



Australian Government

Department of Health

phn

An Australian Government Initiative

Activity Work Plan 2019-2022:

Primary Mental Health Care Funding

Eastern Melbourne PHN

Introduction

The purpose of the Activity Work Plan is to identify key primary health care initiatives Eastern Melbourne Primary Health Network (EMPHN) will implement over 3 years - 2019/20 to 2021/22.

All Primary Health Networks (PHNs) are required to develop Activity Work Plans for the Department of Health based on the needs and priorities of their region.

These are in addition to the priorities established by the Australian Government when it established the PHNs in 2015.

Eastern Melbourne Primary Health Network (EMPHN) is one of 31 PHNs nationally. Our organisation's vision is to achieve better health outcomes for the community we serve, a better health care experience for all and a more integrated healthcare system.

Our Activity Work Plan is informed by our needs assessment and robust stakeholder consultation, and supported by evaluation of previous programs, data and evidence.

This approach ensures that the services we fund meet the clearly identified health and healthcare needs for our communities.

The EMPHN Strategic Plan describes transformative strategies our organisation has adopted to address health care issues and priorities in our community.

EMPHN's Strategic Plan for 2017-22 outlines the organisation's vision to achieve:

- Better health outcomes for the community we serve
- Better health care experiences for all
- A more integrated health care system.

Our strategic priorities to achieve this vision are:

- Addressing health gaps and inequalities
- Enhancing primary care
- Leveraging digital health, data and technology
- Working in partnerships to enable an integrated service system
- A high performing organisation.

EMPHN's Board has set six transformative strategies to help focus the organisation's resources over the next three to five years.

Addressing health gaps and inequalities

1. Listen to the consumer voice and design new mental health and chronic disease management approached that are truly person-centred.

Enhancing primary care

2. Support and encourage primary care to adopt collaborative interdisciplinary care approached that are person-centred

3. Increase use of practice-based evidence

Leveraging digital health, data and technology

4. Encourage health information continuity between providers

Working in partnerships to enable an integrated service system

5. Ensure commissioning and system change strategies encourage integration from a consumer perspective

A high performing organisation

6. Build a positive culture of high performance

EMPHN Transformative Strategies



These transformative strategies describe our overarching approach to addressing the health care priorities outlined in this Activity Work Plan.

1. (a) Planned activities for 2019-20 to 2021-22

- Primary Mental Health and Suicide Prevention Funding
- Indigenous Mental Health Funding
- Response to PFAS Funding

Proposed Activities	
Mental Health Priority Area	Priority area 1: Low intensity mental health services
ACTIVITY TITLE	<i>“MH -1 Low intensity mental health services”.</i>
Existing, Modified, or New Activity	Existing Activity Reference Priority 1 2018/19 AWP
PHN Program Key Priority Area	Mental Health
Needs Assessment Priority	<p>EMPHN Needs Assessment – Page 64</p> <ul style="list-style-type: none"> • Implement our mental health stepped care model. Our model: <ul style="list-style-type: none"> ○ integrates with general practice; ○ targets mental health needs of people across different age groups, including older people; ○ addresses the physical health needs of people with mental health problems; and ○ provides psychosocial support for people with complex and enduring mental health problems. • Support community-based suicide prevention initiatives across the age continuum. • Develop an integrated regional mental health, alcohol and other drug and suicide prevention plan. • Address the priorities in the Fifth National Mental Health and Suicide Prevention Plan. <p>EMPHN Transformative Strategies</p> <ul style="list-style-type: none"> • Listen to the consumer voice and design new mental health and chronic disease management approaches that are truly person-centred • Support and encourage primary care to adopt collaborative interdisciplinary care approaches that are person centred • Ensure commissioning and system change strategies encourage integration from a consumer perspective
Aim of Activity	Provision of quality low intensity mental health services. This will be addressed through an innovative pilot and Mental Health Stepped Care Services (see Priority 7 below).
Description of Activity	<ul style="list-style-type: none"> • Continuation of Lead Site Low Intensity pilot providing an evidence-informed innovative service option for EMPHN stakeholders • Continuation of Mental Health Stepped Care model inclusive of low intensity individual and group psychological services (see priority 7), which may include: <ul style="list-style-type: none"> ○ Low intensity psychological interventions delivered by appropriately qualified / trained workers who may not meet

	<p>registration requirements for psychological interventions. Can be face to face or use telehealth.</p> <ul style="list-style-type: none"> ○ Group therapy delivered by appropriately trained workers, including peer support groups ○ Access to digital mental health resources as required ● Continuation of EMPHN Referral, Access and Navigation Team (see Priority 7 for details)
Target population cohort	People with or at risk of mild to moderate mental health problems
Indigenous specific	No
Coverage	Whole of EMPHN catchment
Consultation	Please refer to 2017/2018 PMHC AWP Extensive consultation occurred prior to the implementation of this activity.
Collaboration	<ul style="list-style-type: none"> ● There are ongoing joint provider meetings within the Mental Health Stepped Care organisations. Low intensity pilot providers are to be included in these meetings in the second half of the reporting period. ● EMPHN is developing a Regional Integrated Mental Health, Alcohol and Other Drugs (AOD) and Suicide Prevention Plan in collaboration with Local Health Networks (LHNs) and key stakeholders across the EMPHN catchment ● Eastern Mental Health Service Coordination Alliance ● North Eastern Mental Health Service Coordination Alliance
Activity milestone details/ Duration	<p>Provide the anticipated activity start and completion dates (including the planning and procurement cycle):</p> <p style="padding-left: 40px;">Activity start date: 1/11/2017</p> <p style="padding-left: 40px;">Activity end date: 29/11/2019</p> <p>If applicable, provide anticipated service delivery start and completion dates (excluding the planning and procurement cycle):</p> <p style="padding-left: 40px;">Service delivery start date: July 2019</p> <p style="padding-left: 40px;">Service delivery end date: September 2019</p> <p>Any other relevant milestones? Nil</p> <p>*Above refers to Lead Site Pilot. Please see Priority 7 below for Mental Health Stepped Care milestones</p>
Commissioning method and approach to market	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not yet known <input checked="" type="checkbox"/> Continuing service provider / contract extension <input type="checkbox"/> Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date. <input type="checkbox"/> Open tender <input type="checkbox"/> Expression of Interest (EOI) <input type="checkbox"/> Other approach (please provide details) <p>2a. Is this activity being co-designed? Yes</p> <p>2b. Is this activity the result of a previous co-design process? Yes</p>

	<p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? No</p>			
Decommissioning	<p>1a. Does this activity include any decommissioning of services? Yes</p> <p>1b. If yes, provide a description of the proposed decommissioning process and any potential implications.</p> <p>EMPHN’s Low intensity Perinatal Depression pilot will conclude service delivery in July 2019. All consumer’s requiring ongoing support will be supported to transition to alternative services as appropriate.</p>			
Data collection	<p>Is this activity in scope for data collection under the Mental Health National Minimum Dataset? Yes</p> <p>Note: SMS services delivered through the Perinatal Depression Pilot cannot be captured via PMHC MDS. Some single session group data is also not captured via PMHC MDS.</p>			
Total Planned Expenditure				
Funding Source	2019-2020	2020-2021	2021-2022	Total
Planned Commonwealth Expenditure – Mental Health and Suicide Prevention Funding	See Priority 7			
Planned Commonwealth Expenditure – Indigenous Mental Health Funding				
Planned Commonwealth Expenditure – Response to PFAS Funding				
Total Planned Commonwealth Expenditure				
Funding from other sources				
Funding from other sources	N/A			

