priority Area Description****Aim of Activity \***

Within a stepped care model a person presenting to the health system will be matched to the least intensive level of care that most suits their current treatment need. The aim of this activity is to equip General Practitioners and other primary care providers with the knowledge and skills to be able to assess a consumer's needs using a standardised tool to determine the most appropriate level of care for their needs.

This approach is intended to:

- enable consumers to access the right level of care, matched to their needs
- prevent over servicing, and
- reduce the pressure on the existing mental health system

**Description of Activity \***

Funding to recruit an Initial Assessment and Referral - Training and Support officer (IAR-TSO).

The training and support officer will attend training with the National Project Manager (NPM) to build capability and confidence in

using the IAR in primary care settings in the catchment. They will facilitate training and support general practitioners to implement the IAR. The TSO will be connected to a network of peers across the country to share, learnings and problem solve any challenges.

The IAR-TSO will:

Provide training to general practitioners and other clinicians in Adult Mental Health Centres, General Practices, and Aboriginal Medical Services, and commissioned providers, and in the future Child Head to Health Centres, Residential Aged Care Facilities and Local Hospital Networks.

Offer training and ongoing support via multiple channels including online, telephone, videoconference and on-site as required to meet practitioner needs.

Work toward training the target number of general practitioners allocated by the Department for the PHN.

Maintain record of GP's and other providers trained in the IR, and working toward a Commonwealth set target of a % of GP's within the EMPHN catchment.

## Needs Assessment Priorities \*

### Needs Assessment

EMPHN Health Needs Assessment 2021

#### Priorities

Priority	Page reference
Health outcomes for people who identify as Aboriginal and Torres Strait Islander peoples	p81
Addressing increasing prevalence of use of Alcohol and other drugs	p83
Increase uptake of digital health	p83
Addressing needs of Ageing Population	p82
Declining workforce and increased pressures on workforce due to pandemic	p84
Addressing Mental Health and Suicide prevention challenges	p84



## Activity Demographics

### Target Population Cohort

GP's within the EMPHN catchment

GP practice staff and other clinicians working within the EMPHN sector

Head to Health Centre staff

### In Scope AOD Treatment Type \*

### Indigenous Specific \*

No

Indigenous Specific Comments

## Coverage

Whole Region

Yes



## Activity Consultation and Collaboration

### Consultation

has adopted the International Association for Public Participation (IAP2) framework to inform how consumers, clinicians, service providers, peak bodies and other interested parties can work together to inform PHN activities, including (but not limited to) commissioned services and other support activities. IAP2 methods legitimise differing levels of participation dependent on the goals, timeframes, resources and levels of concern in the decision to be made. At EMPHN consultation is the minimum threshold for engagement. This will occur via relevant committees, such as the Clinical Council and Consumer Advisory Committee, and through other groups and mechanisms as appropriate.

### Collaboration

As noted, EMPHN has adopted the IAP2 framework to inform stakeholder participation. Wherever possible, EMPHN will attempt to work with consumers, clinicians and other stakeholders throughout more elaborate participation levels, such as involvement, collaboration and empowerment. EMPHN has mapped a range of workflows and processes that support bringing stakeholders into the processes of needs assessments, topic prioritisation, design, and evaluation planning. EMPHN consider that the shared construction and interpretation of complex health problems with stakeholders creates stronger and more effective interventions. Culturally informed consultation will be engaged to ensure that collaboration is culturally safe and trauma informed.



## Activity Milestone Details/Duration

### Activity Start Date

30/03/2022

### Activity End Date

29/12/2024

### Service Delivery Start Date

01/06/2022

### Service Delivery End Date

30/06/2025

### Other Relevant Milestones

Milestones build into the project in line with department set targets for % of GP's trained within 2 year period.

There was an initial delay in the project due to needing to establish where this project sat within the organisation, competing demands, and staff turn over – however this should not impact the overall success of the project



## 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): No

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



## Activity Planned Expenditure

Planned Expenditure



Funding Stream	FY 22 23	FY 23 24	FY 24 25	FY 25 26	FY 26 27
Interest - Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Indigenous Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
headspace	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Way Back Support	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mental Health Flexible	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Initial Assessment and Referral	\$368,600.00	\$487,900.00	\$119,300.00	\$0.00	\$0.00

#### Totals

Funding Stream	FY 22 23	FY 23 24	FY 24 25	FY 25 26	FY 26 27	Total
Interest - Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Indigenous Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
headspace	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Way Back Support	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mental Health Flexible	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Initial Assessment and Referral	\$368,600.00	\$487,900.00	\$119,300.00	\$0.00	\$0.00	\$975,800.00
Total	\$368,600.00	\$487,900.00	\$119,300.00	\$0.00	\$0.00	\$975,800.00

#### Funding From Other Sources - Financial Details

#### Funding From Other Sources - Organisational Details



### Summary of activity changes for Department

#### Activity Status

Ready for Submission



## MH - 9 - Wayback Support and Hope blended suicide aftercare program FY22/23 - 25/26



### Activity Metadata

**Applicable Schedule \***

Primary Mental Health Care

**Activity Prefix \***

MH

**Activity Number \***

9

**Activity Title \***

Wayback Support and Hope blended suicide aftercare program FY22/23 - 25/26

**Existing, Modified or New Activity \***

Modified



### Activity Priorities and Description

**Program Key Priority Area \***

Other (please provide details)

**Other Program Key Priority Area Description**

Suicide Prevention

**Aim of Activity \***

To deliver assertive outreach and support to individuals who are significant risk of suicide including following discharge from hospital after presenting for a suicide attempt or serious planning or intent

**Description of Activity \***

The Blended HOPE and The Way Back Model is a joint initiative between the Victorian Department of Health, the Northern Area Mental Health Service, the PHN and Beyond Blue with Commonwealth and State funding, combining clinical and psychosocial care to support individuals following a suicide attempt or suicidal crisis. This service did not proceed as agreed by the Commonwealth and Victorian government.

