Eastern Melbourne - Commonwealth Psychosocial Support 2025/26 - 2028/29
Activity Summary View

PAE - 1 - CPS Program - Psychosocial Access Enablers (April 2026)

Activity Metadata

Applicable Schedule *

Commonwealth Psychosocial Support

Activity Prefix *

PAE

Activity Number *

1

Activity Title *

CPS Program - Psychosocial Access Enablers (April 2026)

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 *

EMPHN is optimising how services are commissioned – starting in 2026 – through the EMPHN OneCare program (OneCare), a place-based commissioning model that is designed to align service delivery more closely with the distinct health needs of local communities within the catchment, as identified through the EMPHN health needs assessments and other community and provider co-design activities.

The OneCare model was co-designed through extensive engagement, including consultation with more than 120 consumers, 45 providers and EMPHN's Consumer and Community Council, Clinical and Practice Council, and Aboriginal Consultative Council. OneCare covers the entire EMPHN catchment and is organised into three defined regions: North, East and Inner South. These regions are structured planning and commissioning areas, not eligibility boundaries. They were developed through detailed analysis of population need, referral patterns, local hospital networks, and community and provider consultation to ensure services reflect local health system dynamics. Consumers continue to access care where it best meets their needs.

This approach enables investment to be directed proportionately to quantifiable health need (both between Regions and within them) while considering population growth and maintaining clear alignment with Commonwealth Deed funding requirements.

The OneCare approach strengthens integration, reduces service duplication and administrative burden, and supports more efficient use of Commonwealth funding through fewer, broader regional contracts. By aligning services to local health catchments, OneCare enables deeper collaboration between providers, general practice, hospitals and community services, with clearer intake pathways and smoother handovers across care settings.
For consumers, this means a more connected care experience. For providers, it means more secure contracts, structured collaboration over competition, and shared learning across regions. For EMPHN, it means standardised KPIs and blended payment mechanisms (base, activity and outcome-based components) to drive performance and value for money, and a unified data model that tracks activity, outcomes and performance across cohorts and regions.

Through this model, services are commissioned and delivered across four cohorts; Child and Youth wellbeing and resilience, Adult wellbeing and resilience, People with chronic conditions and Older People. The Commonwealth Psychosocial Support Program (CPSP) will be delivered through the Adult wellbeing and resilience Cohort.
EMPHN commission's psychosocial support services that deliver non-clinical assistance to eligible people living with severe mental health challenges and associated psychosocial functional impairment. Services prioritise person-centred, complementary supports that help individuals to:
• pursue their own recovery priorities
• strengthen social participation and everyday functioning
• connect with a broader mix of appropriate supports and services

Positioning of the CPSP within OneCare
Under the EMPHN OneCare program, CPSP will be commissioned within the Adult wellbeing and resilience cohort and delivered across the three defined regions: North, East and Inner South.
CPSP capacity across the North, East and Inner South regions is informed by EMPHN's Health Needs Assessment (HNA). The HNA analyses indicators such as older population size, socio-economic disadvantage, CALD populations and complex health and social needs to identify areas of greatest need. Funding is distributed across regions based on this analysis.

CPSP services are delivered in accordance with the CPS Program Guidance and Deed Objectives. They provide people with severe mental health challenges and associated psychosocial functional impairment (who are not accessing similar supports through the National Disability Insurance Scheme (NDIS) or state and territory-based programs) non-clinical community-based supports that aim to facilitate recovery in the community – through a range of services to help people manage daily activities, rebuild and maintain connections, build social skills and participate in education and employment. Within OneCare, this delivery occurs through a place-based regional model that supports coordinated responses across services.

Under the OneCare program, CPSP is positioned within a defined Adult wellbeing and resilience cohort commissioning structure delivered across the three regions covering the full EMPHN catchment, with delivery prioritised to sub-regions with greatest need. CPSP funding remains quarantined within contracts and financial systems to ensure full traceability to CPSP Deed requirements. There is no commingling of CPSP funds with other Commonwealth funding streams.

Positioning CPSP within the OneCare Adult wellbeing and resilience cohort strengthens system coordination around vulnerable people seeking mental health, psychosocial and alcohol and other drugs support while maintaining the defined scope and functions of the CPSP.

