Australian Government
Department of Health

phn
An Australian Government Initiative

Updated Activity Work Plan 2016-2019: Primary Mental Health Care Funding

Updated 20 November 2018

The Mental Health Activity Work Plan template has two parts:

1) The updated Annual Mental Health Activity Work Plan for 2016-2019, which will provide:
   a) A strategic vision which outlines the approach to addressing the mental health and suicide prevention priorities of each PHN;
   b) A description of planned activities funded under the Primary Mental Health Care Schedule which incorporates:
      i) Primary Mental Health Care funding (PHN: Mental Health and Suicide Prevention Operational and Flexible Activity); and
      ii) *Indigenous Australians' Health Programme* funding (quarantined to support Objective 6 – see pages 2-3) (PHN: Indigenous Mental Health Flexible Activity).

2) The updated Budget for 2016-2019 for (attach an excel spreadsheet using template provided):
   a) Primary Mental Health Care (PHN: Mental Health and Suicide Prevention Operational and Flexible Activity); and
   b) *Indigenous Australians' Health Programme* (quarantined to support Objective 6) (PHN: Indigenous Mental Health Flexible Activity).

Eastern Melbourne PHN

When submitting this Mental Health Activity Work Plan (referred to as the Regional Operational Mental Health and Suicide Prevention Plan in the 2015-16 Schedule for Operational Mental Health and Suicide Prevention, and Drug and Alcohol Activities) to the Department of Health, the Primary Health Network (PHN) must ensure that all internal clearances have been obtained and it has been endorsed by the CEO.

Additional planning and reporting requirements including documentation, data collection and evaluation activities for those PHNs selected as lead sites and/or suicide prevention trial sites will be managed separately.

The Mental Health Activity Work Plan must be lodged via email to your Grant Officer on or before 17 February 2018.

Overview

This Activity Work Plan is an update to the 2016-18 Activity Work Plan submitted to the Department in February 2017. However, activities can be proposed in the Plan beyond this period.

Mental Health Activity Work Plan 2016-2019

The template for the Plan requires PHNs to outline activities against each and every one of the six priorities for mental health and suicide prevention. The Plan should also lay the foundation for regional planning and implementation of a broader stepped care model in the PHN region. This Plan recognises that 2016-17 is a transition year and full flexibility in programme design and delivery will not occur until 2018-19.

The Plan should:

a) Provide an update on the planned mental health services to be commissioned from 1 July 2016, consistent with the grant funding guidelines.

b) Outline the approach to be undertaken by the PHN in leading the development with regional stakeholders including LHNs of a longer term, more substantial *Regional Mental Health and Suicide Prevention plan* (which is aligned with the Australian Government Response to the Review of Mental Health Programmes and Services (available on the Department's website). This will include an outline of the approach to be undertaken by the PHN to seek agreement to the longer-term *regional mental health and suicide prevention plan* from the relevant organisational signatories in the region, including LHNs.

c) Outline the approach to be taken to integrating and linking programmes transitioning to PHNs (such as headspace, and the Mental Health Nurse Incentive Programme services) into broader primary care activities, and to supporting links between mental health and drug and alcohol service delivery.

d) Have a particular focus on the approach to new or significantly reformed areas of activity – particularly Aboriginal and Torres Strait Islander mental health, suicide prevention activity, and early activity in relation to supporting young people presenting with severe mental illness.

In addition, PHNs will be expected to provide advice in their Mental Health Activity Work Plan on how they are going to approach the following specific areas of activity in 2016-19 to support these areas of activity:

- Develop and implement clinical governance and quality assurance arrangements to guide the primary mental health care activity undertaken by the PHN, in a way which is consistent with section 1.3 of the *Primary Health Networks Grant Programme Guidelines* available on the PHN website at *http://www.health.gov.au/internet/main/publishing.nsf/Content/PHN-Program_Guidelines,* and which is consistent with the National Standards for Mental Health Services and National Practice Standards for the Mental Health Workforce.
- Ensure appropriate data collection and reporting systems are in place for all commissioned services to inform service planning and facilitate ongoing performance monitoring and evaluation at the regional and national level, utilising existing infrastructure where possible and appropriate.
- Develop and implement systems to support sharing of consumer clinical information between service providers and consumers, with appropriate consent and building on the foundation provided by myHealth Record.
- Establish and maintain appropriate consumer feedback procedures, including complaint-handling procedures, in relation to services commissioned under the activity.

Value for money in relation to the cost and outcomes of commissioned services needs to be considered within this planning process.

1. (a) Strategic Vision

Our vision: Better health outcomes, Better health experiences, An integrated health care system

Our mission: With our partners, we facilitate health system improvement for people in eastern and north eastern Melbourne.

Our values:
- Leadership
- Understanding
- Outcomes
- Collaboration

Our strategic priorities and goals
1. Addressing health gaps and inequalities
    - Improved access to the right care, in the right place, at the right time, particularly for at risk and vulnerable groups
    - More effective care for people with chronic complex diseases and those at risk of poor health outcomes
2. Enhancing primary care
    - Primary care providers deliver consumer-centred integrated services
    - Primary care providers deliver timely, high quality and safe health care
3. Leveraging digital health, data and technology
    - Health data, economic analysis, planning and evaluation drives impactful service and system development
    - Improved use of data and technology to support providers in delivering high quality coordinated care, and consumers in managing their own health
4. Enable an integrated service system by working in partnership
    - Joint planning and coordinated investment results in better integrated, consumer-centred, service delivery
    - Service system improvement occurs through co-design processes that are consumer-centric, clinician-led and provider informed
    - Strategic Commissioning delivers better consumer outcomes and an improved service system
5. A high performing organisation
    - EMPHN is recognised and highly valued by funders, partners and our community
    - A healthy, highly skilled, and sustainable organisation
    - Accountable governance, and effective stewardship of commissioned funds and contracts
    - Our business systems, processes and infrastructure enable highly effective ways of working together

EMPHN Operating Model and the Commissioning Framework

In its role as a facilitator of primary care system improvement and redesign, EMPHN has adopted an operating model made up of a continuous improvement approach to commissioning, and governance structures geared towards collaboration and co-design.

Commissioning Framework

Commissioning is a cycle. Needs are assessed through community consultation and solutions are designed in partnership with stakeholders. Transparent processes are used to promote the implementation of solutions, including the identification of providers from whom services may be purchased. Solutions are evaluated and the outcomes used to further assessment and planning.