The Way Back Support Service funding transfers for the Victorian government from July 2023 as outlined in the Aftercare Bilateral agreement between the Commonwealth and the Victorian government.

**Needs Assessment Priorities \*****Needs Assessment**

EMPHN Health Needs Assessment 2021

## Priorities

Priority	Page reference
Responding to Chronic and Complex Delayed Care	p85
Addressing Mental Health and Suicide prevention challenges	p84



## Activity Demographics

### Target Population Cohort

Individuals following a suicide attempt or suicidal crisis

### In Scope AOD Treatment Type \*

### Indigenous Specific \*

No

### Indigenous Specific Comments

### Coverage

#### Whole Region

No

SA3 Name	SA3 Code
Whittlesea - Wallan	20904



## Activity Consultation and Collaboration

### Consultation

#### Consultation

EMPHN has adopted the International Association for Public Participation (IAP2) framework to inform how consumers, clinicians, service providers, peak bodies and other interested parties can work together to inform PHN activities, including (but not limited to) commissioned services and other support activities. IAP2 methods legitimise differing levels of participation dependent on the goals, timeframes, resources and levels of concern in the decision to be made. At EMPHN consultation is the minimum threshold for engagement. This will occur via relevant committees, such as the Clinical Council and Consumer Advisory Committee, and through other groups and mechanisms as appropriate.

### Collaboration

As noted, EMPHN has adopted the IAP2 framework to inform stakeholder participation. Wherever possible, EMPHN will attempt to work with consumers, clinicians and other stakeholders throughout more elaborate participation levels, such as involvement, collaboration and empowerment. EMPHN has mapped a range of workflows and processes that support bringing stakeholders into the processes of needs assessments, topic prioritisation, design, and evaluation planning. EMPHN consider that the shared construction and interpretation of complex health problems with stakeholders creates stronger and more effective interventions.

Culturally informed consultation will be engaged to ensure that collaboration is culturally safe and trauma informed.



### Activity Milestone Details/Duration

**Activity Start Date**

26/03/2022

**Activity End Date**

29/06/2023

**Service Delivery Start Date**

01/06/2022

**Service Delivery End Date**

30/06/2023

**Other Relevant Milestones**

### 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?

No

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

Yes

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

No

Decommissioning

No

Decommissioning details?

The Blended HOPE and The Way Back Model is a joint initiative between the Victorian Department of Health, the Northern Area

Mental Health Service, the PHN and Beyond Blue with Commonwealth and State funding.

**Co-design or co-commissioning comments**

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

Yes



**Activity Planned Expenditure**

**Planned Expenditure**

Funding Stream	FY 22 23	FY 23 24	FY 24 25	FY 25 26	FY 26 27
Interest - Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Indigenous Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
headspace	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Initial Assessment and Referral	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mental Health Flexible	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Way Back Support	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

**Totals**

Funding Stream	FY 22 23	FY 23 24	FY 24 25	FY 25 26	FY 26 27	Total
Interest - Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Indigenous Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
headspace	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Initial Assessment and Referral	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mental Health Flexible	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Way Back Support	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Funding From Other Sources - Financial Details

Funding From Other Sources - Organisational Details



Summary of activity changes for Department

Activity Status

Ready for Submission

Approved by DoHAC



## MH - 10 - Targeted Regional Initiatives to Suicide Prevention (TRISP) FY22/23 - 25/26



### Activity Metadata

**Applicable Schedule \***

Primary Mental Health Care

**Activity Prefix \***

MH

**Activity Number \***

10

**Activity Title \***

Targeted Regional Initiatives to Suicide Prevention (TRISP) FY22/23 - 25/26

**Existing, Modified or New Activity \***

New Activity



### Activity Priorities and Description

**Program Key Priority Area \***

Mental Health Priority Area 5: Community based suicide prevention activities

**Other Program Key Priority Area Description****Aim of Activity \***

To adopt a community-led and systems-based approach to suicide prevention targeting populations identified at risk of suicide or suicidal distress.

**Description of Activity \***

- i. improve care coordination and service pathways for people at risk of or bereaved by suicide.
- ii. commission and/or adapt services, activities and training packages for at-risk cohorts in the community to identify and respond early to distress.
- iii. in partnership with community leaders and people with lived experience, commission services that offer support via multiple channels including online, telephone, videoconference and face to face to meet community needs.
- iv. build the capacity and capability of the local workforce to respond to suicide and distress and link people with appropriate supports and services.
- v. commission peer support and mentorship programs for people at risk or impacted by suicide.
- vi. submit data on activities to the Primary Mental Health Care Minimum Data Set.
- vii. undertake data analytics and research using data in the Suicide and Self Harm

Monitoring System and make the analysis available for use by planners and service providers.

EMPHN will engage 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.

### Needs Assessment Priorities \*

#### Needs Assessment

EMPHN Health Needs Assessment 2022

#### Priorities

Priority	Page reference
Addressing Mental Health and Suicide prevention challenges	p84



### Activity Demographics

#### Target Population Cohort

Coordinators are currently identifying and understanding the needs in the community to confirm the target population cohort. Initial engagement with the community and sector indicates that older men and young children have been highlighted as at-risk cohorts.

#### In Scope AOD Treatment Type \*

#### Indigenous Specific \*

No

#### Indigenous Specific Comments

#### Coverage

#### Whole Region

Yes



### Activity Consultation and Collaboration

#### Consultation

EMPHN has adopted the International Association for Public Participation (IAP2) framework to inform how consumers, clinicians, service providers, peak bodies and other interested parties can work together to inform PHN activities, including (but not limited



to) commissioned services and other support activities. IAP2 methods legitimise differing levels of participation dependent on the goals, timeframes, resources and levels of concern in the decision to be made. At EMPHN consultation is the minimum threshold for engagement. This will occur via relevant committees, such as the Clinical Council and Consumer Advisory Committee, and through other groups and mechanisms as appropriate.