Proposed Activities	
Mental Health Priority Area	Priority area 2: Child and youth mental health services
ACTIVITY TITLE	<i>“MH – 2. Child and Youth mental health services”.</i>
Existing, Modified, or New Activity	Existing Activity <i>As per priority 2 of 2018/19 EMPHN AWP</i>
PHN Program Key Priority Area	Mental Health

Needs Assessment Priority	<p>EMPHN Needs Assessment – Page 64</p> <ul style="list-style-type: none"> • Implement our mental health stepped care model. Our model: <ul style="list-style-type: none"> ○ integrates with general practice; ○ targets mental health needs of people across different age groups, including older people; ○ addresses the physical health needs of people with mental health problems; and ○ provides psychosocial support for people with complex and enduring mental health problems. • Support community-based suicide prevention initiatives across the age continuum. • Develop an integrated regional mental health, alcohol and other drug and suicide prevention plan. • Address the priorities in the Fifth National Mental Health and Suicide Prevention Plan. <p>EMPHN Transformative Strategies</p> <ul style="list-style-type: none"> • Listen to the consumer voice and design new mental health and chronic disease management approaches that are truly person-centred • Support and encourage primary care to adopt collaborative interdisciplinary care approaches that are person centred • Ensure commissioning and system change strategies encourage integration from a consumer perspective
Aim of Activity	<p>The aim of this activity is to:</p> <ul style="list-style-type: none"> • 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 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	<p>2.1 Continuation and commissioning of headspace services:</p> <ul style="list-style-type: none"> • Continue existing service delivery via the headspace model, including involvement in consortiums. • Work with headspace services in Hawthorn, Knox and Greensborough and local youth services to improve access for underserved parts of the catchment. • Commission new headspace centre in Monash • Delivery of ‘Enhancing Mental Health in Secondary Schools Program’ through headspace centres (funded via Department of Education). <p>2.2 Development and implementation ‘youth health hubs’</p>

	<ul style="list-style-type: none"> • Work with local providers, including headspace services, to develop and implement 'youth health hubs' in the LGAs of Whittlesea and Yarra Ranges • Implement headspace satellites in the LGAs of Whittlesea and Yarra Ranges <p>2.3 Continuation of Youth Severe services</p> <ul style="list-style-type: none"> • Continuation of current commissioned youth severe services (2017/18 to 2019/20) • Plan to re-commission services 2020-2022. <p>2.4 Development of Youth Suicide Prevention Postvention Protocols</p> <ul style="list-style-type: none"> • Development and implementation of youth suicide postvention communication protocols in the eastern region and the north eastern regions <p>2.5 Continuation of mental health services for children</p> <ul style="list-style-type: none"> • Tailored supports for children under 12 are delivered through Stepped Care providers (see Priority 7 below) <p>2.6 Continuation of EMPHN Referral, Access and Navigation Team (see Priority 7 for details)</p>
Target population cohort	Children and young people (under 25 years), and their families, presenting with mental health needs or emerging mental health needs.
Indigenous specific	Is this activity targeted to, or predominantly supporting, Aboriginal and Torres Strait Islander people? No
Coverage	2.1; 2.3; 2.4; 2.5 Whole of EMPHN catchment. 2.2 Targeted youth outreach in LGA's of Whittlesea, Yarra Ranges and Monash
Consultation	Consultation is ongoing with the headspace consortium and youth provider networks in outer LGAs of EMPHN's catchment. Please refer to 2017/2018 EMPHN PMHC AWP. Consultation occurred in 2016/2017 to inform co design and commissioning of these services.
Collaboration	<ul style="list-style-type: none"> • Headspace lead agencies to deliver headspace services and collaboration with consortium partners. • LHNs and community health services as part of the delivery of Youth Severe model and continued service integration within the headspace services. • Local youth service networks to support service collaboration and integration including establishment of co-located youth services in underserved areas. • EMPHN is developing a Regional Integrated Mental Health, AOD and Suicide Prevention Plan in collaboration with LHNs and key stakeholders across the EMPHN catchment • Eastern youth suicide community response protocol group • North East youth suicide community response protocol group • Eastern Mental Health Service Coordination Alliance • North Eastern Mental Health Service Coordination Alliance
Activity milestone details/ Duration	Provide the anticipated activity start and completion dates (including the planning and procurement cycle): Activity start date: 30/06/2016 Activity end date: 30/06/2022 If applicable , provide anticipated service delivery start and completion dates (excluding the planning and procurement cycle): Service delivery start date: July 2019 (ongoing)

	<p>Service delivery end date: June 2022</p> <p>Any other relevant milestones? Yes</p> <p>An evaluation of the youth severe service model is currently being undertaken and will inform future commissioning of this activity in 2020/2021.</p>			
Commissioning method and approach to market	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <p><input type="checkbox"/> Not yet known</p> <p><input checked="" type="checkbox"/> Continuing service provider / contract extension</p> <p><input type="checkbox"/> Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date.</p> <p><input checked="" type="checkbox"/> Open tender (Youth Severe services to be determined following evaluation; new Monash headspace centre)</p> <p><input type="checkbox"/> Expression of Interest (EOI)</p> <p><input type="checkbox"/> Other approach (please provide details)</p> <p>2a. Is this activity being co-designed? No</p> <p>2b. Is this activity the result of a previous co-design process? Yes</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? No</p> <p>Delivery of 'Enhancing Mental Health in Secondary Schools Program' – funded by Department of Education.</p>			
Decommissioning	<p>1a. Does this activity include any decommissioning of services? No</p>			
Data collection	<p>Is this activity in scope for data collection under the Mental Health National Minimum Dataset?</p> <p>Yes</p> <p>headspace services are out of scope as they report via HAPI</p>			
Total Planned Expenditure				
Funding Source	2019-2020	2020-2021	2021-2022	Total
Planned Commonwealth Expenditure – Mental Health and Suicide Prevention Funding (Flexible)	\$2,273,319.00	\$2,609,692.00	\$2,644,337.00	\$7,527,348.00
Planned Commonwealth Expenditure – Mental Health and Suicide Prevention	\$3,158,688.00	\$3,209,228.00	\$3,257,366.00	\$9,625,282.00