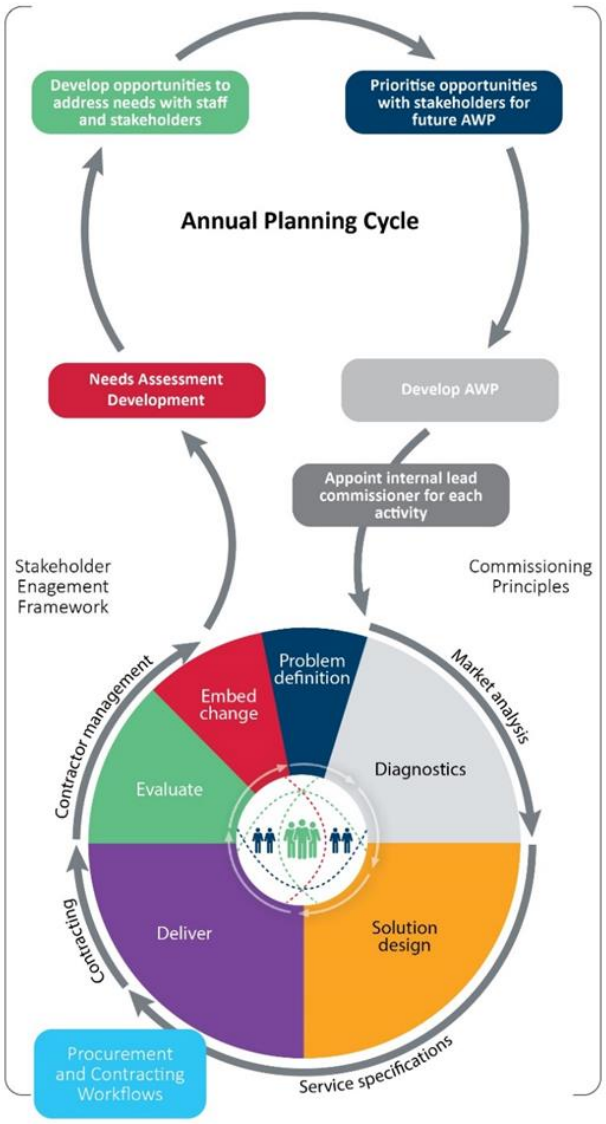

Diagram. EMPHN Commissioning Framework Components and their interrelationship

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Figure 1. Commissioning cycle

Underpinning the phases of the Commissioning Cycle is a focus on ongoing relationships with consumers, providers and other stakeholders.

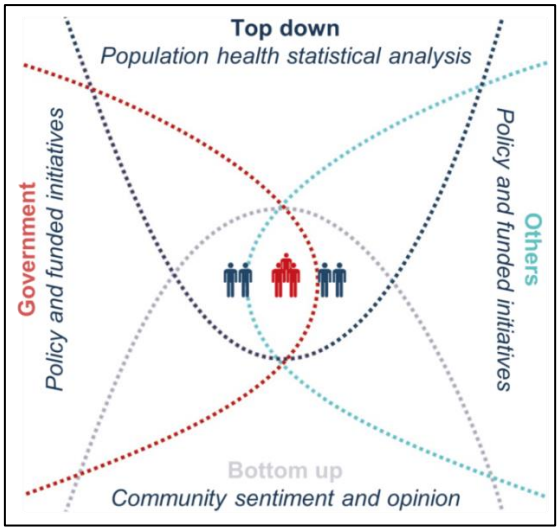

Figure 2. Prioritisation approach

Commissioning principles

1. **Understand the needs of the community** by engaging and consulting with consumer, carer and provider representatives, peak bodies, community organisations and other funders.

2. **Engage potential service providers** well in advance of commissioning new services.

3. **Focus on outcomes** rather than service models or types of interventions.

4. **Adopt a whole of system approach** to meeting health needs and delivering improved health outcomes.

5. **Understand the fullest practical range of providers** including the contribution they could make to delivering outcomes and addressing market failures and gaps.

6. **Co-design solutions;** engage with stakeholders, including consumer representatives, peak bodies, community organisations, potential providers and other funders to develop outcome focused solutions.

7. **Consider investing in the capacity of providers and consumers**, particularly in relation to hard to reach groups.

8. **Ensure procurement and contracting processes are transparent and fair**, facilitating the involvement of the broadest range of suppliers, including alternative arrangements such as consortia building where appropriate.

9. **Manage through relationships; work in partnership,** building connections at multiple levels of partner organisations and facilitate links between stakeholders.

10. **Ensure efficiency and value for money.**

11. **Monitor and evaluate** through regular performance reporting, consumer, community and provider feedback and independent evaluation.

Consultative structures

The EMPHN Board and operational staff receive strategic advice on engagement and participation from key groups:

- Clinical Council
- Community Advisory Committee
- Regional Collaborative Structures
- Peak Bodies
- Consumers
- Providers

Internal structures

The EMPHN organisational structure includes programs that support and develop primary care practitioners, and that support primary care improvement and integration. In addition to the formal governance structure, EMPHN staff work across teams within specialty area streams such as Indigenous Health, Aged Care, Refugee Health and Mental Health. EMPHN staff also work across teams to participate in improvement and innovation initiative.

Transition to a new model of Mental Health Stepped Care

Over the past eight months, EMPHN has moved to the development of a whole of model stepped care approach where two formerly discrete funding streams, Psychological Strategies (PS) and Mental Health Nurse Incentive Program (MHNIP) funding, will be incorporated into the new model.

The development of the stepped care model has involved an extensive process of co-design and engagement with relevant stakeholders. A discussion paper was released in August 2017 and a number of forums held to obtain feedback prior to finalising the approach to inform development of the service specifications for the Request for Tender (RFT).

The development of the model has been informed by:

- A review of Psychological Strategies and Mental Health Nurse Incentive Program delivery including service delivery metrics
- EMPHN Needs Assessment
- Literature reviews
- Co-design
- Extensive engagement and consultation
- Discussion paper outlining the draft model with feedback from:
    - Consumers
    - Families and carers
    - Service providers
    - EMPHN Board
    - EMPHN Clinical Council
    - EMPHN Community Advisory Group
    - EMPHN Commissioning and Clinical Governance Committee
- Expert opinion input

- GP & Practice Manager briefings
- Local Hospital Networks consultation and briefings via collaborative networks
- Australian College of Mental Health Nurses briefings
- National Mental Health Service Planning Framework

We have commenced commissioning of the new model via a sub-regional approach across the catchment and will implement in three stages. During the 2017-18 funding period of transition we have managed two models of service in parallel: maintaining the contractor provider model (EO's for MHNP and AHPs and organisations for PS) and the new provider delivering the stepped care "whole of model" service.

The new Stepped Care Model (SCM) commenced in January 2018 in the North East part of the EMPHN catchment (stage one) following an open tender. The successful tenderer is a community health service as the lead agency, in partnership with three agencies. An RFT for stage two, the outer east of Melbourne, was released in February 2018 and the service will commence in July 2018. Procurement for stage three for the inner east Melbourne region, via an RFT, will occur in the 2018-19 financial year with services commencing in January 2019.