### Collaboration

As noted, EMPHN has adopted the IAP2 framework to inform stakeholder participation. Wherever possible, EMPHN will attempt to work with consumers, clinicians and other stakeholders throughout more elaborate participation levels, such as involvement, collaboration and empowerment. EMPHN has mapped a range of workflows and processes that support bringing stakeholders into the processes of needs assessments, topic prioritisation, design, and evaluation planning. EMPHN consider that the shared construction and interpretation of complex health problems with stakeholders creates stronger and more effective interventions. Culturally informed consultation will be engaged to ensure that collaboration is culturally safe and trauma informed.



### Activity Milestone Details/Duration

#### Activity Start Date

#### Activity End Date

29/06/2025

#### Service Delivery Start Date

#### Service Delivery End Date

#### Other Relevant Milestones



### 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?

No

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

Yes

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

No

Decommissioning

No

Decommissioning details?

Co-design or co-commissioning comments

EMPHN will be partnering with neighbouring PHNs as well as the community to co-design and co-commission TRISP.

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

No



## Activity Planned Expenditure

### Planned Expenditure

Funding Stream	FY 22 23	FY 23 24	FY 24 25	FY 25 26	FY 26 27
Interest - Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Indigenous Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
headspace	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Way Back Support	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Initial Assessment and Referral	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mental Health Flexible	\$646,329.56	\$493,776.00	\$0.00	\$0.00	\$0.00

**Totals**

Funding Stream	FY 22 23	FY 23 24	FY 24 25	FY 25 26	FY 26 27	Total
Interest - Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Indigenous Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
headspace	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Way Back Support	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Initial Assessment and Referral	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mental Health Flexible	\$646,329.56	\$493,776.00	\$0.00	\$0.00	\$0.00	\$1,140,105.56
Total	\$646,329.56	\$493,776.00	\$0.00	\$0.00	\$0.00	\$1,140,105.56

#### Funding From Other Sources - Financial Details

#### Funding From Other Sources - Organisational Details



### Summary of activity changes for Department

#### Activity Status

Ready for Submission



## MH - 11 - Mental Health Supports for Australians Impacted by the Flooding Events FY22/23 - 25/26



### Activity Metadata

**Applicable Schedule \***

Primary Mental Health Care

**Activity Prefix \***

MH

**Activity Number \***

11

**Activity Title \***

Mental Health Supports for Australians Impacted by the Flooding Events FY22/23 - 25/26

**Existing, Modified or New Activity \***

New Activity



### Activity Priorities and Description

**Program Key Priority Area \***

Mental Health Priority Area 1: Low intensity mental health services

**Other Program Key Priority Area Description****Aim of Activity \***

To provide immediate mental health supports arising from trauma and loss associated with the October 2022 floods in Victoria, Tasmania and New South Wales.

**Description of Activity \***

1. Wellbeing and Resilience Grants will commission small community grants to fund activities that help build resilience, social connectedness and deal with loss and anxiety as a result of the floods.
2. Mental Health Emergency Response Coordinators will coordinate access to the mental health services across the region, administer the Wellbeing and Resilience Grants and improve integrated support with state and local governments services to reduce burden on those in need of assistance.

**Needs Assessment Priorities \*****Needs Assessment**

EMPHN Health Needs Assessment 2022

## Priorities

Priority	Page reference
Addressing Mental Health and Suicide prevention challenges	p84



## Activity Demographics

### Target Population Cohort

Australians affected by the Victorian floods in the Yarra Ranges and Murrindindi. Based on initial engagement with the affected areas, men have been identified as a specific cohort.

### In Scope AOD Treatment Type \*

### Indigenous Specific \*

No

### Indigenous Specific Comments

### Coverage

#### Whole Region

No

SA3 Name	SA3 Code
Yarra Ranges	21105



## Activity Consultation and Collaboration

### Consultation

EMPHN has adopted the International Association for Public Participation (IAP2) framework to inform how consumers, clinicians, service providers, peak bodies and other interested parties can work together to inform PHN activities, including (but not limited to) commissioned services and other support activities. IAP2 methods legitimise differing levels of participation dependent on the goals, timeframes, resources and levels of concern in the decision to be made. At EMPHN consultation is the minimum threshold for engagement. This will occur via relevant committees, such as the Clinical Council and Consumer Advisory Committee, and through other groups and mechanisms as appropriate.

### Collaboration

As noted, EMPHN has adopted the IAP2 framework to inform stakeholder participation. Wherever possible, EMPHN will attempt to work with consumers, clinicians and other stakeholders throughout more elaborate participation levels, such as involvement, collaboration and empowerment. EMPHN has mapped a range of workflows and processes that support bringing stakeholders into the processes of needs assessments, topic prioritisation, design, and evaluation planning. EMPHN consider that the shared construction and interpretation of complex health problems with stakeholders creates stronger and more effective interventions. Culturally informed consultation will be engaged to ensure that collaboration is culturally safe and trauma informed.



## Activity Milestone Details/Duration

Activity Start Date

Activity End Date

29/06/2024

Service Delivery Start Date

Service Delivery End Date

Other Relevant Milestones



## 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



## Activity Planned Expenditure

### Planned Expenditure

Funding Stream	FY 22 23	FY 23 24	FY 24 25	FY 25 26	FY 26 27
Interest - Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Indigenous Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
headspace	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Way Back Support	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Initial Assessment and Referral	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mental Health Flexible	\$195,215.00	\$0.00	\$0.00	\$0.00	\$0.00

### Totals

Funding Stream	FY 22 23	FY 23 24	FY 24 25	FY 25 26	FY 26 27	Total
Interest - Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Indigenous Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
headspace	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Way Back Support	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Initial Assessment and Referral	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mental Health Flexible	\$195,215.00	\$0.00	\$0.00	\$0.00	\$0.00	\$195,215.00
Total	\$195,215.00	\$0.00	\$0.00	\$0.00	\$0.00	\$195,215.00