The key benefits for CPSP are:
• Clear regional accountability for access and demand. Regional commissioning enables visibility of service activity, unmet need and pressure points across the catchment, allowing targeted response to emerging gaps.
• Workforce collaboration and economies of scale. Alignment within the cohort enables organisations delivering multiple services

to leverage complementary workforce expertise (for example psychosocial or care coordination roles) across programs, while maintaining dedicated CPSP functions.
• Defined referral pathways and service interfaces. Referral pathways and service interfaces are defined at a regional level, reducing ambiguity for referrers and system partners.
• Established escalation pathways. Escalation pathways are in place for clients whose needs extend beyond CPSP into other services, with funding arrangements remaining appropriate to each program.
• Stronger integration with adjacent services. CPSP now sits within a defined Adult wellbeing and resilience cohort, enabling clearer cross-referral pathways improving alignment with chronic condition management, mental health and primary care supports for clients with multi-morbid complex needs.
• Embedded regional collaboration expectations. Providers commissioned within each region are expected to participate in shared planning and integration mechanisms, strengthening coordination between CPSP, general practice, hospitals and community services.
• Consistent performance and data settings. Standardised KPIs and a unified data model enable comparative oversight across regions and strengthen performance monitoring without changing Commonwealth reporting requirements.
• Defined regional interfaces for referrers. General practice, hospitals, home care providers and community partners have clearer regional entry points and escalation pathways.
• Greater provider stability and workforce sustainability. Broader region-based contracts support workforce sustainability and structured collaboration across providers.

Program fidelity and funding integrity
CPSP will continue to be delivered in full accordance with the CPSP Deed and CPSP Guidance. EMPHN OneCare does not alter eligibility, scope, target population, reporting requirements, or mandated functions. OneCare strengthens how CPSP operates within the local health system.
Providers will continue to deliver services consistent with the Deed and Program Guidance.
Although CPSP is commissioned within the Adult wellbeing and resilience cohort under OneCare, CPSP activity remains separately identifiable within contracts and reporting systems. Commonwealth reporting requirements, including submission of CPSP data through existing reporting channels, remain unchanged.
Monitoring and reporting
Objectives and outcomes will continue to be measured through:
• Existing CPSP reporting requirements under the CPSP Deed and PMHC-MDS requirements
• Contractual performance monitoring and regular review
• Standardised KPI dashboards and data governance arrangements introduced under OneCare
• Commonwealth data submission processes remain unchanged

Key Psychosocial Access Enablers Activities April 2025 to date:
• Capacity and strengths-based assessments
Commissioned providersuse capacity and strengths base assessment tools, such as The Recovery Star, Recovery Assessment Scale - Domains and Stages (RAS-DS) and other secondary tools, to identify and facilitate psychosocial support needs of consumers. EMPHN is working with providers to ensure that their chosen tools sufficiently assess suitability, identifies support needs and goals and the period of time they will likely need support. All CPS workers are trained in the use of the relevant tools chosen by their organisation for integration.

• Service navigation
- EMPHN's Medicare Mental Health Telephone Service 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 the Medicare Mental Health Telephone Service is vital and the working relationships are formalised with regular meetings and guiding procedures to facilitate integrated collaborative approach to service navigation and capacity.
- 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. Referrals to other services including counselling, financial support, AOD and physical health services provide consumers with holistic and coordinated support.

Carryovers from FY25 to FY26 have been allocated towards CPSP and spent in accordance with departmental guidelines.

Key Psychosocial Access Enablers Activities until April 2027:
• Continue key activities above, including; Capacity and strengths-based assessments, service navigation, NDIS testing support and PHN Operational.
• Commission CPSP delivery within the adult wellbeing and resilience and align service coverage to the three defined OneCare regions (North, East and Inner South).
• Update referral pathways so referrers and system partners have clearer region-based entry points and pathways for CPSP access.
• Strengthen intake and navigation consistency by standardising key intake, triage and eligibility screening processes across regions (without changing CPSP eligibility criteria).
• Continued quality improvement activities with providers, with performance review and service refinement undertaken within the OneCare regional framework.
• Continued Communities of Practice to drive shared learning and consistency across providers, with participation and learnings structured around the OneCare regional model.
• Continued integration activities with general practice, hospitals and other key stakeholders, now structured through the OneCare regional model to support clearer pathways and coordination.
• Continued collaboration with Victorian and Tasmanian PHNs to share learnings, align implementation approaches and support consistent program delivery.
• Other activities identified through ongoing needs analysis, stakeholder feedback and performance monitoring under the OneCare framework.