Whilst the existing Annual Work Plan has provided the basis of activity and service delivery over the past two years, the new model of stepped care will result in a very different approach. Because of the move to SCM and a move away from programmatic silos (PS and MHNIP), the reporting against the AWP will be different.

Key features of the Mental Health Stepped Care Model are:

- Person centred approach
- Comprehensive assessment with services tailored to the needs of the consumer
- Mix of treatment modalities defined through assessment and supported by the use of clinical staging
- Utilisation of e-health technology as part of a suite of service responses
- Multi-disciplinary team – including credentialed mental health clinicians capable of operating at the top of their scope
- Connection with person's GP as part of the care team
- Ensuring the physical health and wellbeing of consumers forms part of the service response
- Integrated care – particularly for those people with moderate to severe mental health issues including co-morbidities
- Collaborative care planning
- Defined care pathways and linkages to other social care support as required

Outcomes we are seeking as part of the model:

- Health outcomes for consumers – improved quality of life, improved consumer pathways
    - Improved well-being as evidenced by quantitative and qualitative measures
    - Number and rate of consumers using various stepped care services
- Consumer experience – satisfaction and improvement in wellbeing, integrated care
    - Satisfaction as evidenced by consumer service and health system experience
    - Evidence of % of consumers who have a shared care plan

- System efficiency – better demand management, access, response times, sustainability, improved care pathways, integrated care
    - Integrated care pathways as evidenced by formalised partnerships, regional strategies or collaborations (e.g. MOUs)
    - Evidence of collaborative care planning
    - Consumers and practitioners experience a system that is easy to navigate as evidenced by qualitative feedback
- Practitioner/Clinician experience – capability, utilisation of mental health workforce, satisfaction levels
    - Practitioners experience an integrated collaborative system evidenced by qualitative feedback
    - Evidence of utilisation of a broad range of mental health workers including clinicians and peer workers

1. (b) Planned activities funded under the Primary Mental Health Care Schedule – Template 1

Note 1: For Priority Area 1, 2, and 5-8 use Template 1 below.

Note 2: For Priority Areas 3 and 4, please use Template 2 on page 9.

Proposed Activities - copy and complete the table as many times as necessary to report on each Priority Area	
Priority Area	**Priority Area 1: Low intensity mental health services**
Activity (is) / Reference (e.g. Activity 1.1, 1.2, etc.)	- Transition to Mental Health Stepped Care Model (MHSCM) (see Priority 7 for details) - Lead Site Low Intensity Pilot - Other low intensity pilots: Perinatal Depression and Group Therapy Services - EMPHN Referral and Access Team navigation and linkages – supports the transition of clients to the SCM and a major role in supporting referrers to navigate the new service landscape.
Existing, Modified, or New Activity	Existing
Description of Activity	- To continue service delivery under current low intensity pilots as per below mentioned durations. This will focus on the hard to reach populations who might benefit from a low intensity therapeutic service that is distinctly different from individual Psychological Strategies (formerly known as ATAPS). - To transition to Mental Health Stepped Care model inclusive of individual and group low intensity psychological services.
Target population cohort	People with or at risk of mild mental health illness
Consultation	Please refer to 2017/2018 EMPHN PMHC AWP Extensive consultation occurred prior to the implementation of this activity. Internal evaluation has occurred as part of implementation.
Collaboration	Please refer to 2017/2018 EMPHN PMHC AWP
Duration	The contract for Lead Site Low Intensity will be finalised by February 2019. The contracts for the other low intensity pilots will be finalised by November 2018 within the existing budget.

	Low intensity MH services will be integrated into the new SCM (see priority 7)
Coverage	Whole of the EMPHN catchment
Commissioning method (if relevant)	Complete for pilots in 2017/2018. Now in delivery and contract management stage.
Approach to market	This component of the SCM will be procured through open tender.
Decommissioning	Decommissioning of low Intensity services (pilots) as part of the move to stepped care. All three pilots will be decommissioned in 2018 – 2019.
Performance Indicator	Priority Area 1 - Mandatory performance indicators: • Proportion of regional population receiving PHN-commissioned mental health services – Low intensity services. • Average cost per PHN-commissioned mental health service – Low intensity services. • Clinical outcomes for people receiving PHN-commissioned low intensity mental health services. Local Performance Indicator: Equity of access (outcome indicator) for EMPHN identified target groups across the catchment forms part of the key performance indicators for the new SCM.
Local Performance Indicator target (where possible)	The baseline indicator will be determined by the PMHC MDS data as appropriate, a target is to be confirmed. Disaggregation will apply as defined by PMHC MDS
Local Performance Indicator Data source	Please refer to 2017/2018 EMPHN PMHC AWP MDS and specified KPIs for SCM contracted providers Indicator sourced in part – PMHC MDS Commencement date - 2017
Planned Expenditure **2016-17** (GST Exc) – Commonwealth funding	$3,740,837
Planned Expenditure **2016-17** (GST Exc) – Funding from other sources	$0

Planned Expenditure **2017-18** (GST Exc) – Commonwealth funding	$487,085
Planned Expenditure **2017-18** (GST Exc) – Funding from other sources	$0
Planned Expenditure **2018-19** (GST Exc) – Commonwealth funding	$275,000 (lead site funding) Low Intensity expenditure is also accounted for in Priority 3 & 7 - Stepped Care
Planned Expenditure **2018-19** (GST Exc) – Funding from other sources	$0
Funding from other sources	

Proposed Activities	
Priority Area	**Priority Area 2: Child and youth mental health services**
Activity (is) / Reference (e.g. Activity 1.1, 1.2, etc.)	2.1 Alignment of youth mental health service to a stepped care approach. 2.2 Continuation of existing three headspace commissioned services: - headspace Hawthorn - headspace Knox - headspace Greensborough 2.3 Continuation of two Youth Severe commissioned services - Eastern Health - Neami 2.4 Collaborate and work with local youth services to identify service gaps and solutions
Existing, Modified, or New Activity	Existing Activity

Description of Activity	2.1 Alignment of existing child and youth mental health services into a stepped care approach. Align existing child and youth services to the stepped model of care ensuring a continuum of service delivery options for this population cohort. 2.2 Headspace – continue existing service delivery via the headspace model. - Work with headspace services in Hawthorn, Knox and Greensborough and local youth services to explore strategies to facilitate improved access for underserviced parts of the catchment as identified in the needs assessment. - Ongoing contract management of headspace service contracts. 2.3 The Youth Severe services were commissioned in 2017-18 and contract management of services will continue in 2018-19. – Work with the providers to ensure an integrated service response is achieved. – Ongoing contract management and evaluation of the Youth Severe services models. 2.4 Undertake planning and collaborate with local youth service providers and stakeholders to identify service gaps and barriers to access, targeting underserviced areas of the catchment and hard to reach target groups and support service responses and solutions to address these identified needs. Participate in local youth service networks to support service collaboration and integration.
Target population cohort	Please refer to 2017/2018 EMPHN PMHC AWP Children and young people (under 25 years) with scope to include families as appropriate. Child and youth population service options will also be integrated into the SCM (Priority 7)
Consultation	Please refer to 2017/2018 EMPHN PMHC AWP Consultation occurred in 2016 -2017 to inform commissioning of these services.
Collaboration	Please refer to 2017/2018 EMPHN PMHC AWP