### Funding From Other Sources - Financial Details



Summary of activity changes for Department

Activity Status

Ready for Submission

Approved by DohAAC





## MH-Op - 1 - Mental Health Operations FY22/23 - 25/26



### Activity Metadata

**Applicable Schedule \***

Primary Mental Health Care

**Activity Prefix \***

MH-Op

**Activity Number \***

1

**Activity Title \***

Mental Health Operations FY22/23 - 25/26

**Existing, Modified or New Activity \***

Existing



### Activity Priorities and Description

**Program Key Priority Area \*****Other Program Key Priority Area Description****Aim of Activity \*****Description of Activity \*****Needs Assessment Priorities \*****Needs Assessment****Priorities**



### Activity Demographics

Target Population Cohort

In Scope AOD Treatment Type \*

Indigenous Specific \*

Indigenous Specific Comments

Coverage

Whole Region



### Activity Consultation and Collaboration

Consultation

Collaboration



### Activity Milestone Details/Duration

Activity Start Date

Activity End Date

Service Delivery Start Date

Service Delivery End Date

Other Relevant Milestones



## 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): No

Is this activity being co-designed?

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

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

Decommissioning details?

Co-design or co-commissioning comments



## Activity Planned Expenditure

### Planned Expenditure

Funding Stream	FY 22 23	FY 23 24	FY 24 25	FY 25 26	FY 26 27
Mental Health Operational	\$2,091,874.00	\$1,737,606.00	\$1,564,357.00	\$0.00	\$0.00
Interest - Mental	\$608,548.08	\$634,851.55	\$0.00	\$0.00	\$0.00

Health					
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### Totals

Funding Stream	FY 22 23	FY 23 24	FY 24 25	FY 25 26	FY 26 27	Total
Mental Health Operational	\$2,091,874.00	\$1,737,606.00	\$1,564,357.00	\$0.00	\$0.00	\$5,393,837.00
Interest - Mental Health	\$608,548.08	\$634,851.55	\$0.00	\$0.00	\$0.00	\$1,243,399.63
Total	\$2,700,422.08	\$2,372,457.55	\$1,564,357.00	\$0.00	\$0.00	\$6,637,236.63

### Funding From Other Sources - Financial Details

### Funding From Other Sources - Organisational Details



### Summary of activity changes for Department

### Activity Status

Ready for Submission



## MH-Op - 2 - Indigenous Mental Health Operations FY22/23 - 25/26



### Activity Metadata

**Applicable Schedule \***

Primary Mental Health Care

**Activity Prefix \***

MH-Op

**Activity Number \***

2

**Activity Title \***

Indigenous Mental Health Operations FY22/23 - 25/26

**Existing, Modified or New Activity \***

Existing



### Activity Priorities and Description

**Program Key Priority Area \*****Other Program Key Priority Area Description****Aim of Activity \*****Description of Activity \*****Needs Assessment Priorities \*****Needs Assessment****Priorities**



## Activity Demographics

Target Population Cohort

In Scope AOD Treatment Type \*

Indigenous Specific \*

Indigenous Specific Comments

Coverage

Whole Region



## Activity Consultation and Collaboration

Consultation

Collaboration



## Activity Milestone Details/Duration

Activity Start Date

Activity End Date

Service Delivery Start Date

Service Delivery End Date

Other Relevant Milestones



## 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): No

Is this activity being co-designed?

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

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

Decommissioning details?

Co-design or co-commissioning comments



## Activity Planned Expenditure

### Planned Expenditure

Funding Stream	FY 22 23	FY 23 24	FY 24 25	FY 25 26	FY 26 27
Interest - Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mental Health	\$27,591.00	\$28,060.00	\$0.00	\$0.00	\$0.00

Operational					
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### Totals

Funding Stream	FY 22 23	FY 23 24	FY 24 25	FY 25 26	FY 26 27	Total
Interest - Mental Health	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mental Health Operational	\$27,591.00	\$28,060.00	\$0.00	\$0.00	\$0.00	\$55,651.00
Total	\$27,591.00	\$28,060.00	\$0.00	\$0.00	\$0.00	\$55,651.00

### Funding From Other Sources - Financial Details

### Funding From Other Sources - Organisational Details



### Summary of activity changes for Department

### Activity Status

Ready for Submission





## MH-CV19 - 1 - COVID-19 Emergency Funding FY22/23 - 25/26



### Activity Metadata

**Applicable Schedule \***

Primary Mental Health Care

**Activity Prefix \***

MH-CV19

**Activity Number \***

1

**Activity Title \***

COVID-19 Emergency Funding FY22/23 - 25/26

**Existing, Modified or New Activity \***

Existing



### Activity Priorities and Description

**Program Key Priority Area \***

Mental Health Priority Area 1: Low intensity mental health services

**Other Program Key Priority Area Description****Aim of Activity \***

This activity aims to improve: health outcomes and experience for those seeking to access mental health support; system efficiencies and the patient journey, through improved access, integrated and collaborative care.

**Description of Activity \***

This activity includes:

Continued delivery of a number of mental health support hubs within the EMPHN catchment.

Facilitation of timely and targeted mental health support to the community, particularly those with impacts associated with the COVID-19 pandemic.

Provision of mental health clinicians and practitioners who are knowledgeable about the broader service system accessible within the catchment, and can support to navigate consumers to appropriate pathways based on their specific needs

Utilisation of the Initial Assessment and Referral- Decision Support Tool (IAR-DST) which highlights presenting need, the level of people would be best suited to based on their need, acuity, risk and preferences.

Provision of child and youth mental surge workforce in headspace services.

Provision of secondary consultation to headspace practitioners and therapeutic intervention and support to young people with escalated acuity and complexity.

