

Eastern Melbourne - Commonwealth Psychosocial Support 2024/25 - 2027/28 Activity Summary View



PAE - 1 - CPS Program - Psychosocial Access Enablers (May 2025)



Activity Metadata

Applicable Schedule *

Commonwealth Psychosocial Support

Activity Prefix *

PAE

Activity Number *

1

Activity Title *

CPS Program - Psychosocial Access Enablers (May 2025)

Existing, Modified or New Activity *

Modified



Activity Priorities and Description

Program Key Priority Area *

Mental Health

Other Program Key Priority Area Description

Aim of Activity *

The aim of psychosocial access enablers is to improve the interface and strengthen delivery of the Commonwealth Psychosocial Support Program.

Description of Activity *

Activities include:

- Capacity and strengths-based assessments

Commissioned providers are using one of two capacity and strengths base assessment tools. The Recovery Star and Recovery Assessment Scale - Domains and Stages (RAS-DS) are used to identify and facilitate psychosocial support needs of consumers. All CPS workers have been trained in the use of the relevant tool chosen by their organisation for integration.

- Service navigation (including housing connections)

- EMPHN SupportConnect service and commissioned psychosocial service providers working together to ensure there are no gaps in service delivery for those consumers with psychosocial issues. Commissioned providers' relationship with SupportConnect is vital and the working relationships are formalised with fortnightly meetings and guiding procedures to facilitate integrated collaborative approach to service navigation.

- Service delivery includes care coordination and non-clinical support to find what's available where, how to connect, and support facilitation. The care coordination and liaison function are focused on enabling consumers to access and attend a range of services available to them, where these are identified in the Collaborative Care Plan and are key to the provision of holistic care.

- Service navigation includes participant housing needs, and service delivery integrates housing connections as a matter of priority, particularly homelessness.

- NDIS testing support

Psychosocial service providers support participants who may be eligible to apply or re-apply for funding under the NDIS.

Commissioned providers support eligible consumers to test, or retest for NDIS through coordination and liaison with medical and other suitable qualified staff. Providers may use brokerage to purchase Psychiatric assessment for documentation requirements if required, in line with brokerage guidelines. The use of capacity and strengths base tools to help identify NDIS support needs.

Associated funding is rolled into commissioned contracts and integrated into service delivery.

- Capacity and strengths-based assessments

Commissioned providers are using one of two capacity and strengths base assessment tools. The Recovery Star and Recovery Assessment Scale - Domains and Stages (RAS-DS) are used to identify and facilitate psychosocial support needs of consumers. All CPS workers have been trained in the use of the relevant tool chosen by their organisation for integration.

- Regional Loading

Any Regional loading is insignificant and therefore rolled into the commissioned contracts to support outreach delivery cost across the outer area of the EMPHN Catchment.

- PHN Operational

PHN Operational funds contribute to enabling infrastructure alongside program staff. This operational investment supports the effective commissioning, performance monitoring and evaluation of psychosocial support activities. Program staff support commissioned providers and other stakeholders in achieving the objectives of the CPSP activities with the Eastern Melbourne PHN catchment and health system settings. Program staff work with service providers to understand changes to service delivery arrangements, the number of consumers eligible for the CPS Program and how best to manage continued service delivery, entry of new consumers, and transition of consumers to new arrangements.

Commissioned psychosocial service providers:

Neami National and Wellways Australia.

Specific support services commissioned:

(i) Housing: Housing needs are addressed as a matter of priority, particularly homelessness.

(ii) Practical, day-to-day needs: Daily living support is provided as a matter of priority, and an individual's daily living capacity is developed over time.

(iii) Employment and Education: Employment and education needs and goals are addressed as a matter of priority. This includes access to education and development programs.

(iv) Community participation: This can include taking part in community activities, events, sports, recreation, volunteering, arts, and leisure, to foster social interaction, friendships, and broader life skills.

(v) Emotional support: This may be provided by support workers, as well as family, friends and peers, to alleviate loneliness and isolation and promote social interaction.

(vi) Physical health: The individual is supported to maintain or improve good physical health and wellbeing, including managing drug, alcohol, and tobacco addictions. Based on health screens, consumers will be provided warm referral and priority access to primary health services.

(vii) Family connections: The individual is supported to develop family connections, as desired, and families are supported, as needed, in this process.

(viii) Advocacy: Self-advocacy skills—being able to speak or act on your own behalf – are encouraged and learned.

(ix) Service navigation/care coordination: This includes non-clinical support to find what's available where, how to connect, and

support facilitation. The care coordination and liaison function is focused on enabling consumers to access and attend a range of services available to them, where these are identified in the Collaborative Care Plan and are key to the provision of holistic care.
(x) NDIS testing and retesting: supporting testing and retesting eligibility to the NDIS.