Funding (headspace quarantined)	Predicted additional headspace funding for 2 satellites and a centre TBC: \$1,565,994.00	Predicted additional headspace funding for 2 satellites and a centre TBC: \$ 1,695,654.00	Predicted additional headspace funding for 2 satellites and a centre TBC: \$ 1,721,089.00	Predicted additional headspace funding for 2 satellites and a centre TBC: \$4,982,737.00
Planned Commonwealth Expenditure – Indigenous Mental Health Funding				
Planned Commonwealth Expenditure – Response to PFAS Funding				
Total Planned Commonwealth Expenditure	\$5,432,007.00	\$5,818,920.00	\$5,901,703.00	\$17,152,630.00
	Predicted additional headspace funding for 2 satellites and a centre TBC: \$1,565,994.00	Predicted additional headspace funding for 2 satellites and a centre TBC: \$ 1,695,654.00	Predicted additional headspace funding for 2 satellites and a centre TBC: \$ 1,721,089.00	Predicted additional headspace funding for 2 satellites and a centre TBC: \$4,982,737.00
Funding from other sources: Community Health and Hospitals Program – Integrated Youth Hub Lilydale *Operational funding removed	\$912,000.00	\$1,824,000.00	\$1,368,000.00	\$4,104,000.00
Community Health and Hospitals Program – headspace Wait Time Reduction Program *Operational funding removed	\$748,932.39	\$249,644.13	\$249,644.13	\$1,248,220.65
EMHSCC - Department of Education *Operational funding removed	\$300,180.38	\$248,730.57	\$267,743.98	\$816,654.93
Funding from other sources	- Community Health and Hospitals Program – Integrated Youth Hub Lilydale - Community Health and Hospitals Program – headspace Wait Time Reduction Program - Enhancing Mental Health in Secondary Schools Program (EMHSCC) – funded by Department of Education.			

Proposed Activities

Mental Health Priority Area	Priority area 3: Psychological therapies for rural and remote, under-serviced and / or hard to reach groups
ACTIVITY TITLE	<i>“MH – 3. Psychological therapies for rural/remote/underserviced/hard to reach”</i>

Existing, Modified, or New Activity	Existing Activity (Please refer to Priority 7 below).
PHN Program Key Priority Area	Mental Health
Needs Assessment Priority	<p>EMPHN Needs Assessment – Page 64</p> <ul style="list-style-type: none"> • Implement our mental health stepped care model. Our model: <ul style="list-style-type: none"> ○ integrates with general practice; ○ targets mental health needs of people across different age groups, including older people; ○ addresses the physical health needs of people with mental health problems; and ○ provides psychosocial support for people with complex and enduring mental health problems. • Support community-based suicide prevention initiatives across the age continuum. • Develop an integrated regional mental health, alcohol and other drug and suicide prevention plan. • Address the priorities in the Fifth National Mental Health and Suicide Prevention Plan. <p>EMPHN Transformative Strategies</p> <ul style="list-style-type: none"> • Listen to the consumer voice and design new mental health and chronic disease management approaches that are truly person-centred • Support and encourage primary care to adopt collaborative interdisciplinary care approaches that are person centred • Ensure commissioning and system change strategies encourage integration from a consumer perspective
Aim of Activity	Please refer to Priority 7 below.
Description of Activity	<ul style="list-style-type: none"> • Continuation of Mental Health Stepped Care model inclusive of psychological interventions that target 'hard to reach' populations (see priority 7), which may include: <ul style="list-style-type: none"> ○ Psychological interventions delivered by a credentialed mental health clinician meeting psychological interventions registration requirements ○ Quick Response Suicide Prevention Support delivered by credentialed mental health clinicians who meet psychological interventions registration requirements ○ Low intensity psychological interventions delivered by appropriately qualified / trained workers who may not meet registration requirements for psychological interventions. Can be face to face or use telehealth. ○ Group therapy delivered by appropriately trained workers ○ Care coordination (with no clinical role) or clinical care coordination delivered by a credentialed mental health clinician, as required ○ Dual diagnosis services as required ○ Access to digital mental health resources as required • Continuation of EMPHN Referral, Access and Navigation Team (see Priority 7 for details)
Target population cohort	The cohort of focus is rural and remote, under-serviced and / or hard to reach groups.
Indigenous specific	Is this activity targeted to, or predominantly supporting, Aboriginal and Torres Strait Islander people? No

Coverage	Please refer to Priority 7 below.			
Consultation	Please refer to Priority 7 below.			
Collaboration	Please refer to Priority 7 below.			
Activity milestone details/ Duration	Please refer to Priority 7 below.			
Commissioning method and approach to market	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <p><input type="checkbox"/> Not yet known</p> <p><input checked="" type="checkbox"/> Continuing service provider / contract extension</p> <p><input type="checkbox"/> Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date.</p> <p><input type="checkbox"/> Open tender</p> <p><input type="checkbox"/> Expression of Interest (EOI)</p> <p><input type="checkbox"/> Other approach (please provide details)</p> <p>Please refer to Priority 7 below.</p> <p>2a. Is this activity being co-designed? Yes</p> <p>2b. Is this activity the result of a previous co-design process? Yes</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? No</p>			
Decommissioning	<p>1a. Does this activity include any decommissioning of services? No</p>			
Data collection	<p>Is this activity in scope for data collection under the Mental Health National Minimum Dataset? Yes</p>			
Total Planned Expenditure				
Funding Source	2019-2020	2020-2021	2021-2022	Total
Planned Commonwealth Expenditure – Mental Health and Suicide Prevention Funding	Please refer to Priority 7 below.	Please refer to Priority 7 below.	Please refer to Priority 7 below.	Please refer to Priority 7 below.
Planned Commonwealth Expenditure – Indigenous Mental Health Funding				
Planned Commonwealth Expenditure – Response to PFAS Funding				
Total Planned Commonwealth Expenditure				

Funding from other sources				
Funding from other sources	N/A			

Proposed Activities	
Mental Health Priority Area	Priority area 4: Mental health services for people with severe and complex mental illness including care packages
ACTIVITY TITLE	<i>“MH – 4. MH Services for people with severe and complex mental illness”</i>
Existing, Modified, or New Activity	Existing Activity Please refer to Priority 7 below.
PHN Program Key Priority Area	Mental Health
Needs Assessment Priority	<p>EMPHN Needs Assessment – Page 64</p> <ul style="list-style-type: none"> • Implement our mental health stepped care model. Our model: <ul style="list-style-type: none"> ○ integrates with general practice; ○ targets mental health needs of people across different age groups, including older people; ○ addresses the physical health needs of people with mental health problems; and ○ provides psychosocial support for people with complex and enduring mental health problems. • Support community-based suicide prevention initiatives across the age continuum. • Develop an integrated regional mental health, alcohol and other drug and suicide prevention plan. • Address the priorities in the Fifth National Mental Health and Suicide Prevention Plan. <p>EMPHN Transformative Strategies</p> <ul style="list-style-type: none"> • Listen to the consumer voice and design new mental health and chronic disease management approaches that are truly person-centred • Support and encourage primary care to adopt collaborative interdisciplinary care approaches that are person centred • Ensure commissioning and system change strategies encourage integration from a consumer perspective
Aim of Activity	Please refer to Priority 7 below.
Description of Activity	<ul style="list-style-type: none"> • Continuation of Mental Health Stepped Care model inclusive of mental health services for people with severe and complex mental illness (see priority 7), which may include: <ul style="list-style-type: none"> ○ Psychological interventions delivered by a credentialed mental health clinician meeting psychological interventions registration requirements ○ Quick Response Suicide Prevention Support delivered by credentialed mental health clinicians who meet psychological interventions registration requirements ○ Low intensity psychological interventions delivered by appropriately qualified / trained workers who may not meet registration requirements for psychological interventions. Can be face to face or use telehealth.