Innovative strategies:
In 2025-26 EMPHN commissioned the Cairnmillar Institute to undertake the Psychosocial Support Service Outcomes Project. This project focused on strengthening the measurement and use of consumer outcomes across the service. This project analysed outcomes frameworks and data collected across Psychosocial and Primary Mental Health services. It led to recommendations for outcome measures that are better suited to this cohort, with consumer and service provider confidence and aligned with the Program Objectives.

Evaluation:
The Nous evaluation of the Psychosocial Support Service will assess the effectiveness, implementation and outcomes of the service to inform future policy and commissioning decisions. The evaluation will examine service delivery models, consumer experiences and outcomes and value for money, supporting continuous improvement and accountability to government. EMPHN has and continues to actively participate in this integral piece of work and promote participation of providers.

Decommissioning and recommissioning under OneCare occur through a staged and sequenced transition process.

Service continuity will be maintained throughout transition. Delivery will continue during transition arrangements, and structured handover processes will be implemented where provider arrangements change to ensure uninterrupted access to CPSP services. EMPHN will monitor access, demand, workforce stability and service performance throughout the transition period to identify and manage emerging risks. Commonwealth reporting requirements and all obligations under the CPSP Deed will continue to be met in full during and after transition.

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, brokerage services and capacity and strengths based tools.

The Psychosocial Support Service Outcomes Project delivered by The Cairnmillar Institute saw deep consultation and interviews with consumers, providers and other EMPHN portfolio leads to explore options for better collections and reporting of outcome measures.

EMPHN OneCare Consultation Process
Engagement to date has been extensive with more than 120 consumers, providers, MPs, First Nations stakeholders and system partners consulted. Deep consultation occurred in particular with EMPHN's Consumer and Community Council, Clinical and Practice Council, and Aboriginal Consultative Council. Co-design scenario testing workshops were held with service providers to test the model. An Expression of Interest (EOI) evoked a strong response from a diverse range of providers (43 EOIs received). Request for Tender (RFT) preparation is underway and ready to launch once Commonwealth funding deeds are received.

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:
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
15.11.2027 Other Report – DOHAC Needs Assessment

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: Yes
Expression Of Interest (EOI): Yes
Other Approach (please provide details): No

Is this activity being co-designed?

No

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

Yes

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

No

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

No

Decommissioning

No

Decommissioning details?

N/a

Co-design or co-commissioning comments

PSD - 1 - CPS Program - Psychosocial Support Service (April 2026)

Activity Metadata

Applicable Schedule *

Commonwealth Psychosocial Support

Activity Prefix *

PSD

Activity Number *

1

Activity Title *

CPS Program - Psychosocial Support Service (April 2026)

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 is optimising how services are commissioned – starting in 2026 – through the EMPHN OneCare program (OneCare), a place-based commissioning model that is designed to align service delivery more closely with the distinct health needs of local communities within the catchment, as identified through the EMPHN health needs assessments and other community and provider co-design activities.
The OneCare model was co-designed through extensive engagement, including consultation with more than 120 consumers, 45 providers and EMPHN's Consumer and Community Council, Clinical and Practice Council, and Aboriginal Consultative Council.
OneCare covers the entire EMPHN catchment and is organised into three defined regions: North, East and Inner South. These regions are structured planning and commissioning areas, not eligibility boundaries. They were developed through detailed analysis of population need, referral patterns, local hospital networks, and community and provider consultation to ensure services reflect local health system dynamics. Consumers continue to access care where it best meets their needs.
This approach enables investment to be directed proportionately to quantifiable health need (both between Regions and within them) while considering population growth and maintaining clear alignment with Commonwealth Deed funding requirements.
The OneCare approach strengthens integration, reduces service duplication and administrative burden, and supports more

efficient use of Commonwealth funding through fewer, broader regional contracts. By aligning services to local health catchments, OneCare enables deeper collaboration between providers, general practice, hospitals and community services, with clearer intake pathways and smoother handovers across care settings.
For consumers, this means a more connected care experience. For providers, it means more secure contracts, structured collaboration over competition, and shared learning across regions. For EMPHN, it means standardised KPIs and blended payment mechanisms (base, activity and outcome-based components) to drive performance and value for money, and a unified data model that tracks activity, outcomes and performance across cohorts and regions.
Through this model, services are commissioned and delivered across four cohorts; Child and Youth wellbeing and resilience, Adult wellbeing and resilience, People with chronic conditions and Older People. The Commonwealth Psychosocial Support Program (CPSP) will be delivered through the Adult wellbeing and resilience Cohort.
EMPHN commissions psychosocial support services that deliver non-clinical assistance to eligible people living with severe mental health challenges and associated psychosocial functional impairment . Services prioritise person-centred, complementary supports that help individuals to:
• pursue their own recovery priorities
• strengthen social participation and everyday functioning
• connect with a broader mix of appropriate supports and services