## Needs Assessment Priorities \*

### Needs Assessment

EMPHN Health Needs Assessment 2021

#### Priorities

Priority	Page reference
Pandemic Response	p86
Health outcomes for people who identify as Aboriginal and Torres Strait Islander peoples	p81
Addressing increasing prevalence of use of Alcohol and other drugs	p83
Declining workforce and increased pressures on workforce due to pandemic	p84
Addressing Mental Health and Suicide prevention challenges	p84



### Activity Demographics

#### Target Population Cohort

Adults & young people

#### In Scope AOD Treatment Type \*

#### Indigenous Specific \*

No

#### Indigenous Specific Comments

#### Coverage

#### Whole Region

Yes



### Activity Consultation and Collaboration

## Consultation

EMPHN has adopted the International Association for Public Participation (IAP2) framework to inform how consumers, clinicians, service providers, peak bodies and other interested parties can work together to inform PHN activities, including (but not limited to) commissioned services and other support activities. IAP2 methods legitimise differing levels of participation dependent on the goals, timeframes, resources and levels of concern in the decision to be made. At EMPHN consultation is the minimum threshold for engagement. This will occur via relevant committees, such as the Clinical Council and Consumer Advisory Committee, and through other groups and mechanisms as appropriate.

## Collaboration

As noted, EMPHN has adopted the IAP2 framework to inform stakeholder participation. Wherever possible, EMPHN will attempt to work with consumers, clinicians and other stakeholders throughout more elaborate participation levels, such as involvement, collaboration and empowerment. EMPHN has mapped a range of workflows and processes that support bringing stakeholders into the processes of needs assessments, topic prioritisation, design, and evaluation planning. EMPHN consider that the shared construction and interpretation of complex health problems with stakeholders creates stronger and more effective interventions. Culturally informed consultation will be engaged to ensure that collaboration is culturally safe and trauma informed.



## Activity Milestone Details/Duration

### Activity Start Date

19/09/2020

### Activity End Date

29/06/2023

### Service Delivery Start Date

09/2020

### Service Delivery End Date

30/06/2023

### Other Relevant Milestones



## 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?

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

Yes

Decommissioning details?

This activity ends June 2023 and residual activity has been transitioned to ongoing activities including H2H hubs and Youth Severe

Co-design or co-commissioning comments



## Activity Planned Expenditure

### Planned Expenditure

Funding Stream	FY 22 23	FY 23 24	FY 24 25	FY 25 26	FY 26 27
COVID-19	\$0.00	\$3,005,069.74	\$0.00	\$0.00	\$0.00

### Totals

Funding Stream	FY 22 23	FY 23 24	FY 24 25	FY 25 26	FY 26 27	Total
COVID-19	\$0.00	\$3,005,069.74	\$0.00	\$0.00	\$0.00	\$3,005,069.74
Total	\$0.00	\$3,005,069.74	\$0.00	\$0.00	\$0.00	\$3,005,069.74

### Funding From Other Sources - Financial Details

### Funding From Other Sources - Organisational Details



## Summary of activity changes for Department

**Activity Status**

Ready for Submission

Subject	Description	Commented By	Date Created
Approved Carryover Funding	In the email thread between PHN Financials and EMPHN on Thursday, 22nd June 2023 (3:38pm), carryover request was approved for COVID-19 Emergency Funding where the funding stream changed to "PMHC - COVID-19" to match the total funds available (carryover request was for "PMHC-H2H Adult Mental Health Services").	Anisha Balakrishnan	14/09/2023



## MH-CV19 Op - 10 - COVID-19 Emergency Funding Operations FY22/23 - 25/26



### Activity Metadata

**Applicable Schedule \***

Primary Mental Health Care

**Activity Prefix \***

MH-CV19 Op

**Activity Number \***

10

**Activity Title \***

COVID-19 Emergency Funding Operations FY22/23 - 25/26

**Existing, Modified or New Activity \***

Existing



### Activity Priorities and Description

**Program Key Priority Area \*****Other Program Key Priority Area Description****Aim of Activity \*****Description of Activity \*****Needs Assessment Priorities \*****Needs Assessment****Priorities**



## Activity Demographics

Target Population Cohort

In Scope AOD Treatment Type \*

Indigenous Specific \*

Indigenous Specific Comments

Coverage

Whole Region



## Activity Consultation and Collaboration

Consultation

Collaboration



## Activity Milestone Details/Duration

Activity Start Date

Activity End Date

Service Delivery Start Date

Service Delivery End Date

Other Relevant Milestones



## 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): No

Is this activity being co-designed?

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

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

Decommissioning details?

Co-design or co-commissioning comments



## Activity Planned Expenditure

### Planned Expenditure

Funding Stream	FY 22 23	FY 23 24	FY 24 25	FY 25 26	FY 26 27
COVID-19 Operational	\$0.00	\$155,697.39	\$0.00	\$0.00	\$0.00

Totals



Funding Stream	FY 22 23	FY 23 24	FY 24 25	FY 25 26	FY 26 27	Total
COVID-19 Operational	\$0.00	\$155,697.39	\$0.00	\$0.00	\$0.00	\$155,697.39
Total	\$0.00	\$155,697.39	\$0.00	\$0.00	\$0.00	\$155,697.39

#### Funding From Other Sources - Financial Details

#### Funding From Other Sources - Organisational Details



### Summary of activity changes for Department

#### Activity Status

Ready for Submission

Subject	Description	Commented By	Date Created
Approved Carryover Funding	<p>In the email thread between PHN Financials and EMPHN on Thursday, 22nd June 2023 (3:38pm), carryover request was approved for COVID-19 Emergency Funding Operations is detailed below:</p> <p>Amount requested as part of total \$1,069,461.29 for H2H Adult Mental Health Services. Total approved \$911,413.61 matching total unspent funds available in PMHC made up of:</p> <ul style="list-style-type: none"> <li>- H2H AMHC \$511,003.00</li> <li>- COVID-19 \$114,713.22</li> <li>- COVID-19 Operational \$155,697.39</li> <li>- Initial Assessment and Referral \$130,000.00.</li> </ul>	Anisha Balakrishnan	14/09/2023



## MH-AMHCT - 1 - H2H Adult Mental Health Services FY22/23 - 25/26



### Activity Metadata

**Applicable Schedule \***

Primary Mental Health Care

**Activity Prefix \***

MH-AMHCT

**Activity Number \***

1

**Activity Title \***

H2H Adult Mental Health Services FY22/23 - 25/26

**Existing, Modified or New Activity \***

Existing



### Activity Priorities and Description

**Program Key Priority Area \***

Other (please provide details)

**Other Program Key Priority Area Description****Aim of Activity \***

Continue to support vulnerable people, including older Australians, Indigenous Australians, and those that are socially isolated or financially impacted by the COVID-19 pandemic to access mental health services and supports, via Head to Health mental health Hubs.