	<ul style="list-style-type: none"> ○ Group therapy delivered by appropriately trained workers ○ Care coordination (with no clinical role) or clinical care coordination delivered by a credentialed mental health clinician, as required ○ Dual diagnosis services as required ○ Access to digital mental health resources as required ● Continuation of EMPHN Referral, Access and Navigation Team (see Priority 7 for details)
Target population cohort	Please refer to Priority 7 below.
Indigenous specific	Is this activity targeted to, or predominantly supporting, Aboriginal and Torres Strait Islander people? No
Coverage	Please refer to Priority 7 below.
Consultation	Please refer to Priority 7 below.
Collaboration	Please refer to Priority 7 below.
Activity milestone details/ Duration	Please refer to Priority 7 below.
Commissioning method and approach to market	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not yet known <input checked="" type="checkbox"/> Continuing service provider / contract extension <input type="checkbox"/> Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date. <input type="checkbox"/> Open tender <input type="checkbox"/> Expression of Interest (EOI) <input type="checkbox"/> Other approach (please provide details) <p>Please refer to Priority 7 below.</p> <p>2a. Is this activity being co-designed? No</p> <p>2b. Is this activity the result of a previous co-design process? Yes</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? No</p>
Decommissioning	1a. Does this activity include any decommissioning of services? No
Data collection	Is this activity in scope for data collection under the Mental Health National Minimum Dataset? Yes
Total Planned Expenditure	

Funding Source	2019-2020	2020-2021	2021-2022	Total
Planned Commonwealth Expenditure – Mental Health and Suicide Prevention Funding	Please refer to Priority 7 below.	Please refer to Priority 7 below.	Please refer to Priority 7 below.	Please refer to Priority 7 below.
Planned Commonwealth Expenditure – Indigenous Mental Health Funding				
Planned Commonwealth Expenditure – Response to PFAS Funding				
Total Planned Commonwealth Expenditure				
Funding from other sources				
Funding from other sources	N/A			

Proposed Activities	
Mental Health Priority Area	Priority area 5: Community based suicide prevention activities
ACTIVITY TITLE	<i>“MH – 5 Community based suicide prevention and postvention”.</i>
Existing, Modified, or New Activity	Modified Activity Please refer to priority 5 from 2018/19 AWP.
PHN Program Key Priority Area	Mental Health
Needs Assessment Priority	<p>EMPHN Needs Assessment – Page 64</p> <ul style="list-style-type: none"> Implement our mental health stepped care model. Our model: <ul style="list-style-type: none"> integrates with general practice; targets mental health needs of people across different age groups, including older people; addresses the physical health needs of people with mental health problems; and provides psychosocial support for people with complex and enduring mental health problems. Support community-based suicide prevention initiatives across the age continuum. Develop an integrated regional mental health, alcohol and other drug and suicide prevention plan. Address the priorities in the Fifth National Mental Health and Suicide Prevention Plan. <p>EMPHN Transformative Strategies</p> <ul style="list-style-type: none"> Listen to the consumer voice and design new mental health and chronic disease management approaches that are truly person-centred Support and encourage primary care to adopt collaborative interdisciplinary care approaches that are person centred Ensure commissioning and system change strategies encourage integration from a consumer perspective
Aim of Activity	A suite of suicide prevention and postvention services and activities aimed at:

	<ul style="list-style-type: none"> • supporting people bereaved by suicide • increasing capacity of communities, health workers and health service partners to identify suicide risk and refer to appropriate services
Description of Activity	<p>5.1 A co-commissioned (with Victorian Department of Health & Human Services) region wide consolidated approach to suicide prevention and postvention. The program will deliver the suite of <i>direct support postvention services</i> and <i>suicide prevention activities</i>.</p> <p>Direct support postvention services:</p> <ul style="list-style-type: none"> • individual counselling • group therapy • community debriefing and support response after a suicide • non-clinical care coordination <p>Suicide Prevention Activities:</p> <ul style="list-style-type: none"> • community activity that focuses on wellbeing, resilience, skills development and help seeking • targeted media communications • capacity building training • development of formal protocols and integrated care pathways with health service partners <p>5.2 Aboriginal and Torres Strait Islander Suicide Prevention Response and Capacity Building Training</p> <p>5.3 Continuation of EMPHN Referral, Access and Navigation Team (see Priority 7 for details)</p>
Target population cohort	Whole of population. A focus also on promotion and support for those populations identified as experiencing higher levels of suicide risk, such as Aboriginal and/or Torres Strait Islander people, aged populations, males and those impacted by the experience of suicide.
Indigenous specific	Is this activity targeted to, or predominantly supporting, Aboriginal and Torres Strait Islander people? Yes For 5.2 above, working with other Victorian PHNs and the local community to deliver a culturally sensitive approach
Coverage	Whole of EMPHN catchment
Consultation	<ul style="list-style-type: none"> • Refer to 2018/2019 AWP for details on consultation with local community members and service providers.
Collaboration	<ul style="list-style-type: none"> • EMPHN will continue to collaborate with DHHS (Victoria) on the suicide prevention trial sites in Whittlesea and Maroondah. • EMPHN is developing a Regional Integrated Mental Health, AOD and Suicide Prevention Plan in collaboration with LHNs and key stakeholders across the EMPHN catchment • Eastern Mental Health Service Coordination Alliance • North Eastern Mental Health Service Coordination Alliance
Activity milestone details/ Duration	<p>Provide the anticipated activity start and completion dates (including the planning and procurement cycle):</p> <p>Activity start date: 2/08/2018</p> <p>Activity end date: 30/06/2022</p> <p>If applicable, provide anticipated service delivery start and completion dates (excluding the planning and procurement cycle):</p>

	Service delivery start date: May 2019 Service delivery end date: June 2022 Any other relevant milestones? Nil			
Commissioning method and approach to market	1. Please identify your intended procurement approach for commissioning services under this activity: <input type="checkbox"/> Not yet known <input checked="" type="checkbox"/> Continuing service provider / contract extension <input type="checkbox"/> Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date. <input type="checkbox"/> Open tender <input type="checkbox"/> Expression of Interest (EOI) <input type="checkbox"/> Other approach (please provide details)			
	2a. Is this activity being co-designed? No			
	2b. Is this activity the result of a previous co-design process? Yes			
	3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? Yes			
	3b. Has this activity previously been co-commissioned or joint-commissioned? Yes			
Decommissioning	1a. Does this activity include any decommissioning of services? Yes			
	1b. If yes, provide a description of the proposed decommissioning process and any potential implications. Current suicide postvention and prevention activities are being transitioned into the new service model. This includes direct support postvention services and capacity building activities. EMPHN, particularly EMPHN's Referral and Access Team, will work in partnership with existing providers to ensure continuity of service for consumers. This work will be underpinned by a communication and transition plan. The new suicide prevention and postvention model will incorporate all service types previously offered.			
Data collection	Is this activity in scope for data collection under the Mental Health National Minimum Dataset? Yes Note: Data collection only possible for appropriate direct support postvention services.			
Total Planned Expenditure				
Funding Source	2019-2020	2020-2021	2021-2022	Total
Planned Commonwealth Expenditure – Mental Health and Suicide Prevention Funding	\$636,267.00	\$646,447.00	\$656,144.00	\$1,938,858.00