Positioning of the CPSP within OneCare
Under the EMPHN OneCare program, CPSP will be commissioned within the Adult wellbeing and resilience cohort and delivered across the three defined regions: North, East and Inner South.
CPSP capacity across the North, East and Inner South regions is informed by EMPHN's Health Needs Assessment (HNA). The HNA analyses indicators such as older population size, socio-economic disadvantage, CALD populations and complex health and social needs to identify areas of greatest need. Funding is distributed across regions based on this analysis.

CPSP services are delivered in accordance with the CPS Program Guidance and Deed Objectives. They provide people with severe mental health challenges and associated psychosocial functional impairment (who are not accessing similar supports through the National Disability Insurance Scheme (NDIS) or state and territory-based programs) non-clinical community-based supports that aim to facilitate recovery in the community – through a range of services to help people manage daily activities, rebuild and maintain connections, build social skills and participate in education and employment. Within OneCare, this delivery occurs through a place-based regional model that supports coordinated responses across services.

Under the OneCare program, CPSP is positioned within a defined Adult wellbeing and resilience cohort commissioning structure delivered across the three regions covering the full EMPHN catchment, with delivery prioritised to sub-regions with greatest need. CPSP funding remains quarantined within contracts and financial systems to ensure full traceability to CPSP Deed requirements. There is no commingling of CPSP funds with other Commonwealth funding streams.
Positioning CPSP within the OneCare Adult wellbeing and resilience cohort strengthens system coordination around vulnerable people seeking mental health, psychosocial and alcohol and other drugs support while maintaining the defined scope and functions of the CPSP.

The key benefits for CPSP are:
• Clear regional accountability for access and demand. Regional commissioning enables visibility of service activity, unmet need and pressure points across the catchment, allowing targeted response to emerging gaps.
• Workforce collaboration and economies of scale. Alignment within the cohort enables organisations delivering multiple services to leverage complementary workforce expertise (for example psychosocial or care coordination roles) across programs, while maintaining dedicated CPSP functions.
• Defined referral pathways and service interfaces. Referral pathways and service interfaces are defined at a regional level, reducing ambiguity for referrers and system partners.
• Established escalation pathways. Escalation pathways are in place for clients whose needs extend beyond CPSP into other services, with funding arrangements remaining appropriate to each program.
• Stronger integration with adjacent services. CPSP now sits within a defined Adult wellbeing and resilience cohort, enabling clearer cross-referral pathways improving alignment with chronic condition management, mental health and primary care supports for clients with multi-morbid complex needs.
• Embedded regional collaboration expectations. Providers commissioned within each region are expected to participate in shared planning and integration mechanisms, strengthening coordination between CPSP, general practice, hospitals and community services.
• Consistent performance and data settings. Standardised KPIs and a unified data model enable comparative oversight across

regions and strengthen performance monitoring without changing Commonwealth reporting requirements.
• Defined regional interfaces for referrers. General practice, hospitals, home care providers and community partners have clearer regional entry points and escalation pathways.
• Greater provider stability and workforce sustainability. Broader region-based contracts support workforce sustainability and structured collaboration across providers.

Program fidelity and funding integrity
CPSP will continue to be delivered in full accordance with the CPSP Deed and CPSP Guidance. EMPHN OneCare does not alter eligibility, scope, target population, reporting requirements, or mandated functions. OneCare strengthens how CPSP operates within the local health system.
Providers will continue to deliver services consistent with the Deed and Program Guidance.
Although CPSP is commissioned within the Adult wellbeing and resilience cohort under OneCare, CPSP activity remains separately identifiable within contracts and reporting systems. Commonwealth reporting requirements, including submission of CPSP data through existing reporting channels, remain unchanged.
Monitoring and reporting
Objectives and outcomes will continue to be measured through:
• Existing CPSP reporting requirements under the CPSP Deed and PMHC-MDS requirements
• Contractual performance monitoring and regular review
• Standardised KPI dashboards and data governance arrangements introduced under OneCare
• Commonwealth data submission processes remain unchanged

Key Psychosocial Service Delivery Activities April 2025 to date:

EMPHN will continue to commission two providers (Neami National and Wellways) to deliver services to people with severe mental health challenges requiring psychosocial support services until the establishment of new services under OneCare.