Standard duration of support:

- (i) Intensive supports: For up to 12 months, with reduction over time as the individual's capacity for self-care/self-management improves. This includes up to four hours direct support for participants per fortnight.
- (ii) Moderate: Medium-term supports for up to 6 months, which might encompass flexible 1:1 individualised and/or group-based supports. This includes up to three hours direct support for participants per fortnight.
- (iii) Low: Short-term support, which might encompass a 4-8 week wellness recovery program or support to link into mainstream community groups or one-off support to address a pressing need such as housing.

Specific service delivery models/formats:

- (i) Individual support to build capacity and life skills, offered via flexible modalities including outreach
- (ii) Individual peer support using the Intentional Peer Support model
- (iii) Group-based activities that build individual capacity and life skills. This includes peer developed and evidence-based group education and support programs, access to volunteer programs and courses for families and carers
- (iv) Telephone support services
- (v) Digital and eHealth resources
- (vi) Limited packages and flexible brokerage
- (vii) Service navigation/non clinical care-coordination

Location of the activities:

A combination of face-to-face at clients' homes or in their community, online, telephone, on-site at service providers' office.

How program/client outcomes are being measured/evaluated:

Service providers have processes in place for quarterly review of consumers accessing the Psychosocial Support Service to ensure their needs are being met and they are addressing their recovery goals. K10 assessments are used and case studies are provided.

Needs Assessment Priorities *

Needs Assessment

EMPHN's Needs Assessment 2024/25 - 2026/27

Priorities

Priority	Page reference
Mental Health (MH) and Suicide Prevention (SP)	139
Primary health care (PHC)	140



Activity Demographics

Target Population Cohort

People with severe mental illness and associated psychosocial functional impairment who are not eligible for assistance through the NDIS

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

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

The EMPHN contract management team has consulted with the Flinders University Commonwealth Psychosocial Support Program Empower team regarding outcome measures and brokerage services. The team has engaged with the CPSP team and other PHNs through Community of Practice sessions and intend to reach out to equivalent teams at other PHNs.

Collaboration

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



Activity Milestone Details/Duration

Activity Start Date

29/06/2019

Activity End Date

29/06/2027

Service Delivery Start Date

30/06/2019

Service Delivery End Date

30/06/2027

Other Relevant Milestones

Contract milestones:

01.05.2025 Quarterly clinical incident report
01.05.2025 Quarterly performance report
06.06.2025 Activity Work Plan (1 July 2025 – 30 June 2026)
06.06.2025 Program budget (1 July 2025 – 30 June 2026)
15.07.2025 Quarterly performance report
15.07.2025 Unaudited financial statement (1 July 2024 – 30 June 2025)
30.07.2025 Quarterly clinical incident report
30.09.2025 Audited financial statement (1 July 2024 – 30 June 2025)
15.10.2025 Quarterly performance report
30.10.2025 Quarterly clinical incident report
22.01.2026 Quarterly performance report
22.01.2026 Unaudited financial statement (1 July – 31 December 2025)
30.01.2026 Quarterly clinical incident report
15.03.2026 Transition plan
15.04.2026 Quarterly performance report
30.04.2026 Quarterly clinical incident report
15.07.2026 Quarterly incident report
15.07.2026 Final program report (1 July 2024 – 30 June 2026)
15.07.2026 Quarterly clinical incident report
15.07.2026 Unaudited financial statement (1 July 2025 – 30 June 2026)
30.09.2026 Audited financial statement (1 July 2025 – 30 June 2026)

Department milestones:

28.05.2025 Activity Work Plan
15.11.2025 Other Report – DOHAC Needs Assessment
30.04.2026 Activity Work Plan
30.09.2026 12 Month Performance Report
30.09.2026 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration
15.11.2026 Other Report – DOHAC Needs Assessment
30.04.2027 Activity Work Plan
30.09.2027 Final 12 Month Performance Report
30.09.2027 Final Financial Acquittal Report



Activity Commissioning

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

Not Yet Known: No

Continuing Service Provider / Contract Extension: No

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): Yes

Is this activity being co-designed?

No

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

Yes

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

No

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

No

Decommissioning

No

Decommissioning details?

Co-design or co-commissioning comments



PSD - 1 - CPS Program - Psychosocial Support Service (May 2025)



Activity Metadata

Applicable Schedule *

Commonwealth Psychosocial Support

Activity Prefix *

PSD

Activity Number *

1

Activity Title *

CPS Program - Psychosocial Support Service (May 2025)

Existing, Modified or New Activity *

Modified



Activity Priorities and Description

Program Key Priority Area *

Mental Health

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

To provide non-clinical community-based support for people with severe mental illness and associated reduced psychosocial functional capacity who are not eligible for assistance through the NDIS.

Description of Activity *

EMPHN will continue to commission two providers (Neami National and Wellways) to deliver services to people with a severe mental illness requiring psychosocial support services.

Both providers cover the whole EMPHN geographical catchment and collaborate closely with each other and the EMPHN SupportConnect Team to ensure appropriate and timely allocations based on consumer and provider capacity and location.