Planned Commonwealth Expenditure – Indigenous Mental Health Funding				
Planned Commonwealth Expenditure – Response to PFAS Funding				
Total Planned Commonwealth Expenditure	\$636,267.00	\$646,447.00	\$656,144.00	\$1,938,858.00
Funding from other sources - DHHS	\$147,000.00			\$147,000.00
Funding from other sources	Department of Health and Human Services (Suicide Prevention Trial)			

Proposed Activities	
Mental Health Priority Area	Priority area 6: Aboriginal and Torres Strait Islander mental health services
ACTIVITY TITLE	“MH – 6. Aboriginal and Torres Strait Islander mental health services”
Existing, Modified, or New Activity	Existing Activity Please refer to priority 6 from 2018/19 AWP.
PHN Program Key Priority Area	Mental Health
Needs Assessment Priority	<p>EMPHN Needs Assessment – Mental Health Page 64</p> <ul style="list-style-type: none"> • Implement our mental health stepped care model. Our model: <ul style="list-style-type: none"> ○ integrates with general practice; ○ targets mental health needs of people across different age groups, including older people; ○ addresses the physical health needs of people with mental health problems; and ○ provides psychosocial support for people with complex and enduring mental health problems. • Support community-based suicide prevention initiatives across the age continuum. • Develop an integrated regional mental health, alcohol and other drug and suicide prevention plan. • Address the priorities in the Fifth National Mental Health and Suicide Prevention Plan. <p>EMPHN Needs Assessment – Indigenous Page 80</p> <ul style="list-style-type: none"> • Healthy start to life • Healthy childhood • Healthy transition to adulthood • Caring for older people • Addressing risk factors • Managing illness better, with effective health services <p>EMPHN Transformative Strategies</p> <ul style="list-style-type: none"> • Listen to the consumer voice and design new mental health and chronic disease management approaches that are truly person-centred • Support and encourage primary care to adopt collaborative interdisciplinary care approaches that are person centred

	<ul style="list-style-type: none"> • Ensure commissioning and system change strategies encourage integration from a consumer perspective
Aim of Activity	Delivery of integrated Aboriginal social and emotional health and wellbeing services, in partnership with Aboriginal communities.
Description of Activity	<p>6.1 Supporting Aboriginal and/or Torres Strait Islander people to access mental health stepped care.</p> <p>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 support. This activity links with Integrated Team Care and Alcohol and Other Drug (AOD) activities (AOD AWP Activity 3) to drive programs that will support services to become culturally safe. This will include creating connections for Aboriginal and/or Torres Strait Islander people to General Practitioners and other professionals as part of their care team to address and monitor AOD issues and physical health and wellbeing.</p> <ul style="list-style-type: none"> • Bubup Wilam in the north east of the EMPHN catchment. Bubup Wilam is delivering an integrated service model incorporating: <ul style="list-style-type: none"> - Psychological therapies - AOD services - General Practice - Early Learning • Healesville Indigenous Community Services Association (HICSA) in the outer east of the EMPHN catchment delivering in an integrated service model: <ul style="list-style-type: none"> - Psychological therapies - AOD services - After-Hours service response • Banyule Community Health and Yarra Valley Aboriginal Health funded to provide mental health supports for Aboriginal and/or Torres Strait Islander people <p>6.3 Continuing to build the capacity of Aboriginal and/or Torres Strait Islander organisations in line with our commitment to self-determination.</p> <p>6.4 Continuation of EMPHN Referral, Access and Navigation Team (see Priority 7 for details)</p>
Target population cohort	All age populations of Aboriginal and / or Torres Strait Islanders
Indigenous specific	<p>Is this activity targeted to, or predominantly supporting, Aboriginal and Torres Strait Islander people? Yes</p> <p>The programs at Bubup Wilam and HICSA have developed out of community driven initiatives developed by community controlled organisations. Both 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 programs at Banyule Community Health Service and Yarra Valley Aboriginal Health are both integrated into Aboriginal specific teams within their organisations, and engage directly with Aboriginal Communities.</p>

	Relationships are built through participation in community activities, collaborating with other Aboriginal programs and networking across the region.
Coverage	Targeted whole of the catchment with the highest populations of Aboriginal and/or Torres Strait Islanders (specifically targeting LGA's of Yarra Ranges, Banyule and Whittlesea)
Consultation	Ongoing discussions with Aboriginal Community Controlled Organisations in the region about community needs and suggested solutions. Integrated service planning in the Eastern region of the EMPHN catchment with DHHS and local governments has been co-commissioned. This included community consultations through forums and one on one interviews. A self-determination approach was utilised, seeking Aboriginal Communities' views, barriers and enablers to good health. The commissioned Aboriginal Community Controlled Organisations continue to provide feedback about community expectations and needs which informs program development. EMPHN participates in Aboriginal Community service networks which provide opportunities for direct discussions with Aboriginal Community service leaders about service gaps and new initiatives. EMPHN are members of the newly formed Outer Eastern Regional Governance Committee, formed by DHHS, to provide direction on future funding arrangements. The committee is made up of representatives from all the Aboriginal organisations in the region and all the major community organisations and funding bodies who work with Aboriginal Communities. Aboriginal organisations are surveying their communities and will share the information from these surveys to provide directions on service and support needs, program solutions and priorities. EMPHN will collaborate with DHHS to provide more effective approaches to funding Aboriginal Communities, including working with communities on reconciliation and self-determination approaches to address their needs.
Collaboration	<ul style="list-style-type: none"> • Collaboration is ongoing with Victorian Aboriginal Health Services, DHHS and community controlled organisations. • Collaboration with LHN and other key local service stakeholder and people of lived experience is regional planning activities. • EMPHN is developing a Regional Integrated Mental Health, AOD and Suicide Prevention Plan in collaboration with LHNs and key stakeholders across the EMPHN catchment. • Eastern Mental Health Service Coordination Alliance. • North Eastern Mental Health Service Coordination Alliance.
Activity milestone details/ Duration	<p>Provide the anticipated activity start and completion dates (including the planning and procurement cycle):</p> <p>Activity start date: 2/06/2017 Activity end date: 30/06/2022</p> <p>If applicable, provide anticipated service delivery start and completion dates (excluding the planning and procurement cycle):</p> <p>Service delivery start date: Month. 2019 (ongoing) Service delivery end date: June 2022</p> <p>Any other relevant milestones? Nil</p>
Commissioning method and approach to market	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <p><input type="checkbox"/> Not yet known</p> <p><input checked="" type="checkbox"/> Continuing service provider / contract extension</p> <p><input type="checkbox"/> Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date.</p>