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

Carryovers from FY25 to FY26 have been allocated towards CPSP and spent in accordance with departmental guidelines.
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 providers undertake a review process and achievement towards goals is measured. Consumer Experience measures are also collected with both providers utilising the Your Experience of Service PHN survey. Case studies are also provided.

Key Psychosocial Access Enablers Activities until April 2027:
• Continue key activities above, including; Holistic psychosocial support addressing priority needs across housing, daily living, employment and education, community participation, emotional and physical wellbeing, family connections, advocacy, service navigation/care coordination, and NDIS access, to reduce isolation and support recovery and social inclusion.
• Commission CPSP delivery within the Adult wellbeing and resilience cohort and align service coverage to the three defined OneCare regions (North, East and Inner South).
• Support current providers and consumers to transition to new commissioned integrated services.
• Update referral pathways so referrers and system partners have clearer region-based entry points and pathways for CPSP access.
• Strengthen intake and navigation consistency by standardising key intake, triage and eligibility screening processes across regions (without changing CPSP eligibility criteria).
• Continued quality improvement activities with providers, with performance review and service refinement undertaken within the OneCare regional framework.
• Continued Communities of Practice to drive shared learning and consistency across providers, with participation and learnings structured around the OneCare regional model.
• Continued integration activities with general practice, hospitals and other key stakeholders, now structured through the OneCare regional model to support clearer pathways and coordination.

• Continued collaboration with Victorian and Tasmanian PHNs to share learnings, align implementation approaches and support consistent program delivery.
• Other activities identified through ongoing needs analysis, stakeholder feedback and performance monitoring under the OneCare framework.

Innovative strategies:
In 2025-26 EMPHN commissioned the Cairnmillar Institute to undertake the Psychosocial Support Service Outcomes Project. This project focused on strengthening the measurement and use of consumer outcomes across the service. This project analysed outcomes frameworks and data collected across Psychosocial and Primary Mental Health services. It led to recommendations for outcome measures that are better suited to this cohort, with consumer and service provider confidence and aligned with the Program Objectives.

Evaluation:
The Nous evaluation of the Psychosocial Support Service will assess the effectiveness, implementation and outcomes of the service to inform future policy and commissioning decisions. The evaluation will examine service delivery models, consumer experiences and outcomes and value for money, supporting continuous improvement and accountability to government. EMPHN has and continues to actively participate in this integral piece of work and promote participation of providers.

Decommissioning and recommissioning under OneCare occur through a staged and sequenced transition process.
Service continuity will be maintained throughout transition. Delivery will continue during transition arrangements, and structured handover processes will be implemented where provider arrangements change to ensure uninterrupted access to CPSP services. EMPHN will monitor access, demand, workforce stability and service performance throughout the transition period to identify and manage emerging risks. Commonwealth reporting requirements and all obligations under the CPSP Deed will continue to be met in full during and after transition.

Needs Assessment Priorities *

Needs Assessment

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

Priorities

Priority	Page reference
Alcohol and other drugs (AOD)	137
Mental Health (MH) and Suicide Prevention (SP)	139
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

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 Flinders University Commonwealth Psychosocial Support Program Empower team regarding outcome measures, brokerage services and capacity and strengths based tools. The team has engaged with the CPSP team and other PHNs through Community of Practice sessions.

EMPHN OneCare Consultation Process
Engagement to date has been extensive with more than 120 consumers, providers, MPs, First Nations stakeholders and system partners consulted. Deep consultation occurred in particular with EMPHN's Consumer and Community Council, Clinical and Practice Council, and Aboriginal Consultative Council. Co-design scenario testing workshops were held with service providers to test the model. An Expression of Interest (EOI) evoked a strong response from a diverse range of providers (43 EOIs received). Request for Tender (RFT) preparation is underway and ready to launch once Commonwealth funding deeds are received.

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

30/06/2019

Activity End Date

29/06/2027

Service Delivery Start Date

01/07/2019

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
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
15.11.2027 Other Report – DOHAC Needs Assessment

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: Yes
Expression Of Interest (EOI): Yes
Other Approach (please provide details): No

Is this activity being co-designed?

No

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

Yes

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

No

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

No

Decommissioning

No

Decommissioning details?

N/a

Co-design or co-commissioning comments