	Collaboration with headspace centres, local youth service providers, LHNs and community health services as part of the Youth Severe services and continued service delivery within the headspace services.
Duration	2018-2019
Coverage	Headspace - whole of EMPHN catchment via three centre services. Youth Severe – whole of EMPHN catchment via two community based models: • Youth Engagement Treatment Team Initiative (YETTI) – LGAs of Boroondara, Whitehorse, Manningham, Monash, Maroondah, Knox, Yarra Ranges, Banyule, Nillumbik. • YFlex - Outreach model in LGAs of Whittlesea, parts of Murrindindi and Mitchell.
Commissioning method (if relevant)	Commissioned in 2017/2018. Now in delivery and contract management stage.
Approach to market	Youth Severe services have been commissioned via an open tender and services commenced 2017/2018.
Decommissioning	N/A
Performance Indicator	<u>Mandatory performance indicator:</u> • Support region-specific, cross-sectoral approaches to early intervention for **children and young people** with, or at risk of mental illness (including those with severe mental illness who are being managed in primary care) and implementation of an equitable and integrated approach to primary mental health services for this population group. • Proportion of regional youth population receiving youth-specific PHN-commissioned mental health services. <u>Local Performance Indicator</u> Youth severe - Appropriate targeting of services to under serviced areas (output)
Local Performance Indicator target (where possible)	The performance target is currently unknown.

	The baseline indicator will be determined from the MDS data Disaggregation Youth severe - Appropriate targeting of services to under serviced areas – target over 50%
Local Performance Indicator Data source	Data source Hapi Headspace centre data Youth Severe – local data collection National data set Hapi Commencement of the data collection 2017
Planned Expenditure **2016-17** (GST Exc) – Commonwealth funding	$3,321,168
Planned Expenditure **2016-17** (GST Exc) – Funding from other sources	$0
Planned Expenditure **2017-18** (GST Exc) – Commonwealth funding	$4,944,288
Planned Expenditure **2017-18** (GST Exc) – Funding from other sources	$0
Planned Expenditure **2018-19** (GST Exc) – Commonwealth funding	$5,160,891
Planned Expenditure **2018-19** (GST Exc) – Funding from other sources	$0

Funding from other sources	

Proposed Activities	
Priority Area	**Priority Area 5: Community based suicide prevention activities** Encourage and promote a systems based regional approach to suicide prevention including community-based activities. Liaising, training and capacity building activities with LHNs and other providers to ensure appropriate follow-up and support arrangements are in place at a regional level for individuals after a suicide attempt and for other people at high risk of suicide including Aboriginal and Torres Strait Islander people.
Activity (is) / Reference (e.g. Activity 1.1, 1.2, etc.)	5.1 Transition to Mental Health Stepped Care Model (see Priority 7 for details) 5.2 Continue collaborative engagement with key stakeholders 5.3 Maintain existing suicide prevention service delivery and prepare for commissioning of suicide prevention funds for existing contracts 5.4 Aboriginal & Torres Strait Islander suicide response 5.5 EMPHN Referral and Access Team navigation and linkages
Existing, Modified, or New Activity	Existing
Description of Activity	5.1 Transition to Mental Health Stepped Care Model (see Priority 7 for details) Suicide prevention activities are linked to the stepped model of care and consumers can continue to access suicide prevention services as part of the stepped care response 5.2 Continue collaborative engagement with key stakeholders to inform suicide prevention responses and the Regional Suicide Prevention Plan - Suicide Prevention workshops to obtain relevant data and analysis, service mapping and identify suicide prevention program development and capacity building needs (including via Collective Impact Place-Based Suicide Prevention (PBSP) Initiatives).

	- Continue work on suicide prevention trials in partnership with DHHS and develop local responses (LGAs of Whittlesea & Maroondah) 5.3 Prepare for commissioning of suicide prevention funds for existing contracts - Continue existing contractual arrangements from July 2018-February 2019 and move to decommission these services. - Develop commissioning and tender documentation to prepare for open market. 5.4 Aboriginal & Torres Strait Islander suicide response – working collaboratively with Victorian PHNs, undertake training and capacity building activities with Aboriginal and / or Torres Strait Islander communities to strengthen the response to suicide prevention. 5.5 EMPHN Referral and Access Team navigation and linkages with contracted Stepped Care providers, LHNs and other relevant stakeholders to ensure timely access to appropriate suicide prevention services, continuity of care and follow up of consumers.
Target population cohort	Please refer to 2017/2018 EMPHN PMHC AWP. Whole of population as part of a SCM approach. A focus also on promotion and support for those populations identified as experiencing higher level of suicide risk, such as Aboriginal and / or Torres Strait Islander people, aged populations, males and those touched by the experience of suicide.
Consultation	Please refer to 2017/2018 EMPHN PMHC AWP. Building on the work undertaken in 2017/2018 EMPHN will continue to work with local community members and service providers.
Collaboration	Please refer to 2017/2018 EMPHN PMHC AWP. Building on the work undertaken in 2017/18 EMPHN will collaborate with DHHS on the suicide prevention trials in Whittlesea and Maroondah. Work with Victorian Aboriginal Community Controlled Health Organisation (VACCHO) and other Aboriginal organisations across EMPHN catchment.