	<input type="checkbox"/> Open tender <input type="checkbox"/> Expression of Interest (EOI) <input type="checkbox"/> Other approach (please provide details)			
	2a. Is this activity being co-designed? Yes			
	2b. Is this activity this result of a previous co-design process? Yes			
	3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No			
	3b. Has this activity previously been co-commissioned or joint-commissioned? No			
Decommissioning	1a. Does this activity include any decommissioning of services? No			
Data collection	Is this activity in scope for data collection under the Mental Health National Minimum Dataset? No Quantitative and qualitative data is continually being collected based on a culturally sensitive evaluation model. Aboriginal providers have expressed concern about providing MDS data on Aboriginal consumers. EMPHN is continuing to work with Aboriginal providers to find an appropriate data collection method.			
Total Planned Expenditure				
Funding Source	2019-2020	2020-2021	2021-2022	Total
Planned Commonwealth Expenditure – Mental Health and Suicide Prevention Funding	\$235,000.00	\$235,000.00	\$235,000.00	\$705,000.00
Planned Commonwealth Expenditure – Indigenous Mental Health Funding	\$251,496.00	\$255,771.00	\$259,864.00	\$767,131.00
Planned Commonwealth Expenditure – Response to PFAS Funding				
Total Planned Commonwealth Expenditure	\$486,496.00	\$490,771.00	\$494,864.00	\$1,472,131.00
Funding from other sources				
Funding from other sources	N/A			

Proposed Activities	
Mental Health Priority Area	Priority area 7: Stepped care approach
ACTIVITY TITLE	<i>“MH – 7 Mental Health Stepped Care”</i>

Existing, Modified, or New Activity	Existing Activity Please refer to priority 7 from 2018/19 AWP.
PHN Program Key Priority Area	Mental Health
Needs Assessment Priority	<p>EMPHN Needs Assessment – Page 64</p> <ul style="list-style-type: none"> • Implement our mental health stepped care model. Our model: <ul style="list-style-type: none"> ○ integrates with general practice; ○ targets mental health needs of people across different age groups, including older people; ○ addresses the physical health needs of people with mental health problems; and ○ provides psychosocial support for people with complex and enduring mental health problems. • Support community-based suicide prevention initiatives across the age continuum. • Develop an integrated regional mental health, alcohol and other drug and suicide prevention plan. • Address the priorities in the Fifth National Mental Health and Suicide Prevention Plan. <p>EMPHN Transformative Strategies</p> <ul style="list-style-type: none"> • Listen to the consumer voice and design new mental health and chronic disease management approaches that are truly person-centred • Support and encourage primary care to adopt collaborative interdisciplinary care approaches that are person centred • Ensure commissioning and system change strategies encourage integration from a consumer perspective
Aim of Activity	<ul style="list-style-type: none"> • Improved health outcomes and experience for consumers and their families • Improvement in the health care system: Improved system efficiency, through improved access, integrated and collaborative care, improved referral pathways and consumer journeys, and through evidence-informed services delivered with cost effective use of resources • Improved practitioner experience
Description of Activity	<p>7.1 EMPHN has transitioned to a Mental Health Stepped Care Model, delivering the new model of stepped care services across the whole of the EMPHN catchment. Mental health stepped care is an evidence-based, staged system of care that includes a range of mental health interventions, from the least to most intensive. The level of intensity of care is matched to the complexity of the person’s mental health need. The model emphasises collaborative care, working with the consumer, 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, family and social functioning, and suicide and self-harm care and support needs.</p> <p>The major features of the new stepped care model are:</p> <ul style="list-style-type: none"> • Integrated person centred care on basis of 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

	<ul style="list-style-type: none"> • Screening 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 • Multi-disciplinary credentialed Mental Health team including peer workers • Defined care pathways and linkages to other social care support as required • Respond to dual diagnosis <p>7.2 Continuation of Psychiatric Advice and Consultation Service. Support for General Practitioners and EMPHN funded MH & AOD providers through psychiatric consultation to build their capacity to identify and respond to consumers presenting with mental health issues</p> <p>7.3 Continuation of EMPHN Referral, Access and Navigation Team to support navigation and understanding of the service system for consumers, carers, General Practitioners and other referrers in the community.</p> <p>7.4 Implementation of System Integration and Capacity Building Strategy - Workforce Development and Lived Experience. The strategy includes a variety of workforce development opportunities such as e-learning, webinars and face-to-face training that aims to enhance the mental health and alcohol and other drugs literacy in primary health organisations, general practice and amongst consumers in the EMPHN catchment.</p> <p>7.5 Continuation of Mental Health Stepped Care Evaluation</p>
Target population cohort	Whole of population. A focus on promotion and support for hard to reach populations and those experiencing complex needs.
Indigenous specific	No
Coverage	Whole of EMPHN catchment
Consultation	Please refer to 2017/2018 EMPHN PMHC AWP, which outlines the extensive process of consultation and co-design forums including with consumers, families, carers, providers, EMPHN Board, EMPHN Clinical Council, EMPHN Clinical Commissioning Group, Community Advisory Group, and Australian College of Mental Health Nurses.
Collaboration	<ul style="list-style-type: none"> • Mental Health Stepped Care Provider Network and Intake Network established to ensure consistency of practice and build collaboration amongst providers across the catchment. • EMPHN is developing a Regional Integrated Mental Health, AOD and Suicide Prevention Plan in collaboration with LHNs and key stakeholders across the EMPHN catchment. • Eastern Mental Health Service Coordination Alliance. • North Eastern Mental Health Service Coordination Alliance.
Activity milestone details/ Duration	<p>Provide the anticipated activity start and completion dates (including the planning and procurement cycle):</p> <p>Activity start date: 1/12/2017</p> <p>Activity end date: 30/06/2022</p> <p>If applicable, provide anticipated service delivery start and completion dates (excluding the planning and procurement cycle):</p> <p>Staged approach over 12 months;</p> <p>Stage 1 (North East) service delivery operational 15/1/18;</p> <p>Stage 2 (Outer East) service delivery operational 2/7/18;</p>

	Stage 3 (Inner East) service delivery operational 14/1/19 Service delivery end date: June 2022 Any other relevant milestones? Nil			
Commissioning method and approach to market	1. Please identify your intended procurement approach for commissioning services under this activity: <input type="checkbox"/> Not yet known <input checked="" type="checkbox"/> Continuing service provider / contract extension <input type="checkbox"/> Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date. <input type="checkbox"/> Open tender <input type="checkbox"/> Expression of Interest (EOI) <input type="checkbox"/> Other approach (please provide details)			
	2a. Is this activity being co-designed? No			
	2b. Is this activity this result of a previous co-design process? Yes			
	3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No			
	3b. Has this activity previously been co-commissioned or joint-commissioned? No			
Decommissioning	1a. Does this activity include any decommissioning of services? No			
Data collection	Is this activity in scope for data collection under the Mental Health National Minimum Dataset? Yes			
Total Planned Expenditure				
Funding Source	2019-2020	2020-2021	2021-2022	Total
Planned Commonwealth Expenditure – Mental Health and Suicide Prevention Funding	\$5,300,000.00	\$5,862,000.00	\$6,013,410.00	\$17,175,410.00
Planned Commonwealth Expenditure – Indigenous Mental Health Funding				
Planned Commonwealth Expenditure – Response to PFAS Funding				
Total Planned Commonwealth Expenditure	\$5,300,000.00	\$5,862,000.00	\$6,013,410.00	\$17,175,410.00
Funding from other sources				
Funding from other sources	N/A			