These Hubs provide on-site and telehealth mental health support, including referral on to more intensive mental health care or social supports as needed.

Head to Health Hubs also support General Practitioners by providing access to multidisciplinary teams of mental health workers, including psychologists, mental health nurses, social workers, and alcohol and drug workers.

**Description of Activity \***

Continue to deliver a number of Mental Health support Hubs within the EMPHN catchment, in order to facilitate the provision of timely and targeted mental health support to community members experiencing mental health difficulties associated with the impact of the COVID-19 pandemic. These Hubs contain teams of multidisciplinary clinicians / practitioners, that provide treatment and support according to demonstrated need.

## Needs Assessment Priorities \*

### Needs Assessment

EMPHN Health Needs Assessment 2021

#### Priorities

Priority	Page reference
Pandemic Response	p86
Health outcomes for people who identify as Aboriginal and Torres Strait Islander peoples	p81
Addressing increasing prevalence of use of Alcohol and other drugs	p83
Declining workforce and increased pressures on workforce due to pandemic	p84
Addressing Mental Health and Suicide prevention challenges	p84



### Activity Demographics

#### Target Population Cohort

People of all ages who reside, work or study in the Catchment, who require support to manage their mental health. Support is prioritised for those who are:

Identified as requiring Level 3 and Level 4 supports according to the Initial Assessment and Referral (IAR) tool .

Unable to afford or access similar services in the community .

Residing in rural areas and / or belong to other underserved and/or hard to reach populations.

#### In Scope AOD Treatment Type \*

#### Indigenous Specific \*

No

#### Indigenous Specific Comments

#### Coverage

Whole Region

Yes



## Activity Consultation and Collaboration

### Consultation

has adopted the International Association for Public Participation (IAP2) framework to inform how consumers, clinicians, service providers, peak bodies and other interested parties can work together to inform PHN activities, including (but not limited to) commissioned services and other support activities. IAP2 methods legitimise differing levels of participation dependent on the goals, timeframes, resources and levels of concern in the decision to be made. At EMPHN consultation is the minimum threshold for engagement. This will occur via relevant committees, such as the Clinical Council and Consumer Advisory Committee, and through other groups and mechanisms as appropriate.

### Collaboration

As noted, EMPHN has adopted the IAP2 framework to inform stakeholder participation. Wherever possible, EMPHN will attempt to work with consumers, clinicians and other stakeholders throughout more elaborate participation levels, such as involvement, collaboration and empowerment. EMPHN has mapped a range of workflows and processes that support bringing stakeholders into the processes of needs assessments, topic prioritisation, design, and evaluation planning. EMPHN consider that the shared construction and interpretation of complex health problems with stakeholders creates stronger and more effective interventions. Culturally informed consultation will be engaged to ensure that collaboration is culturally safe and trauma informed.



## Activity Milestone Details/Duration

### Activity Start Date

28/09/2020

### Activity End Date

29/06/2023

### Service Delivery Start Date

29/09/2020

### Service Delivery End Date

30/06/2024

### Other Relevant Milestones



## 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?

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



## Activity Planned Expenditure

### Planned Expenditure

Funding Stream	FY 22 23	FY 23 24	FY 24 25	FY 25 26	FY 26 27
H2H Adult Mental Health Services	\$0.00	\$511,003.00	\$0.00	\$0.00	\$0.00

### Totals

Funding Stream	FY 22 23	FY 23 24	FY 24 25	FY 25 26	FY 26 27	Total
H2H Adult Mental Health Services	\$0.00	\$511,003.00	\$0.00	\$0.00	\$0.00	\$511,003.00
Total	\$0.00	\$511,003.00	\$0.00	\$0.00	\$0.00	\$511,003.00

### Funding From Other Sources - Financial Details



## Summary of activity changes for Department

## Activity Status

Ready for Submission

Subject	Description	Commented By	Date Created
Approved Carryover Funding	In the email thread between PHN Financials and EMPHN on Thursday, 22nd June 2023 (3:38pm), carryover request was approved for PMHC - H2H Adult Mental Health Services total approved carryover was \$511,003.00. Amount reduced by \$158,047.68 to \$911,413.61 to match total funds available in PMHC. \$400,410.61 carried over in other funding streams (refer below).	Anisha Balakrishnan	14/09/2023



## CHHP - 1 - Headspace Wait Time Reduction Program FY22/23 - 25/26



### Activity Metadata

#### Applicable Schedule \*

Primary Mental Health Care

#### Activity Prefix \*

CHHP

#### Activity Number \*

1

#### Activity Title \*

Headspace Wait Time Reduction Program FY22/23 - 25/26

#### 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

#### Other Program Key Priority Area Description

#### Aim of Activity \*

An initiative to improve access to headspace services for young people by reducing wait times.

#### Description of Activity \*

- Reduce risk for young people by supporting faster access to key services, including mental health
- Create online platforms and alternative engagement methodologies to support young people accessing support.