Duration	Continue existing contractual arrangements with providers from July 2018 to February 2019 to ensure continuity of services. New contractual arrangements following outcome of tender in place by February 2019. Aboriginal and Torres Strait Islander training and capacity building across the 2018/2019 year. Place based suicide prevention activities will continue throughout 2018/19
Coverage	Whole of EMPHN catchment PBSP trials – Whittlesea and Maroondah LGAs.
Commissioning method (if relevant)	Existing contracts will be maintained until an open tender has been finalised for the new commissioned services. The specifications will be informed by information gathered through consultations, workshops and current performance data from existing providers.
Approach to market	Open Tender
Decommissioning	Pending the outcome of an open tender process existing service arrangements would be decommissioned.
Performance Indicator	Priority Area 5 - <u>Mandatory performance indicator:</u> The mandatory performance indicator for this priority is: • Number of people who are followed up by PHN-commissioned services following a recent suicide attempt. In addition, <u>local performance indicators include:</u> • Tracking of the effectiveness of interventions through key performance indicators, yet to be established- this may be the Sheehan's Suicide tracking scale for example. There will be a common tool to be established that will be used by all of the commissioned services.
Local Performance Indicator target (where possible)	• Number of Suicide Prevention regional events coordinated by EMPHN MH& AOD team. • Attendee numbers at EMPHN SP events (target to be set) • Evaluation of events by participants

	Tracking the number of client presenting to local ED's, and targets set around an expected referral volume into commissioned services. This will also involve tracking fall out rates, non-attendance to initial engagement appointments, and any further escalation in behaviours that would place the client at further, or ongoing risk, and any escalation of referrals into more acute tertiary services. • An increase in supports received, and uptake in local SPS services.
Local Performance Indicator Data source	Commissioned services- minimum data-set and internal population data Place Based Suicide Prevention – outcomes designed around building capacity and systems, training delivered and potentially change in supported services outcome data working with people presenting with risk. • Evaluation feedback collected at EMPHN SP events
Planned Expenditure **2016-17** (GST Exc) – Commonwealth funding	$573,803.00
Planned Expenditure **2016-17** (GST Exc) – Funding from other sources	$573,803.00
Planned Expenditure **2017-18** (GST Exc) – Commonwealth funding	$ 590,672.00
Planned Expenditure **2017-18** (GST Exc) – Funding from other sources	$ 590,672.00
Planned Expenditure **2018-19** (GST Exc) – Commonwealth funding	$626,864.00
Planned Expenditure **2018-19** (GST Exc) – Funding from other sources	$708,152 (including 17-18 carry forward) – DHHS funding for SPS Whittlesea Place Based Trial Site

Funding from other sources	EMPHN is involved in the Place Based Suicide Prevention (PBSP) trials. The Victorian DHHS has contracted EMPHN to provide PBSP from 2016-2020 focussed in the LGA of Whittlesea.

Proposed Activities	
Priority Area	**Priority Area 6: Aboriginal and/or Torres Strait Islander mental health services**
Activity (is) / Reference (e.g. Activity 1.1, 1.2, etc.)	6.1 Alignment of Aboriginal and / or Torres Strait Islander MH Services into the stepped care approach. 6.2 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. 6.3 EMPHN Referral and Access Team navigation and linkages.
Existing, Modified, or New Activity	Existing
Description of Activity	Please refer to 2017/2018 EMPHN PMHC AWP 6.1 Alignment of Aboriginal and / or Torres Strait Islander MH Services into the stepped care approach. • Aboriginal and / or Torres Strait Islander people access suicide prevention services through stepped care services as required. 6.2 Services were commissioned in 2017-18 and are delivered via two service providers: • Bubup Wilam in the north east of the EMPHN catchment. Bubup Wilam is delivering an integrated service model incorporating: - Psychological therapies - AOD services - General Practice - Integrated Team Care - After-Hours service response - Early Learning • Healesville Indigenous Community Services Association (HICSA) in the outer east of the EMPHN catchment delivering in an integrated service model:

	- Psychological therapies - AOD services - After-Hours service response • From 2017-2018 Banyule Community Health and Yarra Valley Aboriginal Health were also funded to provide mental health supports for Aboriginal and/or Torres Strait Islander people 6.3 EMPHN Referral and Access Team navigation and linkages EMPHN is also undertaking a role in facilitating capacity building guiding both organisations in line with our commitment to self-determination.
Target population cohort	Targeted areas of the catchment with the highest populations of Aboriginal and / or Torres Strait Islanders (Yarra Ranges, Banyule and Whittlesea LGAs)
Consultation	Please refer to 2017/2018 EMPHN PMHC AWP EMPHN has built on previous consultation to inform the approach and is subsequently working with the commissioned organisations
Collaboration	Please refer to 2017/2018 EMPHN PMHC AWP As the model has been implemented, collaboration is occurring with Victorian Aboriginal Health Service.
Duration	To June 2019
Coverage	LGA's of Yarra Ranges, Banyule and Whittlesea
Commissioning method (if relevant)	Commissioning occurred via direct engagement. EMPHN's Aboriginal Health and Wellbeing Commissioning Framework underpins this work and is premised on self-determination and co-design.
Approach to market	Direct engagement
Decommissioning	N/A
Performance Indicator	Priority Area 6 - <u>Mandatory performance indicator:</u>

	• Proportion of Indigenous population receiving PHN-commissioned mental health services where the services were culturally appropriate.
Local Performance Indicator target (where possible)	Targets are set for the activity as a whole, as follows: • 10 (year 1) people from Aboriginal communities access EMPHN commissioned programs • 20 (year 2) people from Aboriginal communities access EMPHN commissioned programs • 25 (year 3) people from Aboriginal communities access EMPHN commissioned programs (Links to 6.1, 6.2, and 6.3). 10 mainstream mental health and AOD services access cultural safety training facilitated by EMPHN or EMPHN commissioned programs in each year. Internal contract data from 2017 is the only available baseline data. The effective date is 2017. Data will be disaggregated by gender, age, local government authority of client residence, number and type of services accessed.
Local Performance Indicator Data source	Contract data from service providers. No National data set Commenced in 2017
Planned Expenditure **2016-17** (GST Exc) – Commonwealth funding	$251,496.74
Planned Expenditure **2016-17** (GST Exc) – Funding from other sources	$0
Planned Expenditure **2017-18** (GST Exc) – Commonwealth funding	$251,496.74
Planned Expenditure **2017-18** (GST Exc) – Funding from other sources	

Planned Expenditure **2018-19** (GST Exc) – Commonwealth funding	$486,496 (including $251,496 Indigenous MH funding)
Planned Expenditure **2018-19** (GST Exc) – Funding from other sources	$0
Funding from other sources	

Proposed Activities - copy and complete the table as many times as necessary to report on each Priority Area	
Priority Area	Priority Area 7: Stepped care approach
Activity (is) / Reference (e.g. Activity 1.1, 1.2, etc.)	7.1 Transition to Mental Health Stepped Care Model – Staged approach over next 12 months; Stage 1 (North East) service delivery operational 15/1/18; - Stage 2 (Outer East) service delivery due to be operational 2/7/18; - Stage 3 (Inner East) service delivery due to be operational 14/1/19 7.2 Completion of Psychiatric Secondary Consultation model pilots and commissioning of new Psychiatric Advice and Consultation Service 7.3 Older Persons Mental Health Pilots – explore a tailored response within a SCM for older people living in the community and in residential aged care facilities (RACFs) given the ageing population within the EMPHN catchment 7.4 EMPHN Referral and Access Team navigation and linkages
Existing, Modified, or New Activity	Modified
Description of Activity	7.1 EMPHN has commenced transition to a Mental Health Stepped Care Model, as outlined in the introduction, and will deliver the new model across the whole of the EMPHN from January 2019. The major features of the new stepped care model are: • Person centred funded on basis of need • Service tailored based on assessed need