Providers deliver services that support consumers to:

- receive practical help (daily living/tasks; this includes budgeting, household management, cooking as per consumer requirements)
- be empowered to manage their mental health, physical health, housing, education, work leisure etc.
- be better connected with others, including family, friends, peers and community
- access relevant supports and services.

This includes the following specific elements:

- **Housing:** Housing needs are addressed as a matter of priority, particularly homelessness.
- **Practical, day-to-day needs:** Daily living support is provided as a matter of priority, and an individual's daily living capacity is developed over time.
- **Employment and education:** Employment and education needs and goals are addressed as a matter of priority.
- **Community participation:** This can include taking part in community activities, events, sports, recreation, volunteering, arts, and leisure, to foster social interaction, friendships, and broader life skills.
- **Emotional support:** This may be provided by support workers, as well as family, friends and peers, to alleviate loneliness and isolation and promote social interaction.
- **Physical health:** The individual is supported to maintain or improve good physical health and wellbeing, including managing drug, alcohol and tobacco addictions.
- **Family connections:** The individual is supported to develop family connections, as desired, and families are supported, as needed in this process.
- **Advocacy:** Self-advocacy skills—being able to speak or act on your own behalf—are encouraged and learned.
- **Service navigation/care coordination:** This includes non-clinical support to find what's available where, how to connect, and support facilitation. The care coordination and liaison function is focused on enabling consumers to access and attend a range of services available to them, where these are identified in the Collaborative Care Plan and are key to the provision of holistic care.
- **NDIS:** Consumers and their families will continue to be supported to facilitate testing for NDIS eligibility and transition.

Eligibility is assessed against the following criteria:

- Reside or work in, or have established connections to the EMPHN region
- have a severe episodic mental illness and a resulting level of reduced psychosocial functional capacity
- are not eligible or currently assisted by the NDIS (awaiting outcome or re-testing)
- due to the episodic nature of their illness, would benefit from short-term, targeted psychosocial support at particular points in time
- are not current consumers of State funded psychosocial support services (e.g., 'Early Intervention Psychosocial Support Response')

Consumers waiting for an NDIS access decision or for their NDIS plan to begin may also be eligible for the Psychosocial Support Service, in addition to consumers who do not give consent for an NDIS application to be made. In these instances, eligibility for the Psychosocial Support Service will be determined on an individual basis, ensuring that no consumer 'falls through the gaps' by not receiving appropriate and timely psychosocial supports.

Outreach services will be utilised to increase access and may be delivered at community locations, the consumer's residence, or other agreed locations. This supports efforts to ensure increased access to under-served target groups.

The duration of support offered to is dependent on participant need and identified by tiered levels of support:

- **Intensive supports:** for up to 12 months, with reduction over time as the individual's capacity for self-care/self-management improves.
- **Moderate:** Medium-term supports for up to six (6) months, which might encompass flexible 1:1 individualised and/or group based supports.
- **Low:** Short-term support, which might encompass a four to eight week wellness recovery program, support to link to mainstream community groups, or one-off support to address a pressing need such as housing.

The EMPHN Psychosocial Support Service can include any of the following types of service delivery:

- Individual support to build capacity and life skills, offered via flexible modalities including outreach
- Group-based activities
- Telephone support services
- Digital and eHealth resources
- Limited packages and flexible brokerage
- Service navigation/non-clinical care coordination

Consumers are able to access services delivered via a highly mobile workforce with service delivery occurring at the most suitable location to consumer and services.

Consumer outcomes are being measured in a range of ways:

The Recovery Star focuses on the patient's journey, enabling staff to measure and summarise changes in the individual's mental health and behaviour. The K10+ measures the degree of psychological distress. Collaborative Care Planning is utilised, where consumer defined recovery focused goals are identified and every three months or as clinically indicated providers undertake a review process and achievement towards goals is measures. Consumer Experience measures are also collected with both providers utilising the Your Experience of Service PHN survey.

Needs Assessment Priorities *

Needs Assessment

EMPHN's Needs Assessment 2024/25 - 2026/27

Priorities

Priority	Page reference
Mental Health (MH) and Suicide Prevention (SP)	139
Alcohol and other drugs (AOD)	137
Primary health care (PHC)	140



Activity Demographics

Target Population Cohort

People with severe mental illness who are not eligible for assistance through the NDIS and hard to reach consumers who have not previously tested their eligibility under the NDIS.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

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Activity End Date

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30/06/2018

Service Delivery End Date

30/06/2027

Other Relevant Milestones

Department Milestones:

28.05.2025 Activity Work Plan

15.11.2025 Other Report – DOHAC Needs Assessment

30.04.2026 Activity Work Plan

30.09.2026 12 Month Performance Report

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Open Tender: No
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Decommissioning

No

Decommissioning details?

Co-design or co-commissioning comments