#### Needs Assessment Priorities \*

#### Needs Assessment

EMPHN Health Needs Assessment 2021

#### Priorities

Priority	Page reference
Increase uptake of digital health	p83
Addressing Mental Health and Suicide prevention challenges	p84



## Activity Demographics

### Target Population Cohort

12- 25 years of age

### In Scope AOD Treatment Type \*

### Indigenous Specific \*

No

### Indigenous Specific Comments

### Coverage

#### Whole Region

Yes



## Activity Consultation and Collaboration

### Consultation

EMPHN has adopted the International Association for Public Participation (IAP2) framework to inform how consumers, clinicians, service providers, peak bodies and other interested parties can work together to inform PHN activities, including (but not limited to) commissioned services and other support activities. IAP2 methods legitimise differing levels of participation dependent on the goals, timeframes, resources and levels of concern in the decision to be made. At EMPHN consultation is the minimum threshold for engagement. This will occur via relevant committees, such as the Clinical Council and Consumer Advisory Committee, and through other groups and mechanisms as appropriate.

### Collaboration

As noted, EMPHN has adopted the IAP2 framework to inform stakeholder participation. Wherever possible, EMPHN will attempt to work with consumers, clinicians and other stakeholders throughout more elaborate participation levels, such as involvement, collaboration and empowerment. EMPHN has mapped a range of workflows and processes that support bringing stakeholders into the processes of needs assessments, topic prioritisation, design, and evaluation planning. EMPHN consider that the shared construction and interpretation of complex health problems with stakeholders creates stronger and more effective interventions. Culturally informed consultation will be engaged to ensure that collaboration is culturally safe and trauma informed.



## Activity Milestone Details/Duration

### Activity Start Date



30/06/2019

**Activity End Date**

29/06/2022

**Service Delivery Start Date**

**Service Delivery End Date**

**Other Relevant Milestones**



## 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?**

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**

Yes

**Decommissioning details?**

This activity will now end due to funding having ceased. The implication of this activity has already seen an increase over services that utilise this funding. This is further compounded by the fact these services did not receive demand management funding.

**Co-design or co-commissioning comments**



## Activity Planned Expenditure

### Planned Expenditure

Funding Stream	FY 22 23	FY 23 24	FY 24 25	FY 25 26	FY 26 27
CHHP - Integrated Youth Hub Lilydale	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
CHHP – headspace Wait Time Reduction Program	\$120,000.00	\$226,375.26	\$0.00	\$0.00	\$0.00

### Totals

Funding Stream	FY 22 23	FY 23 24	FY 24 25	FY 25 26	FY 26 27	Total
CHHP - Integrated Youth Hub Lilydale	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
CHHP – headspace Wait Time Reduction Program	\$120,000.00	\$226,375.26	\$0.00	\$0.00	\$0.00	\$346,375.26
Total	\$120,000.00	\$226,375.26	\$0.00	\$0.00	\$0.00	\$346,375.26

### Funding From Other Sources - Financial Details

### Funding From Other Sources - Organisational Details



## Summary of activity changes for Department

### Activity Status

Ready for Submission



## CHHP - 2 - Integrated Youth Hub Lilydale FY22/23 - 25/26



### Activity Metadata

**Applicable Schedule \***

Primary Mental Health Care

**Activity Prefix \***

CHHP

**Activity Number \***

2

**Activity Title \***

Integrated Youth Hub Lilydale FY22/23 - 25/26

**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

**Other Program Key Priority Area Description****Aim of Activity \***

The service aims to provide care coordination, mental health and other integrated health supports to vulnerable young people in a holistic way. This occurs through a consortia of integrated partner services, and is achieved through outreach, multiple service sites and a range of programs/clinical consultation. The Hub covers service gaps in the area with a lack of other similar services available to young people.

**Description of Activity \***

The Lilydale Integrated Youth Health Hub supports the health and wellbeing of young people in the Yarra Ranges area, with a strong focus on integrated health and mental health support. The Hub clients are young people aged 15-25.

**Needs Assessment Priorities \*****Needs Assessment**

EMPHN Health Needs Assessment 2021

**Priorities**

Priority	Page reference
Health outcomes for people who identify as Aboriginal and Torres Strait Islander peoples	p81
Addressing increasing prevalence of use of Alcohol and other drugs	p83
Addressing Mental Health and Suicide prevention challenges	p84



## Activity Demographics

### Target Population Cohort

Youth aged 12-25 years old in the Yarra Ranges Catchment

### In Scope AOD Treatment Type \*

### Indigenous Specific \*

Yes

### Indigenous Specific Comments

There is an indigenous specific consortia partner that provides indigenous support and referrals to other integrated hub services.

### Coverage

#### Whole Region

No

SA3 Name	SA3 Code
Yarra Ranges	21105



## Activity Consultation and Collaboration

### Consultation

EMPHN has adopted the International Association for Public Participation (IAP2) framework to inform how consumers, clinicians, service providers, peak bodies and other interested parties can work together to inform PHN activities, including (but not limited to) commissioned services and other support activities. IAP2 methods legitimise differing levels of participation dependent on the goals, timeframes, resources and levels of concern in the decision to be made. At EMPHN consultation is the minimum threshold for engagement. This will occur via relevant committees, such as the Clinical Council and Consumer Advisory Committee, and through other groups and mechanisms as appropriate.

### Collaboration

As noted, EMPHN has adopted the IAP2 framework to inform stakeholder participation. Wherever possible, EMPHN will attempt to work with consumers, clinicians and other stakeholders throughout more elaborate participation levels, such as involvement, collaboration and empowerment. EMPHN has mapped a range of workflows and processes that support bringing stakeholders into the processes of needs assessments, topic prioritisation, design, and evaluation planning. EMPHN consider that the shared

construction and interpretation of complex health problems with stakeholders creates stronger and more effective interventions. Culturally informed consultation will be engaged to ensure that collaboration is culturally safe and trauma informed.