	• 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) • Integrated care particularly for those consumers with moderate – severe mental health issues • Connecting consumers with their General Practitioner as part of the care team to address and monitor health and well being • Multi-disciplinary credentialed MH team including peer workers • Defined care pathways and linkages to other social care support as required • Support for General Practitioners through psychiatric secondary consultation to build their capacity to identify and respond to consumers presenting with mental health issues • Capacity to respond to Dual Diagnosis EMPHN will support transition and understanding of the Mental Health Stepped Care Model for primary health providers and other sectors by offering workforce development opportunities. This will include supporting the understanding and development of stepped care model, low intensity interventions, assessment and clinical staging and inclusion of new workforces (e.g. peer/lived experience workforce). EMPHN will also strengthen evaluation and data collection and analysis to inform as part of the implementation of this new stepped care model. 7.2 Psychiatric Advice and Consultation – engagement of psychiatric services to provide secondary and limited primary consultation to General Practitioners and service providers to build their capacity to respond to consumers presenting with mental health issues within primary care settings. 7.3 Older Persons Mental Health Projects – working with ~~the~~ LHNs to pilot ~~a~~ models to deliver psychiatric secondary consultation for GPs and support to older people and their families via Mental Health Nurses to continue to live in the community and obviate the need for move to tertiary services and or residential facilities. These pilots will be delivered in the Outer East and North East of the EMPHN catchment. In addition, a psychological therapies in RACFs pilot will be implemented, initially within limited LGAs within the catchment. 7.4 The EMPHN Referral and Access team have a key role in navigation of the service system for referrers and consumers and creating linkages between General Practice and mental health services throughout the catchment. The team play a major role working with contracted providers in

	transitioning existing consumers to the new model and working with providers as part of our change management
Target population cohort	Please refer to 2017/2018 EMPHN PMHC AWP. Whole of population including people with severe mental health issues with complex needs and hard to reach groups. Activity 7.3 will be targeted to older people
Consultation	Please refer to 2017/2018 EMPHN PMHC AWP, which outlines the extensive process of consultation and co-design forums undertaken over the past two years. Additionally EMPHN developed a discussion paper on the draft model and consulted with consumers, families, carers, providers, EMPHN Board, EMPHN Clinical Council, EMPHN Clinical Commissioning Group, Community Advisory Group, and Australian College of Mental Health Nurses. Briefings have been provided to GPs and Practice Managers, LHNs within the EMPHN catchment EMPHN has conducted a Rapid Improvement Event for Older Persons Mental Health understanding needs of older people in the community and RACFs and targeted consultation with the aged care sector.
Collaboration	Building on the consultation and collaboration undertaken from 2016 -2018 EMPHN. Refer to page 7 of this plan
Duration	Implementation of the SCM for mental health utilising PS and MHNP funding has commenced and will be in full operation for the whole of the catchment by January 2019.
Coverage	Stepped Care Model is for the whole of EMPHN catchment 7.3 pilots will be targeted to defined LGAs including Monash and Maroondah and north east of the catchment
Commissioning method (if relevant)	Open tender for Stage 1 has commissioned services and Stage 2 and the new service model will in place for 2018-19. Stage 3 will be commissioned in the first quarter of 2018-19 and be operational in January 2019.
Approach to market	Open tender – undertaken in three stages for geographic areas within the catchment

	Stage three will be procured via an Open Tender in the first quarter of 2018-19.
Decommissioning	Decommissioning of Psychological Strategies (formerly ATAPS) services will occur over 2018-2019 financial year in line with staged implementation of the MH Stepped Care Model. Mental Health Nursing Program (formerly MHNIP) services will be decommissioned over 2018-2019 financial year in line with staged implementation of the MH Stepped Care Model. Extensive communication (emails, letters, phone calls, brochures, and information sessions) and transition tools have been developed to assist referrers, current providers and clients/carers to ensure transition and continuity of care for current clients of Psychological Strategies and Mental Health Nursing Program. EMPHN Referral and Access Team provide pivotal role in continuity of care arrangements, navigation and linkages.
Performance Indicator	Priority Area 7 - <u>Mandatory performance indicator:</u> • Proportion of PHN flexible mental health funding allocated to low intensity services, psychological therapies and for clinical care coordination for those with severe and complex mental illness. A set of performance indicators have been developed for SCM see pg. 8. Performance indicators have been developed which include a mix of process, output and outcome measures (Refer page 8 for key indicators)
Local Performance Indicator target (where possible)	Performance targets are still being defined as a component of stepped care model implementation. Data will be sourced from PMHC MDS and contract data e.g. qualitative feedback.) Disaggregation will be defined by PMHC MDS and contract data as appropriate
Local Performance Indicator Data source	MDS Contract Management reports <u>National data set</u> PMHC MDS Commenced in 2017

Planned Expenditure **2016-17** (GST Exc) – Commonwealth funding	$0
Planned Expenditure **2016-17** (GST Exc) – Funding from other sources	$0
Planned Expenditure **2017-18** (GST Exc) – Commonwealth funding	$357,007 (Utilising part of mobilisation payment made in 2017-2018 for use in 2018-2019)
Planned Expenditure **2017-18** (GST Exc) – Funding from other sources	$0
Planned Expenditure **2018-19** (GST Exc) – Commonwealth funding	$7,362,449 The re-instatement of Mental Health Nursing Funding for this financial year has assisted with the transition process to the new stepped care model (see also Priority 4 below)
Planned Expenditure **2018-19** (GST Exc) – Funding from other sources	$0
Funding from other sources	$150,000 from AOD funds

Proposed Activities	
Priority Area	**Priority Area 8: Regional mental health and suicide prevention plan**
Activity (is) / Reference (e.g. Activity 1.1, 1.2, etc.)	8.1 Development of regional integrated mental health and suicide prevention plan across the EMPHN catchment 8.2 Continuation and refocusing of Eastern Mental Health Service Coordination Alliance 8.3 Development of North Mental Health Service Coordination Alliance