Proposed Activities	
Mental Health Priority Area	Indicate the mental health priority area this activity falls under. Priority area 8: Regional mental health and suicide prevention plan
ACTIVITY TITLE	<i>"MH – 8 Regional Integrated Mental Health, AOD & Suicide Prevention Plan"</i> .
Existing, Modified, or New Activity	Existing Activity Refer to 2017/2018 AWP -Priority Area 8: Regional mental health and suicide prevention plan 27 Activity (is) / Reference (Activity 8.1, 8.2, 8.3 and 8.4).
PHN Program Key Priority Area	Mental Health
Needs Assessment Priority	<p>EMPHN Needs Assessment – Mental Health - Page 64</p> <ul style="list-style-type: none"> • Implement our mental health stepped care model. Our model: <ul style="list-style-type: none"> ○ integrates with general practice; ○ targets mental health needs of people across different age groups, including older people; ○ addresses the physical health needs of people with mental health problems; and ○ provides psychosocial support for people with complex and enduring mental health problems. • Support community-based suicide prevention initiatives across the age continuum. • Develop an integrated regional mental health, alcohol and other drug and suicide prevention plan. • Address the priorities in the Fifth National Mental Health and Suicide Prevention Plan. <p>EMPHN Needs Assessment – Indigenous - Page 80</p> <ul style="list-style-type: none"> • Healthy start to life • Healthy childhood • Healthy transition to adulthood • Caring for older people • Addressing risk factors • Managing illness better, with effective health services <p>EMPHN Needs Assessment – Older Persons - Page 104</p> <ul style="list-style-type: none"> • Improving chronic conditions management • Supporting RACFs to identify and respond to the mental health needs of their clients <p>EMPHN Needs Assessment – Alcohol & Other Drugs - Page 90</p> <ul style="list-style-type: none"> • Strengthening integration • Practice based evidence and data • Digital health <p>EMPHN Transformative Strategies</p> <ul style="list-style-type: none"> • Listen to the consumer voice and design new mental health and chronic disease management approaches that are truly person-centred • Support and encourage primary care to adopt collaborative interdisciplinary care approaches that are person centred • Encourage health information continuity between providers

	<ul style="list-style-type: none"> • Ensure commissioning and system change strategies encourage integration from a consumer perspective <p>Regional Planning Needs Assessment EMPHN and LHNs have undertaken a joint needs assessment to identify gaps, duplications and inefficiencies and make better use of available resources. Further work is to occur around joint data sharing.</p>
Aim of Activity	<p>Integrated regional planning aims to improve outcomes for people with lived experience and carers by:</p> <ul style="list-style-type: none"> • identifying what EMPHN, LHNs and other key stakeholders can do in the short term to better use existing resources to develop new ways of working; addressing fragmentation of mental health, AOD and suicide prevention services; • improving pathways and access to services for those who need them most; preventing services operating in isolation from each other; • identifying gaps, duplication in roles and service system failure at a local level; supporting agencies to achieve more effective, person-centred care; • informing evidence based service development and practice; • developing region wide multi agency agreements to support shared care; sharing clinical governance; and • jointly with LHNs, identifying innovative funding models such as joint commissioning of services and pooling of funds for packages of care.
Description of Activity	<p>8.1 Implementation of a Regional Integrated Mental Health, AOD and Suicide Prevention Plan developed jointly with PHNs and LHNs, along with consumers and carers and other key stakeholders in the EMPHN catchment. The plan is expected to be launched by December 2019. The Plan will be aligned to a number of pieces of integration work already being undertaken in the region. Activities will be captured under ten key areas:</p> <ul style="list-style-type: none"> • improving outcomes for young people; • improving integration and pathways of care for people with mental health issues; • improving pathways of care for people with alcohol and other drug issues; • improving access for people that have severe mental illness with complex needs; • identification of physical health needs of people with a mental illness; • identifying the mental health needs of older people; preventing suicide: • improving access to quality and culturally appropriate care for Aboriginal and Torres Strait Islander and culturally and linguistically diverse communities; • increasing support for GPs and general practice; • improving quality, safety and developing a clinical governance framework; and • improving information management and data sharing. • development of service mapping and navigation <p>8.2 Continuation of Eastern Mental Health Service Coordination Alliance (EMHSCA)</p> <p>8.3 Continuation of North Eastern Mental Health Service Coordination Alliance (NEMHSCA)</p>

	8.4 Promote linkages with Mental Health & AOD Service ATLAS and Health Pathways
Target population cohort	Whole of EMPHN Catchment. Cohorts include; young people; people with alcohol and other drug issues; people with severe mental illness with complex needs; older people; people at risk of suicide (includes self-harm); Aboriginal and/or Torres Strait Islander people; culturally and linguistically diverse populations; and GP's/General Practice. The Plan will also develop mechanisms to address the physical health needs of people with mental illness and alcohol and other drug issues.
Indigenous specific	Is this activity targeted to, or predominantly supporting, Aboriginal and Torres Strait Islander people? No However, Aboriginal and/or Torres Strait Islander People are included in this work.
Coverage	Whole of EMPHN catchment.
Consultation	EMPHN and LHNs have commenced engagement with people with lived experience and carers and key community based stakeholders. Consultations will also occur with ACCHO's/Aboriginal and/or Torres Strait Islander services, NDIS service providers and other social support services. Consultation methods include: <ul style="list-style-type: none"> • an open stakeholder/community forum; • feedback from people with lived experience and carers (including targeted consultation with Aboriginal and Torres Strait Islander community; • individual consultations with CEO's and Senior Executives from 5 Local Health Networks, General Practice, Community Health Centres and NGO's; • targeted consultation with EMPHN Clinical and Community Advisory Councils; and • Government.
Collaboration	Collaboration includes: <ul style="list-style-type: none"> • a regional governance group (made up of LHNs, Community Health and NGO's); • working groups structured around the key themes • EMHSCA and NEMHSCA will continue to be supported to provide platforms to enhance coordination of key activities and partnership development
Activity milestone details/ Duration	Provide the anticipated activity start and completion dates (including the planning and procurement cycle): Activity start date: 1/07/2018 Activity end date: 30/06/2020 If applicable , provide anticipated service delivery start and completion dates (excluding the planning and procurement cycle): Service delivery start date: Month. Year. Service delivery end date: Month. Year. TBC Any other relevant milestones? Nil
Commissioning method and approach to market	1. Please identify your intended procurement approach for commissioning services under this activity: <input checked="" type="checkbox"/> Not yet known <input type="checkbox"/> Continuing service provider / contract extension

	<input type="checkbox"/> Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date. <input type="checkbox"/> Open tender <input type="checkbox"/> Expression of Interest (EOI) <input type="checkbox"/> Other approach (please provide details)			
	2a. Is this activity being co-designed? Yes			
	2b. Is this activity this result of a previous co-design process? Yes			
	3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No Yet to be determined			
	3b. Has this activity previously been co-commissioned or joint-commissioned? No			
Decommissioning	1a. Does this activity include any decommissioning of services? No			
Data collection	Is this activity in scope for data collection under the Mental Health National Minimum Dataset? No			
Total Planned Expenditure	Refer to planned expenditure below			
Funding Source	2019-2020	2020-2021	2021-2022	Total
Planned Commonwealth Expenditure – Mental Health and Suicide Prevention Funding	\$0	\$70,000.00	\$70,000.00	\$140,000.00
Planned Commonwealth Expenditure – Indigenous Mental Health Funding				
Planned Commonwealth Expenditure – Response to PFAS Funding				
Total Planned Commonwealth Expenditure	\$0	\$70,000.00	\$70,000.00	\$140,000.00
Funding from other sources				
Funding from other sources	A small amount of funding is provided to support EMHSCA from Eastern Health and DHHS. The future funding is yet to be determined.			