## Activity Milestone Details/Duration

### Activity Start Date

30/06/2019

### Activity End Date

29/06/2022

### Service Delivery Start Date

01/06/2021

### Service Delivery End Date

31/12/2022

### Other Relevant Milestones



## 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?

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

Yes

Decommissioning details?

The Lilydale Youth Hub is being decommissioned in December 2022 due to funding cessation. The implications of this are anticipated to be significant as there is currently a lack of alternative services and workforce shortages that mean youth mental health support in particular has been adversely affected.

#### Co-design or co-commissioning comments



### Activity Planned Expenditure

#### Planned Expenditure

Funding Stream	FY 22 23	FY 23 24	FY 24 25	FY 25 26	FY 26 27
CHHP – headspace Wait Time Reduction Program	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
CHHP - Integrated Youth Hub Lilydale	\$0.00	\$1,852,500.00	\$0.00	\$0.00	\$0.00

#### Totals

Funding Stream	FY 22 23	FY 23 24	FY 24 25	FY 25 26	FY 26 27	Total
CHHP – headspace Wait Time Reduction Program	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
CHHP - Integrated Youth Hub Lilydale	\$0.00	\$1,852,500.00	\$0.00	\$0.00	\$0.00	\$1,852,500.00
Total	\$0.00	\$1,852,500.00	\$0.00	\$0.00	\$0.00	\$1,852,500.00

#### Funding From Other Sources - Financial Details

#### Funding From Other Sources - Organisational Details



### Summary of activity changes for Department

**Activity Status**

Ready for Submission

Subject	Description	Commented By	Date Created
Approved Carry Forward Funding	In the email thread between PHN Financials and EMPHN on Thursday, 22nd June 2023 (3:38pm), carryover request was approved for PMHC - CHHP - Integrated Youth Hub Lilydale activity for FY 23/24 for a value of \$1,836,752.50. EMPHN has recorded this value in the AWP, however, the funding allocations menu on PPERS indicates that this value should be \$1,852,500.00.	Anisha Balakrishnan	14/09/2023



## CHHP-Op - 1 - Headspace Wait Time Reduction Program Operational FY22/23 - 25/26



### Activity Metadata

**Applicable Schedule \***

Primary Mental Health Care

**Activity Prefix \***

CHHP-Op

**Activity Number \***

1

**Activity Title \***

Headspace Wait Time Reduction Program Operational FY22/23 - 25/26

**Existing, Modified or New Activity \***

Existing



### Activity Priorities and Description

**Program Key Priority Area \*****Other Program Key Priority Area Description****Aim of Activity \*****Description of Activity \*****Needs Assessment Priorities \*****Needs Assessment****Priorities**





## Activity Demographics

Target Population Cohort

In Scope AOD Treatment Type \*

Indigenous Specific \*

Indigenous Specific Comments

Coverage

Whole Region



## Activity Consultation and Collaboration

Consultation

Collaboration



## Activity Milestone Details/Duration

Activity Start Date

Activity End Date

Service Delivery Start Date

Service Delivery End Date

Other Relevant Milestones



## 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): No

Is this activity being co-designed?

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

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

Decommissioning details?

Co-design or co-commissioning comments



## Activity Planned Expenditure

### Planned Expenditure

Funding Stream	FY 22 23	FY 23 24	FY 24 25	FY 25 26	FY 26 27
CHHP - Integrated Youth Hub Lilydale - Operational	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

CHHP - headspace Wait Time Reduction Operational	\$7,659.00	\$4,236.72	\$0.00	\$0.00	\$0.00
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#### Totals

Funding Stream	FY 22 23	FY 23 24	FY 24 25	FY 25 26	FY 26 27	Total
CHHP - Integrated Youth Hub Lilydale - Operational	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
CHHP - headspace Wait Time Reduction Operational	\$7,659.00	\$4,236.72	\$0.00	\$0.00	\$0.00	\$11,895.72
Total	\$7,659.00	\$4,236.72	\$0.00	\$0.00	\$0.00	\$11,895.72

#### Funding From Other Sources - Financial Details

#### Funding From Other Sources - Organisational Details



#### Summary of activity changes for Department

#### Activity Status

Ready for Submission



## CHHP-Op - 2 - Integrated Youth Hub Lilydale - Operational FY22/23 - 25/26



### Activity Metadata

**Applicable Schedule \***

Primary Mental Health Care

**Activity Prefix \***

CHHP-Op

**Activity Number \***

2

**Activity Title \***

Integrated Youth Hub Lilydale - Operational FY22/23 - 25/26

**Existing, Modified or New Activity \***

Existing



### Activity Priorities and Description

**Program Key Priority Area \*****Other Program Key Priority Area Description****Aim of Activity \*****Description of Activity \*****Needs Assessment Priorities \*****Needs Assessment****Priorities**



## Activity Demographics

Target Population Cohort

In Scope AOD Treatment Type \*

Indigenous Specific \*

Indigenous Specific Comments

Coverage

Whole Region



## Activity Consultation and Collaboration

Consultation

Collaboration



## Activity Milestone Details/Duration

Activity Start Date

Activity End Date

Service Delivery Start Date

Service Delivery End Date

Other Relevant Milestones



## 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): No

Is this activity being co-designed?

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

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

Decommissioning details?

Co-design or co-commissioning comments



## Activity Planned Expenditure

### Planned Expenditure

Funding Stream	FY 22 23	FY 23 24	FY 24 25	FY 25 26	FY 26 27
CHHP - headspace Wait Time Reduction Operational	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

CHHP - Integrated Youth Hub Lilydale - Operational	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
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#### Totals

Funding Stream	FY 22 23	FY 23 24	FY 24 25	FY 25 26	FY 26 27	Total
CHHP - headspace Wait Time Reduction Operational	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
CHHP - Integrated Youth Hub Lilydale - Operational	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

#### Funding From Other Sources - Financial Details

#### Funding From Other Sources - Organisational Details



#### Summary of activity changes for Department

#### Activity Status

Ready for Submission