	8.4 Promote linkages with Mental Health and AOD ATLAS & Health Pathways
Existing, Modified, or New Activity	Existing
Description of Activity	8.1 Integrated Mental Health & Suicide Prevention Regional Plan Building on the work undertaken in 2017-2018 and the significant consultation for the development of the Mental Health SCM, EMPHN will develop a regional plan utilising work undertaken in the development of an EMPHN Mental Health and AOD Atlas, which has involved engagement with major mental health service providers, LHNs and community health and community service providers. The Fifth National Mental Health Plan will be a foundational document to inform key aspects of the plan and guide the development of local indicators. EMPHN will work with the Eastern Melbourne Collaborative and the North East Collaborative to facilitate input into the plan and to review the draft to ensure it represents key issues, targeted solutions and appropriate indicators to address the needs of the catchment. EMPHN will draw on the work and findings from the suicide prevention activities in Priority Area 5. Key priority areas and pilot projects aimed to drive cross-sector integration and strengthening of the existing service system will be identified as part of the development of the Regional Plan, and EMPHN will contribute funding to ensure these pilot services are scoped and implemented. 8.2 Continuation and refocusing of Eastern Mental Health Service Coordination Alliance EMHSCA is: – a diverse network of services, consumer and carer representatives who commit to being actively involved in the sharing of information, practice wisdom, resources, and innovation – Seeks to assist with continuous improvement of the services provided in this region, enhancing collaboration and coordinated care and reducing service barriers by encouraging the expansion of organisational thinking and planning into a broader regional context 8.3 Development of North Mental Health Service Coordination Alliance NMHSCA will:

	– bring together a diverse network of services, consumer and carer representatives who commit to being actively involved in the sharing of information, practice wisdom, resources, and innovation – Seek to assist with continuous improvement of the services provided in this region, enhancing collaboration and coordinated care and reducing service barriers by encouraging the expansion of organisational thinking and planning into a broader regional context – Work with the sector to establish pathways and protocols to support integrated care. 8.4 Linkages with Mental Health & AOD Atlas and Health Pathways -The Mental Health and AOD Service Atlas was developed in 2017-18 and provides comprehensive information on the EMPHN service landscape including types of services available, access points and clinical and community workforce. The Atlas will be linked with the MH and AOD Health Pathways currently in development. These tools will assist clinicians and service providers in ensure right care, right time and right place.
Target population cohort	EMPHN catchment
Consultation	Please refer to 2017/2018 EMPHN PMHC AWP
Collaboration	Please refer to 2017/2018 EMPHN PMHC AWP Building on the extensive consultation already undertaken for the MH SCM and the MH&AOD Atlas EMPHN will engage the two Collaboratives (as noted above) as a platform for co-design and development of the plan.
Duration	Ongoing Completion by February 2019
Coverage	The entire EMPHN catchment.
Commissioning method (if relevant)	The regional plan/s will address the whole of the catchment.
Approach to market	To be determined.
Decommissioning	N/A

Performance Indicator	Priority Area 8 - <u>Mandatory performance indicators:</u> • Evidence of formalised partnerships with other regional service providers to support integrated regional planning and service delivery. Please refer to 2017/2018 EMPHN PMHC AWP What local performance indicator will measure the outcome of this activity? Performance indicators will be informed by the Fifth National Mental Health Plan
Local Performance Indicator target (where possible)	
Local Performance Indicator Data source	To be determined in collaboration with our partners
Planned Expenditure **2016-17** (GST Exc) – Commonwealth funding	Planned expenditure within MH operational funding allocation.
Planned Expenditure **2016-17** (GST Exc) – Funding from other sources	NA
Planned Expenditure **2017-18** (GST Exc) – Commonwealth funding	Funded from Operational funding $775,000 (Utilising part of mobilisation payment made in 2017-2018 for use in 2018-2019)
Planned Expenditure **2017-18** (GST Exc) – Funding from other sources	NA
Planned Expenditure **2018-19** (GST Exc) – Commonwealth funding	
Planned Expenditure **2018-19** (GST Exc) – Funding from other sources	NA
Funding from other sources	NA

1. (b) Planned activities funded under the Primary Mental Health Care Schedule – Template 2

Use this template table for Priority Areas 3 and 4

Proposed Activities - copy and complete the table as many times as necessary to report on each Priority Area	
Priority Area	**Priority Area 3: Psychological therapies for rural and remote, under-serviced and / or hard to reach groups** Address service gaps in the provision of psychological therapies for people in rural and remote areas and other under-serviced and /or hard to reach populations, making optimal use of the available service infrastructure and workforce
Activity (is) / Reference (e.g. Activity 1.1, 1.2, etc.)3	3.1 Transition to Mental Health Stepped Care Model (see Priority 7 for details) See also Priorities 1-6 3.2 Continue service delivery in the LGAs of Boroondara, Whitehorse, Monash and Manningham until Stage 3 of SCM is commissioned. 3.3 Prepare for commissioning of SCM within the LGAs of Boroondara, Whitehorse, Monash and Manningham 3.4 EMPHN Referral and Access Team navigation and linkages
Existing, Modified, or New Activity	Existing
Description of Activity	3.1 Transition to Mental Health Stepped Care Model) Psychological Therapies funding will be incorporated into the SCM, which has been commissioned for two of three stages across the EMPHN catchment. (see Priority 7 for details) 3.2 Continue delivery Psychological Therapies in the inner east part of the catchment (LGAs – Boroondara, Whitehorse, Monash and Manningham) for the first 6 months. Contract management of existing providers will continue.

	3.3 Prepare for commissioning of SCM within the LGAs of Boroondara, Whitehorse, Monash and Manningham 3.4 EMPHN Referral and Access Team navigation and linkages with contracted Stepped Care providers, LHNs and other relevant stakeholders to ensure timely access to appropriate suicide prevention services, continuity of care and follow up of consumers.
Target population cohort	Hard to reach populations across the catchment as identified by MDS data, needs assessment data and through stakeholder engagement. These target groups have been incorporated into the requirements for the MH SCM. LGAs – Boroondara, Whitehorse, Monash and Manningham from July 2018– January 2019 then whole of catchment approach.
Consultation	Please refer to 2017/2018 EMPHN PMHC AWP Note consultation and engagement detailed in introduction.
Collaboration	Please refer to 2017/2018 EMPHN PMHC AWP
Duration	List the anticipated activity start and completion dates, and key milestones including planning, procurement, and commencement of service delivery. Psychological Strategies will be delivered from July 2018 – mid January 2019 in the inner east part of the catchment. The MH SCM is being implemented in three stages, commencing from January 2018 with stage three commencing in January 2019.
Coverage	Psychological Strategies for Boroondara, Manningham, Monash and Whitehorse from July 2018-January 2019 and then program funding will be incorporated into SCM with a whole of EMPHN catchment focus. Whole of EMPHN catchment from January 2019.
Continuity of care	Existing contractors are required to prepare transition plans for their clients. The Referral & Access Team facilitate this process by working with existing providers and the newly commissioned service/s