Proposed Activities	
Mental Health Priority Area	Indicate the mental health priority area this activity falls under. Priority area 9: Healthy Ageing
ACTIVITY TITLE	<i>“MH – 9 Healthy Ageing”</i>

Existing, Modified, or New Activity	Modified Activity Please refer to priority 9 from 2018/19 AWP.
PHN Program Key Priority Area	Mental Health
Needs Assessment Priority	<p>EMPHN Needs Assessment – Mental Health - Page 64</p> <ul style="list-style-type: none"> • Implement our mental health stepped care model. Our model: <ul style="list-style-type: none"> ○ integrates with general practice; ○ targets mental health needs of people across different age groups, including older people; ○ addresses the physical health needs of people with mental health problems; and ○ provides psychosocial support for people with complex and enduring mental health problems. • Support community-based suicide prevention initiatives across the age continuum. • Develop an integrated regional mental health, alcohol and other drug and suicide prevention plan. • Address the priorities in the Fifth National Mental Health and Suicide Prevention Plan. <p>EMPHN Needs Assessment – Older Persons - Page 104</p> <ul style="list-style-type: none"> • Improving chronic conditions management • Supporting Residential Aged Care Facilities (RACFs) to identify and respond to the mental health needs of their clients <p>EMPHN Transformative Strategies</p> <ul style="list-style-type: none"> • Listen to the consumer voice and design new mental health and chronic disease management approaches that are truly person-centred • Support and encourage primary care to adopt collaborative interdisciplinary care approaches that are person centred • Ensure commissioning and system change strategies encourage integration from a consumer perspective
Aim of Activity	<ul style="list-style-type: none"> • Improve the mental health and wellbeing of older persons who reside in the community or in Residential Aged Care Facilities in the EMPHN catchment, recognising that pre-existing mental health issues continue through all stages of life and that new mental health conditions can occur with older age. Mental health care provision in general practice for older people will complement and form part of the Stepped Care model being delivered in the EMPHN catchment. • 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.
Description of Activity	<p>9.1 Continuation of Older Persons Mental Health trials. Partnering with LHNs to pilot models to deliver psychiatric secondary consultation for GPs and support to older people and their families to continue to live in the community. These trials will be delivered in the Outer East and Inner East of the EMPHN catchment.</p> <p>9.2 Psychological interventions in RACFs pilot. The pilot will be implemented in a select number of residential facilities providing residents living with or at</p>

	<p>risk of developing mental illness (predominately mild to moderate) with evidence-based one-on-one and group-based psychological interventions. This pilot utilises the evidence-informed EMPHN mental health stepped care model (see <i>MH – 7. Stepped Care</i>) in order to match interventions to individual need over time.</p> <p>9.3 Implementation of Older Persons Community and Residential Aged Care Service and Capacity Building Strategy. Co-design and the learnings from the above pilots/trials and will inform a catchment-wide model providing support to older adults in the community and in RACFS scheduled for delivery from mid 2020.</p> <p>9.4 Continuation of EMPHN Referral, Access and Navigation Team (see Priority 7 for details). The Referral, Access and Navigation Team supports navigation and understanding of the service system for consumers (including older people living in the community), carers, General Practitioners and other referrers in the community.</p>
Target population cohort	Older people 65+ with mental health needs either living in residential aged care facilities or in the community
Indigenous specific	No
Coverage	Whole of EMPHN catchment.
Consultation	EMPHN has conducted a Rapid Improvement Event for Older Persons Mental Health to understand the needs of older people in the community and RACFs and targeted consultation with the aged care sector. Further consultation and co-design will occur from July 2019 – December 2019.
Collaboration	<ul style="list-style-type: none"> • Mental Health Stepped Care Provider Network and Intake Network established to ensure consistency of practice and build collaboration amongst providers across the catchment. • EMPHN is developing a Regional Integrated Mental Health, AOD and Suicide Prevention Plan in collaboration with LHNs and key stakeholders across the EMPHN catchment. • Eastern Mental Health Service Coordination Alliance. • North Eastern Mental Health Service Coordination Alliance.
Activity milestone details/ Duration	<p>Provide the anticipated activity start and completion dates (including the planning and procurement cycle):</p> <p style="padding-left: 40px;">Activity start date: 2/07/2018</p> <p style="padding-left: 40px;">Activity end date: 30/06/2022</p> <p>If applicable, provide anticipated service delivery start and completion dates (excluding the planning and procurement cycle):</p> <p style="padding-left: 40px;">Service delivery start date: January 2020 (integrated service model)</p> <p style="padding-left: 40px;">Service delivery end date: June 2022</p> <p>Any other relevant milestones? Nil</p>
Commissioning method and approach to market	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <p><input type="checkbox"/> Not yet known</p> <p><input checked="" type="checkbox"/> Continuing service provider / contract extension (pilot models)</p> <p><input type="checkbox"/> Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date.</p> <p><input checked="" type="checkbox"/> Open tender (for integrated service model)</p> <p><input type="checkbox"/> Expression of Interest (EOI)</p> <p><input type="checkbox"/> Other approach (please provide details)</p>

	<p>2a. Is this activity being co-designed? Yes</p> <p>2b. Is this activity this result of a previous co-design process? Yes</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? No</p>			
Decommissioning	1a. Does this activity include any decommissioning of services? No			
Data collection	Is this activity in scope for data collection under the Mental Health National Minimum Dataset? Yes			
Total Planned Expenditure				
Funding Source	2019-2020	2020-2021	2021-2022	Total
Planned Commonwealth Expenditure – Mental Health and Suicide Prevention Funding	\$2,082,548.00 (inc. \$876,382.00 RACFs component)	\$1,791,587.00 (inc. \$1,409,562.00 RACFs component)	\$2,024,370.00 (inc. \$1,691,020.00 RACFs component)	\$5,898,505.00 (inc. \$3,976,964 RACFs component)
Planned Commonwealth Expenditure – Indigenous Mental Health Funding				
Planned Commonwealth Expenditure – Response to PFAS Funding				
Total Planned Commonwealth Expenditure	\$2,082,548.00	\$1,791,587.00	\$2,024,370.00	\$5,898,505.00
Funding from other sources				
Funding from other sources	N/A			