	The new SCM requires an integrated service response underpinned by a mental health care plan developed by the care team.
Commissioning method (if relevant)	This funding stream will move to the stepped model of care. Existing contracts with contracted providers (AHPs and Organisations) have continued during the staged implementation of the SCM to ensure service availability. The MH SCM is being implemented in three stages as outlined in Priority 7.
Approach to market	Open tender
Decommissioning	The current Psychological Strategies funded services are being decommissioned as part of the move to stepped care. An extensive communication process has underpinned the decommissioning of services. Existing contracts have outlined the requirements for providers ceasing service provision with EMPHN and all existing providers are required to develop transition plans for existing and continuing clients. The Referral and Access team are facilitating this process.
Performance Indicator	Priority Area 3 - <u>Mandatory Performance Indicators:</u> • Proportion of regional population receiving PHN-commissioned mental health services – Psychological therapies delivered by mental health professionals. • Average cost per PHN-commissioned mental health service – Psychological therapies delivered by mental health professionals. • Clinical outcomes for people receiving PHN-commissioned Psychological therapies delivered by mental health professionals. A set of KPIs have been developed as part of SCM (Pg. 8). <u>Local Performance Indicator:</u> Equity of access (outcome indicator) for EMPHN identified target groups across the catchment forms part of the key performance indicators for the new SCM.
Local Performance Indicator target (where possible)	The baseline indicator will be determined by the PMHC MDS data as appropriate, a target is to be confirmed.

	Disaggregation will apply as defined by PMHC MDS
Local Performance Indicator Data source	Please refer to 2017/2018 EMPHN PMHC AWP MDS and specified KPIs for SCM contracted providers Indicator sourced in part – PMHC MDS Commencement date - 2017
Planned Expenditure **2016-17** (GST Exc) – Commonwealth funding	$0 funded from priority 1
Planned Expenditure **2016-17** (GST Exc) – Funding from other sources	$0
Planned Expenditure **2017-18** (GST Exc) – Commonwealth funding	$3,631,741
Planned Expenditure **2017-18** (GST Exc) – Funding from other sources	$0
Planned Expenditure **2018-19** (GST Exc) – Commonwealth funding	$994,655.00
Planned Expenditure **2018-19** (GST Exc) – Funding from other sources	$0
Funding from other sources	

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

Activity (is) / Reference (e.g. Activity 1.1, 1.2, etc.)	4.1 Transition to Mental Health Stepped Care Model (see outline of model and progress and Priority 7 for details) – 4.2 Continue delivery of the Mental Health Nurse Program in the inner east part of the catchment (LGAs – Boroondara, Whitehorse, Monash and Manningham) for the first 6 months 4.3 Prepare for commissioning of SCM within the LGAs of Boroondara, Whitehorse, Monash and Manningham 4.4 Continuation of existing Partners In Recovery (PIR) commissioned services, including supporting transition to National Insurance Disability Scheme (NDIS) and continuity of supports 4.5 EMPHN Referral and Access Team navigation and linkages
Existing, Modified, or New Activity	Existing Moving to SCM in January 2019
Description of Activity	4.1 Transition to Mental Health Stepped Care Model (see outline of model and progress and Priority 7 for details) – MHNP funding will be incorporated into the SCM which has been commissioned in two of three stages across the EMPHN catchment 4.2 Continue delivery of the Mental Health Nurse Program in the inner east part of the catchment (LGAs – Boroondara, Whitehorse, Monash and Manningham) for the first 6 months 4.3 Prepare for commissioning of SCM within the LGAs of Boroondara, Whitehorse, Monash and Manningham 4.4 Continuation of existing Partners In Recovery (PIR) commissioned services, including supporting transition to National Insurance Disability Scheme (NDIS) and continuity of supports 4.5 EMPHN Referral and Access team have a key role in navigation of the service system for referrers and consumers and creating linkages between General Practice and mental health services throughout the catchment. The team play a major role working with contracted providers in transitioning existing consumers to the new model and working with providers as part of our change management
Target population cohort	Please refer to 2017/2018 EMPHN PMHC AWP

	People with severe and complex mental health needs
Consultation	Please refer to 2017/2018 EMPHN PMHC AWP Note consultation and engagement detailed in introduction
Collaboration	Please refer to 2017/2018 EMPHN PMHC AWP
Duration	MHNP will be delivered from July 2018 – mid January 2019 the inner east part of the catchment The implementation of the MH SCM will occur in three stages, commencing from January 2018 with stage three to commence in January 2019.
Coverage	MHNP for Boroondara, Manningham and Whitehorse and then program funding will be incorporated into SCM with a whole of EMPHN catchment focus Whole of EMPHN catchment
Continuity of care	Existing contractors are required to prepare transition plans for their clients. The Referral & Access Team facilitate this process by working with existing providers and the newly commissioned service/s The new SCM requires an integrated service response underpinned by a mental health care plan developed by the care team.
Commissioning method (if relevant)	This funding stream will move to the stepped model of care. Existing contracts with Eligible Organisations have continued during the staged implementation of the SCM to ensure service availability. The MH SCM is being implemented in three stages
Approach to market	Open tender for remaining part of the catchment (LGAs – Boroondara, Manningham & Whitehorse)
Decommissioning	The current MHNP funded services are being decommissioned as part of the move to stepped care. An extensive communication process has underpinned the decommissioning of services. Existing contracts have outlined the requirements for providers ceasing service provision with EMPHN and all

	existing providers are required to develop transition plans for existing and continuing clients. The Referral and Access team are facilitating this process.
Performance Indicator	<u>Priority Area 4 - mandatory performance indicators:</u> • Proportion of regional population receiving PHN-commissioned mental health services – Clinical care coordination for people with severe and complex mental illness (including clinical care coordination by mental health nurses). • Average cost per PHN-commissioned mental health service – Clinical care coordination for people with severe and complex mental illness. A set of KPIs have been developed as part of SCM as outlined on pg. 8
Local Performance Indicator target (where possible)	A set of KPIs have been developed as part of SCM, as outline on pg. 8 The baseline indicate will be determined by the MDS data as appropriate, a target is to be confirmed. Disaggregation will apply as defined by PMHC MDS
Local Performance Indicator Data source	Please refer to 2017/2018 EMPHN PMHC AWP MDS and specified KPIs for SCM contracted providers Indicator sourced in part – PMHC MDS Commencement date - 2017
Planned Expenditure **2016-17** (GST Exc) – Commonwealth funding	$5,877,677
Planned Expenditure **2016-17** (GST Exc) – Funding from other sources	$-
Planned Expenditure **2017-18** (GST Exc) – Commonwealth funding	$4,969,243
Planned Expenditure **2017-18** (GST Exc) – Funding from other sources	$-

Planned Expenditure **2018-19** (GST Exc) – Commonwealth funding	$ 1,019,960 The re-instatement of Mental Health Nursing Funding for this financial year has assisted with the transition process to the new stepped care model (see Priority 7 above)
Planned Expenditure **2018-19** (GST Exc) – Funding from other sources	$-
Funding from other sources	